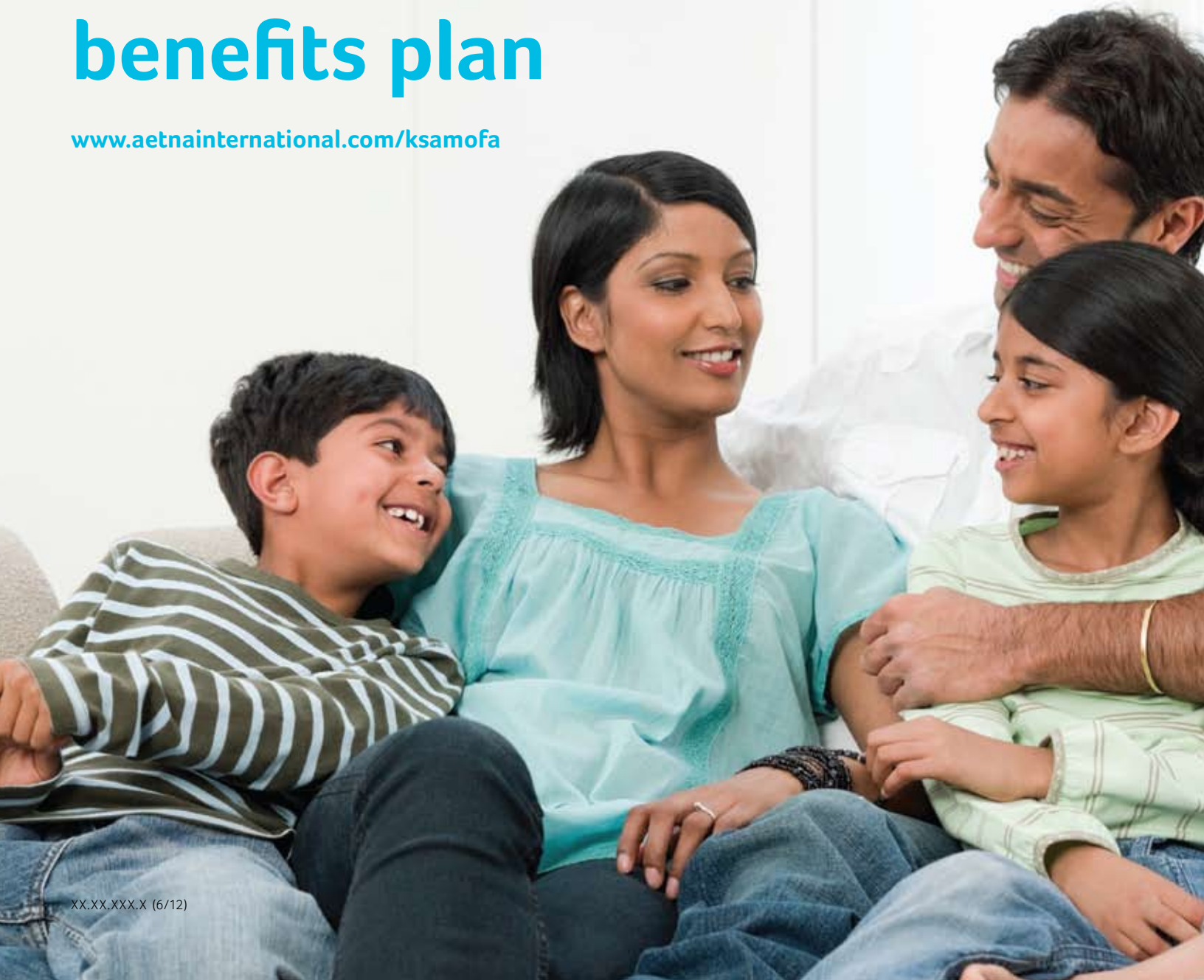




Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

Welcome to Aetna and Tawuniya **Your international benefits plan**

www.aetnainternational.com/ksamofa



Your health and wellness play an important role in your everyday life, and we know how important it is to be able to receive quality and timely medical care, no matter when or where you need it. We are here to make sure you have access to the care that you need in the event of a routine or emergency medical situation.

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The Aetna International Member Service Centre is available to assist you with any questions that you have regarding your plan.

Assistance is just a phone call away. Simply call the Member Service Centre at **+1-855-418-1302 (toll free)** or **+1-513-878-6250 (direct/collect)**.

With Aetna as your health benefits provider, you will have reliable services and world-class resources when you need them. For over 155 years, Aetna has been working to make it as easy as possible for our members to access quality health care wherever they go.

Within this guide, you will find valuable information on the programs and services available to you as a member. We encourage you to read these materials to better acquaint yourself with your plan and to understand how to use your benefits.

About your international health plan

Your Aetna health benefits provide portable and comprehensive medical coverage that offers you the flexibility to visit a doctor or medical facility of your choice without a referral, anywhere in the world. Coverage levels and payment responsibilities may differ depending on the country in which you access care. To learn more about your specific benefits and coverage, please check your official plan documents.

Some services may be subject to out-of-pocket expenses, such as deductibles and coinsurance, which you will have to pay before any expenses are paid under the plan. Benefit maximums and lifetime maximums may also apply to your plan.

Easy access to information

Find specific health and security information about the country of your choice by using the Aetna International secure member website or by contacting the Aetna International Member Service Centre.

Our International Health Advisory Team (IHAT) can assist you with pre-trip planning, obtaining your prescription medication and more — to help ensure that you bring all the health and wellness essentials with you wherever you go.

Informed Health® Line* offers 24-hour access to valuable health information provided by qualified, registered nurses, as well as a variety of useful health reference materials. These tools enable you to take a more active role in seeking health care, and to better identify the most appropriate care for your individual needs. You can opt to speak to a nurse or access the audio health library that contains information on thousands of health topics, including common conditions and diseases.

*Informed Health Line services are provided by Informed Health Line Inc. Informed Health Line nurses cannot diagnose, prescribe or give medical advice. Members should first contact their physicians with any questions or concerns regarding their health care needs. Please check your plan documents to ensure that this service is included in your plan.

To register for the secure member website:

1. Visit www.aetnainternational.com/ksamofa
2. Click **Member** under **Secure login**.
3. Click on **Login/Register** under **Members on U.S. based plans, start here**.
4. Click on the **Register** button and follow the on-screen prompts to set up a user name and password.

After you register, the next time you visit the site simply enter your user name and password and click **Go** to access a world of resources!

Direct-settlement facilities

Use a direct-settlement provider and we'll coordinate payment

When you access care at an Aetna contracted direct-settlement medical facility or provider, your out-of-pocket expenses may be reduced because you will generally be responsible for a smaller portion of the bill. We will pay the facility directly for any remaining covered expenses according to your specific benefits coverage. Add in the extra convenience of not having to worry about paying for your eligible medical expenses up front, and you can see what great value our direct-settlement relationships bring to you.

If you do not find the specific facility that you are looking for in our direct-settlement database, you can request that we coordinate a one-time direct-settlement arrangement with that facility.

Note: For non-emergency medical attention, it is recommended that you contact us at least five business days before your scheduled visit to ensure that your treatment and payment of services is not delayed. We will generate a Letter of Authorization notice that will be sent both to you and the facility, which you may take with you on the day of your scheduled appointment. In the event of an emergency, seek the care you need first and then submit the direct-settlement request as soon as you are able.

Find a health care provider and/or a direct-settlement facility

1. Visit www.aetnainternational.com/ksamofa.
2. Log in to the Aetna International secure member website.
3. Select the **Member Tools** tab at the top of the page.
4. Click the **Find Health Care** link.
 - To find a provider, click on **International Direct-Settlement Hospitals** or
 - To find a provider in the U.S., click on **DocFind**®.

Initiate a direct-settlement request:

You can initiate a direct-settlement request two ways:

1. Visit the Aetna International secure member website:
 - Log in at www.aetnainternational.com.
 - Click on **Member Tools > Find Health Care > International Direct-Settlement Hospitals**.
 - Select the country in which you plan to receive care.
 - Select the facility of your choice by clicking on **Send Request** next to the name of the facility.
 - Follow the instructions to fill out the Web-based form.
2. Contact the Aetna International Member Service Centre at the number on your member ID card.



Submit a claim

We've made it easy for you to submit your claims for timely processing. And, with a variety of payment methods and currencies, you can decide the most convenient way to receive your reimbursements.

1. Complete the appropriate claim form, which can be found on the Aetna International secure member website at www.aetnainternational.com/ksamofa (*Resources > Forms*).
2. Copy all receipts on a single piece of paper (or as many as necessary). Be certain that all receipts are legible. Receipts must be fully itemized bills and/or detailed receipts that include diagnosis (nature of illness) and the procedures or services performed.
3. Write your member identification number on each document submitted with your claim form (refer to your ID card).
4. Be sure to indicate the name of the person who received care (either you or your dependent).
5. Include contact information (phone or fax) where you can be reached in case we have any questions about your claim.

There are three ways to submit your claim:

1. MAIL
2. OVERNIGHT DELIVERY
3. FAX

Visit the *Resources > Forms* section of the Aetna International secure member website to download the claim form that meets your needs. Check the claim form for information on where to submit your claim.

The choice is yours

We are able to reimburse your covered health expenses via check, wire or electronic funds transfer (EFT) — it's your choice. We can even wire the money directly to your bank account and we'll cover any applicable fees!* To select your method of reimbursement and preferred currency, simply complete the "Summary of Reimbursement" and, as applicable, "Banking" section(s) on your claim form.

Recurring Reimbursement Election (RRE)

Set up a Recurring Reimbursement Election (RRE) and you'll be reimbursed the same way — for all of your claims! Provided through the Aetna International secure member website, this online resource enables you to create, view and update your banking details, which will help to automate and expedite your claim payments. This resource also provides real-time banking validation to ensure the accuracy of bank details kept on file and minimize the number of failed payments.

To access the online Recurring Reimbursement Election resource:

1. Log in to the Aetna International secure member website at www.aetnainternational.com/ksamofa
2. Click on the *Resources > Forms > Online Recurring Reimbursement Election Form* under the header *Recurring Reimbursement Election (RRE)*.
3. Complete the online form.

Alternatively, if you prefer to submit your RRE request via mail, you have two options:

1. Make sure to complete the "Summary of Reimbursement" and "Banking" section(s) on your next claim form and check the box next to "Use the information in Sections 5 and/or 6 to establish an RRE," or
2. Complete a "Recurring Reimbursement Request" form and either send it along with your next claim or on its own.

*Aetna does not charge a fee for Wire Transfers ("direct deposits"); however, your financial institution may charge a processing fee to receive the wire transfer. You should verify any applicable fees with your financial institution.

aetna **Claim Form** Aetna International
Please also complete Page 2 of this form.

Medical* Pharmacy* Dental* Vision*
*Refer to your plan documents to verify the coverage(s) that are available through your Plan.

Please mail or fax completed Claim Form with itemized bills and receipts. A separate Claim Form is needed for each family member. Please tape small receipts on a full size sheet of paper.

Aetna International/Aetna
P.O. Box 981543
El Paso, TX 79998-1543
USA

Telephone: +1-800-231-7729 (outside the USA, via AT&T + access)
+1-813-775-0190 (direct or collect outside the USA)
Facsimile: +1-800-475-8751 (outside the USA, via AT&T + access)
+1-859-425-3363 (inside the USA)
E-mail: AGBSERVICE@AETNA.COM

1. Employee Information

Employer Name/Group Number _____
Employee's Name _____
(First Name, Middle Initial, Last Name/Surname as displayed on Aetna ID Card)

Identification Number (Use the number specified on your Aetna ID card) _____

Employee's Birthdate (mm/dd/yyyy) _____ / _____ / _____ Gender Male Female

Street _____
City _____ State/Province _____
Country _____ Postal/Zip Code _____

Employee's Telephone Number (include Country Code) _____
Employee's Primary E-Mail Address _____
(E-mail addresses are strongly encouraged in the event additional information is needed to process your claim.)

2. Patient Information

Patient's Name (First Name, Middle Initial, Last Name/Surname) _____
Relationship: Self Spouse Child Other _____
Patient's Birthdate (mm/dd/yyyy) _____ / _____ / _____ Gender Male Female

Report cards, tuition statements & other forms of school attendance verification may be required once per school year. If your plan includes eligibility guidelines that require school attendance as a condition of coverage for dependents in excess of a specific age. See your plan documents for additional details.

3. Summary of Medical, Pharmacy, Dental, and Vision Services (Please include diagnosis or reason for treatment for each service received.)

- For prosthetic services (crowns, bridges or dentures) the following information must be supplied:
 - The x-rays. (If x-rays are not available, provide the dentist's narrative report.)
 - For all dental claims (other than preventive services; e.g., oral exams, x-rays, cleanings, fluoride, etc.), complete the Dentist's Statement (GC-14423) and attach to this claim form. Be sure to identify the related tooth number for all dental procedures and include extraction dates or original placement date and reason for replacement of denture or bridge replacement.
 - If the claim is for a bridge or denture, we will need a chart of all other missing teeth in the mouth, and their dates of extraction.
- For periodontal services (gum disease), member must submit x-rays and periodontal charting.
- For orthodontic services, the following information must be provided: date appliance placed, number of months of treatment, and months of treatment remaining.
- For services related to an accidental injury, the patient must always include pre-treatment x-rays and details of the accident.

Dates of Service (mm/dd/yyyy)	Provider's (physician, clinic, hospital, pharmacy) Name and Address (if the provider's name and address is on receipts, write "see receipts")	Description of Service/ Name of Medication/ Drug/Device (if hospital, indicate inpatient or outpatient)	Diagnosis (Reason for visit)	City/State/ Province/Country of Claim	Currency of Claim	Total Charge

4. Claim Information

If Yes is answered to either question below, c and d in this section must be completed.

a. Is the claim related to a work related accident or condition? Yes No

b. Is the claim related to an accidental injury? Yes No

c. Accident Date (mm/dd/yyyy) _____ / _____ / _____ Time _____ AM PM

d. Description of Accident (How and Where) _____

Please Retain a Copy For Your Records

GR-68069 (8-11) A Coverage underwritten by Aetna Life Insurance Company and Aetna Life & Casualty (Bermuda) Ltd. R-POD

Emergency assistance

In the event of an emergency, we've got you covered

While we hope you never face an emergency situation, it's important to know how to get immediate help if you need it. As part of your Aetna plan, we can assist with virtually any medical emergency that you may encounter while outside of your home country. So rest assured that should there ever come a time when you need help right away, we'll be there to assist you.

With our emergency assistance coverage, you have access to the following services:

Emergency Medical Evacuation and Repatriation

- Medical repatriation coordination
- Return of mortal remains
- Return of dependent children
- Companion travel coordination

Medical Assistance

- Pre-trip planning
- Medical, dental and pharmacy referrals
- Facilitation of hospital payment
- Dispatch of medicine/vaccines
- Dispatch of doctor/nurse

As a member, you also have access to the following helpful information through the Aetna International secure member website located at www.aetnainternational.com/ksamofa:

- Daily security alerts from around the globe
- Country risk assessments
- Tips on traveling safely

To access the Emergency Assistance Program, call the Aetna International Member Service Centre at the Emergency telephone number on your member ID card.

Page 2

Employee's Name _____
(First Name, Middle Initial, Last Name/Surname)

5. Summary of Reimbursement - Your Aetna plan of benefits includes the option of claim reimbursements in a variety of currencies and disbursement methods. Establish your selected option in the sections below. We reserve the right to issue the benefit reimbursement in the mode of payment available for the currency type, as circumstances dictate.

If you elect to be reimbursed in a U.S. dollar check, skip to Section 8. All other reimbursement methods continue with Sections 5, 6 and 7. Please check one of the following (as applicable). If left unchecked we will observe for this claim submission only:

Use the Recurring Reimbursement Election (RRE) information currently on file.
 Use the information provided in Sections 5 and/or 6 to establish an RRE.
 Update the current RRE information on file with the information provided in Sections 5 and/or 6.
 Use the information provided in Sections 5 and/or 6 only for expenses related to this claim form.

Summary of Reimbursement (Method/Currency Type) - Only one method of reimbursement and currency will be honored per claim form. (Unless otherwise indicated, reimbursements will be made via US\$ check and payable to the party to which payment is sent.)

Use the information provided below to send any applicable reimbursement payment to: Employee Provider

Requested Reimbursement Method	Country/Currency Type for Reimbursement (i.e., Great Britain / Pounds) If the currency you have elected is not available for the method requested, we will default reimbursement to US\$.
<input type="checkbox"/> Funds Transfer (Preferred) The most efficient method of receiving your benefits reimbursement is via Funds Transfer. Please check with your bank for help with providing the appropriate instructions to Aetna.	
<input type="checkbox"/> Check	(Complete the Country/Currency and go to Section 8.)

6. Bank Information

Primary Bank - The following information is required if you have elected Funds Transfer as your preferred method for reimbursements. We will transfer funds to our bank at no cost to you; however, we encourage you to check with your bank to determine any additional fees your bank may charge you for receiving Funds Transfer(s).

Bank Account Number _____
Name of Accountholder (As it appears on the Bank Statement) _____
Bank Identification Code/Routing Number _____
 S.W.I.F.T./BIC Code (wire only) CHIPS UID Federal ABA Bank Sort ID IBAN Other _____
Bank Name _____
Bank Address (Include Country) _____
Bank Telephone Number (Include Country Code) _____

7. Other Health Coverage/Scheme

Are any family members' expenses covered by another health plan/scheme, Medicare, or any U.S. Federal, U.S. State, National, or Social government plan? Yes No If "Yes," please complete information below.

Name and Relationship of the Family Member _____
(First Name, Middle Initial, Last Name/Surname)

Family Member's Birthdate (mm/dd/yyyy) _____ / _____ / _____ Gender Male Female

Name of other Insurance Company or Type of Insurance _____

8. Authorization (Required)

For All Electronic Deposits: I hereby authorize Aetna Life & Casualty (Bermuda) Ltd., Aetna Life Insurance Company, and any of their affiliated companies ("Aetna") and/or their dedicated Agents to make payments of any benefits payable to me and/or my dependents, by crediting such payments to my account at the bank or financial institution named on this form. I agree to notify Aetna in writing of any changes relating to the information provided on this form or withdrawal of this authorization. I agree that if, for any reason, unearned benefit payments are deposited into my account, I will immediately repay the full amount of any such payments. I further agree that if I do not immediately repay such payments, I will personally be liable for all costs of collection (including reasonable attorney's fees and the maximum interest permitted by law).

Medical, Pharmacy, Dental, and Vision Authorization. Must be signed and dated: I authorize all physicians, other health professionals, pharmacists/pharmacies, hospitals and health care institutions to provide Aetna and any independent parties acting on Aetna's behalf or with whom Aetna has contracted, information concerning health care, advice, treatment or supplies provided to the Patient (including that related to mental illness and/or AIDS/ARV/HIV). This information will be used for the purposes of evaluating and administering claims. Aetna may provide the employer named on this form with any benefit calculation used in the payment of this claim for the purpose of reviewing the experience and operation of the policy/contract. This authorization is valid for the term of the policy or contract under which a claim is submitted. I know I have a right to receive a copy of this authorization upon request and agree that a copy of this authorization is as valid as the original.

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to claim was provided by the applicant. You may elect to use an electronic form of signature on this claim form confirming your verification and declaration to the details given above. For the avoidance of doubt such electronic signature will be valid and binding as if you had provided your original signature. We may rely on such electronic signature as a binding verification and declaration confirming that the information above is accurate and not misleading in all respects.

Patient's or Authorized Person's Signature _____ Date (mm/dd/yyyy) _____

Please Retain a Copy For Your Records

GR-68069 (8-11) A Coverage underwritten by Aetna Life Insurance Company and Aetna Life & Casualty (Bermuda) Ltd.

Vision coverage

Helping you to stay focused on your health

With your Aetna vision coverage, you have routine eye exam benefits and allowances for glasses, contacts and frames to help you keep focused. And, when you're in the U.S., you can also take advantage of our Aetna VisionSM discount program that offers valuable savings on eye exams, eyewear and even LASIK surgery.

Add an eye exam to your "to do" list

Routine eye exams are important for everyone, especially if you have a vision condition. Believe it or not, having your eyes checked annually is of great value to your overall health, because one eye exam could potentially uncover a variety of health conditions.

With eye exam and eyewear allowance benefits included as part of your vision coverage, you have:

- The ability to access eye care worldwide
- No referrals and no claim forms for participating doctors in the U.S.

Using your vision coverage

The coverage levels for your vision benefits may differ slightly when accessing care in the United States compared to other countries. To better understand these differences in coverage levels, please refer to your plan documents.

Finding a vision provider in your area is simple!

1. Log in to the Aetna International secure member website at www.aetnainternational.com/ksamofa.
2. Select the *Member Tools* tab at the top of the page.
3. Click the *Find Health Care* link.
 - To find a provider anywhere (except the U.S.), click on *International Doctor Directory*.
 - To find a provider in the U.S., click on *DocFind*[®].





Dental Indemnity Plan

When we think about health, most of us focus on medical conditions. What we tend to forget is that dental illness can also significantly impact overall health. In fact, research has shown that periodontal disease may be linked to chronic diseases such as diabetes and heart disease, as well as other conditions.¹

Even the most minor dental condition can interfere with the success of your international assignment. Just think of the last time you had a toothache or accidentally chipped a tooth. The discomfort can make it hard to concentrate and even put you out of commission for a short period of time.

We've got you covered

With the Aetna Dental Indemnity plan, you can access dental care at a licensed dentist almost anywhere in the world.

It's easy to use your plan

1. Visit any licensed dentist for your covered dental services.
2. Simply pay the dentist at the time of service.
 - When seeking dental care in the U.S.: Either you or your dentist may submit a claim form to us for reimbursement.
 - When seeking dental care outside of the U.S.: You can submit a claim form to us for reimbursement.

Here are a few of the services* covered by your dental plan:

- Preventive care — cleanings, bitewing and full-mouth X-rays
- Basic care — fillings and basic restorative work
- Major services — bridges, crowns and dentures

Some additional information:

- You are typically required to meet an annual deductible (a set dollar amount you must pay for covered expenses in a plan year) before your plan begins to pay for covered services.
- Once you meet the deductible, you may be required to pay a coinsurance amount (a percentage of covered expenses) depending on your plan of benefits.

Finding a dental provider in your area is simple!

1. Log in to the secure Aetna International member website at www.aetnainternational.com/ksamofa.
2. Select the *Member Tools* tab at the top of the page.
3. Click the *Find Health Care* link.
 - To find a provider, click on *International Doctor Directory*.
 - To find a provider in the U.S., click on *DocFind*®.

¹Mouth-Body connection. Academy of Periodontology. Accessed December 2009. Available at: <http://www.perio.org>.

Pharmacy coverage

As part of your coverage with Aetna, you can get your prescription medications filled at any licensed pharmacy* in the world. Medication is extremely important to keep you healthy, so we've made it as easy as possible for you to get the medicine you need, when you need it. With our prescription drug plan, you decide what's most convenient for you.

Filling your prescriptions**

Follow these easy steps:

1. Visit the licensed pharmacy of your choice and purchase your prescription. Outside of the United States, you will pay for the medication upon purchase.
2. Submit a claim to us. To get reimbursed, submit a claim to us. Remember that deductibles or copayments may apply, depending on your coverage. Submit your claim with itemized receipts or a copy of the prescription drug pamphlet you receive with the medication. These documents need to contain the name of the drug, diagnosis (illness), date of service and dosage requirements.
To download a claim form, log on to the Aetna International secure member website at www.aetnainternational.com/ksamofa (select *Resources* > *Forms* > *Medical, Dental, Vision, and Pharmacy claims*).
3. Receive your reimbursement. We offer multiple payment and currency reimbursement options for you to choose from, so you can obtain your prescription reimbursements in a timely and convenient manner.

Filling your prescriptions in the United States

When filling a prescription in the United States, there are no claim forms to complete and out-of-pocket costs are usually minimal when you visit an Aetna-contracted pharmacy. For your added convenience, participating pharmacists will file claims electronically for you, so there's no work on your part.

Follow these easy steps:

1. Bring and present your prescription and your Aetna ID card to a participating pharmacy in the United States. To locate a participating pharmacy in your area, visit the DocFind® online directory on the Aetna International secure member website at www.aetnainternational.com/ksamofa.
Once you log in, select *Member Tools* > *Find Health Care* > *DocFind*. You may also contact the Aetna International Member Service Centre to find participating pharmacies in your area.

2. Pay a copay or coinsurance for covered prescription drugs. Depending on your benefits coverage, you may need to pay a portion of the prescription cost up front, referred to as a copayment or coinsurance, upon filling your prescription. Refer to your plan documents for your specific coverage levels.

Get up to a year's supply of medication before you leave on assignment

As a member, you can receive up to a 12-month supply of covered medications at a participating U.S. pharmacy. So, you'll be able to get your medication supply before leaving for your international assignment and that means one less thing to worry about while you're away. To find out if your prescription medications qualify for this special benefit, contact the Aetna International Member Service Centre.

Aetna Rx Home Delivery® Service makes getting your prescriptions even easier

With Aetna's mail-order prescription drug service, you may be able to get up to a 90-day supply of your ongoing prescription medications delivered right to the doorstep of any U.S. location. Aetna Rx Home Delivery has pharmacists available to answer any questions you may have about your medication and they perform the same quality checks on your prescription as Aetna-contracted U.S. retail pharmacies.

To learn more about Aetna Rx Home Delivery, visit www.aetna.com/aetnarxhomedelivery.

For certain pharmacy plans, you may need to pay different amounts for 'preferred' generic drugs, 'preferred' brand-name drugs and for 'non-preferred' generic or brand-name drugs. Please check your plan documents for details specific to your coverage.

You and your doctor can choose from hundreds of quality, cost-effective drugs. We have put together a list of covered drugs — to help you and your doctor pick the right drug and keep your costs lower.

To check if a medication is on our Preferred Drug List:

1. Visit www.aetna.com/formulary.
2. Select your Aetna Pharmacy plan type (check your plan documents for your plan type).
3. Click on *Medication Search*, then type in the drug's name.

* Prescriptions filled at licensed pharmacies are subject to the terms and conditions described in your benefit plan documents.

** Except the United States.

A healthy dose of savings

Your Aetna health plan includes Aetna's Discount Programs* which offer members access to the following programs to help you be well and save money while in the U.S.:

- Aetna Natural Products and ServicesSM Discount Program
- Aetna FitnessSM Discount Program
- Aetna HearingSM Discount Program
- Aetna VisionSM Discount Program

You can enhance your healthy lifestyle with even more discounts. You can save on:

- Sonic toothbrushes and water-jet flossers from Waterpik®
- Gum, toothpastes and mouth rinses from Epic dental
- An automatic Home Blood Pressure Monitor with ComFit™ Cuff
- Books and other items from the American Cancer Society Bookstore and the MayoClinic.com Bookstore
- Yoga DVDs, books and online videos through Pranamaya

How to save with every program:

1. Log in to the aetna.com secure member website at www.aetnainternational.com/ksamofa
2. Choose *Health Programs > Get Discounts*
3. Follow the steps for each program you want to use

These discount programs are not considered insurance, so there are no claims and no referrals. Rather, these are valuable discounts members can access while in the U.S. and covered by an Aetna medical plan. The member is responsible for the full cost of the discounted services. Aetna may receive a percentage of the fee paid to the discount vendor.

*Discount programs provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Aetna may receive a percentage of the fee you pay to the discount vendor.



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Plans and programs are underwritten or administered by Aetna Life & Casualty (Bermuda) Ltd. or Aetna Life Insurance Company (Aetna).

Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional.

Aetna does not provide care or guarantee access to health services. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna International, refer to www.aetnainternational.com.

www.aetnainternational.com

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