



# Member Handbook

INTERNATIONAL HEALTHCARE PLAN  
FOR GROUPS

AETNA  
GLOBAL  
BENEFITS®

# The AGB difference

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For over 30 years, Aetna Global Benefits (AGB) has been working to make it easier for our members to access health care. Our first-class service places you at the centre of everything we do - so you can access the care you need, when you need it.

This handbook contains valuable details about your International Healthcare Plan (IHP), including how to file a claim, how to contact us, and much more.

**It's time for you to experience the AGB difference.**

## International Healthcare Plan overview

The IHP provides the medical cover you require, with a first-class level of service you can rely on.

To find out about the key features of the plan, including how much the benefit covers, please refer to your Certificate of Insurance. You may also contact your AGB International Member Service Centre by dialling the number on your member ID card.

### Value-added Wellness Programmes

**Aetna Global Health Connections** is a suite of complimentary wellness programmes, which includes:

#### ■ Wellness Checkpoint®

Wellness Checkpoint is a culturally-diverse, online health survey that provides you with information about your personal health needs. The tool can help you to understand possible health risks, and provides you with an action plan and information that supports healthy behaviours.

#### ■ Cancer Outreach and Support

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

#### ■ Health and Wellness Education

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

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

- Asthma
- Cancer
- Coronary Artery Disease
- Maternity
- Stress Management
- And more!

## Our service philosophy

We work daily to connect you to the care you need.

### 24x7 member services

Our multilingual, multicultural member service professionals are available to assist you around-the-clock. Personalised support is available by phone, e-mail or fax to:

- Help you find health care
- Answer your questions about claims, benefits and cover levels
- Process claims in many languages

## International Health Advisory Team

At the heart of AGB's first-class service is our International Health Advisory Team (IHAT). IHAT is made up of a clinical staff that's trained to support you in meeting your health care needs.

IHAT is your single point of contact for a wealth of services and information, including:

- Pre- and post-trip planning
- Worldwide coordination of 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

Dial the AGB International Member Service Centre at the number on your member ID card to reach IHAT.

## Innovative tools and resources

With your cover, you'll have access to tools and resources to help you to navigate your health care experience, including:

- **Doctor and medical facility search tool** that allows you 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 you to search for medication availability by country.



# DEFINITIONS

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The following defined words and phrases have specific meanings, and are capitalised and shown in bold font in **Your Policy Documentation**.

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

**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**.

**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.

**Advice:** Any consultation from a **Medical Practitioner** or **Specialist**, including the issue of any prescriptions or repeat prescriptions.

**Appliances:** Devices and equipment when used as an integral part of a surgical procedure administered by a **Medical Practitioner** or **Specialist**.

**Benefits:** The insurance **Cover** provided by this **Policy** and any applicable endorsements shown in a **Member's Certificate of Insurance**.

**Bodily Injury:** Injury which is caused solely by an **Accident** which 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, check-ups examinations or tests.

**Co-Insurance:** 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.

**Congenital Anomaly:** Any genetic, physical or (bio)chemical defect, disease or malformation (except **Hereditary Medical Conditions**) which is due to an influence during gestation up to birth, 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 insurer will be applied to **Your Policy** with **Us**. **We** will maintain **Your** existing underwriting or special acceptance terms, as offered by **Your** existing insurer, 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.

**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.

**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 23 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 Network/ Provider 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 **Co-Insurance** or **Excess** 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** which is **Medically 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 which 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:** Transmitted from parents to offspring; inherited.

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

**In-Patient:** 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.

**Out-Patient:** A Member who receives Treatment at a recognised medical facility, but is not admitted to a Hospital bed as an In-Patient 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 which 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.

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

**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.

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

**Renewal Date:** The anniversary of the Commencement Date of the Policy.

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

**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 Global Benefits (AGB) on behalf of Underwriters as detailed in Your Certificate of Insurance.

# GENERAL CONDITIONS

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## 1. Policy

Your application form, **Your Certificate of Insurance** and the **Member Handbook** must be read as one, as they form the basis of **Your Cover** with **Us**.

## 2. Contribution

If there is any other insurance in place covering any of the same **Benefits**, **You** must disclose the same to **Us** and **We** shall not be liable to pay or contribute more than **Our** proper proportion. If it is found that **You** were repaid for all or some of those expenses by another source, including any other insurance **Policy**, **We** will have the right to a refund from **You**. Where necessary, **We** retain the right to deduct such refund from any impending or future claim settlements.

## 3. Transfers

Where **You** transfer to the International Healthcare Plan from any other of **Our** existing plans or, whilst covered under the International Healthcare Plan, **You** apply for and receive any enhanced **Benefits** or **Cover** (such as inclusion of an option at any **Renewal Date**), any enhanced **Benefits**, **Cover** or maximum refundable amounts are restricted to new **Medical Conditions** which have not been previously suffered from, whether or not diagnosed, occurring after the date of transfer.

## 4. Family/Dependant Cover

**Employees** and their **Dependants** are required to be covered under the same **Group** plan with identical **Benefits**.

## 5. 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 23 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.

## 6. Compliance with Policy Terms and Conditions

**We** shall not be liable for any failure by any **Member** or **Group** to comply with the terms and conditions of the **Policy**, except where the circumstances of any claim are unconnected with such failure and no fraud is involved.

## 7. Medical Evaluation

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

## 8. Change of Risk

**You** must inform **Us** as soon as reasonably possible of any material changes which affects information given in connection with the application for **Cover**. **We** reserve the right to alter or cancel **Cover** for a **Member** following a change of risk.

## 9. Plan Duration of Cover

**Your** plan is in force for the **Period of Cover** noted in **Your Certificate of Insurance**, and is renewable annually thereafter for additional **Periods of Cover**.

## 10. Break in Cover

Where there is a break in **Cover**, for whatever reason, **We** reserve the right to reapply Exclusion 1 in respect of pre-existing **Medical Conditions**.

## 11. Waiver

Waiver by **Us** in any instance of any term or condition of this **Policy** will not prevent **Us** from relying on such term or condition in other instances.

## 12. 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 related **Cover/plan**. **We** may, at **Our** discretion, reinstate the **Cover** if the 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 **Group** has at any time:

- a. Misled **Us** by misstatement.
- b. Knowingly claimed **Benefits** for any purpose other than as are provided for under this **Policy**.
- c. Agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to **Our** detriment.
- d. Otherwise failed to observe the terms and conditions of this **Policy** or failed to act with utmost good faith.

### 13. Cover May End

Cover under Your plan will end if:

- a. Your employer cancels or terminates the Group Policy.
- b. You voluntarily stop Your Cover under the Group plan.
- c. You are no longer eligible for Cover (e.g. Your employment stops).
- d. You exhaust the Maximum Aggregate Benefit under the Group plan.
- e. You fail to reimburse Us within 14 days of receipt of notice that We have made payment for Treatment or Medical Condition that is not covered within the terms and conditions of the Group plan.
- f. You fail to make contributions to the premium for Your Cover to the extent that Employee contributions are required.

### 14. Applicable Law

The law applicable to this Policy shall be as specified in the Certificate of Insurance. If no law is specified, then the Policy shall be construed according to the laws of England, and shall be subject to the non-exclusive jurisdiction of the courts of England and Wales.

### 15. Fraudulent/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 Member shall be cancelled void from Date of Entry.

### 16. Liability

Our liability shall cease immediately upon termination of the Group Policy for whatever reason, or upon the Employee's termination of employment.

### 17. Subrogation

The Policy shall be subrogated to all rights of recovery that You have against any other party with respect to any payment made by that party to You due to any injury, illness or Medical Condition You sustain to the full extent of the Benefits provided or to be provided by the Policy. If Members 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 which is insufficient to fully compensate the Member in part or in whole for the damages sustained.

Members are required to fully cooperate with Us in Our efforts to recover any payments made including any legal proceedings which We may conduct and proceed on their behalf at Our sole discretion. Members are required to notify Us within 30 days of the date when any notice is given to any party, including an insurance company or attorney, of Your intention to pursue or investigate a claim to recover damages or obtain compensation due to injury, illness or Medical Condition sustained by the Member. Other than with Our written consent Members have no entitlement to admit liability for any eventuality or give promise of any undertaking which 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.

### 18. Currency

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 time We assess the claim.

### 19. Language

This contract may only be completed in English.

### 20. Policy renewal and termination

If an Employee has been accepted by Us into the plan prior to their 65th birthday, they may renew Cover indefinitely provided that they continue to fulfil Policy eligibility criteria.

# EXCLUSIONS

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For all plans, **Cover** is not provided for the following:

**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' continuous membership, any pre-existing **Medical Conditions** (and **Related Conditions**) will become eligible for **Benefit** provided (in respect of that condition), that **You** have not during that period:

a. Consulted any **Medical Practitioner** or **Specialist** for **Treatment** or **Advice** (including check-ups).

or

b. Experienced further symptoms.

or

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

**2.** Chronic supportive **Treatment** of renal failure, including dialysis. **We** will, however, pay for the cost of renal dialysis incurred:

a. Immediately pre- and post-operatively.

b. In connection with **Acute** secondary failure when dialysis is part of intensive care.

**3.** **Treatment**, which **We** determine on **General Advice** is either experimental or unproven.

**4.** Hereditary **Medical Condition(s)**.

**5.** Congenital Anomalies where symptoms exist or where **Advice** has been sought prior to the **Member's Date of Entry**.

**6.** Routine tests and physical examinations by a **Medical Practitioner**, including gynaecological investigations, unless the **Wellness Benefit** has been purchased. Normal hearing tests and preventative medicines.

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

**8.** **Rehabilitation** except as expressly provided under the **Benefit** for **Rehabilitation**.

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

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

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

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

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

**14.** Any second or subsequent medical opinions from a **Medical Practitioner** or **Specialist** for the same **Medical Condition** unless it has been authorised by **Us** in writing.

**15.** Voluntary caesarean section costs or **Medically Necessary** caesarean section costs due to any previous non-**Emergency** caesarean sections undertaken.

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

**17.** **New Born** neo-natal care, unless the **Maternity Benefit** has been purchased, for the first 24 hours after birth.

**18.** **Treatment** directly or indirectly arising from (or required in connection with) male and female birth control, sterilisation (or its reversal), or any complications resulting from Infertility **Treatment** including, but not limited to, premature or multiple births following assisted conception.

**19.** **Treatment** of impotence or any **Related Condition** or consequence thereof.

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

**21.** Venereal disease or any other sexually transmitted diseases or any **Related Condition** except for those payable under the **AIDS Benefit**.

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

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

**24.** **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.

**25.** Suicide or attempted suicide, **Bodily Injury** or illness, which is willfully self-inflicted or due to negligent or reckless behaviour.

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

**27.** Costs and expenses incurred where a **Member** has travelled against medical **Advice**.

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

**29.** 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 **Out-Patient**, including the costs of a hire car.

**30.** **Treatment** and expenses directly or indirectly arising from or required as a consequence of: 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**, unless the **Member** sustains **Bodily Injury** whilst an innocent bystander.

**31.** **Treatment** directly or indirectly arising from or required as a result of chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel, asbestosis or any **Related Condition**.

**32.** Regardless of any contributory clause(s), this insurance does not cover **Treatment** of a **Medical Condition** which is in any way caused or contributed to by an **Act of Terrorism** involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent. If **We** allege that by reason of this exclusion any claim is not covered by this insurance the burden of proving the contrary shall be upon **You**.

**33.** **Treatment** for sleep related breathing disorders — including snoring, fatigue, jet lag or work-related stress or any **Related Condition**.

**34.** Dietary supplements and substances which are available naturally and that can be purchased without prescription, including but not limited to vitamins, minerals and organic substances.

**35.** Home visits by a **Medical Practitioner, Specialist** or **Qualified Nurse** unless specifically agreed by Us in writing prior to consultation.

**36.** Complications of pregnancy costs arising during the first 12 months from the **Commencement Date** or **Date of Entry**, whichever is the later.

### **Additional exclusions applicable to the IHP Core Plan;**

**37.** Compassionate Emergency Travel.

**38.** Chronic conditions and **Palliative Treatment** as determined by Us on receipt of **Advice**. **We** will, however, pay for the stabilisation of **Acute** exacerbations of **Chronic Medical Conditions** that are not pre-existing **Medical Conditions**. This exclusion does not apply to the **Benefit** for AIDS.

**39.** External prostheses, including their maintenance or fitting, any hearing aids or other equipment, medical or otherwise except as is specified in the **Benefit** for Ancillary Expenses.

**40.** Out-Patient Psychiatric Treatment.

**41.** Hormone Replacement Therapy.

**42.** Hospice care.

**43.** Vaccinations or Inoculations.

**44.** Direct Settlement Network.

**45.** Orthodontic **Treatment**, gingivitis, and periodontitis or any **Related Conditions**.

**46.** Routine Dental **Treatment**.

**47.** Restorative Dental **Treatment**.

**48.** Routine Pregnancy.

**49.** Traditional Chinese Medicine.

**50.** USA Elective **Treatment**.

**51.** Vision Care.

**52.** Wellness – Annual Routine medical check ups.

**53.** Wellness – Annual Routine medical checkups and mammogram or breast examinations, routine gynaecological tests and testicular or prostate examinations and associated tests.

### **Additional exclusions applicable to the IHP Essential Plan;**

**54.** Compassionate Emergency Travel.

**55.** Prostheses or **Appliances** including their maintenance or fitting, any hearing aids or other equipment, medical or otherwise except as is specified in the **Benefit** for Ancillary Expenses.

**56.** Hospice care.

**57.** Vaccinations or Inoculations.

### **Additional exclusions applicable to the IHP Plus Plan;**

**58.** Compassionate Emergency Travel.

**59.** Prostheses or **Appliances** including their maintenance or fitting, any hearing aids or other equipment, medical or otherwise except as is specified in the **Benefit** for Ancillary Expenses.

### **Expenses incurred for the following Treatments, Medical Conditions and procedures are not covered by this Policy unless confirmed otherwise in Your Certificate of Insurance/ Benefits Schedule.**

**60.** China Private Room Restriction.

**61.** Direct Settlement Network.

**62.** Extended Evacuation.

**63.** Hong Kong Semi-Private Room restriction.

**64.** Infertility **Treatment**.

**65.** Orthodontic **Treatment**, gingivitis, and periodontitis or any **Related Condition**.

**66.** Routine Dental **Treatment**.

**67.** Restorative Dental **Treatment**.

**68.** Routine Pregnancy.

**69.** Traditional Chinese Medicine.

**70.** USA Elective **Treatment**.

**71.** Vision Care.

**72.** Wellness – Annual Routine medical check ups.

**73.** Wellness – Annual Routine medical checkups and mammogram or breast examinations, routine gynaecological tests and testicular or prostate examinations and associated tests.

# CLAIMS PROCEDURES

## When it is time to get reimbursed, **the choice is Yours**

AGB offers a variety of claim reimbursement options. **You** can receive **Your** reimbursement via electronic transfer, cheque or bank draft.

### HOW TO FILE A CLAIM

For claims **OVER** £125, €150, US\$200, HK\$1,500  
For certain **Treatments**, **You** will be required to contact Member Services to obtain pre-authorization. Please see the "Pre-authorization" section on the next page.

For claims **UNDER** £125, €150, US\$200, HK\$1,500

**Complete all sections of the claim form in full for each treated condition.**  
Please make sure that **Your** doctor completes and signs Sections D and E.  
**Note:** All sections must be completed in full for hospitalisation claims as well.

**Complete Sections A, B and C of the claim form for each treated condition.**  
**Note:** Be sure to include diagnosis/**Medical Condition**.

#### **Attach the following to Your claim form (as appropriate):**

- All original paid receipts (or other proof of payment). **We** will accept copies of original receipts to start the claim process. In some circumstances original receipts may also be requested by **Us** for verification before a payment can be made.
- All supporting documents relating to the claim for all **Treatments** referred to in the claim.
- Any laboratory test results and/or x-rays relating to the claim.
- A referral letter from **Your Specialist** (if the claim includes charges for diagnostic tests).
- A copy of the referral letter from **Your Medical Practitioner** (if **Treatment** was provided by a registered physiotherapist, chiropractor, osteopath, homeopath, podiatrist or acupuncturist).

**Sign and date the form.** This must be done by the insured **Member** in order to validate the claim.

**Submit Your claim by mail, fax or e-mail to the contact information indicated on Your claim form.**

## Contact Details

For all enquiries, including claims information, and to reach IHAT, contact the AGB International Member Service Centre at the number found on Your membership ID card.

## General claims information:

We reserve the right to deny any claim that is not submitted within 180 days of the **Treatment** date. Claims may only be made for **Treatment** given during a **Period of Cover**. The **Benefit** will only be available for expenditure incurred prior to expiry or termination of **Cover**.

### IMPORTANT

*In order to ensure that **Members** receive the best possible claims service, the procedures noted below should be followed in the event of **Treatment** being required.*

## Pre-authorisation

We require **Members** to obtain prior approval (pre-authorisation) from **Us** before commencing the following **Treatments**:

- Planned In-Patient or Day-Patient **Treatment** (hospitalisation)
- Any pregnancy or childbirth **Treatment**
- Planned surgery
- Second medical opinions
- Home nursing charges
- Planned MRI and CT Scans

## Referral from a Medical Practitioner or Specialist

We will require a **Medical Practitioner's** or **Specialist's** referral to be included whenever filing a claim for the following **Treatments**:

- Chiropractic **Treatment**
- Acupuncture **Treatment**
- Osteopathic **Treatment**
- Homeopathic **Treatment**
- Podiatric **Treatment**
- Physiotherapy (additional referral by **Specialist** required after 10 sessions)

As a **Member**, **You** must, without delay, provide **Us** with written notification of a claim or right of action against a third party arising out of circumstances that created a claim under this plan. **You** must continue to keep **Us** fully informed in writing and take all steps **We** reasonably require in making a claim upon that other party. **We** are entitled to take legal action in any **Member's** name for **Our** own benefit. This includes claims for indemnity, damages or otherwise that relate to any **Benefits** and costs paid or payable under this plan. **We** have full discretion in the conduct of these proceedings and in the settlement of any claim.

All required, supporting claim documents and materials (including, but not limited to, original accounts, certificates and

x-rays) shall be provided without expense to **Us**. This includes medical reports from **Your Medical Practitioner** or **Specialist** and details of **Your** medical history, if requested by **Us**.

If **We** require medical information when considering a particular claim but it is not made available to **Us**, it is **Your** responsibility to obtain this information from **Your** current or previous **Medical Practitioner** or **Specialist**, as appropriate.

Charges from an attending **Medical Practitioner** or **Specialist** for completing claim forms are not eligible for reimbursement under the terms and conditions of this plan. **Members** will be responsible for these costs.

**We** realise that it may not always be possible to have **Your** claim form completed by **Your Medical Practitioner, Specialist** or **Dental Practitioner**.

In certain circumstances, **We** will settle the claim, provided receipt(s) for **Treatment** are included and contain all of the following:

- The date of service
- The **Medical Condition** diagnosis
- The provided **Treatment**
- The charged amount
- The stamp of the facility concerned.

*The settlement of claims may be delayed if **You** fail to complete **Your** claim form(s) properly.* To ensure prompt settlement of any eligible claims, please ensure that **You** submit all necessary documents at the time of the claim. **We** accept copies of original receipts to initiate the claim process and to facilitate the assessment of **Your** claim (i.e. if **You** submit claims via fax or e-mail), however **We** require that **You** send the originals before any claims payment is made by **Us**.

## Out-Patient Treatment

**Out-Patient Treatment** is **Treatment** received in a recognised medical facility and does not require admission to a **Hospital** bed.

### 1. For Treatment Outside the USA

**Out-Patient** services and **Treatment** received outside the USA are required to be paid by the **Member** at the time of **Treatment**. After paying for **Treatment**, **You** must submit a claim form to **Us**. To ensure prompt settlement of claims, please take **Your** claim form with **You** in order for it to be completed by the treating practitioner or **Specialist**.

Exceptions may be made for high cost procedures. In this case, **Members** are required to contact **Us** prior to receiving

**Treatment**, in order for **Us** to attempt to arrange direct payment with the medical facility concerned. Please note that not all medical facilities will accept direct payment from **Us**. In these instances, the **Member** will be required to settle the bill and submit a claim to **Us** for reimbursement.

Providing all relevant information is submitted to support **Your** claim, **We** will reimburse **You** within fifteen (15) business days of receipt, by the payment method of **Your** choice, as stated on **Your** claim form. Where this is by bank transfer, clearly state the name of **Your** bank, account number and SWIFT (or IBAN) code.

## Out-Patient Treatment within the Direct Settlement Network/ Provider Network:

For those in the relevant participating countries, **We** have arranged a **Direct Settlement Network/Provider Network**, enabling **Members** to obtain **Out-Patient Treatment** (as defined in the **Certificate of Insurance**) at a number of selected medical centres where all eligible **Treatment** charges will be paid directly by **Us**.

When seeking eligible **Out-Patient Treatment** at any of the participating centres, it is important that **Members** present their personal AGB membership card to the medical centre before **Treatment** begins in order to ensure that **You** are not asked to settle any **Treatment** costs **Yourself**.

- Present **Your** AGB membership card to the medical centre on arrival.
- Have a second form of identification available should it be required by the reception staff.
- Check the claim form that the medical centre will provide after **Your Treatment** and sign it to confirm that **You** have received the **Treatment** stated.
- Settle any charges made by the medical centre, which relate to either items not covered or ineligible **Treatment** that **You** may have received.

### IMPORTANT

*Please remember that **Your** AGB membership card should not be used to obtain **Treatment** which is excluded from **Cover**.*

## 2.For Treatment Inside the USA

Some plans allow for **Treatment** to be undertaken in the USA. Please check **Your Certificate of Insurance** to ensure that **You** have the appropriate **Cover** before undertaking any **Treatment** in the USA.

Where **Your Policy** allows, **Out-Patient** services and **Treatment** received within **Our Provider Network** can be billed to **Us** directly.

**Members** are required to show their membership card to the provider who will contact **Us** to confirm direct billing. This may not happen immediately and, should **You** be asked to pay for the **Treatment**, please ensure **You** state clearly to the facility that **You** wish to have **Your** bill settled directly by **Us**, and for them to contact the number on the reverse of **Your** AGB membership card.

In the unlikely event that **You** are still required to pay **Your** bill, please follow the steps as outlined in Section 1 above.

**Our** claims department will process the claim according to the applicable portion payable by **Us**, taking into account **Your Excess** and any **Co-Insurance** applicable. Once **Our** portion is paid, **We** will send both **You** and the provider an Explanation of Benefits (EOB) with details of settlement and a statement of what **You** are responsible for.

## Day-Patient and In-Patient Treatment

**Day-Patient** and **In-Patient** Treatments are those that are received in a **Hospital**, and where it is **Medically Necessary** for **Members** to be admitted to a **Hospital** bed, whether or not an overnight stay is necessary. **We** require that **Our** prior approval (pre-authorisation) be obtained for all planned **Day-Patient** and **In-Patient** Treatment.

For **Emergency** admissions, the **Member**, the **Hospital** or a family member should contact **Us** to obtain authorisation prior to **You** leaving the **Hospital**. Failure to notify **Us** of **In-Patient** or **Day-Patient** Treatment will mean that **You** may only be eligible for reimbursement of a proportion of the costs incurred.

## 1.For Treatment outside the USA

When **We** have been notified of an eligible **Day-Patient/In-Patient** stay, **We** will attempt to arrange direct billing with the **Hospital** and the **Medical Practitioners** or **Specialists** concerned. **We** will send the **Hospital** a guarantee of payment for the estimated cost of the **Treatment**, as indicated by the relevant facility/provider, which will confirm to them that the **Treatment** is covered under **Your** plan.

### Release of Medical Information Form:

**You** will be required to complete a Release of Medical Information Form which **You** should forward to **Us** as soon as possible. Delays in completing this may result in delays in receiving **Treatment**.

### Pre-certification Medical Form:

The **Hospital** is required to complete a pre-certification medical form outlining details of the **Medical Condition** and **Treatment** to be undertaken.

**We** cannot place a guarantee of payment without these two documents, so please ensure that the **Hospital** confirms with **You** that this has been sent to **Us**. **We** will verbally confirm that **Your Treatment** is covered under the terms of the **Group** plan. However, completion of pre-authorisation is conditional on the submission of **Our** guarantee of payment. **We** will notify **You** as soon as possible if the condition or **Treatment** required is not covered.

It is important to contact **Us** as soon as possible prior to **Treatment** to ensure **We** are able to place a guarantee of payment in time. **We** recommend that **You** do not delay **Treatment** if a guarantee is not in place at the time **Treatment** is due.

## 2.For Treatment Inside the USA

Some plans allow for **Treatment** to be undertaken in the USA. Please check **Your Certificate of Insurance** to ensure that **You** have the appropriate **Cover** before undertaking any **Treatment** in the USA.

**Treatment** received within the **Provider Network** will be billed to **Us** directly. **Our** claims department will determine what portion of the invoice is applied to **Your Excess** and which portion is payable by **Us**. **We** will send **You** and the provider copies of the Explanation of Benefits (EOB) detailing how the bill was settled and what amount **You** are responsible for.

**We** will notify **You** as soon as possible if the **Medical Condition** or **Treatment** required is not covered by **Your** plan.

### USA Provider Network:

**We** have made arrangements with many **Provider Networks** in the USA, which mean that costs for **Treatment** at these facilities can be settled directly by **Us**.

### Emergency/Evacuation

In the event of a true medical **Emergency** or **Evacuation**, **Members** may also contact the **Emergency** Assistance Medical Helpline at the appropriate number found on **Your** AGB membership ID card.

# COMPLAINTS PROCEDURES

We intend to meet our customers' expectations at all times. However, we understand that from time to time complaints may arise. Our complaints handling procedures are based on the rules prescribed by the UK's Financial Services Authority and our aim is to resolve any complaints that we receive both fairly and promptly.

## Who should I contact with a complaint?

### Asia-Pacific:

#### Aetna Global Benefits (Asia Pacific) Limited

Suite 401-403  
DCH Commercial Centre  
25 Westlands Road  
Quarry Bay  
Hong Kong  
T: +852-3071-5022  
F: +852-2866-2555  
AsiaPacServices@aetna.com

### Europe:

#### Aetna Global Benefits (Europe) Limited

2nd Floor  
8 Eastcheap  
London EC3M 1AE  
United Kingdom  
TF: +1 866 320 4023<sup>1</sup>  
Collect: +1 813 775 0244  
TF Fax: +1 866 320 4024<sup>1</sup>  
EuropeServices@aetna.com

### Middle East:

#### Aetna Global Benefits Limited

P.O. Box 6380  
Dubai  
United Arab Emirates  
T: +971 4 438 7600  
F: +971 4 428 7101  
MEAServices@aetna.com

## Summary of our complaints handling procedures

Complaints will:

- Be acknowledged promptly, confirming who will be responsible for investigating the complaint.
- Be investigated competently, efficiently and impartially, ensuring that we provide updates on progress.
- Be assessed fairly, consistently and promptly.
- Be responded to within eight weeks; the member will receive either a letter giving the status of the complaint or a final response detailing the outcome of the investigation. If cover was purchased in the UK or Hong Kong, the member also has the right to refer the complaint to an Ombudsman Service or the Insurance Claims Complaints Bureau (respectively) should the member remain dissatisfied.

## Financial Ombudsman Service (United Kingdom):

### The Financial Ombudsman Service

South Quay Plaza  
183 Marsh Wall  
London  
E14 9SR  
United Kingdom  
Open Monday through Friday from  
8am until 6pm (GMT)

#### T: 0800 0 234 567

Free for people phoning from a UK "fixed line" (for example, a land line at home)

#### 0300 123 9 123

Free for UK mobile-phone users who pay a monthly charge for calls to numbers starting with 01 or 02

#### +44 20 7964 1000

For calls from outside of the UK

[www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)  
[complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

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

## Financial Services Compensation Scheme<sup>2</sup>

Aetna Global Benefits (Europe) Limited is covered by the Financial Services Compensation Scheme (FSCS). This means that you may be entitled to compensation from the scheme if it cannot meet its obligations. This depends on the type of business and the circumstances of the claim and would provide cover for 90% of the claim without any upper limit. Further information about compensation is available from the FSCS at [www.fscs.org.uk](http://www.fscs.org.uk) or telephone +44 (0) 20 7892 7300 or +44 (0) 800 678 1100.

If a member takes any of the action mentioned above, it will not affect any rights he/she may have to take legal action.

<sup>1</sup>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).

<sup>2</sup>Applies only to plans purchased through Aetna Global Benefits (Europe) Limited.





Our relationship with you goes beyond simply providing your international health care benefits.

We deliver first-class products, programmes and services to help you make the most of your AGB cover.

**That's the AGB difference.**

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 [www.facebook.com](http://www.facebook.com) (search "Aetna Global Benefits")



## HELP IS AVAILABLE WHEN YOU NEED IT

Contact your AGB International Member Service Centre anytime with questions about:

- Your AGB cover
- Eligibility verification
- Clinical support
- Claims
- General plan-related questions

To reach the AGB International Member Service Centre, dial the number found on your member ID card. You can also contact us as follows:

### Asia-Pacific:

#### **Aetna Global Benefits (Asia Pacific) Limited**

Suite 401-403  
DCH Commercial Centre  
25 Westlands Road  
Quarry Bay  
Hong Kong  
**T:** +852-3071-5022  
**F:** +852-2866-2555  
[AsiaPacServices@aetna.com](mailto:AsiaPacServices@aetna.com)

### Europe:

#### **Aetna Global Benefits (Europe) Limited**

2nd Floor  
8 Eastcheap  
London EC3M 1AE  
United Kingdom  
**TF:** +1 866 320 4023<sup>3</sup>  
**Collect:** +1 813 775 0244  
**Fax:** +44 (0) 870 442 4377  
[EuropeServices@aetna.com](mailto:EuropeServices@aetna.com)

### Middle East and Africa: **Aetna Global Benefits Limited**

P.O. Box 6380  
Dubai  
United Arab Emirates  
**T:** +971 4 438 7600  
**F:** +971 4 428 7101  
[MEAServices@aetna.com](mailto:MEAServices@aetna.com)

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Policies issued inside the Middle East and Africa and outside the United Arab Emirates (UAE) are insured by Aetna Life & Casualty (Bermuda) Limited or by another insurance company as stated in the insurance documentation. Policies issued outside the UAE are administered by Aetna Global Benefits Limited - A Company Regulated by DFSA and Aetna Health Services (Middle East) FZ LLC. Aetna Global Benefits Limited, registered address: Gate Village Building No. 7, Unit 101, DIFC, P.O. Box 6380, Dubai, UAE. Aetna Health Services (Middle East) FZ LLC, registered address: 3rd Floor, Building No. 7, Dubai Outsource Zone, PO Box 6380, Dubai, UAE.

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

<sup>3</sup>International toll-free number requires an access code. Please refer to the website [www.att.com/business\\_traveler](http://www.att.com/business_traveler) to locate the access code for the country from which you are dialling.