



Major Medical

This document provides a summary of the cover provided. Full details can be found in the Policy Wording. Where you have purchased cover you should refer to your own Benefit Schedule, Policy Wording and Policy Schedule including any endorsements which apply for full details of your cover.

Your insurer is Aetna Health Insurance Company of Europe Limited.

Type of Insurance	International Private Medical Insurance
Period of Insurance	The policy will last for one year and will be renewable on an annual basis.

POLICY SUMMARY

Significant features and benefits	Significant exclusions or limitations	Section of the policy that contains further details
<p>Cover under this policy is up to a maximum of £1,000,000, €/US\$1,600,000 per insured person per period of cover.</p> <p>The policy provides payment for treatment of an eligible medical condition including:</p>	<p>GENERAL EXCLUSIONS Cover is not provided for any medical condition in existence at the date of entry to the policy until it has been treatment, symptom and advice free for two consecutive years following the date of entry.</p> <p>General exclusions also include:</p> <ul style="list-style-type: none"> • chronic medical conditions • normal pregnancy • infertility/sterilisation • dental treatment • cosmetic treatment • alcohol, drug or solvent abuse • sexually transmitted diseases • non-emergency treatment in the USA • elective medical check-ups, vaccinations <p>GENERAL LIMITATIONS Costs are subject to a reasonable and customary level based on the average treatment costs applicable to the region in which the treatment was received, as determined by us.</p> <p>Below are noted the exclusions and limitations applied to each section.</p>	<p>Full details of the general exclusions noted, and the other policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".</p>
<p>IN-PATIENT AND DAY-PATIENT TREATMENT</p> <ul style="list-style-type: none"> • accommodation charges • drugs and dressings • theatre charges • specialist fees • diagnostic tests • oncology, radiotherapy and chemotherapy • scans and x-rays • anaesthetist fees • nursing • intensive care unit costs • psychiatric treatment • reconstructive surgery • organ transplant • rehabilitation 	<p>Special Limitations In-patient (including day-patient) psychiatric treatment is restricted to a maximum of 30 days per person, per period of cover and must be pre-authorised.</p> <p>Reconstructive surgery must be undertaken within 12 months of an accident or injury which has caused disfigurement.</p> <p>Rehabilitation cover is limited 120 days per medical condition.</p>	<p>Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p>
<p>OUT-PATIENT TREATMENT</p> <ul style="list-style-type: none"> • CT/MRI scans • out-patient surgery • oncology treatment • out-patient follow-up treatment following treatment as an in-patient • ancillary charges 	<p>Special Limitations Out-patient treatment immediately prior to and up to 60 days following hospitalisation, limited to £1,000, US\$/€1,700 per medical condition.</p> <p>Ancillary charge up to £625, US\$/€1,000 per medical condition.</p>	<p>Major Medical cover has restrictions from the benefits shown in the Policy Wording on pages 4 to 5 in the section entitled "Cover". The restrictions in benefits are shown under option 001 of section 4 entitled "Product Options" on page 8.</p> <p>Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".</p>

POLICY SUMMARY

Significant features and benefits

Significant exclusions or limitations

Section of the policy that contains further details

HOME NURSING

The services only of a qualified nurse immediately after a period of in-patient treatment and on the recommendation of a specialist.

Exclusions

Nursing for domestic reasons or convenience.

Special Limitations

Costs are limited to 30 days of nursing care provided per condition and subject to pre-authorization.

Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".

Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".

ADDITIONAL HOSPITAL ACCOMMODATION COSTS

- parental accommodation
- new born accommodation

Special Limitations

- limited to an adult staying with a child under the age of 18.
- limited to a new born, which is defined as under the age of 16 weeks.

Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".

AIDS COVER

Covers treatment for HIV/AIDS/ARC.

Exclusions

Does not cover sexually transmitted HIV/AIDS.

Special Limitations

Cover limited to £6,250, €/US\$10,000 per period of cover.

Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".

Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".

ACCIDENTAL DAMAGE TO TEETH

Special Limitations

Limited to treatment undertaken in an emergency room in a hospital within seven days of the accident. Must be damage caused to sound, natural teeth.

Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".

COMPLICATIONS OF PREGNANCY

Treatment in the antenatal stages of pregnancy that requires a recognised obstetric procedure, including medically necessary caesarean sections.

Exclusions

Any complications of pregnancy where the date of conception is within the first 12 months from the date of entry.

Special Limitations

Caesarean sections are not classed as medically necessary if they are as a result of a previous elective caesarean section.

Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".

Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".

NEW BORN CARE

In-patient treatment of an acute medical condition given to a new born baby within 30 days of its birth.

Exclusions

Birth injuries, congenital anomalies, genetic deformities or hereditary medical conditions.

Special Limitations

Benefit limited to 30 days hospital stay and to a maximum of £6,250, €/US\$10,000.

Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".

Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".

EMERGENCY TRANSPORTATION

To and from hospital where medically necessary.

Exclusions

Does not include the costs of car hire.

Special Limitations

Limited to in-patient/day-patient treatment only and must be pre-authorized.

Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".

Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".

EVACUATION

Where appropriate in-patient/day-patient emergency treatment is not available at the place of incident, the costs of evacuation transport to the nearest appropriate medical facility.

Covers one other person to act as escort.

Exclusions

All maternity or childbirth costs except treatment as a result of complications of pregnancy.

Out-patient treatment.

Special Limitations

Must be pre-authorized by us and under our supervision.

Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".

Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".

ADDITIONAL TRAVEL EXPENSES

- to and from medical appointments
 - costs of accompanying person to and from the hospital to visit the insured person
 - immediate pre and post-hospitalisation accommodation costs
- Economy class ticket to return insured person and escort back to their country of residence or to where the evacuation occurred.

Special Limitations

Covers costs only following an evacuation.

Pre and Post-hospitalisation accommodation costs limited to £95,€/US\$150 per person per day to a total of £3,000, €/US\$5,000 per evacuation.

Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".

POLICY SUMMARY

Significant features and benefits	Significant exclusions or limitations	Section of the policy that contains further details
<p>MORTAL REMAINS In the event of death, the cost of transportation of the body or ashes of an insured person to his/her country of residence or country of nationality, or the costs of a burial or cremation at the place of death.</p>	<p>Special Limitations Cover limited to £5,300, €/US\$8,500 per person.</p>	<p>Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p>
<p>HOSPITAL CASH BENEFIT Where in-patient treatment of an eligible medical condition is received and where accommodation and treatment is free of charge.</p>	<p>Special Limitations Cash benefit is limited to £75, €/US\$125 per night for a maximum of 20 nights hospital stay. Not applicable to accident and emergency admissions.</p>	<p>Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p>
<p>ADDITIONAL OPTIONS</p>	<p>All additional options have the same exclusions and limitations as those shown under the in-patient, day-patient and out-patient sections above unless specifically stated.</p>	<p>Full details of the general exclusions noted, and the other policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".</p>
<p>SEMI-PRIVATE ROOM RESTRICTION (Available to residents of Hong Kong only).</p>	<p>Special Limitations Hospital accommodation is restricted to a semi-private room and corresponding rates when receiving treatment as an in-patient/day-patient.</p>	<p>Full details of this product option are shown in the Policy Wording under the "Product Options" section on page 9 as option 006.</p>
<p>CHINA PRIVATE ROOM RESTRICTION (Available to residents of mainland China only).</p>	<p>Special Limitations Hospital accommodation is restricted to a semi-private room and corresponding rates when receiving treatment as an in-patient/day-patient outside of mainland China.</p>	<p>Full details of this product option are shown in the Policy Wording under the "Product Options" section on page 9 as option 007.</p>
<p>EXTENDED EVACUATION Where appropriate in-patient/day-patient emergency treatment is not available at the place of incident, the costs of evacuation transport to the nearest appropriate medical facility, or to your country of choice. Covers one other person to act as escort.</p>	<p>Special Limitations The nominated country of choice must have medical facilities which are appropriate.</p>	<p>Full details of this product option are shown in the Policy Wording under the "Product Options" section on page 9 as option 009.</p>

Foundation

This document provides a summary of the cover provided. Full details can be found in the Policy Wording. Where you have purchased cover you should refer to your own Benefit Schedule, Policy Wording and Policy Schedule including any endorsements which apply for full details of your cover.

Your insurer is Aetna Health Insurance Company of Europe Limited.

Type of Insurance	International Private Medical Insurance
Period of Insurance	The policy will last for one year and will be renewable on an annual basis.

POLICY SUMMARY

Significant features and benefits	Significant exclusions or limitations	Section of the policy that contains further details
<p>Cover under this policy is up to a maximum of £1,000,000, €/\$1,600,000 per insured person per period of cover.</p> <p>The policy provides payment for treatment of an eligible medical condition including:</p>	<p>GENERAL EXCLUSIONS Cover is not provided for any medical condition in existence at the date of entry to the policy until it has been treatment, symptom and advice free for two consecutive years following the date of entry.</p> <p>General exclusions also include:</p> <ul style="list-style-type: none"> • chronic medical conditions • normal pregnancy • infertility/sterilisation • dental treatment • cosmetic treatment • alcohol, drug or solvent abuse • sexually transmitted diseases • non-emergency treatment in the USA • elective medical check-ups, vaccinations <p>GENERAL LIMITATIONS Costs are subject to a reasonable and customary level based on the average treatment costs applicable to the region in which the treatment was received, as determined by us.</p> <p>Below are noted the exclusions and limitations applied to each section.</p>	<p>Full details of the general exclusions noted, and the other policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".</p>
<p>IN-PATIENT AND DAY-PATIENT TREATMENT</p> <ul style="list-style-type: none"> • accommodation charges • drugs and dressings • theatre charges • specialist fees • diagnostic tests • oncology, radiotherapy and chemotherapy • scans and x-rays • anaesthetist fees • nursing • intensive care unit costs • psychiatric treatment • reconstructive surgery • organ transplant • rehabilitation 	<p>Special Limitations In-patient (including day-patient) psychiatric treatment is restricted to a maximum of 30 days per person, per period of cover and must be pre-authorized.</p> <p>Reconstructive surgery must be undertaken within 12 months of an accident or injury which has caused disfigurement.</p> <p>Rehabilitation cover is limited 120 days per medical condition.</p>	<p>Full details of the benefits and specific limitations are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p>
<p>OUT-PATIENT TREATMENT</p> <ul style="list-style-type: none"> • medical practitioner visits • diagnostic procedures • specialist consultations • drugs and dressings • physiotherapy • CT/MRI scans • out-patient surgery • oncology treatment • psychiatric treatment • acupuncture, homeopathic, osteopathic, podiatry, chiropractic treatment • traditional Chinese medicine • ancillary charges 	<p>Special Limitations Psychiatric treatment must be pre-authorized, limited to £3,125, US\$/€5,000 per period of cover.</p> <p>Acupuncture, homeopathic, osteopathic, podiatry and chiropractic treatment limited to 10 sessions in aggregate per person per period of cover.</p> <p>Traditional Chinese medicine cover is limited to £20,€/\$30 per session and to a maximum of 10 sessions.</p> <p>Ancillary charge up to £625, US\$/€1,000 per medical condition.</p>	<p>Full details of the benefits and specific limitations are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p>
<p>HOME NURSING The services only of a qualified nurse immediately after a period of in-patient treatment and on the recommendation of a specialist.</p>	<p>Exclusions Nursing for domestic reasons or convenience.</p> <p>Special Limitations Costs are limited to 30 days of nursing care provided per condition and subject to pre-authorization.</p>	<p>Full details of the benefits and specific limitations are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p> <p>Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".</p>

POLICY SUMMARY

Significant features and benefits	Significant exclusions or limitations	Section of the policy that contains further details
<p>ADDITIONAL HOSPITAL ACCOMMODATION COSTS</p> <ul style="list-style-type: none"> parental accommodation new born accommodation 	<p>Special Limitations</p> <ul style="list-style-type: none"> limited to an adult staying with a child under the age of 18. limited to a new born, which is defined as under the age of 16 weeks. 	<p>Full details of the benefits and specific limitations are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p>
<p>AIDS COVER Covers treatment for HIV/AIDS/ARC</p>	<p>Exclusions Does not cover sexually transmitted HIV/AIDS.</p> <p>Special Limitations Cover limited to £6,250, €/US\$10,000 per period of cover.</p>	<p>Full details of the benefits are shown in the Benefits Schedule and in the Policy Wording on pages 4 to 5 in section 2 entitled "Cover".</p> <p>Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".</p>
<p>ACCIDENTAL DAMAGE TO TEETH</p>	<p>Special Limitations Limited to treatment undertaken in an emergency room in a hospital within seven days of the accident. Must be damage caused to sound, natural teeth.</p>	<p>Full details of the benefits and specific limitations are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p>
<p>COMPLICATIONS OF PREGNANCY Treatment in the antenatal stages of pregnancy that requires a recognised obstetric procedure, including medically necessary caesarean sections.</p>	<p>Exclusions Any complications of pregnancy where the date of conception is within the first 12 months from the date of entry.</p> <p>Special Limitations Caesarean sections are not classed as medically necessary if they are as a result of a previous elective caesarean section.</p>	<p>Full details of the benefits and specific limitations are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p> <p>Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".</p>
<p>NEW BORN CARE In-patient treatment of an acute medical condition given to a new born baby within 30 days of its birth.</p>	<p>Exclusions Birth injuries, congenital anomalies, genetic deformities or hereditary medical conditions.</p> <p>Special Limitations Benefit limited to 30 days hospital stay and to a maximum of £6,250, €/US\$10,000.</p>	<p>Full details of the benefits and specific limitations are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p> <p>Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".</p>
<p>EMERGENCY TRANSPORTATION To and from hospital where medically necessary.</p>	<p>Exclusions Does not include the costs of car hire.</p> <p>Special Limitations Limited to in-patient/day-patient treatment only and must be pre-authorised.</p>	<p>Full details of the benefits and specific limitations are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p> <p>Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".</p>
<p>EVACUATION Where appropriate in-patient/day-patient emergency treatment is not available at the place of incident, the costs of evacuation transport to the nearest appropriate medical facility.</p> <p>Covers one other person to act as escort.</p>	<p>Exclusions All maternity or childbirth costs except treatment as a result of complications of pregnancy.</p> <p>Out-patient treatment.</p> <p>Special Limitations Must be pre-authorised by us and under our supervision.</p>	<p>Full details of the benefits and specific limitations are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p> <p>Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".</p>
<p>ADDITIONAL TRAVEL EXPENSES</p> <ul style="list-style-type: none"> to and from medical appointments costs of accompanying person to and from the hospital to visit the insured person immediate pre and post-hospitalisation accommodation costs <p>Economy class ticket to return insured person and escort back to their country of residence or to where the evacuation occurred.</p>	<p>Special Limitations Covers costs only following an evacuation.</p> <p>Pre and Post-hospitalisation accommodation costs limited to £95,€/US\$150 per person per day to a total of £3,000, €/US\$5,000 per evacuation.</p>	<p>Full details of the benefits and specific limitations are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p>
<p>MORTAL REMAINS In the event of death, the cost of transportation of the body or ashes of an insured person to his/her country of residence or country of nationality, or the costs of a burial or cremation at the place of death.</p>	<p>Special Limitations Cover limited to £5,300, €/US\$8,500 per person.</p>	<p>Full details of the benefits and specific limitations are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p>

POLICY SUMMARY

Significant features and benefits	Significant exclusions or limitations	Section of the policy that contains further details
<p>HOSPITAL CASH BENEFIT Where in-patient treatment of an eligible medical condition is received and where accommodation and treatment is free of charge.</p>	<p>Special Limitations Cash benefit is limited to £75, €/US\$125 per night for a maximum of 20 nights hospital stay. Not applicable to accident and emergency admissions.</p>	<p>Full details of the benefits and specific limitations are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p>
<p>ADDITIONAL OPTIONS</p>	<p>All additional options have the same general exclusions and limitations as those shown under the in-patient, day-patient and out-patient sections above unless specifically stated.</p>	<p>Full details of the general exclusions noted, and the other policy exclusions are shown on pages 6 to 7 of the Policy Wording under section 3 entitled "Exclusions".</p>
<p>USA ELECTIVE TREATMENT Extends cover to provide for choosing to have treatment in the USA which is not only due to an accident or emergency.</p>	<p>Special Limitations Any in-patient or day-patient treatment which is not undertaken within our provider network is subject to a 50% co-insurance and an annual limit of £625,000, €/US\$1,000,000.</p>	<p>Full details of this product option are shown in the Policy Wording under the "Product Options" section on page 9 as option 005.</p>
<p>SEMI-PRIVATE ROOM RESTRICTION (Available to residents of Hong Kong only).</p>	<p>Special Limitations Hospital accommodation is restricted to a semi-private room and corresponding rates when receiving treatment as an in-patient/day-patient.</p>	<p>Full details of this product option are shown in the Policy Wording under the "Product Options" section on page 9 as option 006.</p>
<p>CHINA PRIVATE ROOM RESTRICTION (Available to residents of mainland China only).</p>	<p>Special Limitations Hospital accommodation is restricted to a semi-private room and corresponding rates when receiving treatment as an in-patient/day-patient outside of mainland China.</p>	<p>Full details of this product option are shown in the Policy Wording under the "Product Options" section on page 9 as option 007.</p>
<p>DIRECT SETTLEMENT NETWORK Allows for nil excess to be paid should out-patient treatment be undertaken in one of our direct settlement network clinics.</p>	<p>Special Limitations Restricted to clinics in selected countries only. Treatment not undertaken in one of the listed clinics is subject to an excess of £65, €/US\$100.</p>	<p>Full details of this product option are shown in the Policy Wording under the "Product Options" section on page 9 as option 008.</p>
<p>EXTENDED EVACUATION Where appropriate in-patient/day-patient emergency treatment is not available at the place of incident, the costs of evacuation transport to the nearest appropriate medical facility, or to your country of choice. Covers one other person to act as escort.</p>	<p>Special Limitations The nominated country of choice must have medical facilities which appropriate.</p>	<p>Full details of this product option are shown in the Policy Wording under the "Product Options" section on page 9 as option 009.</p>

Lifestyle Plan

This document provides a summary of the cover provided. Full details can be found in the Policy Wording. Where you have purchased cover you should refer to your own Benefit Schedule, Policy Wording and Policy Schedule including any endorsements which apply for full details of your cover.

Your insurer is Aetna Health Insurance Company of Europe Limited.

Type of Insurance	International Private Medical Insurance
Period of Insurance	The policy will last for one year and will be renewable on an annual basis.

POLICY SUMMARY

Significant features and benefits	Significant exclusions or limitations	Section of the policy that contains further details
<p>Cover under this policy is up to a maximum of £1,000,000, €/\$1,600,000 per insured person per period of cover.</p> <p>The policy provides payment for treatment of an eligible medical condition including:</p>	<p>GENERAL EXCLUSIONS Cover is not provided for any medical condition in existence at the date of entry to the policy until it has been treatment, symptom and advice free for two consecutive years following the date of entry.</p> <p>General exclusions also include:</p> <ul style="list-style-type: none"> chronic medical conditions which pre-date your original date of entry normal pregnancy infertility/sterilisation dental treatment cosmetic treatment alcohol, drug or solvent abuse sexually transmitted diseases non-emergency treatment in the USA elective medical check-ups, vaccinations <p>GENERAL LIMITATIONS Costs are subject to a reasonable and customary level based on the average treatment costs applicable to the region in which the treatment was received, as determined by us.</p> <p>Below are noted the exclusions and limitations applied to each section.</p>	<p>Full details of the general exclusions noted, and the other policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions" .</p>
<p>IN-PATIENT AND DAY-PATIENT TREATMENT</p> <ul style="list-style-type: none"> accommodation charges drugs and dressings theatre charges specialist fees diagnostic tests oncology, radiotherapy and chemotherapy scans and x-rays anaesthetist fees nursing intensive care unit costs psychiatric treatment reconstructive surgery organ transplant rehabilitation 	<p>Special Limitations In-patient (including day-patient) psychiatric treatment is restricted to a maximum of 30 days per person, per period of cover and must be pre-authorized.</p> <p>Reconstructive surgery must be undertaken within 12 months of an accident or injury which has caused disfigurement.</p> <p>Rehabilitation cover is limited 120 days per medical condition.</p>	<p>Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover" .</p>
<p>OUT-PATIENT TREATMENT</p> <ul style="list-style-type: none"> medical practitioner visits diagnostic procedures specialist consultations drugs and dressings physiotherapy CT/MRI scans out-patient surgery oncology treatment psychiatric treatment acupuncture, homeopathic, osteopathic, podiatry, chiropractic treatment traditional Chinese medicine ancillary charges 	<p>Special Limitations Psychiatric treatment must be pre-authorized, limited to £3,125, US\$/€5,000 per period of cover.</p> <p>Acupuncture, homeopathic, osteopathic, chiropractic treatment limited to 10 sessions in aggregate per person per period of cover.</p> <p>Traditional Chinese medicine cover is limited to £20,€/\$30 per session and to a maximum of 10 sessions.</p> <p>Ancillary charge up to £625, US\$/€1,000 per medical condition.</p>	<p>Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover" .</p>
<p>HOME NURSING The services only of a qualified nurse immediately after a period of in-patient treatment and on the recommendation of a specialist.</p>	<p>Exclusions Nursing for domestic reasons or convenience.</p> <p>Special Limitations Costs are limited to 28 weeks of nursing care provided per condition and subject to pre-authorization.</p>	<p>Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover" .</p> <p>Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions" .</p>

POLICY SUMMARY

Significant features and benefits	Significant exclusions or limitations	Section of the policy that contains further details
<p>ADDITIONAL HOSPITAL ACCOMMODATION COSTS</p> <ul style="list-style-type: none"> parental accommodation new born accommodation 	<p>Special Limitations</p> <ul style="list-style-type: none"> limited to an adult staying with a child under the age of 18. limited to a new born, which is defined as under the age of 16 weeks. 	<p>Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p>
<p>AIDS COVER Covers treatment for HIV/AIDS/ARC.</p>	<p>Exclusions Does not cover sexually transmitted HIV/AIDS.</p> <p>Special Limitations Cover limited to £6,250, €/US\$10,000 per period of cover.</p>	<p>Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p> <p>Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".</p>
<p>ACCIDENTAL DAMAGE TO TEETH</p>	<p>Special Limitations Limited to treatment undertaken in an emergency room in a hospital within seven days of the accident. Must be damage caused to sound, natural teeth.</p>	<p>Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p>
<p>COMPLICATIONS OF PREGNANCY Treatment in the antenatal stages of pregnancy that requires a recognised obstetric procedure, including medically necessary caesarean sections.</p>	<p>Exclusions Any complications of pregnancy where the date of conception is within the first 12 months from the date of entry.</p> <p>Special Limitations Caesarean sections are not classed as medically necessary if they are as a result of a previous elective caesarean section.</p>	<p>Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p> <p>Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".</p>
<p>NEW BORN CARE In-patient treatment of an acute medical condition given to a new born baby within 30 days of its birth.</p>	<p>Exclusions Birth injuries, congenital anomalies, genetic deformities or hereditary medical conditions.</p> <p>Special Limitations Benefit limited to 30 days hospital stay and to a maximum of £6,250, €/US\$10,000.</p>	<p>Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p> <p>Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".</p>
<p>EMERGENCY TRANSPORTATION To and from hospital where medically necessary.</p>	<p>Exclusions Does not include the costs of car hire.</p> <p>Special Limitations Limited to in-patient/day-patient treatment only and must be pre-authorized.</p>	<p>Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p> <p>Full details of the specific exclusions noted, and the other policy exclusions are shown on pages 6 to 7 of the Policy wording under section 3 entitled "Exclusions".</p>
<p>EXTENDED EVACUATION Where appropriate in-patient/day-patient emergency treatment is not available at the place of incident, the costs of evacuation transport to the nearest appropriate medical facility, or to your country of choice.</p> <p>Covers one other person to act as escort.</p>	<p>Exclusions Does not include treatment as a result of complications of pregnancy. Excludes out-patient treatment.</p> <p>Special Limitations Must be pre-authorized by us and under our supervision.</p> <p>Where choosing your country of choice, this is limited to appropriate medical facilities being in place and where it is medically suitable at our discretion.</p>	<p>Full details of the benefits are shown in the Benefits Schedule and in the Policy Wording on page 8, in the section entitled "Product Options" as option 003.</p> <p>Full details of the specific exclusions noted, and the other policy exclusions are shown on pages 6 to 7 of the Policy wording under section 3 entitled "Exclusions"</p>
<p>ADDITIONAL TRAVEL EXPENSES</p> <ul style="list-style-type: none"> to and from medical appointments costs of accompanying person to and from the hospital to visit the insured person immediate pre and post-hospitalisation accommodation costs <p>Economy class ticket to return insured person and escort back to their country of residence or to where the evacuation occurred.</p>	<p>Special Limitations Covers costs only following an evacuation.</p> <p>Pre and post-hospitalisation accommodation costs limited to £95, €/US\$150 per person per day to a total of £3,000, €/US\$5,000 per evacuation.</p>	<p>Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p>

POLICY SUMMARY

Significant features and benefits	Significant exclusions or limitations	Section of the policy that contains further details
<p>MORTAL REMAINS In the event of death, the cost of transportation of the body or ashes of an insured person to his/her country of residence or country of nationality, or the costs of a burial or cremation at the place of death.</p>	<p>Special Limitations Cover limited to £5,300, €/US\$8,500 per person.</p>	<p>Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p>
<p>HOSPITAL CASH BENEFIT Where in-patient treatment of an eligible medical condition is received and where accommodation and treatment is free of charge.</p>	<p>Special Limitations Cash benefit is limited to £75, €/US\$125 per night for a maximum of 20 nights hospital stay.</p> <p>Not applicable to accident and emergency admissions.</p>	<p>Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p>
<p>ROUTINE TREATMENT OF CHRONIC CONDITIONS Routine management and palliative treatment in respect of a chronic medical condition to include:</p> <ul style="list-style-type: none"> • routine check-ups • managing drugs and dressings • hospital accommodation • nursing • surgery <p>Not subject to the policy excess.</p>	<p>Exclusions Does not cover chronic medical conditions which pre-date your original date of entry.</p> <p>Special Limitations Limited to £9,375, €/US\$15,000 per period of cover.</p>	<p>Full details of the benefits are shown in the Benefits Schedule and in the Policy Wording on page 8, in the section entitled "Product Options" as option 003.</p> <p>Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".</p>
<p>ADDITIONAL OPTIONS</p>	<p>All additional options have the same exclusions and limitations as those shown under the in-patient, day-patient and out-patient sections above unless specifically stated.</p>	<p>Full details of the general exclusions noted, and the other policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions"</p>
<p>USA ELECTIVE TREATMENT Extends cover to provide for choosing to have treatment in the USA which is not only due to an accident or emergency.</p>	<p>Special Limitations Any in-patient or day-patient treatment which is not undertaken within our provider network, is subject to a 50% co-insurance and an annual limit of £625,000, €/US\$1,000,000.</p>	<p>Full details of this product option are shown in the Policy Wording under the "Product Options" section on page 9 as option 005.</p>
<p>SEMI-PRIVATE ROOM RESTRICTION (Available to residents of Hong Kong only).</p>	<p>Special Limitations Hospital accommodation is restricted to a semi-private room and corresponding rates when receiving treatment as an in-patient/day-patient.</p>	<p>Full details of this product option are shown in the Policy Wording under the "Product Options" section on page 9 as option 006.</p>
<p>CHINA PRIVATE ROOM RESTRICTION (Available to residents of mainland China only).</p>	<p>Special Limitations Hospital accommodation is restricted to a semi-private room and corresponding rates when receiving treatment as an in-patient/day-patient outside of mainland China.</p>	<p>Full details of this product option are shown in the Policy Wording under the "Product Options" section on page 9 as option 007.</p>
<p>DIRECT SETTLEMENT NETWORK Allows for nil excess to be paid should out-patient treatment be undertaken in one of our direct settlement network clinics.</p>	<p>Special Limitations Restricted to clinics in selected countries only. treatment not undertaken in one of the listed clinics is subject to an excess of £65, €/US\$100.</p>	<p>Full details of this product option are shown in the Policy Wording under the "Product Options" section on page 9 as option 008.</p>

Lifestyle Plus

This document provides a summary of the cover provided. Full details can be found in the Policy Wording. Where you have purchased cover you should refer to your own Benefit Schedule, Policy Wording and Policy Schedule including any endorsements which apply for full details of your cover.

Your insurer is Aetna Health Insurance Company of Europe Limited.

Type of Insurance	International Private Medical Insurance
Period of Insurance	The policy will last for one year and will be renewable on an annual basis.

POLICY SUMMARY

Significant features and benefits	Significant exclusions or limitations	Section of the policy that contains further details
<p>Cover under this policy is up to a maximum of £1,000,000, €/\$1,600,000 per insured person per period of cover.</p> <p>The policy provides payment for treatment of an eligible medical condition including:</p>	<p>GENERAL EXCLUSIONS Cover is not provided for any medical condition in existence at the date of entry to the policy until it has been treatment, symptom and advice free for two consecutive years following the date of entry.</p> <p>General exclusions also include:</p> <ul style="list-style-type: none"> • chronic medical conditions which pre-date your original date of entry • infertility/sterilisation • cosmetic treatment • alcohol, drug or solvent abuse • sexually transmitted diseases • non-emergency treatment in the USA • elective medical check-ups, vaccinations <p>GENERAL LIMITATIONS Costs are subject to a reasonable and customary level based on the average treatment costs applicable to the region in which the treatment was received, as determined by us.</p> <p>Below are noted the exclusions and limitations applied to each section.</p>	<p>Full details of the general exclusions noted, and the other policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".</p>
<p>IN-PATIENT AND DAY-PATIENT TREATMENT</p> <ul style="list-style-type: none"> • accommodation charges • drugs and dressings • theatre charges • specialist fees • diagnostic tests • oncology, radiotherapy and chemotherapy • scans and x-rays • anaesthetist fees • nursing • intensive care unit costs • psychiatric treatment • reconstructive surgery • organ transplant • rehabilitation 	<p>Special Limitations In-patient (including day-patient) psychiatric treatment is restricted to a maximum of 30 days per person, per period of cover and must be pre-authorized.</p> <p>Reconstructive surgery must be undertaken within 12 months of an accident or injury which has caused disfigurement.</p> <p>Rehabilitation cover is limited 120 days per medical condition.</p>	<p>Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p>
<p>OUT-PATIENT TREATMENT</p> <ul style="list-style-type: none"> • medical practitioner visits • diagnostic procedures • specialist consultations • drugs and dressings • physiotherapy • CT/MRI scans • out-patient surgery • oncology treatment • psychiatric treatment • acupuncture, homeopathic, osteopathic, podiatry, chiropractic treatment • traditional Chinese medicine • ancillary charges 	<p>Special Limitations Psychiatric treatment must be pre-authorized, limited to £3,125, US\$/€5,000 per period of cover.</p> <p>Acupuncture, homeopathic, osteopathic, chiropractic treatment limited to 10 sessions in aggregate per person per period of cover.</p> <p>Traditional Chinese medicine cover is limited to £20,€/\$30 per session and to a maximum of 10 sessions.</p> <p>Ancillary charge up to £625, US\$/€1,000 per medical condition.</p>	<p>Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p>
<p>HOME NURSING The services only of a qualified nurse immediately after a period of in-patient treatment and on the recommendation of a specialist.</p>	<p>Exclusions Nursing for domestic reasons or convenience.</p> <p>Special Limitations Costs are limited to 28 weeks of nursing care provided per condition and subject to pre-authorization.</p>	<p>Full details of the benefits are shown in the Benefits Schedule and in the Policy Wording on page 8 in the section entitled "Product Options" as option 003.</p> <p>Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".</p>

POLICY SUMMARY

Significant features and benefits

Significant exclusions or limitations

Section of the policy that contains further details

ADDITIONAL HOSPITAL ACCOMMODATION COSTS

- parental accommodation
- new born accommodation

Special Limitations

- limited to an adult staying with a child under the age of 18.
- limited to a new born, which is defined as under the age of 16 weeks.

Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".

AIDS COVER

Covers treatment for HIV/AIDS/ARC.

Exclusions

Does not cover sexually transmitted HIV/AIDS.

Special Limitations

Cover limited to £6,250, €/US\$10,000 per period of cover.

Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".

Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".

ACCIDENTAL DAMAGE TO TEETH

Special Limitations

Limited to treatment undertaken in an emergency room in a hospital within seven days of the accident. Must be damage caused to sound, natural teeth.

Full details of the benefits are shown in the benefit Schedule and in the policy Wording on pages 4 to 5 in the section entitled "Cover".

COMPLICATIONS OF PREGNANCY

Treatment in the antenatal stages of pregnancy that requires a recognised obstetric procedure, including medically necessary caesarean sections.

Exclusions

Any complications of pregnancy where the date of conception is within the first 12 months from the date of entry.

Special Limitations

Caesarean sections are not classed as medically necessary if they are as a result of a previous elective caesarean section.

Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".

Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".

NEW BORN CARE

In-patient treatment of an acute medical condition given to a new born baby within 30 days of its birth.

Exclusions

Birth injuries, congenital anomalies, genetic deformities or hereditary medical conditions.

Special Limitations

Benefit limited to 30 days hospital stay and to a maximum of £6,250, €//\$10,000.

Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".

Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".

EMERGENCY TRANSPORTATION

To and from hospital where medically necessary.

Exclusions

Does not include the costs of car hire.

Special Limitations

Limited to in-patient/day-patient treatment only and must be pre-authorised.

Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".

Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".

EXTENDED EVACUATION

Where appropriate in-patient/day-patient emergency treatment is not available at the place of incident, the costs of evacuation transport to the nearest appropriate medical facility, or to your country of choice.

Covers one other person to act as escort.

Exclusions

Does not include treatment as a result of complications of pregnancy. Excludes out-patient treatment.

Special Limitations

Must be pre-authorised by us and under our supervision.

Where choosing your country of choice, this is limited to appropriate medical facilities being in place and where it is medically suitable at our discretion.

Full details of the benefits are shown in the Benefits Schedule and in the Policy Wording on page 8, in the section entitled "Product Options" as option 003.

Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".

ADDITIONAL TRAVEL EXPENSES

- to and from medical appointments
- costs of accompanying person to and from the hospital to visit the insured person
- immediate pre and post-hospitalisation accommodation costs

Economy class ticket to return insured person and escort back to their country of residence or to where the evacuation occurred.

Special Limitations

Covers costs only following an evacuation.

Pre and post-hospitalisation accommodation costs limited to £95, €//\$150 per person per day to a total of £3,000, €//\$5,000 per evacuation.

Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".

POLICY SUMMARY

Significant features and benefits	Significant exclusions or limitations	Section of the policy that contains further details
<p>MORTAL REMAINS In the event of death, the cost of transportation of the body or ashes of an insured person to his/her country of residence or country of nationality, or the costs of a burial or cremation at the place of death.</p>	<p>Special Limitations Cover limited to £5,300, €/US\$8,500 per person.</p>	<p>Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p>
<p>HOSPITAL CASH BENEFIT Where in-patient treatment of an eligible medical condition is received and where accommodation and treatment is free of charge.</p>	<p>Special Limitations Cash benefit is limited to £75, €/US\$125 per night for a maximum of 20 nights hospital stay</p> <p>Not applicable to accident and emergency admissions.</p>	<p>Full details of the benefits are shown in the Benefit Schedule and in the Policy Wording on pages 4 to 5 in the section entitled "Cover".</p>
<p>ROUTINE TREATMENT OF CHRONIC CONDITIONS Routine management and palliative treatment in respect of a chronic medical condition to include:</p> <ul style="list-style-type: none"> • routine check-ups • managing drugs and dressings • hospital accommodation • nursing • surgery <p>Not subject to the policy excess.</p>	<p>Exclusions Does not cover chronic medical conditions which pre-date your original date of entry.</p> <p>Special Limitations Limited to £9,375, €/US\$15,000 per period of cover.</p>	<p>Full details of the benefits are shown in the Benefits Schedule and in the Policy Wording on page 8, in the section entitled "Product Options" as option 003.</p> <p>Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions".</p>
<p>ROUTINE DENTAL TREATMENT Fees of a dental practitioner to cover:</p> <ul style="list-style-type: none"> • examinations • tooth cleaning • normal compound fillings • simple or non-surgical extractions <p>Not subject to the policy excess.</p>	<p>Special Limitations Cover is limited to £435, €/US\$700 per insured person per period of cover, with the insured person being responsible for 25% of the total value of any claim.</p> <p>Benefits are subject to a six month wait period from your date of entry.</p>	<p>Full details of the benefits are shown in the Benefits Schedule and in the Policy Wording on page 8, in the section entitled "Product Options" as option 004.</p>
<p>MAJOR RESTORATIVE DENTAL TREATMENT Fees of a dental practitioner to cover:</p> <ul style="list-style-type: none"> • removal of impacted, buried or unerupted teeth • removal of roots, removal of solid odontomes • apicectomy, new or repair of bridge work, new or repair of crowns • root canal treatment, new or repair of upper or lower dentures <p>Not subject to the policy excess.</p>	<p>Special Limitations Cover is limited to £945, €/US\$1500 per insured person per period of cover in aggregate to Routine Dental, with the insured person being responsible for 25% of the total value of the claim.</p> <p>Benefits are subject to a nine month wait period from your date of entry.</p>	<p>Full details of the benefits are shown in the Benefits Schedule and in the Policy Wording on page 8, in the section entitled "Product Options" as option 004.</p>
<p>ROUTINE PREGNANCY AND CHILDBIRTH Not subject to the policy excess.</p>	<p>Special Limitations Benefit is limited to £6,250, €/US\$10,000 for each pregnancy, with the insured person being responsible for 20% of the total value of the claim.</p> <p>Benefits are subject to a 12 month wait period from your date of entry to the date of conception.</p>	<p>Full details of the benefits are shown in the Benefits Schedule and in the Policy Wording on page 8, in the section entitled "Product Options" as option 004.</p>

POLICY SUMMARY

Significant features and benefits	Significant exclusions or limitations	Section of the policy that contains further details
<p>ADDITIONAL OPTIONS</p>	<p>All additional options have the same exclusions and limitations as those shown under the in-patient, day-patient and out-patient sections above unless specifically stated.</p>	<p>Full details of the specific exclusions noted, and the other Policy exclusions are shown on pages 6 to 7 of the Policy Wording under the section entitled "Exclusions" .</p>
<p>USA ELECTIVE TREATMENT Extends cover to provide for choosing to have treatment in the USA which is not only due to an accident or emergency.</p>	<p>Special Limitations Any in-patient or day-patient treatment which is not undertaken within our provider network, is subject to a 50% co-insurance and an annual limit of £625,000, €/\$1,000,000.</p>	<p>Full details of this product option are shown in the Policy Wording under the "Product Options" section on page 9 as option 005.</p>
<p>SEMI-PRIVATE ROOM RESTRICTION (Available to residents of Hong Kong only).</p>	<p>Special Limitations Hospital accommodation is restricted to a semi-private room and corresponding rates when receiving treatment as an in-patient/day-patient.</p>	<p>Full details of this product option are shown in the Policy Wording under the "Product Options" section on page 9 as option 006.</p>
<p>CHINA PRIVATE ROOM RESTRICTION (Available to residents of mainland China only).</p>	<p>Special Limitations Hospital accommodation is restricted to a semi-private room and corresponding rates when receiving treatment as an in-patient/day-patient outside of mainland China.</p>	<p>Full details of this product option are shown in the Policy Wording under the "Product Options" section on page 9 as option 007.</p>
<p>DIRECT SETTLEMENT NETWORK Allows for nil excess to be paid should out-patient treatment be undertaken in one of our direct settlement network clinics.</p>	<p>Special Limitations Restricted to clinics in selected countries only. Treatment not undertaken in one of the listed clinics is subject to an excess of £65, €/\$100.</p>	<p>Full details of this product option are shown in the Policy Wording under the "Product Options" section on page 9 as option 008.</p>

This Policy Summary does not contain the terms and conditions of the non-investment insurance contract and should be read in conjunction with the Policy Booklet, Policy Schedule and Benefit Schedule.

We hope that you will be happy with your cover. If, having examined the Benefit Schedule, Policy Wording and Policy Schedule you decide not to proceed, you have 15 days from the commencement date of your cover, or the receipt of these details and your Policy Schedule (whichever is the later) to cancel your cover. To do this you should contact your Insurance Advisor or Goodhealth Worldwide, or if you participate in a group policy, your employer or scheme administrator.

If you intend to make an in-patient or day-patient claim you must contact the Goodhealth Claims Service as soon as possible by telephoning +1 866 320 4023* or by contacting your nearest regional Goodhealth Claims Office. Full details of the claims procedures are noted in your Policy Wording on page 12.

We make every effort to maintain the highest standards but recognise that there may be occasions when the particular requirements of our customers are not met. In these circumstances please contact Goodhealth Worldwide directly by telephone on +1 866 320 4023*; by e-mail at europeservices@aetna.com or via www.goodhealthworldwide.com. If you are still not satisfied, you can write to the Managing Director of Aetna Health Insurance Company of Europe Limited, Tralee Road, Castleisland, Co. Kerry, Republic of Ireland.

If your concern or issue cannot be settled you may be entitled to refer it to the Financial Ombudsman Service. Further information on the Financial Ombudsman Service can be found on www.financial-ombudsman.org.uk or you can telephone them on +44 (0)20 7964 1400.

[Financial Services Compensation Scheme](#)

Goodhealth Worldwide (Europe) Limited is covered by the Financial Services Compensation Scheme (FSCS). This means that you may be entitled to compensation from the scheme if it cannot meet its obligations. This depends on the type of business and the circumstances of the claim and would provide cover for 100% of the first £2000 and 90% of the remainder of the claim without any upper limit. Further information about compensation is available from the FSCS at www.fscs.org.uk or telephone 020 7892 7300.

If you take any of the action mentioned above, it will not affect any rights you may have to take legal action.

Goodhealth Worldwide (Europe) Limited.
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Authorised and Regulated by the Financial Services Authority.

* International toll free number requires an access code. Please refer to the website <http://www.goodhealthworldwide.com/contact.asp> to locate the number for the country from which You are dialling. If Your country is not listed, please call collect on +1 813 775 0244.

www.goodhealthworldwide.com