



Your worldwide partner in health

AETNA LATIN AMERICA & CARIBBEAN PLAN — GOLD OPTION

AETNA
GLOBAL
BENEFITS®



Wherever you are in the world support is

Global Cover, Local Knowledge

- **Comprehensive** — complete health care solutions to cover you in almost every eventuality
- **Local** — our network of regional offices ensures that claims are settled quickly, efficiently and locally
- **Powerful** — we have been successfully providing international health insurance for over 30 years
- **Focused** — we operate solely in the international health care markets
- **Secure** — we provide peace of mind by protecting your health and your assets

ABOUT AETNA GLOBAL BENEFITS

Aetna Global Benefits (AGB) has more than 30 years of international experience and an on-the-ground global presence, uniquely positioning us to help you navigate through the ever-changing landscape of international health care. Plus, as part of the Aetna organization, we're able to leverage the strength of a leading global diversified health care benefits company with over 150 years of proven expertise and demonstrated success.

ABOUT THE GOLD OPTION OF THE AETNA LATIN AMERICA & CARIBBEAN PLAN

The Aetna Latin America & Caribbean Plan provides solutions for both local nationals and expatriates to obtain high levels of medical coverage with the flexibility of health care provision on a truly worldwide basis.

The Gold option of the Aetna Latin America & Caribbean Plan brings you extensive, highly reliable long-term coverage for complete peace of mind.

Plan highlights

- Worldwide coverage
- US\$1,000,000 maximum benefit per year
- Six deductible options: US\$500, US\$1,000, US\$2,500, US\$5,000, US\$10,000 and US\$20,000
- Maternity benefit
- Organ transplants
- Emergency medical evacuation
- Inpatient benefits
- Outpatient benefits
- Prescription medication
- Repatriation

Our medical network

The Gold option of the Aetna Latin America & Caribbean Plan offers you the chance to use our preferred care providers, giving you the opportunity to access excellent health care facilities with pre-negotiated discounts.

Benefits include:

- Discounted rates for treatment;
- No claim form to complete, and
- Hospital bills settled by us.

You can easily search for a network provider through our online provider search engine at www.goodhealthamericas.com.



available 24 hours a day

Here to serve you

AGB has more than 30 years of global health insurance experience. This expertise allows us to deliver innovative, flexible and consistent support, services and guidance.

Our worldwide offices:

Our regional service centers in Asia, the Middle East, Europe and the Americas provide you with health care assistance around the globe, 24 hours a day.

Global reach:

Our global IT platform allows us to serve you in every corner of the world regardless of where you purchased your coverage.

Multilingual/multicultural staff:

AGB is very proud of its vast cultural diversity and linguistic proficiency. This means that our worldwide offices can offer you the local knowledge you need.



QUESTION AND ANSWERS

Q: Am I eligible for coverage?

A: Provided you are not a resident in the USA or Bermuda, and you are under the age of 75 at the time of application, you can become eligible for coverage, subject to a medical questionnaire and the level of coverage you require.

Q: Can my family members also be covered?

A: Yes. Your spouse or adult partner, who is permanently living with you, can be included as a dependent. Also eligible for coverage are unmarried children not more than 18 years old and living with you, or not more than 23 years old and in full-time education. Again, this is subject to a medical questionnaire.

Q: Will I need to have a medical examination to join the plan?

A: No. You only need to complete a simple medical questionnaire. If we require additional information to underwrite your application fairly and accurately, we may request a medical report from your doctor.

Q: Will I be covered for any illnesses or injuries I had before joining the plan?

A: Existing conditions may be specifically excluded and the terms of any exclusion will be noted on your schedule of coverage. These will be assessed at the time of application based on the information you declare to us. Undeclared conditions will be excluded and your coverage may be deemed invalid if you do not disclose all existing conditions.

Q: Am I covered if I travel away from my area of residence?

A: Yes. Whether you are traveling on business or pleasure, you are covered worldwide.

Q: Can I seek treatment anywhere in the world?

A: Yes. The Aetna Latin America & Caribbean Plan gives you the freedom to choose the country in which you will receive your treatment.

Q: How quickly can I be covered?

A: All completed applications are processed within five business days. We will contact you if we require additional information.

Q: What happens if I want to cancel my coverage?

A: You have 30 days from the Commencement Date of your coverage to review your benefits. If you decide to cancel and no claims have been made, we will arrange a full refund of any premium paid, provided we receive a written request to cancel your coverage.



SUMMARY OF BENEFITS

The Gold option of the Aetna Latin America & Caribbean Plan covers reasonable and customary charges for eligible medical expenses in the area where you receive treatment. Each Enrolled Person will need to satisfy their deductible once per period of coverage (12 months).

In the following pages we provide a summary of benefits and limits. For a complete description of the benefits, please refer to the Certificate of Enrollment. The benefits are in US dollars.

Benefits	Limits
Coverage area	Worldwide
Maximum annual benefit	\$1,000,000
Aggregate maximum deductible (in the event of a simultaneous accident involving two or more Enrolled Persons on the same Certificate of Enrollment)	Two times deductible maximum
Maximum coinsurance for treatment	
▪ Received in-network	\$0
▪ Received out-of-network	\$4,000
Inpatient benefits	Limits
Reimbursement amounts applicable to inpatient benefits:	
▪ Outside US	100%
▪ In US in-network	100%
▪ In US out-of-network	80%
Inpatient hospital charges – Hospital accommodation, drugs and dressings, surgeon and anesthetist fees, operating room, pathology, diagnosis x-ray and laboratory work.	Full reimbursement
Private room and board – Standard private room rate and associated charges.	Full reimbursement
Intensive care unit – Charges made by a medical facility for the provision of a room in their intensive care unit.	\$2,000 per day
Oncology – Treatment given for cancer received as an inpatient, day-patient, or outpatient.	Full reimbursement
Organ transplants – Limited to certain transplants: heart, heart/lung, lung, kidney, kidney/pancreas, liver, allogenic bone marrow, autologous bone marrow.	\$250,000 per transplant
CT & MRIs – Scans received as an inpatient, day-patient or outpatient and pre-authorized by us.	Full reimbursement
Ground ambulance – Emergency transportation costs to and from a medical facility by the most appropriate form of transport.	Full reimbursement
Emergency medical evacuation – Evacuation of an Enrolled Person in the event of treatment not being readily available at the place of the incident, and to the nearest appropriate medical facility, for the purpose of admission as an inpatient or day-patient. Extended to cover the costs for one other person to travel with the Enrolled Person as an escort.	Full reimbursement
Additional travel expenses (following Evacuation)	Full reimbursement
Reasonable travel costs:	
▪ To and from medical appointments when treatment is being received as a day-patient.	Up to \$25 per day
▪ For an accompanying person to travel to and from the hospital to visit the Enrolled Person following admission as an inpatient.	Up to \$25 per day
▪ Non-hospital accommodation for immediate pre- and post-hospital admission periods provided that the Enrolled Person is under the care of a specialist physician.	Up to \$50 per day
▪ Economy class airline ticket to return the Enrolled Person and one other person who has traveled as an escort to the country of residence or to the country from where evacuation occurred.	Full reimbursement
Overall benefit limit	\$10,000 per evacuation
Convalescence – Admission to a convalescent facility following treatment for a medical condition where the Enrolled Person was confined to hospital as an inpatient for at least three consecutive days, and where admission is made within 14 days of discharge from hospital.	Full reimbursement up to 30 days per condition
External prosthesis – The costs of any artificial eyes and limbs following treatment for an eligible medical condition or as a result of an accident.	\$5,000 lifetime limit
Inpatient psychiatric treatment – In a registered psychiatric unit of a hospital. All benefits are conditional upon pre-authorization from us and all treatment being administered under the direct control of a registered psychiatrist.	Full reimbursement up to 28 days
Home health care – Home health care immediately following hospital discharge on the recommendation of a specialist physician and must be provided by a qualified nurse. All treatment under this benefit must be pre-authorized by us.	Full reimbursement up to 30 sessions per medical condition
Reconstructive surgery – Reconstructive surgery following an accident or following surgery for an eligible medical condition.	Full reimbursement
AIDS – Medical expenses which arise from or are in any way related to human immunodeficiency virus (HIV) and/or HIV-related illness, including acquired immune deficiency syndrome (AIDS) or AIDS-related complex (ARC) and/or any mutant derivative or variation thereof.	\$40,000 lifetime limit

Benefits	Limits
<p>Accidental damage to teeth – Treatment received in a dental surgery or in an emergency room in a hospital within seven days of incurring accidental damage caused to sound, natural teeth.</p> <p>Limited to:</p> <ul style="list-style-type: none"> I) First denture or fitted bridgework to replace lost teeth. II) First crown needed to repair each damaged tooth. 	Full reimbursement when treatment received as an inpatient only
<p>Parent accommodation – Hospital accommodation costs in respect of a parent or legal guardian staying with an Enrolled Person who is under 18 years of age and is admitted to a hospital as an inpatient.</p>	Full reimbursement
<p>Newborn accommodation – Hospital accommodation costs relating to a newborn baby (up to 16 weeks old) to accompany its mother (being an Enrolled Person) while she is receiving treatment as an inpatient in a hospital.</p>	Full reimbursement
<p>Mortal remains</p> <ul style="list-style-type: none"> ▪ Transportation of a body or ashes to the country of nationality or country of residence, or ▪ Burial or cremation costs at the place of death. 	Up to \$10,000
Maternity Benefits (available after 12 months of continuous coverage)	Limits
<p>Reimbursement amounts applicable to maternity benefits:</p> <ul style="list-style-type: none"> ▪ Outside US 	100%
<ul style="list-style-type: none"> ▪ In US in-network 	100%
<ul style="list-style-type: none"> ▪ In US out-of-network 	80%
<p>Pregnancy and childbirth</p> <ul style="list-style-type: none"> ▪ Costs associated with normal pregnancy and childbirth, pre- and post-natal check-ups and delivery costs. 	Up to \$5,000 per pregnancy
<ul style="list-style-type: none"> ▪ Costs associated with pregnancy and childbirth where a Caesarean section is required on medical grounds. 	Up to \$9,500 per pregnancy
<p>Complications of pregnancy – Treatment of a medical condition that arises during the antenatal stages of pregnancy, or a medical condition which arises during childbirth and requires a recognized obstetric procedure (excluding Caesarean sections on medical grounds).</p>	Full reimbursement
<p>Newborn care – Inpatient treatment of an acute medical condition and any associated costs which presents symptoms at birth or whose symptoms can be traced to birth.</p>	\$250,000 lifetime limit
Outpatient Benefits	Limits
<p>Reimbursement amounts applicable to outpatient benefits:</p> <ul style="list-style-type: none"> ▪ Outside US 	100%
<ul style="list-style-type: none"> ▪ In US in-network 	100%
<ul style="list-style-type: none"> ▪ In US out-of-network 	80%
<p>Outpatient surgery</p>	Full reimbursement
<p>Outpatient charges including:</p> <ul style="list-style-type: none"> i) Physician fees including consultations. ii) Specialist physician fees. iii) Diagnostic procedures. iv) Physiotherapy on referral by a physician. v) Treatment administered by registered chiropractors, osteopaths, homeopaths & acupuncturists on referral by a specialist physician (maximum 10 sessions in aggregate). 	Full reimbursement
<p>Outpatient drugs and dressings – Essential drugs, medicines and dressings prescribed by a physician or specialist physician and which are not available without prescription</p>	Up to \$2,000 per year
<p>Hormone replacement therapy – Physician or specialist physician consultation and the cost of prescribed implants, patches or tablets, when treatment is prescribed for the female menopause which has been induced artificially and/or through early onset (by early onset we mean prior to age 40 years).</p>	Full reimbursement
<p>End Stage Renal Disease Coverage, including Dialysis coverage</p>	Full reimbursement, up to \$20,000 lifetime

CLAIMS PROCEDURE

Please read the following information carefully as it explains the claim filing procedures. Feel free to contact us if you require any additional information.

How does your deductible work?

You have different deductible options to choose from. Your deductible is the amount payable by you before any claims are paid. Deductibles are applied per person, per year of coverage. If your claimed amount does not exceed your deductible, it will be applied towards meeting your annual deductible amount. Once your deductible has been met, future claims will be reimbursed up to the policy limits.

How does your coinsurance work?

Where treatment occurs inside the USA — or in the case of expenses incurred under the maternity benefit — you are required to pay a percentage of the total value of any incurred expenses for each medical condition for each period of coverage. This is called your coinsurance and the percentage can be found in the schedule of limits/maximums with the Certificate of Enrollment. The maximum amount you will have to pay as coinsurance is called your coinsurance limit and is referenced in the schedule of limits/maximums. After this maximum, for which you are liable, is reached, the coverage will pay benefits at 100%.

How do you find a preferred care provider?

You can easily search for a Preferred Care Provider through our online provider search engine. You can narrow your search by selecting specific specialties, medical facilities and/or locations. Our online provider search engine is available on our website www.goodhealthamericas.com under 'Clients/Find a medical provider'.

How do you precertify?

Any programmed treatment requires a precertification. You can precertify any upcoming treatment by calling our medical helpline, downloading a precertification form from our website or sending an e-mail to one of the Aetna Global Benefits offices. You will be required to provide complete details on the condition, proposed treatment, medical facility and physician.

In case of an emergency

In the event of an emergency you should contact our medical helpline within 72 hours. Our staff is available 24 hours a day, 365 days a year. The emergency assistance numbers are printed on the back of your membership card. Please do not delay obtaining treatment.

EXCLUSIONS

For a complete list of exclusions, please refer to the terms and conditions of coverage.

Coverage does not cover expenses arising from:

- Any medical condition or related condition for which you have received treatment, had symptoms of or sought advice for prior to your date of entry (pre-existing medical condition), unless it had been declared as a material fact at the time of application and accepted in writing by us.
- Any medical condition arising within the first 90 days from the date of entry, where such a medical condition had not been as a result of an accident or disease of infectious origin.
- Cosmetic treatment or any consequences thereof and/or treatment for weight loss or weight problems whether or not for psychological purposes and any associated treatment costs consequent of cosmetic surgery or arising as a result of an eating disorder or weight problem.
- 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.

- Suicide or attempted suicide, willfully self-inflicted bodily injury or illness or injury sustained directly or indirectly as a result of the Enrolled Person committing a criminal offense.
- Treatment received in connection with insomnia, sleep disorders, sleep apnea, fatigue, jet lag or work related stress or any related condition.
- Dietary supplements and substances which are available naturally, including but not limited to, vitamins, minerals and organic substances.
- Any treatment not prescribed, recommended or approved by your attending physician or specialist physician.
- Treatment that we determine on medical advice is either experimental or unproven.
- Alternative medicines including, but not limited to, chiropractors, optometrists, lactation examiners and podiatrists. Coverage is extended to include chiropractors, osteopaths, homeopaths and acupuncturists only, as provided for under benefit 1(e) of the Certificate of Enrollment.
- Any pregnancy or complications of pregnancy whatsoever incurred in the first twelve months following the purchase date of this benefit or the date of entry, whichever is the later.
- Any pregnancy costs whatsoever relating to unmarried children under 18 years of age qualifying as a dependent.
- Treatment directly or indirectly arising from or required in connection with male and female birth control, infertility, contraception, sterilization (or its reversal) and any form of assisted reproduction or any complication or pregnancy arising as a result of assisted pregnancy or fertility treatment.

Any questions or comments regarding our claims procedures should be sent to your nearest Aetna Global Benefits Office.

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Aetna does not provide care or guarantee access to health services. Not all health services are covered. Health information programs 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 coverage. Information is believed to be accurate as of the production date; however, it is subject to change. For more information, refer to www.goodhealthamericas.com.