



Business Continuity

COVID-19

Frequently asked questions

With so much uncertainty about the rapidly evolving international situation, we understand that you are likely to have questions about both our business continuity plans and the cover available under the terms and conditions of Aetna plans in relation to COVID-19 (Coronavirus).

This document covers the key points we anticipate you'll want to know.

We will continue to closely monitor events – gaining guidance from trusted sources of clinical information such as the Centers for Disease Control (CDC) and World Health Organization (WHO) – and are fully committed to working with our business partners to keep bringing the right solutions and resources to our customers.

In an unprecedented situation such as the one we are currently facing, we recognise the potential need to act quickly and so will issue updates to this document in response to any changes in the global state of affairs. Therefore, please ensure you are referring to the most up-to-date version by clicking **[this link](#)**.

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Business continuity plan

Does Aetna International have a Business Continuity Plan (BCP) in place?

Yes, we have a robust Business Continuity Plan in place which covers all aspects of our organisation, along with a specific COVID-19 action group chaired by our CEO. We also keep abreast of government guidelines through our chief medical officer and continue to adapt our plans accordingly.

We are committed to keeping 'business as usual' wherever possible. Whilst some of our offices are temporarily closed, we have planned for this situation and operationally our employees are able to work effectively from home. Due to the unprecedented nature of this situation, it is possible that members may experience a slight delay with some aspects, such as receiving their member ID cards, but rest assured that this will not affect eligibility of cover or receiving treatment if needed. Members may present their Certificate of Insurance (COI) or, if in the UAE they may present their Emirates ID. While we cannot predict every eventuality, if we experience any challenges to our service, we will provide further communication.

Is Aetna and its affiliates offering any additional resources to members during the COVID-19 outbreak?

To support the mental and physical health of our customers, partners and members, we have introduced new benefits for our Summit and Pioneer plans, along with their respective Add-on plans, starting on or after 1 January 2021. This includes a refresh of our COVID-19 testing cover. Please refer to the 'Testing and Quarantine' section for further information on this cover.

In addition, the following resources are available for eligible members:

- Our virtual health service, vHealth, allows eligible members to contact a doctor via phone or video link about any aspect of their health and well-being.

- Employee Assistance Programme - we're continuing to provide 24-hour access to clinical counsellors who are available to provide over the phone counselling support for stress and anxiety. Please refer to the [Employee Assistance Member Guide](#) for further information on this benefit, including how to access it.
- From 01 January, Aetna Member Assistance Programme (MAP) will be available for members on our Pioneer plans. MAP provides a counselling service, as well as tools and materials to better support your mental health.
- Wysa, our mental well-being support app provides 24/7 access to support and resources, including anonymous chat support through an artificial intelligence 'chat bot', as well as self-guided exercises and in-app coaching.
- We're offering free access to myStrength, our highly interactive, personalised app that helps address depression, anxiety, stress, and more.
- Aetna Security Assistance powered by WorldAware provides access to travel safety alerts and webinars, including the latest intelligence, updates, and advice on the COVID-19 outbreak. Members who have access to Aetna Security Assistance as part of their plan can benefit from this, as well as additional security and advisory services such as personalised daily alerts via email or SMS. Please refer to your policy documentation on how to access this service.
- Our member Health Hub provides access to further well-being support, member offers, content and links to our Care and Response Excellence (CARE) team for 24/7 health and well-being clinical support.

It is important to note, plans and benefits vary by region and segment. If you have questions or concerns about coverage or entitlements, please contact your account manager.

Medical plans

Will members' existing health benefits be affected by the COVID-19 outbreak?

Our members' existing health benefits are not affected by the COVID-19 outbreak, which will be assessed under the same terms and conditions as any other viral infection. Any medical advice and subsequent treatment will be covered by Aetna International, as it would any other eligible medical condition, in accordance with a member's plan.

Is there any point at which Aetna and its affiliates will cease to provide medical cover for COVID-19?

No, our policies do not exclude epidemic or pandemic scenarios. Viral infections remain covered and we will not stop cover for COVID-19.

Will members who travel to COVID-19 high risk areas be excluded?

Due to the existing spread of the disease, we are not applying any exclusion regarding putting oneself in danger if a member has travelled to an area where cases of COVID-19 have been confirmed. Governments are controlling access to areas with high rates of infection, and members should heed this advice for their own protection. However, we will not exclude cover for members who contract COVID-19 in these areas.

Testing and Quarantine

Will members be covered for diagnostic testing for COVID-19?

Members should follow the guidance issued by their local health authority and contact their local health care provider if they are worried about symptoms.

Members will be covered for diagnostic testing for COVID-19 if they meet the following criteria.

Outpatient diagnostic testing for symptomatic members

Costs incurred up to 31 December 2020

Regardless of the benefit available on a member's plan, Aetna will provide cover for a maximum of one test per calendar month for all members who receive outpatient diagnostic testing to determine whether they have a current COVID-19 infection, when:

- they are symptomatic (have symptoms),
- they are referred by a medical practitioner, **and**
- the testing is received in an appropriate medical facility.

If a member requires more than one test per calendar month, we will only cover subsequent tests if they have available benefit for outpatient diagnostic testing included on their plan. Standard deductibles and cost shares will apply in line with the terms and conditions of the plan.

From 01 January 2021

We will only cover outpatient diagnostic testing to determine whether a symptomatic member has a current COVID-19 infection, when:

- they have available benefit for outpatient diagnostic testing included on their plan,
- they are referred by a medical practitioner, and
- the testing is received in an appropriate medical facility.

Standard deductibles and cost shares will apply in line with the terms and conditions of the plan.

The benefit for outpatient diagnostic testing is not designed for population or community screening, or return-to-work screening (either on a mass workforce-level, or an individual basis).

Outpatient diagnostic testing for asymptomatic members

Regardless of the benefit available on a member's plan, Aetna will extend cover to provide for a maximum of one test per calendar month for members who receive outpatient diagnostic testing for COVID-19 to determine whether they have a current COVID-19 infection, when:

- the member is **High-risk***,
- they are **asymptomatic** (do not have symptoms),
- they are referred by a medical practitioner, **and**
- the testing is received in an appropriate medical facility.

This additional cover is available for costs incurred up to **31 March 2021**.

*High-risk definition to be included in PDF

Please note: Direct billing is not available. Costs incurred for appropriate outpatient diagnostic testing of High-risk asymptomatic members (including the medical practitioner's consultation fee) will be handled by Aetna on a reimbursement basis only. This applies to any cost that would normally be covered by Aetna, any cost that the member would normally have to pay in respect of a deductible or cost share, and where a benefit is not available on their plan. Members should submit for reimbursement via the normal claims process.

Pioneer and Summit plans starting or renewing on or after 01 January 2021

In response to COVID-19, we've introduced the following new benefit as standard on our Pioneer 2500-5000+ plans, and as an optional benefit on all our Summit plans. This is located within the Wellness benefit section:

Outpatient tests and diagnostic procedures for communicable diseases when members do not have signs or symptoms, and they are not received in relation to a diagnosed medical condition. This benefit extends to outpatient antibody tests.

A 90-day waiting period applies to this benefit on our Pioneer plans – this applies to new members, and existing members on renewal.

If a member is asymptomatic (they do not have symptoms) and they receive outpatient tests and

diagnostic procedures to determine whether they have a current COVID-19 infection, cover is provided where this benefit is included on their plan. Medical practitioner referral is not required.

This benefit is available in relation to all communicable diseases, including COVID-19. A new definition has been added to these plans as follows:

Communicable diseases: medical conditions caused by the transmission of bacteria, viruses or other microorganisms.

The extension to cover for High-risk asymptomatic members also remains available on these plans until **31 March 2021**. This is provided in addition to the new benefit. If an asymptomatic High-risk member submits costs for outpatient diagnostic testing incurred up to **31 March 2021** and the member is eligible for this additional cover based on the requirements given above, we will provide cover for a maximum of one test per calendar month before application of the new benefit where this is included on the member's plan.

This extension to cover is **not** designed for population or community screening, or return-to-work screening (either on a mass workforce-level, or an individual basis).

Will antibody testing be covered?

Pioneer and Summit plans starting or renewing on or after 01 January 2021

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Outpatient tests and diagnostic procedures for communicable diseases when members do not have signs or symptoms, and they are not received in relation to a diagnosed medical condition. This benefit extends to outpatient antibody tests.

A 90-day waiting period applies to this benefit on our Pioneer plans – this applies to new members, and existing members on renewal.

If a member receives an antibody test to determine if they had COVID-19 previously and have developed antibodies against it, cover will only be available where this benefit is included on their plan. Medical practitioner referral is not required.



Will mandatory and travel related testing be covered?

Some countries require COVID-19 testing for travellers on arrival. Airlines and travel providers may also enforce COVID-19 testing for travellers prior to departure. We don't cover mandatory testing for travellers either on arrival or departure – we'll only provide cover for outpatient diagnostic testing when it is referred by medical practitioners in line with the details provided above.

Which COVID-19 test types and brands are eligible to be covered?

To ensure we cover effective diagnostic tests, we will only pay costs for tests that our CARE team consider to be appropriate. In line with the details above, only tests referred by a medical practitioner in an appropriate medical facility are eligible.

Will Aetna and its affiliates cover home testing for COVID-19?

Diagnostic tests must be prescribed by a medical practitioner and obtained from an appropriate medical facility in line with the details above. If the medical practitioner does not issue an actual prescription, we must receive evidence of the medical practitioner's advice to take the specified test at home. In all cases, our CARE team must also confirm that the test is still considered to be effective when administered at home, and not at a medical facility.

Will Aetna and its affiliates cover commercially available COVID-19 diagnosis kits?

There are COVID-19 self-diagnosis kits available in the open market to purchase, however, we are not able to validate or provide any guidance on commercially available self-diagnosis COVID-19 kits. We would recommend that members should follow the guidance issued by their local health authority and contact their local health care provider if they are worried about symptoms.

Will the costs of medical quarantine be covered?

If a member is placed under medical quarantine in relation to COVID-19, cover is provided for costs incurred up to **31 December 2020**. If the member is in a government medical facility and there is no charge for the quarantine, they will be able to claim for hospital cash benefit if available on their plan.

For medical quarantine costs incurred from **01 January 2021**, we will only provide cover if it's medically necessary for the member to be protected from communicable diseases due to their medical condition. If the member is in a government medical facility and there is no charge for their treatment and quarantine, they will be able to claim for hospital cash benefit if available on their plan.

In all cases, there is no benefit available for costs associated with quarantine or isolation in the home or any non-medical facility.

Remote consultations

Will members have access to remote consultations?

If a member arranges a telephone or video consultation with their primary physician or specialist, or a consultation through another company which connects members with a primary physician, we will cover the claim if:

- the member's plan would provide cover for the consultation on a face-to-face basis,
- the medical practitioner is licensed to practice in the country where they are based, and
- the provider (the individual doctor and any company providing the service to access the doctor) is located within the member's area of cover.

Remote therapy consultations

If a member's primary physician or specialist refers them for a one-to-one telephone or video consultation with a physiotherapist, we will cover the claim if:

- the member's plan would provide cover for the consultation on a face-to-face basis,

- the physiotherapist is licensed to practice in the country where they are based, and
- the provider (the individual physiotherapist and any company providing the service to access the physiotherapist) is located within the member's area of cover.

In line with our standard terms cover will not extend to costs for exercise classes.

Remote consultations are not covered for therapies which require hands-on delivery including, but not limited to, osteopathy, chiropractic treatment and podiatry.

vHealth

Additionally, eligible members have free access to our virtual service, vHealth. With vHealth members can speak to a doctor via phone or video link about any aspect of their health or well-being, without the worry of travelling to a medical facility and possibly catching infections.

For more information on our vHealth service, including how to access this, please contact your account manager.



Pharmacy delivery fees

Will Aetna and its affiliates reimburse members for pharmacy delivery fees?

To ensure our members have access to the drugs and dressings they need without the worry of travelling to a pharmacy during the COVID-19 outbreak, we will pay a local pharmacy delivery fee of up to 20 USD (or equivalent) for each delivery of prescribed drugs and dressings that are covered on the member's plan. This extension to cover is available for delivery fees incurred up to **31 December 2020**. Standard plan terms and conditions apply for delivery fees incurred from **01 January 2021**.



Evacuation and repatriation of mortal remains

What is covered in terms of emergency evacuation?

Due to the rapidly escalating global situation, undertaking medical evacuations across borders has become extremely challenging. Many countries have locked down their borders or have increased restrictions for entry.

Where the emergency evacuation benefit is included on a member's plan, cover remains eligible subject to the terms and conditions of the plan. However, the controls and restrictions put in place by government bodies and medical evacuation providers may affect the transfer of members as the COVID-19 situation progresses. This is outside Aetna's control. All evacuation cases will require additional consideration to understand how the current restrictions may affect the available options and evacuation strategy.

- All transfers will be subject to additional patient screening for history of respiratory symptoms or fever, travel history, contact history and COVID-19 testing
- Border restrictions also apply to healthcare workers escorting patients

- Admission to receiving medical facilities requires close liaison to manage COVID-19 risk. Please note: Bed availability is becoming increasingly limited due to pressure on health systems and isolation requirements for incoming international patients

Will Aetna and its affiliates cover the repatriation of mortal remains?

Where the repatriation of mortal remains benefit is included on a member's plan, cover remains eligible subject to the terms and conditions of the plan. Some causes of death, including infectious diseases, require additional precautions and paperwork. We will cover these additional costs if part of an otherwise eligible claim. Controls and restrictions put in place by government bodies may affect the transportation of mortal remains. This is outside Aetna's control.

Outside area of cover

Will you cover costs for COVID-19 for members who are outside their area of cover?

We will cover costs for COVID-19 testing in line with the details given in the 'Will members be covered for diagnostic testing for COVID-19' section above.

Where the emergency treatment outside area of cover benefit is included on a member's plan, cover for emergencies remains eligible subject to the terms and conditions of the plan.

If a member is placed under medical quarantine in a medical facility outside their area of cover, quarantine costs incurred on or before **31 December 2020** are covered under the emergency treatment outside area of cover benefit where this is included on the member's plan. If the member is in a government medical facility and there is no charge for their treatment and quarantine, they will be able to claim for hospital cash benefit if available on their plan.

For medical quarantine costs incurred from **01 January 2021**, we will only provide cover if the admission is covered under the emergency treatment outside area of cover benefit and it's medically necessary for the member to be protected from communicable diseases due to their medical condition. No hospital cash benefit is available.

The emergency treatment outside area of cover benefit has been extended to cover treatment or services incurred up to **31 December 2020** for medical conditions that are not an emergency:

- if the member cannot reasonably wait until they return to their area of cover, and
- their medical condition may become an emergency if they do not receive the treatment or services.



New groups joining Aetna

Will you provide cover for COVID-19 to groups who do not currently have medical insurance?

Yes, we will provide cover for members on an MHD policy. Any medical policy joining on a Moratorium basis will have cover for COVID-19 diagnostic testing, treatment and evacuation as outlined above, provided they have no pre-existing symptoms or diagnosis of COVID-19.

Will you provide cover for COVID-19 to groups switching medical insurance provider?

Yes, we will provide cover for members on an MHD policy. Any medical policy joining on a Moratorium basis will have cover for COVID-19 diagnostic testing, treatment and evacuation as outlined above, provided they have no pre-existing symptoms or diagnosis of COVID-19.

New members joining or switching to Individual plans

Will you provide cover for COVID-19 to members who do not currently have medical insurance, or switching from another medical insurance provider?

New members may join us on a Moratorium or Full Medical Underwriting basis, and our terms will provide cover for COVID-19 diagnostic testing, treatment and evacuation as outlined above, provided they have no pre-existing symptoms or diagnosis of COVID-19.



Other costs

Will Aetna and its affiliates cover any documentation fees incurred?

If a member is charged for documentation relating to COVID-19, such as certification confirming a negative test result, we will assess the costs under the same principles as any other documentation fee when the cost of the test is covered as outlined above. It is expected that the cost of initial documentation should be included in the doctor's consultation fee, and only charges for additional documents will be considered.

Will Aetna and its affiliates reimburse costs for protective equipment?

There is no benefit available under the insurance plans for costs of face masks, hand sanitiser, or other items that are purchased as a general preventative measure.

Will Aetna and its affiliates cover any nursing fees incurred?

Where our plans include benefit for home nursing, this covers the medical services of a nurse if these would have been part of the member's inpatient or daycare treatment but are received in the member's home instead of in hospital. There is no benefit available for additional home nursing costs associated with quarantine or isolation in the home or any non-medical facility when the member is diagnosed with, or suspected to have, COVID-19.

Travel add-on plans

How are Travel add-on plans affected by COVID-19?

Our Travel add-on plans do not provide cover if the member knew they may have to cancel or cut short their trip when they joined the plan or booked the trip. The World Health Organization (WHO) declared COVID-19 a global pandemic on 11 March 2020, therefore no cover is available for costs related to COVID-19 for:

- Members who joined the Travel add-on plan after this date,
- For travel arrangements made after this date, or
- Travel add-on plans purchased after this date

Are members covered if they cancel a trip due to COVID-19?

If the member's trip was booked before 11 March 2020, cover is available for irrecoverable deposits, prepayments and other travel and accommodation costs if they must cancel the trip because:

- They, or an immediate family member they are travelling with, have been diagnosed with COVID-19
- They, or an immediate family member they are travelling with, are under compulsory quarantine for COVID-19
- A medical practitioner has advised them to self-isolate
- The airline has cancelled their flight
- A government travel ban prevents them from travelling as planned
- Members must contact their airline or travel provider for any refunds in the first instance, and provide evidence of this with their claim. In circumstances where a full refund is provided, no cover will be available.

If an airline continues to operate, but the member wishes to cancel their trip due to concern about travelling, no cover will be provided for cancellation.

Are members who are quarantined during their trip covered?

If the member's trip was booked before 11 March 2020, and the member is quarantined in an appropriate medical facility during their trip, we will cover costs for COVID-19 diagnostic testing, treatment and quarantine in a medical facility in line with the details given in the 'Medical plans' and 'Testing and quarantine' sections above.

Our plans do not provide non-medical benefits if a member is quarantined in a non-medical facility, self-isolated or in an area of restricted travel.

If the member's trip was booked before the 11 March 2020, and an immediate family member they are travelling with is quarantined during their trip, we will pay reasonable accommodation costs for the member, including breakfast, until the immediate family member is fit-to-fly. This extension to cover applies to costs incurred up to **31 December 2020**. From **01 January 2021** cover will only be available for a parent or legal guardian to remain with an insured child under the age of 18 when the child is quarantined.

If the member is unable to return when originally planned because they, or the immediate family member they are

travelling with, are quarantined during their trip, the member must contact their airline or travel provider to arrange a return economy class flight. Fees incurred for rearranging the member's return travel will be covered under the cancellation section of their Travel add-on plan. This extension to cover is only available for return travel departing up to **31 December 2020**.

Are members covered for cancelled events and accommodation?

Cover is not available if the member is able to travel to their planned destination, but the event they are due to attend and/or their accommodation are cancelled. This includes, but is not limited to, any conference, concert, sporting event or family event.

Cancellation costs will only become payable for events and accommodation if the airline has cancelled the member's flight. Members must contact each provider for any refunds in the first instance, and provide evidence of this with their claim.

Are members covered if they cut short an ongoing trip due to concerns over COVID-19?

No cover is available for members who cut short their trip due to concerns over COVID-19.



Timely filing

Will there be any extension to claim submission periods?

We understand that members may experience some delays in submitting their claims to us due to COVID-19.

We request that claims are still submitted as soon as reasonably possible, however, we have increased the

standard submission period with immediate effect. Members must now file a claim within 12 months of receiving the treatment or services.

The extension to timely filing will end on **31 December 2020** – claims received after this date will be subject to standard timely filing requirements in line with the terms and conditions of the plan.

Useful resources

To support the health and well-being of our members, we're pleased to share some additional resources:

- [COVID-19 Resource Hub](#)
- [Mental health support resources](#)
- [Musculoskeletal support advice](#)
- [Fit for duty podcast series](#)

For more information on treatment plans and cover for infectious diseases, including coronavirus, or if you're planning an overseas trip and want advice on helping to protect your health and well-being, contact Aetna International's CARE team who will be happy to help:

- Log in to the Health Hub – your secure member website
- Call the number on the back of your Member ID Card

Please note: The CVS Health Enterprise Response and Resiliency and Infectious Disease Response teams are actively monitoring the rapidly evolving international coronavirus outbreak, including guidance from trusted sources of clinical information such as the Centers for Disease Control (CDC) and The World Health Organization (WHO). Due to the fluidity of the situation, the above responses are statements of facts as they exist today. We reserve the right to operate and change our response as needed.

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