

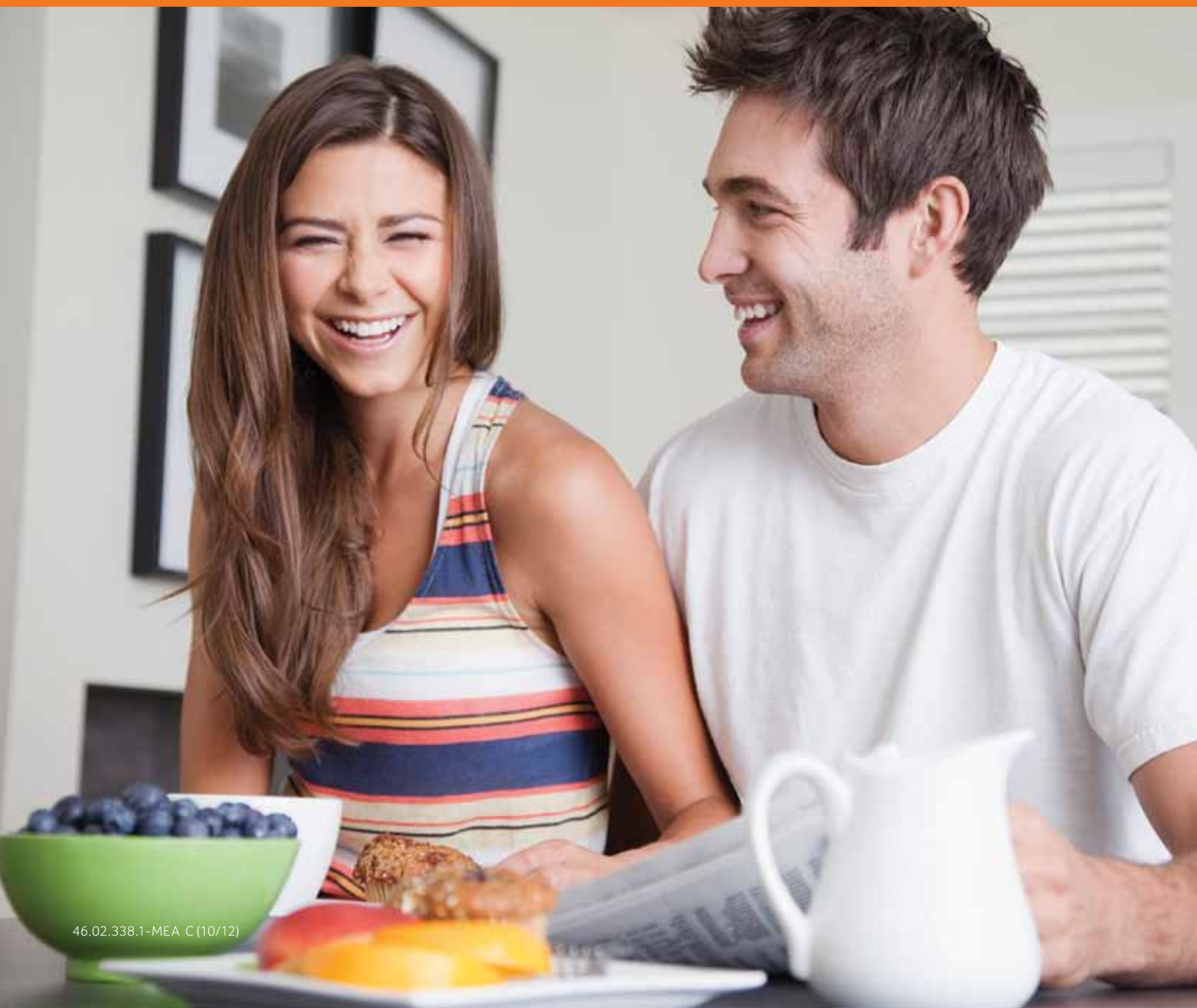
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Welcome to Aetna Executive Healthcare Plan

Effective date: 1st September 2012

www.aetnainternational.com



The Aetna difference

For over 155 years, we have 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 helpful details about your **Executive Healthcare Plan**, including how to file a medical claim, how to contact us and much more.

It's time for you to experience the Aetna difference.

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Executive Healthcare Plan overview

The Executive Healthcare Plan is designed to work as hard as you do

Your Aetna Executive Healthcare Plan provides the medical cover you require, with a level of service you can rely on. It also gives you the flexibility to receive treatment at the doctor of your choice, within your geographic coverage area.

And should you require emergency care at a facility outside of your area, you can ensure that we can assist you in getting the care you require in a timely manner.

Things to consider when accessing care:

1. Research what the quality of care is like in your location.

Make a plan in advance on how to deal with a medical situation should you be faced with one.

2. Ask trusted locals or coworkers for referrals to doctors or medical facilities.

3. Consider the environment when visiting a medical facility

Does it look clean? Are the doctors wearing gloves and masks when appropriate? Trust your instincts and seek care elsewhere if you feel uncomfortable.

4. Don't be afraid to ask questions.

In non-emergency situations, ask questions about the service or procedure you are having. Ask the facility about their sterilisation practices, how many years the doctor has been practicing, how many times he/she has performed the needed procedure and any other questions.

5. Know the cost.

Paying medical expenses up front can be expensive — but it doesn't have to be. Aetna will cover your eligible out-of-pocket expenses up-front if you choose a facility from our direct-settlement community. Seeking care at a facility that's not in our direct-settlement community? We may be able to set up a one-time direct-settlement arrangement for you.

Need extra help? Turn to our 24/7 International Member Service Centre. We can help you find providers, coordinate direct-settlement requests, provide health information and much more. Think of us as your personal guide to making the most out of your Aetna plan.

Value-added wellness programmes for group policy holders

Aetna Global Health Connections is a suite of complimentary wellness programmes that include:

• **Wellness Checkpoint®**

Wellness Checkpoint is a culturally diverse, online health survey that provides you with information about your personal health needs and motivates you to make lasting positive changes. The tool can also help you understand possible health risks, and provides an action plan and information that encourages 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 your unique health situation. You can speak one-on-one with a registered nurse who is committed to helping you manage your disease and reach your 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 Aetna International Wellness Centre provides helpful information, including health topics such as:

- Asthma
- Cancer
- Coronary Artery Disease
- Maternity
- Stress Management

For details about your specific medical plan cover, please refer to your official plan documents and its terms and conditions. You may also contact the 24/7 Aetna International Member Service Centre by dialling the number on your member ID card.

Our service philosophy

We work daily to connect you to the care you need

24/7 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 our first-class service is the 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-trip planning
- 24/7 support that's tailored to the individual's specific health needs
- Identification of providers and specialists
- Worldwide coordination of routine and urgent medical care
- Assistance with obtaining prescription medications and medical devices
- Coordinating second opinions for complex cases
- Coordination of care for return to home country after assignment completion
- Discharge planning
- Maternity management

Dial the International Member Service Center 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 via the Aetna International secure member website at www.aetnainternational.com 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 wellness information** to help you improve or maintain your health, given lifestyle, diet and/or conditions
- **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
- **Mobile doctor directory applications** helping you to find direct-settlement facilities in your city
- **More mobile applications coming soon**

To register for the Aetna International secure member website:

1. Visit www.aetnainternational.com.
2. Click **Member** under **Secure login**.
3. Click on **Login/Register** under **Members on European, Asia Pacific, Middle East and Africa or Latin American and Caribbean based plans, start here**.
4. Click on the **Register** button and follow the on-screen prompts to set up a user name and password.

Once you've registered, you can enter your user name and password and click the Log In button to access the Aetna International secure member website in the future.

Accessing quality care

We are committed to building strong, secure partnerships with health care professionals around the globe

We have negotiated simplified prepayment procedures with thousands of medical facilities worldwide. Called “direct-settlement” arrangements, these agreements make accessing care easier and cover any eligible up-front costs associated with your care or treatment, such as planned inpatient treatment, a maternity stay or day patient services. This is a significant benefit if you’re faced with a more expensive medical procedure.

If you’re unable to find a health care professional in our direct-settlement database, and require hospitalisation, simply send us a request. We are successful in coordinating one-time direct-settlement arrangements 95 percent of the time.

To find a direct-settlement provider:

1. Visit www.executive-healthcare.com.
2. Select *Useful Links* along the right-hand side of the page.

To facilitate a direct-settlement transaction:

For preplanned treatment/non-emergency:

Contact Aetna to initiate preauthorisation for a direct-settlement to a selected facility at least five business days prior to planned treatment. If you choose to seek treatment at a direct-settlement provider without notifying Aetna in advance, the provider will expect payment in full at the time of service.

While we work as closely as possible with our network providers to ensure that direct-settlement remains available for low-cost outpatient treatments, most providers ask for a credit card swipe or cash deposit to cover deductibles or copays/coinsurance payments.

For emergency treatment:

In the case of an emergency, please proceed immediately to a hospital or designated medical facility. If, as a result of the emergency, you are admitted to a hospital, a direct-settlement will be initiated on your behalf, for all covered conditions, the following business day. However, if you’re discharged following your emergency visit, you will be responsible for all charges up front and will need to submit a claim to Aetna for reimbursement.

To request a one-time direct-settlement arrangement:

If you are unable to find a provider in our direct-settlement listing, simply contact the 24/7 Aetna International Member Service Centre at the number listed on your member ID card, and we can attempt to arrange for a one-time direct-settlement on your behalf. In fact, we have a 95 percent success rate in negotiating these one-time arrangements.

To access our U.S. provider network:

The Aetna provider community is one of the most powerful in the U.S. This vast network offers access to over 950,000 health care professionals, 525,000 primary care doctors and specialists and 5,110 hospitals. If covered under your plan, when you receive care at one of our participating U.S. facilities, your treatment costs can be settled directly by us.

For those who have opted for such cover, to find U.S. doctors and facilities simply follow these instructions:

1. Visit www.executive-healthcare.com and select *Useful Links* along the right-hand side of the page.
2. In the *Direct Settlement Networks* section (on the right-side of the page), click on the link under *DocFind Preferred* to go to the DocFind® search engine.
3. Click the *Continue to DocFind* button.
4. Once on DocFind, you can search by geographic location, provider category or provider type. Other search options include specialty, name, hospital affiliation and languages spoken. Contact your Aetna International Member Service Centre if you need help with using the DocFind tool.

Important note: Pre-authorization and/or referrals may be required when accessing care in the U.S. Please check your plan documents for details and to ensure that you have the U.S. cover benefit.

How to file a claim

1

Download a claim form

You can download a claim form from the Executive Healthcare Solutions secure member website, www.executive-healthcare.com.

2

Fill out your claim form

Complete all sections of the claim form in full for each treated condition, including all hospitalisation claims.

3

Include all necessary documentation

Attach the following to your claim form (as appropriate):

- All paid receipts (or other proof of payment). We accept soft copies of original receipts to start 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.
- All supporting documents relating to the claim for all treatments referred to in the claim, including the diagnosis.
- 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).

4

Sign and date the form

This must be done by the insured member in order to validate the claim.

5

Submit your claim

Claim submission can be done by any method listed below.

Fax and e-mail submission:

Fax (for covered services received outside the U.S.):
+254 20 222 9006

Fax (for covered services received inside the U.S.):
+1 860 262 9111

E-mail address (for covered services received outside the U.S.): **info@executive-healthcare.com**

E-mail address (for covered services received inside the U.S.): **AmericasServices@aetna.com**

Postal submission:

For covered services received outside the U.S., submit your claim to:

Executive Healthcare Solutions
10th Floor, IPS Building
Kimathi Street
P.O. Box 51343, 00200
City Square
Nairobi, Kenya

OR

Aetna International
P.O. Box 6380
Dubai
United Arab Emirates

For covered services received inside the U.S., submit your claim to:

Aetna International
PO Box 30545
Tampa, Florida 33630
USA

Additional information regarding claims

Aetna reserves the right to deny any claim that is not submitted within 180 days of the treatment date.

All required, supporting claim documents and materials (including, but not limited to, original accounts, certificates and X-rays) shall be provided without expense to Aetna. 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, as appropriate.

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.

As an insured member, you must, without delay, provide Aetna 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 insured person'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.

Contact the Aetna International Member Service Centre with any questions about claims procedures or your health care plan.

Charges from an attending medical practitioner for completing your claim form are not eligible for reimbursement under the terms and conditions of your plan. You 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 receive the claim, provided your receipt(s) for treatment include:

- Date of service
- Medical condition diagnosis
- Provided treatment
- Charged amount
- Stamp of the facility concerned

Common insurance terminology

Coinsurance

Coinsurance is the cost sharing between a member and Aetna. It refers to the portions of a covered medical expense that the insurer and member must pay. For example, if a benefit states that there is a 25% coinsurance, the insurer pays 75% of covered expenses and the member pays 25%. Refer to your plan documents to find out the coinsurance rate for your plan.

Day patient and inpatient treatment

Day patient and inpatient treatment is care received in a hospital. It must be medically necessary for you to be admitted to a hospital bed. It is not dependent on whether or not you need an overnight stay.

Excess

Excess is the amount that a member must pay for covered services before the insurer will begin to pay. For example, if a covered expense of U.S. \$831 is submitted for payment under a plan with a \$250 excess, the member must pay the first \$250 of covered expenses. Please refer to your plan documents to find out the excess for your plan.

Explanation of Benefits/Settlement Letter

An Explanation of Benefits (EOB), or Settlement Letter, is a document that explains a member's health claims. It is generated by the insurer and includes information about:

- Services received
- Health provider
- Date of service
- How much the provider charges for the services received
- The amount the insurer has paid to the health care provider
- How much the member may be responsible for paying (if applicable)

An EOB/Settlement Letter is not an actual bill. It is provided for your information and convenience.

Outpatient treatment

An insured person who receives treatment at a recognised medical facility, but is not admitted to a hospital bed as an inpatient or day patient.

Precertification/preauthorisation

Precertification may be required for certain health care services received in or out of the U.S., to ensure that your plan covers those services. Examples of services that may require precertification are hospitalisation and outpatient surgery. Health care providers who participate in the Aetna network generally obtain precertification for you. However, if your plan covers out-of-network benefits and you seek care from an out-of-network provider, you are responsible for obtaining the precertification. Precertification is obtained by contacting the Aetna International Member Service Centre at the number on your member ID card.

You must contact Aetna to obtain prior approval (preauthorisation) before beginning the following treatments:

- Planned inpatient or day patient treatment (hospitalisation)
- Pregnancy or childbirth treatment
- Planned surgery
- Evacuation/Out of Country Transportation
- Second medical opinions
- Psychiatric treatment — inpatient, day patient and outpatient
- Home nursing charges
- Planned MRI, CT and PET scans

Evacuations are supervised by your medical practitioner or specialist at the place of incident. They are also coordinated by our International Health Advisory Team and its related support network or the Emergency Assistance Medical Helpline. Aetna must agree to any Evacuation before it takes place.

Referral

In some health plans, members must get a referral from their general practitioner (GP) to receive covered services from a specialist or other practitioner. A referral is a specific set of instructions that direct an individual to a specialist or facility for medically necessary care. A referral may be written or electronic.

The term “referral” can refer both to (1) the act of sending you to another doctor or specialist, and (2) the actual paper authorising your visit.

A doctors referral is required and must be included when filing a claim for physiotherapy.

Contact us today

Members can reach us at the contact information found on their membership ID card.

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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 International plans, refer to www.aetnainternational.com.

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