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# International Healthcare Plan
# **Group Policy Wording**

**Effective date: Policies issued from 1 April 2012**

**www.aetnainternational.com**

XX.XX.XXX.X (3/12)

# Definitions

**Accident:** An unexpected, unforeseen and involuntary external event resulting in injury to a **member** and occurring whilst this **policy** is in force.

**Act of Terrorism:** An act, including, but not limited to, the use of force or violence and/or the threat thereof, of any person or **group(s)** of persons, whether acting alone, on behalf of, or in conjunction with any organisation(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons, including the intention to influence any government and/or to put the public or any section of the public in fear.

**Acute:** A **medical condition** which is brief, has a definite end point, and which **we**, on **advice** or **general advice**, determine can be cured by **treatment**.

**Advice:** Any consultation from a **medical practitioner** or **specialist**, including the issue of any prescriptions or repeat prescriptions.

**Appliances:** Devices and equipment when used as an integral part of a surgical procedure administered by a **medical practitioner** or **specialist**.

**Area of Cover:** The geographic area or specific country in which **you** may receive eligible **treatment** as stated on **your** benefits schedule and **certificate of insurance**.

**Benefits:** The insurance **cover** provided by this **policy** and any applicable endorsements shown in a **member's certificate of insurance**.

**Bodily Injury:** An injury that is caused solely by an **accident** and results in the **member's** dismemberment, disablement or other physical injury.

**Certificate of Insurance:** A schedule that provides **members** with information regarding the plan and **benefit** options elected by the **policyholder**, and lists those **members**, including any **dependants**, covered by the plan.

**Chronic:** A disease, illness or injury that has at least one of the following characteristics:

- It continues indefinitely and has no known cure
- It comes back or is likely to come back
- It is permanent
- **Members** need to be rehabilitated or specially trained to cope with it
- It needs long-term monitoring, consultations, checkups examinations or tests.

**Coinsurance:** The percentage of the total value of incurred expenses for which the **member** is responsible.

**Commencement Date:** The date shown on the **group policy**, on which the **policy** first came into effect.

**Conflict/Civil Unrest:** Any war, invasion, acts of foreign enemy hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege or attempted overthrow of government or any **act of terrorism**.

**Congenital Anomaly:** Any genetic, physical or (bio)chemical defect, disease or malformation (except **hereditary medical conditions**), which is due to an influence during gestation up to birth, and which may or may not be obvious at birth.

**Continuous Transfer Terms:** The acceptance by **us** of **your** original **date of entry** as shown by **your** current **policy** will be applied to **your policy** with **us**. **We** will maintain **your** existing underwriting or special acceptance terms, as offered by **your** existing **policy**, such as any moratoria or specific exclusions and **your 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.

**Copay Per Visit:** The amount that would normally be paid by the **member** to the **provider** when receiving **treatment** in the **direct settlement network**. Each visit shall mean for each consultation.

**Country(ies) of Nationality:** The country (or countries) for which **members** hold a valid passport(s).

**Country of Residence:** The country in which **members** habitually reside (for a period of no less than six months per **period of cover**) at the time this **policy** is first taken out or at each subsequent **renewal date**.

**Cover:** Benefits provided to the **members** of a **group** plan.

**Date of Entry:** The date shown on the **certificate of insurance** on which a **member** was included under this **policy**.

**Day Patient:** A **member** who is admitted to a **hospital** bed but does not stay overnight.

**Deductible:** An amount that **we** may deduct from our reimbursement to **you**, equivalent to any copay or **coinsurance** that would normally be paid to the **provider** when receiving **treatment** in the **direct settlement network**.

**Dental Practitioner:** A person who is licensed by the relevant licensing authority to practice dentistry in the country where dental **treatment** is given.

**Dependants:** One spouse or adult partner and/or unmarried children who are not more than 18 years old and residing with the **employee**, or 26 years old if in full-time education, at the **date of entry** or any subsequent **renewal date**. The term partner shall mean husband, wife or the person permanently living with the **employee** in a similar relationship. All **dependants** must be named in the **certificate of insurance**.

**Direct Settlement:** When **your** bill is settled directly by us either because the **provider** is contracted to our **direct settlement network** or because we have received and agreed to make a one time **direct settlement**.

**Direct Settlement Network** (Only available in certain countries): The medical **providers** where **members** are able to obtain **treatment** for valid **medical conditions** and where the expenses will be settled directly by **us**. **Members** are still responsible for any copay, **coinsurance**, **excess** or

deductible applicable, which must be settled directly with the medical providers at the time of treatment.

*Please Note:* Where members receive treatment for a medical condition that is not covered within the terms of the policy, the member remains liable for the costs of such treatment, which must be settled in full upon request. Failure to act accordingly will result in the suspension or cancellation of your cover under the group plan, without refund of premium.

**Drugs and Dressings:** Essential drugs, dressings and medicines prescribed by a medical practitioner or specialist and which are not available without prescription.

**Elective:** Planned treatment that is medical necessary, but which is not required in an emergency.

**Emergency:** A sudden, serious, and unforeseen acute medical condition or injury requiring immediate medical care.

**Employee:** A person employed by the plan sponsor and eligible for cover under its group plan.

**Evacuation:** Where treatment is not available at the place of the incident, the costs incurred in moving a member from the place of incident to the nearest country with appropriate medical facilities, as determined by the attending medical practitioner or specialist in conjunction with our medical advisors. All airline tickets are limited to economy class.

**Excess:** The amount payable by a member in respect of expenses incurred before any benefits are paid under the policy, as specified in their certificate of insurance.

**Expatriate:** Any persons living or working outside their country of citizenship, for a period exceeding six months per period of cover.

**General Advice:** Advice from the relevant professional body to establish medical practice and/or established medical opinion in relation to any medical condition or treatment.

**Group:** An aggregate that is comprised of a minimum of three employees of the plan sponsor.

**Group Administrator:** A person authorised to act on behalf of the group.

**Hereditary:** Transmitted from parents to offspring; inherited.

**Hospice:** A facility that provides palliative treatment and does not provide a cure.

**Hospital:** An establishment that is legally licensed as a medical or surgical hospital under the laws of the country in which it is situated.

**Inpatient:** A member who stays in a hospital bed and is admitted for one or more nights solely to receive treatment.

**Local National:** Any persons living or working in their country of citizenship, for a period exceeding six months per period of cover.

**Medical Condition:** Any injury, illness or disease, including psychiatric illness.

**Medical Practitioner:** A person who has attained primary degrees in medicine or surgery by attending a medical school recognised by the World Health Organisation and who is licensed by the relevant authority to practice medicine in the country where the treatment is given.

**Medically Necessary:** A medical service or treatment, which in the opinion of a qualified medical practitioner is appropriate and consistent with the diagnosis and which in accordance with generally accepted medical standards could not have been omitted without adversely affecting the member's condition or the quality of medical care rendered.

**Member/Insured Person/You/Your:** A person who is employed by a plan sponsor, or is a covered dependant of an employee, and benefits from a group plan selected by the policyholder.

**Near Relative:** Spouse, child, brother, sister, parents, parents-in-law, sister-in-law and brother-in-law.

**New Born:** A baby who is within the first 16 weeks of its life following delivery.

**Organ Transplant:** The replacement of vital organs (including bone marrow) as a consequence of an underlying medical condition.

**Outpatient:** A member who receives treatment at a recognised medical facility, but is not admitted to a hospital bed as an inpatient or day patient.

**Palliative Treatment:** Any treatment given, on advice or general advice, for the purpose of offering temporary relief of symptoms. Palliative treatment is not given to treat the underlying medical condition causing the symptoms. For the purposes of this policy, palliative treatment will include renal dialysis.

**Period of Cover:** The period of cover set out in the certificate of insurance. This will be a 12 month period starting from the date of entry or any subsequent renewal date, as applicable.

**Plan Sponsor:** A company or group that enters into an insurance arrangement with us.

**Policy:** The group health insurance policy, our contract of insurance with the policyholder providing cover as detailed in the policy documentation.

**Policy Documentation:** The set of policy documents that form a contractual agreement between us and the policyholder. These documents include any application forms, the group formation form, the certificate of insurance, the member handbook, and any other supporting documentation.

**Policyholder:** The entity that we have contracted with and to which we have issued a group policy for the provision of group insurance benefits.

**Private Room:** Single occupancy accommodation in a private hospital.

**Provider:** A provider who is legally licensed to supply treatment in the country in which it is provided.

**Provider Network:** A supplier of **treatment** participating in the **direct settlement network**.

**Qualified Nurse:** A **qualified nurse** whose name is currently on any register or roll of nurses, maintained by any Statutory Nursing Registration Body within the country in which he/she is resident.

**Reasonable and Customary Charges:** The average amount charged in respect of valid services or **treatment** costs, as determined by **our** experience in any particular country, area or region and substantiated by an independent third party, being a practicing surgeon/physician/**specialist** or government health department.

**Rehabilitation:** Assisting a **member** who, following a **medical condition**, requiring physical therapy and assistance in independent living to restore them, as much as Medical Necessary or practically able, to the position in which they were in prior to such **medical condition** occurring.

**Related Condition:** Any injuries, illnesses or diseases are **related conditions** if **we**, on **general advice**, determine that one is a result of the other or if each is a result of the same injury, illness or disease.

**Renewal Date:** The anniversary of the **commencement date** of the **policy**.

**Semi-Private Room:** Dual occupancy accommodation in a private **hospital**.

**Specialist:** A registered **medical practitioner** who currently holds a substantive consultant appointment in that specialty, which is recognised as such by the statutory bodies of the relevant country.

**Treatment:** Surgical, medical or other procedures, the sole purpose of which is the cure or relief of a **medical condition**.

**Underwriters:** The carrier of risk and payer of **benefits** as indicated in the **policy documentation** and **certificate of insurance**.

**Ward Room:** Accommodation in a private **hospital** where the patient is sharing the room with more than one other patient.

**We/Our/Us:** Aetna International on behalf of **underwriters** as detailed in **your certificate of insurance**. China Life Insurance Company Limited.

# General conditions

**1. Policy**

This insurance contract consists of the **policy** (**group policy**); the group formation form or other application form; the current rates on file with the **policyholder**; and the **policy documentation**, including the **certificate of insurance**, benefits schedule and member handbook. The rights of the **policyholder**; any insured **employee**; or any beneficiary will not be affected by any provision other than the one described above.

**2. Language**

This **policy** may only be completed in English.

**3. Eligibility for Cover**

New applicants will be eligible for **cover** up until the age of 65.

Any **employee** or **dependant** not enrolled within 30 days of eligibility will be subject to individual underwriting.

**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.

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 **your 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. **We** reserve the right to reject any application without giving any reason.

**4. Termination of Cover**

**Cover** may end if:

i) **Your** employer cancels or terminates the **group** plan.

ii) **You** voluntarily stop **your cover** under the **group** plan.

iii) **You** are no longer eligible for **cover** (e.g., **your** employment stops.)

iv) **You** exhaust the maximum annual aggregate **benefit** under the **group** plan.

v) **You** fail to reimburse **us** within 14 days of receipt of notice that **we** have made payment for **treatment** of a **medical condition** not covered within the terms and conditions of the **group** plan.

**5. Cover**

**We** will pay the insurance **benefits** (specific **benefits** will not exceed the corresponding payment limit and the total amount of **benefits** will not exceed the mutually agreed maximum insured amount of the **policy**) as follows: all costs incurred must be **medical necessary** and subject to **reasonable and customary charges**.

The insurance contract will provide **cover** for **treatment** given during the current **period of cover**.

**6. Period of Cover**

**Your** plan is in force for the **period of cover** noted in **your certificate of insurance**. The **period of cover** is annually renewable thereafter.

**7. Policy Documents**

**We** will provide a **certificate of insurance** for each **member** and any eligible **dependants** benefitting from **cover** under this **policy**.

**8. Contribution**

If there is any other insurance in place covering any of the same **benefits**, **you** must disclose the same to **us** and **we** shall not be liable to pay or contribute more than **our** proper proportion. If it is found that **you** were repaid for all or some of those expenses by another source, including any other insurance **policy**, **we** will have the right to a refund from **you**. Where necessary, **we** retain the right to deduct such refund from any impending or future claim settlements.

**9. Change of Risk**

The **policyholder** or **insured person** must inform **us** as soon as reasonably possible of any material changes that affects information given in connection with the application for **cover** under this **policy**. **We** reserve the right to alter the **policy** terms or cancel **cover** for an **insured person** following a change of risk.

**10. Declaration of Material Facts**

All material facts (e.g., a pre-existing health condition or involvement in a hazardous activity) that may affect **our** assessment and consideration of an application should be declared. Failure to do so may invalidate **your cover** under a **group** plan. If **you** are in doubt whether a fact is material then it should be disclosed.

**11. Break in Cover**

Where there is a break in **cover**, for whatever reason, **we** reserve the right to reapply exclusion clause 1 in respect of pre-existing **medical conditions**.

**12. Claim Notification**

Please ensure that **your** claim form is completed in full and returned within 180 days of the date of **treatment**. Refer to the claims section on page 12 for more detail.

**13. Payment of Claims**

If **we** think that the evidence of the claim submission and the information provided is incomplete, then **you** will be informed promptly of the required supplementary information.

Providing all relevant information is submitted to support **your** claim, we will reimburse **you** by the payment method of **your** choice as stated on **your** claim from.

**14. Fraudulent or Unfounded Claims**

If any claim is in any respect fraudulent or unfounded, all **benefits** paid and/or payable in relation to that claim shall be forfeited and (if appropriate) recoverable. In addition, all **cover** in respect of the **insured persons** shall be cancelled void from the **date of entry**.

**15. Applicable Law**

The law applicable to this **policy** shall be specified in the **certificate of insurance**. If no law is specified, then the **policy** shall be construed according to the laws of the People's Republic of China ("PRC"), and shall be subject to the non–exclusive jurisdiction of the courts of the People's Republic of China ("PRC").

**16. Subrogation**

The **policy** shall be subrogated to all rights of recovery that **insured persons** have against any other party with respect to any payment made by that party to **insured persons** due to any injury, illness or **medical condition insured persons** sustain to the full extent of the **benefits** provided or to be provided by the **policy**. If **insured persons** receive any payment from any other party or from any other insurance **cover** as a result of an injury, illness or **medical condition**, **we** have the right to recover from, and be reimbursed by them, for all amounts **we** have paid and will pay as a result of that injury, illness or **medical condition**, from such payment, up to and including the full amount received.

**We** shall be entitled to full reimbursement from any other party's payments, even if such payment will result in a recovery that is insufficient to fully compensate the **insured person** in part or in whole for the damages sustained.

**Insured person**'s are required to fully cooperate with **us** in **our** efforts to recover any payments made including any legal proceedings that **we** may conduct and proceed with on their behalf at **our** sole discretion. **Insured person**'s are required to notify **us** within 30 days of the date when any notice is given to any party, including an insurance company or lawyer, of the **insured person**'s intention to pursue or investigate a claim to recover damages or obtain compensation due to injury, illness or **medical condition** sustained by the **insured person**. Other than with **our** written consent, **insured person**'s have no entitlement to admit liability for any eventuality or give promise of any undertaking that is binding upon them. In the event that any claim or dispute is made in respect of this subrogation or any part thereof, including, but not limited to, any right of recovery provision which is ambiguous or questions arise concerning the meaning or intent of any of its terms, **we** shall for the avoidance of doubt have the sole authority and discretion to resolve all disputes regarding the interpretation of this provision.

**17. Family/Dependant Cover**

**Employees** and their **dependants** are required to be covered under the same **group** plan with identical **benefits**.

**18. Membership Applications**

**We** maintain the right to ask the **plan sponsor** to provide proof of age and/or a declaration of health of any person included in his/her application. **We** reserve the right to apply additional options, exclusions or premium increases to reflect any circumstances the **plan sponsor** or **insured person** advises in their application form or declares to **us** as a material fact.

**19. Medical Evaluation**

**We** reserve the right to request further tests and or evaluation where **we** have decided that a condition being claimed for may be directly or indirectly related to an excluded condition.

**20. Waiver**

**Our** deviation from specific terms of the **policy documentation** hereunder at any time shall not constitute a waiver of **our** right to implement or insist upon compliance with that provision at any other time or times. This includes, but is not limited to, the payment of premiums or **benefits**. This applies whether or not the circumstances are the same.

**21. Our Right of Cancellation**

In the event of any non-payment of premium by the **policyholder**, we shall be entitled to cancel the **policy** and any related **cover**/plan. **We** may, at **our** discretion, reinstate **cover** if the full premium is subsequently paid, though terms of **cover** may be subject to variation.

**We** may at any time terminate a **member**'s **cover** if he/she or the **policyholder** has at any time:

i) Misled **us** by misstatement
ii) Knowingly claimed **benefits** for any purpose other than as are provided for under this **policy**
iii) Agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to **our** detriment
iv) Otherwise failed to observe the terms and conditions of this **policy** or failed to act with good faith.

**22. Liability**

**Our** liability shall cease immediately upon termination of the **policy** for whatever reason, including without limitation non-renewal and non-payment of premium.

**23. Parties to the Contract**

The only parties to this contract are the **policyholder** and **us**.

**24. Currency**

The monetary limits applicable to this **policy** will be expressed in the same currency as the insurance premium. Claims paid in a local currency will be converted at the rate of exchange quoted on www.oanda.com at the date the **insured person** received **treatment**.

**25. Conflict or Civil Unrest, Chemical or Radioactivity Contamination**

**Treatment** and expenses directly or indirectly arising from or required as a consequence of **conflict** or **civil unrest**, chemical or radioactivity contamination from any chemical and nuclear material or from the combustion of nuclear fuel or any **related condition** are covered by this **policy** provided the **member**:

i) Is not an active participant in any **conflict** or **civil unrest**

ii) Is not involved in any illegal activities which directly or indirectly lead to injury or illness

iii) Does not knowingly enter or remain in a country, region or location where there is **conflict**, **civil unrest**, natural disaster, chemical, nuclear or radioactive contamination

iv) Does not intentionally put him/herself at risk of illness or injury resulting from **conflict**, **civil unrest**, natural disaster, chemical, nuclear or radioactive contamination

v) Is not a member of any armed forces, security services including personal protection, chemical, nuclear or radioactive contamination cleaning crews of any kind or type (including governmental workers or private teams)

Based on the information provided at inception or renewal Aetna will assess the current, future or developing risk exposure of **members** located in high risk areas and will notify the **policyholder** of any actions, limitations, exclusions or premium loadings required to ensure on going **cover** and **member** safety.

# 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 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.

**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 inside the USA 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 in the USA and where the medical condition did not exist prior to travel and the member was treatment-, symptom- and advice- free. For outpatient treatment, a benefit excess applies.

In the event of accident and emergency treatment being required inside the USA, the member should contact us either before or as soon as possible after admission to the accident and emergency unit of the hospital.

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

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

This must be pre-authorised by us.

**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.

**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.

For this benefit, the policy excess does not apply.

**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.

## DISEASE AND CHRONIC CONDITION MANAGEMENT

**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.

**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**.

For this **benefit**, the **policy excess** does not apply.

**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 calipers, 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.

**Hospice Care:** Treatment provided by a **hospice** for the care of a **member** upon diagnosis of a terminal illness. Such **treatment** will cover:

i) **Palliative treatment** and other **acute** and **chronic** symptom management.
ii) Medical social services under the direction of a **medical practitioner** or **specialist**.
iii) Physiological and dietary counselling.
iv) Consultation or case management services by a **medical practitioner** or **specialist**.
v) Part-time or intermittent **qualified nurse** services for up to eight hours in any one day for **outpatient** care.

**Hormone Replacement Therapy:** Medical practitioner or **specialist** consultations and the cost of prescribed tablets, implants or patches when **treatment** is for the female menopause, which has been induced artificially and/or through early onset (by early onset **we** mean prior to age 40).

## OUTPATIENT AND ALTERNATIVE TREATMENTS

**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**.

**Outpatient Psychiatric Treatment:** For **outpatient** psychiatric **treatment**, including **specialist** consultations, all **treatment** must be pre-authorised by **us** and must at all times be administered under the direct 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 a **medical practitioner** (not a psychiatric **specialist**), which results in a psychiatric referral, is covered without the requirement for pre-authorisation.

**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**.

**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**.

## EVACUATION AND TRANSPORTATION

**Emergency Transportation:** Emergency transportation costs to and from **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, to the nearest appropriate medical facility 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. **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**.

**Compassionate Emergency Travel:** Reasonable travel and accommodation expenses in respect of one **member**, together with any minors (under the age of 16) necessarily having to travel to and the return journey from the normal **country of nationality** or **country of residence** of a **near relative** who has unexpectedly been placed on the critical list following an **accident**.

**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.

## MOTHER AND CHILD BENEFITS

**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 infertility **treatment** (assisted conception) 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.

**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).

**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**.

## ADDITIONAL OPTIONS TO REDUCE COSTS

**Outpatient Consultation Copay per Visit:** This **benefit** is available where nil **excess** has been selected. **Outpatient** consultations taking place in the network are subject to a **copay per visit**. Where consultations take place out of network, or a claim is submitted by the **member** for reimbursement, a **deductible** is payable for each visit.

**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** psychiatric **treatment**

viii) **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.

**Hong Kong Semi-Private Room Restriction:** This **benefit** is available to residents of Hong Kong only. This **benefit** fully refunds the cost of a **semi-private room** or corresponding rates when receiving **treatment** as an **inpatient** or **day patient**.

**China Private Room Restriction:** This **benefit** is available to residents of mainland China only. **Benefit** is restricted to **semi-private room** and corresponding rates when receiving **treatment** as an **inpatient** or **day patient** outside mainland China.

## ADDITIONAL OPTIONS TO UPGRADE COVER

**Alternative Treatment – Without medical referral:** **Treatment** administered by registered chiropractors, osteopaths, homeopaths, podiatrists and acupuncturists.

**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**.

The **policy excess** does not apply.

**Compassionate Emergency Travel:** Reasonable travel and accommodation expenses in respect of one **member**, together with any minors (under the age of 16) necessarily having to travel to and the return journey from the normal **country of nationality** or **country of residence** of a **near relative** who has unexpectedly been placed on the critical list following an accident.

**Congenital Anomalies – Including Pre existing Congenital Anomalies:** **Treatment** of **congenital anomalies**. This **benefit** excludes any **hereditary medical conditions**.

**Complications of Pregnancy – No Wait Period:** 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**.

**Dental 1 – 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. For this **benefit**, the **policy excess** does not apply.

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

**Dental 2 – Major Restorative Dental Treatment:** This **benefit** covers the fees of a **dental practitioner** and associated costs for the **treatment** of the following specified procedures:

- removal of impacted, buried or unerrupted teeth
- removal of roots
- removal of solid odontomes
- apicectomy
- new or repair of bridge work
- new or repair of crowns
- root canal **treatment**
- new or repair of upper or lower dentures
- 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**, routine **treatment** and dental implants.

For this **benefit**, **your policy excess** does not apply.

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

**Dental 3 – Orthodontic Dental Treatment:** This **benefit** must be purchased in conjunction with Routine Dental or Major Restorative Dental **treatment**. It covers the fees and associated costs of a **dental practitioner** carrying out orthodontic **treatment** in a dental surgery. This **benefit** is limited to any **member** up to and including 18 years of age.

For this **benefit**, **your policy excess** does not apply.

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

**Dental 4 – Dental Implants:** The **treatment** and cost of dental implants.

For this **benefit**, **policy excess** does not apply.

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

**Dental 5 – 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 unerrupted 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.

For this **benefit**, **your policy excess** does not apply.

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

**Dental 6 – Combined Routine & Restorative Dental with Orthodontics:** 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 unerrupted teeth
- removal of roots
- removal of solid odontomes
- apicectomy
- new or repair of bridge work
- new or repair of crowns
- root canal **treatment**
- new or repair of upper or lower dentures
- 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)

Orthodontic **treatment** covers the fees and associated costs of a **dental practitioner** carrying out orthodontic **treatment** in a dental surgery to any **member** up to and including 18 years of age.

This **benefit** excludes dental implants.

For this **benefit**, **your policy excess** does not apply.

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

**Dental 7 – Combined Routine & Restorative Dental with Orthodontics and Dental Implants:** 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 unerrupted teeth
- removal of roots
- removal of solid odontomes
- apicectomy
- new or repair of bridge work
- new or repair of crowns
- root canal **treatment**
- new or repair of upper or lower dentures
- 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)

Orthodontic **treatment** covers the fees and associated costs of a **dental practitioner** carrying out orthodontic **treatment** in a dental surgery to any **member** up to and including 18 years of age.

Dental implants covers the **treatment** and cost of dental implants.

For this **benefit, your policy excess** does not apply.

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

**Outpatient Direct Settlement Network- nil Excess:** **Outpatient** consultations are available on a Nil **excess** basis where **treatment** is received in network. The **policy excess** applies where consultations take place out of network.

**Outpatient** consultations for the following **benefits** are covered subject to their inclusion in **your** plan, and up to the value of **cover** selected in **your** plan:

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

**Extended Evacuation:** This **benefit** covers the **evacuation** costs of a **member** in the event **emergency treatment** is not readily available at the place of incident, to the nearest appropriate medical facility, **country of residence**, **country of nationality** or country of the **member**'s choice for the purpose of admission to **hospital** as an **inpatient** or **day patient**, including the cost of one other person to travel with the **member** as an escort if **medically necessary**.

**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 in the place of incident. The **member**'s country of choice is limited to appropriate medical facilities being in place and where it is medically suitable at **our** discretion. This option is not operative where travel is undertaken against the **advice** of **our** medical advisors or where the nominated country does not have the appropriate facility to treat the **medical condition**. **Our** medical advisors will decide the most appropriate method of transportation for the **evacuation**.

This **benefit** excludes any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts, all maternity and childbirth costs except where these are covered under the **benefit** for Complications of Pregnancy, and **elective treatment** in the USA unless this **benefit** has been purchased and appears on the **member**'s benefits schedule.

**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**.

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

For this **benefit**, **your policy excess** does not apply.

**Infertility Treatment (minimum of 10 employees required):** Ovulation induction induced via certain oral or injectable infertility medication, Artificial Insemination, and Advanced Reproductive Technology (ART) procedures and In vitro fertilisation (IVF) with embryo transfer.

This **benefit** requires preauthorisation prior to any **treatment** taking place and approval of medication and procedures to be undertaken.

The following exclusions apply:

- Couples in which one of the partners has undergone a sterilisation procedure with or without a surgical reversal.
- Females with FSH levels 19 mIU/ml or greater on day 3 of their menstrual cycle, or who manifest a positive Clomid challenge.
- Charges for: the purchase and storage of donor sperm, the care of the donor required for donor egg retrievals or transfers, Cryopreservation or storage of cryo-preserved embryos.

- ART for women without male partners who have not had at least 12 cycles of donor insemination prior to enrolling in the Infertility Programme for ART (6 cycles if the **member** is age 35 or older).
- Charges associated with a gestational carrier programme (surrogate parenting) for either the **member** or the gestational carrier.

**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**.

For this **benefit**, **your policy excess** does not apply.

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

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

For this **benefit, your policy excess** does not apply.

**USA Elective Treatment:**

i) **Inpatient** or **day patient treatment** received in-network
ii) **Inpatient** or **day patient treatment** received out-of-network (subject to 50% **coinsurance**)
iii) **Outpatient treatment**

All planned **inpatient** and **day patient treatment** must be notified to **us** prior to commencement of **treatment**.

The International Healthcare Plan (IHP) does not comply with the Patient Protection and Affordable Care Act (U.S. healthcare reform), and cannot be used to satisfy any requirements for health insurance **cover** mandated therein.

**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.

For this **benefit, your policy excess** does not apply.

**Wellness Option 1:** This **benefit** covers the cost of:

i) 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.
ii) Well-baby checks following the first 24 hours 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**.

For this **benefit**, **your policy excess** does not apply.

**Wellness Option 2:** 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.
iv) 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**.

For this **benefit**, **your policy excess** does not apply.

**Wellness Option 3 Preventive Screening:** Preventive screening for **members** who are deemed at high risk of cancer because of family history of familial adenomatous polyposis or **hereditary** nonpolyposis colon cancer, chronic inflammatory bowel disease, family history of breast, ovarian, endometrial, colon cancer or polyps, or a background, ethnic or lifestyle, such that the health care **provider** treating the **member** believes he or she is at elevated risk, shall include a screening by colonoscopy, barium enema or any combination of the most reliable, medically recognized screening tests available.

For this **benefit**, **your policy excess** does not apply

# Exclusions

**1.** Any **medical condition** or **related condition** for which **you** have received **treatment**, had symptoms of, and to the best of **your** knowledge existed or **you** sought **advice** for prior to **your date of entry** (pre-existing **medical condition**), except where such **medical conditions** have been declared to **us** and accepted in writing. After two years of continuous membership, any pre-existing **medical conditions** (and **related conditions**) will become eligible for **benefit** provided (in respect of that condition) that **you** have not during that period:

i) Consulted any **medical practitioner** or **specialist** for **treatment** or **advice** (including checkups).

ii) Experienced further symptoms.

iii) Taken medication (including drugs, medicines, special diets or injections).

**2.** **Chronic** supportive **treatment** of renal failure, including dialysis unless the **Chronic** Conditions **benefit** is part of **your** plan or has been purchased.

**We** will, however, pay for the cost of renal dialysis incurred:

i) Immediately pre- and post-operatively.

ii) In connection with **acute** secondary failure when dialysis is part of intensive care.

**3.** **Treatment**, which **we** determine on **general advice**, is either experimental or unproven.

**4.** **Hereditary medical condition**(s).

**5.** **Congenital anomalies** where symptoms exist or where **advice** has been sought prior to the **member's date of entry** unless the **member** is an infant up to the age of 12 months. This exclusion is removed if the **benefit** for **congenital anomalies** including pre-existing conditions has been purchased.

**6.** Preventive medicines, and routine tests and physical examinations by a **medical practitioner**, including gynaecological investigations, unless the Wellness **benefit** or Wellness Preventive Screening **benefit** has been purchased. Normal hearing tests are excluded unless the Hearing **benefit**, or Wellness Hearing and Vision module has been purchased.

**7.** Non-medical/natural degenerative eye defects, including but not limited to, myopia, presbyopia and astigmatism and any corrective surgery for non-medical/natural degenerative sight defects. Normal eye tests are excluded unless the Vision Care **benefit** has been purchased.

**8.** **Rehabilitation** except as expressly provided under the **benefit** for **Inpatient** Care, **Rehabilitation**.

**9.** **Treatment** received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments, or a **hospital** where the **hospital** has effectively become the **member**'s home or permanent abode or where admission is arranged wholly or partly for domestic reasons.

**10.** Cosmetic **treatment**, and any consequence thereof.

**11.** **Treatment** for weight loss or weight problems whether or not preceding or as a consequence of a psychiatric condition and any associated **treatment** costs consequent of cosmetic surgery or arising as a result of an eating disorder or weight problem, including any required psychiatric **treatment** where the psychiatric condition is a **related condition** to the eating disorder.

**12.** Alternative therapy, including, but not limited to, hypnotherapists and lactation examiners.

**13.** Costs incurred in connection with locating a replacement organ or any costs incurred for removal of the organ from the donor, transportation costs of same and all associated administration costs.

**14.** Voluntary caesarean section costs or **medically necessary** caesarean section costs due to any previous non-**emergency** caesarean sections undertaken, unless the **benefit** for Routine Maternity has been purchased.

**15.** Pregnancy terminations on non-medical grounds, antenatal classes or midwifery costs when not associated with delivery.

**16.** **New born** neo-natal care costs are excluded unless the **benefit** for Routine Pregnancy has been purchased, which provides **cover** for the first 24 hours following birth, whilst the mother (being and insured **member**) receives **treatment** as an **inpatient**.

**17.** **Treatment** directly or indirectly arising from (or required in connection with) male and female birth control, sterilisation (or its reversal). Infertility **treatment** (assisted conception) is excluded unless the **benefit** for infertility **treatment** has been purchased. Any complications of pregnancy and routine pregnancy costs resulting from infertility **treatment** (assisted conception) are excluded except where the **benefit** for Routine Pregnancy has been purchased.

**18.** **Treatment** of impotence or any **related condition** or consequence thereof.

**19.** **Treatment** directly or indirectly associated with a sex change and any consequence thereof.

**20.** Venereal disease or any other sexually transmitted diseases or any **related condition** except for those payable under the AIDS **benefit**.

**21.** Costs in respect of a psychotherapist or psychologist, (unless referred to by and under the direct control of a psychiatrist), a family therapist or bereavement counselor.

**22.** **Treatment** for learning difficulties, hyperactivity, attention deficit disorder, speech therapy and developmental, social or behavioural problems in children (except as covered under the Wellness **benefit**).

**23.** **Treatment** for alcoholism, drug or substance abuse or any addictive condition of any kind and any injury or illness arising directly or indirectly from such abuse or addiction. For **members** residing in the Czech Republic, **we** cover the cost of

**treatment** for **accidents** resulting from the consumption of drugs or alcohol in line with minimum health requirements provided that no illegal acts have taken place.

**24.** Suicide or attempted suicide, **bodily injury** or illness, which is willfully self-inflicted or due to negligent or reckless behaviour.

**25.** Any injury sustained directly or indirectly as a result of the **member** acting illegally or committing or helping to commit a criminal offence.

**26.** Costs and expenses incurred where a **member** has travelled against medical **advice**.

**27.** **Evacuation** expenses (unless pre-authorised by **us**). Air rescue, sea rescue or mountain rescue costs (unless incurred at recognised ski or similar winter sports resorts).

**28.** Travel and accommodation costs unless specifically agreed by **us** in writing prior to travel. No travel and accommodation costs are payable where **treatment** is obtained solely as an **outpatient**, including the costs of a hired car.

**29.** **Treatment** for sleep related breathing disorders, including snoring, fatigue, jet lag or work-related stress or any **related condition**.

**30.** Dietary supplements and substances that are available naturally and that can be purchased without prescription, including, but not limited to, vitamins, minerals and organic substances. **We** will however pay for prescribed pre natal vitamins under the Routine Pregnancy **benefit** if purchased.

**31.** Home visits by a **medical practitioner**, **specialist** or **qualified nurse** unless specifically agreed by **us** in writing prior to consultation.

**32.** Complications of pregnancy costs arising during the first 12 months from the **commencement date** or **date of entry**, whichever is the later unless underwriting is on a Medical History Disregard Basis or the **benefit** for Complications of Pregnancy with no wait period has been purchased.

**33.** External prostheses, including their maintenance or fitting, any hearing aids or other equipment, medical or otherwise except as is specified in the **benefit** for Durable Medical Equipment Prosthetic and Orthotic Supplies (DMEPOS), and the Hearing or Vision **benefits** if purchased.

**34.** Hazardous activities, including playing professional sports and/or taking part in motor sports of any kind; mountaineering, including potholing, spelunking or caving; high-altitude trekking over 2,500 metres; skiing off-piste or any other winter sports activity carried out off-piste; and arctic or antarctic expeditions.

**35.** All **benefits** are excluded unless they appear on **your** benefits schedule.

# Your guide to making a claim

In order to ensure that **members** receive the best possible claims service, the procedures noted below should be followed in the event of **treatment** being required.

Please ensure **your** claim form is completed in full and returned within 180 days of the **treatment** date.

## CLAIM SUBMISSION

**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.

All required supporting claims documents and materials (including, but not limited to, original accounts, certificates and x-rays) shall be provided without expense to **us**. This includes medical reports from **your medical practitioner** or **specialist** and details of **your** medical history, if requested by **us**.

Charges from an attending **medical practitioner** or **specialist** for completing claim forms are not eligible for reimbursement under the terms and conditions of this plan. **Members** will be responsible for these costs.

**We** will require a **medical practitioner**'s or **specialist's** referral to be included whenever filing a claim for the following **treatments**:

i) Chiropractic **treatment**
ii) Acupuncture **treatment**
iii) Osteopathic **treatment**
iv) Homeopathic **treatment**
v) Podiatric **treatment**
vi) Physiotherapy (additional referral by a **specialist** required after 10 sessions)

**We** accept copies of original receipts to initiate the claim process and to facilitate the assessment of **your** claim (i.e., if **you** submit claims via fax or e-mail); however, we require that you send the originals before any claims payment is made by **us**.

## CLAIM NOTIFICATION

The **policyholder**, or the **insured person**, shall inform **us** promptly upon becoming aware of the insured incident. When the **policyholder**, or the **insured person** intentionally or due to material default fail to inform **us** in a timely way and this causes difficulty in identification of the nature, cause, degree of loss, etc., then **we** shall not be liable for payment of insurance compensation for the portion that cannot be identified, with the exception that **we** ought to have know such incidents through other channels.

## PRE-AUTHORISATION

**We** require **members** to obtain prior approval (pre-authorisation) from **us** before commencing the following **treatments**:

i) Planned **inpatient** or **day patient treatment** (hospitalisation)
ii) Any pregnancy or childbirth **treatment**
iii) Planned surgery
iv) Home nursing charges
v) Planned MRI, PET and CT scans
vi) Infertility **treatment** (if purchased)
vii) **Outpatient** psychiatric

We also require pre-authorisation when seeking emergency evacuation.

## EMERGENCY/EVACUATION

In the event of a true medical **emergency** or **evacuation**, **members** may contact **us** at the appropriate number found on **your** Aetna International membership ID card.

## INPATIENT AND DAY PATIENT TREATMENT

**Our** prior approval (pre-authorisation) must be obtained for all planned **day patient** and **inpatient treatment**.

### Inpatient and Day Patient Treatment outside the U.S.

When **we** have been notified of an eligible **day patient**/**inpatient** stay, **we** will attempt to arrange direct settlement with the **hospital** and the **medical practitioners** or **specialists** concerned. **We** will send the **hospital** a guarantee of payment for the estimated cost of the **treatment**, as indicated by the relevant facility/**provider**, which will confirm to them that the **treatment** is covered under **your** plan.

- *Release of Medical Information Form*
  **You** will be required to complete a release of medical information form, which **you** should forward to **us** as soon as possible. Delays in completing this may result in delays in receiving **treatment**.
- *Pre-certification Medical Form*
  The **hospital** is required to complete a pre-certification medical form outlining details of the **medical condition** and **treatment** to be undertaken. **We** cannot place a guarantee of payment without these two documents, so please ensure that the **hospital** confirms with **you** that this has been sent to **us**. **We** will verbally confirm that **your treatment** is covered under the terms of the **group** plan. However, completion of pre-authorisation is conditional on the submission of **our** guarantee of payment. **We** will notify **you** as soon as possible if the condition or **treatment** required is not covered.

It is important to contact **us** as soon as possible prior to **treatment** to ensure **we** are able to place a guarantee of payment in time. **We** recommend that **you** do not delay **treatment** if a guarantee is not in place at the time **treatment** is due.

### Day Patient and Inpatient Treatment in the U.S.

For those members who benefit from U.S. **elective treatment** or those eligible to claim **accident** and **emergency treatment** outside the **area of cover** as a direct result of **treatment** being undertaken in the **accident** and **emergency** ward of a hospital whilst temporarily travelling in the U.S. and where the medical condition did not exist prior to travel.

Please check **your certificate of insurance** to ensure that **you** have the appropriate **cover** before travelling to or undertaking any **treatment** in the USA.

For **emergency** admissions, the **member**, the **hospital** or a family member should contact **us** to obtain authorisation prior to **your** leaving the **hospital**. Failure to notify **us** of **inpatient** or **day patient treatment** will mean that **you** may only be eligible for reimbursement of a proportion of the costs incurred.

- ***Inpatient** or **Day Patient Treatment** in the U.S. **Provider Network***
  **We** have made arrangements with many **provider networks** in the USA, which mean that costs for **treatment** at these facilities can be settled directly by **us**.

  **Treatment** received within the **provider network** will be billed to **us** directly. **Our** claims department will determine what portion of the invoice is applied to **your excess** and which portion is payable by **us**. **We** will send **you** and the **provider** copies of the explanation of benefits (EOB) detailing how the bill was settled and what amount **you** are responsible for.

  **We** will notify **you** as soon as possible if the **medical condition** or **treatment** required is not covered by **your** plan.
- ***Inpatient** or **Day Patient Treatment** in the U.S. received outside the **Direct Settlement Network***
  **Treatment** received outside the U.S. **provider network** is subject to limitation and a 50% **coinsurance**.

## OUTPATIENT TREATMENT

To ensure prompt settlement of claims, please take **your** claim form with **you** in order for it to be completed by the treating practitioner or **specialist**.

### Outpatient Treatment inside the Direct Settlement Network (outside the U.S.)

For those in the relevant participating countries, **we** have arranged a **direct settlement network** enabling **members** to obtain **outpatient treatment** (as defined in the **certificate of insurance**) at a number of selected medical centres where all eligible **treatment** charges will be paid directly by **us**.

When seeking eligible **outpatient treatment** at any of the participating centres, it is important that **you** present **your** personal Aetna International membership card to the medical centre/service **provider** before **treatment** begins in order to ensure that **you** are not asked to settle any **treatment** costs. **You** may be responsible for paying a per visit copayment to the **provider** but this will be clearly shown on **your** membership card.

- Present **your** Aetna International membership card to the medical centre/**provider** on arrival.
- Have a second form of identification available should it be required by the reception staff.
- Check the claim form that the medical centre will provide after **your treatment** and sign it to confirm that **you** have received the **treatment** stated.
- Settle any charges made by the medical centre, which relate to either items not covered or ineligible **treatment** that **you** may have received.

*IMPORTANT*: Please remember that **your** Aetna International membership card should not be used to obtain **treatment** that is excluded from **cover**.

### Outpatient Treatment outside the Direct Settlement Network (outside the U.S.)

After paying for **treatment**, **you** must submit a claim form to **us** for reimbursement.

If **we** require medical information when considering a particular claim, but it is not made available to **us**, it is **your** responsibility to obtain this information from **your** current or previous **medical practitioner** or **specialist**, as appropriate.

It may not always be possible to have **your** claim form completed by **your medical practitioner**, **specialist** or **dental practitioner**. In such circumstances, **we** will settle the claim, provided that the submitted invoice(s)/receipt(s) for **treatment** are included and contain all of the following:

- The date of service
- The diagnosis or **medical condition** being treated
- The **treatment** provided during the visit
- The charged amount
- The stamp of the facility/**provider** concerned

*If physiotherapy, acupuncture, chiropractic, osteopathic, podiatric or homeopathic **treatment** is required, please ensure that **you** include a referral letter from **your medical practitioner** or **specialist** with **your** claim.*

*Settlement of claims may be delayed if **you** fail to complete **your** claim form(s) properly.* To ensure prompt settlement of any eligible claims, please ensure that **you** submit all necessary documents at the time of the claim.

### One time Direct Settlement

Exceptions may be made for high cost procedures. In this case, **members** are required to contact **us** prior to receiving **treatment**, in order for **us** to attempt to arrange direct payment with the medical facility concerned. Please note that not all medical facilities will accept direct payment from **us**. In these instances, **you** will be required to settle the bill and submit a claim to **us** for reimbursement.

### Outpatient Treatment in the U.S.

For those who have purchased the U.S. **elective treatment benefit** or those temporarily travelling in the U.S. and claiming **accident** and **emergency treatment** outside area **cover benefits** for **outpatient treatment** connected with **treatment** received in the **accident** and **emergency** ward of a **hospital** for a **medical condition** that did not exist prior to travel.

Please check **your certificate of insurance** to ensure that **you** have the appropriate **cover** before undertaking any **treatment** in the USA.

Where **your policy** allows, **outpatient** services and **treatment** received within **our provider network** can be billed to **us** directly. Prior to seeking **treatment**, **we** recommend that **you** contact our Member Services team who can check the location of **your** nearest participating **provider**.

**Members** are required to show their membership card to the **provider** who will contact **us** to confirm direct billing. This may not happen immediately and, should **you** be asked to pay for the **treatment**, please ensure **you** state clearly to the facility that **you** wish to have **your** bill settled directly by **us**, and for them to contact the number on **your** Aetna International membership card.

**Our** claims department will process the claim according to the applicable portion payable by **us**, taking into account **your excess** and any **coinsurance** applicable. Once **our** portion is paid, **we** will send both **you** and the **provider** an explanation of benefits (EOB) with details of settlement and a statement of what **you** are responsible for.

# Complaints procedures

We intend to meet our customers' expectations at all times. However, we understand that from time to time complaints may arise.

## Who to contact with a complaint

**Asia-Pacific:**

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

T: +86 400 881 1269

F: +8621 6326 8525

E: AGBChinaServicesShanghai@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.

Where a complaint relates to the services provided by another firm we shall advise the complainant of this and forward the complaint to the other firm for resolution. Where we and another firm are jointly responsible for the complaint, we shall ensure that the complainant is informed of this and each company will contact them directly in relation to the complaint for which it is responsible.

## Stay connected to Aetna International

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