

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

aetna®



大众环球 尊耀健康个人医疗保险计划

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www.aetnainternational.com



保單概要

我们拥有超过160年的丰富行业经验，在全球拥有超过500,000名会员，能够提供综合全面的医疗保障方案，满足您不断变化的健康需求。

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更便捷的 — 全球商务支持

我们以最优服务理念为准则，并将自始自终秉承这一理念，这是我们对您的承诺。



在Aetna，我们把您和您家人的健康作为工作的重中之重。我们以最优服务，为您提供创新全面的产品及服务，使您的健康得到更优质的保障。

您的健康需求一直是我们的重心。为满足这一需要，我们实行全球化经营战略，足迹遍布全球各主要地区，并在10个国家拥有瞭解各地国际人士不同健康需求的优秀员工，这使我们能以极大信心和爱心为会员提供最切合实际需求的服务。

立即联系Aetna，找到满足您健康保健需求的解决方案



我们的服务理念

我们希望客户对我们每一次的服务都能满意。

为实现这一目标，我们各部门团结协作，为客户提供一流的服务体验。

客户体验

客户服务中心

会员服务中心为客户提供24/7全天候服务，确保随时满足客户的一切需求。

会员可以得到以下方面的协助：

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

国际健康咨询团队

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

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

增值型健康管理方案

健康管理对人的一生都很重要,而且,每个人的人生旅途都是不同的——无论他们身体健康,还是正处于疾病或受伤风险中,或正试图控制慢性疾病或正遭受着严重的健康问题。

为此,我们推出了一套向会员免费提供的健康管理计划,它包括:

癌症关怀和支持

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

健康管理教育

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

Aetna国际健康管理中心为您提供许多有用的信息,包括许多健康主题,例如:

- 哮喘
- 癌症
- 冠心病
- 怀孕及分娩
- 压力控制

会员可以通过Aetna International安全会员网站
www.aetnainternational.com获取上述工具和资源。

国际医疗保健计划综述

提供创新灵活的解决方案

我们提供一系列不同类型保险计划和保障组合,让您的医疗保健投资最大化,并且控制成本。只需选择我们四种基本保险计划之一,然后选择不同附加保障。

需求申明

在Aetna,我们致力于确保每一份保险单都能够确实地给每位客户带来保障。因此,我们请每位客户认真地思考并选择最能满足他们的切实需求的Aetna保险计划。

安态(上海)企业服务有限公司只负责保单执行,不提供保险利益选择咨询。因此,每位客户都有责任自行决定最适合自己的保险计划。

我们还建议投保人不时地回顾自身的健康保险需求以确保现行的保险单能持续满足这些需求。

第1步:
选择基本保险计划

第2步:
选择您的保障组合

第3步:
选择您的免赔额

第1步：选择基本保险计划

经典计划

综合计划

绚丽人生

绚丽人生 (增强版)

经典计划

综合全面的保障内容,包括但不限于:

- 住院和日间留院治疗保障
- 护送转院和交通保障
- 保障地区外的意外事故和急诊治疗
- 门诊护理 (有保障金额上限)
- 替代疗法

绚丽人生

在综合计划保障的基础上,附加:

- 慢性疾病保障
- 额外保障的紧急护送转院
- 增强型家庭护理

综合计划

在经典计划保障的基础上,附加:

- 门诊精神科治疗
- 激素替代疗法
- 传统中医和印度医药
- 增强型门诊护理 (全额赔付)

绚丽人生 (增强版)

在绚丽人生保障的基础上,附加:

- 常规怀孕
- 常规牙科治疗
- 复杂修复性牙科治疗

第2步：选择您的保障组合

选择可选保障为保险升级

- 额外保障的紧急护送转院 (综合计划、绚丽人生和绚丽人生增强版可选)
- 美国境内选择性治疗 (适用于综合计划、绚丽人生和绚丽人生增强版)
- 门诊直接结算网络-零免赔额 (适用于综合计划、绚丽人生和绚丽人生增强版)
- 香港双人病房限制 (仅适用于香港居民)
- 中国单人病房限制 (仅适用于中国大陆居民)

第3步：选择您的免赔额

每个产品选项都有适用于每例新疾病的标准免赔额。您可以通过选择可选项来修改您的标准免赔额。

经典计划

- 标准: 零
- 人民币选项: ¥8,000或¥40,000

绚丽人生

- 标准: ¥800
- 人民币选项: 零、¥400或¥2,000

综合计划

- 标准: ¥800
- 人民币选项: 零、¥800、¥2,000、¥4,000、¥8,000、¥16,000或¥40,000

绚丽人生 (增强版)

- 标准: ¥800
- 人民币选项: 零、¥800或¥2,000

国际医疗健康保健计划概要

查看下述保障一览表, 瞭解国际医疗保健计划的主要特点。黑体词汇和短语具有特殊释义, 请参见会员手册。保单的期限为12个月, 从投保日或随后的续保日起算。本保单计划概要没有包括保单的所有条款; 完整条款请参见保险凭证和会员手册。

本款产品包含保障范围内的全球选择性医疗服务（美国地区除外）。会员在美国由意外事故和紧急情况引发的新患疾病所产生的急诊治疗费用可获得理赔。想获得美国选择性医疗保障的会员需选择合适的保险计划和相应保障选项。

	经典计划	综合计划	绚丽人生	绚丽人生(增强版)
<p>年度最高赔付限额</p> <p>本保障承保在保障期间内首次发生的伤病且相关治疗发生在保障有效期内。对于发生在保障生效日之前的伤病将不予承保，除非该伤病已经事先声明并获得我们书面确认接受承保。</p> <p>所有在该地区接受治疗所产生的费用必须是医疗必须的合理且惯常的，且符合我们对地区平均医疗费用的标准。住院病人留宿费用仅限于标准单人病房，除非选择了香港双人病房或中国大陆境内单人病房保障。</p>	每位会员每个保险期间最高赔付限额¥12,800,000			
住院、日间留院、急救护理与诊断				
<p>住院病人护理</p> <p>重建手术与康复</p> <p>以住院或日间留院方式治疗所患疾病(包括慢性病急性发作的稳定治疗)产生的费用包括：</p> <p>i) 住院床位费及膳食费用。</p> <p>ii) 重症监护室使用费。</p> <p>iii) 由合格护士提供护理的收费。</p> <p>iv) 手术费及手术室费用。</p> <p>v) 包括会诊在内的医生费用、专科医生费用、外科医生和麻醉师费用。</p> <p>vi) 包括病理检验，超声波检查及X光检查在内的诊断程序。</p> <p>vii) 由医生或专科医生开具的处方药品和敷料、医药及医疗用具费用，包括传统中药。</p> <p>viii) 整形重建手术(包括门诊治疗)费用，即因保险期间内发生的意外事故或疾病导致必需恢复自然功能或状态的整形重建手术，且相关治疗是在事故或疾病发生后的12个月内实施，且保险处于有效期内。</p> <p>ix) 康复(包括门诊治疗)费用，即3天或以上住院治疗并在认可的医院康复科进行的康复活动，且必须是在出院后14天内进行的康复活动。相关治疗必须是由专科医生推荐且由专科医生亲自指导。相关治疗成本包括特殊治疗室使用费、物理和/或语言矫治费，及其他通常由康复病房提供的服务所产生的费用。</p>	<p>全额赔付</p> <p>i) 住院床位费取决于所选住院床位限额</p> <p>ii) 康复护理全额赔付，每例疾病最高赔付天数为120天</p>			
<p>辅助器材费用</p> <p>住院病人或日间留院病人接受治疗后拐杖以及轮椅的购买或租用费用。</p>	每例疾病最高赔付限额¥8,000			

	经典计划	综合计划	绚丽人生	绚丽人生(增强版)
美国地区的意外事故与急救治疗 本保障内容适用于会员在美国短时旅行时,发生紧急的疾病或意外,须在医院急诊室接受紧急治疗而产生的医疗费用。相关伤病必须在当次旅行中首次出现,会员在旅行前从未出现任何相关症状,且未接受相关治疗或接受过任何相关医疗建议。 本保障内容也包括因会员在美国的短期旅行中遇到意外事故或紧急情况导致的普通门诊治疗。相关伤病必须在当次旅行中首次出现,会员在旅行前从未出现任何相关症状,且未接受相关治疗或接受过任何相关医疗建议。门诊治疗可适用保障免赔额。 在美国境内遇到意外事故或紧急情况时,会员应在入住医院的急救病房前后儘快联系我们。 本保障内容不包括妊娠并发症和/或分娩并发症。	住院治疗全额赔付 门诊治疗每例疾病最高赔付限额¥4,000,且每例疾病免赔额¥640			
电脑断层、正电子电脑断层及核磁力共振扫描 以住院病人、日间留院病人或门诊病人接受的扫描检查。这些检查必须事先得到我们的授权。	全额赔付			
器官移植 本保单所涵盖的器官移植包括:心脏、心/肺、肺、肾脏、肾脏/胰腺组织、肝脏、同种异体骨髓以及自体骨髓移植。	全额赔付			
住院精神科治疗 在医院的注册精神病科接受的治疗。所有保障内容都具有条件性,即必须事先得到我们的授权且所有治疗都需在注册精神病医师的指导下进行。 若进行此类治疗前没有得到我们的书面确认,我们将不负有赔付任何保障的责任。但是,由医师(而非精神病专科医生)初步会诊导致的精神病转诊费赔偿不需得到事先授权。	每个保险期全额赔付(最高赔付天数为30天)			
牙齿意外受损 因意外损坏天然健全牙齿后10天内在医院急诊室或者牙科诊所进行的每个保险期全额赔付(最高赔付天数为30天。后续随访治疗仅限一次就诊,且须在第一次治疗后的30天之内进行,并且事前须获保险人授权同意。因进食发生的牙齿意外损坏不在保险范围内。	全额赔付			
医院现金保障 会员因发生保障范围内的伤病,接受住院治疗,未产生任何住院及治疗费用,保险人将启动现金保障赔付。若需申请本现金保障,会员应要求医院在理赔申请单上签名盖章。 本保障不适用于入住医院的意外事故和急救病房的情况。 本保障不适用保单免赔额。	每例疾病每晚赔付限额¥1,000,最多20晚			
父母医院留宿 年龄低于18周岁作为住院病人入住医院的会员需由父母一方或法定监护人进行陪护所产生的医院住宿费用。	全额赔付			

	经典计划	综合计划	绚丽人生	绚丽人生(增强版)
疾病与慢性病治疗				
肿瘤 以住院、日间留院或门诊方式进行的与癌症相关的医疗必需的诊断和治疗 (包括姑息治疗) 。	全额赔付			
慢性疾病 慢性疾病 (不含癌症) 的常规检查、用于控制病情发展的药物和敷料、住院费、护理费、肾透析费、手术费及姑息治疗的费用。 癌症治疗费用的赔付属于肿瘤保障内容。 本保障不适用保单免赔额。	不适用	每位被保险人每个保险期间最高赔付限额¥120,000		
先天性疾病或畸形 对发生于会员的保障合同生效之后的先天性疾病或畸形, 或保障合同生效前一年出生的连带被保险子女发生的先天性疾病或畸形的治疗。	每例疾病最高赔付限额¥800,000			
获得性免疫缺陷综合症 因感染人类免疫缺陷病毒(HIV)或与其相关联的疾病, 和/或包括获得性免疫缺陷综合症(AIDS)或AIDS关联综合征(ARC)和/或其突变体或衍生变体在内的HIV相关疾病而产生的治疗费用。 保障范围仅限于此类疾病确诊前后的医生会诊费用、常规检查、药物和敷料 (试验类或未获药效证明类药品除外)、住院和护理费。 一般除外责任中的性传播疾病除外不适用于本保障。	每位被保险人每个保险期最高赔付限额¥80,000			
激素替代疗法 医生或专科医生对人为诱发造成和/或自然提前 (我们所说的自然提前是指40岁之前) 的女性停经进行治疗, 包括会诊费以及开具的处方药片、植入物或贴片修补费用。	无赔付	终生全额赔付, 最长18个月		
门诊与替代疗法				
门诊治疗 医生、专科医生、会诊和护理费用, 门诊费用包括诊断和外科检查, 包括病理检查、X光射线检查、药物和敷料以及由医生或专科医生开具的医疗用具。由医生转介的物理治疗, 对于每种疾病仅限为最多10个疗程。如需进一步治疗, 须提交由专科医生出具的病情复查报告。对此类治疗进行的首次索赔须提交一份转诊信/转诊报告。	每例疾病住院前后最高赔付限额¥13,600, 且在住院后最高赔付天数60天。 每例疾病替代疗法最多赔付10个疗程, 且同上述保障赔偿限额。	全额赔付		
替代疗法 根据医生或专科医生的转诊建议及直接指导下由注册脊医师、整骨医师、顺势疗法医师、足科医师和针灸医师进行治疗。	见门诊病人护理	每例疾病全额赔付最多10个疗程		

	经典计划	综合计划	绚丽人生	绚丽人生(增强版)
门诊手术 该保障内容包括会员接受门诊手术所实际发生的手术费用。同时包括门诊内窥镜镜检查费用,包括胃镜检查、支气管窥镜检查、结肠镜检查、阴道镜检查,但不包括住院病人护理保障内容所包括的腹腔镜检查和腕关节镜检查。	全额赔付			
精神病门诊治疗 对于门诊病人精神病治疗,包括专科医生会诊,所有治疗必须获得我们的事先授权,且必须一直在注册精神病专科医生的直接指导下进行。若进行此类治疗前没有得到我们的书面确认,我们将不负有赔付任何保障的责任。但是,由医师(而非精神病专科医生)初步会诊导致的精神病转诊费赔偿不需得到事先授权。	无赔付	每个保险期间最高赔付限额¥40,000		
家庭护理 由专科医生建议的作为住院病人或日间留院病人接受治疗出院后马上接受的医院外护理。有关护理必须由合格护士进行,且不是出于家庭原因或方便考虑而进行的护理。 该保障范围内的所有治疗必须获得我们的事先授权。	每例疾病全额赔付最高30天		每例疾病全额赔付最高28天	
传统中药或印度医药 该保障涵盖由注册的传统中医或印度医师实施治疗的费用。	无赔付	每个疗程最高赔付限额¥240且最多10个疗程		

	经典计划	综合计划	绚丽人生	绚丽人生(增强版)
护送转院与交通				
急诊交通费 会员因急诊需要住院或日间留院,经医生或专科医生认为有医疗必要而使用最合适的交通工具护送会员往来医院接受治疗所发生的交通费用。 本保障内容不包括租车费用。	全额赔付			
护送转院与额外交通支出 当发生紧急情况且当地没有所需治疗设施时,需将会员护送转院至由我们确定的最近的合适医疗机构,采取由我们确定的最适当的交通方式,让会员作为住院病人或日间留院病人入住医院。 护送转院需获得我们的书面同意,且在转院前需要主治医生或专科医生提供给我们相关证明文件,包括紧急情况发生当地无法进行所需治疗的确认书。 本合同保障内容不包括所有因怀孕及分娩而产生的护送转院费用,除非因属于怀孕并发症的保障内容而需要护送转院。也不包括在非认可的滑雪场所或类似的冬季运动场所产生的海空救援或登山救援费用。 本保障内容包括: <ul style="list-style-type: none"> i) 护送转院费用,包括因医疗必需,护送会员往来治疗的另外一名人员的交通费用。 ii) 当作为日间留院病人接受治疗时来往医疗点的交通费用。 iii) 当会员作为住院病人入住医院后,一名陪护人员往来医院探望该会员的交通费用。 iv) 会员及陪护人员返回居住国或护送转院前所在国家的经济舱机票费用。 v) 入住医院前后短期内在专科医生治疗情况下会员和陪护人员的非医院住宿费用。 	全额赔付 i) 全额赔付 ii) 全额赔付 iii) 全额赔付 iv) 全额赔付 v) 每人每天最高赔付限额¥1,200,且每人每次护送转院最高赔付限额¥40,000			
额外保障护送转院 当发生紧急情况且当地无法提供所需治疗时,需对会员进行护送转院,至由保险人确定的最近的合适医疗机构,并以住院或日间留院方式入住医院而产生的费用。转院地点需由保险人确定的最近最合适的位于会员居住国、国籍所在国或会员选定国家的医疗机构。产生的费用包括医疗必需的会员转移途中的陪护人员(一位)费用。	任选		全额赔付	

		经典计划	综合计划	绚丽人生	绚丽人生(增强版)
<div>遗体转运及安葬</div> <div>会员发生保险责任范围内的伤病导致身故, 会员遗体或其骨灰运至国籍所在国或居住国而产生的交通费用, 或按照死亡发生地的惯例进行合理安葬或火葬的费用。</div> <div>合理的安葬或火葬的费用包括：</div> <div><div><div>- 重开坟墓和安葬费用, 或</div><div>- 新开坟墓和安葬费用, 包含安葬专有权费, 或</div><div>- 其中火葬费用包括：</div></div><div><div>1. 火葬费用</div><div>2. 医生证明费用</div><div>3. 火葬前必须除去的心脏起搏器或其它医疗设备的费用</div></div></div>		<div>每个被保险人最高赔付限额¥68,000</div>			
母婴护理					
<div>常规怀孕</div> <div>与自然怀孕和分娩有关的费用, 包括不孕症治疗(辅助授精) 后进行的正常分娩, 自愿剖腹产以及之前非医疗原因剖腹产导致的医疗必需的剖腹产费用。</div> <div>本保障涵盖产前及产后六周的检查费用, 医生处方的产前维生素费用, 分娩费用及与分娩相关的合格的助产士的费用。不孕症治疗(辅助授精) 后所有与怀孕和分娩并发症有关费用均属于本保障范围。</div> <div>本保障范围还包括新生儿护理、新生儿襁褓(包括选择性包皮环切), 以及当母亲(需为会员) 在医院作为住院病人接受治疗时, 新生儿出生后首个24小时内所产生的护理费用。出生24小时后, 新生儿需要在出生后30天内加入本保障计划, 方可享有保单规定的各项保障。</div> <div>本保障不适用保单免赔额。</div> <div>具有12个月的等待期, 时间自购买本保障之日或会员投保日算起, 以较晚的为准。</div>		<div>无赔付</div>		<div>每次怀孕最高赔付限额¥80,000, 且有20%的共同保险(对于选择香港双人病房或使用预先批准的供应商设施的降至10%)</div>	
<div>妊娠并发症</div> <div>女性会员在产前阶段或分娩时发生的疾病, 需要获认可的妇产科专科医生进行治疗而产生的费用, 或因妊娠并发症导致的产后六周内所需的检查的费用。因人工受孕导致的并发症, 包括但不限于早产或多胎导致等不属于本保障内容。</div> <div>本保障内容的赔付须在合同生效日或投保日(以较晚时间为准) 起12个月后进行。</div>		<div>全额赔付</div>			

	经典计划	综合计划	绚丽人生	绚丽人生(增强版)
新生儿护理 出生后30天内因新生儿发生急性疾病而接受的住院治疗。本保障内容不包括因人工受孕导致的并发症,包括但不限于,早产或多胎。本保险不包括发生先天畸形的新生儿,相关赔付属于先天性疾病或畸形的保障内容。 在出生30内提交书面告知并在支付到期日30天内支付所有保费,会员的连带被保险人将被纳入保险范围。出生后30天内因新生儿发生急性疾病而接受的住院治疗由新生儿保障所涵盖,但不包含在住院病人护理保障内。若连带被保险人是在不孕症治疗(人工受孕)后出生,还需提供相关健康声明。	每个保险期每个被保险人最高赔付限额¥800,000,且住院最高赔付天数为90天			
新生儿医院留宿 新生儿(出生不超过16周)因母亲(会员)分娩后在医院接受住院治疗而在医院留宿的费用。	全额赔付			
牙科保健				
牙齿保健1-常规牙科治疗 牙科医生进行常规牙科手术治疗产生的费用。常规牙科治疗包括: <ul style="list-style-type: none">• 检查• 洗牙• 普通复合物补牙• 简单非手术拔牙 本保障内容不包括牙齿正畸治疗、牙齿复杂修复治疗及牙体种植。本保障内容不适用保单免赔额。 具有6个月的等待期,时间自购买本保障或会员投保日算起(以较晚时间为准)。	无赔付		每个保险期限内最高赔付限额¥5,600,且有25%共同保险	
牙齿保健2-复杂修复性牙科治疗 该保障涵盖牙科医生费用以及与下述具体治疗程序相关的费用,包括: <ul style="list-style-type: none">• 拔除阻生牙、掩埋牙或未萌牙• 牙根切除• 固体牙瘤切除• 根尖切除术• 新装或修理牙桥托• 新装或修理齿冠• 牙根管治疗• 新装或修理上或下部假牙• 拔除智齿(在医院或牙科外科诊所进行,由牙科医生、专科医生或口腔医生操作) 本保障内容不包括牙齿正畸治疗、常规牙齿治疗及牙体种植。 本保障不适用保单免赔额。 具有9个月的等待期,时间自购买本保障或会员投保日算起(以较晚时间为准)。	无赔付		每个保险期限内最高赔付限额¥12,000,且有25%共同保险。计入常规牙科限额	

	经典计划	综合计划	绚丽人生	绚丽人生(增强版)
其他节约成本选择				
中国大陆境内单人病房限制 (该保障仅适用于中国大陆居民) 当在中国大陆之外以住院病人或日间留院病人接受治疗时,保障内容仅限于双人病房及其相应费率。	全额赔付			
香港双人病房限制 (该保障仅适用于香港居民) 当作为住院病人或日间留院病人接受治疗时,本保障内容以双人病房或其相应费率进行赔付。	全额赔付			
升级保障选择				
门诊直接结算网络-零免赔额 本保障只适用选择零、¥800保单免赔额。	不适用	在直接结算网络内进行治疗,门诊会诊零免赔额。 在直接结算网络外进行治疗,门诊会诊有保单免赔额。		
额外保障护送转院 当发生紧急情况且当地无法提供所需治疗时,需对会员进行护送转院,至由保险人确定的最近的合适医疗机构,并以住院或日间留院方式入住医院而产生的费用。转院地点需由保险人确定的最近最合适的位于会员居住国、国籍所在国或会员选定国家的医疗机构。产生的费用包括医疗必需的会员转移途中的陪护人员(一位)费用。 护送转院需我们的书面同意,且在转院前需要相关医生或专科医生提供给我们相关证明文件,包括紧急情况发生当地没有所需治疗的确认书。会员所选国家仅限于具有合适的医疗设施且我们认为具有合适医疗能力的国家。若根据我们的医疗顾问的咨询所选国家不具有可操作性或所选国家对疾病的治疗不具有合适的设施,则所作选项无效。我们的医疗顾问将决定护送转院最适当的护送转移方式。 本保障利益不涵盖指定滑雪场地或同类冬季运动场地之外发生的任何海空救援或山区救援所产生的费用,也不涵盖怀孕并发症保障范围以外的所有分娩费用,也不涵盖未购买或在会员保障计划中未予以列明的美国选择性治疗。	任选	已涵盖		
美国境内选择性治疗 i) 在直接结算网络内进行的住院病人或日间留院病人治疗 ii) 在直接结算网络外进行的住院病人或日间留院病人治疗 iii) 门诊病人治疗 本计划不受《病人保护和平价医疗法案》(美国医疗改革)限制,因此无法满足该法案对医疗保险保障范围的规定。	不适用	i) 全额赔付 ii) 每位会员每个保险期间最高赔付限额¥8,000,000且有50%共同保险 iii) 全额赔付		

免赔额选项

每个产品选项都有适用于每例新患疾病的标准免赔额。您可以通过选择可选项来修改您的标准免赔额。

标准选项	零	¥800	
人民币选项	¥8,000或 ¥40,000	零, ¥400, ¥2,000, ¥4,000, ¥8,000, ¥16,000, 或 ¥40,000	零, ¥400或¥2,000

医学核保**延期偿付核保**

我们的标准医学核保方式。

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

全额医学核保

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

连续转保条款

适用于希望将其他保险转换为本保险的会员,可能需要额外缴纳保险费。

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

保险计划货币

本保险单仅限人民币(元)进行保费结算。

缴费频率

本保险单支援以银行转帐方式按年缴付保费。

投保人权利终止

合同生效后,本保单或任何保障内容可由且只能由投保人终止,并自续保日起对本保单下的所有或任一级会员均有效。

如果投保人不计划续保,保险人必须在投保人的续保日后15日内收到投保人不计划续保的书面通知。如果投保人在其它时间以任何原因终止本保险合同,保险人均不予退还保费。

常见问题

问: 家庭成员是否也符合投保资格?

答: 是的。您的配偶或成年伴侣可以纳入保险范围。您未满18周岁的未婚子女,或还在接受全日制教育且未满26周岁的子女同样可以纳入保险范围。

问: 加入保险计划是否需要进行体检?

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

问: 保险计划会涵盖会员入保前患有的疾病或伤病吗?

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

问: 在世界各地旅游时是否也可获得保障?

答: 所有会员都会在您选择的保障地区内获得选择性医疗保障。标准的保障地区范围覆盖除美国之外的其它全球地区。希望享受美国选择性治疗保障的会员需要选择相关的保险计划及该保障选项。另外,对于在美国短途旅行并选择标准保障地区(除美国以外的全球范围)的会员,我们将赔付因意外事故或紧急情况而新患疾病(行前未有症状、未寻求医疗咨询或接受治疗)所产生的医疗费用。

问: 保单免赔额是如何应用的?

答: 保单免赔额由会员承担。每例新患疾病均有保单免赔额,并将在索赔结算时由索赔部门从赔付额中扣除。

问: 如何知道治疗是否在理赔范围之内?

答: 会员在计划入院接受治疗前,应联系Aetna International会员服务中心确认治疗是否在保险单理赔范围内。

问: 在保险期间可不可以调整保险理赔范围?

答: 不可以。理赔范围只可以在续保日进行更改。在续保日,我们将和您一起对保障等级进行适当调整。

问: 可不可以在线获取表格和信息?

答: 是的,您可以通过www.aetnainternational.com获取索赔申请表以及全球健康安全信息。

问: 该计划是否包含在美国的选择性治疗?

答: 如果您选择购买了美国选择性治疗选项,该计划可覆盖这些治疗。该保障可同综合计划、绚丽人生和绚丽人生(加强版)一同购买。

若投保人没有选择美国选择性治疗时,该计划只覆盖会员在美国发生的意外事故和紧急情况时产生的费用。在紧急情况发生时,如果会员在当地无法获得适当的治疗或护理,由此产生的交通费用将由护送转院保障所涵盖。

问: 会员如何提交索赔?

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

若未在治疗结束后两年内提交索赔,我们保留拒绝理赔的权利。只能对保险期间内接受的治疗提出索赔。只有在保险到期或终止前产生的费用可获赔付。

联系我们及投诉程序

我们一直致力于达到会员的期望,但是,我们也理解投诉是不可避免的。我们的目标是能够快速和公平地解决我们接到的投诉。

如果有关于以下方面的问题,请随时与Aetna国际会员服务中心联系:

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

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

亚太地区:

安态(上海)企业服务有限公司
蒙自路757号歌斐中心702室
上海市黄浦区
200023

电话: +86 400 881 1291

传真: +86 21 6326 8525

电子邮箱: DZMemberServices@aetna.com

投诉处理程序概要

您的投诉将会:

- 立刻获得受理,并确定负责调查该投诉的人员。
- 获得公正、高效、彻底的调查,确保及时向您反馈调查进展。
- 得到公平、一致、及时的评估。

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Aetna能够让您和您的员工得到一流的保障和服务。

您准备好领略Aetna的卓尔不同吗？
与众不同的服务？

欲瞭解更多信息，请即刻联系我们

亚太地区：

+86 400 880 8891

AGBSalesShanghai@aetna.com

随时与Aetna International保持联络

欢迎访问www.aetnainternational.com

Starr®是Starr International Insurance (Asia) Limited的注册商标并在全球范围内受商标注册条约的保护。

Aetna®是Aetna Inc.的注册商标并在全球范围内受商标注册条约的保护。

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www.aetnainternational.com

aetna®

 **大众保险**
DAZHONG INSURANCE

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

aetna®



Dazhong Worldwide Health Individual Insurance Product

Effective date: Policies issued from 1 January 2014
www.aetnainternational.com



Policy Summary

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

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**.*

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.

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
<p>Maximum annual aggregate limit</p> <p>We will provide cover for the treatment of medical conditions that first occur during any period of cover and where treatment is actually given during the current period of cover or where such medical conditions have occurred prior to the date of entry but have been declared to and accepted by us in writing. 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 benefit options for Hong Kong Semi Private room or China Private room have been selected.</p>	A maximum of ¥12,800,000 member per period of cover			
Inpatient, Day Patient, Emergency Care and Diagnostics				
<p>Inpatient care</p> <p>Reconstructive surgery and rehabilitation</p> <p>Charges incurred for the treatment of a medical condition, including stabilisation of an acute exacerbation of a chronic condition, when treatment is received as an inpatient or day patient including:</p> <ul style="list-style-type: none"> i) Accommodation and associated charges. ii) Admittance to the intensive care unit. iii) Nursing by a qualified nurse. iv) Surgical procedure fees and operating theatre fees. v) Medical practitioner fees including surgeon, consultations, specialist fees and anaesthetist fees. vi) Diagnostic procedures including but not limited to pathology tests, Ultrasound scans and x-rays. vii) Drugs, dressings, medicines and appliances prescribed by a medical practitioner or specialist, including Traditional Chinese Medicine. viii) Reconstructive surgery (including outpatient treatment) to restore natural function or appearance required as a result of an accident or illness occurring during the period of cover and where treatment takes place within 12 months of the insured event occurring. ix) Rehabilitation (including outpatient treatment) in a recognised rehabilitation unit of a hospital subsequent to inpatient treatment lasting 3 days or more, 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. 	<p>Covered in full</p> <p>i) Accommodation is subject to any selected inpatient bed limit</p> <p>ii) Rehabilitation is covered in full up to 120 days per medical condition</p>			
<p>Ancillary charges</p> <p>The purchase or rental of crutches or wheelchairs following treatment as an inpatient or day patient.</p>	Up to ¥8,000 per medical condition			

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
<p>Accident & emergency treatment in the US</p> <p>Benefit is payable for medical expenses that 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.</p> <p>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.</p> <p>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.</p> <p>Complications of pregnancy and/or childbirth are not covered under this benefit.</p>	<p>Covered in full for inpatient treatment</p> <p>Outpatient treatment is limited to ¥4,000 per medical condition and subject to an excess of ¥640 per medical condition</p>			
<p>CT PET and MRI scans</p> <p>Scans received as an inpatient, day patient or outpatient. These must be pre-authorised by us.</p>	Covered in full			
<p>Organ transplant</p> <p>The organ transplants 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>Inpatient psychiatric treatment</p> <p>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.</p> <p>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.</p>	Covered in full (up to 30 days) per period of cover			
<p>Accidental damage to teeth</p> <p>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.</p>	Covered in full			
<p>Hospital cash</p> <p>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 his/her claim form.</p> <p>This benefit is not applicable to admissions into the accident and emergency facility of the hospital.</p> <p>The policy excess does not apply.</p>	Up to ¥1,000 per night for a maximum of 20 nights per medical condition			
<p>Parental accommodation</p> <p>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.</p>	Covered in full			

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
Disease and Chronic Condition Management				
Oncology 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			
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.	Not available		Up to ¥120,000 per insured person per period of cover	
Congenital anomalies 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			
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.	Up to ¥80,000 per insured person per period of cover			
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).	No cover	Covered in full up to 18 months per lifetime		
Outpatient and alternative treatments				
Outpatient care 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		
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.	See Outpatient care	Covered in full up to 10 sessions in aggregate per medical condition		

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
Outpatient surgery This benefit extends to cover the cost of endoscopy investigations carried out under an outpatient basis. This includes gastroscopy, bronchoscopy, colonoscopy, colposcopy, but excludes laparoscopy and arthroscopy which are covered under the inpatient care benefit .	Covered in full			
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.	No cover	Up to ¥40,000 per period of cover		
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 .	Covered in full up to 30 days per medical condition		Covered in full up to 28 weeks per medical condition	
Traditional Chinese or Ayurvedic medicine Treatment administered by a recognised medical practitioner .	No cover	¥240 per session to a maximum of 10 sessions		

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
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.		Covered in full		
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: <ul style="list-style-type: none"> 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. 		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 evacuation		
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 .		Optional	Covered in full	

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
Mortal remains In the event of death from an eligible medical condition : transportation of the body of a member or his/her ashes to the country of nationality or country of residence or burial or cremation costs at the place of death in accordance with reasonable and customary practice. Necessary burial or cremation fees including <ul style="list-style-type: none">- The cost of reopening a grave and burial costs, or- The cost of opening a new grave and burial costs, including any exclusive right of burial fee, or- In the case of cremation:<ol style="list-style-type: none">1. The cremation fee2. The cost of any doctor’s certificates3. The cost of removing a pacemaker or other medical device which must be removed before the cremation.	Up to ¥68,000 per insured person			
Mother and child				
Routine Pregnancy Costs associated with normal pregnancy and childbirth, including normal deliveries as a result of infertility treatment (assisted conception), voluntary caesarean section costs and medically necessary caesarean costs due to any non-medical previous caesarean sections 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 costs associated with qualified midwives, when associated with delivery. All costs relating to complications of pregnancy or childbirth following infertility treatment (assisted conception) will be limited to this benefit . This benefit extends to include 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 treatment 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 benefits (as per Policy terms) after the first 24 hours. The 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.	No cover		Up to ¥80,000 per pregnancy and subject to 20% coinsurance (reduced to 10% for Hong Kong residents selecting Semi-Private Room or when utilizing a maternity package in a pre-approved provider facility).	
Complications of pregnancy Treatment of a medical condition arising during the antenatal stages of pregnancy, a medical condition 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 benefit . This benefit is payable after the first 12 months from the commencement date or date of entry , whichever is the later.	Covered in full			

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
New born care 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			
New born accommodation Hospital accommodation costs relating to a new born baby (up to 16 weeks old) to accompany its mother (being a member) whilst she is receiving treatment as an inpatient in a hospital, following discharge from the original delivery.	Covered in full			
Dental Benefits				
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 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	
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 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				
China private room restriction (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.	Covered in full			
Hong Kong semi-private room restriction (residents of Hong Kong only) This benefit refunds the cost of a semi-private room and corresponding rates when receiving treatment as an inpatient or day patient .	Covered in full			
Options to upgrade cover				
Outpatient Direct Settlement Network - nil excess This benefit is available where a Nil, OR ¥800 or policy excess 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.		
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 benefit schedule.	Optional	Included		
USA elective treatment i) Inpatient or day patient treatment received inside the direct settlement network ii) Inpatient or day patient treatment received outside the direct settlement network iii) Outpatient 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.	Not available	i) Covered in full ii) Up to ¥8,000,000 per member per period of cover and subject to 50% coinsurance 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.

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

T: +86 400 881 1291
F: +86 21 6326 8525
E: DZMemberServices@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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