Experience the Aetna difference
International Healthcare Plan
for individuals and families

Effective date: Policies issued from 1 March 2015
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.
At Aetna, your health and the health of your family lies at the centre of everything we do. Through our first-class approach to service, we work to provide you with innovative and comprehensive products and services that make a positive impact on your well-being.

We take your health benefits needs to heart. That’s why we’ve established a strong global presence, with a local footprint that touches key areas all over the world. With employees located in 10 countries, know first hand the unique health care experiences faced by globally-mobile individuals. This enables us to best meet the needs of our valued members with confidence and compassion.

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

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

The member experience

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

Members can receive assistance with:
- Questions on claims, benefit levels and cover
- Claims processing in many languages
- General benefit and plan inquiries

International Health Advisory Team
The International Member Service Centre is a member’s one-stop resource, both day and night. Taking personalised service one step further, we can easily connect members to our International Health Advisory Team (IHAT). IHAT is our dedicated, clinical team that interacts one-on-one with our members to provide:
- Pre-trip planning
- 24/7 support that’s tailored to the individual’s specific health needs
- Identification of providers and specialists
- Worldwide coordination of routine and urgent medical care
- Assistance with obtaining prescription medications and medical devices
- Coordinating second opinions for complex cases
- Benefit coordination
- Coordination of care for return to home country after assignment completion
- Discharge planning
- Clinical claim and international standards of care reviews
- Maternity management

Innovative tools and resources
Our first-class service philosophy extends far beyond our organisational capabilities. Aetna is committed to providing valuable information through technological innovation.

With their cover, members have access to tools and resources via the Aetna International secure member website at www.aetnainternational.com 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
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 Aetna Global Health Connections — a complimentary wellness offering which includes the following programmes:

**Value-added wellness programmes**

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

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

The Aetna International Wellness Centre provides helpful information, including health topics such as:
- asthma
- cancer
- coronary artery disease
- maternity
- stress management

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

An innovative, flexible solutions offering

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

Demands and needs statement

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

Aetna Insurance (Singapore) Pte. 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.

<table>
<thead>
<tr>
<th>Major Medical</th>
<th>Foundation</th>
<th>Lifestyle</th>
<th>Lifestyle Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Major Medical</strong>&lt;br&gt;A comprehensive range of benefits, including, but not limited to:&lt;br&gt;• Inpatient and day patient treatment&lt;br&gt;• Evacuation and transportation&lt;br&gt;• Accident and emergency treatment outside area of cover&lt;br&gt;• Outpatient care (capped)&lt;br&gt;• Alternative treatment</td>
<td>&lt;br&gt;<strong>Foundation</strong>&lt;br&gt;Major Medical benefits, plus:&lt;br&gt;• Outpatient psychiatric treatment&lt;br&gt;• Hormone replacement therapy&lt;br&gt;• Traditional Chinese or Ayurvedic medicine&lt;br&gt;• Increased outpatient care (fully covered)</td>
<td><strong>Lifestyle</strong>&lt;br&gt;Foundation benefits, plus:&lt;br&gt;• Chronic conditions&lt;br&gt;• Extended emergency evacuation&lt;br&gt;• Increased home nursing</td>
<td><strong>Lifestyle Plus</strong>&lt;br&gt;Lifestyle benefits, plus:&lt;br&gt;• Routine pregnancy&lt;br&gt;• Routine dental treatment&lt;br&gt;• Major restorative dental treatment</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Major Medical</th>
<th>Lifestyle</th>
<th>Foundation</th>
<th>Lifestyle Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Major Medical</strong>&lt;br&gt;• Standard: Nil&lt;br&gt;• USD options: $1,000 or $5,000 / SGD options: $1,250 or $6,250</td>
<td><strong>Lifestyle</strong>&lt;br&gt;• Standard: US$100 / SG$125&lt;br&gt;• USD options: Nil, $50 or $250 / SGD options: Nil, $65 or $320</td>
<td><strong>Foundation</strong>&lt;br&gt;• Standard: US$100 / SG$125&lt;br&gt;• USD options: Nil, $50, $250, $500, $1,000, $2,000 or $5,000 / SGD options: Nil, $65, $320, $625, $1,250, $2,500 or $6,250</td>
<td><strong>Lifestyle Plus</strong>&lt;br&gt;• Standard: US$100 / SG$125&lt;br&gt;• USD options: Nil, $50 or $250 / SGD options: Nil, $65 or $320</td>
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</tbody>
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**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.

<table>
<thead>
<tr>
<th><strong>Maximum annual aggregate limit</strong></th>
<th><strong>Major Medical</strong></th>
<th><strong>Foundation</strong></th>
<th><strong>Lifestyle</strong></th>
<th><strong>Lifestyle Plus</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient, day patient, emergency care and diagnostics</strong></td>
<td>A maximum of US$1,600,000 / SG$2,000,000 per member per period of cover</td>
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<tr>
<td><strong>Inpatient care</strong></td>
<td>Covered in full</td>
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<tr>
<td><strong>Ancillary charges</strong></td>
<td>Up to US$1,000 / SG$1,250 per medical condition</td>
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<tr>
<td><strong>Accident &amp; emergency treatment</strong> in the U.S.</td>
<td>Covered in full for inpatient treatment</td>
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</tr>
<tr>
<td>Complications of pregnancy and/or childbirth are not covered under this benefit.</td>
<td>Outpatient treatment is limited to US$500 / SG$625 per medical condition and subject to an excess of US$80 / SG$100 per medical condition</td>
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<tr>
<td><strong>CT PET and MRI scans</strong></td>
<td>Covered in full</td>
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<td><strong>Organ transplant</strong></td>
<td>Covered in full</td>
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<tr>
<td><strong>Inpatient psychiatric treatment</strong></td>
<td>Covered in full (up to 30 days) per period of cover</td>
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<tr>
<td><strong>Accidental damage to teeth</strong></td>
<td>Covered in full</td>
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<tr>
<td><strong>Hospital cash</strong></td>
<td>Up to US$125 / SG$150 per night for a maximum of 20 nights per medical condition</td>
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<tr>
<td>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. The policy excess does not apply.</td>
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<tr>
<td><strong>Parental accommodation</strong></td>
<td>Covered in full</td>
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<tr>
<td>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.</td>
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<tr>
<td><strong>Disease and chronic condition management</strong></td>
<td>Covered in full</td>
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<tr>
<td><strong>Oncology</strong></td>
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<tr>
<td>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.</td>
<td>Not available</td>
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<tr>
<td><strong>Chronic conditions</strong></td>
<td>Up to US$15,000 / SG$18,750 per insured person per period of cover</td>
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<tr>
<td>Routine checkups, drugs and dressings prescribed for management of the condition, hospital accommodation nursing, surgery and palliative treatment of chronic conditions (excluding cancer). Costs for the treatment of cancer are covered under the oncology benefit. The policy excess does not apply.</td>
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<tr>
<td>Renal Dialysis</td>
<td>Foundation</td>
<td>Lifestyle</td>
<td>Lifestyle Plus</td>
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<tr>
<td>Chronic supportive treatment of renal failure or Renal Dialysis incurred immediately pre- and post-operatively or incurred in connection with acute secondary failure when dialysis is part of intensive care.</td>
<td>Covered in full</td>
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<tr>
<td>Congenital anomalies</td>
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<tr>
<td>Treatment of congenital anomalies that manifest after the member’s cover commences with us, or that manifest in a dependant child born in the year prior to cover commencing.</td>
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<td>AIDS</td>
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<tr>
<td>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. For this benefit, the general exclusion for sexually transmitted diseases does not apply.</td>
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<td>Hormone Replacement Therapy</td>
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<tr>
<td>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).</td>
<td>No cover</td>
<td>Covered in full up to 18 months per lifetime</td>
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<tr>
<td>Outpatient and alternative treatments</td>
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<tr>
<td>Outpatient care</td>
<td>Up to US$1,700 / SG$2,000 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.</td>
<td>Covered in full</td>
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<tr>
<td>Alternative treatment</td>
<td>See Outpatient care</td>
<td>Covered in full up to 10 sessions in aggregate per medical condition</td>
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<tr>
<td>When given under the direct control of and following referral by a medical practitioner or specialist.</td>
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<tr>
<td>Outpatient surgery</td>
<td>Covered in full</td>
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<tr>
<td>No cover</td>
<td>Up to US$5,000 / SG$6,250 per period of cover</td>
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<tr>
<td>Home nursing</td>
<td>Covered in full up to 30 days per medical condition</td>
<td>Covered in full up to 28 weeks per medical condition</td>
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<tr>
<td>This must be provided by a qualified nurse and not provided for domestic reasons or convenience. This must be pre-authorised by us.</td>
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<tr>
<td>Traditional Chinese or Ayurvedic medicine</td>
<td>No cover</td>
<td>US$30 / SG$40 per session to a maximum of 10 sessions</td>
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<tr>
<td>Major Medical</td>
<td>Foundation</td>
<td>Lifestyle</td>
<td>Lifestyle Plus</td>
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<tr>
<td><strong>Evacuation and transportation</strong></td>
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<tr>
<td><strong>Emergency transportation</strong></td>
<td>Covered in full</td>
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<tr>
<td>This benefit does not include the cost of car hire.</td>
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<tr>
<td><strong>Evacuation &amp; additional travel expense</strong></td>
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<tr>
<td>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.</td>
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<tr>
<td>Cover is provided for:</td>
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<tr>
<td>i) Evacuation costs including the costs of one other person to travel with the member as an escort, if medically necessary.</td>
<td>i) Covered in full</td>
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<tr>
<td>ii) Travel to and from medical appointments when treatment is being received as a day patient.</td>
<td>ii) Covered in full</td>
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<tr>
<td>iii) For an accompanying person to travel to and from the hospital to visit the member following admission as an inpatient.</td>
<td>iii) Covered in full</td>
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<tr>
<td>iv) Economy class airline tickets to return the member and the escort to the country of residence or to the country where evacuation occurred.</td>
<td>iv) Covered in full</td>
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<tr>
<td>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.</td>
<td>v) Up to US$150 / SG$200 per person per day and US$5,000 / SG$6,250 per person, per evacuation</td>
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<tr>
<td><strong>Extended evacuation</strong></td>
<td>Optional</td>
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<td>Covered in full</td>
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<tr>
<td>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.</td>
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<tr>
<td>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. 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.</td>
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<tr>
<td>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.</td>
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</tbody>
</table>
### Mortal remains
In the event of death from an eligible medical condition: transportation of the body of a member or his/her ashes to the country of nationality or country of residence or burial or cremation costs at the place of death in accordance with reasonable and customary practice. Necessary burial or cremation fees including:
- The cost of reopening a grave and burial costs, or
- The cost of opening a new grave and burial costs, including any exclusive right of burial fee, or
- In the case of cremation:
  1. The cremation fee
  2. The cost of any doctor’s certificates
  3. The cost of removing a pacemaker or other medical device which must be removed before the cremation
But not including costs related to other funeral expenses, such as:
- Funeral director’s fees
- Flowers
- The cost of any documents needed for the release of the money, savings and property of the deceased
- The necessary cost of a return journey for you to either:
  1. Arrange the funeral, or
  2. Attend the funeral

### 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. The policy excess does not apply to this benefit. A 12 month wait period applies from the purchase date of this benefit or the member’s date of entry, whichever is the later.

### Complications of pregnancy
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.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Foundation</th>
<th>Lifestyle</th>
<th>Lifestyle Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortal remains</td>
<td>Up to US$8,500 / SG$10,625 per insured person</td>
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<tr>
<td>Mother and child</td>
<td>No cover</td>
<td>Up to US$10,000 / SG$12,500 per pregnancy and subject to 20% coinsurance when selecting Hong Kong semi-private room or when utilizing a pre-approved provider facility</td>
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<tr>
<td>Complications of pregnancy</td>
<td>Covered in full</td>
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</tbody>
</table>
### 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).

### 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.

### Dental benefits

**Routine dental treatment**

Fees of a dental practitioner carrying out routine dental treatment in a dental surgery. This benefit excludes orthodontic treatment, restorative treatment and dental implants. The policy excess does not apply.

**Major restorative dental treatment**

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. 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.

### Options to upgrade cover

**Outpatient direct settlement network - nil excess**

This benefit is available where a Nil or US$100 / SG$125 policy excess has been selected.

**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.

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<table>
<thead>
<tr>
<th>Major Medical</th>
<th>Foundation</th>
<th>Lifestyle</th>
<th>Lifestyle Plus</th>
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<tbody>
<tr>
<td>Up to US$100,000 / SG$125,000 per insured person per period of cover and to a maximum of 90 days hospital stay</td>
<td>Covered in full</td>
<td>No cover</td>
<td>Up to US$700 / SG$875 per period of cover and subject to 25% coinsurance</td>
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<tr>
<td>Up to US$1,500 / SG$1,875 per period of cover and subject to 25% coinsurance. In aggregate to routine dental limit.</td>
<td>Covered in full</td>
<td>No cover</td>
<td>Up to US$1,000,000 / SG$1,250,000 per member per period of cover and subject to 50% coinsurance</td>
</tr>
</tbody>
</table>
Important Information

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

Medical underwriting

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 US Dollar ($) and SG Dollar ($) currency are available to policyholders outside of the United Kingdom and Europe.

Payment frequency

Bank transfers or cheques are available on an annual basis. These are accepted in the US Dollar ($) and SG Dollar ($) currency and must be payable in the same currency as the plan currency selected.

Credit card payments may be paid on an annual or monthly basis. A surcharge will apply for payments made on a monthly basis.

Policyholder’s right of termination

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

Otherwise, this policy, or any cover included, may only be terminated by the policyholder, as to all or any class of its members, with effect from the renewal date. We must be given written notice of intent to non-renew within 15 days of your renewal date.

If the policy is terminated by the policyholder at any other time, whatsoever the reason, there will be no return of premium.

Policy Owners’ Protection Scheme – Disclose Statement

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

Q. Am I eligible for cover?
A. International Healthcare Plan (IHP) will cover globally-mobile individuals who live or work outside of the country that issued their passport, providing the individual is of pre-retirement age at the time of joining.

Note: In some countries we are unable to provide cover. For specific details, contact your Aetna representative.

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 Aetna 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 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.
If you wish to make a complaint

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

Who should I contact with a complaint?

Complaints Resolution Team
Aetna Insurance (Singapore) Pte. Ltd.
112 Robinson Road
#09-01 Robinson 112
Singapore 068902
Telephone (Toll Free from Singapore): 800-110-1951
Telephone (Toll Free from Other Countries Using AT&T Access Codes*): +1-855-532-5085
Email: AetnaInternationalComplaints&Appeals@aetna.com

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

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

Insurance Disputes Resolution Scheme
If you are still dissatisfied with the Chief Executive’s response to your dispute, we will refer you to the following independent dispute resolution organisation:
Contact details:
Financial Industry Disputes Resolution Centre Ltd (FiDReC)
112 Robinson Road #13-03
Singapore 068902
Telephone: 63278878
Fax: 63278488
Email: info@fidrec.com.sg
Website: www.fidrec.com.sg

Alternative Dispute Resolution

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

Mediation (Singapore Mediation Centre)
Where claims are small, expensive and prolonged litigation can exhaust time and resources, mediation may be the solution to take control of the outcome of these disputes in a timely and cost-efficient manner.
Contact Details:
Singapore Mediation Centre
1 Supreme Court lane, Level 4
Singapore 178879
Tel: 6332 4366 / Fax: 6333 5085
E-mail: enquiries@mediation.com.sg

Arbitration (Singapore International Arbitration Centre)
Any dispute, difference or question which may arise at any time hereafter in relation to the true construction of the policy or our respective rights or liabilities under this policy, will be referred to arbitration in Singapore and Singapore laws will apply. The arbitration will be heard by a single arbitrator to be agreed between us and you within 14 business days of the commencement of the arbitration.
Contact Details:
Singapore International Arbitration Centre
32 Maxwell Road #02-01, Maxwell Chambers Singapore 069115
Tel: +65 6221 8833
Fax: +65 6224 1882

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

Call us
Toll-free from Singapore: 800-110-1951
Toll-free from other countries using AT&T access codes*:
+1-855-532-5085
Toll: +852-3071-5022

*International toll-free number requires an access code, which can be found by country at the website www.att.com/business_traveler.
Global presence, local footprint — around the corner or around the globe, we’re there.

With Aetna, you and your family have access to first-class benefits and services.

Are you ready to experience the Aetna difference?

To learn more, contact us today
SingaporeSales@aetna.com

Stay connected to Aetna International
Visit www.aetnainternational.com
Follow www.twitter.com/AetnaGlobal
Like www.facebook.com/AetnaInternational

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Aetna does not provide care or guarantee access to health services. Not all health services are covered. Health information programmes provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of cover. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna International plans, refer to www.aetnainternational.com.

Whenever coverage provided by any insurance policy is in violation of any U.S. U.N or EU economic or trade sanctions, such coverage shall be null and void.

For example, Aetna companies cannot pay for health care services provided in a country under sanction by the United States unless permitted under a written Office of Foreign Asset Control (OFAC) license. Learn more on the US Treasury’s website at: www.treasury.gov/resource-center/sanctions.

www.aetnainternational.com

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