



Global cover with a local touch

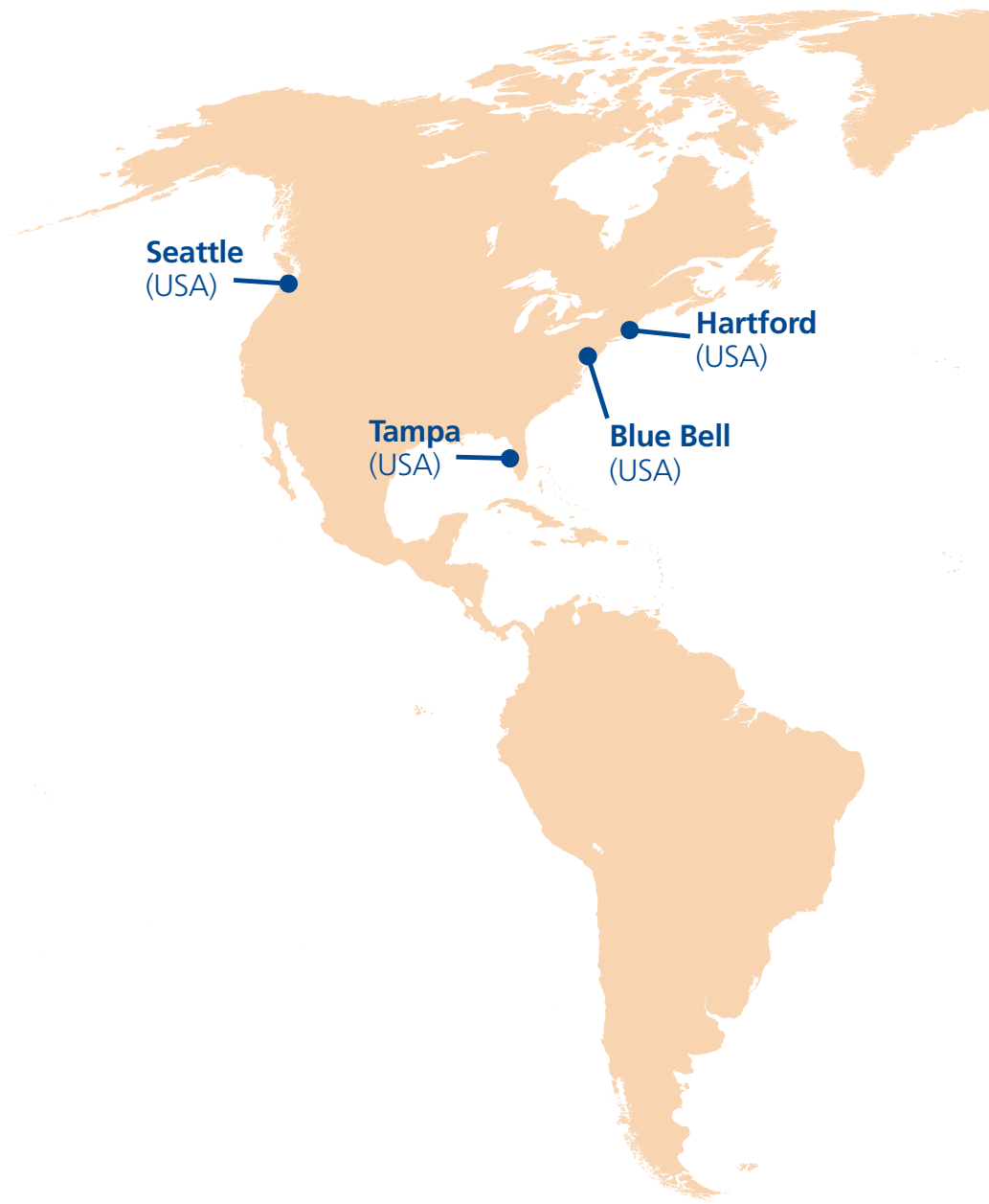
INTERNATIONAL HEALTHCARE PLAN
FOR GROUPS

AETNA
GLOBAL
BENEFITS®

THE AGB DIFFERENCE

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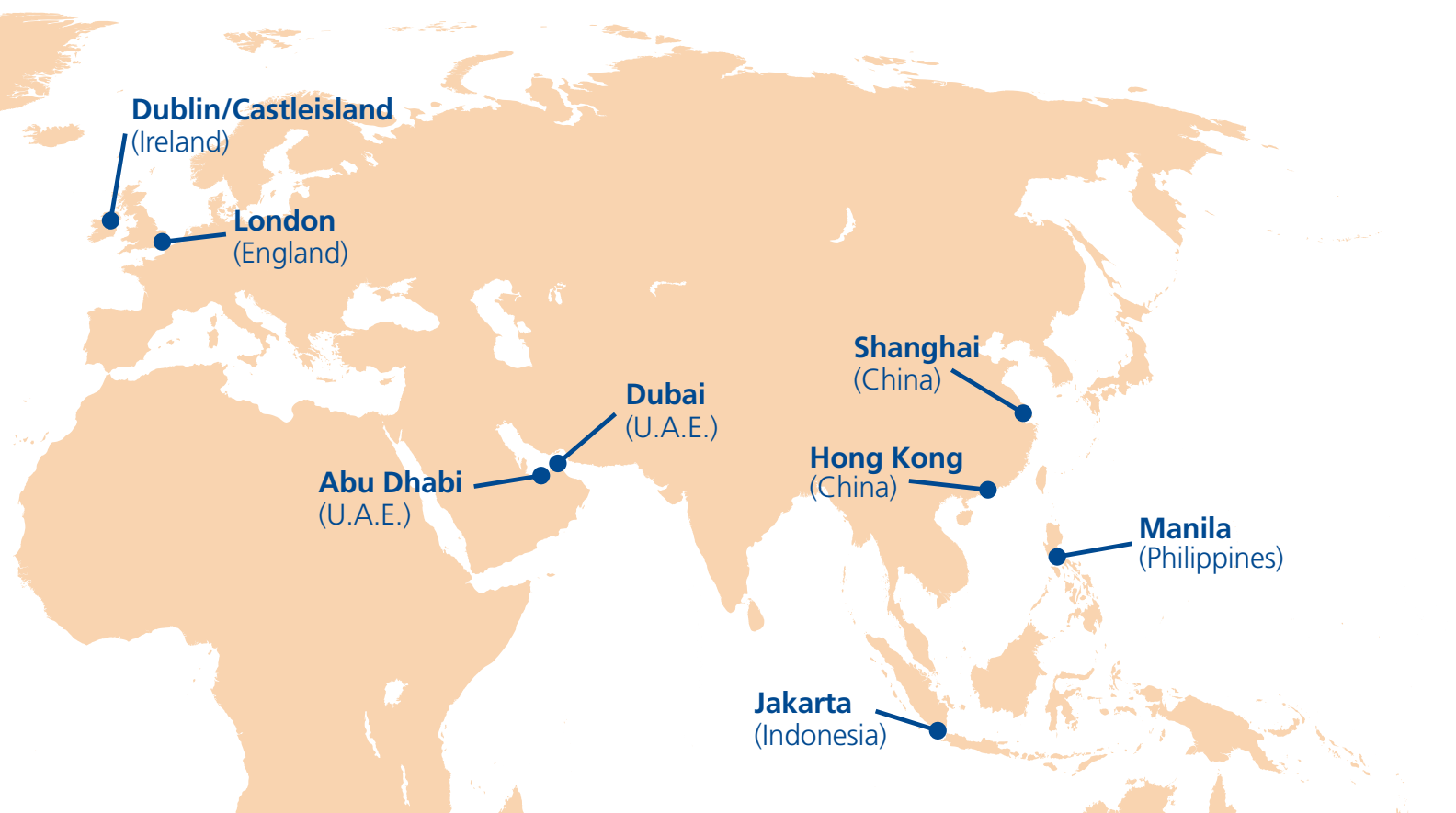
At Aetna Global Benefits (AGB), we make it **our** business to understand **your** business, as well as the unique needs of your employee population. With more than 30 years experience in the international marketplace, covering over 400,000 members around the world, we are well-positioned to provide comprehensive health benefits solutions that meet your ever-changing international business needs. And, as part of the Aetna organisation, we can leverage the strength and capabilities of one of the leading diversified health care benefits companies in the U.S., with over 150 years of proven expertise and demonstrated success.



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

We take our partnership 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 over 700 employees, located in 10 countries, we are deeply embedded in the global marketplace and the expatriate experience. This enables us to best meet the needs of our valued customers with confidence and compassion.

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



Global business solutions – made easy.

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

A FIRST-CLASS SERVICE PHILOSOPHY

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

THE CUSTOMER EXPERIENCE

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

In addition, a designated account representative is assigned to each customer to assist with daily international benefits needs. The account representative serves as an advocate and interacts regularly with our customers to communicate service enhancements and other updates that will further heighten the AGB experience. Our customers can even look to their account management representative to identify any potential issues *before* they become problems.

THE MEMBER EXPERIENCE

The 24/7 AGB International Member Service Centre is committed to making sure members get the care they need, when they need it. Many of our multicultural and multilingual service professionals have experience as an expatriate themselves, giving them unique insight into the situations our members may face. Members can receive assistance with:

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

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 them to our **International Health Advisory Team (IHAT)**. IHAT is a dedicated, clinical team that interacts one-on-one with our members to provide:

- Pre- and post-trip planning for international assignments
- Worldwide coordination of routine and urgent medical care
- Help obtaining prescription medications and/or medical devices
- Coordination of second opinions for difficult cases
- Discharge planning
- Help finding doctors and facilities worldwide

Innovative tools and resources

Our first-class service philosophy extends far beyond our organisational capabilities into the world of technology. In fact, AGB is committed to providing valuable information through technological innovation.

With IHP cover, members have access to tools and resources to help them navigate their health care experience more easily, including:

- **Doctor and medical facility search tool** that allows them to find screened and approved physicians and medical facilities.
- **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.

International Healthcare Plan Overview

The International Healthcare Plan (IHP) is designed with the needs of globally-mobile employees in mind. It provides the worldwide medical cover they require, with a first-class level of service they can rely on. What does this mean for you? Easy administration, ongoing support and superior employee satisfaction.

IHP provides a range of cover options, including major medical treatment, specialist consultations, GP fees, routine health care management, pharmacy, maternity and dental cover, and medical evacuation services. Members and covered dependants also have the flexibility to obtain medical treatment at the facility of their choice, around the globe.

There are four different plan types available, each offering a varying level of benefits — from in-patient treatment to options including comprehensive out-patient benefits. Enhanced cover is also available which includes routine pregnancy, dental, optical and wellness benefits. For groups, certain benefits and benefit levels can be customised.

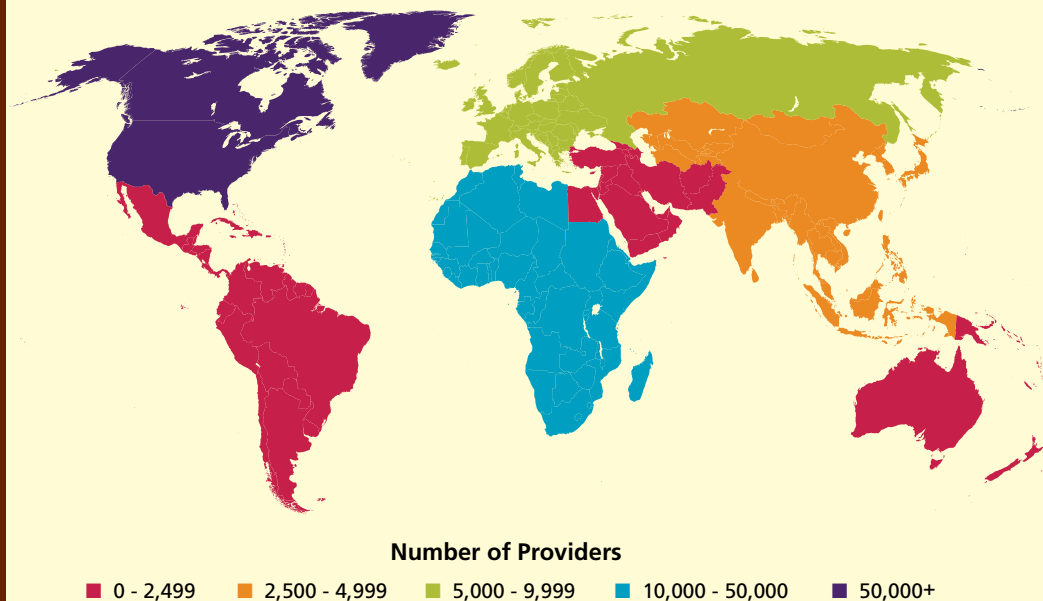
Our skilled team is committed to partnering with you to identify the plan type and benefits that are best for your business and the employees you're looking to cover.

RELIABLE ACCESS TO THE WORLD'S LEADING HEALTH CARE PROFESSIONALS

AGB is committed to building strong and secure partnerships with health care professionals around the world — so that our members have access to quality care when and where they may need it. That's why we have negotiated simplified prepayment procedures with thousands of medical facilities worldwide. Called "direct-settlement" arrangements, these agreements make accessing care easier and cover any eligible up-front costs associated with care or treatment, such as planned in-patient treatment, a maternity stay or day-patient services. This is a significant benefit if faced with a more expensive medical procedure.

If a member is unable to find a specific health care professional in our direct-settlement database, in the event that he/she requires hospitalisation, we can coordinate a one-time direct-settlement agreement quickly and easily. In fact, we have a 95 percent success rate in negotiating these arrangements. Members also have the freedom to pay up-front for care received at any health care professional worldwide, and submit a claim to us for reimbursement.

Our international community of health care professionals*



*The North America region includes health care professionals who participate in the Aetna U.S. PPO Network.

COMMON QUESTIONS AND ANSWERS

Q. Are all employees eligible for cover?

- A.** IHP will cover globally-mobile employees who live or work outside of the country that issued their passport, providing they are of pre-retirement age at the time of joining.

Note: In some countries we may be able to provide cover for local nationals. For specific details and other territorial limitations, contact your AGB representative.

Q. Are family members eligible for cover as well?

- A.** Yes. A spouse or adult partner can be added as a dependant. Unmarried children, under the age of 18, are eligible dependants. Children enrolled as full-time education students are eligible until the age of 23.

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 the employee to submit a medical report from his/her doctor.

Q. Will the plan cover any illnesses or injuries that an employee 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 members do not have any symptoms, treatment or advice for that condition during this two year period.

Note: For groups of 10 or more employees, employers will have the option of having medical history disregarded cover. Employers may also be eligible for continuous transfer terms cover if they already have an existing international health plan.

Q. Are employees covered when travelling outside of their area of residence?

- A.** Yes. Employees are covered worldwide, whether they are travelling on business or holiday. Travelling expenses will only 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. Does the plan include cover for elective treatment in the U.S.?

- A.** Cover for elective treatment in the U.S. is available only if the USA Elective Treatment option is selected.

Note: Cover in the U.S. is restricted to accident and emergency services, unless the USA Elective Treatment option is elected.

Q. Can employees seek treatment anywhere in the world?

- A.** Our standard cover allows employees to access care anywhere in the world at the medical facility of their choice, except for elective treatment in the U.S. Cover can include elective treatment in the U.S. by selecting the USA Elective Treatment option. Travelling expenses will only be covered under the Evacuation Benefit if the visiting location does not offer the appropriate treatment or necessary care.

Q. How is the policy excess applied?

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

Q. How do employees know if they are covered before treatment?

A. Employees should dial their AGB International Member Service Centre to determine whether treatment is covered under their 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, AGB will work with the customer to ensure any benefit level changes are appropriately adjusted.

Q. Are employees able to obtain forms and information online?

A. Yes, employees have access to claim forms as well as global health and security information at www.goodhealthworldwide.com.

Q. Is psychiatric treatment covered?

A. Yes, within the limits of the selected plan. However, employees must follow the guidelines provided in their policy wording, including pre-authorisation requirements, in order for claims to be eligible. This does not include the initial medical practitioner consultation that resulted in the psychiatric referral.

Q. Are chiropractics/osteopathy covered?

A. Treatment for chiropractics/osteopathy must be referred by a medical practitioner or specialist. A referral cannot be obtained retroactively. Cover is limited to 10 sessions in aggregate.

Q. Is physiotherapy covered?

A. Yes. However, all claims must be accompanied by a referral from a medical practitioner. Cover is restricted to 10 sessions of physiotherapy, after which it must be reviewed by a specialist. A medical report is required after 10 sessions for any alternative medicines within the limits of the selected plan.



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

Global presence, local footprint — around the corner or around the globe, we're there.

With AGB, you and your employees have access to first-class benefits and services that best meet your needs.

Are you ready to experience the AGB difference?

Contact AGB

**PT Aetna Global Benefits
Indonesia**
Menara BCA 50/F
Grand Indonesia
Jl. M.H. Thamrin No.1
Jakarta 10310
Indonesia

T: +6221 2358 4722
F: +6221 2358 4723
IndonesiaSales@aetna.com

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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 Global Benefits plans, refer to www.aetnaglobalbenefits.com.