

# Aetna International ID Card examples

## Aetna International standard card 2

### Middle East & Africa

Africa MSO network access	2
Bahrain – BNL partner insurer	3
Kuwait – Warba partner insurer	3
Oman – MIC partner insurer	3
Qatar – Al Khaleej partner insurer	4
United Arab Emirates – Al Ain Ahlia partner insurer	
Abu Dhabi compliant	4
Dubai compliant	5
Other Emirates	5

### Asia Pacific

China	
China Life partner insurer	6
Huatai partner insurer	6
Indonesia – ACA Asuransi partner insurer	6
Malaysia	
Archipelago partner insurer	7
Asia Assistance network access	7
Asia Assistance network access and Mediclinic OP direct billing	7
Philippines – Starr Companies partner insurer	8
Singapore	
Singapore Fullerton network access	8
Singapore Raffles Plan network access	8
Vietnam – Baoviet partner insurer	9

### Europe

eCare – 3HR Benefits Consultancy product	9
Elect – Mercer product	9

# Aetna International ID Card examples

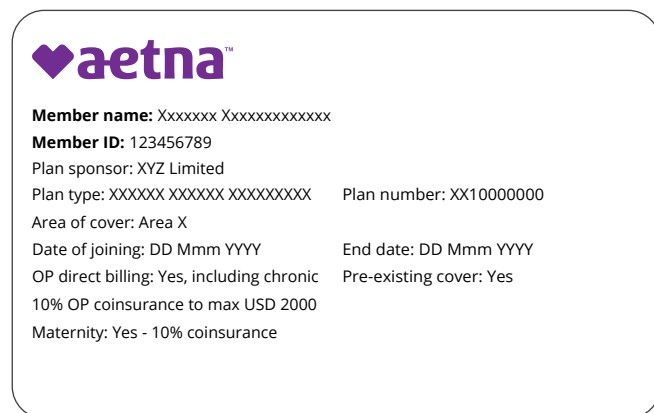
Actual cards will vary from those shown depending on the exact cover the member has. For example,

- If there's no plan sponsor, we completely remove that space.
- If the plan does not include outpatient direct billing, then the maternity and pre-existing fields will not display.

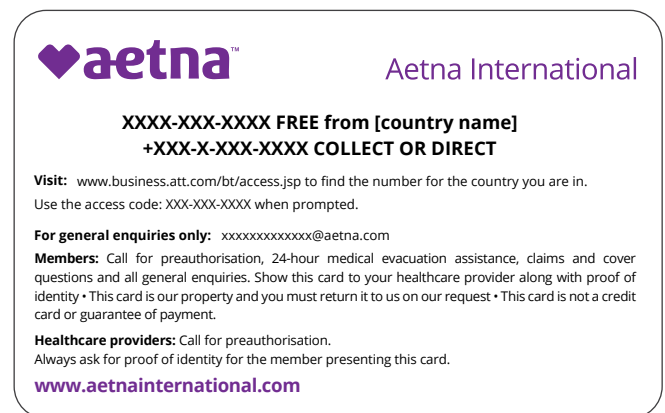
Outpatient direct billing cover availability is shown in two different ways:

- 'OP direct billing: Yes, including chronic'
- 'Direct Settlement Network'
- If you have any questions, please contact us using the number on the member's ID card

## Aetna International standard card



Member ID card front

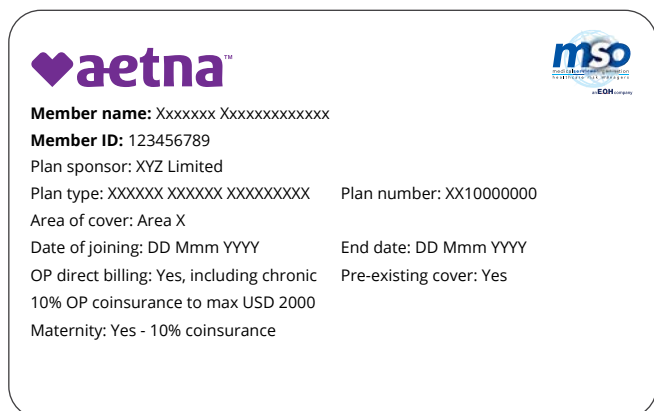


Member ID card back

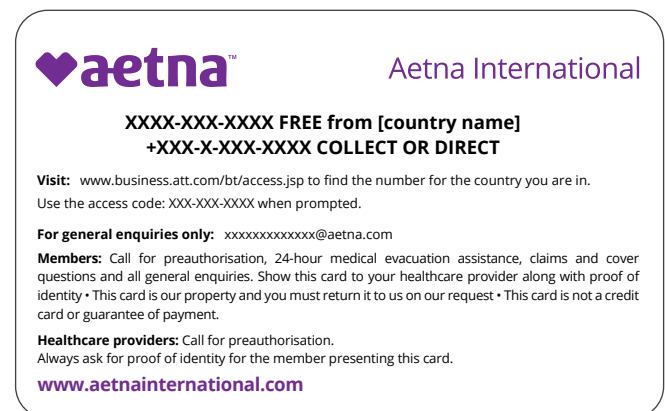
## Middle East & Africa

### Africa MSO network access

Note: Africa-based members with no MSO access will receive a standard Aetna International card.





Member ID card front



Member ID card back

## Bahrain – BNL partner insurer



	 We are here, for life من أجلكم، مدد الحياة
<b>Member name:</b> John Doe	
<b>Member ID:</b> 123456789	
Plan sponsor: XYZ Limited	
Plan type: XXXXX XXXXX XXXXXXXX	Plan number: XX10000000
Area of cover: Area X	
Date of joining: DD Mmm YYYY	End date: DD Mmm YYYY
OP direct billing: Yes, including chronic	Pre-existing cover: Yes
10% OP coinsurance to max USD 2000	
Maternity: Yes - 10% coinsurance	

Member ID card front

	Aetna International
<b>8008-1429 FREE from Bahrain</b> <b>+971-4-438-7602 internationally</b>	
<b>Visit:</b> <a href="http://www.business.att.com/bt/access.jsp">www.business.att.com/bt/access.jsp</a> to find the number for the country you are in. Use the access code: 855-491-9163 when prompted.	
<b>For general enquiries only:</b> <a href="mailto:MEAServices@aetna.com">MEAServices@aetna.com</a>	
<b>Members:</b> Call for preauthorisation, 24-hour medical evacuation assistance, claims and cover questions and all general enquiries. Show this card to your healthcare provider along with proof of identity • This card is our property and you must return it to us on our request • This card is not a credit card or guarantee of payment.	
<b>Healthcare providers:</b> Call for preauthorisation. Always ask for proof of identity for the member presenting this card.	
<a href="http://www.aetnainternational.com">www.aetnainternational.com</a>	

Member ID card back

## Kuwait – Warba partner insurer



	 WARBA INSURANCE وربة للتأمين
<b>Member name:</b> John Doe	
<b>Member ID:</b> 123456789	
Plan sponsor: XYZ Limited	
Plan type: XXXXX XXXXX XXXXXXXX	Plan number: XX10000000
Area of cover: Area X	
Date of joining: DD Mmm YYYY	End date: DD Mmm YYYY
OP direct billing: Yes, including chronic	Pre-existing cover: Yes
10% OP coinsurance to max USD 2000	
Maternity: Yes - 10% coinsurance	

Member ID card front

	Aetna International
<b>2208-3925 FREE from Kuwait</b> <b>+971-4-438-7602 internationally</b>	
<b>Visit:</b> <a href="http://www.business.att.com/bt/access.jsp">www.business.att.com/bt/access.jsp</a> to find the number for the country you are in. Use the access code: 855-491-9163 when prompted.	
<b>For general enquiries only:</b> <a href="mailto:MEAServices@aetna.com">MEAServices@aetna.com</a>	
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<a href="http://www.aetnainternational.com">www.aetnainternational.com</a>	

Member ID card back

## Oman – MIC partner insurer



	 مستط للتأمين
<b>Member name:</b> John Doe	
<b>Member ID:</b> 123456789	
Plan sponsor: XYZ Limited	
Plan type: XXXXX XXXXX XXXXXXXX	Plan number: XX10000000
Area of cover: Area X	
Date of joining: DD Mmm YYYY	End date: DD Mmm YYYY
OP direct billing: Yes, including chronic	Pre-existing cover: Yes
10% OP coinsurance to max USD 2000	
Maternity: Yes - 10% coinsurance	

Member ID card front

	Aetna International
<b>8007-4324 FREE from Oman</b> <b>+971-4-438-7602 internationally</b>	
<b>Visit:</b> <a href="http://www.business.att.com/bt/access.jsp">www.business.att.com/bt/access.jsp</a> to find the number for the country you are in. Use the access code: 855-491-9163 when prompted.	
<b>For general enquiries only:</b> <a href="mailto:MEAServices@aetna.com">MEAServices@aetna.com</a>	
<b>Members:</b> Call for preauthorisation, 24-hour medical evacuation assistance, claims and cover questions and all general enquiries. Show this card to your healthcare provider along with proof of identity • This card is our property and you must return it to us on our request • This card is not a credit card or guarantee of payment.	
<b>Healthcare providers:</b> Call for preauthorisation. Always ask for proof of identity for the member presenting this card.	
<a href="http://www.aetnainternational.com">www.aetnainternational.com</a>	

Member ID card back

## Qatar – Al Khaleej partner insurer

**Participant name:** John Doe  
**Participant ID:** 123456789      **Staff ID:** xxxxxxxx  
**Plan sponsor:** XYZ Limited  
**Plan type:** XXXXXX XXXXXX XXXXXXXXXX      **Plan number:** XXXXXXXXXX  
**Area of cover:** Area X  
**Date of joining:** DD Mmm YYYY      **End date:** DD Mmm YYYY  
**OP direct billing:** Yes, including chronic      **Pre-existing cover:** Yes  
**10% OP co-payment to max USD 2000**  
**Maternity:** Yes - 10% co-payment

Participant ID card front




**800-0108 FREE from Qatar**  
**+971-4-438-7602 internationally**

**Visit:** [www.business.att.com/bt/access.jsp](http://www.business.att.com/bt/access.jsp) to find the number for the country you are in. Use the access code: 855-491-9163 when prompted.

**For general enquiries only:** [MEAServices@aetna.com](mailto:MEAServices@aetna.com)

**Participants:** Call for preauthorisation, 24-hour medical evacuation assistance, claims and cover questions and all general enquiries. Show this card to your healthcare provider along with proof of identity • This card is our property and you must return it to us on our request • This card is not a credit card or guarantee of payment.

**Healthcare providers:** Call for preauthorisation. Always ask for proof of identity for the participant presenting this card.

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

Participant ID card back

## United Arab Emirates – Al Ain Ahlia partner insurer

### Abu Dhabi compliant

NEURON NETWORK :

DENTAL:	MATERNITY:	OPTICAL:
---------	------------	----------

**Your copay is**  
 OPD CON:  
 DENT:

Direct billing facility for Dental and Optical with pre-approval only

**Your plan is**  
 XXXXXX

**Your member number is**  
 83xxxx



**Your HAAD number is**


DHA Receiver/Payer ID: INS028/TPA001  
 HAAD Receiver/Payer ID: A010/C005


Member ID card front

Group :

Policy : 83XXX	Expiry :
----------------	----------


Developed by:  Insured by: 


**This insurance card belongs to**  
 Xxxxxxx Xxxxxx  
 Employee ID :123456


Administered by: 
**Questions?**  
 800 69 23862 (UAE only)  
 +971 800 69 23862 (outside UAE)  
[myaetna@neuron.ae](mailto:myaetna@neuron.ae)  
[www.neuron.ae/aetna](http://www.neuron.ae/aetna)

Member ID card back

Administered by: **Aetna Global Benefits**

Insured by: 

**Member name:** John Doe  
**Member ID:** 123456789  
**Plan sponsor:** XYZ Limited  
**Plan type:** XXXXXX XXXXXX XXXXXXXXXX      **Plan number:** XX10000000  
**Area of cover:** Area X  
**Date of joining:** DD Mmm YYYY      **End date:** DD Mmm YYYY  
**OP direct billing:** Yes, including chronic      **Pre-existing cover:** Yes  
**AED 50 excess per OP consultation**  
**Maternity:** Yes - Nil coinsurance      **HAAD Product number:** XXXXXXXXXX  
**DHA Receiver/Payer ID:** INS028/INS028      **HAAD Receiver/Payer ID:** A010/A010



Member ID card front

Administered by: **Aetna Global Benefits**

**8000-444-3265 FREE from United Arab Emirates**  
**+971-4-438-7602 internationally**

**Visit:** [www.business.att.com/bt/access.jsp](http://www.business.att.com/bt/access.jsp) to find the number for the country you are in. Use the access code: 855-491-9163 when prompted.

**For general enquiries only:** [MEAServices@aetna.com](mailto:MEAServices@aetna.com)

**Members:** Call for preauthorisation, 24-hour medical evacuation assistance, claims and cover questions and all general enquiries. Show this card to your healthcare provider along with proof of identity • This card is our property and you must return it to us on our request • This card is not a credit card or guarantee of payment.

**Healthcare providers:** Call for preauthorisation. Always ask for proof of identity for the member presenting this card.

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

Member ID card back

## Dubai compliant

NEURON NETWORK :

DENTAL:	MATERNITY:	OPTICAL:
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**Your copay is**

OPD CON:  
DENT:

Direct billing facility for Dental and Optical with pre-approval only

**Your plan is**  
XXXXXX



**Your member number is**  
83xxxx

DHA Receiver/Payer ID: INS028/TPA001  
HAAD Receiver/Payer ID: A010/C005

Member ID card front


Group :

Policy : 83XXX      Expiry :



Developed by:  Insured by: 

**This insurance card belongs to**  
XXXXXX XXXXX

Employee ID :123456

Administered by:  **Questions?**  
800 69 23862 (UAE only)  
+971 800 69 23862 (outside UAE)  
myaetna@neuron.ae  
www.neuron.ae/aetna

Member ID card back

 Insured by: 

**Member name:** John Doe  
**Member ID:** 123456789  
Plan sponsor: XYZ Limited  
Plan type: XXXXXX XXXXXX XXXXXXXXXX      Plan number: XX10000000  
Area of cover: Area X      Chosen tier: Tier X  
Date of joining: DD Mmm YYYY      End date: DD Mmm YYYY  
OP direct billing: Yes, including chronic      Pre-existing cover: Yes  
10% OP coinsurance to max USD 2000  
Maternity: Yes - 10% coinsurance  
DHA Receiver/Payer ID: INS028/INS028      HAAD Receiver/Payer ID: A010/A010

Member ID card front

 **Aetna International**

**8000-444-3265 FREE from United Arab Emirates**  
**+971-4-438-7602 internationally**

**Visit:** www.business.att.com/bt/access.jsp to find the number for the country you are in.  
Use the access code: 855-491-9163 when prompted.

**For general enquiries only:** MEAServices@aetna.com



**Members:** Call for preauthorisation, 24-hour medical evacuation assistance, claims and cover questions and all general enquiries. Show this card to your healthcare provider along with proof of identity • This card is our property and you must return it to us on our request • This card is not a credit card or guarantee of payment.

**Healthcare providers:** Call for preauthorisation.  
Always ask for proof of identity for the member presenting this card.

**www.alaininsurance.com      or      www.aetnainternational.com**

Member ID card back

## Other Emirate plans – not Dubai or Abu Dhabi compliant

 Insured by: 

**Member name:** John Doe  
**Member ID:** 123456789  
Plan sponsor: XYZ Limited  
Plan type: XXXXXX XXXXXX XXXXXXXXXX      Plan number: XX10000000  
Area of cover: Area X      End date: DD Mmm YYYY  
Date of joining: DD Mmm YYYY      Pre-existing cover: Yes  
OP direct billing: Yes, including chronic      HAAD Product number: XXXXXXXXXX  
10% OP coinsurance to max USD 2000  
Maternity: Yes - 10% coinsurance  
DHA Receiver/Payer ID: INS028/INS028      HAAD Receiver/Payer ID: A010/A010  
Valid outside UAE only

Member ID card front

 **Aetna International**

**8000-444-3265 FREE from United Arab Emirates**  
**+971-4-438-7602 internationally**

**Visit:** www.business.att.com/bt/access.jsp to find the number for the country you are in.  
Use the access code: 855-491-9163 when prompted.

**For general enquiries only:** MEAServices@aetna.com

**Members:** Call for preauthorisation, 24-hour medical evacuation assistance, claims and cover questions and all general enquiries. Show this card to your healthcare provider along with proof of identity • This card is our property and you must return it to us on our request • This card is not a credit card or guarantee of payment.

**Healthcare providers:** Call for preauthorisation.  
Always ask for proof of identity for the member presenting this card.




**www.alaininsurance.com      or      www.aetnainternational.com**

Member ID card back

# Asia Pacific

## China

China Life partner insurer


 	
<b>Member Name: John Smith</b> <b>Member ID: 123456</b> <b>Policy Number: 2018310000962700000001</b> ABC Co., Ltd Plan Type: China Life Healthy Assentials Insurance Plan Area: Worldwide excluding US Date of Joining: 01 Jan 2018      End Date: 31 Dec 18 OP Direct Billing: Yes including Chronic China & HK Network OP co-insurance: x% Type A; x% Type B; x% Type C Annual Deductible: Nil	
	

Member ID card front

For preauthorization, 24-hour medical evacuation assistance, claims and cover questions and all general enquiries: 预授权、24小时医疗救护转运、理赔和保障内容以及其他查询: China Health Hub 线上理赔及服务: www.aetnachina.com.cn Aetna International Service Centre 客户服务热线: +86 400 881 1269 (Toll free within China 中国境内免费) +1 559 490 4958 (collect, available worldwide 对方付费电话, 全球范围) Email电邮: AGBChinaServicesShanghai@aetna.com	To submit claims, mail to: 理赔部寄地址: Claims Service Suite 702, Gopher Center, 757 Meng Zi Road, Huang Pu District, Shanghai 200023 上海市黄浦区蒙自路757号歌斐中心702室 理赔部 邮编200023
This card is not a credit card or guarantee of payment. 此卡不是信用卡或付款担保。 This card is our property and you must return it to us when requested. 此卡为本司财产, 请根据要求退还。 We reserve the right for any reimbursement from you if you misuse this card. 如果您不正当使用此卡, 我们保留向您追讨补偿的权力。 Please refer to benefit schedule for full coverage information. 您实际的保障利益请参考保障内容请参考保险利益表。	
 微信登入线上理赔 Log in via WeChat	

Member ID card back

Huatai partner insurer






 	
<b>Member Name: John Smith</b> <b>Member ID: 123456</b> <b>Policy Number: H0102517180000000001</b> Company Name: ABC Co., Ltd Plan Type: Huatai Healthy Assentials Insurance Plan Area: Worldwide excluding US Date of Joining: 01 Jan 2018      End Date: 31 Dec 18 OP Direct Billing: Yes including Chronic China & HK Network OP co-insurance: x% Type A; x% Type B; x% Type C	
	

Member ID card front

For preauthorization, 24-hour medical evacuation assistance, claims and cover questions and all general enquiries: 预授权、24小时医疗救护转运、理赔和保障内容以及其他查询: China Health Hub 线上理赔及服务: www.aetnachina.com.cn Aetna International Service Centre 客户服务热线: +86 400 881 1291 (Toll free within China 中国境内免费) +1 559 490 4958 (collect, available worldwide 对方付费电话, 全球范围) Email电邮: HTChinaServices@aetna.com	To submit claims, mail to: 理赔部寄地址: Claims Service Suite 702, Gopher Center, 757 Meng Zi Road, Huang Pu District, Shanghai 200023 上海市黄浦区蒙自路757号歌斐中心702室 理赔部 邮编200023
This card is not a credit card or guarantee of payment. 此卡不是信用卡或付款担保。 This card is our property and you must return it to us when requested. 此卡为本司财产, 请根据要求退还。 We reserve the right for any reimbursement from you if you misuse this card. 如果您不正当使用此卡, 我们保留向您追讨补偿的权力。 Please refer to benefit schedule for full coverage information. 您实际的保障利益请参考保障内容请参考保险利益表。	
 微信登入线上理赔 Log in via WeChat	

Member ID card back

Indonesia - ACA Asuransi partner insurer

   	
<b>Member Name</b> <b>Plan Sponsor</b> Member ID: 123456789      Plan name Policy number: XX12345678      Area of cover Member since: DD/MM/YYYY      Expiry date: DD/MM/YYYY Copay Per Visit: Nil      Annual Deductible: Nil OP Preauth: USD100.00	
<b>Direct Settlement Network</b> 	

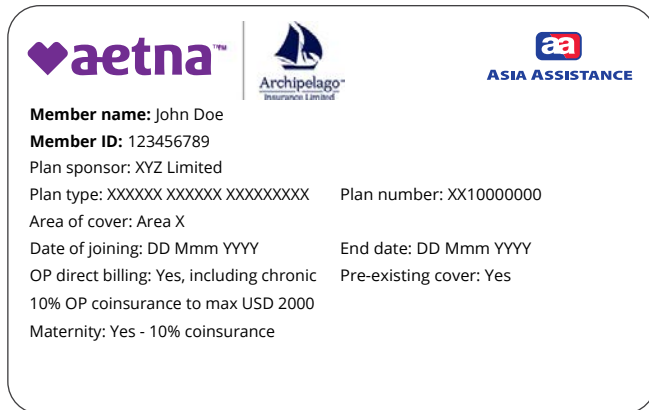
Member ID card front

<b>FOR CLAIMS AND COVER QUESTIONS, ELIGIBILITY VERIFICATION, DIRECT SETTLEMENT REQUEST, 24-HOUR MEDICAL EVACUATION ASSISTANCE AND ALL GENERAL ENQUIRIES</b> <b>Aetna International Service Center</b> 001-803-1-006-0716 (Toll free from Indonesia) +852-3071-5022	
<b>TO SUBMIT CLAIMS, BENEFIT VERIFICATION REQUEST AND OTHER CORRESPONDENCE</b> PT Aetna Global Benefits Indonesia Sentral Senayan 2 Building 16th Floor Suite West 16 Jl. Asia Afrika No.8 Gelora Bung Kamo Jakarta Pusat - 10270 Fax: +62-21-2965-5881 Email: AsiaPacServices@aetna.com	<b>PRODUCT OF THIS CARD DOES NOT GUARANTEE PAYMENT</b> <b>PROVIDER CONTACT INFORMATION</b> Providers call the Aetna Int'l Service Center at the telephone number listed at the top of this card

Member ID card back

## Malaysia

Archipelago partner insurer

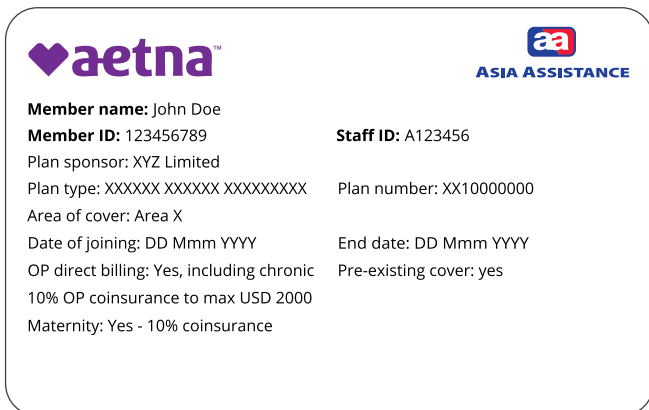


Member ID card front

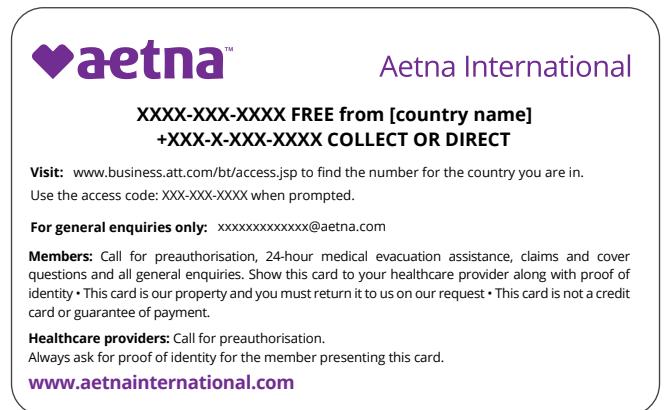


Member ID card back

Asia Assistance network access

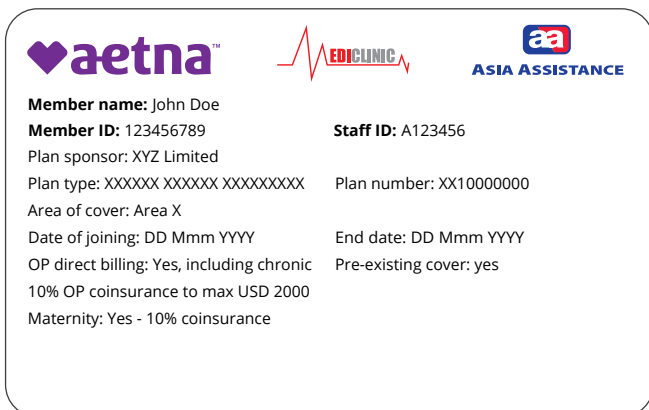


Member ID card front



Member ID card back

Asia Assistance network access and Mediclinic OP direct billing






Member ID card front



Member ID card back



## Philippines - Starr Companies partner insurer

		
<b>Member Name</b>		
<b>Plan Sponsor</b>		
Member ID: 123456789	Plan name	
Policy Number: AHA12345678	Area of cover	
Expiration Date: DD MMM YYYY	Copay Per Visit: Nil	
Member Since: DD MMM YYYY	Direct Settlement Network	
<b>Aetna International</b>		



Member ID card front

FOR CLAIMS AND COVER QUESTIONS, ELIGIBILITY VERIFICATION, DIRECT SETTLEMENT REQUESTS AND ALL GENERAL QUERIES:		<b>Starr International Service Member Center</b> <b>180014410893 (PLDT)</b> <b>180089088278 (Globe)</b> <b>(852) 3071-5022 (International)</b>
TO SUBMIT CLAIMS, BENEFIT VERIFICATION REQUESTS AND OTHER CORRESPONDENCE:		Mail: Unit 5, 23rd Floor Tower 2 The Enterprise Center 6766 Ayala Ave cor. Paseo de Roxas Legaspi Village, Makati City, Philippines Email: AsiaPacServices@StarrCompanies.com
PRODUCTION OF THIS CARD DOES NOT GUARANTEE PAYMENT	<b>PROVIDER CONTACT INFORMATION</b> Providers: call the Starr International Service Member Center at the telephone number listed at the top of this card	
Worldwide excluding USA. Elective treatment is excluded in the USA		

Member ID card back

## Singapore

### Fullerton network access


	
<b>Member name:</b> John Doe	
<b>Member ID:</b> 123456789	
Plan sponsor: XYZ Limited	
Plan type: XXXXXX XXXXXX XXXXXX	Plan number: XX10000000
Area of cover: Area X	
Date of joining: DD Mmm YYYY	End date: DD Mmm YYYY
OP direct billing: Yes, including chronic	Pre-existing cover: Yes
10% OP coinsurance to max USD 2000	
Maternity: Yes - 10% coinsurance	

Member ID card front


	<b>Aetna International</b>
<b>8008-1429 FREE from Bahrain</b> <b>+971-4-438-7602 internationally</b>	
<b>Visit:</b> <a href="http://www.business.att.com/bt/access.jsp">www.business.att.com/bt/access.jsp</a> to find the number for the country you are in. Use the access code: 855-491-9163 when prompted.	
<b>For general enquiries only:</b> MEAServices@aetna.com	
<b>Members:</b> Call for preauthorisation, 24-hour medical evacuation assistance, claims and cover questions and all general enquiries. Show this card to your healthcare provider along with proof of identity • This card is our property and you must return it to us on our request • This card is not a credit card or guarantee of payment.	
<b>Healthcare providers:</b> Call for preauthorisation. Always ask for proof of identity for the member presenting this card.	
<b><a href="http://www.aetnainternational.com">www.aetnainternational.com</a></b>	

Member ID card back

### Raffles Plan network access

	<b>Raffles Plan</b>
<b>Member name:</b> John Doe	
<b>Member ID:</b> 123456789	<b>Staff ID:</b> A123456
Plan sponsor: XYZ Limited	
Plan type: XXXXXX XXXXXX XXXXXX	Plan number: XX10000000
Area of cover: Area X	
Date of joining: DD Mmm YYYY	End date: DD Mmm YYYY
OP direct billing: Yes, including chronic	Pre-existing cover: yes
10% OP coinsurance to max USD 2000	
Maternity: Yes - 10% coinsurance	



Member ID card front

	<b>Aetna International</b>
<b>XXXX-XXX-XXXX FREE from [country name]</b> <b>+XXX-X-XXX-XXXX COLLECT OR DIRECT</b>	
<b>Visit:</b> <a href="http://www.business.att.com/bt/access.jsp">www.business.att.com/bt/access.jsp</a> to find the number for the country you are in. Use the access code: XXX-XXX-XXXX when prompted.	
<b>For general enquiries only:</b> xxxxxxxxxxxx@aetna.com	
<b>Members:</b> Call for preauthorisation, 24-hour medical evacuation assistance, claims and cover questions and all general enquiries. Show this card to your healthcare provider along with proof of identity • This card is our property and you must return it to us on our request • This card is not a credit card or guarantee of payment.	
<b>Healthcare providers:</b> Call for preauthorisation. Always ask for proof of identity for the member presenting this card.	
<b><a href="http://www.aetnainternational.com">www.aetnainternational.com</a></b>	

Member ID card back



## Vietnam - Baoviet partner insurer

 	
<b>Member name:</b> John Doe	
<b>Member ID:</b> 123456789	
<b>Plan sponsor:</b> XYZ Limited	
<b>Plan type:</b> XXXXX XXXXX XXXXXXXX	<b>Plan number:</b> XX10000000
<b>Area of cover:</b> Area X	
<b>Date of joining:</b> DD Mmm YYYY	<b>End date:</b> DD Mmm YYYY
<b>OP direct billing:</b> Yes, including chronic	<b>Pre-existing cover:</b> Yes
<b>10% OP coinsurance to max USD 2000</b>	
<b>Maternity:</b> Yes - 10% coinsurance	



Member ID card front

	<b>Aetna International</b>
<b>1228-0496 FREE from Vietnam</b> <b>+84-4-4458-3363 collect or direct</b>	
<b>Visit:</b> <a href="http://www.business.att.com/bt/access.jsp">www.business.att.com/bt/access.jsp</a> to find the number for the country you are in. Use the access code: 855-491-9160 when prompted.	
<b>For general enquiries only:</b> <a href="mailto:AsiaPacServices@aetna.com">AsiaPacServices@aetna.com</a>	
<b>Members:</b> Call for preauthorisation, 24-hour medical evacuation assistance, claims and cover questions and all general enquiries. Show this card to your healthcare provider along with proof of identity • This card is our property and you must return it to us on our request • This card is not a credit card or guarantee of payment.	
<b>Healthcare providers:</b> Call for preauthorisation. Always ask for proof of identity for the member presenting this card.	
<a href="http://www.aetnainternational.com">www.aetnainternational.com</a>	

Member ID card back

## Europe

### eCare - 3HR Benefits Consultancy product


		<b>Aetna International</b>
<b>Plan Sponsor</b>		
<b>Member Name</b>		
<b>3HR eCare Gold</b>	<b>eCare Healthcare Plan</b>	
<b>Member ID:</b> XX12345678	<b>Excess:</b> GBP 00000	
<b>Policy Number:</b> AHPXXXXXXX		
<b>Expiration Date:</b> DD/MM/YYYY		
<b>Member Since:</b> DD/MM/YYYY		
		

Member ID card front

FOR CLAIMS AND COVER QUESTIONS, ELIGIBILITY VERIFICATION, DIRECT SETTLEMENT REQUESTS, 24-HOUR MEDICAL EVACUATION ASSISTANCE, AND ALL GENERAL QUERIES:		<b>Aetna International Service Centre</b> <b>+44-203-788-3288</b>
TO SUBMIT CLAIMS, BENEFIT VERIFICATION REQUESTS AND OTHER CORRESPONDENCE:		<b>Mail:</b> Aetna Global Benefits 50 Cannon Street London EC4N 6JJ <b>Fax:</b> +44 870 442 4387 <b>Email:</b> <a href="mailto:EuropeServices@aetna.com">EuropeServices@aetna.com</a>
PRODUCTION OF THIS CARD DOES NOT GUARANTEE PAYMENT		<b>PROVIDER CONTACT INFORMATION</b> Providers: Call the Aetna International Service Centre at the telephone number at the top of this card.

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### Elect - Mercer product (Please note 'Direct Billing' has the same meaning as 'OP direct billing: Yes')

		<b>Aetna International</b>
<b>Plan Sponsor</b>		
<b>Member ID:</b> 123456789		
<b>Member Name</b>		
<b>Policy Number:</b> AHPXXXXXXX	<b>Elect</b>	
<b>Expiration Date:</b> DD/MM/YYYY	<b>Excess:</b> GBP 00000	
<b>Member Since:</b> DD/MM/YYYY	<b>Direct Billing</b>	
<b>International Healthcare Plan</b>		

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FOR CLAIMS AND COVER QUESTIONS, ELIGIBILITY VERIFICATION, DIRECT SETTLEMENT REQUESTS, 24-HOUR MEDICAL EVACUATION ASSISTANCE, AND ALL GENERAL QUERIES:		<b>Aetna International Service Centre</b> <b>+44-203-788-3288</b>
TO SUBMIT CLAIMS, BENEFIT VERIFICATION REQUESTS AND OTHER CORRESPONDENCE:		<b>Mail:</b> Aetna Global Benefits 50 Cannon Street London EC4N 6JJ <b>Email:</b> <a href="mailto:mercerelect@aetna.com">mercerelect@aetna.com</a>
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