

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

aetna®

# Health is here

## International Healthcare Plan

**Effective date: Policies issued from 1 April 2014**

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



# Welcome to Aetna International

We're so glad to have  
you with us

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## Now that you're an Aetna International member, it's time to put your benefits to work. This handbook will help make it easy.

### YOU'LL FIND A WORLD OF USEFUL TOOLS ONLINE

Visit [www.aetnainternational.com](http://www.aetnainternational.com) and click 'Member' to get started.

### What to do right now

The most important first step is to register for your secure member website. The site gives you the tools you'll need to manage your health benefits. You can register in just a few steps by visiting [www.aetnainternational.com](http://www.aetnainternational.com) and clicking "Member" under the "Secure login" section. You'll need to enter your name, date of birth, and the ID number on your Aetna ID Card.

#### You can use the website to:

- Submit and track claims
- Find nearby doctors and hospitals
- Browse a library of health topics
- View your plan documents

If you have a smartphone, now is also a good time to download helpful apps, such as our International Mobile Assistant App, which makes it easy to manage your benefits on the go. You can search 'Aetna' in the iTunes or Google Play store to get started. You can also read more about our apps on page eight of this handbook.

### Your Aetna ID card

The Aetna ID Card is your key to quality health care. Make sure to keep the card in a safe place — you'll be asked to present it whenever you receive health care treatment. You may also need to have it handy when registering for the website or calling the Member Service Centre.

# About your health plan

YOUR HEALTH  
PLAN IS  
COMPLETELY  
PORTABLE

**It's important that you take some time to understand your benefits coverage.** If you know how to make the most of your coverage, it can reduce out-of-pocket expenses, prevent claims from being denied and prevent delays in your reimbursements.

There are important documents on your secure member portal that will help you understand your coverage better. To view these documents, log in to your member portal and click 'Your Account, Your Policy' then 'Policy Documents.' The documents located here will provide an overview of your coverage. You can also refer to page nine of this handbook for additional plan information.

## Using the direct settlement network

You have access to our direct settlement network for easier admissions and payment. This network includes leading hospitals and clinics throughout the world. And it helps cut your out-of-pocket costs at the point of service since we'll pay all or part of the provider's fee directly.

Here's what direct settlement means for you:

- Easier claim submissions
- Additional reimbursement and prepayment choices
- Lower out-of-pocket costs at the point of service
- Verification of Benefits (VOB) letters sent directly to the treatment facility

You can search our list of direct settlement providers online by logging in to your secure member website. You can also download our apps to find providers right from your smartphone or tablet. And, of course, you can always call our Member Service Centre for help at the number listed on the back of your Aetna ID Card.

If you'd prefer to visit a provider who is not in the direct settlement network, you can request a one-time direct-settlement, and if possible, we'll arrange it. Please keep in mind that not all medical facilities will accept direct payment from us. In these instances, you'll be required to settle the bill and submit a claim to us for reimbursement.

## How to see a doctor

1. Find a direct settlement doctor by going online to your secure member website and clicking 'Find health care' or by using our mobile app. You can also call us for help.
2. Schedule an appointment, identifying yourself or your family member as an Aetna member.
3. Show your Aetna ID Card when you go.

## About pre-authorization

You may need to obtain prior approval (pre-authorization) before certain types of treatment. In these instances, it's important to start the process early to prevent delays or denial of your claims.

The best place to start is to talk with your provider about their process for pre-authorization. In some cases, they may take care of it for you. If the provider instructs you to obtain it on your own, just give us a call at the number on your Aetna ID Card.

Here are some of the treatments that require pre-authorization:

- Planned inpatient or day patient treatment in a hospital
- Any pregnancy or childbirth treatment (with the exception of routine pre-natal checks)
- Planned surgery
- Home nursing charges
- Planned MRI, PET and CT scans
- Infertility treatment (if purchased)
- Outpatient psychiatric
- Emergency evacuations (will be handled by IHAT)

If you require emergency treatment, please do not delay treatment.

## If you need hospital treatment

If you know you'll need in-patient hospital treatment, it's important to communicate with us and your provider early to make sure you know exactly what your plan will cover. This will also help you avoid reimbursement delays later.

Before you're admitted to the hospital, you can contact us at the number on the back of your Aetna ID card to provide details of the treatment. Or, if your hospital treatment is an unscheduled emergency, please contact us as soon as reasonably possible so we can authorise your coverage.

## Medical Evacuation

If it's necessary for you to travel to get the medical attention you need, you'll have the support you need every step of the way. Our team will help coordinate your transportation and care.

We have partnerships with some of the world's most trusted medical evacuation and air ambulance providers, plus emergency travel assistance and security services. These services require pre-approval so it's important to contact us early to make sure your coverage is approved.



# How to submit a claim

**Because submitting a claim is how you get repaid for money you've spent on health care, it's in your best interest to know what you can do to help make the process go smoothly.** It starts well before you complete a claim form. As you'll see, one key is to communicate with us early.

## Here are some important things to keep in mind when submitting a claim:

- We may deny any claim not submitted within 180 days of the treatment date
- Make sure to provide all necessary supporting documents including original receipts, certificates and X-rays
- Keep your original receipts on file in case they are needed for verification purposes
- Include your Aetna ID number on each document submitted with your claim form
- Make sure to indicate the country and currency you'd like to be reimbursed in
- Provide complete details on the description of service and the reason for the visit
- If you submit a claim for any of the following treatments, we need a referral letter from your medical practitioner or specialist:
  - Chiropractic treatment
  - Acupuncture treatment
  - Osteopathic treatment
  - Homeopathic treatment
  - Podiatric treatment
  - Physiotherapy (additional referral by a specialist required after 10 sessions)

## How to submit a claim

Log in to your secure member portal at **[www.aetnainternational.com](http://www.aetnainternational.com)**.

- Click “*Claims centre*” > “*Submit claims*”
- Find the form you need and download it
- Make sure the form is completely filled out
- Scan and attach your receipts
- Submit your claim right there on our website

You can also submit a claim by traditional mail, secure fax, or from your smartphone. And you can choose how you'd like to be reimbursed too — Electronic Fund Transfer (EFT), wire transfer, or check. Plus, you can receive reimbursement in more than 135 currencies.

It's important to keep in mind that submitting your claim online, by e-mail, or from your smartphone means we'll be able to get working on it quicker.

*Learn more about submitting claims from our Virtual Benefits Assistant tool. It's on the home page of your secure member website.*

# Help for your health needs

## International Health Advisory Team (IHAT)

If you have questions about your health care, you can call the International Health Advisory Team (IHAT) to get answers. This team of clinicians is available 24/7/365 to support you pre-trip, post trip, and anytime in between.

### Here are a few of the things you can get help with:

- Pre-trip planning
- Coordinating routine and urgent medical care worldwide
- Locating providers and specialists
- Getting medical devices or prescription medications
- Coordinating and supervising medical evacuations

If you or a family member is managing a chronic health condition, or if you're pregnant, it's a good idea to talk with an IHAT clinician early on. They'll be able to help make sure you get the care and medication you need no matter where you are in the world.

You can get in touch with IHAT by calling the number on the back of your Aetna ID Card.

## Get healthy, stay healthy

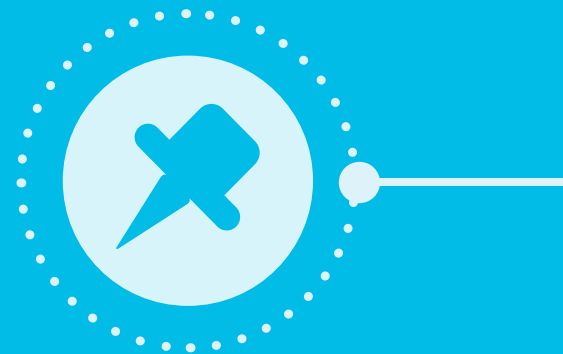
You have access to the Wellness Checkpoint® online health survey to help you get and stay healthy. This secure survey asks the right questions and recommends programmes and services to help you make positive health changes.

You can access the Wellness Checkpoint survey in more than 15 different languages. Log in to your secure member website and click *'Health and wellness resources'* to get started.



# Online and mobile tools

The connections we provide through state-of-the-art technology help you play a greater, more informed role in your health. These tools provide relevant information when, where, and how you need it.





## Secure member website

You have access to a world of personalised tools and resources to help you manage your health care online. You can register in just a few steps by visiting [www.aetnainternational.com](http://www.aetnainternational.com) and clicking 'Member' under the 'Secure login' section.

### You can use the website to:

- Submit Claims
- Access your policy information
- Search for direct-settlement hospitals and doctors around the world
- View CityHealth<sup>SM</sup> profiles to learn about health risks, required vaccinations, local health systems, emergency contact and currency information
- Translate drug names and medical phrases
- Find travel safety and security information including travel tips, country assessments, news and more

The site also gives you access to the **Virtual Benefits Assistant tool** to help you learn how to use your benefits. His name is Nick. He's very helpful — and always in a good mood.

Here's a few of the things he can assist with:

- Submitting a claim
- Preparing for a trip or move
- Finding a health care provider

Or, if you are just looking to learn about the basics of being a member, he can help with that too.

## International Mobile Assistant App

The International Mobile Assistant app takes the important features of the secure member portal and packages them in an easy to use mobile format.

### You can use it to:

- Submit claims
- Check claims status
- Search for providers

*The app is free to download and is available for both iPhones and Android phones.*

## Mobile Provider Directory Apps

These apps make it easy for you to find nearby doctors, specialists, hospitals, clinics, pharmacies and other health care providers. You can also get directions on how to get to there and schedule the appointment in your calendar. You can even use these apps without internet access to find providers while in remote locations. There's one for every region so you are covered no matter where you are.

## CarePass

The CarePass platform connects your fitness and nutrition apps to allow you to view all your data in one place. It also allows you to set and track goals to get on the path to better health. You can register at [www.carepass.com](http://www.carepass.com).

# General conditions & exclusions

## What are General Conditions and Exclusions?

“General Conditions” describe what we do as your health insurance company, as well as the rights and responsibilities of both you and us. “Exclusions” explain conditions or services not covered under your plan.

### General conditions

#### 1. Policy

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

#### 2. Language

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

#### 3. Eligibility for Cover

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

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

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

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

A declaration of health is required with respect to all **dependants** who are born following assisted conception. **We** reserve the right to reject any application without giving any reason.

#### 4. Termination of Cover

Cover may end if:

- i) **Your** employer cancels or terminates the **group plan**.
- ii) **You** voluntarily stop **your cover** under the **group plan**.
- iii) **You** are no longer eligible for **cover** (e.g., **your** employment stops.)
- iv) **You** exhaust the maximum annual aggregate **benefit** under the **group plan**.
- v) **You** fail to reimburse **us** within 14 days of receipt of notice that **we** have made payment for **treatment** of a **medical condition** not covered within the terms and conditions of the **group plan**.

#### 5. Cover

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

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

#### 6. Period of Cover

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

#### 7. Policy Documents

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

#### 8. Contribution

If **you**, or any **dependant** named on **your policy**, are entitled to claim from any other insurance **policy** for any of the costs, charges or fees for which **you** are insured under this contract, you must disclose the same to **us** and **we** shall not be liable to pay or contribute more than **our** rateable proportion.

#### 9. Change of Risk

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

### 10. Declaration of Material Facts

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

### 11. Break in Cover

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

### 12. Claim Notification

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

### 13. Payment of Claims

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

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

### 14. Fraudulent or Unfounded Claims

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

### 15. Applicable Law

The law applicable to this policy shall be specified in the certificate of insurance. If no law is specified, then the policy shall be construed according to the laws of Singapore, and shall be subject to the non-exclusive jurisdiction of the courts of Singapore.

### 16. Subrogation

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

them, for all amounts **we** have paid and will pay as a result of that injury, illness or **medical condition**, from such payment, up to and including the full amount received.

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

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

### 17. Family/Dependant Cover

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

### 18. Membership Applications

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

### 19. Medical Evaluation

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

## 20. Waiver

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

## 21. Our Right of Cancellation

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

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

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

## 22. Liability

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

## 23. Parties to the Contract

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

## 24. Currency

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

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

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

- i) Is not an active participant in any **conflict** or **civil unrest**
- ii) Is not involved in any illegal activities which directly or indirectly lead to injury or illness

- iii) Does not knowingly enter or remain in a country, region or location where there is **conflict, civil unrest**, natural disaster, chemical, nuclear or radioactive contamination
- iv) Does not intentionally put him/herself at risk of illness or injury resulting from **conflict, civil unrest**, natural disaster, chemical, nuclear or radioactive contamination
- v) Is not a member of any armed forces, security services including personal protection, chemical, nuclear or radioactive contamination cleaning crews of any kind or type (including governmental workers or private teams)

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

## 26. Your rights 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** receives 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.

## 27. Policy owner's protection scheme – disclosure 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](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg).

# 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**), with the exception of congenital 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.** **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.

**5.** 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.

**6.** 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.

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

**8.** **Treatment** received in health spas, nature cure clinics, spas, or similar establishments. Services such as massages, hydrotherapy, reiki, or other non-medical **treatments**.

**Treatment** given at establishments or a **hospital** where that facility has become the **member's** home or permanent abode or where admission is arranged wholly or partly for domestic reasons.

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

**10.** Any **treatment** for weight loss or weight problems including but not limited to bariatric procedures, diet pills or supplements, health club memberships, diet programs and treatment in a residential treatment facility for eating disorders. Any complications arising from weight loss or other excluded procedures are not covered.

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

**12.** 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.

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

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

**15.** **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**.

**16.** **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. Where this has been purchased, complications of pregnancy and **Routine Pregnancy** costs resulting from infertility **treatment** (assisted conception) will be limited to the amount of your selected **Routine Pregnancy benefit**.

- 17. Treatment** of impotence or any **related condition** or consequence thereof.
- 18. Treatment** directly or indirectly associated with a sex change and any consequence thereof.
- 19.** Venereal disease or any other sexually transmitted diseases or any **related condition** except for those payable under the **AIDS benefit**.
- 20.** Costs in respect of a psychotherapist or psychologist, (unless referred to by and under the direct control of a **medical practitioner**), a family therapist or bereavement counselor.
- 21. Treatment** for learning difficulties, hyperactivity, attention deficit disorder, speech therapy and developmental, social or behavioural problems (except as covered under the **Wellness benefit**, if purchased).
- 22. 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.
- 23.** Suicide or attempted suicide, **bodily injury** or illness, which is willfully self-inflicted or due to negligent or reckless behaviour.
- 24.** Any injury sustained directly or indirectly as a result of the **member** acting illegally or committing or helping to commit a criminal offence.
- 25.** Costs and expenses incurred where a **member** has travelled against **medical advice**.
- 26. Evacuation** expenses (unless pre-authorized by **us**). Air rescue, sea rescue or mountain rescue costs (unless incurred at recognised ski or similar winter sports resorts).
- 27.** 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.
- 28. Treatment** received in connection with insomnia, sleep disorders, sleep apnoea, fatigue, jet lag, work related stress or any **related condition**.
- 29.** Dietary supplements and substances that can be purchased without prescription, including, but not limited to, vitamins, minerals, organic substances, and infant formula given orally. **We** will however pay for prescribed prenatal vitamins under the **Routine Pregnancy benefit** if purchased.
- 30.** Home visits by a **medical practitioner, specialist or qualified nurse** unless specifically agreed by **us** in writing prior to consultation.
- 31.** 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.
- 32.** 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.
- 33.** The following hazardous activities are excluded: 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.
- 34. Treatment** for complications arising from any uncovered and/or excluded procedures or **treatments**.
- 35.** Self-**treatment**, or **treatment** provided by a **Direct Family Member**. This includes but is not limited to prescribed or non-prescribed medication, diagnostic tests and surgical procedures.
- 36.** All **benefits** are excluded unless they appear on **your** benefits schedule.



# Terms and definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Congenital Anomaly:** Any genetic, physical, or biochemical (metabolic) defect, disease, or malformation (which may be hereditary or due to an influence during gestation), and which may or may not be obvious at birth.

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

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

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

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

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

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

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

**Deductible:** An amount that **we** may deduct from **our** reimbursement to **you** when making a claim for **treatment** received outside the **direct settlement network**, and which is equivalent to any **copay** or **coinsurance** that would normally be the responsibility of the **member**.

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

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

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

**Direct Family Member:** Spouse, child, parent, sibling.

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

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

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

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

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

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

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

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

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

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

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

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

**Hereditary:** A disease or disorder that is inherited genetically.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Sound Natural Teeth:** Teeth that were stable, functional, free from decay and advanced periodontal disease, and in good repair at the time of the accident.

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

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

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

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

**We/Our/Us:** Aetna International on behalf of underwriters as detailed in your certificate of insurance.

# How to contact us

## 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](mailto:AetnaInternationalComplaints&Appeals@aetna.com)

\*International toll free numbers require an access code. Please refer to the website [www.att.com/business\\_traveler](http://www.att.com/business_traveler) to locate the number for the country from which you are dialing.

## Summary of our complaints handling procedures

Your complaint will:

- be acknowledged promptly, within 3 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.

If you are still dissatisfied with the principal officer's response, we will refer you to an independent dispute resolution organisation, the Financial Industry Disputes Resolution Centre Ltd.

## FINANCIAL INDUSTRY DISPUTES RESOLUTION CENTRE LTD. (FIDREC)

112 Robinson Road #13-03  
Singapore 068902

Telephone: **63278878**

Fax: **63278488**

Email: [info@fidrec.com.sg](mailto:info@fidrec.com.sg)

Website: [www.fidrec.com.sg](http://www.fidrec.com.sg)

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](http://www.att.com/business_traveler).



## Thanks for being with us

Thanks so much for being a member of Aetna International. We sincerely appreciate the opportunity to serve you and hope you have found this handbook useful.

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**To learn more, contact us today at the number on the back of your Aetna ID Card.**

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

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