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

aetna®

Healthy Aessentials Plan

Regional solutions for locally-hired* and expatriate employee populations

This brochure is applicable to all members within the regional areas: Asia & Pacific Rim or Asia, Pacific Rim & Singapore.

*Some restrictions apply. Please contact your local sales team to confirm if local nationals can be covered in your country.

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We make it our business to understand your business, as well as the unique needs of your employee population. With more than 160 years of experience, covering over 500,000 members around the world, we are well-positioned to provide regional health benefit solutions to help meet your ever-changing business needs.

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.

Your business and the health of your employees and their families lie at the centre of everything we do. Through our first-class approach to service, we are a valued partner, working to provide you with innovative products and services that make a positive impact on your business.

We take our collaboration to heart. That's why we've established a strong global presence, with a local footprint that touches key areas all over the world. With employees located in 10 countries, we are deeply embedded in the global marketplace. This enables us to best meet the needs of our valued customers with confidence and compassion.

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** 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**

Healthy Aessentials Plan overview

An innovative, flexible solution 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 different benefits.

STEP 1:

Choose the area of cover and maximum annual aggregate limit.

STEP 2:

Build upon the rich inpatient plan by adding optional outpatient care. If you add optional outpatient care, you can next add chronic condition management benefits.

STEP 3:

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

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.

*Some restrictions apply. Please contact your local sales team to confirm if local nationals can be covered in your country.

Area of cover

Regional area* options include:

- **Asia and Pacific Rim:**
  Bangladesh, Bhutan, Brunei, Cambodia, Cook Islands, Fiji, India, Indonesia, Kiribati, Korea (South) Laos, Malaysia, Maldives, Marshall Islands, Federated States of Micronesia, Mongolia, Myanmar, Nauru, Nepal, Niue, Pakistan, Palau, Papua New Guinea, Philippines, Samoa, Solomon Islands, Sri Lanka, Thailand, Timor-Leste, Tonga, Tuvalu, Vanuatu and Vietnam. Excluded countries: Australia, Hong Kong, Japan, Macau, Mainland China, New Zealand, Singapore and Taiwan.
- **Asia, Pacific Rim and Singapore:**
  The countries included under "Asia and Pacific Rim" and Singapore. Excluded countries: Australia, Hong Kong, Japan, Macau, Mainland China, New Zealand and Taiwan.
- **Worldwide, excluding the USA:**
  Elective treatment is excluded in the USA.

Maximum annual aggregate limit

6 options ranging from: up to US$100,000 or SG$125,000 to up to US$1,600,000 or SG$2,000,000 per insured person per period of cover

Inpatient care benefits include, but are not limited to:

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

Optional outpatient care benefits include, but are not limited to:

- Outpatient care
- Alternative treatment
- Vaccinations and inoculations

Optional chronic condition management benefits include, but are 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.

*We can also offer similar plans in China, Greater China, and the Middle East, Indian Subcontinent & Southeast Asia. Contact your Aetna representative for more information. The regional areas are subject to review.

Aetna is committed to ensuring compliant business practices around the globe. This includes compliance with sanctioned country information published by the United States Department of Treasury's Office of Foreign Asset Control (OFAC), EU Financial Sanction Regime and United Nations Common Foreign and Security Policy (UN CFSP). If you have a need for us to provide cover in a sanctioned country, please contact your Aetna International representative for guidance on options that may be available.

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

Healthy Aessentials plans

Additional plan designs are available

The words and phrases that are in bold have specific meanings, and are defined in the member handbook.

This will be a 12 month policy starting from the date of entry or any subsequent renewal date, as applicable. It is the responsibility of the policyholder to continually review your policy in order to ensure that the plan selected continues to meet the needs and requirements of your employees.

This policy summary does not contain the full terms of the policy; these can be found in the benefits schedule, group contract, certificate of insurance and member handbook.

It is the responsibility of the policyholder to continually review your policy in order to ensure that the plan selected continues to meet the needs and requirements of your employees.

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

	Classic	Executive
Maximum annual aggregate limit	Up to US$250,000 or SG$300,000	Up to US$500,000 or SG$625,000
Area of cover The regional area or specific country in which the **member** must be located/resident to receive eligible **treatment** as stated in the benefits schedule **and certificate of insurance.** **Elective treatment**, **emergency treatment** and **evacuations** outside the area of cover are excluded. See the regional area lists on page 5.	Asia and Pacific Rim *OR* Asia, Pacific Rim and Singapore *OR* Worldwide, excluding the USA	
Evacuation and additional travel expenses (within **your area of cover**) i) Travel ii) Non-**hospital** accommodation	i) Covered in full ii) Up to US$150 or SG$200 per person per day and US$5,000 or SG$6,250 per person per **evacuation**	
Accident & **emergency treatment** outside **area of cover**	No **cover**	**Inpatient treatment** up to US$50,000 or SG$62,500. **Outpatient treatment** is limited to US$500 or SG$625 per **medical condition** and subject to an **excess** of US$80 or SG$100 per **medical condition**. **Evacuations**, including **emergency evacuations**, are excluded.
Inpatient, day patient, emergency care and diagnostics		
Inpatient care i) **Acute chronic** conditions, reconstructive surgery, 60 days pre- and post-**hospital treatment**, and associated **drugs and dressings** and **appliances** used in surgery ii) **Rehabilitation**	i) Covered in full (accommodation is subject to any selected **inpatient** bed limit) ii) Covered in full up to 30 days per **medical condition**	
Emergency transportation	Covered in full	
Outpatient surgery	Covered in full	
CT, PET and MRI scans	Covered in full	
Oncology	Covered in full	
Organ transplant	Covered in full	

	Classic	Executive
Inpatient psychiatric **treatment**	No **cover**	Covered in full (up to 14 days)
Accidental damage to teeth	Covered in full	
Complications of pregnancy	No **cover**	Covered in full
New born care	Up to US$15,000 or SG$18,750 and to a maximum of 30 days hospital stay	
Parental accommodation	Covered in full subject to any selected **inpatient** bed limit	
Renal dialysis	Cover in full	
Optional outpatient care		
Outpatient care	Up to US$1,500 or SG$1,875	Up to US$2,500 or SG$3,000 *OR* Covered in full
Alternative **treatment**	Up to US$250 or SG$325	Up to US$500 or SG$625
Vaccinations and inoculations	No **cover**	Up to US$100 or SG$125
Home nursing	No **cover**	Covered in full up to 14 days per **medical condition**
Optional chronic condition management		
Chronic conditions	Up to US$5,000 or SG$6,250	
Congenital anomalies	No **cover**	Up to US$10,000 or SG$12,500 per **medical condition**
Durable medical equipment, prosthetics, orthotics and supplies (DMEPOS)	No **cover**	Up to US$500 or SG$625 per **medical condition**
AIDS	No **cover**	Up to US$10,000 or SG$12,500
Additional options to upgrade cover		
Mortal remains	Up to US$5,000 or SG$6,250	
Out of country transportation i) Travel ii) Non-**hospital** accommodation	 i) Covered in full ii) Up to US$150 or SG$200 per person per day and US$5,000 or SG$6,250 per person per **evacuation**	
Mother and baby module 1 i) Routine pregnancy ii) New born accommodation iii) Well-baby care	 i) Up to US$5,000 or SG$6,250 per pregnancy – with or without 20% **coinsurance** ii) Covered in full iii) Up to US$500 or SG$625	
Mother and baby module 2 i) Routine pregnancy ii) New born accommodation iii) Well-baby care	 i) Up to US$10,000 or SG$12,500 per pregnancy – with or without 20% **coinsurance** ii) Covered in full iii) Up to US$500 or SG$625	
Dental – routine dental **treatment**	Up to US$250 or SG$325 – with or without 20% **coinsurance**	
Dental – combined routine and restorative dental	Up to US$500 or SG$625 – with or without 20% **coinsurance** *OR* Up to US$1,000 or SG$1,250 – with or without 20% **coinsurance** *OR* Up to US$1,500 or SG$1,875 – with or without 20% **coinsurance**	

	Classic	Executive
Additional options to upgrade cover		
Wellness • 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 US$250 or SG$325 *OR* Up to US$500 or SG$625 *OR* Up to US$750 or SG$1,000 *OR* Up to US$1,000 or SG$1,250	
Hearing **benefit**	Up to US$250 or SG$325 *OR* Up to US$500 or SG$625	
Vision care	One eye exam and a maximum **benefit** of up to US$250 or SG$325 *OR* One eye exam and a maximum **benefit** of US$500 or SG$625	
Traditional Chinese or Ayurvedic medicine	Up to US$250 or SG$325	
Alternative cash benefit for hospitalization If an **annual deductible** is selected it shall not apply to this **benefit**.	US$125 or SG$150 per night for a maximum of 20 nights per **medical condition**	
Optional deductibles/copays/inpatient bed limits/annual limits		
Maximum annual aggregate limit	Up to US$100,000 or SG$125,000 *OR* Up to US$250,000 or SG$300,000 *OR* Up to US$500,000 or SG$625,000 *OR* Up to US$750,000 or SG$940,000 *OR* Up to US$1,000,000 or SG$1,250,000 *OR* Up to US$1,600,000 or SG$2,000,000	
Add an annual **deductible** If selected, **direct settlement** for **outpatient treatment** is not available.	US$250 or SG$320 *OR* US$500 or SG$625 *OR* US$1,000 or SG$1,250	
Pay an **outpatient copay per visit**	US$15 or SG $20 **copay per visit** *OR* US$20 or SG$25 **copay per visit** *OR* US$30 or SG $40 **copay per visit**	
Apply an **inpatient** bed limit	6 standard options ranging from: US$75 or SG$100 per day to US$500 or SG$625 per day	

Important Information

Section 25(5) of the Insurance Act (Cap 142) requires that you disclose fully and faithfully in your application for cover, any information or facts which you know or ought to know, otherwise you may receive nothing from the plan.

Medical underwriting

For **groups** of less than 20 **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.

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. When MHD is selected for **your policy**, any waiting periods are removed from **benefits** that are stated to contain them.

Cover is not extended to include **treatment** for congenital conditions unless the member has been enrolled within the first year following birth.

Plan currency

The US Dollar ($) and Singapore Dollar ($) currency is available to **policyholders**.

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.
- **Periodic adjustments** — **We** will adjust **your** instalment plan to incorporate membership adjustments.
- **End of year adjustments** — **We** will reconcile **your** account at year end.

Policyholder's right of termination

This policy may be terminated by the policyholder, as to all or any class of its members, by notifying us in writing within 14 business days from the date the policyholder receive the policy document and, provided no claims have been made, we will arrange a full refund of any premiums paid. The policy document is deemed to have been received by the policyholder within 3 days after we have dispatched it. Otherwise, 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.

Policy Owners' Protection Scheme — Disclose Statement

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA/LIA or SDIC websites **www.gia.org.sg** or **www.lia.org.sg** or **www.sdic.org.sg**.

Common questions and answers

Q. Are all employees, at home or abroad, eligible for cover?

A. New applicants will be eligible for cover up until the age of 65. The plan will cover employees who live or work in or outside of their home country (the country that issued their passport). Any employee or dependant (subject to the agreement of the plan sponsor) not enrolled within 30 days of eligibility will be subject to individual underwriting.

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 elective treatment in the USA?

A. Cover is not available in the USA for elective treatment. If you are interested in providing the USA 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).

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.

We reserve the right to deny any claim that is not submitted 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. Yes, 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.

**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.

INPATIENT, DAY PATIENT, EMERGENCY CARE AND DIAGNOSTICS

Inpatient care: Charges incurred for the **treatment** of a **medical condition**, including stabilisation of an **acute** exacerbation of a **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) Nursing by a qualified nurse.

iv) Surgical procedure fees and operating theatre fees.

v) Medical practitioner fees including surgeon, consultations, specialist and anaesthetist fees.

vi) Diagnostic procedures including but not limited to pathology tests, Ultrasound scans and x-rays.

vii) Drugs, dressings, medicines and appliances prescribed by a medical practitioner or specialist, including Traditional Chinese Medicine.

viii) 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.

ix) Rehabilitation (including outpatient treatment) in a recognised rehabilitation unit of a hospital subsequent to inpatient treatment lasting 3 days or more. The rehabilitation must take place within 14 days of discharge from the inpatient admission and must be recommended and under the direct control of a Medical Practitioner. Treatment includes the use of special treatment rooms, physical and/or speech therapy fees, and other services usually given by a rehabilitation unit

x) 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 defined **medical condition** arising during the antenatal stages of pregnancy, or during childbirth. The conditions covered are ectopic pregnancy, gestational diabetes, hydatidiform mole, miscarriage (actual or threatened), pre-eclampsia, failure to progress in labour or stillbirth. Post-partum hemorrhage and retained placental membrane that occur during childbirth are also covered by this benefit. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births are excluded from this **benefit**. Post natal checkups needed as a result of one of the above complications of pregnancy are covered for a period of six weeks.

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

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**. The new born baby must be added to the policy to avail of this **benefit**. 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).

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**.

Renal dialysis: **Chronic** supportive **treatment** of renal failure or Renal Dialysis incurred immediately pre- and post-operatively or incurred in connection with **acute** secondary failure when dialysis is part of intensive care.

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. Necessary burial or cremation fees including:

- The cost of reopening a grave and burial costs, or
- The cost of opening a new grave and burial costs, including any exclusive right of burial fee, or
- In the case of cremation:
  1. The cremation fee
  2. The cost of any doctor's certificates
  3. The cost of removing a pacemaker or other medical device which must be removed before the cremation

But not including costs related to other funeral expenses, such as:

- Funeral director's fees
- Flowers
- The cost of any documents needed for the release of the money, savings and property of the deceased
- The necessary cost of a return journey for you to either
  1. Arrange the funeral, or
  2. Attend the funeral

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.

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.

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

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, 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.

Durable medical equipment, prosthetic and orthotic supplies (DMEPOS): The following benefits are covered:

i) Medically necessary durable medical equipment prescribed by a treating Medical Practitioner, which is necessary to deliver or facilitate the delivery of prescribed drugs and dressings. This excludes hearing aids unless the hearing benefit has been purchased.

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.

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) Oncology
v) **Outpatient** care
vi) **Outpatient** surgery

Inpatient bed limit: Inpatient bed costs are restricted to the selected **inpatient** limit, unless in respect of HDU and ITU admissions, which remain fully covered.

Semi-private room restriction: Benefits restricted to Semi-Private Room and corresponding rates when receiving Treatment as an In-Patient or Day-Patient.

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. When seeking treatment outside of area of cover, member may need to pay out-of-pocket then apply reimbursement from us.

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**.

Alternative cash benefit for hospitalization: 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 six 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 six 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 non-medical previous caesarean sections. This **benefit** covers the cost of pre-natal checkups, and post-natal checkups for up to six weeks after delivery, prescribed pre natal vitamins and delivery costs, including costs associated with qualified midwives, when associated with delivery.

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 only the following for a new born child:

- one physical examination;
- vitamin K, hepatitis B and BCG vaccinations;
- circumcision;
- routine blood tests for PKU, congenital hypothryriodism and G6PD;
- one hearing examination; and
- reasonable accommodation costs for no more than four nights, if the mother is admitted and not suffering any complications.

The **newborn** must be enrolled as a **member** within 30 days after birth in order to be eligible for any **benefits** (as per **Policy** terms) after the first 24 hours.

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**, following discharge from the original delivery.

Well-baby care: Well-baby checks, effective from 24 hours after birth and up until the child's second birthday & as recommended by a **medical practitioner** or **specialist**. This includes 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.

Contact us to find out more

If you wish to make a complaint

We endeavor to meet our customers' expectations at all times. We understand that from time to time complaints may arise. Our complaints handling procedures are based on the rules prescribed by the General Insurance Association of Singapore and our aim is to resolve any complaints that we receive both fairly and promptly.

Who should I contact with a complaint?

Complaints Resolution Team
Aetna Insurance (Singapore) Pte. Ltd.
112 Robinson Road
#09-01 Robinson 112
Singapore 068902

Telephone (Toll Free from Singapore):
800-110-1951

Telephone (Toll Free from Other Countries Using AT&T Access Codes*):
+1-855-532-5085

Email: AetnaInternationalComplaints&Appeals@aetna.com

Summary of our complaints handling procedures

Your complaint will:

- be acknowledged promptly, within 3 working days, confirming who will be responsible for investigating your complaint.
- be competently, efficiently and impartially, ensuring that we keep you informed on progress.
- be assessed fairly, consistently and promptly.
- within 17 working days, receive either a letter giving the status of your complaint or a final response detailing the outcome of the investigation and, if you purchased your cover in a country where such a service is available, offering you the right to refer your complaint to an Ombudsman service should you remain dissatisfied.

If the outcome of your complaint is not handled to your satisfaction, you can write to our principal officer to appeal. If this is the case, you will receive a response to your appeal within 14 working days.

Insurance Disputes Resolution Scheme

If you are still dissatisfied with the Chief Executive's response to your dispute, we will refer you to the following independent dispute resolution organisation:

Contact details:
Financial Industry Disputes Resolution Centre Ltd (FIDReC)
112 Robinson Road #13-03
Singapore 068902
Telephone: 63278878
Fax : 63278488
Email: info@fidrec.com.sg
Website: www.fidrec.com.sg

Alternative Dispute Resolution

Below are listed methods of alternate dispute resolution available to you. Please consider that these methods of dispute resolution are subject to fees to which you may be liable. Therefore we recommend that your dispute be primarily referred to the Financial Industry Disputes Resolution Centre (details above) before any alternate dispute resolution is sought.

Mediation (Singapore Mediation Centre)

Where claims are small, expensive and prolonged litigation can exhaust time and resources, mediation may be the solution to take control of the outcome of these disputes in a timely and cost-efficient manner.

Contact Details:
Singapore Mediation Centre
1 Supreme Court lane, Level 4
Singapore 178879
Tel: 6332 4366 / Fax : 6333 5085
E-mail: enquiries@mediation.com.sg

Arbitration (Singapore International Arbitration Centre)

Any dispute, difference or question which may arise at any time hereafter in relation to the true construction of the policy or our respective rights or liabilities under this policy, will be referred to arbitration in Singapore and Singapore laws will apply. The arbitration will be heard by a single arbitrator to be agreed between us and you within 14 business days of the commencement of the arbitration.

Contact Details:
Singapore International Arbitration Centre
32 Maxwell Road#02-01,
Maxwell Chambers Singapore 069115
Tel: +65 6221 8833
Fax: +65 6224 1882

Where your complaint relates to the services provided by another firm we shall advise you of this and forward your complaint to the other firm for resolution.

Where we and another firm are jointly responsible for your complaint we shall ensure that you are informed of this and each company will contact you directly in relation to the complaint for which it is responsible.

* International toll free numbers require an access code. Please refer to the website www.att.com/business_traveler to locate the number for the country from which you are dialing.

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