

**aetna**<sup>SM</sup>

Insured by:

**RSA**



# Member handbook for individuals and families **International Healthcare Plan**

**Effective date: Policies issued from 1 October 2012**

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

[www.rsagroup.ae](http://www.rsagroup.ae)



# The difference

For many 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 **International Healthcare Plan**, including how to file a medical claim, how to contact us and much more.

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

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## International Healthcare Plan overview

Designed with the needs of globally-mobile individuals and families in mind

To find out about the key features of the plan, including details on the benefits, please refer to your separate benefits schedule. Your separate benefits schedule should be read in conjunction with this member handbook.

You may also contact the International Member Service Centre by dialling the number on your member ID card.

### Value-added wellness programmes

#### • 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 International Wellness Centre provides helpful information, including health topics such as:

- Asthma
- Cancer
- Coronary artery disease
- Maternity
- Stress management

*Members have access to these tools and resources via the secure member website at **[www.aetnainternational.com](http://www.aetnainternational.com)**.*

# 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 who are 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 your 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 our secure member website at [www.aetnainternational.com](http://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
- Online claims submission and claims lookup to manage and keep track of claims status
- 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 secure member website:

1. Visit [www.aetnainternational.com](http://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 secure member website in the future.



### Reliable access to some of the world's leading health care professionals

We are committed to building strong and secure partnerships with health care professionals around the world — so that you have access to quality care when and where you may need it. That's why 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, day patient services or high-cost outpatient services such as MRIs and CTs. This is a significant benefit if you're faced with a more expensive medical procedure.

For added convenience, we can also coordinate one-time arrangements if a health care professional is not in our direct-settlement database. We have a 95 percent success rate in negotiating these one-time arrangements. You also have the freedom to pay up front for care received at any health care professional worldwide, and submit a claim to us for reimbursement (subject to eligible cover).

To find a direct-settlement facility in your region, visit the secure member website.



# Definitions

To help you understand your cover, the words and phrases that are in bold in your policy documentation have specific meanings, and are defined below.

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

**Act of Terrorism:** An act, including, but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone, on behalf of, or in conjunction with any organisation(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons, including the intention to influence any government and/or to put the public or any section of the public in fear.

**Acute:** A medical condition which is brief, has a definite end point, and which we, on advice or general advice, determine can be cured by treatment.

**Advice:** Any consultation from a medical practitioner or specialist, including the issue of any prescriptions or repeat prescriptions.

**Appliances:** Devices and equipment when used as an integral part of a surgical procedure administered by a medical practitioner or specialist.

**Benefits:** The insurance cover provided by this policy and any applicable endorsements shown in a member's certificate of insurance.

**Bodily Injury:** An injury that is caused solely by an accident and results in the member's dismemberment, disablement or other physical injury.

**Certificate of Insurance:** A schedule that provides members with information regarding the plan and benefit options elected by the policyholder, and lists those members, including any dependants, covered by the plan.

**Chronic:** A disease, illness or injury that has at least one of the following characteristics:

- It continues indefinitely and has no known cure
- It comes back or is likely to come back
- It is permanent
- Members need to be rehabilitated or specially trained to cope with it
- It needs long-term monitoring, consultations, checkups examinations or tests

**Coinsurance:** The percentage of the total value of incurred expenses for which the member is responsible.

**Commencement Date:** The date shown on the certificate of insurance on which the policy first came into effect.

**Conflict/Civil Unrest:** Any war, invasion, acts of foreign enemy hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege or attempted overthrow of government or any act of terrorism.

**Congenital Anomaly:** Any genetic, physical or (bio)chemical defect, disease or malformation (except hereditary medical conditions), which is due to an influence during gestation up to birth, and which may or may not be obvious at birth.

**Continuous Transfer Terms:** The acceptance by us of your original date of entry as shown by your current policy will be applied to your policy with us. We will maintain your existing underwriting or special acceptance terms, as offered by your existing policy, such as any moratoria or specific exclusions and your policy with us will be governed by the terms and conditions of our policy. Any transfer will be subject to no enhanced benefits being provided. We reserve the right at all times to decline a continuous transfer terms request without giving any reason or impose/include additional exclusions.

**Country(ies) of Nationality:** The country (or countries) for which members hold a valid passport(s).

**Country of Residence:** The country in which members habitually reside (for a period of no less than six months per period of cover) at the time this policy is first taken out or at each subsequent renewal date.

**Cover:** Benefits provided to the members the policy as listed in the certificate of insurance.

**Date of Entry:** The date shown on the certificate of insurance on which a member was included under this policy.

**Day Patient:** A member who is admitted to a hospital bed but does not stay overnight.

**Deductible:** An amount that we may deduct from our reimbursement to you when making a claim for treatment received outside the direct settlement network, and which is equivalent to any coinsurance that would normally be the responsibility of the member.

**Dental Practitioner:** A person who is licensed by the relevant licensing authority to practice dentistry in the country where dental treatment is given.

**Dependants:** One spouse or adult partner and/or unmarried children who are not more than 18 years old and residing with the employee, or 26 years old if in full-time education, at the date of entry or any subsequent renewal date. The term partner shall mean husband, wife or the person permanently living with the employee in a similar relationship. All dependants must be named in the certificate of insurance.

**Direct Family Member:** Spouse, child, parent or sibling.

**Direct Settlement:** When your bill is settled directly by us either because the provider is contracted to our direct settlement network or because we have received and agreed to make a one time direct settlement.

**Direct Settlement Network** (Only available in certain countries): The medical providers where members are able to obtain treatment for valid medical conditions and where the expenses will be settled directly by us. Members are still responsible for any copay, coinsurance, excess or deductible applicable, which must be settled directly with the medical providers at the time of treatment.

**Please Note:** Where members receive treatment for a medical condition that is not covered within the terms of the policy, the member remains liable for the costs of such treatment, which must be settled in full upon request. Failure to act

accordingly will result in the suspension or cancellation of **your cover**, without refund of premium.

**Drugs and Dressings:** Essential drugs, dressings and medicines prescribed by a **medical practitioner** or **specialist** and which are not available without prescription.

**Elective:** Planned **treatment** that is **medical necessary**, but which is not required in an **emergency**.

**Emergency:** A sudden, serious, and unforeseen **acute medical condition** or injury requiring immediate medical care.

**Evacuation:** Where **treatment** is not available at the place of the incident, the costs incurred in moving a **member** from the place of incident to the nearest country with appropriate medical facilities, as determined by the attending **medical practitioner** or **specialist** in conjunction with **our** medical advisors. All airline tickets are limited to economy class.

**Excess:** The amount payable by a **member** in respect of expenses incurred before any **benefits** are paid under the **policy**, as specified in their **certificate of insurance**.

**Expatriate:** Any persons living or working outside their country of citizenship, for a period exceeding six months per **period of cover**.

**General Advice:** Advice from the relevant professional body to establish medical practice and/or established medical opinion in relation to any **medical condition** or **treatment**.

**Hereditary:** A disease or disorder that is inherited genetically.

**Hospice:** A facility that provides **palliative treatment** and does not provide a cure.

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

**Inpatient:** A **member** who stays in a **hospital** bed and is admitted for one or more nights solely to receive **treatment**.

**Local National:** Any persons living or working in their country of citizenship, for a period exceeding six months per **period of cover**.

**Medical Condition:** Any injury, illness or disease, including psychiatric illness.

**Medical Practitioner:** A person who has attained primary degrees in medicine or surgery by attending a medical school recognised by the World Health Organisation and who is licensed by the relevant authority to practice medicine in the country where the **treatment** is given.

**Medically Necessary:** A medical service or **treatment**, which in the opinion of a qualified **medical practitioner** is appropriate and consistent with the diagnosis and which in accordance with generally accepted medical standards could not have been omitted without adversely affecting the **member's** condition or the quality of medical care rendered.

**Member/Insured Person/You/Your:** The **policyholder** and/or the **dependants** named on the **policy** schedule or **certificate of insurance**.

**Newborn:** A baby who is within the first 16 weeks of its life following delivery.

**Organ Transplant:** The replacement of vital organs (including bone marrow) as a consequence of an underlying **medical condition**.

**Outpatient:** A **member** who receives **treatment** at a recognised medical facility, but is not admitted to a **hospital** bed as an **inpatient** or **day patient**.

**Palliative Treatment:** Any **treatment** given, on **advice** or **general advice**, for the purpose of offering temporary relief of symptoms. **Palliative treatment** is not given to treat the underlying **medical condition** causing the symptoms. For the purposes of this **policy**, **palliative treatment** will include renal dialysis.

**Period of Cover:** The **period of cover** set out in the **certificate of insurance**. This will be a 12 month period starting from the **date of entry** or any subsequent **renewal date**, as applicable.

**Policy:** The health insurance **policy**, **our** contract of insurance with the **policyholder** providing **cover** as detailed in the **policy** documentation.

**Policy Documentation:** The set of **policy** documents that form a contractual agreement between **us** and the **policyholder**. These documents include any application forms, the **certificate of insurance**, benefit schedule and member handbook, and any other supporting documentation.

**Policyholder:** The person named as **policyholder** in the **policy** schedule or **certificate of insurance**.

**Private Room:** Single occupancy accommodation in a private **hospital**.

**Provider:** A **provider** who is legally licensed to supply **treatment** in the country in which it is provided.

**Provider Network:** A supplier of **treatment** participating in the **direct settlement network**.

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

**Reasonable and Customary Charges:** The average amount charged in respect of valid services or **treatment** costs, as determined by **our** experience in any particular country, area or region and substantiated by an independent third party, being a practicing surgeon/physician/**specialist** or government health department.

**Rehabilitation:** Assisting a **member** who, following a **medical condition**, requiring physical therapy and assistance in independent living to restore them, as much as **medically necessary** or practically able, to the position in which they were in prior to such **medical condition** occurring.

**Related Condition:** Any injuries, illnesses or diseases are **related conditions** if **we**, on **general advice**, determine that one is a result of the other or if each is a result of the same injury, illness or disease.

**Renewal Date:** The anniversary of the commencement date of the policy.

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

**Specialist:** A registered medical practitioner who currently holds a substantive consultant appointment in that specialty, which is recognised as such by the statutory bodies of the relevant country.

**Treatment:** Surgical, medical or other procedures, the sole purpose of which is the cure or relief of a medical condition.

**Underwriters:** The carrier of risk and payer of benefits as indicated in the policy documentation and certificate of insurance.

**Ward Room:** Accommodation in a private hospital where the patient is sharing the room with more than one other patient.

**We/Our/Us:** Aetna Global Benefits (Middle East) LLC on behalf of underwriters as detailed in your certificate of insurance.



# General conditions

## 1. Policy

This insurance contract consists of the application form and the **policy documentation**, including the **certificate of insurance**, benefits schedule and member handbook. The rights of the **policyholder**; or any beneficiary will not be affected by any provision other than the one described above.

## 2. Language

This **policy** may only be issued in Arabic and can be translated into any other language.

## 3. Eligibility for Cover

New applicants will be eligible for **cover** up until the age of 65.

Any **dependant** not enrolled within 30 days of eligibility will be subject to individual underwriting.

**Newborn** children will be accepted for **cover** (subject to the limitations of the **newborn benefit**) from birth. Acceptance of **newborn** babies is subject to written notification within 30 days of birth and receipt of the full premium within a further 30 days following notification.

Children who are not more than 18 years old residing with the **employee**, or 26 years old if in full-time education, at the **date of entry** or at any subsequent **renewal date**, will be accepted for **cover** as **your dependants**. Children will not be accepted for **cover**, unless on a **policy** with a legal parent or guardian and subject to the identical **benefits** applying to all parties.

A declaration of health is required with respect to all **dependants** who are born following assisted conception. **We** reserve the right to reject any application without giving any reason.

## 4. Termination of Cover

**Cover** may end if:

- i) **You** exhaust the maximum annual aggregate **benefit** under the plan.
- ii) **You** fail to reimburse **us** within 14 days of receipt of notice that **we** have made payment for **treatment** of a **medical condition** not covered within the terms and conditions of the **policy**.

## 5. Cover

**We** will pay the insurance **benefits** (specific **benefits** will not exceed the corresponding payment limit and the total amount of **benefits** will not exceed the mutually agreed maximum insured amount of the **policy**) as follows: all costs incurred must be **medical necessary** and subject to **reasonable and customary charges**.

The insurance contract will provide **cover** for **treatment** given during the current **period of cover**.

## 6. Period of Cover

Your plan is in force for the **period of cover** noted in **your certificate of insurance**. The **period of cover** is annually renewable thereafter.

## 7. Certificate of Insurance

**We** will provide a **certificate of insurance** for each **member** and any eligible **dependants** benefitting from **cover** under this **policy**.

## 8. Contribution

If **you**, or any **dependant** named on **your policy**, are entitled to claim from any other insurance **policy** for any of the costs, charges or fees for which **you** are insured under this contract, **you** must disclose the same to **us** and **we** shall not be liable to pay or contribute more than our rateable proportion.

## 9. Change of Risk

The **policyholder** or **insured person** must inform **us** as soon as reasonably possible of any material changes that affects information given in connection with the application for **cover** under this **policy**. **We** reserve the right to alter the **policy** terms or cancel **cover** for an **insured person** following a change of risk.

## 10. Declaration of Material Facts

All material facts (e.g., a pre-existing health condition or involvement in a hazardous activity) that may affect **our** assessment and consideration of an application should be declared. Failure to do so may invalidate **your cover**. If **you** are in doubt whether a fact is material then it should be disclosed.

## 11. Break in Cover

Where there is a break in **cover**, for whatever reason, **we** reserve the right to reapply exclusion clause 1 in respect of pre-existing **medical conditions**.

## 12. Claim Notification

Please ensure that **your** claim form is completed in full and returned within 180 days of the date of **treatment**. Refer to the claims section on page 12 for more detail.

## 13. Payment of Claims

If **we** think that the evidence of the claim submission and the information provided is incomplete, then **you** will be informed promptly of the required supplementary information.

Providing all relevant information is submitted to support **your** claim, we will reimburse **you** by the payment method of **your** choice as stated on **your** claim form.

#### 14. Fraudulent or Unfounded Claims

If any claim is in any respect fraudulent or unfounded, all **benefits** paid and/or payable in relation to that claim shall be forfeited and (if appropriate) recoverable. In addition, all **cover** in respect of the **insured persons** shall be cancelled void from the **date of entry**.

#### 15. Applicable Law

The law applicable to this **policy** shall be specified in the **certificate of insurance**. If no law is specified, then the **policy** shall be construed according to the laws of UAE; as far as UAE residents are concerned, and shall be subject to the non-exclusive jurisdiction of the courts of UAE.

#### 16. Subrogation

The **policy** shall be subrogated to all rights of recovery that **insured persons** have against any other party with respect to any payment made by that party to **insured persons** due to any injury, illness or **medical condition** **insured persons** sustain to the full extent of the **benefits** provided or to be provided by the **policy**. If **insured persons** receive any payment from any other party or from any other insurance **cover** as a result of an injury, illness or **medical condition**, **we** have the right to recover from, and be reimbursed by them, for all amounts **we** have paid and will pay as a result of that injury, illness or **medical condition**, from such payment, up to and including the full amount received.

**We** shall be entitled to full reimbursement from any other party's payments, even if such payment will result in a recovery that is insufficient to fully compensate the **insured person** in part or in whole for the damages sustained.

**Insured person's** are required to fully cooperate with **us** in **our** efforts to recover any payments made including any legal proceedings that **we** may conduct and proceed with on their behalf at **our** sole discretion. **Insured person's** are required to notify **us** within 30 days of the date when any notice is given to any party, including an insurance company or lawyer, of the **insured person's** intention to pursue or investigate a claim to recover damages or obtain compensation due to injury, illness or **medical condition** sustained by the **insured person**. Other than with **our** written consent, **insured person's** have no entitlement to admit liability for any eventuality or give promise of any undertaking that is binding upon them. In the event that any claim or dispute is made in respect of this subrogation or any part thereof, including, but not limited to, any right of recovery provision which is ambiguous or questions arise concerning the meaning or intent of any of its terms, **we** shall for the avoidance of doubt have the sole authority and discretion to resolve all disputes regarding the interpretation of this provision.

#### 17. Family/Dependant Cover

**Policyholders** and their **dependants** are required to be covered under the same plan with identical **benefits**.

#### 18. Membership Applications

**We** maintain the right to ask **you** to provide proof of age and/or a declaration of health of any person included in his/her application. **We** reserve the right to apply additional options, exclusions or premium increases to reflect any circumstances the **insured person** advises in their application form or declares to **us** as a material fact.

#### 19. Medical Evaluation

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

#### 20. Waiver

**Our** deviation from specific terms of the **policy** **documentation** hereunder at any time shall not constitute a waiver of **our** right to implement or insist upon compliance with that provision at any other time or times. This includes, but is not limited to, the payment of premiums or **benefits**. This applies whether or not the circumstances are the same.

#### 21. Our Right of Cancellation

In the event of any non-payment of premium by the **policyholder**, **we** shall be entitled to cancel the **policy** and any related **cover/plan**. **We** may, at **our** discretion, reinstate **cover** if the full premium is subsequently paid, though terms of **cover** may be subject to variation.

**We** may at any time terminate a **member's cover** if he/she or the **policyholder** has at any time:

- i) Misled **us** by misstatement
- ii) Knowingly claimed **benefits** for any purpose other than as are provided for under this **policy**
- iii) Agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to **our** detriment
- iv) Otherwise failed to observe the terms and conditions of this **policy** or failed to act with good faith.

#### 22. Liability

**Our** liability shall cease immediately upon termination of the **policy** for whatever reason, including without limitation non-renewal and non-payment of premium. Notwithstanding the foregoing, **we** shall remain liable for all valid claims for care received prior to the effective date of termination even if such claims are received after the termination date.

### 23. Parties to the Contract

The only parties to this contract are the **policyholder** and **us**.

### 24. Currency

The monetary limits applicable to this **policy** will be expressed in the same currency as the insurance premium. Claims paid in a local currency will be converted at the rate of exchange quoted on [www.oanda.com](http://www.oanda.com) at the date the **insured person** received **treatment**.

### 25. Conflict or Civil Unrest, Chemical or Radioactivity Contamination

**Treatment** and expenses directly or indirectly arising from or required as a consequence of **conflict** or **civil unrest**, chemical or radioactivity contamination from any chemical and nuclear material or from the combustion of nuclear fuel or any **related condition** are covered by this **policy** provided the **member**:

- i) Is not an active participant in any **conflict** or **civil unrest**
- ii) Is not involved in any illegal activities which directly or indirectly lead to injury or illness
- iii) Does not knowingly enter or remain in a country, region or location where there is **conflict**, **civil unrest**, natural disaster, chemical, nuclear or radioactive contamination
- iv) Does not intentionally put him/herself at risk of illness or injury resulting from **conflict**, **civil unrest**, natural disaster, chemical, nuclear or radioactive contamination
- v) Is not a member of any armed forces, security services including personal protection, chemical, nuclear or radioactive contamination cleaning crews of any kind or type (including governmental workers or private teams)

Based on the information provided at inception or renewal Aetna will assess the current, future or developing risk exposure of **members** located in high risk areas and will notify the **policyholder** of any actions, limitations, exclusions or premium loadings required to ensure on going **cover** and **member** safety.

### 26. Your Rights of Termination

After the commencement date, this policy, or any cover included, may only be terminated by the policyholder, as to all or any class of its members, with effect from the renewal date. We must be given written notice of intent to non-renew within 15 days of your renewal date. If the policy is terminated by the policyholder at any other time, whatsoever the reason, there will be no return of premium.

# Exclusions

**1.** Any **medical condition** or **related condition** for which **you** have received **treatment**, had symptoms of, and to the best of **your** knowledge existed or **you** sought **advice** for prior to **your date of entry** (pre-existing **medical condition**), except where such **medical conditions** have been declared to **us** and accepted in writing. After two years of continuous membership, any pre-existing **medical conditions** (and **related conditions**), with the exception of congenital conditions, will become eligible for **benefit** provided (in respect of that condition) that **you** have not during that period:

- i) Consulted any **medical practitioner** or **specialist** for **treatment** or **advice** (including checkups)
- ii) Experienced further symptoms
- iii) Taken medication (including drugs, medicines, special diets or injections)

**2.** **Chronic** supportive **treatment** of renal failure, including dialysis unless the **Chronic Conditions benefit** is part of **your** plan.

**We** will, however, pay for the cost of renal dialysis incurred:

- i) Immediately pre- and post-operatively
- ii) In connection with **acute** secondary failure when dialysis is part of intensive care

**3.** **Treatment**, which **we** determine on **general advice**, is either experimental or unproven.

**4.** **Hereditary medical condition(s)**.

**5.** **Congenital anomalies** where symptoms exist or where **advice** has been sought prior to the **member's date of entry** unless the **member** is an infant up to the age of 12 months.

**6.** Preventive medicines, and routine tests and physical examinations by a **medical practitioner**, including gynaecological investigations. Normal hearing tests are excluded.

**7.** Non-medical/natural degenerative eye defects, including but not limited to, myopia, presbyopia and astigmatism and any corrective surgery for non-medical/natural degenerative sight defects. Normal eye tests are excluded.

**8.** **Rehabilitation** except as expressly provided under the **benefit for Inpatient Care, Rehabilitation**.

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

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

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

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

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

**14.** Voluntary caesarean section costs or **medically necessary** caesarean section costs due to any previous non-**emergency** caesarean sections undertaken, unless the **benefit** for Routine Pregnancy has been purchased.

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

**16.** **Newborn** neo-natal care costs are excluded unless the **benefit** for Routine Pregnancy has been purchased, which provides **cover** for the first 24 hours following birth, whilst the mother (being and insured **member**) receives **treatment** as an **inpatient**.

**17.** **Treatment** directly or indirectly arising from (or required in connection with) male and female birth control, sterilisation (or its reversal). Infertility **treatment** (assisted conception) is excluded. Any complications of pregnancy and routine pregnancy costs resulting from infertility **treatment** (assisted conception) are excluded except where the **benefit** for Routine Pregnancy has been purchased. Where this has been purchased, complications of pregnancy and Routine Pregnancy costs resulting from infertility **treatment** (assisted conception) will be limited to the amount of **your** selected Routine Pregnancy **benefit**.

**18.** **Treatment** of impotence or any **related condition** or consequence thereof.

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

**20.** Venereal disease or any other sexually transmitted diseases or any **related condition** except for those payable under the **AIDS benefit**.



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

**22. Treatment** for learning difficulties, hyperactivity, attention deficit disorder, speech therapy and developmental, social or behavioural problems in children.

**23. 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.

**24.** Suicide or attempted suicide, **bodily injury** or illness, which is willfully self-inflicted or due to negligent or reckless behaviour.

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

**26.** Costs and expenses incurred where a **member** has travelled against medical **advice**.

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

**28.** Travel and accommodation costs unless specifically agreed by **us** in writing prior to travel. No travel and accommodation costs are payable where **treatment** is obtained solely as an **outpatient**, including the costs of a hired car.

**29. Treatment** for sleep related breathing disorders, including snoring, fatigue, jet lag or work-related stress or any **related condition**.

**30.** Dietary supplements and substances that are available naturally and that can be purchased without prescription, including, but not limited to, vitamins, minerals and organic substances. **We** will however pay for prescribed prenatal vitamins under the Routine Pregnancy **benefit** if purchased.

**31.** Home visits by a **medical practitioner, specialist** or **qualified nurse** unless specifically agreed by **us** in writing prior to consultation.

**32.** Complications of pregnancy costs arising during the first 12 months from the **commencement date** or **date of entry**, whichever is the later.

**33.** External prostheses, including their maintenance or fitting, any hearing aids or other equipment, medical or otherwise except as is specified in the **benefit** for ancillary charges.

**34.** The following hazardous activities are excluded: playing professional sports and/or taking part in motor sports of any kind; mountaineering, including potholing, spelunking or caving; high-altitude trekking over 2,500 metres; skiing off-piste or any other winter sports activity carried out off-piste; and arctic or antarctic expeditions.

**35.** All **benefits** are excluded unless they appear on **your** benefits schedule.

**36.** Self-treatment, or **treatment** provided by a **direct family member**. This includes, but is not limited to, prescribed medication, diagnostic tests and surgical procedures.

# Your guide to making a claim

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

Please ensure **your** claim form is completed in full and returned within 180 days of the **treatment** date.

## Claim submission

We reserve the right to deny any claim that is not submitted within 180 days of the **treatment** date. Claims may only be made for **treatment** given during a **period of cover**. The **benefit** will only be payable for expenditure incurred prior to expiry or termination.

All required supporting claims documents and materials (including, but not limited to, original accounts, certificates and X-rays) shall be provided without expense to **us**. This includes medical reports from **your medical practitioner** or **specialist** and details of **your** medical history, if requested by **us**.

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

We will require a **medical practitioner's** or **specialist's** referral to be included whenever filing a claim for the following **treatments**:

- i) Chiropractic **treatment**
- ii) Acupuncture **treatment**
- iii) Osteopathic **treatment**
- iv) Homeopathic **treatment**
- v) Podiatric **treatment**
- vi) Physiotherapy (additional referral by a **specialist** required after 10 sessions)

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, **you** should keep **your** original receipts on file in case they are needed for verification purposes.

The International Bank Account Number (IBAN) will be mandatory for all bank transfer transactions in the United Arab Emirates (UAE). Please ensure this information is provided on your claim form to enable claim settlements.

## Claim notification

The **policyholder**, or the **insured person**, shall inform **us** promptly upon becoming aware of the insured incident. When the **policyholder**, or the **insured person** intentionally or due to material default fail to inform **us** in a timely way and this causes difficulty in identification of the nature, cause, degree of loss, etc., then **we** shall not be liable for payment of insurance compensation for the portion that cannot be identified, with the exception that **we** ought to have known such incidents through other channels.

## Preauthorisation

We require **members** to obtain prior approval (preauthorisation) from **us** before commencing the following **treatments**:

- i) Planned **inpatient** or **day patient** treatment (hospitalisation)
- ii) Any pregnancy or childbirth **treatment**

- iii) Planned surgery
- iv) Home nursing charges
- v) Planned MRI, PET and CT scans
- vi) **Outpatient** psychiatric

We also require preauthorisation when seeking **emergency evacuation**. Failure to obtain preauthorisation from **us** when commencing any of the above **treatments** may result in **your** claim being declined by **us**.

## Emergency/Evacuation

In the event of a true medical **emergency** or **evacuation**, **members** may contact **us** at the appropriate number found on **your** Aetna-RSA membership ID card.

## Inpatient and day patient treatment

Our prior approval (preauthorisation) must be obtained for all planned **day patient** and **inpatient** treatment.

### Inpatient and day patient treatment outside the U.S.

When **we** have been notified of an eligible **day patient**/ **inpatient** stay, **we** will attempt to arrange direct settlement with the **hospital** and the **medical practitioners** or **specialists** concerned. **We** will send the **hospital** a guarantee of payment for the estimated cost of the **treatment**, as indicated by the relevant facility/**provider**, which will confirm to them that the **treatment** is covered under **your** plan.

#### • Release of Medical Information Form

**You** will be required to complete a release of medical information form, which **you** should forward to **us** as soon as possible. Delays in completing this may result in delays in receiving **treatment**.

#### • Precertification Medical Form

The **hospital** is required to complete a precertification medical form outlining details of the **medical condition** and **treatment** to be undertaken. **We** cannot place a guarantee of payment without these two documents, so please ensure that the **hospital** confirms with **you** that this has been sent to **us**. **We** will verbally confirm that **your treatment** is covered under the terms of the plan. However, completion of preauthorisation is conditional on the submission of **our** guarantee of payment. **We** will notify **you** as soon as possible if the condition or **treatment** required is not covered.

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

### Day patient and inpatient treatment in the U.S.

For those members who benefit from U.S. **elective treatment** or those eligible to claim **accident** and **emergency treatment** outside the **area of cover** as a direct result of **treatment** being undertaken in the **accident** and **emergency** ward of a hospital whilst temporarily travelling in the U.S. and where the medical condition did not exist prior to travel.

Please check **your certificate of insurance** to ensure that **you** have the appropriate **cover** before travelling to or undertaking any **treatment** in the USA.

For **emergency** admissions, the **member**, the **hospital** or a family member should contact **us** to obtain authorisation prior to **your** leaving the **hospital**. Failure to notify **us** of **inpatient** or **day patient treatment** will mean that **you** may only be eligible for reimbursement of a proportion of the costs incurred.

• **Inpatient or Day Patient Treatment in the U.S. Provider Network**

We have made arrangements with many **provider networks** in the USA, which mean that costs for **treatment** at these facilities can be settled directly by **us**.

**Treatment** received within the **provider network** will be billed to **us** directly. **Our** claims department will determine what portion of the invoice is applied to **your excess** and which portion is payable by **us**. We will send **you** and the **provider** copies of the explanation of benefits (EOB) detailing how the bill was settled and what amount **you** are responsible for.

We will notify **you** as soon as possible if the **medical condition** or **treatment** required is not covered by **your** plan.

• **Inpatient or Day Patient Treatment in the U.S. received outside the Direct Settlement Network**

**Treatment** received outside the U.S. **provider network** is subject to limitation and a 50% **coinsurance**.

## Outpatient treatment

To ensure prompt settlement of claims, please take **your** claim form with **you** in order for it to be completed by the treating practitioner or **specialist**.

### Outpatient treatment inside the Direct Settlement Network (outside the U.S.)

For those in the relevant participating countries, **we** have arranged a **direct settlement network** enabling **members** to obtain **outpatient treatment** (as defined in the **certificate of insurance**) at a number of selected medical centres where all eligible **treatment** charges will be paid directly by **us**.

When seeking eligible **outpatient treatment** at any of the participating centres, it is important that **you** present **your** personal Aetna-RSA membership card to the medical centre/service **provider** before **treatment** begins in order to ensure that **you** are not asked to settle any **treatment** costs. **You** may be responsible for paying a per visit copayment to the **provider** but this will be clearly shown on **your** membership card.

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

**IMPORTANT:** Please remember that **your** Aetna-RSA membership card should not be used to obtain **treatment** that is excluded from **cover**.

### Outpatient treatment outside the Direct Settlement Network (outside the U.S.)

After paying for **treatment**, **you** must submit a claim form to **us** for reimbursement.

If **we** require medical information when considering a particular claim, but it is not made available to **us**, it is **your** responsibility to obtain this information from **your** current or previous **medical practitioner** or **specialist**, as appropriate.

It may not always be possible to have **your** claim form completed by **your medical practitioner, specialist or dental practitioner**. In such circumstances, **we** will settle the claim, provided that the submitted invoice(s)/receipt(s) for **treatment** are included and contain all of the following:

- Date of service
- Diagnosis or **medical condition** being treated
- **Treatment** provided during the visit
- Charged amount
- Stamp of the facility/**provider** concerned

*If physiotherapy, acupuncture, chiropractic, osteopathic, podiatric or homeopathic treatment is required, please ensure that **you** include a referral letter from **your medical practitioner or specialist** with **your** claim.*

*Settlement of claims may be delayed if **you** fail to complete **your** claim form(s) properly. To ensure prompt settlement of any eligible claims, please ensure that **you** submit all necessary documents at the time of the claim.*

### One time Direct Settlement

Exceptions may be made for high cost procedures. In this case, **members** are required to contact **us** prior to receiving **treatment**, in order for **us** to attempt to arrange direct payment with the medical facility concerned. Please note that not all medical facilities will accept direct payment from **us**. In these instances, **you** will be required to settle the bill and submit a claim to **us** for reimbursement.

### Outpatient treatment in the U.S.

For those who have purchased the U.S. **elective treatment benefit** or those temporarily travelling in the U.S. and claiming **accident and emergency treatment** outside area **cover** benefits for **outpatient treatment** connected with **treatment** received in the **accident and emergency** ward of a **hospital** for a **medical condition** that did not exist prior to travel.

Please check **your certificate of insurance** to ensure that **you** have the appropriate **cover** before undertaking any **treatment** in the USA.

Where **your** policy allows, **outpatient** services and **treatment** received within **our** **provider network** can be billed to **us** directly. Prior to seeking **treatment**, **we** recommend that **you** contact our Member Services team who can check the location of **your** nearest participating **provider**.

**Members** are required to show their membership card to the **provider** who will contact **us** to confirm direct billing. This may not happen immediately and, should **you** be asked to pay for the **treatment**, please ensure **you** state clearly to the facility that **you** wish to have **your** bill settled directly by **us**, and for them to contact the number on **your** Aetna-RSA membership card.

**Our** claims department will process the claim according to the applicable portion payable by **us**, taking into account **your** **excess** and any **coinsurance** applicable. Once **our** portion is paid, **we** will send both **you** and the **provider** an Explanation of Benefits (EOB) with details of settlement and a statement of what **you** are responsible for.

# Complaint procedures

## If you wish to make a complaint

Write to: Royal & SunAlliance c/o  
Aetna Global Benefits (Middle East) LLC  
P.O. Box 6380  
Dubai  
United Arab Emirates

Phone: +971 4 438 7600

Fax: +971 4 428 7101

E-mail: [MEAServices@aetna.com](mailto:MEAServices@aetna.com)

## Summary of our complaint handling procedures

Complaints and Appeals will:

- Be acknowledged promptly confirming who will be responsible for the investigation of **your** complaint and how it will be conducted
- Be investigated competently, efficiently and impartially ensuring that **we** provide updates on progress
- Be assessed fairly, consistently and promptly
- Be responded to within eight weeks; **you** will receive either a letter explaining the status of **your** complaint or a final response outlining the determination of the investigation

## Contact us today

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

## Stay connected

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