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华泰保险  
Huatai Insurance Group

# 华泰安怡健康 团体医疗保险计划



我们用心体会客户的需求，致力于满足不同员工的独特需求。凭借超过155年，保障全球445,000位客户的行业经验，我们能够提供综合全面的医疗保障方案，满足您不断变化的商业需求。

随着国际商业环境的变化，您的需求也在发生变化，尤其是医疗和健康保健方面的需求。为此，华泰财产保险有限公司和Aetna集团抢先一步联手推出了保险解决方案，为国际人士带来了最大的实惠。

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## 更便捷的本地区商务支持

我们以最优服务理念为准则,致力于向您提供意见方案,并且在整个过程中我们的服务理念将贯穿始终,这是我们对您的承诺。



安怡健康团体保险计划由华泰提供, Aetna Inc.国际业务分部Aetna International负责管理, 以一流的服务方式向中国市场提供全面综合的保障。

凭借在国际市场的数年运营, Aetna International和华泰积累了雄厚的实力和经验, 能够为您的健康带来最大的保障。

立即联络我们, 您就可获得能满足您员工健康保健需求的本地区解决方案。



## 我们的服务理念

我们希望客户对我们每一次的服务都能满意。为实现这一目标,我们各部门团结协作,为客户提供一流的服务体验。

## 客户体验

在我们与客户的关系中,Aetna的许多资源都让客户非常信赖。例如,我们的投保人服务团队主要负责许多关键职能,包括执行、登记、资格认证、支付和续保。至始至终谨慎对待保险计划的实施——包括投保资格认证、身份证明及合同问题。

另外,我们会为每位客户指派一名客户代表满足他们的日常保障需求。客户代表会定期将新增的服务和其它升级内容传达给客户。

## 会员体验

Aetna International会员服务中心为客户提供24/7全天候服务,确保随时满足客户的一切需求。

会员可以得到以下方面的协助:

- 关于索赔、保障等级和理赔范围方面的问题
- 多语言处理索赔
- 一般保障和保险计划咨询

国际会员服务中心全天24小时为会员提供一站式服务。在提供个人化服务的基础上,我们会将会员连接到我们的国际健康顾问团队(IHAT)。IHAT由专业的临床医学团队组成,为会员提供一对一交互式服务,包括:

- 行前计划
- 24/7全天候服务,满足不同人士的特殊健康需求
- 帮助寻找医疗服务商和专家
- 协调常规和紧急医疗护理服务
- 协助获取处方药和医疗器材
- 协调取得疑难杂症的第二诊疗意见
- 协调保障
- 协调完成治疗后返回原籍国的护理
- 出院规划
- 临床医疗索赔和国际标准的护理审核
- 产科管理

## 创新工具和资源

我们的一流服务理念不止体现在我们的组织能力上,Aetna还致力于通过技术创新提供有价值的信息。

在投保以后,会员可以登录Aetna International安全会员网站[www.aetnainternational.com](http://www.aetnainternational.com)使用工具和资源,帮助他们更轻松地获得健康护理体验,包括:

- 医生和医疗机构搜索工具能够让会员找到经过筛选并获认证的医生和医疗机构
- 在线提交索赔以及索赔查询,管理和追踪索赔进展
- 健康体检信息,帮助会员改善或保持健康状态。
- 健康安全新闻,包含最新风险评级和安全警报。
- 城市简介,包括旅行信息,如疫苗接种要求和急救电话号码。
- 药物和医疗术语翻译服务,会员可按国家检索医药资源。
- 医生目录手机应用程序,帮助会员在他们的城市找到可享受直接结算的医疗机构。
- 不久我们将推出更多的手机应用程序。

# 安怡健康保险计划综述

为本地雇员和外籍人士提供创新灵活的解决方案

世界上没有相同的公司,这正是我们提供丰富的住院保险计划和涵盖门诊和慢性疾病以及其它保障组合的原因,这样可以让您的健康保健投资最大化,并且在员工群体多样化的基础上控制成本。

这种灵活选择的优点就是雇主可以在同一保险单的基础上为不同的员工群体提供不同的保险福利。比如,他们可以为不同地域工作的员工选择不同的保障地区范围,或为员工提供护送转院援助。

## 协作型模式

我们经验丰富的团队将协助您选择出最适合您的业务模式和员工群体的计划类型和保障。

### 第1步:

选择保障地区和年度最高赔付限额。

### 第2步:

在丰富的住院保障基础上搭配门诊治疗保障,或选择慢性疾病管理保障等,以获得一份更加充分的保障计划

### 第3步:

选择更多保障组合,并为其定制赔付范围



## 可选择：

### 保障地区

- 中国：  
我们承保在中国大陆发生的治疗。
- 大中华地区：  
我们承保在中国大陆、香港和澳门特别行政区以及中国台湾发生的治疗。
- 全球地区(美国除外)：  
我们不提供发生在美国的选择性治疗和急诊治疗(包括护送转院)。

## 年度最高赔付限额

可提供6级选项，每位会员每个保险期间最高赔付限额从800,000元至12,800,000元不等。

## 基本住院医疗保障包括，但不限于：

- 住院治疗及相关门诊就诊(最高保障至住院前后分别60天的治疗)
- 诊断检查
- 门诊手术
- 急诊交通运输

## 门诊治疗保障选项包括，但不限于：

- 门诊诊疗
- 替代疗法
- 疫苗接种

## 慢性疾病管理选项(须先行购买门诊治疗保障)包括，但不限于：

- 慢性病诊疗
- 先天性疾病与畸形
- 耐用医疗设备、假肢与矫形器材(DMEPOS)

## 其它减少保费或增加保障的选项包括，但不限于：

额外护送转运，母婴保障，牙齿保障或免赔额/门诊自付额/住院床位限制等

# 增值型健康管理方案

健康管理对人的一生都很重要,而且,每个人的人生旅途都是不同的。从让会员关注自身健康开始,并在他们的人生旅途中不断提供支持——无论他们身体健康,还是正处于疾病或受伤风险中,或正试图控制慢性疾病或正遭受着严重的健康问题。

为此,我们推出了Aetna全球健康网络——一套向会员免费提供的健康管理方案,它包括:

## 癌症关怀和支持

我们采取量体裁衣的方法帮助癌症会员了解自身的疾病状况及查找有用的资源,即根据每个会员的具体健康状况提供专门针对该客户的服务。会员甚至可以和注册护士进行一对一的交流,护士将致力于帮助会员实现最佳健康状态。

## 健康管理教育

无论您是身体健康并希望寻找其它健康生活秘诀,还是罹患慢性疾病但希望实现最佳健康状态,我们都会向您提供一系列的健康管理教育材料帮助您实现自己的健康梦想。

Aetna国际健康管理中心为您提供许多有用的信息,包括许多健康主题,例如:

- 哮喘
- 癌症
- 冠心病
- 怀孕及分娩
- 压力控制



# 安怡健康保险计划示例

我们在下表中为您提供了适用于您所购保险之保障内容

为帮助您理解所购保险，您保单文件中加粗的用词和用句具有特定的意义，可在《会员手册》中获得其释义。

下述保障内容具有本保障计划中规定的年度最高赔付限额，并适用于相关医疗核保、会员保险凭证及我们的普通条款与免责条款。

一般性除外责任包括：滥用酒精、药品或溶媒，发生在会员最初投保日之前的慢性疾病，整形美容，性传播疾病，绝育以及选择性医疗检查。

所有保障内容均以每名投保人每个保险期（特别说明除外）计算。

	核心计划	精选计划	综合计划	卓越计划
年度最高赔付限额	每位会员每个保险期间最高赔付限额800,000元	每位会员每个保险期间最高赔付限额2,000,000元	每位会员每个保险期间最高赔付限额4,000,000元	每位会员每个保险期间最高赔付限额8,000,000元
适用的网络医院 选项	火元素卡 ( 适用所有医院 ) 木元素卡 ( 适用除已列明的医院诊所以外的其它所有医院或诊所 ) 水元素卡 ( 适用于中国大陆公立医院 )			
保障地区	• 中国大陆 • 大中华区 ( 包括大陆及港澳台 ) • 全球 ( 美国境内除外 )			
护送转院及交通				
护送转院与额外交通支出 (保障地区以内) i) 交通费用 ii) 非医院住宿费用	i) 全额赔付 ii) 每人每天最高赔付限额1,200元, 且每人每次护送转院最高赔付限额40,000元			
急诊交通费	全额赔付			
遗体转运及安葬	每个被保险人最高赔付限额40,000元			
住院、日间留院、急诊护理与诊断				
住院病人护理	i) 全额赔付。住院床位费取决于所选住院床位限额 ii) 康复护理全额赔付, 每例疾病最高赔付天数为30天			
保障地区外的意外事故与急救治疗 ( 不包括美国境内 )	住院治疗最高赔付400,000元; 门诊治疗每例疾病最高赔付限额4,000元, 且每例疾病免赔额650元。不包括护送转院及紧急交通费。			
住院床位限额	住院床位费每天限额600元 (US\$150) (中国大陆公立医院不适用)	住院床位费每天限额1,200元 (US\$150) (中国大陆公立医院不适用)	住院床位费每天限额1,600元 (US\$200) (中国大陆公立医院不适用)	住院床位费每天限额2,000元 (US\$250) (中国大陆公立医院不适用)
医院现金保障	无		每例疾病每晚最高赔付限额500元, 最多20晚	每例疾病每晚最高赔付限额800元, 最多20晚
门诊手术	全额赔付			
电脑断层、正电子电脑断层及核磁力共振扫描	全额赔付			
肿瘤	全额赔付			
器官移植	全额赔付			
住院精神科治疗	无		每个保险期全额赔付 ( 最高赔付天数为14天 )	每个保险期全额赔付 ( 最高赔付天数为30天 )
牙齿意外受损	全额赔付			
父母医院留宿	全额赔付, 最高至住院床位限额			

	核心计划		精选计划	综合计划	卓越计划
门诊治疗					
门诊病人护理及传统中医	每个保险期间最高 赔付限额20,000元		每个保险期间最高 赔付限额40,000元	每个保险期间最高 赔付限额80,000元	全额赔付 (但不包括 传统中医)
传统中药或印度医药	最高赔付至门诊病人护理费用限额				每个保险期间最高 赔付限额12,000元
替代疗法	无			每例疾病最高赔付 限额2,000元	每例疾病最高赔付 限额4,000元
家庭护理	无			每例疾病全额赔付 最高天数为14天	每例疾病全额赔付 最高天数为30天
慢性疾病	无	每位被保险人每个 保险期间最高赔付 限额40,000元	每位被保险人每个 保险期间最高赔付 限额80,000元	全额赔付	
先天性疾病或畸形	无			每例疾病最高赔付 限额80,000元	每例疾病最高赔付 限额400,000元
耐用医疗设备、假肢与矫形器材	无			每例疾病最高赔付 限额4,000元	每例疾病最高赔付 限额12,000元
获得性免疫缺陷综合症	无			每个被保险人每个保险期最高赔付限额 80,000元	
门诊会诊自付额 (中国大陆公立医院不适用)	每次赴诊自付额为 120元 (US\$15)。	无			
出国就医交通保障 (保障区域范围内) i) 交通费用 ii) 非医院住宿费用	无				i) 全额赔付 ii) 每天每人最高赔 付限额1,200元, 且每人每次护送 转院最高赔付限 额40,000元
升级保障的可选项目					
牙齿保健1-常规牙科治疗	每个保险期限内最高赔付限额2,000元,且有20%共同保险 每个保险期限内最高赔付限额5,000元,且有20%共同保险				
牙齿保健2-结合常规与复杂修复性的牙科治疗	每个保险期限内最高赔付限额2,000元,且有20%共同保险 每个保险期限内最高赔付限额4,000元,且有20%共同保险 每个保险期限内最高赔付限额8,000元,且有20%共同保险				
疫苗与接种	每个保险期限内最高赔付限额800元,2,000元或4,000元				
常规体检	每个保险期限内最高赔付限额2,000元,4,000元或8,000元				
视力护理	每个保险期限内一次视力检查及最高赔付限额2,000元或4,000				
结合常规体检,视力及听力保障	每个保险期限内最高赔付限额4,000元或8,000元				
母婴保障 i) 常规怀孕 ii) 新生儿医院留宿 iii) 新生儿保障 iv) 婴儿常规检查	i) 每个保险期限内最高赔付限额40,000元或80,000元,包括或不包括20%共同保险 ii) 全额赔付 iii) 最高赔付限额120,000元且不超过30天住院 iv) 最高赔付限额4,000元				
妊娠并发症	全额赔付				
年度免赔额 (无门诊直接结付网络)	¥800(不适用于单一住院计划) 或 ¥2,000 或 ¥4,000 或 ¥8,000				

## 医学核保

对于员工人数不足10人的团体，所有员工都需填写完整的会员申请表。

我们的医学核保的标准方法是延期偿付；但是投保人可根据自身情况为团体选择购买增强型承保条款。

### 延期偿付核保

我们的标准医学核保方式。对于会员而言，个人在加入团体之日（投保日）已存在的疾病不在理赔范围之内，除非已接受治疗，而且投保后连续两年内未出现任何症状，并未接受过诊疗。慢性既往症的治疗不在本保险单的理赔范围之内。

### 全面医学核保

投保人可以让会员选择全额承保。

如果我们接受承保，我们可能增加附加条款和免责条款，并将这些条款载入保险凭证。

### 连续转保条款

适用于希望将其他保险转换为本保险的会员，可能需要额外缴纳保险费。

我们会接受会员原来保险单的初始投保日期，将其最为我们的保险单的开始日期。我们将保留原有的承保条款或特别附加条款，例如任何延期偿付或特殊除外责任，所有保险单条款仍将符合我们的保险单条款规定。任何连续转保将不被允许增加保障福利。我们保留随时拒绝连续转保的要求，并有可能无法提供理由。

### 既往病史不咎

适用于10名员工或以上的强制性团体保险计划

既往症或投保之前已进行医疗咨询的疾病或相关症状的治疗也可纳入本保险的理赔范围。

所有会员必须在30日投保资格期内登记加入。超出30日投保资格期内未投保的员工或员工家属将接受个人医学核保。

既往病史不咎不包括投保前的先天性疾病，除非会员投保时未满足一周岁，或者已经购买“先天性疾病或畸形—包括投保前疾病”选项。

## 保险计划货币

本保险单仅限人民币（元）进行保费结算。

## 缴费频率

本保险单保费仅支持人民币银行转账，可按年缴，半年缴或季缴方式缴付。

按半年缴或季缴方式缴付保费将产生额外费用。

## 与员工建立联系

为便于您与您的员工及员工家属保持联系，我们提供了以下两种方式：

- 电子会员包和邮寄会员卡
- 印刷会员包和会员卡复印件

## 被保险人年中调整

会员离开或加入计划时，投保人可通过以下两种方式进行会员调整：

- 即付账单——调整之后立即进行付款或退款处理
- 年终调整——我们将在年终时与您结算加减保费用。

## 投保人权利终止

本保险合同生效后，投保人可以在续保日后15日内以书面形式通知保险人解除保险单所包含的保障内容，或修改被保险人名单。如果投保人不计划续保，保险人必须在投保人的续保日后15日内收到投保人不计划续保的书面通知。

如果投保人在其它时间以任何原因终止本保险合同，保险人均不予退还保费。

# 常见问题

**问：**家庭成员是否也符合投保资格？

**答：**与员工共同居住且未满18周岁，或在投保当日或续保当日还在接受全日制教育且未满26周岁的子女可以以家属的身份纳入保险范围。子女必须至少拥有一名法定父母或监护人，且他/她享有适用于保单各方的相同保障内容，否则无法纳入保障范围。对于人工受孕出生的家属需要提供一份健康申报书。

新生儿可在出生后纳入保险理赔范围内（有新生儿保障赔偿限额），但我们需要在新生儿出生后30天内收到书面通知并且在通知后30天内收到全额保险费。

**问：**加入保险计划是否需要体检？

**答：**不需要。只在少数情况下我们需要申请人提交一份由医生提供的健康报告，用以公正准确地进行核保。

**问：**保险计划会涵盖会员入保前患有的疾病或伤害吗？

**答：**如果您选择了延期承保，在成为会员的头两年中，保前已存在的疾病将不在理赔范围内。如果会员在这两年中未因该疾病出现任何症状、进行治疗或听取医疗意见，那么两年后所产生的费用将被纳入理赔范围。

您也可以申请加入连续转保条款（CTT）。对于10个或以上员工的团体，您可以选择购买既往病史不咎计划。

**问：**该计划是否包含在美国的选择性治疗？

**答：**本计划不承保在发生在美国境内的选择性医疗，紧急治疗，包括护送转运。如您需要在美国境内的保障，请与我们联系以获取其它保障计划。

**问：**会员如何知道某种住院治疗是否在理赔范围之内？

**答：**会员在计划进行住院治疗前，应取得我们的预授权。会员应联系Aetna International 会员服务中心确认治疗是否在保险单理赔范围内。

**问：**理赔范围包括紧急护送转院吗？

**答：**如果在您的保障地区内发生意外事件且在发生地点无法获得治疗，在获得我们的预授权之后，您所在的保障地区之内的紧急护送转院可获赔付。

如果您购买了保障地区之外的相关保险保障（仅限全额赔付），那么您所在保障地区之外的理赔范围也包括紧急护送转院。但并不包括在美国境内进行的护送转运（详细信息见之前的问题）。

**问：**会员如何提交索赔？

**答：**每位会员会从一开始收到一张会员卡。该会员卡向会员提供了Aetna International会员服务中心的联系方式和在Aetna International 安全会员网站上注册所需信息。会员可选用其中一种提交索赔。

请确保您的理赔申请表填写完整，并请在治疗起180天之内提交。只能对保险期间内接受的治疗提出索赔。只有在保险到期或终止前产生的费用可获赔付。

**问：**住院病人能否获得直接结算？

**答：**能。我们与大量医疗机构协商简化预付款手序，因此，我们的会员可以在其保障地区内随时随地根据需要来获取优质医疗服务。如果会员的医疗保健专家不在我们的直接结算数据库内，作为附加便利，我们还可以通过协商安排一次性直接结算。我们一次性直接结算安排的成功率高达95%。

**问：**门诊病人能够直接得到结算吗？

**答：**我们有直接结算网络，会员在大量指定的医疗中心接受保障范围内的门诊治疗所产生的费用，将由我们直接结算。

当门诊治疗直接结算费用超过800元人民币（或100美金）时，需得到我们的预授权（选择门诊护理保障“全额赔付”的除外）。门诊治疗直接结算不适用于包含年度扣除额的保险计划。

**问：**理赔范围包括全部医院吗？

**答：**如果您选择了Fire Network（火元素网络），那么理赔范围包括全部的医院。如果您选择Wood Network（木元素网络），那么一些医院（这些医院的名单可从[www.aetnainternational.com](http://www.aetnainternational.com) 网站找到）不包括在理赔范围内。如果您选择Water network（水元素网络），那么您只能在中国大陆公立医院（100%由国家或地方政府全资控股的医院）接受治疗。

\*\*可直接向医院进行结算。会员手册中对索赔程序有详细说



## 附件：保障一览表详述

### 您的保险单可能包括以下保障内容。请参考您的保障计划以确认您保险单所涵盖的保障范围。

所有保障内容均适用本保障计划中规定的年度最高赔付限额及保险总限额，并适用相关医疗核保、会员保险凭证及我们的普通条款与免责条款。

所有在该地区接受治疗所产生的费用必须是医疗必须的合理且惯常的，且符合我们对地区平均医疗费用的标准。住院病人留宿费用仅限于标准单人病房，除非投保人选择其他床位限制。

#### 住院病人、日间留院病人、急救护理和诊断

住院治疗：以住院或日间留院方式治疗所患疾病(包括慢性病急性发作的稳定治疗)产生的费用包括：

- i) 住院床位费及膳食费用。
- ii) 重症监护室使用费。
- iii) 由合格护士提供护理的收费以及手术室费。
- iv) 包括会诊在内的医生费用、专科医生费和麻醉师费用。
- v) 包括病理检验及X光检查在内的诊断及手术程序。
- vi) 整形重建手术(包括门诊治疗)费用，即因保险期间内发生的意外事故或疾病导致必需恢复自然功能或状态的整形重建手术，且相关治疗是在事故或疾病发生后的12个月内实施，且保险处于有效期内
- vii) 由医生或专科医生开具的处方药品和敷料、医药及医疗用具费用，包括传统中药。
- viii) 康复(包括门诊治疗)费用，即3天或以上住院治疗后可在认可的医院康复科进行的康复活动，且必须是在出院后14天内进行的康复活动。相关治疗必须是由专科医生推荐且由专科医生亲自指导。相关治疗成本包括特殊治疗室使用费、物理和/或语言矫治费，及其他通常由康复病房提供的服务所产生的费用。
- ix) 住院治疗前后分别最多60天以内的相关门诊治疗。

急诊交通费：会员因急诊需要住院或日间留院，经医生或专科医生认为有医疗必要而使用最合适的交通工具护送会员往来医院接受治疗所发生的交通费用。但不包括租车费用。

护送转院与额外交通支出：当发生紧急情况且当地没有所需治疗设施时，需将会员护送转院至由我们确定的最近的合适医疗机构，采取由我们确定的最适当的交通方式，让会员作为住院病人或日间留院病人入住医院。

护送转院需获得我们的书面同意，且在转院前需要主治医生或专科医生提供给我们相关证明文件，包括紧急情况发生当地无法进行所需治疗的确认书。

本合同保障内容不包括所有因怀孕及分娩而产生的护送转院费用，除非因属于怀孕并发症的保障内容而需要护送转院。也不包括在非认可的滑雪场所或类似的冬季运动场所产生的海空救援或登山救援费用。本保障内容包括：

- i) 护送转院费用，包括因医疗必需，护送会员往来治疗的另外一名人员的交通费用。
- ii) 当作为日间留院病人接受治疗时来往医疗点的交通费用。
- iii) 当会员作为住院病人入住医院后，一名陪护人员往来医院探望该会员的交通费用。
- iv) 会员及陪护人员返回居住国或护送转院前所在国家的经济舱机票费用。
- v) 入住医院前后短期内在专科医生治疗情况下会员和陪护人员的非医院住宿费用。

门诊手术：该保障内容包括会员接受门诊手术所实际发生的手术费用。同时包括门诊内窥镜检查费用，包括胃镜检查、支气管镜检查、结肠镜检查、阴道镜检查，但不包括住院病人护理保障内容所包括的腹腔镜检查和腕关节镜检查。

电脑断层、正电子电脑断层及核磁共振扫描：以住院病人、日间留院病人或门诊病人接受的扫描检查。这些检查必须事先得到我们的授权。

肿瘤：以住院、日间留院或门诊方式进行的与癌症相关的医疗必需的诊断和治疗(包括姑息治疗)。

器官移植：本保单所涵盖的器官移植包括：心脏、心/肺、肺、肾脏、肾脏/胰腺组织、肝脏、同种异体骨髓以及自体骨髓移植。

住院精神科治疗：在医院的注册精神科接受的治疗。所有保障内容都具有条件性，即必须事先得到我们的授权且所有治疗都需在注册精神科专科医生的指导下进行。若进行此类治疗前没有得到我们的书面确认，我们将不负有赔付任何保障的责任。但是，由医师(而非精神科专科医生)初步会诊导致的精神病转诊费赔偿不需得到事先授权。

牙齿意外受损：因意外损坏天然健全牙齿后10天内在医院急诊室或者牙科诊所进行治疗。后续随访治疗仅限一次就诊，且须在第一次治疗后的30天之内进行，并且事前须获保险人授权同意。因进食发生的牙齿意外损坏不在保险范围内。

妊娠并发症：女性会员在产前阶段或分娩时发生的疾病，需要获认可的妇产科专科医生进行治疗而产生的费用，或因妊娠并发症导致的产后六周内所需的检查的费用。因人工受孕导致的并发症，包括但不限于早产或多胎导致等不属于本保障内容。

本保障内容的赔付须在合同生效日或投保日(以较晚时间为准)起12个月后进行。

父母医院留宿费用：年龄低于18周岁作为住院病人入住医院的会员需由父母一方或法定监护人进行陪护所产生的医院住宿费用。

遗体转运及安葬：会员发生保险责任范围内的伤病导致身故，会员遗体或其骨灰运至国籍所在国或居住国而产生的交通费用，或按照死亡发生地的惯例进行合理安葬或火葬的费用。

## 门诊诊疗选项

门诊治疗：医生、专科医生、会诊和护理费用，门诊费用包括诊断和外科检查，包括病理检查、X光射线检查、药物和敷料以及由医生或专科医生开具的医疗用具。由医生转介的物理治疗，对于每种疾病仅限为最多10个疗程。如需进一步治疗，须提交由专科医生出具的病情复查报告。对此类治疗进行的首次索赔须提交一份转诊信/转诊报告。

传统中医药或印度医药：该保障涵盖由注册的传统中医或印度医师实施治疗的费用。

替代疗法：根据医生或专科医生的转诊建议及直接指导下由注册脊医师、整骨医师、顺势疗法医师、足科医师和针灸医师进行治疗。

接种疫苗：疫苗和预防接种，包括医疗必需的旅行疫苗接种

家庭护理：由专科医生建议的作为住院病人或日间留院病人接受治疗出院后马上接受的医院外护理。有关护理必须由合格护士进行，且不是出于家庭原因或方便考虑而进行的护理。该保障范围内的所有治疗必须获得我们的事先授权。

## 其它慢性疾病保障选项

慢性疾病：慢性疾病（不含癌症）的常规检查、用于控制病情发展的药物和敷料、住院费、护理费、肾透析费、手术费及姑息治疗的费用。癌症相关费用可赔付在肿瘤保障之下。

先天性疾病或畸形：对发生于会员的保障合同生效之后的先天性疾病或畸形，或保障合同生效前一年出生的连带被保险子女发生的先天性疾病或畸形的治疗。本保障内容不包括任何遗传性疾病。

耐用医疗设备、假肢与矫形器材（DMEPOS）：

赔付的保障内容包括：

- 医疗必需的由治疗专科医生开具的耐用医疗设备，能对开具的处方药物和敷料产生疗效起到必要或辅助作用。这包括，但不限于，糖尿病监测设备。
- 住院病人或日间留院病人接受治疗后的辅助器材费用，包括拐杖的购买或租用费用，以及轮椅初次购买或租用的相关费用。
- 外科手术后所需的体外假肢，包括支架及其固定、人工假眼以及人工假肢的初次购买和固定费用。
- 矫形器材，包括矫形鞋垫和矫形支架。

本保障内容不包括家庭家具类和适应类设备的提供、改装和固定。

艾滋病（AIDS）：因感染人类免疫缺陷病毒（HIV）或与其相关联的疾病，和/或包括获得性免疫缺陷综合症（AIDS）或AIDS关联综合征（ARC）和/或其突变体或衍生变体在内的HIV相关疾病而产生的治疗费用。

保障范围仅限于此类疾病确诊前后的医生会诊费用、常规检查、药物和敷料（试验类或未获药效证明类药品除外）、住院和护理费。

一般免责条款中的性传播疾病除外不适用于本保障。

## 其它降低保费选项

门诊就诊自付额：会员每次门诊就诊须自负此自付额；或当会员自行支付医药费用并申请理赔时，将从每次就诊的赔付款项中扣除此笔金额。此选项不适用于在中国大陆地区公立/政府医院内接受的医疗服务。仅当治疗发生在中国大陆以外地区医院时，自付额以保障一览表所列美金金额为准。

门诊就诊根据会员的保障计划内容及保额，可包括以下内容。

- 妊娠并发症
- 先天异常
- 电脑断层扫描和核磁共振扫描
- 激素替代疗法（HRT）
- 肿瘤
- 门诊治疗
- 门诊手术

住院床位限额：住院床位费仅限于所选住院床位限额。如入住医院重症监护病房，住院床位费用将全额赔付。此选项不适用于在中国大陆地区公立/政府医院内接受的医疗服务。仅当治疗发生在中国大陆以外地区医院时，自付金额以保障一览表所列美金金额为准。

## 其它增加保障选项

保障地区范围外的意外事故与紧急治疗：

本保障内容适用于会员在保障地区以外短时旅行时，发生紧急的疾病或意外，须在医院急诊室接受紧急治疗而产生的医疗费用。相关伤病必须在当次旅行中首次出现，会员在旅行前从未出现任何相关症状，且未接受相关治疗或接受过任何相关医疗建议。

本保障内容也包括因会员在保障地区以外的短期旅行中遇到意外事故或紧急情况导致的普通门诊治疗。相关伤病必须在当次旅行中首次出现，会员在旅行前从未出现任何相关症状，且未接受相关治疗或接受过任何相关医疗建议。

本保障内容不包括妊娠并发症和/或分娩并发症。

如果选择此保障利益的“全额赔付”选项，相应的医疗转运将可保障除美国以外的全球范围。

出国就医交通保障：当需要医疗必需的非紧急治疗且当地没有所需治疗时，需对被保险人进行护送转移至保障地区内最近的具有能力的医疗中心产生的费用，以让被保险人作为住院病人或日间留院病人入住医院（不包括怀孕并发症保障范围以外的一切分娩费用），和/或以寻求医疗必需的住院、日间留院或门诊治疗。本保障所涉及的赔付需在护送转移前得到我们的书面同意，且需要相关医生或专科医生提供给我们相关证明文件，包括紧急情况发生当地没有所需治疗的确认书。本保障的涵盖范围包括：

- 护送转院费用（仅限于经济舱机票），包括医疗必需的会员转移途中的陪护人员（一位）费用。
- 当作为日间留院病人接受治疗时来往医疗点的交通费用。
- 作为住院病人的陪护人员往来医院探望会员所产生的费用。



- iv) 会员和陪护人员返回居住国或护送转院发生国的经济舱机票。
- v) 入住医院前后短期内会员由专科医生看护情况下会员和陪护人员的非医院住宿费用。

医院现金保障：会员因发生保障范围内的伤病，接受住院治疗，未产生任何住院及治疗费用，保险人将启动现金保障赔付。若需申请本现金保障，会员应要求医院在理赔申请单上签名盖章。

本保障不适用于入住医院的意外事故和急救病房的情况。

本保障不适用保单年度免赔额。

常规牙科治疗：牙科医生进行常规牙科手术治疗产生的费用。

常规牙科治疗包括：

- 检查
- 洗牙
- 普通复合物补牙
- 简单非手术拔牙

本保障内容不包括牙齿正畸治疗、牙齿修复治疗及牙体种植。

具有6个月的等待期，时间自购买本保障或会员投保日算起（以较晚时间为准）。

牙科常规与修复治疗：牙科常规治疗包括牙科医生进行常规牙科手术治疗产生的费用。常规牙科治疗包括：

- 检查
- 洗牙
- 普通复合物补牙
- 简单非手术拔牙

牙科修复保障包括牙科医生的费用以及与下述具体治疗程序相关的成本费用：

- 拔除阻生牙、掩埋牙或未萌牙
- 牙根切除
- 固体牙瘤切除
- 根尖切除术
- 新装或修理牙桥托
- 新装或修理齿冠
- 牙根管治疗
- 新装或修理上或下部假牙
- 拔除智齿（在医院或牙科外科诊所进行，由牙科医生、专科医生或口腔医生操作）

本保障内容不涵盖牙齿正畸治疗及牙体种植。

具有6个月的等待期，时间自购买本保障或会员投保日算起（以较晚时间为准）。

健康检查：本保障理赔范围涵盖

- i) 双侧乳房X线摄片/常规的妇科检查，包括宫颈涂片检查。
- ii) 睾丸/前列腺检查/前列腺特异性抗原检测/直肠指检
- iii) 常规医疗检查和相关检测。这些常规检查/检测包括：常规血液和胆固醇检测、身高/体重指数检测、静态血压检测、尿检、心脏检查、运动心电图（ECG）、其他主要器官功能检测，以及X光线胸透视。

听力保障：每一保险年度限一次的听力检查；以及助听器的费用。

视力保健：每个保险期间内一次常规视力检查以及当会员医疗处方变更时所需的视力辅助工具的购买所产生的费用，包括处方要求的眼镜或隐形眼镜。

## 母婴保障

常规怀孕：与自然怀孕和分娩有关费用，包括不孕症治疗（辅助授精）后进行的正常分娩，自愿剖腹产以及之前非紧急剖腹产导致的医疗必需的剖腹产费用。本保障涵盖产前及产后六周的检查费用、医生开具的产前维他命和助产药物费用，包括合格的助产士费用。不孕症治疗（辅助授精）后所有与怀孕和分娩并发症有关费用均属于本保障范围

本保障范围还包括新生儿护理、新生儿襁褓（包括选择性包皮环切），以及当母亲（需为会员）在医院作为住院病人接受治疗时，新生儿出生后首个24小时内所产生的护理费用。

具有12个月的等待期，时间自购买本保障之日或会员投保日算起，以较晚的为准。

新生儿医院留宿：新生儿（出生不超过16周）因母亲（会员）在医院接受住院治疗而在医院留宿的费用。

新生儿保障：出生后30天内因新生儿发生急性疾病而接受的住院治疗。本保障内容不包括因人工受孕导致的并发症，包括但不限于，早产或多胎。本保险不包括新生儿发生的先天畸形，相关赔付属于先天性疾病或畸形的保障内容。

在30天新生儿保障期间后，除非出生后30天内发生或出现疾病，会员连带被保险人将被纳入保险范围，但需在出生30天内提交书面告知并在支付到期日30天内支付所有保费。若连带被保险人是在不孕症治疗（人工受孕）后出生，还需提供相关健康声明。

由医生或专科医生推荐的出生24小时后的新生儿健康检查，包括身体检查、测量、感官检查、神经精神学评估、发育检查，以及遗传和代谢检查、免疫接种、尿检、结核检测和红细胞压积、血红蛋白和其它血液检测，包括镰状红细胞性贫血病筛查。

# 联络我们及投诉程序

如果有关于以下方面的问题,请随时与Aetna国际会员服务中心联系:

- 你的保险;
- 资格验证;
- 临床支持;
- 理赔;
- 与计划相关的一般问题;
- 有投诉请求

如果要与Aetna国际会员服务中心联系,请拨打你的会员卡上注明的号码。你也可以按以下方式与我们联系:

亚太地区:

上海黄浦区200001,西藏中路18号港陆广场1806单元

电话: +86 400 881 1291

传真: +8621 6326 8525

电子邮箱: Email: HTChinaServices@aetna.com

我们致力于随时满足客户的期望,但是我们也理解投诉将依然可能产生。我们将努力以公正和及时的方式妥善处理任何投诉。

## 投诉处理程序概要

您的投诉将会:

- 立刻获得受理,并确定负责调查该投诉的人员。
- 获得公正、高效、彻底的调查,确保及时向您反馈调查进展。
- 得到公平、一致、及时的评估。
- 您将会在最多8周内收到我们的处理结果。您将会收到解释当前投诉处理状况或最终调查处理结果的信函。

## 全球化战略,本土化经营 —— 我们在全球各个地方随时为您服务

亚太地区:

+400 880 8891

agbsalesshanghai@aetna.com

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aetna<sup>SM</sup>

华泰保险  
Huatai Insurance Group

Quality health plans & benefits  
Healthier living  
Financial well-being  
Intelligent solutions

aetna<sup>SM</sup>



# Huatai Healthy AEssentials Insurance Plan



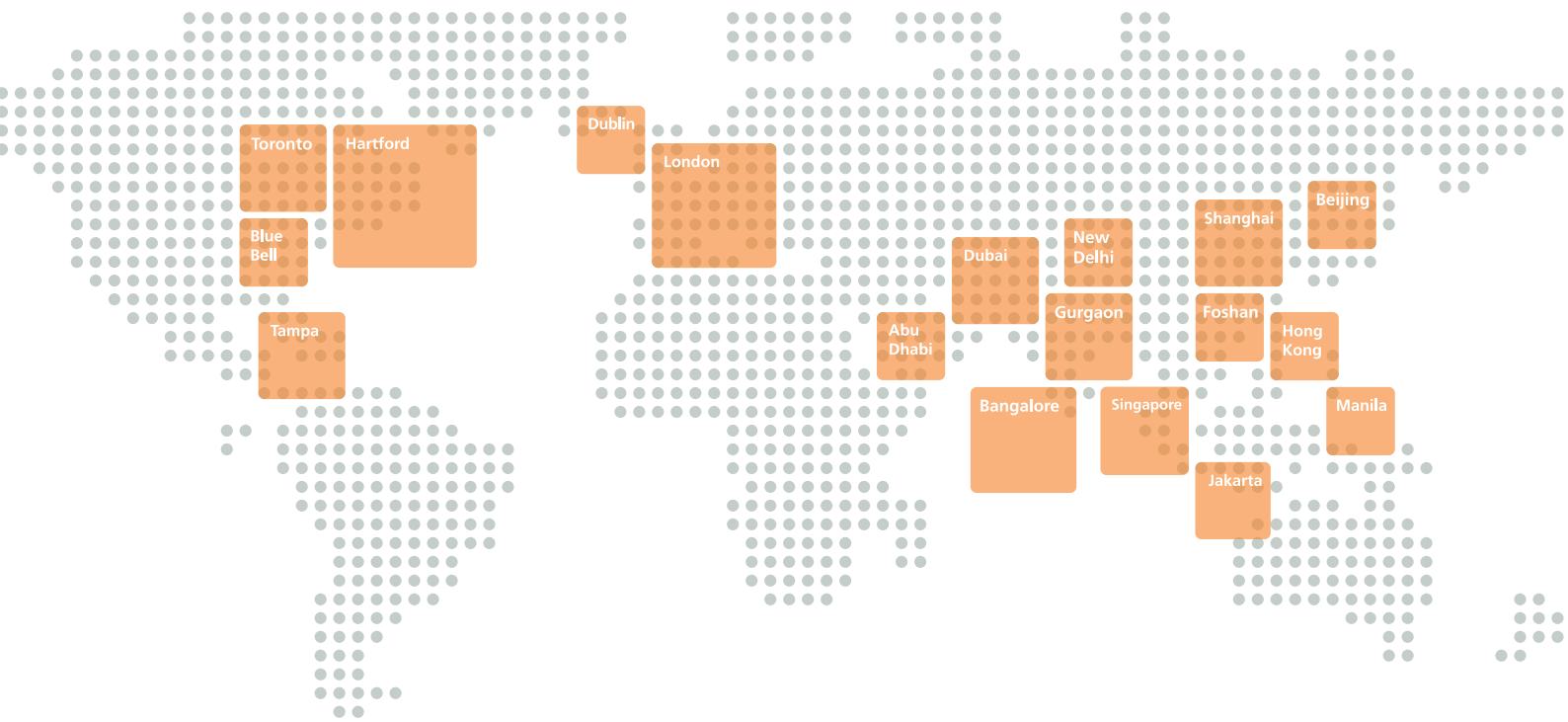
**We make it our business to understand your business, as well as the unique needs of your employee population. With more than 155 years of experience, covering over 445,000 members around the world, we are well-positioned to provide regional health benefit solutions to help meet your ever-changing business needs.**

**As the landscape of international business changes, so do your needs — especially when it comes to your health and wellness. To stay one step ahead, Huatai Property & Casualty Company Ltd. and Aetna International have come together to deliver solutions that truly make a positive impact on globally mobile individuals.**

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## Regional business solutions — made easy.

That's our commitment to you. We're dedicated to providing you with consultative solutions, backed by first-class service.



The Healthy Aessentials Group Plan offered through Huatai Property & Casualty Company Ltd. and administered by Aetna International, the international business segment of Aetna Inc., provides comprehensive benefits delivered through a first-class approach to service — right to the China market.

With years of experience in the international marketplace, Aetna International and Huatai Property & Casualty Company Ltd. have the strong foundation and experience required to help positively influence your health.

*Contact us today, to find out how our regional solutions can help satisfy the health and wellness needs of your employee population.*





## Our service philosophy

We want our customers to be satisfied every time they interact with us. To achieve this goal, we have dedicated areas within the organisation focused on delivering a first-class service experience.

## The customer experience

Our customers have numerous resources they can rely on throughout their relationship with us. For example, our Plan Sponsor Services team centrally manages a number of key operational functions, including implementation, enrolment, eligibility, billing and renewals. Plan installation is handled with care from start to finish — this includes eligibility, ID cards and contractual questions.

In addition, a designated account representative is assigned to each customer to assist with daily benefits needs. The account representative interacts regularly with our customers to communicate service enhancements and other updates.



## The member experience

The 24/7 Aetna International Member Service Centre is committed to making sure our members get the care they need, when they need it.

Members can receive assistance with:

- Questions on claims, benefit levels and cover
- Claims processing in many languages
- General benefit and plan inquiries

The International Member Service Centre is a member's one-stop resource, both day and night. Taking personalised service one step further, we can easily connect members to our **International Health Advisory Team (IHAT)**. IHAT is our dedicated, clinical team that interacts one-on-one with our members to provide:

- Pre-trip planning
- 24/7 support that's tailored to the individual's specific health needs
- Identification of providers and specialists
- Coordination of routine and urgent medical care
- Assistance with obtaining prescription medications and medical devices
- Coordinating second opinions for complex cases
- Benefit coordination
- Coordination of care for return to home country after assignment completion
- Discharge planning
- Clinical claim and international standards of care reviews
- Maternity management

## Innovative tools and resources

Our first-class service philosophy extends far beyond our organisational capabilities. We are committed to providing valuable information through technological innovation.

With their cover, members have access to tools and resources via the Aetna International secure member website at [www.aetnainternational.com](http://www.aetnainternational.com) to help them navigate their health care experience more easily, including:

- **Doctor and medical facility search tool** that allows members to find screened and approved physicians and medical facilities
- **Online claims submission and claims lookup** to manage and keep track of claims status
- **Health and wellness information** to help members improve or maintain their health
- **Health and security news** with the latest risk ratings and security alerts
- **City profiles** inclusive of travel information such as vaccination requirements and emergency phone numbers
- **Drug and medical phrase translation services** with features that allow members to search for medication availability by country
- **Mobile doctor directory applications** helping members to find direct-settlement facilities in their city
- **More mobile applications coming soon**

# Huatai Healthy AEssentials Insurance Plan overview

## **An innovative, flexible solutions offering for locally-hired employees and expatriates**

No two companies are alike. That's why we offer a rich inpatient plan, which can be complimented by the addition of outpatient cover, chronic condition management cover and other optional benefits so you can maximise your health care investment and manage costs based on your varied employee populations.

Employers taking advantage of this flexibility can provide different cover for different groups of employees within the same policy. For example, based on their location, you may want to select a different area of cover and/or provide evacuation assistance.

## **A Collaborative Approach**

*Our skilled team is committed to working with you to identify the plan type and benefits that are best for your business and the employees you're looking to cover.*

### **STEP 1:**

*Choose the area of cover and maximum annual aggregate limit.*

### **STEP 2:**

*Build upon the rich inpatient plan by adding the optional outpatient care module. For a fuller range of cover and benefits, you can also then add the chronic condition management module.*

### **STEP 3:**

*Select from a range of additional optional benefits and tailor the level of cover to fit your budget.*

## ***Area of cover***

**Regional area\* options include:**

- **China:**

We provide cover for treatment received in Mainland China.

- **Greater China:**

We provide cover for treatment received in Mainland China, Hong Kong SAR, Taiwan and Macau.

- **Worldwide, excluding U.S.:**

Treatment is excluded in the U.S. for both elective and emergency treatment, including evacuations.

## ***Maximum annual aggregate limit***

**6 options ranging from:** Up to USD\$100,000 or ¥800,000 and Up to USD\$1,600,000 or ¥12,800,000 per insured person per period of cover

## ***The inpatient (base) plan includes, but is not limited to:***

- Inpatient care and connected outpatient care (up to 60 days pre- and post-hospital treatment)
- Diagnostic tests
- Outpatient surgery
- Emergency transportation

## ***The optional outpatient care module includes, but is not limited to:***

- Outpatient care
- Alternative treatment
- Vaccinations and inoculations

## ***The optional chronic condition management module (available with the purchase of the outpatient care module) includes, but is not limited to:***

- Chronic conditions
- Congenital anomalies
- Durable medical equipment, prosthetics, orthotics and supplies (DMEPOS)

***Optional benefits either reduce costs and/or upgrade cover. This includes, but is not limited to, evacuation expenses, mother and baby benefits, dental and deductibles/copays/bed limits.***

## Value-added wellness programmes

Wellness is a lifelong path, and the journey is different for each individual. It begins with getting members engaged in their own well-being and supporting them wherever they are on their journey — whether they are healthy, at risk for disease or injury, managing a chronic condition or experiencing a major health event.

With this in mind, we've developed **Aetna Global Health Connections** — a complimentary wellness offering for members, which includes the following programmes:

### Cancer Outreach and Support

Members with cancer can get assistance to help them understand their condition and locate helpful resources without a “one size fits all” approach. Instead, each interaction is customised to a member's unique health situation. Members can even speak one-on-one with a registered nurse who is committed to helping them reach their best health.

### Health and Wellness Education

Whether employees are healthy individuals looking for additional healthy lifestyle tips — or have a chronic condition and want to learn how to reach their optimal state of health — we offer an array of health and wellness education materials to aid them in their efforts.

The Aetna International Wellness Centre provides helpful information, including health topics such as:

- asthma
- cancer
- coronary artery disease
- maternity
- stress management

# Huatai Healthy AEssentials Insurance Plan Sample

In the table below, we have displayed the **benefits** applicable to **your cover**. The **benefit** limit are based on the CNY currency as listed.

To help **you** understand **your cover**, the words and phrases that are in bold in **your policy documentation** have specific meanings, and are defined in the member handbook.

The following **benefits** are covered under this **policy** up to the maximum aggregate limit subject to the **benefit** limits in this schedule, the applicable medical underwriting, the **member's certificate of insurance** and **our** general conditions and exclusions.

General exclusions include: alcohol, drug or solvent abuse, **chronic medical conditions** that pre-date the **member's** original **date of entry**, cosmetic **treatment**, sexually transmitted diseases, sterilisation and elective medical checkups.

All **benefits** shown are per **insured person**, per **period of cover** (unless specifically stated).

	Plan 1	Plan 2	Plan 3	Plan 4
Maximum annual aggregate limit	Up to ¥800,000	Up to ¥2,000,000	Up to ¥4,000,000	Up to ¥8,000,000
Choose a network Mainland China, Greater China and Worldwide Plans	Fire Element (all <b>hospitals</b> are included) OR Wood Element (all <b>hospitals</b> , except for the <b>hospitals</b> and clinics outlined in the Hospital Directory. Refer to detailed Directory.) OR Water Element ( <b>treatment</b> may only be received in Mainland China Public <b>Hospitals</b> which are 100% wholly owned and managed by State or Local Government and <b>outpatient direct settlement</b> will not be available).			
<b>Area of cover</b> The regional area or specific country in which the <b>member</b> must be located/ resident to receive eligible <b>treatment</b> as stated in the benefits schedule and <b>certificate of insurance</b> .  Elective <b>treatment</b> , emergency <b>treatment</b> and <b>evacuations</b> outside the area of cover are excluded.	Regional areas options <ul style="list-style-type: none"><li>• Mainland China</li><li>• Greater China (Mainland China, HK SAR, Macau, Taiwan)</li><li>• Worldwide, excluding the U.S.</li></ul>			
<b>Evacuation</b> and additional travel expenses (within <b>your area of cover</b> ) i) Travel ii) Non- <b>hospital</b> accommodation	i) Covered in full ii) Up to ¥1,200 per person per day and ¥40,000 per person per <b>evacuation</b>			
<b>Accident &amp; emergency treatment</b> outside <b>area of cover</b> (excluding the U.S.)	Inpatient <b>treatment</b> up to ¥400,000. <b>Outpatient treatment</b> is limited to ¥4,000 per <b>medical condition</b> and subject to an <b>excess</b> of ¥650 per <b>medical condition</b> . <b>Evacuations</b> , including <b>emergency evacuations</b> , are excluded.			
Mortal remains	Up to ¥40,000			
Inpatient (base) plan: inpatient, day patient, emergency care and diagnostics				
<b>Inpatient care</b> i) <b>Acute chronic</b> conditions, reconstructive surgery, 60 days pre- and post- <b>hospital treatment</b> , and associated <b>drugs and dressings</b> and <b>appliances</b> used in surgery ii) <b>Rehabilitation</b>	i) Covered in full (accommodation is subject to any selected <b>inpatient bed limit</b> )  ii) Covered in full up to 30 days per <b>medical condition</b>		i) Covered in full (accommodation is subject to any selected <b>inpatient bed limit</b> )  ii) Covered in full up to 120 days per <b>medical condition</b>	
<b>Apply an inpatient bed limit</b> Allow selection of <b>private room</b> and <b>semi-private room</b> restriction (not applied to stays in public <b>hospitals</b> within Mainland China).	Accommodation is limited to ¥600 (US\$75) per day	Accommodation is limited to ¥1,200 (US\$150) per day	Accommodation is limited to ¥1,600 (US\$200) per day	Accommodation is limited to ¥2,000 (US\$250) per day

	Plan 1	Plan 2	Plan 3	Plan 4
Inpatient (base) plan: inpatient, day patient, emergency care and diagnostics				
<b>Hospital cash</b> If an annual deductible is selected it shall not apply to this benefit.	No cover		¥500 per night for a maximum of 20 nights per medical condition	¥800 per night for a maximum of 20 nights per medical condition
<b>Emergency transportation</b>	Covered in full			
<b>Outpatient surgery</b>	Covered in full			
CT, PET and MRI scans	Covered in full			
Oncology	Covered in full			
Organ transplant	Covered in full			
<b>Inpatient psychiatric treatment</b>	No cover		Covered in full (up to 14 days)	Covered in full (up to 30 days)
Accidental damage to teeth	Covered in full			
Parental accommodation	Covered in full subject to any selected inpatient bed limit			
Outpatient care				
<b>Outpatient care and Traditional Chinese medicine*</b> All direct settlement outpatient treatment over USD\$100/¥800 requires pre-authorisation (this does not apply if you select the “covered in full” outpatient care benefit). (Also includes TCM for plans 1-2-3)	Up to ¥20,000	Up to ¥40,000	Up to ¥80,000	Covered in full (TCM not included)
Traditional Chinese or Ayurvedic medicine	Covered included in outpatient			Up to ¥12,000
<b>Alternative treatment</b>	No cover	No cover	Up to ¥2,000	Up to ¥4,000
Home nursing	No cover	No cover	Covered in full up to 14 days per medical condition	Covered in full up to 30 days per medical condition
<b>Chronic conditions</b>	No cover	Up to ¥40,000	Up to ¥80,000	Covered in full
<b>Congenital anomalies</b>	No cover	No cover	Up to ¥80,000 per medical condition	Up to ¥400,000 per medical condition
Durable medical equipment, prosthetics, orthotics and supplies (DMEPOS)	No cover	No cover	Up to ¥4,000 per medical condition	Up to ¥12,000 per medical condition
AIDS	No cover	No cover	Up to ¥80,000	Up to ¥80,000
<b>Pay an outpatient copay per visit</b> (not applied to services provided in Public providers in Mainland China)	¥120 (US\$15) copay per visit	Nil		
<b>Out of country transportation (within the area of cover)</b> i) Travel ii) Non-hospital accommodation	No cover	No cover	No cover	i) Covered in full ii) Up to USD\$150 or ¥1,200 per person per day and USD\$5,000 or ¥40,000 per person per evacuation



	Plan 1	Plan 2	Plan 3	Plan 4
<b>Additional options to upgrade cover</b>				
<b>Dental</b>	Routine dental <b>treatment</b> OR Combined routine and restorative dental			
<b>Vaccinations and inoculations</b>	Up to ¥800 ,or ¥2,000,or ¥4,000			
<b>Wellness</b> • Bilateral mammogram/breast examination and routine gynaecological tests including PAP tests • Testicular/prostate examination/ PSA/DRE tests • Routine medical checkups and associated tests, such as: blood and cholesterol checks, height/ weight body mass index, resting blood pressure, urine analysis, cardiac examination, exercise electrocardiogram (ECG), other vital organ function tests and chest x-ray.	Up to ¥2,000 or ¥4,000 or ¥8,000			
<b>Vision care</b>	One eye exam and a maximum <b>benefit</b> of up to ¥2,000 or ¥4,000			
<b>Wellness, vision and hearing</b>	Up to ¥4,000 or ¥8,000			
<b>Mother and baby module</b> i) Routine pregnancy ii) New born accommodation iii) New born care iv) Well-baby care	i) Up to ¥40,000 or ¥80,000 per pregnancy – with or without 20% <b>coinsurance</b> ii) Covered in full iii) Up to ¥120,000 and to a maximum of 30 days <b>hospital</b> stay iv) Up to ¥4,000			
<b>Complications of pregnancy</b>	Covered in full			
<b>Choose an annual deductible</b> If selected, <b>outpatient</b> direct settlement is not available.	¥800 (not available for the <b>inpatient</b> only plan) OR ¥2,000 OR ¥4,000 OR ¥8,000			

## Medical underwriting

For **groups** of less than 10 **employees**, we require a completed member application form for each **employee**.

Our standard approach to medical underwriting is moratorium; however, **plan sponsors** may elect to purchase enhanced underwriting terms for the **group**.

### Moratorium underwriting

Our standard approach to medical underwriting.

At the **member** level, **cover** is not provided for any **medical condition** in existence on the date that individual is accepted into the **group (date of entry)** until it has been treated such that the individual is symptom and **advice**-free for two consecutive years following the **date of entry** with regard to that **medical condition**. This **policy** does not cover the **treatment** of pre-existing **chronic** conditions.

### Full medical underwriting

**Plan sponsors** may also elect to have **members** fully underwritten.

Should we accept **cover**, we may apply additional terms and exclusions, which will be shown on the **member's certificate of insurance**.

### Continuous transfer terms

For **members** wishing to transfer from other **policies**. This feature may incur additional premium.

The acceptance by us of the **member's** original **date of entry** as shown by the **member's** current insurer will be applied to the **member's policy** with us. We will maintain the **member's** existing underwriting or special acceptance terms, as offered by the **member's** existing insurer, such as any moratoria or specific exclusions, and the **member's policy** with us will be governed by the terms and conditions of our **policy**. Any transfer will be subject to no enhanced **benefits** being provided. We reserve the right at all times to decline a **continuous transfer terms** request without giving any reason or impose/include additional exclusions.

### Medical history disregarded

Available to compulsory **group** schemes of 10 **employees** or more.

**Cover** is extended to include **treatment** for any **medical condition** or **related condition** where symptoms have existed or **advice** has been sought prior to the **member's date of entry**.

All **members** must be enrolled within 30 days of eligibility. Any **employee** or **dependant** not covered within 30 days of eligibility will be subject to individual medical underwriting.

**Cover** is not extended to include **treatment** for Congenital Conditions unless the **member** has been enrolled within the first year following birth, or unless the optional **benefit** for 'Congenital anomalies – Including pre-existing **congenital anomalies**' has been purchased.

## Plan currency

The RMB currency is available to **policyholders** in China and Greater China.

## Payment frequency

Bank transfers are available on an annual, semi-annual or quarterly basis.

A surcharge will apply for payments made on a quarterly or semi-annual basis.

## Communicating with your employees

To assist you in communicating your **benefits** to your **employees** and their **dependants**, we provide the following options:

- Electronic **member** packs and mailed membership cards
- Printed copies of **member** packs and membership cards

## Membership adjustments

There are three options for **plan sponsors** to adjust membership when **members** leave or join the plan:

- **Pay as you go** — Adjustments are credited or debited as adjustments are made.
- **End of year adjustments** — We will reconcile your account at year end.

## Policyholder's right of termination

After the **commencement date**, this **policy**, or any **cover** included, may only be terminated by the **policyholder**, as to all or any class of its **members**, with effect from the **renewal date**. We must be given written notice of intent to non-renew within 15 days of your renewal date. If the **policy** is terminated by the **policyholder** at any other time, whatsoever the reason, there will be no return of premium.

# Common questions and answers

**Q.** Are family members eligible for cover as well?

**A.** Children who are not more than 18 years old residing with the employee, or 26 years old if in full-time education, at the date of entry or at any subsequent renewal date, will be accepted for cover as dependants. Children will not be accepted for cover, unless on a policy with a legal parent or guardian and subject to the identical benefits applying to all parties. A declaration of health is required with respect to all dependants who are born following assisted conception.

New born children will be accepted for cover (subject to the limitations of the new born benefit) from birth. Acceptance of new born babies is subject to written notification within 30 days of birth and receipt of the full premium within a further 30 days following notification.

**Q.** Is a medical examination required to enrol in the plan?

**A.** No. In the rare instance that we require additional information for fair and accurate underwriting purposes, we will ask the applicant to submit a medical report from his/her doctor.

**Q.** Will the plan cover any illnesses or injuries that members have prior to enrolling in the plan?

**A.** If you select a moratorium underwriting basis, cover for all pre-existing medical conditions are excluded during the first two years of membership. Future costs will be covered providing members do not have any symptoms, treatment or advice for that condition during this two year period. You may also apply for Continuous Transfer Terms (CTT). For groups of 10 or more employees, you may purchase Medical History Disregarded cover.

**Q.** Does the plan include cover for treatment in the U.S.?

**A.** Cover is not available in the U.S. for elective treatment or emergency treatment, including evacuations. If you are interested in providing U.S. cover, speak to your Aetna representative about other available plans.

**Q.** How do members know if inpatient treatment is covered?

**A.** All inpatient treatment is required to be pre-authorised prior to a planned admission into a hospital. Members should contact the Aetna International Member Service Centre to determine whether treatment is covered under the policy.\*\*

**Q.** Is emergency evacuation covered?

**A.** Emergency evacuation is covered within your area of cover, provided that we pre-authorise it and treatment is not available at the location of the incident.

Emergency evacuation is included out of area, provided that you purchase the out of area cover benefit ("covered in full" option only). This does not extend to include treatment in the United States (see the above question for more detail).

**Q.** How can members submit a claim?

**A.** Upon inception, each member will receive a membership card. This provides them with the contact information for the Aetna International Member Service Centre and information they need to register for the Aetna International secure member website. Members can use either resource to submit a claim.

Please ensure your claim form is completed in full and returned within 180 days of the treatment date. Claims may only be made for treatment given during a period of cover. The benefit will only be payable for expenditure incurred prior to expiry or termination.

**Q.** Is inpatient direct settlement available?

**A.** Yes, we have negotiated simplified prepayment procedures with thousands of medical facilities so our members have access to quality care when and where they may need it in their area of cover. For added convenience, we can also coordinate one-time arrangements if a health care professional is not in our direct-settlement database. We have a 95 percent success rate in negotiating these one-time arrangements.

**Q.** Is outpatient direct settlement available?

**A.** We have a direct settlement network enabling members to obtain outpatient treatment at a number of selected medical centres where all eligible treatment charges will be paid directly by us.

All direct settlement outpatient treatment over USD\$100 requires pre-authorisation (this does not apply if you select the "covered in full" outpatient care benefit). Direct settlement for outpatient treatment is not available for plans that include an annual deductible.

Outpatient DSN is not available at Mainland China Public Hospitals which are 100% wholly owned and managed by State or Local Government.

**Q.** Are all hospitals covered?

**A.** All hospitals are covered if you have selected the Fire Network. If you have selected the Wood Network, some hospitals are excluded. The listing can be found at [www.aetnainternational.com](http://www.aetnainternational.com). If you have chosen the Water network, treatment can only be received in Mainland China Public Hospitals which are 100% wholly owned and managed by State or Local Government and Outpatient direct settlement will not be available.

\*\*Settlement can be made directly to the hospital. Full details of the claims procedure are available in the member handbook.

## Appendix: benefits schedule detail

Your policy may include some of the following benefits. To confirm the benefits included in your policy, please refer to your benefits schedule.

All **benefits** are subject to the maximum annual aggregate limit and the sums insured indicated in **your** benefits schedule, the applicable medical underwriting, the **member's certificate of insurance** and our general conditions and exclusions.

All costs incurred must be **medically necessary** and subject to **reasonable and customary charges**, based on the average **treatment** costs applicable to the region in which the **treatment** was received, as determined by **us**. **Inpatient** accommodation costs are for a standard **private room** unless the **plan sponsor** has opted to apply an alternative bed limit with a **private** or **semi-private room**.

### INPATIENT, DAY PATIENT, EMERGENCY CARE AND DIAGNOSTICS

**Inpatient Care:** Charges incurred for the **treatment** of a **medical condition**, including stabilisation of an **acute chronic condition**, when **treatment** is received as an **inpatient** or **day patient** including:

- i) Accommodation and associated charges.
- ii) Admittance to the intensive care unit.
- iii) Charges for nursing by a **qualified nurse**, and theatre fees.
- iv) **Medical practitioner** fees including consultations, **specialist** fees and Anaesthetist fees.
- v) Diagnostic and surgical procedures including pathology and X-rays.
- vi) Reconstructive surgery (including **outpatient treatment**) to restore natural function or appearance required as a result of an **accident** or illness occurring during the **period of cover** and where **treatment** takes place within 12 months of the insured event occurring.
- vii) **Drugs and dressings**, medicines and **appliances** prescribed by a **medical practitioner** or **specialist**, including Traditional Chinese Medicine.
- viii) **Rehabilitation** (including **outpatient treatment**) in a recognised **rehabilitation** unit of a **hospital** subsequent to **inpatient treatment** lasting 3 days or more, which takes place within 14 days of discharge. **Treatment** must be recommended and under the direct control of a **specialist**. **Treatment** includes the use of special **treatment** rooms, physical and/or speech therapy fees, and other services usually given by a **rehabilitation** unit.

- ix) **Outpatient treatment** connected with **inpatient treatment** will be covered for 60 days pre- and post-hospital admission.

**Emergency Transportation:** Emergency transportation costs to and from the **hospital** to receive **treatment** as an **inpatient** or **day patient**, by the most appropriate transport method when considered **medically necessary** by a **medical practitioner** or **specialist**.

This **benefit** does not include the cost of car hire.

**Evacuation & Additional Travel Expense:** Evacuation of a **member** in the event of an **emergency**, where **treatment** is not readily available at the place of the incident within **your area of cover**, to the nearest appropriate medical facility within **your area of cover** as determined by **us**, by the most appropriate method of transportation as determined by **us**, for the purpose of admission to **hospital** as an **inpatient** or **day patient**.

**Evacuation** is subject to written agreement from **us**, prior to travel and certified instructions to **us** from the attending **medical practitioner** or **specialist**, including confirmation that the required **treatment** is unavailable at the place of incident.

This **benefit** excludes all maternity and childbirth costs except where these are covered under the **benefit** for complications of pregnancy, and any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts within **your area of cover**. **Cover** is provided for:

- i) **Evacuation** costs including the costs of one other person to travel with the **member** as an escort, if **medically necessary**.
- ii) Travel to and from medical appointments when **treatment** is being received as a **day patient**.
- iii) For an accompanying person to travel to and from the **hospital** to visit the **member** following admission as an **inpatient**.
- iv) Economy class airline tickets to return the **member** and the escort to the **country of residence** or to the country where **evacuation** occurred.
- v) Non-**hospital** accommodation for the **member** and escort for immediate pre- and post-**hospital** admission periods provided that the **member** is under the care of a **specialist**.

**Outpatient Surgery:** This benefit extends to cover the cost of endoscopy investigations carried out under an **outpatient** basis. This includes gastroscopy, bronchoscopy, colonoscopy and colposcopy, but excludes laparoscopy and arthroscopy, which are covered under the **inpatient** care benefit.

**CT PET and MRI Scans:** Scans received as an **inpatient**, **day patient** or **outpatient**.

This must be pre-authorised by us.

**Oncology:** Covers all **medically necessary** treatment received for, or related to, the diagnosis of cancer when received as an **inpatient**, **day patient** or **outpatient** including **palliative** treatment.

**Organ Transplant:** The **organ** transplants covered under this **policy** are as follows: heart, heart/lung, lung, kidney, kidney/pancreas, liver, allogenic bone marrow and autologous bone marrow.

**Inpatient Psychiatric Treatment:** Treatment received in a registered psychiatric unit of a **hospital**. All **benefits** are conditional on pre-authorisation from us and all **treatment** being administered under the control of a registered psychiatrist. Without our written confirmation prior to such **treatment**, we will not be liable to pay any **benefit**. However, the initial consultation with the **medical practitioner** (not a psychiatric **specialist**) that results in a psychiatric referral is covered without the requirement for pre-authorisation.

**Accidental Damage to Teeth:** Treatment received in an **accident** and **emergency** ward of a **hospital** or dental clinic, within 10 days of incurring accidental damage to sound, natural teeth, except when the accidental damage has been caused through eating. Follow-up **treatment** is limited to one visit within 30 days following your initial **treatment** and must be pre-authorised by us.

**Complications of Pregnancy:** Treatment of a **medical condition** arising during the antenatal stages of pregnancy, a **medical condition** arising during childbirth and that requires a recognised obstetric procedure, and post natal checkups required as a result of the complication of pregnancy for up to six weeks. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births are excluded from this **benefit**.

This **benefit** is payable after the first 12 months from the **commencement date** or **date of entry**, whichever is the later.

**Parental Accommodation:** **Hospital** accommodation costs of a parent or legal guardian staying with a **member** who is under 18 years of age and is admitted to **hospital** as an **inpatient**.

**Mortal Remains:** In the event of death from an eligible **medical condition**: Transportation of the body of a **member** or his/her ashes to the **country of nationality** or **country of residence** or burial or cremation costs at the place of death in accordance with reasonable and customary practice.

## OPTIONAL OUTPATIENT CARE

**Outpatient Care:** **Medical practitioner**, **specialist**, consultant and nursing fees and **outpatient** charges including diagnostic and surgical procedures including pathology, x-rays, **drugs** and **dressings** and **appliances** prescribed by a **medical practitioner** or **specialist**. Physiotherapy on referral by a **medical practitioner** is restricted to 10 sessions per **medical condition**, after which it must be further reviewed by a **specialist**. A medical report will be required for **outpatient** physiotherapy after 10 sessions. A referral letter/report must be submitted with the first claim for such **treatment**.

**Traditional Chinese or Ayurvedic Medicine:** This benefit covers the cost of **treatment** administered by a recognised traditional Chinese or Ayurvedic **medical practitioner**.

**Alternative Treatment:** Treatment administered by registered chiropractors, osteopaths, homeopaths, podiatrists and acupuncturists when given under the direct control of and following referral by a **medical practitioner** or **specialist**.

**Vaccinations and Inoculations:** Vaccinations and inoculations, including those that are **medically necessary** for travel.

**Home Nursing:** Nursing care given outside a **hospital** that is immediately received subsequent to **treatment** as an **inpatient** or **day patient** on the recommendation of a **specialist**. This must be provided by a **qualified nurse** and not provided for domestic reasons or convenience.

This must be pre-authorised by us.

## OPTIONAL CHRONIC CONDITION MANAGEMENT

**Chronic Conditions:** Routine checkups, drugs and dressings prescribed for management of the condition, hospital accommodation nursing, renal dialysis, surgery and palliative treatment of chronic conditions (excluding cancer). Costs for the treatment of cancer are covered under the oncology benefit.

**Congenital Anomalies:** Treatment of congenital anomalies that manifest after the member's cover commences with us, or which manifest in a dependant child born in the year prior to cover commencing. This benefit excludes any hereditary medical conditions.

**Durable Medical Equipment, Prosthetic and Orthotic Supplies (DMEPOS):** The following benefits are covered:

- i) **Medically necessary** durable medical equipment prescribed by a treating specialist, which is necessary to deliver or facilitate the delivery of prescribed drugs and dressings. This includes, but is not limited to, diabetic monitoring equipment.
- ii) Ancillary charges following treatment as an inpatient or day patient including the purchase or rental of crutches, and costs associated with the initial purchase or rental of a wheelchair.
- iii) External prosthetics required following surgery; including braces and callipers, artificial eyes and the initial purchase and fitment of an artificial limb.
- iv) Orthotic supplies including insoles and orthotic supports.

This benefit excludes provision, modifications and fitment of furniture or adaptations to the home.

**AIDS:** Medical expenses that arise from, or are in any way related to, Human Immunodeficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof.

Expenses are limited to pre- and post-diagnosis consultations, routine checkups for this condition, drugs and dressings (except experimental or those unproven), hospital accommodation and nursing fees.

For this benefit, the general exclusion for sexually transmitted diseases does not apply.

## ADDITIONAL OPTIONS TO REDUCE COSTS

**Outpatient Consultation Copay per Visit:** Outpatient consultations are subject to a copay per visit. If a claim is submitted by the member for reimbursement, the copay per visit will be deducted before reimbursement. This option will not apply to services obtained in a public/government hospital within mainland China. The US\$ amount listed on the Benefit Schedule for copayment is only used when the consultations take place in the hospitals outside of mainland China.

Outpatient consultations for the following benefits can be covered subject to their inclusion in your plan, and up to the value of cover selected.

- i) Complications of pregnancy
- ii) Congenital anomalies
- iii) CT and MRI scans
- iv) Hormone replacement therapy (HRT)
- v) Oncology
- vi) Outpatient care
- vii) Outpatient surgery

**Inpatient Bed Limit:** Inpatient bed costs are restricted to the selected inpatient limit and corresponding room type (private or semi-private room), unless in respect of HDU and ITU admissions, which remain fully covered. This option will not apply to services obtained in a public/government hospital within mainland China. The US\$ amount listed on the Benefit Schedule for copayment is only used when the consultations take place in the hospitals outside of mainland China.

## ADDITIONAL OPTIONS TO UPGRADE COVER

**Accident & Emergency Treatment Outside Area of Cover:** Benefit is payable for medical expenses which arise as a result of an emergency, which requires the member to seek treatment in the accident and emergency unit of a hospital whilst temporarily travelling outside area of cover and where the medical condition did not exist prior to travel and the member was treatment-, symptom- and advice- free.

This benefit extends to include outpatient treatment arising as a result of an accident or emergency, whilst the member is temporarily travelling outside area of cover and where the medical condition did not exist prior to travel and the member was treatment-, symptom- and advice- free.



Complications of pregnancy and/or childbirth are not covered under this **benefit**.

When this **benefit** is purchased on a “covered in full” basis, **evacuations** are available as defined under “Evacuation & Additional Travel Expense” on a worldwide basis (excluding the U.S.)

**Out of Country Transportation:** The costs of moving an **insured person** in the event of **medically necessary non-emergency treatment** not being readily available at the place of the incident, to the nearest centre of medical excellence, within the **area of cover**, for the purpose of admission to **hospital** as an **inpatient** or **day patient** (excluding all maternity or childbirth costs, except for Complications of Pregnancy) and/or for the purpose of seeking any **medically necessary inpatient, day patient or outpatient treatment**. **Cover** under this **benefit** is subject to written agreement from **us** prior to travel and certified instructions from the attending **medical practitioner** or **specialist** including confirmation that the required **treatment** is unavailable at the place of incident. **Cover** is provided for:

- i) **Evacuation** costs (restricted to economy class flight tickets only) including the costs of one other person to travel with the **member** as an escort, if **medically necessary**.
- ii) Travel to and from medical appointments when **treatment** is being received as a **day patient**.
- iii) For an accompanying person to travel to and from the **hospital** to visit the **member** following admission as an **inpatient**.
- iv) Economy class airline ticket to return the **member** and any escort to the **country of residence** or to the country where **evacuation** occurred.
- v) Non-**hospital** accommodation for the **member** and escort for immediate pre- and post-**hospital** admission periods provided that the **member** is under the care of a **specialist**.

**Hospital Cash:** Where the **member** receives **treatment** for an eligible **medical condition** as an **inpatient** and no costs are incurred for accommodation and **treatment**, we will pay a cash **benefit**. To claim this **benefit**, the **member** should ask the **hospital** to sign and stamp their claim form.

This **benefit** is not applicable to admissions into the **accident** and **emergency** facility of the **hospital**.

If an **annual deductible** is selected it shall not apply to this **benefit**.

**Routine Dental Treatment:** Fees of a **dental practitioner** carrying out routine dental **treatment** in a dental surgery. Routine dental **treatment** is defined as:

- examinations
- tooth cleaning
- normal compound fillings
- simple non-surgical extractions

This **benefit** excludes orthodontic **treatment**, restorative **treatment** and dental implants.

A 6 month wait period applies from the purchase date of this **benefit** or the **member's date of entry**, whichever is the later.

**Combined Routine & Restorative Dental:** Fees of a **dental practitioner** carrying out routine dental **treatment** in a dental surgery. Routine dental **treatment** is defined as:

- examinations
- tooth cleaning
- normal compound fillings
- simple non-surgical extractions

Restorative dental covers the fees of a **dental practitioner** and associated costs for the **treatment** of the following specified procedures:

- 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**
- and new or repair of upper or lower dentures
- removal of wisdom teeth (whether performed in **hospital** or in dental surgery, whether performed by a **dental practitioner, specialist**, or an oral or maxillofacial surgeon)

This **benefit** excludes orthodontic **treatment** and dental implants.

A 6 month wait period applies from the purchase date of this **benefit** or the **member's date of entry**, whichever is the later.

**Wellness:** This **benefit** covers the cost of:

- i) Bilateral mammogram/breast examination and routine gynaecological tests including PAP tests.
- ii) Testicular/prostate examination/PSA/DRE tests.
- iii) Routine medical checkups and associated tests. Such routine checkups/tests include: blood and cholesterol checks, height/weight body mass index, resting blood pressure, urine analysis, cardiac examination, exercise electrocardiogram (ECG), other vital organ function tests, and chest x-ray.

**Hearing Benefit:** The cost of one annual hearing test and hearing aids.

**Vision Care:** The cost of one routine eye exam per **period of cover** and the purchase of vision hardware, when the member's prescription has changed. Vision hardware covers prescribed glasses or contact lenses.

## MOTHER AND BABY MODULE

**Routine Pregnancy:** Costs associated with normal pregnancy and childbirth, including normal deliveries as a result of infertility **treatment** (assisted conception), voluntary caesarean section costs, and **medically necessary** caesarean costs due to any previous non-**emergency** caesarean sections undertaken. This **benefit** covers the cost of pre- and post-natal checkups for up to six weeks, prescribed pre natal vitamins, and delivery costs, including qualified Midwives. All costs relating to complications of pregnancy or childbirth following infertility **treatment** (assisted conception) will be limited to this **benefit**.

This **benefit** extends to include neo-natal care, **new born** packages (including **elective** circumcision) and costs incurred for the care of the baby or babies for the first 24 hours following birth when the baby is accompanying its mother (being a **member**) whilst she is receiving **treatment** as an **inpatient** in a **hospital**.

A 12 month wait period applies from the purchase date of this **benefit** or the **member's date of entry**, whichever is the later.

**New Born Accommodation:** Hospital accommodation costs relating to a **new born** baby (up to 16 weeks old) to accompany its mother (being a **member**) whilst she is receiving **treatment** as an **inpatient** in a **hospital**.

**New Born Care:** Inpatient treatment of an **acute medical condition** being suffered by a **new born** baby that manifests itself within 30 days following birth. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births are excluded from this **benefit**. In circumstances where a **congenital anomaly** manifests itself in a **new born** baby, **cover** will be excluded under this **benefit** and payable under the **benefit** for **congenital anomalies**.

Following the 30 day **new born benefit** period, excepting any **medical conditions** occurring or manifesting themselves during the 30 day period immediately following birth, the **member's dependant** will be eligible for **cover** subject to written notification within 30 days of birth and all premiums being paid in full within 30 days of the due date. A declaration of health is required with respect to all **dependants** who are born following infertility **treatment** (assisted conception).

**Well-baby Care:** Well-baby checks following the first 24 hours after birth, including physical examinations, measurements, sensory screening, neuropsychiatric evaluation, development screening, as well as **hereditary** and metabolic screening, immunisations, urine analysis, tuberculin tests and hematocrit, hemoglobin and other blood tests, including tests to screen for sickle hemoglobinopathy; all as recommended by a **medical practitioner** or **specialist**.

# Contact us and complaint procedures

## Contact your Aetna International Member Service Centre anytime with questions about:

- Your Aetna cover
- Eligibility verification
- Clinical support
- Claims
- General plan-related questions
- Wish to make a complaint

To reach the Aetna International Member Service Centre, dial the number found on your member ID card. You can also contact us as follows:

We intend to meet our customers' expectations at all times. However, we understand that from time to time complaints may arise. Our complaints handling procedures are based on the rules prescribed by the UK's Financial Services Authority and our aim is to resolve any complaints that we receive both fairly and promptly.

Unit 1806, Harbour Ring Plaza  
18 Middle Xi Zang Rd  
HuangPu District, Shanghai, 200001

Telephone: +86 400 881 1291

Fax: +8621 6326 8525

Email: [HTChinaservices@aetna.com](mailto:HTChinaservices@aetna.com)

## Summary of our complaints handling procedures

### Complaints will:

- Be acknowledged promptly, confirming who will be responsible for investigating the complaint.
- Be investigated competently, efficiently and impartially, ensuring that we provide updates on progress.
- Be assessed fairly, consistently and promptly.
- Be responded to within eight weeks; you will receive either a letter explaining the status of your complaint or a final response outlining the determination of the investigation

***Global presence, local footprint —  
around the corner or around the globe, we're there.***

**To learn more, contact us today**

**Asia-Pacific:**

**+400 880 8891**

**agbsalesshanghai@aetna.com**

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