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International Healthcare Plan

www.aetnainternational.com

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At Aetna, we make it our business to understand your business, as well as the unique needs of your employee population. With more than 150 years of experience, including over 30 years in the international marketplace, covering over 445,000 members around the world, we are well-positioned to provide comprehensive health benefits solutions to help meet your ever-changing business needs.

Global business solutions — made easy.

That's our commitment to you. We're dedicated to providing you with consultative solutions, backed by a first-class service philosophy you'll experience throughout all of our interactions.

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

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

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

Our service philosopy

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

The customer experience

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

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

The member experience

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

Members can receive assistance with:

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

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** 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**

International Healthcare Plan overview

An innovative, flexible solutions offering

No two companies are alike. That's why we offer a range of plans and optional benefits so you can maximise your health care investment and manage costs based on your varied employee populations. Just select from one of four base plans, then choose from a menu of additional benefits and sums insured.

Employers taking advantage of this flexibility can provide different plans for different groups of employees within the same policy. Or, for example, they can set up different categories for employees working in different regions, which provide different levels of cover, such as including extended evacuation assistance for employees who travel more frequently than others.

Custom plans are also available for qualifying groups of 50 or more employees, which offer additional flexibility in benefits, including hearing and dental implant cover, and enhanced limit options.

STEP 1:

Choose a base plan and excess level.

STEP 2:

Choose your optional benefits.

STEP 3:

Tailor the level of cover for your optional benefits.

A Collaborative Approach

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

Core | Essential | Plus | Elite

Core

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

- Inpatient and day patient treatment benefits
- Evacuation and transportation benefits
- Accident and emergency treatment outside area of cover
- Outpatient care (with a capped benefit)

Essential

Core benefits, plus:

- Chronic conditions benefit
- Outpatient psychiatric treatment
- Increased outpatient care benefit (fully covered)
- Alternative treatment

Plus

Essential benefits, plus:

- Hospice care
- Increased hospital cash benefit
- Increased chronic conditions benefit
- Increased alternative treatment (20 sessions)
- Increased vaccinations and inoculations benefit
- Increased home nursing benefit

Elite

Plus benefits, plus:

- Compassionate emergency travel
- Increased maximum annual aggregate limit
- Increased level of cover for a number of benefits, including: hospital cash, chronic conditions, congenital anomalies, durable medical equipment, AIDS, hospice care, alternative treatment (30 sessions), evacuation and additional travel expense, mortal remains and new born care

Optional benefits either reduce costs* and/or upgrade cover.

See pages 10 – 11 for a full list of options, which include, but are not limited to:

- Extended emergency evacuation
- Infertility treatment
- Inpatient bed limit*
- Out of country transportation
- Outpatient consultation copay per visit*
- Routine or restorative dental and orthodontic options
- Routine pregnancy
- Traditional Chinese or Ayurvedic medicine
- USA elective treatment
- Vision care
- Wellness options

Many of the options can be flexed. For example, we offer a range of benefit limits within our seven routine or restorative dental and orthodontic options — with the ability to include or exclude a coinsurance.

Value-added wellness programmes

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

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

Wellness Checkpoint®

Wellness Checkpoint is a culturally diverse, online health survey that provides members with information about their personal health needs and motivates them to make lasting positive changes. The tool can also help them understand possible health risks, and provides an action plan and information that encourages healthy behaviours.

We also offer additional tiers of Wellness Checkpoint for groups over 100 members, which can include varying levels of customisation — from tailored reporting to a fully-bespoke tool. Please consult with your Aetna representative for additional information.

Cancer Outreach and Support

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

Health and Wellness Education

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

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

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

International Healthcare Plan Benefits comparison

To find out about the key features of the International Healthcare Plan, please see the following comparative benefits schedule.

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

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

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

	Core	Essential	Plus	Elite
Maximum annual aggregate limit	A maximum of $1,600,000 per **member** per **period of cover**			A maximum of $2,500,000 per **member** per **period of cover**
Inpatient, day patient, emergency care and diagnostics				
Inpatient care, reconstructive surgery and **rehabilitation**	Covered in full i) Accommodation is subject to any selected inpatient bed limit ii) **Rehabilitation** is covered in full up to 120 days per **medical condition**			
Accident and **emergency treatment** outside **area of cover**	**Outpatient treatment** is limited to $500 per **medical condition** and subject to an **excess** of $80 per **medical condition**			
CT PET and MRI scans	Covered in full			
Organ transplant	Covered in full			
Inpatient psychiatric **treatment**	Covered in full (up to 30 days) per **period of cover**			
Accidental damage to teeth	Covered in full			
Hospital cash	Up to $125 per night for a maximum of 20 nights per **medical condition**		Up to $175 per night for a maximum of 20 nights per **medical condition**	Up to $250 per night for a maximum of 20 nights per **medical condition**
Parental accommodation	Covered in full			
Disease and chronic condition management				
Oncology	Covered in full			
Chronic conditions	No **cover**	Up to $5,000 per **insured person** per **period of cover**	Up to $15,000 per **insured person** per **period of cover**	Up to $30,000 per **insured person** per **period of cover**
Congenital anomalies	Up to $100,000 per **medical condition**			Up to $250,000 per **medical condition**
Durable medical equipment, prosthetic and orthotic supplies (DMEPOS)	Up to $1,000 per **medical condition**			Up to $10,000 per **period of cover**
AIDS	Up to $10,000 per **insured person** per **period of cover**			Up to $20,000 per **insured person** per **period of cover**
Hospice care	No **cover**		Up to $25,000 per lifetime	Up to $50,000 per lifetime
Hormone replacement therapy	Covered in full up to 18 months per lifetime			

	Core	Essential	Plus	Elite
Outpatient and alternative treatments				
Outpatient care	Up to $1,700 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		
Outpatient surgery	Covered in full			
Outpatient psychiatric **treatment**	No **cover**	Up to $5,000 per **period of cover**		
Alternative **treatment**	See **outpatient** care	Covered in full up to 10 sessions in aggregate per **medical condition**	Covered in full up to 20 sessions in aggregate per **medical condition**	Covered in full up to 30 sessions in aggregate per **medical condition**
Vaccinations and inoculations	Up to $100 per **period of cover**		Up to $500 per **period of cover**	
Home nursing	Covered in full up to 30 days per **medical condition**		Covered in full up to 28 weeks per **medical condition**	
Evacuation and transportation				
Emergency transportation	Covered in full			
Evacuation and additional travel expense i) Travel ii) Non-**hospital** accommodation	i) Covered in full ii) Up to $150 per person per day and $5,000 per person per **evacuation**			Up to $250 per person per day and $10,000 per person per **evacuation**
Compassionate **emergency** travel	No **cover**			Offered as standard up to $3,000 per **period of cover**
Mortal remains	Up to $8,500 per **insured person**			Up to $15,000 per **insured person**
Mother and child				
Complications of pregnancy	Covered in full			
New born care	Up to $100,000 per **insured person** per **period of cover** and to a maximum of 90 days **hospital** stay			Up to $250,000 per **insured person** per **period of cover** and to a maximum of 180 days **hospital** stay
New born accommodation	Covered in full			

	Core	Essential	Plus	Elite
Options to reduce costs				
China **private room** restriction	Covered in full			
Hong Kong **semi-private room** restriction	Covered in full			
Outpatient consultation **copay per visit** This **benefit** is available where nil **excess** has been selected.	No **cover**	$15 **copay per visit** or **deductible** *OR* $20 **copay per visit** or **deductible** *OR* $30 **copay per visit** or **deductible**		
Inpatient bed limit	6 standard options ranging from: **Inpatient** bed limit $75 per day, to **inpatient** bed limit $500 per day			
Options to upgrade cover				
Alternative **treatment** without medical referral	No **cover**	Up to $1,000 per **insured person** per **period of cover** *OR* Up to $2,000 per **insured person** per **period of cover**		
Chronic conditions	No **cover**	No additional options available – see above standard **chronic** conditions **benefit**	Covered in full	
Compassionate **emergency** travel	No **cover**		See above listed benefit – offered as standard up to $3,000 per **period of cover**	
Complications of pregnancy – no wait period	Covered in full			
Congenital anomalies - Including pre-existing **congenital anomalies**	Covered in full *OR* Up to $100,000 per **medical condition** *OR* Up to $250,000 per **medical condition**			
Dental 1 - routine dental **treatment**	No **cover**	14 standard options ranging from: Up to $250 per **period of cover** (with or without 25% **coinsurance**), to up to $2,500 per **period of cover** (with or without 25% **coinsurance**)		
Dental 2 - major restorative **treatment**	No **cover**	12 standard options ranging from: Up to $500 per **period of cover** (with or without 25% **coinsurance**), to up to $2,500 per **period of cover** (with or without 25% **coinsurance**)		
Dental 3 - orthodontic dental **treatment**	No **cover**	6 standard options ranging from: Up to $500 per **period of cover** (with or without 50% **coinsurance**), to up to $1,500 per **period of cover** (with or without 50% **coinsurance**)		
Dental 5 - combined routine and restorative dental	No **cover**	Up to $1,500 per **period of cover** (with or without 25% **coinsurance**)		
Dental 6 - combined routine and restorative dental with orthodontics	No **cover**	Up to $2,500 per **period of cover** (with or without 25% **coinsurance**)		
Dental 7 - combined routine and restorative dental with orthodontics and dental implants	No **cover**	Up to $3,000 per **period of cover** (with or without 25% **coinsurance**)		
Outpatient direct settlement network - nil **excess** This **benefit** is available where a nil, $50 or $100 **policy excess** has been selected.	No **cover**	**Outpatient** consultations are available on a nil **excess** basis where **treatment** is received in network. The **policy excess** applies where **outpatient** consultations take place outside the **direct settlement network**.		

	Core	Essential	Plus	Elite
Extended **evacuation** (to the country of choice)	Covered in full			
Out of country transportation for **medically necessary** non-**emergency treatment** as an **inpatient** or **day patient** i) Travel ii) Non-**hospital** accommodation	i) Covered in full ii) Up to $150 per person per day and $5,000 per person per **evacuation** *OR* ii) Up to $250 per person per day and $10,000 per person per **evacuation**			
Infertility **treatment** (minimum of 10 **employees** required)	No **cover**		Up to $25,000 per **member** per lifetime	
Routine pregnancy	No **cover**	8 standard options ranging from: Up to $5,000 per pregnancy (with or without 20% **coinsurance**), to covered in full per pregnancy (with or without 20% **coinsurance**)		
Traditional Chinese or Ayurvedic medicine	No **cover**	5 standard options ranging from: $30 per session to a maximum of 10 sessions, to up to $750 per **period of cover** *Two additional options are available for custom **groups**.*		
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.	No **cover**	i) Covered in full ii) Up to $1,000,000 per **member** per **period of cover** and subject to 50% **coinsurance** iii) Covered in full		
Vision care	No **cover**	One eye exam and a maximum **benefit** of up to $250 per **period of cover** *OR* One eye exam and a maximum **benefit** of $500 per **period of cover** *OR* One eye exam and a maximum **benefit** of $750 per **period of cover**		
Wellness option 1 • Routine medical checkups and well-baby checks	Up to $250 per **insured person** per **period of cover**			
Wellness option 2 • Bilateral mammogram/breast examination and routine gynaecological tests including PAP tests • Testicular/prostate examination/ PSA/DRE tests • Routine medical checkups • Well-baby checks	Up to $500 per **insured person** per **period of cover** *OR* Up to $750 per **insured person** per **period of cover** *OR* Up to $1,000 per **insured person** per **period of cover** *OR* Up to $1,500 per **insured person** per **period of cover**			
Wellness option 3 • Preventive screening for **members** who are deemed at high risk	No **cover**	Up to $1,000 per **insured person** per **period of cover** *OR* Up to $1,500 per **insured person** per **period of cover**		

	Core	Essential	Plus	Elite
Excess **Policy excess** level options - The **excess** level selected for this **policy** will be applicable to each new **medical condition**.				
$0	Standard	Optional		
$50	N/A	Optional		
$100	N/A	Standard		
$250	N/A	Optional		
$500	N/A	Optional	N/A	
$1,000	Optional		N/A	
$2,000	N/A	Optional	N/A	
$5,000	Optional		N/A	

Medical underwriting

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

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

Moratorium underwriting
Our standard approach to medical underwriting.

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

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

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

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

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

Medical history disregarded
Available to compulsory group schemes of 10 employees or more.

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

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

Plan currency

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

Payment frequency

Bank transfers or cheques are available on an annual, semi-annual or quarterly basis. These are accepted in the US Dollar, Euro and Sterling currencies, but must be payable in the same currency as the plan currency selected.

Direct debits are available for **plan sponsors** paying in Sterling on a monthly, quarterly, semi-annual or annual basis (and paid from a UK bank account).

Communicating with your employees

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

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

Membership adjustments

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

- **Pay as you go** — Adjustments are credited or debited as adjustments are made.
- **Periodic adjustments** — **We** will adjust **your** instalment plan to incorporate membership adjustments.
- **End of year adjustments** — **We** will reconcile **your** account at year end.

Policyholder's right of termination

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

Common questions and answers

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

A. New applicants will be eligible for cover up until the age of 65. Any employee or dependant (subject to the agreement of the plan sponsor) not enrolled within 30 days of eligibility will be subject to individual underwriting.

Q. Are family members eligible for cover as well?

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

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

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

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

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

A. If you select a moratorium underwriting basis, cover for all pre-existing medical conditions are excluded during the first two years of membership. Future costs will be covered providing members do not have any symptoms, treatment or advice for that condition during this two year period.

You may also apply for Continuous Transfer Terms (CTT).

For groups of 10 or more employees, you may purchase Medical History Disregarded cover.

Q. Does the plan include cover for elective treatment in the 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 Essential, Plus and Elite plans.

Where the plan sponsor has not elected to provide USA Elective Treatment, members 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 is the policy excess applied?

A. Members are responsible for paying the policy excess.

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

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

Q. How can members submit a claim?

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

We reserve the right to deny any claim that is not submitted within 180 days of the treatment date. Claims may only be made for treatment given during a period of cover. The benefit will only be payable for expenditure incurred prior to expiry or termination.

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

Appendix: benefits schedule detail

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

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

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

INPATIENT, DAY PATIENT, EMERGENCY CARE AND DIAGNOSTICS

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

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

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

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

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

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

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

This must be pre-authorised by us.

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

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

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

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

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

For this benefit, the policy excess does not apply.

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

DISEASE AND CHRONIC CONDITION MANAGEMENT

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

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

Costs for the **treatment** of cancer are covered under the oncology **benefit**.

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

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

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

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

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

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

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

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

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

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

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

OUTPATIENT AND ALTERNATIVE TREATMENTS

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

Outpatient Psychiatric Treatment: For **outpatient** psychiatric **treatment**, including **specialist** consultations, all **treatment** must be pre-authorised by **us** and must at all times be administered under the direct control of a registered psychiatrist. Without **our** written confirmation prior to such **treatment**, **we** will not be liable to pay any **benefit**. However, the initial consultation with a **medical practitioner** (not a psychiatric **specialist**), which results in a psychiatric referral, is covered without the requirement for pre-authorisation.

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

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

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

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

This must be pre-authorised by **us**.

EVACUATION AND TRANSPORTATION

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

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

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

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

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

i) **Evacuation** costs including the costs of one other person to travel with the **member** as an escort, if **medically necessary**.

ii) Travel to and from medical appointments when **treatment** is being received as a **day patient**.

iii) For an accompanying person to travel to and from the **hospital** to visit the **member** following admission as an **inpatient**.

iv) Economy class airline tickets to return the **member** and the escort to the **country of residence** or to the country where **evacuation** occurred.

v) Non-**hospital** accommodation for the **member** and escort for immediate pre- and post-**hospital** admission periods provided that the **member** is under the care of a **specialist**.

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

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

MOTHER AND CHILD BENEFITS

Complications of Pregnancy: Treatment of a **medical condition** arising during the antenatal stages of pregnancy, a **medical condition** arising during childbirth and that requires a recognised obstetric procedure, and post natal checkups required as a result of the complication of pregnancy for up to six weeks. Complications arising as a result of infertility **treatment** (assisted conception) are excluded from this **benefit**.

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

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

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

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

ADDITIONAL OPTIONS TO REDUCE COSTS

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

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

i) Complications of pregnancy

ii) **Congenital anomalies**

iii) CT and MRI scans

iv) Hormone replacement therapy (HRT)

v) Oncology

vi) **Outpatient** care

vii) **Outpatient** psychiatric **treatment**

viii) **Outpatient** surgery

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

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

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

ADDITIONAL OPTIONS TO UPGRADE COVER

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

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

The **policy excess** does not apply.

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

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

Complications of Pregnancy – No Wait Period: Treatment of a **medical condition** arising during the antenatal stages of pregnancy, a **medical condition** arising during childbirth and that requires a recognised obstetric procedure, and post natal checkups required as a result of the complication of pregnancy for up to six weeks. Complications arising as a

result of assisted conception including (but not limited to) premature or multiple births are excluded from this **benefit**.

Dental 1 – Routine Dental Treatment: Fees of a **dental practitioner** carrying out routine dental **treatment** in a dental surgery. Routine dental **treatment** is defined as:

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

This **benefit** excludes orthodontic **treatment**, restorative **treatment** and dental implants. For this **benefit**, the **policy excess** does not apply.

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

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

- removal of impacted, buried or unerrupted teeth
- removal of roots
- removal of solid odontomes
- apicectomy
- new or repair of bridge work
- new or repair of crowns
- root canal **treatment**
- new or repair of upper or lower dentures
- removal of wisdom teeth (whether performed in **hospital** or in dental surgery, whether performed by a **dental practitioner**, **specialist**, or an oral or maxillofacial surgeon)

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

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

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

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

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

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

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

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

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

Dental 5 – Combined Routine & Restorative Dental: Fees of a **dental practitioner** carrying out routine dental **treatment** in a dental surgery. Routine Dental **treatment** is defined as:

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

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

- removal of impacted, buried or unerrupted teeth
- removal of roots
- removal of solid odontomes
- apicectomy
- new or repair of bridge work
- new or repair of crowns
- root canal **treatment**
- and new or repair of upper or lower dentures
- removal of wisdom teeth (whether performed in **hospital** or in dental surgery, whether performed by a **dental practitioner**, **specialist**, or an oral or maxillofacial surgeon)

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

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

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

Dental 6 – Combined Routine & Restorative Dental with Orthodontics: Fees of a **dental practitioner** carrying out routine dental **treatment** in a dental surgery. Routine Dental **treatment** is defined as:

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

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

- removal of impacted, buried or unerrupted teeth
- removal of roots
- removal of solid odontomes
- apicectomy
- new or repair of bridge work
- new or repair of crowns
- root canal **treatment**
- new or repair of upper or lower dentures
- removal of wisdom teeth (whether performed in **hospital** or in dental surgery, whether performed by a **dental practitioner**, **specialist**, or an oral or maxillofacial surgeon)

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

This **benefit** excludes dental implants.

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

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

Dental 7 – Combined Routine & Restorative Dental with Orthodontics and Dental Implants: Fees of a **dental practitioner** carrying out routine dental **treatment** in a dental surgery. Routine Dental **treatment** is defined as:

- examinations
- tooth cleaning

- normal compound fillings
- simple non-surgical extractions

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

- removal of impacted, buried or unerrupted teeth
- removal of roots
- removal of solid odontomes
- apicectomy
- new or repair of bridge work
- new or repair of crowns
- root canal **treatment**
- new or repair of upper or lower dentures
- removal of wisdom teeth (whether performed in **hospital** or in dental surgery, whether performed by a **dental practitioner**, **specialist**, or an oral or maxillofacial surgeon)

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

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

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

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

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

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

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

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

Evacuation is subject to written agreement from **us** prior to travel and certified instructions to **us** from the attending **medical practitioner** or **specialist** including confirmation that the required **treatment** is unavailable in the place of incident. The **member**'s country of choice is limited to appropriate medical facilities being in place and where it is medically suitable at **our** discretion. This option is not operative where travel is undertaken against the **advice** of **our** medical advisors or where the nominated country does not have the appropriate facility to treat the **medical condition**. **Our** medical advisors will decide the most appropriate method of transportation for the **evacuation**.

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

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

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

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

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

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

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

The following exclusions apply:

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

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

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

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

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

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

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

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

USA Elective Treatment:

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

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

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

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

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

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

i) Routine medical checkups and associated tests. Such routine checkups/tests include: blood and cholesterol checks, height/weight body mass index, resting blood pressure, urine analysis, cardiac examination, exercise electrocardiogram (ECG), other vital organ function tests, and chest x-ray.
ii) Well-baby checks following the first 24 hours including physical examinations, measurements, sensory screening, neuropsychiatric evaluation, development screening, as well as **hereditary** and metabolic screening, immunisations, urine analysis, tuberculin tests and hematocrit, hemoglobin and other blood tests, including tests to screen for sickle hemoglobinopathy; all as recommended by a **medical practitioner** or **specialist**.

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

Wellness Option 2: This **benefit** covers the cost of:

i) Bilateral mammogram/breast examination and routine gynaecological tests including PAP tests.
ii) Testicular/prostate examination/PSA/DRE tests.
iii) Routine medical checkups and associated tests. Such routine checkups/tests include: blood and cholesterol checks, height/weight body mass index, resting blood pressure, urine analysis, cardiac examination, exercise electrocardiogram (ECG), other vital organ function tests, and chest x-ray.
iv) Well-baby checks following the first 24 hours after birth, including physical examinations, measurements, sensory screening, neuropsychiatric evaluation, development screening, as well as **hereditary** and metabolic screening, immunisations, urine analysis, tuberculin tests and hematocrit, hemoglobin and other blood tests, including tests to screen for sickle hemoglobinopathy; all as recommended by a **medical practitioner** or **specialist**.

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

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

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

Exclusions

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

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

ii) Experienced further symptoms.

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

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

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

i) Immediately pre- and post-operatively.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Complaints procedures

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

Who to contact with a complaint

Asia-Pacific:

Aetna Insurance (Singapore) Pte. Ltd.
3 Church Street
#10-02 Samsung Hub
Singapore 049483

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

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

Email: AsiaPacServices@aetna.com

**International toll-free number requires an access code, which can be found by country at the website www.att.com/business_traveler.

Summary of our complaints handling procedures

Complaints will:

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

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

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