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# 華泰環球健康個人保險產品

生效日期：保單自2014年1月1日發行  
[www.aetnainternational.com](http://www.aetnainternational.com)



## 保單概要

我們擁有超過160年的豐富行業經驗，在全球擁有超過500,000名會員，能夠提供綜合全面的醫療保障方案，滿足您不斷變化的健康需求。

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我們以最優服務理念為準則，並將自始自終秉承這一理念，這是我們對您的承諾。



在Aetna，我們把您和您家人的健康作為工作的重中之重。我們以最優服務，為您提供創新全面的產品及服務，使您的健康得到更優質的保障。

您的健康需求一直是我們關注的重心。為滿足這一需要，我們實行全球化經營戰略，足跡遍佈全球各主要地區，並在10個國家擁有瞭解各地國際人士不同健康需求的優秀員工，這使我們能以極大信心和愛心為會員提供最切合實際需求的服務。

立即聯繫Aetna，找到滿足您健康保健需求的解決方案



## 我們的服務理念

我們希望客戶對我們每一次的服務都能滿意。

為實現這一目標，我們各部門團結協作，為客戶提供一流的服務體驗。

### 客戶體驗

#### 客戶服務中心

會員服務中心為客戶提供24/7全天候服務，確保隨時滿足客戶的一切需求。

會員可以得到以下方面的協助：

- 關於索賠、保障等級和理賠範圍方面的問題
- 多語言處理索賠
- 一般保障和保險計劃諮詢

#### 國際健康諮詢團隊

國際會員服務中心全天24小時為會員提供一站式服務。在提供個人化服務的基礎上，我們會將會員連接到我們的國際健康顧問團隊（IHAT）。IHAT由專業的臨床醫學團隊組成，為會員提供一對一交互式服務，包括：

- 行前計劃
- 24/7全天候服務，滿足不同人士的特殊健康需求
- 幫助尋找醫療服務商和專家
- 協調全球範圍內的常規和緊急醫療護理服務
- 協助獲取處方藥和醫療器材
- 協調取得疑難雜症的第二診療意見
- 協調保障
- 協調完成治療後返回原籍國的護理
- 出院規劃
- 臨床醫療索賠和國際標準的護理審核
- 產科管理

### 創新工具和資源

我們的一流服務理念不止體現在我們的組織能力上，Aetna還致力於通過技術創新提供有價值的信息。

在投保以後，會員可以登錄Aetna International安全會員網站 [www.aetnainternational.com](http://www.aetnainternational.com) 使用工具和資源，幫助他們更輕鬆地獲得健康護理體驗，包括：

- 醫生和醫療機構搜索工具能夠讓會員找到經過篩選並獲認證的醫生和醫療機構
- 在線提交索賠以及索賠查詢，管理和追蹤索賠進展
- 健康體檢信息，幫助會員改善或保持健康狀態、生活方式、飲食和/或環境
- 健康安全新聞，包含最新風險評級和安全警報
- 城市簡介，包括旅行信息，如疫苗接種要求和急救電話號碼
- 藥物和醫療術語翻譯服務，會員可按國家檢索醫藥資源
- 醫生目錄手機應用程序，幫助會員在他們的城市找到可享受直接結算的醫療機構
- 不久我們將推出更多的手機應用程序

## 增值型健康管理方案

健康管理對人的一生都很重要，而且，每個人的人生旅途都是不同的——無論他們身體健康，還是正處於疾病或受傷風險中，或正試圖控制慢性疾病或正遭受着嚴重的健康問題。

為此，我們推出了一套向會員免費提供的健康管理計劃，它包括：

### 癌症關懷和支持

我們採取量體裁衣的方法幫助癌症會員瞭解自身的疾病狀況及查找有用的資源，即根據每個會員的具體健康狀況提供專門針對該客戶的服務。會員甚至可以和註冊護士進行一對一的交流，護士將致力於幫助會員實現最佳健康狀態。

### 健康管理教育

無論您是身體健康並希望尋找其它健康生活秘訣，還是罹患慢性疾病但希望實現最佳健康狀態，我們都會向您提供一系列的健康管理教育材料幫助您實現自己的健康夢想。

Aetna國際健康管理中心為您提供許多有用的信息，包括許多健康主題，例如：

- 哮喘
- 癌症
- 冠心病
- 懷孕及分娩
- 壓力控制

會員可以通過Aetna International安全會員網站  
[www.aetnainternational.com](http://www.aetnainternational.com)獲取上述工具和資源。

# 國際醫療保健計劃綜述

## 提供創新靈活的解決方案

我們提供一系列不同類型保險計劃和保障組合，讓您的醫療保健投資最大化，並且控制成本。只需選擇我們四種基本保險計劃之一，然後選擇不同附加保障。

## 需求申明

在Aetna，我們致力於確保每一份保險單都能夠確實地給每位客戶帶來保障。因此，我們請每位客戶認真地思考並選擇最能滿足他們的切實需求的Aetna保險計劃。

安態(上海)企業服務有限公司只負責保單執行，不提供保險利益選擇諮詢。因此，每位客戶都有責任自行決定最適合自己的保險計劃。

我們還建議投保人不時地回顧自身的健康保險需求以確保現行的保險單能持續滿足這些需求。

第1步：  
選擇基本保險計劃

第2步：  
選擇您的保障組合

第3步：  
選擇您的免賠額



## 第1步：選擇基本保險計劃

### 經典計劃

### 綜合計劃

### 絢麗人生

### 絢麗人生 (增強版)

#### 經典計劃

綜合全面的保障內容,包括但不限於:

- 住院和日間留院治療保障
- 護送轉院和交通保障
- 保障地區外的意外事故和急診治療
- 門診護理 (有保障金額上限)
- 替代療法

#### 絢麗人生

在綜合計劃保障的基礎上,附加:

- 慢性疾病保障
- 額外保障的緊急護送轉院
- 增強型家庭護理

#### 綜合計劃

在經典計劃保障的基礎上,附加:

- 門診精神科治療
- 激素替代療法
- 傳統中醫和印度醫藥
- 增強型門診護理 (全額賠付)

#### 絢麗人生 (增強版)

在絢麗人生保障的基礎上,附加:

- 常規懷孕
- 常規牙科治療
- 複雜修復性牙科治療

## 第2步：選擇您的保障組合。

選擇可選保障為保險升級

- 額外保障的緊急護送轉院 (綜合計劃、絢麗人生和絢麗人生增強版可選)
- 美國境內選擇性治療 (適用於綜合計劃、絢麗人生和絢麗人生增強版)
- 門診直接結算網絡-零免賠額 (適用於綜合計劃、絢麗人生和絢麗人生增強版)
- 香港雙人病房限制 (僅適用於香港居民)
- 中國單人病房限制 (僅適用於中國大陸居民)

## 第3步：選擇您的免賠額

每個產品選項都有適用於每例新疾病的標準免賠額。您可以通過選擇可選項來修改您的標準免賠額。

#### 經典計劃

- 標準: 零
- 人民幣選項: ¥8,000或¥40,000

#### 絢麗人生

- 標準: ¥800
- 人民幣選項: 零、¥400或¥2,000

#### 綜合計劃

- 標準: ¥800
- 人民幣選項: 零、¥800、¥2,000、¥4,000、¥8,000、¥16,000或¥40,000

#### 絢麗人生 (增強版)

- 標準: ¥800
- 人民幣選項: 零、¥800或¥2,000

# 國際醫療健康保健計劃概要

查看下述保障一覽表，瞭解國際醫療保健計劃的主要特點。黑體詞彙和短語具有特殊釋義，請參見會員手冊。保單的期限為12個月，從投保日或隨後的續保日起算。本保單計劃概要沒有包括保單的所有條款；完整條款請參見保險憑證和會員手冊。

本款產品包含保障範圍內的全球選擇性醫療服務（美國地區除外）。會員在美國由意外事故和緊急情況引發的新患疾病所產生的急診治療費用可獲得理賠。想獲得美國選擇性醫療保障的會員需選擇合適的保險計劃和相應保障選項。

	經典計劃	綜合計劃	絢麗人生	絢麗人生(增強版)
年度最高賠付限額	每位會員每個保險期間最高賠付限額¥12,800,000			
本保障承保在保障期間內首次發生的傷病且相關治療發生在保障有效期內。對於發生在保障生效日之前的傷病將不予承保，除非該傷病已經事先聲明並獲得我們書面確認接受承保。				
所有在該地區接受治療所產生的費用必須是醫療必須的合理且慣常的，且符合我們對地區平均醫療費用的標準。住院病人留宿費用僅限於標準單人病房，除非選擇了香港雙人病房或中國大陸境內單人病房保障。				
住院、日間留院、急救護理與診斷				
住院病人護理	全額賠付			
重建手術與康復				
以住院或日間留院方式治療所患疾病(包括慢性病急性發作的穩定治療)產生的費用包括：				
i) 住院床位費及膳食費用。	i) 住院床位費取決於所選住院床位限額			
ii) 重症監護室使用費。				
iii) 由合格護士提供護理的收費。				
iv) 手術費及手術室費用。				
v) 包括會診在內的醫生費用、專科醫生費用、外科醫生和麻醉師費用。				
vi) 包括病理檢驗，超生波檢查及X光檢查在內的診斷程序。				
vii) 由醫生或專科醫生開具的處方藥品和敷料、醫藥及醫療用具費用，包括傳統中藥。				
viii) 整形重建手術（包括門診治療）費用，即因保險期間內發生的意外事故或疾病導致必需恢復自然功能或狀態的整形重建手術，且相關治療是在事故或疾病發生後的12個月內實施，且保險處於有效期內。				
ix) 康復（包括門診治療）費用，即3天或以上住院治療後在認可的醫院康復科進行的康復活動，且必須是在出院後14天內進行的康復活動。相關治療必須是由專科醫生推薦且由專科醫生親自指導。相關治療成本包括特殊治療室使用費、物理和/或語言矯治費，及其他通常由康復病房提供的服務所產生的費用。	ii) 康復護理全額賠付，每例疾病最高賠付天數為120天。			
輔助器材費用	每例疾病最高賠付限額¥8,000			
住院病人或日間留院病人接受治療後拐杖以及輪椅的購買或租用費用。				



	經典計劃	綜合計劃	絢麗人生	絢麗人生(增強版)
<p><b>美國地區的意外事故與急救治療</b></p> <p>本保障內容適用於會員在美國短時旅行時，發生緊急的疾病或意外，須在醫院急診室接受緊急治療而產生的醫療費用。相關傷病必須在當次旅行中首次出現，會員在旅行前從未出現任何相關症狀，且未接受相關治療或接受過任何相關醫療建議。</p> <p>本保障內容也包括因會員在美國的短期旅行中遇到意外事故或緊急情況導致的普通門診治療。相關傷病必須在當次旅行中首次出現，會員在旅行前從未出現任何相關症狀，且未接受相關治療或接受過任何相關醫療建議。門診治療可適用保障免賠額。</p> <p>在美國境內遇到意外事故或緊急情況時，會員應在入住醫院的急救病房前後儘快聯繫我們。</p> <p>本保障內容不包括妊娠併發症和/或分娩併發症。</p>	<p><b>住院治療全額賠付</b></p> <p>門診治療每例疾病最高賠付限額¥4,000，且每例疾病免賠額¥640。</p>			
<p><b>電腦斷層、正電子電腦斷層及核磁力共振掃描</b></p> <p>以住院病人、日間留院病人或門診病人接受的掃描檢查。這些檢查必須事先得到我們的授權。</p>	全額賠付			
<p><b>器官移植</b></p> <p>本保單所涵蓋的器官移植包括：心臟、心/肺、肺、腎臟、腎臟/胰腺組織、肝臟、同種異體骨髓以及自體骨髓移植。</p>	全額賠付			
<p><b>住院精神科治療</b></p> <p>在醫院的註冊精神科接受的治療。所有保障內容都具有條件性，即必須事先得到我們的授權且所有治療都需在註冊精神科醫師的指導下進行。</p> <p>若進行此類治療前沒有得到我們的書面確認，我們將不負有賠付任何保障的責任。但是，由醫師（而非精神科專科醫生）初步會診導致的精神病轉診費賠償不需得到事先授權。</p>	每個保險期全額賠付（最高賠付天數為30天）			
<p><b>牙齒意外受損</b></p> <p>因意外損壞天然健全牙齒後10天內在醫院急診室或者牙科診所進行的每個保險期全額賠付（最高賠付天數為30天。後續隨訪治療僅限一次就診，且須在第一次治療後的30天之內進行，並且事前須獲保險人授權同意。因進食發生的牙齒意外損壞不在保險範圍內。</p>	全額賠付			
<p><b>醫院現金保障</b></p> <p>會員因發生保障範圍內的傷病，接受住院治療，未產生任何住院及治療費用，保險人將啟動現金保障賠付。若需申請本現金保障，會員應要求醫院在理賠申請單上簽名蓋章。</p> <p>本保障不適用於入住醫院的意外事故和急救病房的情況。</p> <p>本保障不適用保單免賠額。</p>	每例疾病每晚賠付限額¥1,000，最多20晚			
<p><b>父母醫院留宿</b></p> <p>年齡低於18周歲作為住院病人入住醫院的會員需由父母一方或法定監護人進行陪護所產生的醫院住宿費用。</p>	全額賠付			

	經典計劃	綜合計劃	絢麗人生	絢麗人生(增強版)
疾病與慢性病治療				
腫瘤  以住院、日間留院或門診方式進行的與癌症相關的醫療必需的診斷和治療 (包括姑息治療)。	全額賠付			
慢性疾病  慢性疾病 (不含癌症) 的常規檢查、用於控制病情發展的藥物和敷料、住院費、護理費、腎透析費、手術費及姑息治療的費用。  癌症治療費用的賠付屬於腫瘤保障內容。  本保障不適用保單免賠額。	不適用	每位被保險人每個保險期間最高賠付限額¥120,000		
先天性疾病或畸形  對發生于會員的保障合同生效之後的先天性疾病或畸形, 或保障合同生效前一年出生的連帶被保險子女發生的先天性疾病或畸形的治療。	每例疾病最高賠付限額¥800,000			
獲得性免疫缺陷綜合症  因感染人類免疫缺陷病毒(HIV)或與其相關聯的疾病, 和/或包括獲得性免疫缺陷綜合症(AIDS)或AIDS關聯綜合征(ARC)和/或其突變體或衍生變體在內的HIV相關疾病而產生的治療費用。  保障範圍僅限於此類疾病確診前後的醫生會診費用、常規檢查、藥物和敷料 ( 試驗類或未獲藥效證明類藥品除外)、住院和護理費。  一般除外責任中的性傳播疾病除外不適用於本保障。	每位被保險人每個保險期最高賠付限額¥80,000			
激素替代療法  醫生或專科醫生對人為誘發造成和/或自然提前 ( 我們所說的自然提前是指40歲之前) 的女性停經進行的治療, 包括會診費以及開具的處方藥片、植入物或貼片修補費用。	無賠付	終生全額賠付, 最長18個月		
門診與替代療法				
門診治療  醫生、專科醫生、會診和護理費用, 門診費用包括診斷和外科檢查, 包括病理檢查、X光射線檢查、藥物和敷料以及由醫生或專科醫生開具的醫療用具。由醫生轉介的物理治療, 對於每種疾病僅限為最多10個療程。如需進一步治療, 須提交由專科醫生出具的病情複查報告。對此類治療進行的首次索賠須提交一份轉診信/轉診報告。	每例疾病住院前後最高賠付限額¥13,600, 且在住院後最高賠付天數60天。  每例疾病替代療法最多賠付10個療程, 且同上述保障賠償限額。	全額賠付		
替代療法  根據醫生或專科醫生的轉診建議及直接指導下由註冊脊醫師、整骨醫師、順勢療法醫師、足科醫師和針灸醫師進行的治療。	見門診病人護理	每例疾病全額賠付最多10個療程		

	經典計劃	綜合計劃	絢麗人生	絢麗人生(增強版)
<p>門診手術</p> <p>該保障內容包括會員接受門診手術所實際發生的手術費用。同時包括門診內窺鏡檢查費用,包括胃鏡檢查、支氣管窺鏡檢查、結腸鏡檢查、陰道鏡檢查,但不包括住院病人護理保障內容所包括的腹腔鏡檢查和腕關節鏡檢查。</p>	全額賠付			
<p>精神病門診治療</p> <p>對於門診病人精神病治療,包括專科醫生會診,所有治療必須獲得我們的事先授權,且必須一直在註冊精神病專科醫生的直接指導下進行。若進行此類治療前沒有得到我們的書面確認,我們將不負有賠付任何保障的責任。但是,由醫師(而非精神病專科醫生)初步會診導致的精神病轉診費賠償不需得到事先授權。</p>	無賠付	每個保險期間最高賠付限額¥40,000		
<p>家庭護理</p> <p>由專科醫生建議的作為住院病人或日間留院病人接受治療出院後馬上接受的醫院外護理。有關護理必須由合格護士進行,且不是出於家庭原因或方便考慮而進行的護理。</p> <p>該保障範圍內的所有治療必須獲得我們的事先授權。</p>	每例疾病全額賠付最高30天		每例疾病全額賠付最高28天	
<p>傳統中藥或印度醫藥</p> <p>該保障涵蓋由註冊的傳統中醫或印度醫師實施治療的費用。</p>	無賠付	每個療程最高賠付限額¥240且最多10個療程		

	經典計劃	綜合計劃	絢麗人生	絢麗人生(增強版)
<b>護送轉院與交通</b>				
<b>急診交通費</b>  會員因急診需要住院或日間留院，經醫生或專科醫生認為有醫療必要而使用最合適的交通工具護送會員往來醫院接受治療所發生的交通費用。  本保障內容不包括租車費用。	全額賠付			
<b>護送轉院與額外交通支出</b>  當發生緊急情況且當地沒有所需治療設施時，需將會員護送轉院至由我們確定的最近的合適醫療機構，採取由我們確定的最適當的交通方式，讓會員作為住院病人或日間留院病人入住醫院。  護送轉院需獲得我們的書面同意，且在轉院前需要主治醫生或專科醫生提供給我們相關證明文件，包括緊急情況發生當地無法進行所需治療的確認書。  本合同保障內容不包括所有因懷孕及分娩而產生的護送轉院費用，除非因屬於懷孕併發症的保障內容而需要護送轉院。也不包括在非認可的滑雪場所或類似的冬季運動場所產生的海空救援或登山救援費用。  本保障內容包括： <ul style="list-style-type: none"> <li>i) 護送轉院費用，包括因醫療必需，護送會員往來治療的另外一名人員的交通費用。</li> <li>ii) 當作為日間留院病人接受治療時來往醫療點的交通費用。</li> <li>iii) 當會員作為住院病人入住醫院後，一名陪護人員往來醫院探望該會員的交通費用。</li> <li>iv) 會員及陪護人員返回居住國或護送轉院前所在國家的經濟艙機票費用。</li> <li>v) 入住醫院前後短期內在專科醫生治療情況下會員和陪護人員的非醫院住宿費用。</li> </ul>	i) 全額賠付  ii) 全額賠付 iii) 全額賠付  iv) 全額賠付  v) 每人每天最高賠付限額¥1,200，且每人每次護送轉院最高賠付限額¥40,000			
<b>額外保障護送轉院</b>  當發生緊急情況且當地無法提供所需治療時，需對會員進行護送轉院，至由保險人確定的最近的合適醫療機構，並以住院或日間留院方式入住醫院而產生的費用。轉院地點需由保險人確定的最近最合適的位於會員居住國、國籍所在國或會員選定國家的醫療機構。產生的費用包括醫療必需的會員轉移途中的陪護人員（一位）費用。	任選		全額賠付	

	經典計劃	綜合計劃	絢麗人生	絢麗人生(增強版)
<p><b>遺體轉運及安葬</b></p> <p>會員發生保險責任範圍內的傷病導致身故，會員遺體或其骨灰運至國籍所在國或居住國而產生的交通費用，或按照死亡發生地的慣例進行合理安葬或火葬的費用。</p> <p>合理的安葬或火葬的費用包括：</p> <ul style="list-style-type: none"><li>- 重開墳墓和安葬費用，或</li><li>- 新開墳墓和安葬費用，包含安葬專有權費，或</li><li>- 其中火葬費用包括：<ol style="list-style-type: none"><li>1. 火葬費用</li><li>2. 醫生證明費用</li><li>3. 火葬前必須除去的心臟起搏器或其它醫療設備的費用</li></ol></li></ul>	<p>每個被保險人最高賠付限額¥68,000</p>			
<b>母嬰護理</b>				
<p><b>常規懷孕</b></p> <p>與自然懷孕和分娩有關的費用，包括不孕症治療（輔助授精）後進行的正常分娩，自願剖腹產以及之前非醫療原因剖腹產導致的醫療必需的剖腹產費用。</p> <p>本保障涵蓋產前及產後六周的檢查費用，醫生處方的產前維生素費用，分娩費用及與分娩相關的合格的助產士的費用。不孕症治療（輔助授精）後所有與懷孕和分娩併發症有關的費用均屬於本保障範圍。</p> <p>本保障範圍還包括新生兒護理、新生兒繃祿（包括選擇性包皮環切），以及當母親（需為會員）在醫院作為住院病人接受治療時，新生兒出生後首個24小時內所產生的護理費用。出生24小時后，新生兒需要在出生后30天內加入本保障計劃，方可享有保單規定的各項保障。</p> <p>本保障不適用保單免賠額。</p> <p>具有12個月的等待期，時間自購買本保障之日或會員投保日算起，以較晚的為準。</p>	<p><b>無賠付</b></p>		<p>每次懷孕最高賠付限額¥80,000，且有20%的共同保險（對於選擇香港雙人病房或使用預先批准的供應商設施的降至10%）</p>	
<p><b>妊娠併發症</b></p> <p>女性會員在產前階段或分娩時發生的疾病，需要獲認可的婦產科專科醫生進行治療而產生的費用，或因妊娠併發症導致的產後六周內所需的檢查的費用。因人工受孕導致的併發症，包括但不限於早產或多胎導致等不屬於本保障內容。</p> <p>本保障內容的賠付須在合同生效日或投保日（以較晚時間為準）起12個月後進行。</p>	<p><b>全額賠付</b></p>			

		經典計劃	綜合計劃	絢麗人生	絢麗人生(增強版)
新生兒護理		每個保險期每個被保險人最高賠付限額¥800,000，且住院最高賠付天數為90天			
出生後30天內因新生兒發生急性疾病而接受的住院治療。本保障內容不包括因人工受孕導致的併發症，包括但不限於，早產或多胎。本保險不包括發生先天畸形的新生兒，相關賠付屬於先天性疾病或畸形的保障內容。					
在出生30內提交書面告知並在支付到期日30天內支付所有保費，會員的連帶被保險人將被納入保險範圍。出生後30天內因新生兒發生急性疾病而接受的住院治療由新生兒保障所涵蓋，但不包含在住院病人護理保障內。若連帶被保險人是在不孕症治療（人工受孕）後出生，還需提供相關健康聲明。					
新生兒醫院留宿		全額賠付			
新生兒（出生不超過16周）因母親（會員）分娩后在醫院接受住院治療而在醫院留宿的費用。					
牙科保健					
牙齒保健1-常規牙科治療		無賠付			
牙科醫生進行常規牙科手術治療產生的費用。常規牙科治療包括： <ul style="list-style-type: none"><li>檢查</li><li>洗牙</li><li>普通複合物補牙</li><li>簡單非手術拔牙</li></ul> 本保障內容不包括牙齒正畸治療、牙齒複雜修復治療及牙體種植。本保障內容不適用保單免賠額。					
具有6個月的等待期，時間自購買本保障或會員投保日算起（以較晚時間為準）。					
牙齒保健2-複雜修復性牙科治療		無賠付			
該保障涵蓋牙科醫生費用以及與下述具體治療程序相關的費用，包括： <ul style="list-style-type: none"><li>拔除阻生牙、掩埋牙或未萌牙</li><li>牙根切除</li><li>固體牙瘤切除</li><li>根尖切除術</li><li>新裝或修理牙橋托</li><li>新裝或修理齒冠</li><li>牙根管治療</li><li>新裝或修理上或下部假牙</li><li>拔除智齒（在醫院或牙科外科診所進行，由牙科醫生、專科醫生或口腔醫生操作）</li></ul> 本保障內容不包括牙齒正畸治療、常規牙齒治療及牙體種植。					
本保障不適用保單免賠額。					
具有9個月的等待期，時間自購買本保障或會員投保日算起（以較晚時間為準）。					



	經典計劃	綜合計劃	絢麗人生	絢麗人生(增強版)
其他節約成本選擇				
中國大陸境內單人病房限制 ( 該保障僅適用於中國大陸居民)  當在中國大陸之外以住院病人或日間留院病人接受治療時,保障內容僅限於雙人病房及其相應費率。	全額賠付			
香港雙人病房限制 ( 該保障僅適用於香港居民)  當作為住院病人或日間留院病人接受治療時,本保障內容以雙人病房或其相應費率進行賠付。	全額賠付			
升級保障選擇				
門診直接結算網絡-零免賠額  本保障只適用選擇零、¥800保單免賠額。	不適用	在直接結算網絡內進行的治療,門診會診零免賠額。  在直接結算網絡外進行的治療,門診會診有保單免賠額。		
額外保障護送轉院  當發生緊急情況且當地無法提供所需治療時,需對會員進行護送轉院,至由保險人確定的最近的合適醫療機構,並以住院或日間留院方式入住醫院而產生的費用。轉院地點需由保險人確定的最近最合適的位於會員居住國、國籍所在國或會員選定國家的醫療機構。產生的費用包括醫療必需的會員轉移途中的陪護人員 (一位) 費用。  護送轉院需我們的書面同意,且在轉院前需要相關醫生或專科醫生提供給我們相關證明文件,包括緊急情況發生當地沒有所需治療的確認書。會員所選國家僅限於具有合適的醫療設施且我們認為具有合適醫療能力的國家。若根據我們的醫療顧問的諮詢所選國家不具有可操作性或所選國家對疾病的治療不具有合適的設施,則所作選項無效。我們的醫療顧問將決定護送轉院最適當的護送轉移方式。  本保障利益不涵蓋指定滑雪場地或同類冬季運動場地之外發生的任何海空救援或山區救援所產生的費用,也不涵蓋懷孕併發症保障範圍以外的所有分娩費用,也不涵蓋未購買或在會員保障計劃中未予以列明的美國選擇性治療。	任選	已涵蓋		
美國境內選擇性治療  i) 在直接結算網絡內進行的住院病人或日間留院病人治療 ii) 在直接結算網絡外進行的住院病人或日間留院病人治療 iii) 門診病人治療  本計劃不受《病人保護和平價醫療法案》(美國醫療改革)限制,因此無法滿足該法案對醫療保險保障範圍的規定。	不適用	i) 全額賠付 ii) 每位會員每個保險期間最高賠付限額 ¥8,000,000且有50%共同保險 iii) 全額賠付		

## 免賠額選項

每個產品選項都有適用於每例新患疾病的標準免賠額。您可以通過選擇可選項來修改您的標準免賠額。

標準選項	零	¥800	
人民幣選項	¥8,000或 ¥40,000	零, ¥400, ¥2,000, ¥4,000, ¥8,000, ¥16,000, 或 ¥40,000	零, ¥400或¥2,000

## 醫學核保

## 延期償付核保

我們的標準醫學核保方式。

對於會員而言，個人在加入保單之日（投保日）已存在的疾病不在理賠範圍之內，除非已接受治療，而且投保後連續兩年內未出現任何症狀，並未接受過診療。慢性既往症的治療不在本保險單的理賠範圍之內。

## 全額醫學核保

如果我們接受承保，我們可能增加附加條款和除外責任，並將這些條款載入保險憑證。

## 投保人權利終止

合同生效後，本保單或任何保障內容可由且只能由投保人終止，並自續保日起對本保單下的所有或任一級會員均有效。如果投保人不計劃續保，保險人必須在投保人的續保日後15日內收到投保人不計劃續保的書面通知。如果投保人在其它時間以任何原因終止本保險合同，保險人均不予退還保費。

## 連續轉保條款

適用於希望將其他保險轉換為本保險的會員，可能需要額外繳納保險費。

我們會接受會員原來保險單的初始投保日期，將其作為我們的保險單的投保日期。我們將保留原有的承保條款或特別附加條款，例如任何延期償付或特殊除外責任，所有保險單條款仍將符合我們的保險單條款規定。任何連續轉保將不被允許增加保障福利。我們保留隨時拒絕連續轉保的要求或增加額外除外責任，並有可能無法提供理由。

## 保險計劃貨幣

本保險單僅限人民幣（元）進行保費結算。

## 繳費頻率

本保險單支援以銀行轉帳方式按年繳付保費。

## 常見問題

**問:** 家庭成員是否也符合投保資格?

**答:** 是的。您的配偶或成年伴侶可以納入保險範圍。您未滿18周歲的未婚子女,或還在接受全日制教育且未滿26周歲的子女同樣可以納入保險範圍。

**問:** 加入保險計劃是否需要進行體檢?

**答:** 不需要。只在少數情況下我們需要申請人提交一份由醫生提供的健康報告,用以公正準確地進行核保。

**問:** 保險計劃會涵蓋會員入保前患有的疾病或傷病嗎?

**答:** 在成為會員的頭兩年中,保前已存在的疾病將不在理賠範圍內。如果會員在這兩年中未因該疾病出現任何症狀、進行治療或聽取醫療意見,那麼兩年後所產生的費用將被納入理賠範圍。

**問:** 在世界各地旅遊時是否也可獲得保障?

**答:** 所有會員都會在您選擇的保障地區內獲得選擇性醫療保障。標準的保障地區範圍覆蓋除美國之外的其它全球地區。希望享受美國選擇性治療保障的會員需要選擇相關的保險計劃及該保障選項。另外,對於在美國短途旅行並選擇標準保障地區(除美國以外的全球範圍)的會員,我們將賠付因意外事故或緊急情況而新患疾病(行前未有症狀、未尋求醫療諮詢或接受治療)所產生的醫療費用。

**問:** 保單免賠額是如何應用的?

**答:** 保單免賠額由會員承擔。每例新患疾病均有保單免賠額,並將在索賠結算時由索賠部門從賠付額中扣除。

**問:** 如何知道治療是否在理賠範圍之內?

**答:** 會員在計劃入院院接受治療前,應聯繫Aetna International 會員服務中心確認治療是否在保險單理賠範圍內。

**問:** 在保險期間可不可以調整保險理賠範圍?

**答:** 不可以。理賠範圍只可以在續保日進行更改。在續保日,我們將和您一起對保障等級進行適當調整。

**問:** 可不可以在线獲取表格和信息?

**答:** 是的,您可以通過[www.aetnainternational.com](http://www.aetnainternational.com)獲取索賠申請表以及全球健康安全信息。

**問:** 該計劃是否包含在美國的選擇性治療?

**答:** 如果您選擇購買了美國選擇性治療選項,該計劃可覆蓋這些治療。該保障可同綜合計劃、絢麗人生和絢麗人生(加強版)一同購買。

若投保人沒有選擇美國選擇性治療時,該計劃只覆蓋會員在美國發生的意外事故和緊急情況時產生的費用。在緊急情況發生時,如果會員在當地無法獲得適當的治療或護理,由此產生的交通費用將由護送轉院保障所涵蓋。

**問:** 會員如何提交索賠?

**答:** 每位會員會從一開始收到一張會員卡。該會員卡向會員提供了Aetna International會員服務中心的聯繫方式和在Aetna International 安全會員網站上註冊所需信息。會員可選用其中一種提交索賠。

若未在治療結束後兩年內提交索賠,我們保留拒絕理賠的權利。只能對保險期間內接受的治療提出索賠。只有在保險到期或終止前產生的費用可獲賠付。

# 聯繫我們及投訴程序

我們一直致力於達到會員的期望,但是,我們也理解投訴是不可避免的。我們的目標是能夠快速和公平地解決我們接到的投訴。

如果有關於以下方面的問題,請隨時與Aetna國際會員服務中心聯繫:

- 你的保險;
- 資格驗證;
- 臨床支持;
- 理賠;
- 與計劃相關的一般問題;
- 有投訴請求

如果要與Aetna國際會員服務中心聯繫,請撥打你的會員卡上注明的號碼。你也可以按以下方式與我們聯繫:

## 亞太地區

安態(上海)企業服務有限公司  
上海市黃浦區蒙自路757號歌斐中心,  
702室, 200023

電話: +86 400 881 1291  
傳真: +86 21 6326 8525  
電郵: HTChinaServices@aetna.com

## 投訴處理程序概要

您的投訴將會:

- 立刻獲得受理,並確定負責調查該投訴的人員。
- 獲得公正、高效、徹底的調查,確保及時向您回饋調查進展。
- 得到公平、一致、及時的評估。



全球化戰略，本土化經營——我們在全球各個地方隨時為您服務

Aetna能夠讓您和您的員工得到一流的保障和服務。

您準備好領略Aetna的卓爾不同嗎？  
與眾不同的服務？

欲瞭解更多信息，請即刻聯繫我們

亞太地區：

+400 880 8891

agbsalesshanghai@aetna.com

隨時與Aetna International保持聯絡

歡迎訪問[www.aetnainternational.com](http://www.aetnainternational.com)

Aetna®是Aetna Inc.的註冊商標並在全球範圍內受商標註冊條約的保護。

Aetna並不直接提供任何醫療服務或涵蓋所有醫療服務，提供的服務受限於相關法律和規定其中包括經濟和貿易制裁。健康資訊項目仅提供日常健康資訊，並不能代替醫生或其他專業醫療人士的診斷與治療。如欲了解完整的保障內容、除外責任、保險責任的限制和條件，請參閱計劃文件。自信息生成之日起，所有信息均被認為準確無誤；然而，信息可能會發生變更。欲了解更多Aetna International詳細信息，請登錄[www.aetnainternational.com](http://www.aetnainternational.com)。

若任何保單的覆蓋範圍構成或者將要構成對美國、聯合國、歐盟或者任何其他經濟或貿易制裁措施的違背，則該保單的覆蓋範圍立即被視為無效。例如，Aetna無法支付健康醫療服務費用，或其它報銷或服務，如果它違反金融制裁規定。這包括美國的相关制裁下被制裁的个人、實體或國家，除非經由美國財政部海外資產控制辦公室(OFAC)書面許可。欲了解更多信息，請登陸美國財政部網站<http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>。

保單由華泰財產保險有限公司簽發並由安泰(上海)企業服務有限公司提供管理服務。安泰(上海)企業服務有限公司是Aetna Inc.的全資控股子公司。安泰(上海)企業服務有限公司隸屬於Aetna國際分部 Aetna International。

重要提示：這是一款未符合美國Patient Protection and Affordable Care Act (PPACA)法案的非美國保險產品。本款產品可能不符合美國最低基本保額(MEC)的要求，所以，如果PPACA法案下的個人共同責任條款(Individual Shared Responsibility Provision，又稱個人強制保險)的要求適用於您和您的連帶會員，本款產品可能不滿足該等要求。未能保持美國最低基本保額(MEC)可能導致美國稅務風險。您也許想要諮詢您的法務、稅務或者其他專業顧問以了解進一步的信息。本提示僅適用於那些有美國納稅資格的納稅人。

[www.aetnainternational.com](http://www.aetnainternational.com)

aetna®

 華泰保險  
Huatai Insurance Group



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

**aetna**<sup>®</sup>



# Huatai Worldwide Health Individual Insurance Product

Effective date: Policies issued from 1 January 2014  
[www.aetnainternational.com](http://www.aetnainternational.com)



## Policy Summary

46.02.440.0-CH B (10/16)

With more than 160 years of experience covering over 500,000 members around the world, we are well-positioned to provide comprehensive health benefits solutions to help meet your ever-changing needs.

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## Global solutions — made easy.

That's our commitment to you. We're dedicated to providing you with a first-class service throughout all of our interactions.



At Aetna, your health and the health of your family lies at the centre of everything we do. Through our first-class approach to service, we work to provide you with innovative and comprehensive products and services that make a positive impact on your well-being.

We take your health benefits needs 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, know first hand the unique health care experiences faced by globally-mobile individuals. This enables us to best meet the needs of our valued members with confidence and compassion.

**Contact Aetna today, to find out how our solutions can help fulfil your health and wellness needs.**



## Our service philosophy

At Aetna, we want our members 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 member experience

#### Member Service Centre

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

#### International Health Advisory Team

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
- Worldwide 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. Aetna is committed to providing valuable information through technological innovation.

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

- Doctor and medical facility search tool that allows members to find screened and approved physicians and medical facilities
- Online claims submission and claims lookup to manage and keep track of claims status
- Health and wellness information to help members improve or maintain their health, given lifestyle, diet and/or conditions
- 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

## Value-added wellness programmes

Wellness is a lifelong path, and the journey is different for each individual — whether they are healthy, at risk of disease or injury, managing a chronic condition or experiencing a major health event.

With this in mind, we've developed a complimentary wellness offering 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 members 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

*Members have access to these tools and resources via the Aetna International secure member website at **[www.aetnainternational.com](http://www.aetnainternational.com)**.*

# International Healthcare Plan overview

## An innovative, flexible solutions offering

We offer a range of plans and optional benefits so you can maximise your health care budget and manage costs. Just select from one of four base plans, then choose from a selection of additional benefits.

## Demands and needs statement

At Aetna, we strive to ensure that all our policies are of real benefit to our individual customers. Therefore, we ask each customer to carefully consider which Aetna policy best meets their own specific needs.

Aetna (Shanghai) Enterprise Services Co.,Ltd is an execution-only business. We do not provide advice regarding which plan best suits your individual requirements. Therefore, it is your responsibility to determine which policy type is most suitable for you.

We also recommend that policyholders should frequently review their health insurance requirements to ensure their current policy continues to meet those requirements.

**STEP 1:**  
***Choose a  
base plan.***

**STEP 2:**  
***Choose your  
optional benefits.***

**STEP 3:**  
***Choose your  
excess.***



## STEP 1: Choose a base plan.

### Major Medical

### Foundation

### Lifestyle

### Lifestyle Plus

#### **Major Medical**

A comprehensive range of benefits, including, but not limited to:

- Inpatient and day patient treatment
- Evacuation and transportation
- Accident and emergency treatment outside area of cover
- Outpatient care (capped)
- Alternative treatment

#### **Lifestyle**

Foundation benefits, plus:

- Chronic conditions
- Extended emergency evacuation
- Increased home nursing

#### **Foundation**

Major Medical benefits, plus:

- Outpatient psychiatric treatment
- Hormone replacement therapy
- Traditional Chinese or Ayurvedic medicine
- Increased outpatient care (fully covered)

#### **Lifestyle Plus**

Lifestyle benefits, plus:

- Routine pregnancy
- Routine dental treatment
- Major restorative dental treatment

## STEP 2: Choose your optional benefits.

**Optional benefits help you upgrade cover.**

- Extended emergency evacuation (optional for Major Medical and Foundation)
- USA elective treatment (available on Foundation, Lifestyle and Lifestyle Plus)
- Outpatient direct settlement network - nil excess (available on Foundation, Lifestyle and Lifestyle Plus)
- Hong Kong semi-private room restriction (subject to Hong Kong residency)
- China private room restriction (subject to China residency)

## STEP 3: Choose your excess.

Each product option carries a standard excess applicable to each new medical condition. You can amend this by selecting alternative options.

#### **Major Medical**

- Standard: Nil
- RMB options: ¥8,000 or ¥40,000

#### **Lifestyle**

- Standard: ¥800
- RMB options: Nil, ¥400 or ¥2,000

#### **Foundation**

- Standard: ¥800
- RMB options: Nil, ¥400, ¥2,000, ¥4,000, ¥8,000, ¥16,000 or ¥40,000

#### **Lifestyle Plus**

- Standard: ¥800
- RMB options: Nil, ¥400, or ¥2,000

# International Healthcare Plan Policy Summary

To find out about the key features of the International Healthcare Plan, please see the following Policy Summary.

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.

This policy summary does not contain the full terms of the **policy**; these can be found in the **certificate of insurance** and member handbook.

This product covers **you** for eligible **elective** medical **treatment** worldwide excluding the U.S. **Members** are covered for **accident** and **emergency treatment** in the U.S. for new **medical conditions**. **Members** who wish to benefit from U.S. **Elective Treatment** should select an appropriate plan and this **benefit** option.

[illegible]

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
<p><b>Accident &amp; emergency treatment in the US</b></p> <p><b>Benefit</b> is payable for medical expenses that arise as a result of an <b>emergency</b>, which requires the member to seek <b>treatment</b> in the <b>accident and emergency</b> unit of a <b>hospital</b> whilst temporarily travelling inside the USA and where the <b>medical condition</b> did not exist prior to travel and the member was <b>treatment-</b>, symptom- and advice- free.</p> <p>This <b>benefit</b> extends to include <b>outpatient treatment</b> arising as a result of an <b>accident or emergency</b>, whilst the member is temporarily travelling in the USA and where the <b>medical condition</b> did not exist prior to travel and the member was <b>treatment-</b>, symptom- and advice- free. For <b>outpatient treatment</b>, a <b>benefit excess</b> applies.</p> <p>In the event of <b>accident and emergency treatment</b> being required inside the USA, the member should contact us either before or as soon as possible after admission to the <b>accident and emergency</b> unit of the <b>hospital</b>.</p> <p>Complications of pregnancy and/or childbirth are not covered under this <b>benefit</b>.</p>	<p>Covered in full for <b>inpatient treatment</b></p> <p><b>Outpatient treatment</b> is limited to ¥4,000 per <b>medical condition</b> and subject to an excess of ¥640 per <b>medical condition</b></p>			
<p><b>CT PET and MRI scans</b></p> <p>Scans received as an <b>inpatient, day patient or outpatient</b>. These must be pre-authorised by us.</p>	Covered in full			
<p><b>Organ transplant</b></p> <p>The <b>organ transplants</b> covered under this policy are: heart, heart/lung, lung, kidney, kidney/pancreas, liver, allogenic bone marrow, and autologous bone marrow.</p>	Covered in full			
<p><b>Inpatient psychiatric treatment</b></p> <p><b>Treatment</b> received in a registered psychiatric unit of a <b>hospital</b>. All <b>benefits</b> are conditional on pre-authorisation from us and all <b>treatment</b> being administered under the control of a registered psychiatrist.</p> <p>Without our written confirmation prior to such <b>treatment</b>, we will not be liable to pay any <b>benefit</b>. However, the initial consultation with the <b>medical practitioner</b> (not a psychiatric <b>specialist</b>) that results in a psychiatric referral is covered without the requirement for pre-authorisation.</p>	Covered in full (up to 30 days) per period of cover			
<p><b>Accidental damage to teeth</b></p> <p><b>Treatment</b> received in an <b>accident and emergency</b> ward of a <b>hospital</b> 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 <b>treatment</b> is limited to one visit within 30 days following your initial <b>treatment</b> and must be pre-authorised by us.</p>	Covered in full			
<p><b>Hospital cash</b></p> <p>Where the member receives <b>treatment</b> for an eligible <b>medical condition</b> as an <b>inpatient</b> and no costs are incurred for accommodation and <b>treatment</b>, we will pay a cash <b>benefit</b>. To claim this <b>benefit</b>, the member should ask the <b>hospital</b> to sign and stamp his/her claim form.</p> <p>This <b>benefit</b> is not applicable to admissions into the <b>accident and emergency</b> facility of the <b>hospital</b>.</p> <p>The <b>policy excess</b> does not apply.</p>	Up to ¥1,000 per night for a maximum of 20 nights per <b>medical condition</b>			
<p><b>Parental accommodation</b></p> <p><b>Hospital</b> accommodation costs of a parent or legal guardian staying with a member who is under 18 years of age and is admitted to <b>hospital</b> as an <b>inpatient</b>.</p>	Covered in full			

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
Disease and Chronic Condition Management				
<b>Oncology</b> 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.	Covered in full			
<b>Chronic conditions</b> 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.	Not available		Up to ¥120,000 per insured person per period of cover	
<b>Congenital anomalies</b> Treatment of congenital anomalies that occur after the member's cover commences with us, or that manifest in a dependant child born in the year prior to cover commencing.	Up to ¥800,000 per medical condition			
<b>AIDS</b> 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.	Up to ¥80,000 per insured person per period of cover			
<b>Hormone replacement therapy</b> 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).	No cover	Covered in full up to 18 months per lifetime		
Outpatient and alternative treatments				
<b>Outpatient care</b> Medical practitioner, specialist, consultant and nursing fees, 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.	Up to ¥13,600 per medical condition prior to hospitalisation and up to 60 days immediately following hospitalisation. Alternative treatment up to 10 sessions in aggregate per medical condition, and subject to the benefit limit above.	Covered in full		
<b>Alternative treatment</b> 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.	See Outpatient care	Covered in full up to 10 sessions in aggregate per medical condition		

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
<b>Outpatient surgery</b> This <b>benefit</b> extends to cover the cost of endoscopy investigations carried out under an <b>outpatient</b> basis. This includes gastroscopy, bronchoscopy, colonoscopy, colposcopy, but excludes laparoscopy and arthroscopy which are covered under the <b>inpatient</b> care <b>benefit</b> .	Covered in full			
<b>Outpatient psychiatric treatment</b> For <b>outpatient</b> psychiatric <b>treatment</b> , including <b>specialist</b> consultations, all <b>treatment</b> must be pre-authorised by <b>us</b> and must at all times be administered under the direct control of a registered psychiatrist. Without <b>our</b> written confirmation prior to such <b>treatment</b> , <b>we</b> will not be liable to pay any <b>benefit</b> . However, the initial consultation with a <b>medical practitioner</b> (not a psychiatric <b>specialist</b> ), which results in a psychiatric referral, is covered without the requirement for pre-authorisation.	No cover	Up to ¥40,000 per period of <b>cover</b>		
<b>Home nursing</b> Nursing care given outside a <b>hospital</b> that is immediately received subsequent to <b>treatment</b> as an <b>inpatient</b> or <b>day patient</b> on the recommendation of a <b>specialist</b> . This must be provided by a <b>qualified nurse</b> and not provided for domestic reasons or convenience. This must be pre-authorised by <b>us</b> .	Covered in full up to 30 days per <b>medical condition</b>		Covered in full up to 28 weeks per <b>medical condition</b>	
<b>Traditional Chinese or Ayurvedic medicine</b> Treatment administered by a recognised <b>medical practitioner</b> .	No cover	¥240 per session to a maximum of 10 sessions		

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
<b>Evacuation and Transportation</b>				
<b>Emergency transportation</b> Emergency transportation costs to and from <b>hospital</b> to receive <b>treatment</b> as an <b>inpatient</b> or <b>day patient</b> , by the most appropriate transport method when considered <b>medically necessary</b> by a <b>medical practitioner</b> or <b>specialist</b> . This <b>benefit</b> does not include the cost of car hire.		Covered in full		
<b>Evacuation &amp; additional travel expense</b> <b>Evacuation</b> of a member in the event of an <b>emergency</b> , where <b>treatment</b> is not readily available at the place of the incident, to the nearest appropriate medical facility as determined by <b>us</b> , by the most appropriate method of transportation as determined by <b>us</b> , for the purpose of admission to <b>hospital</b> as an <b>inpatient</b> or <b>day patient</b> . <b>Evacuation</b> is subject to written agreement from <b>us</b> , prior to travel and certified instructions to <b>us</b> from the attending <b>medical practitioner</b> or <b>specialist</b> including confirmation that the required <b>treatment</b> is unavailable at the place of incident. This <b>benefit</b> excludes all maternity and childbirth costs except where these are covered under the <b>benefit</b> 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. <b>Cover</b> is provided for: <ul style="list-style-type: none"> <li>i) <b>Evacuation</b> costs including the costs of one other person to travel with the member as an escort, if <b>medically necessary</b>.</li> <li>ii) Travel to and from medical appointments when <b>treatment</b> is being received as a <b>day patient</b>.</li> <li>iii) For an accompanying person to travel to and from the <b>hospital</b> to visit the member following admission as an <b>inpatient</b>.</li> <li>iv) Economy class airline tickets to return the member and the escort to the <b>country of residence</b> or to the country where <b>evacuation</b> occurred.</li> <li>v) Non-<b>hospital</b> accommodation for the member and escort for immediate pre- and post-<b>hospital</b> admission periods provided that the member is under the care of a <b>specialist</b>.</li> </ul>		i) Covered in full  ii) Covered in full  iii) Covered in full  iv) Covered in full  v) Up to ¥1,200 per person per day and ¥40,000 per person, per <b>evacuation</b>		
<b>Extended evacuation</b> This <b>benefit</b> covers the <b>evacuation</b> costs of a member in the event <b>emergency treatment</b> is not readily available at the place of incident, to the nearest appropriate medical facility, <b>country of residence</b> , <b>country of nationality</b> or country of the member's choice for the purpose of admission to <b>hospital</b> as an <b>inpatient</b> or <b>day patient</b> , including the cost of one other person to travel with the member as an escort if <b>medically necessary</b> .		Optional	Covered in full	



	Major Medical	Foundation	Lifestyle	Lifestyle Plus
<b>Mortal remains</b> In the event of death from an eligible <b>medical condition</b> : transportation of the body of a <b>member</b> or his/her ashes to the <b>country of nationality</b> or <b>country of residence</b> or burial or cremation costs at the place of death in accordance with reasonable and customary practice. Necessary burial or cremation fees including <ul style="list-style-type: none"><li>- The cost of reopening a grave and burial costs, or</li><li>- The cost of opening a new grave and burial costs, including any exclusive right of burial fee, or</li><li>- In the case of cremation:<ol style="list-style-type: none"><li>1. The cremation fee</li><li>2. The cost of any doctor’s certificates</li><li>3. The cost of removing a pacemaker or other medical device which must be removed before the cremation.</li></ol></li></ul>	Up to ¥68,000 per insured person			
<b>Mother and child</b>				
<b>Routine Pregnancy</b> Costs associated with normal pregnancy and childbirth, including normal deliveries as a result of infertility <b>treatment</b> (assisted conception), voluntary caesarean section costs and <b>medically necessary</b> caesarean costs due to any non-medical previous caesarean sections undertaken. This <b>benefit</b> covers the cost of pre- and post-natal checkups for up to six weeks, 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 <b>treatment</b> (assisted conception) will be limited to this <b>benefit</b> . This <b>benefit</b> extends to include routine neo natal care and new born packages (including elective circumcision) for the first 24 hours following birth, when the baby is accompanying its mother whilst she is receiving <b>treatment</b> as an inpatient in a hospital (mother being an insured member). The newborn must be enrolled as a member within 30 days after birth in order to be eligible for any <b>benefits</b> (as per Policy terms) after the first 24 hours. The <b>policy excess</b> does not apply. A 12 month wait period applies from the purchase date of this <b>benefit</b> or the <b>member’s date of entry</b> , whichever is the later.	No cover		Up to ¥80,000 per pregnancy and subject to 20% <b>coinsurance</b> (reduced to 10% for Hong Kong residents selecting Semi-Private Room or when utilizing a maternity package in a pre-approved provider facility).	
<b>Complications of pregnancy</b> <b>Treatment</b> of a <b>medical condition</b> arising during the antenatal stages of pregnancy, a <b>medical condition</b> arising during childbirth and one 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 <b>benefit</b> . This <b>benefit</b> is payable after the first 12 months from the <b>commencement date</b> or <b>date of entry</b> , whichever is the later.	Covered in full			

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
<b>New born care</b> Inpatient treatment of an acute medical condition being suffered by a new born baby, and which 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 occurs in a new born baby, cover will be excluded under this benefit and payable under the benefit for congenital anomalies. Subject to written notification within 30 days of birth and all premiums being paid in full within 30 days of the premium due date, the member's dependent will be eligible for cover under the full benefits of the policy. Inpatient treatment of an acute medical condition being suffered by a new born baby, and which manifests itself within 30 days following birth, is covered under the new born benefit and not under the inpatient care benefits of the policy. A declaration of health is required with respect to all dependants who are born following infertility treatment (assisted conception).	Up to ¥800,000 per insured person per period of cover and to a maximum of 90 days hospital stay			
<b>New born accommodation</b> 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.	Covered in full			
<b>Dental Benefits</b>				
<b>Dental 1 - Routine dental treatment</b> 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 and simple non-surgical extractions. This benefit excludes orthodontic treatment, restorative treatment and dental implants. 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.	No cover		Up to ¥5,600 per period of cover and subject to 25% coinsurance	
<b>Dental 2 - Major restorative dental treatment</b> 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 unerupted teeth, removal of roots, removal of solid odontomes, apicectomy, new or repair of bridge work, new or repair of crowns, root canal treatment, new or repair of upper or lower dentures, and 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. The policy excess does not apply. A 9 month wait period applies from the purchase date of this benefit or the member's date of entry, whichever is the later.	No cover		Up to ¥12,000 per period of cover and subject to 25% coinsurance. In aggregate to routine dental limit.	

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
Options to reduce costs				
<b>China private room restriction</b> (residents of mainland China only) Benefit is restricted to <b>semi-private room</b> and corresponding rates when receiving <b>treatment</b> as an <b>inpatient</b> or <b>day patient</b> outside mainland China.	Covered in full			
<b>Hong Kong semi-private room restriction</b> (residents of Hong Kong only) This <b>benefit</b> refunds the cost of a <b>semi-private room</b> and corresponding rates when receiving <b>treatment</b> as an <b>inpatient</b> or <b>day patient</b> .	Covered in full			
Options to upgrade cover				
<b>Outpatient Direct Settlement Network - nil excess</b> This benefit is available where a Nil, OR ¥800 or <b>policy excess</b> has been selected.	Not available	Outpatient consultations are available on a nil excess basis where treatment is received in network. Where outpatient consultations take place outside the direct settlement network the policy excess applies.		
<b>Extended evacuation</b> 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 benefit schedule.	Optional	Included		
<b>USA elective treatment</b> i) <b>Inpatient or day patient treatment</b> received inside the <b>direct settlement network</b> ii) <b>Inpatient or day patient treatment</b> received outside the <b>direct settlement network</b> iii) <b>Outpatient treatment</b> 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 <b>cover</b> mandated therein.	Not available	i) Covered in full  ii) Up to ¥8,000,000 per member per <b>period of cover</b> and subject to 50% <b>coinsurance</b> iii) Covered in full		

**Excess options**

Each product option carries a standard Excess applicable to each new Medical Condition. You can amend this by selecting alternative options.

Standard	Nil	¥800	
Options (RMB)	¥8,000 or ¥40,000	Nil, ¥400, ¥2,000, ¥4,000, ¥8,000, ¥16,000, or ¥40,000	Nil, ¥400 or ¥2,000

**Medical underwriting****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 **policy (date of entry)** until it has been treated such that the individual is symptom and **advice**-free for two consecutive years following the **date of entry** with regard to that **medical condition**. This **policy** does not cover the **treatment** of pre-existing **chronic** conditions.

**Full medical underwriting**

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

**Continuous transfer terms**

For **members** wishing to transfer from other **policies**.

This feature may incur additional premium.

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

**Plan currency**

The rmb currency is available to policyholders registered in China.

**Payment frequency**

Bank transfers is available on an annual basis.

**Policyholder's right of termination**

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

# Frequently asked questions

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

**A.** Yes. Your spouse or adult partner can be added as a dependant. Your unmarried children, under the age of 18, are eligible dependants as well. Your children enrolled as full-time education students are eligible until the age of 26.

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

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

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

**A.** Cover for all pre-existing medical conditions are excluded during the first two years of membership. Future costs will be covered providing you do not have any symptoms, treatment or advice for that condition during this two year period.

**Q.** Am I covered when travelling worldwide?

**A.** All members are covered for elective medical treatment in your area of cover, the standard area of cover is Worldwide excluding the U.S. members who wish to benefit from U.S. Elective Treatment should select an appropriate plan and this benefit option.

Additionally, for members with Worldwide excluding U.S. cover who are temporarily travelling in the U.S., we will pay for treatment arising as a result of an accident or emergency for new medical conditions for which you have not previously experienced symptoms, sought advice or received treatment.

**Q.** How is the policy excess applied?

**A.** You are responsible for the policy excess. It is applied to each new medical condition and is deducted by the claims department upon settlement of the claim.

**Q.** How do I know if I am covered before treatment?

**A.** You should dial the Aetna International Member Service Centre to determine whether treatment is covered under your policy prior to a planned admission into the hospital.

**Q.** Can the level of cover be adjusted during the policy term?

**A.** No. The level of cover can only be changed at the renewal date. At that time, we will work with you to ensure any benefit level changes are appropriately adjusted.

**Q.** Am I able to obtain forms and information online?

**A.** Yes, you have access to claim forms as well as global health and security information at [www.aetnainternational.com](http://www.aetnainternational.com).

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

**A.** Cover for elective treatment in the U.S. is only available if the USA Elective Treatment option is selected. This can be purchased with the Foundation, Lifestyle and Lifestyle Plus plans.

Where the member has not elected to provide USA Elective Treatment, they are covered for accidents and emergencies only. Travelling expenses will be covered under the Evacuation benefit in the event of an emergency, if the visiting location does not offer the appropriate treatment or care needed.

**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 two years 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.

# Contact us and the complaints procedures

We intend to meet our members' expectations at all times. However, we understand that from time to time complaints may arise. Our aim is to resolve any complaints that we receive both fairly and promptly.

## **Your Aetna International Member Service Centre**

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

- Your Aetna cover
- Eligibility verification
- Clinical support
- Claims
- General plan-related questions
- Making a complaint

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

## **Asia-Pacific:**

Suite 702  
757 Meng Zi Road, Gopher Center  
Huang Pu District, Shanghai 200023  
China

T: +86 400 881 1291  
F: +86 21 6326 8525  
E: [HTChinaservices@aetna.com](mailto:HTChinaservices@aetna.com)

## **Summary of our complaints handling procedures**

### **Complaints will:**

- Be acknowledged promptly, confirming who will be responsible for investigating the complaint.
- Be investigated competently, efficiently and impartially, ensuring that we provide updates on progress.
- Be assessed fairly, consistently and promptly.





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If coverage provided by this policy violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit <http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

Policies are issued by Huatai Property & Casualty Insurance Co., Ltd and administered by Aetna (Shanghai) Enterprise Services Co., Ltd., a fully-owned subsidiary of Aetna Inc. Aetna (Shanghai) Enterprise Services Co., Ltd. is part of Aetna Inc.'s international department, Aetna International.

Important: This is a non-US insurance product that does not comply with the US Patient Protection and Affordable Care Act (PPACA). This product may not qualify as minimum essential coverage (MEC), and therefore may not satisfy the requirements, if applicable to you and your dependants, of the Individual Shared Responsibility Provision (individual mandate) of PPACA. Failure to maintain MEC can result in US tax exposure. You may wish to consult with your legal, tax or other professional advisor for further information. This is only applicable to certain eligible US taxpayers.

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