

Administered by:

aetna[®]

Insured by:

RSA



International Healthcare Plan for Individuals and Families

Effective date: Policies issued from 1 January 2015



Policy Summary

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With many years of experience covering members around the world, we are well-positioned to provide comprehensive health benefits solutions to help meet your ever-changing needs.

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Benefits backed by strength and stability

Leading insurer, RSA Insurance, partners with Aetna International, to provide health care plans to individuals, families and corporate groups in the UAE

RSA Insurance is one of the world's leading multinational insurance groups with a 300-year heritage. We are a global company with businesses in both mature and emerging markets including the UK, Ireland, Scandinavia, Canada, the Middle East and Latin America. Today, RSA employs around 23,000 people, serving 17 million customers in over 140 countries. Our strategic priorities are technical excellence, supported by a strong governance framework, strong financial management, a diversified portfolio, and a commitment to delivering consistent and reliable levels of customer service.

As a part of Aetna, Inc., Aetna International shares in the heritage of more than 160 years of expertise as a leading provider of health care benefits. For more than five decades, Aetna International has extended that strength and stability across the globe as one of the world's largest and most prominent providers of international health benefits.

Aetna International is committed to helping create a stronger, healthier global community by delivering comprehensive health care benefits support and population health solutions worldwide. Aetna International serves more than 600,000 members worldwide, including expatriates, local nationals and business travelers. Aetna International has more than 1,000 dedicated employees worldwide with locations in Greater China, Southeast Asia, Middle East, United Kingdom and the United States.

Aetna is one of the world's leading diversified health care benefits companies, serving an estimated 45 million people with information and resources to help them make better informed decisions about their health care.





Our service philosophy

We want our members to be satisfied every time they interact with us. To achieve this goal, we have dedicated areas within the organisation focused on delivering a first-class service experience.

The member experience

Member Service Centre

The 24/7 International Member Service Centre is committed to making sure our members get the care they need, when they need it.

Members can receive assistance with:

- Questions on claims, benefit levels and cover
- Claims processing in many languages
- General benefit and plan inquiries

International Health Advisory Team

The International Member Service Centre is a member's one-stop resource, both day and night. Taking personalised service one step further, we can easily connect members to our International Health Advisory Team (IHAT). IHAT is our dedicated, clinical team that interacts one-on-one with our members to provide:

- 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
- Benefit coordination
- Coordination of care for return to home country after assignment completion

- Discharge planning
- Clinical claim and international standards of care reviews
- Maternity management

Innovative tools and resources

Our first-class service philosophy extends far beyond our organisational capabilities. We are committed to providing valuable information through technological innovation.

With their cover, members have access to tools and resources via our secure member website at www.aetnainternational.com to help them navigate their health care experience more easily, including:

- Doctor and medical facility search tool that allows members 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 members improve or maintain their 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 members to search for medication availability by country
- Mobile doctor directory applications helping members to find direct-settlement facilities in their city
- More mobile applications coming soon

Value-added wellness programmes

Wellness is a lifelong path, and the journey is different for each individual — whether they are healthy, at risk of disease or injury, managing a chronic condition or experiencing a major health event.

With this in mind, we've developed **Global Health Connections** — a complimentary wellness offering which includes the following 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 a member's unique health situation. Members can even speak one-on-one with a registered nurse who is committed to helping them reach their best health.

Health and wellness education

Whether members are healthy individuals looking for additional healthy lifestyle tips — or have a chronic condition and want to learn how to reach their optimal state of health — we offer an array of health and wellness education materials to aid them in their efforts.

The 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 our secure member website at **www.aetnainternational.com**.*

International Healthcare Plan overview

An innovative, flexible solutions offering

We offer a range of plans and optional benefits so you can maximise your health care budget and manage costs. Just select from one of four base plans, then choose from a selection of additional benefits.

Demands and needs statement

We strive to ensure that all our policies are of real benefit to our individual customers. Therefore, we ask each customer to carefully consider which Aetna policy best meets their own specific needs.

We are an execution-only business. We do not provide advice regarding which plan best suits your individual requirements. Therefore, it is your responsibility to determine which policy type is most suitable for you.

We also recommend that policyholders should frequently review their health insurance requirements to ensure their current policy continues to meet those requirements.

STEP 1:
***Choose a
base plan.***

STEP 2:
***Choose your
optional benefits.***

STEP 3:
***Choose your
excess.***

STEP 1: Choose a base plan.

Major Medical

Foundation

Lifestyle

Lifestyle Plus

Major Medical

A comprehensive range of benefits, including, but not limited to:

- Inpatient and day patient treatment
- Evacuation and transportation
- Accident and emergency treatment outside area of cover
- Outpatient care (capped)
- Alternative treatment

Foundation

Major Medical benefits, plus:

- Outpatient psychiatric treatment
- Hormone replacement therapy
- Traditional Chinese or Ayurvedic medicine
- Increased outpatient care (fully covered)

Lifestyle

Foundation benefits, plus:

- Chronic conditions
- Extended emergency evacuation
- Increased home nursing

Lifestyle Plus

Lifestyle benefits, plus:

- Routine pregnancy
- Routine dental treatment
- Major restorative dental treatment

STEP 2: Choose your optional benefits.

Optional benefits help you upgrade cover

- Extended emergency evacuation (optional for Major Medical and Foundation)
- USA elective treatment (available on Foundation, Lifestyle and Lifestyle Plus)
- Outpatient direct settlement network — nil excess (available on Foundation, Lifestyle and Lifestyle Plus)

STEP 3: Choose your excess.

Each product option carries a standard excess applicable to each new medical condition. You can amend this by selecting alternative options.

Major Medical

- Standard: Nil
- Options: \$1,000 or \$5,000

Foundation

- Standard: \$100
- Options: Nil, \$50, \$250, \$500, \$1,000, \$2,000 or \$5,000

Lifestyle

- Standard: \$100
- Options: Nil, \$50 or \$250

Lifestyle Plus

- Standard: £65 or \$100
- Options: Nil, \$50 or \$250

International Healthcare Plan Policy Summary

To find out about the key features of the International Healthcare Plan, please see the following Policy Summary.

The words and phrases that are in bold have specific meanings, and are defined in the member handbook.

This will be a 12 month **policy** starting from the **date of entry** or any subsequent **renewal date**, as applicable.

This policy summary does not contain the full terms of the **policy**; these can be found in the **certificate of insurance** and member handbook.

This product covers **you** for eligible **elective medical treatment** worldwide excluding the U.S. **Members** are covered for **accident and emergency treatment** in the U.S. for new **medical conditions**. **Members** who wish to benefit from U.S. **Elective Treatment** should select an appropriate plan and this **benefit** option.

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
Maximum annual aggregate limit	A maximum of \$1,600,000 per member per period of cover			
Inpatient, day patient, emergency care and diagnostics				
Inpatient care	Covered in full Rehabilitation is covered in full up to 120 days per medical condition			
Ancillary charges The purchase or rental of crutches or wheelchairs following treatment as an inpatient or day patient .	Up to \$1,000 per medical condition			
Accident & emergency treatment in the U.S. Complications of pregnancy and/or childbirth are not covered under this benefit .	Covered in full for inpatient treatment Outpatient treatment is limited to \$500 per medical condition and subject to an excess of \$80 per medical condition			
CT PET and MRI scans	Covered in full			
Organ transplant	Covered in full			
Inpatient psychiatric treatment	Covered in full (up to 30 days) per period of cover			
Accidental damage to teeth	Covered in full			
Hospital cash Where the member receives treatment for an eligible medical condition as an inpatient and no costs are incurred for accommodation and treatment , we will pay a cash benefit . The policy excess does not apply.	Up to \$125 per night for a maximum of 20 nights per medical condition			
Parental accommodation Hospital accommodation costs of a parent or legal guardian staying with a member who is under 18 years of age and is admitted to hospital as an inpatient .	Covered in full			
Disease and chronic condition management				
Oncology All medically necessary treatment received for, or related to, the diagnosis of cancer when received as an inpatient , day patient or outpatient including palliative treatment .	Covered in full			
Chronic conditions The policy excess does not apply.	Not available		Up to \$15,000 per insured person per period of cover	

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
Congenital anomalies Treatment of congenital anomalies that manifest after the member's cover commences with us, or that manifest in a dependant child born in the year prior to cover commencing.	Up to \$100,000 per medical condition			
AIDS Medical expenses that arise from, or are in any way related to, Human Immunodeficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof. For this benefit, the general exclusion for sexually transmitted diseases does not apply.	Up to \$10,000 per insured person per period of cover			
Hormone Replacement Therapy Medical practitioner or specialist consultations and the cost of prescribed tablets, implants or patches when treatment is for the female menopause which has been induced artificially and/or through early onset (by early onset we mean prior to age 40).	No cover	Covered in full up to 18 months per lifetime		
Outpatient and alternative treatments				
Outpatient care	Up to \$1,700 per medical condition prior to hospitalisation and up to 60 days immediately following hospitalisation. Alternative treatment up to 10 sessions in aggregate per medical condition, and subject to the benefit limit above.	Covered in full		
Alternative treatment When given under the direct control of and following referral by a medical practitioner or specialist.	See Outpatient care	Covered in full up to 10 sessions in aggregate per medical condition		
Outpatient surgery	Covered in full			
Outpatient psychiatric treatment	No cover	Up to \$5,000 per period of cover		
Home nursing This must be provided by a qualified nurse and not provided for domestic reasons or convenience. This must be preauthorised by us.	Covered in full up to 30 days per medical condition	Covered in full up to 28 weeks per medical condition		
Traditional Chinese or Ayurvedic medicine Treatment administered by a recognised medical practitioner.	No cover	\$30 per session to a maximum of 10 sessions		

Evacuation and transportation**Emergency transportation**

This **benefit** does not include the cost of car hire.

Covered in full

Evacuation & additional travel expense

Evacuation is subject to written agreement from **us**, prior to travel and certified instructions to **us** from the attending **medical practitioner** or **specialist** including confirmation that the required **treatment** is unavailable at the place of incident.

This **benefit** excludes all maternity and childbirth costs except where these are covered under the **benefit** for Complications of Pregnancy, and any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts. Cover is provided for:

- i) **Evacuation** costs including the costs of one other person to travel with the **member** as an escort, if **medically necessary**.
- ii) Travel to and from medical appointments when **treatment** is being received as a **day patient**.
- iii) For an accompanying person to travel to and from the **hospital** to visit the member following admission as an **inpatient**.
- iv) Economy class airline tickets to return the **member** and the escort to the **country of residence** or to the country where **evacuation** occurred.
- v) Non-**hospital** accommodation for the **member** and escort for immediate pre- and post-**hospital** admission periods provided that the **member** is under the care of a **specialist**.

i) Covered in full

ii) Covered in full

iii) Covered in full

iv) Covered in full

v) Up to €95 or \$150 per person per day and £3,000 or \$5,000 per person, per **evacuation**

Extended evacuation

This **benefit** covers the **evacuation** costs of a **member** in the event **emergency treatment** is not readily available at the place of incident, to the nearest appropriate medical facility, **country of residence**, **country of nationality** or country of the **member's** choice for the purpose of admission to **hospital** as an **inpatient** or **day patient**, including the cost of one other person to travel with the **member** as an escort if **medically necessary**.

Optional

Covered in full

Mortal remains

In the event of death from an eligible **medical condition**: transportation of the body of a **member** or his/her ashes to the **country of nationality** or **country of residence** or burial or cremation costs at the place of death in accordance with reasonable and customary practice.

Necessary burial or cremation fees including:

- The cost of reopening a grave and burial costs, or
- The cost of opening a new grave and burial costs, including any exclusive right of burial fee, or
- In the case of cremation:
 1. The cremation fee
 2. The cost of any doctor's certificates
 3. The cost of removing a pacemaker or other medical device which must be removed before the cremation

But not including costs related to other funeral expenses, such as:

- Funeral director's fees
- Flowers
- The cost of any documents needed for the release of the money, savings and property of the deceased
- The necessary cost of a return journey for you to either:
 1. Arrange the funeral, or
 2. Attend the funeral

Up to \$8,500 per insured person

Mother and child**Routine pregnancy**

Costs associated with normal pregnancy and childbirth, including normal deliveries as a result of infertility **treatment** (assisted conception), voluntary caesarean section costs and **medically necessary** caesarean costs due to any non-medical previous caesarean sections.

The **policy excess** does not apply to this benefit.

A 12 month wait period applies from the purchase date of this **benefit** or the **member's date of entry**, whichever is the later.

No cover

Up to \$10,000 per pregnancy and subject to 20% **coinsurance** (10% **coinsurance** when selecting Hong Kong **semi-private room** or when utilizing a preapproved provider facility)

Complications of pregnancy

Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births are excluded from this **benefit**.

This **benefit** is payable after the first 12 months from the **commencement date** or **date of entry**, whichever is the later.

Covered in full

Newborn care

Inpatient treatment of an **acute medical condition** being suffered by a **newborn baby**, and which manifests itself within 30 days following birth. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births, are excluded from this **benefit**. In circumstances where a **congenital anomaly** occurs in a **newborn baby**, **cover** will be excluded under this **benefit** and payable under the **benefit** for **congenital anomalies**.

Subject to written notification within 30 days of birth and all premiums being paid in full within 30 days of the premium due date, the **member's dependent** will be eligible for **cover** under the full **benefits** of the **policy**.

Inpatient treatment of an **acute medical condition** being suffered by a **newborn baby**, and which manifests itself within 30 days following birth, is covered under the **Newborn Benefit** and not under the **Inpatient Care benefits** of the **policy**. A declaration of health is required with respect to all **dependants** who are born following infertility **treatment** (assisted conception).

Up to \$100,000 per **insured person** per **period of cover** and to a maximum of 90 days **hospital stay**

Newborn accommodation

Hospital accommodation costs relating to a **new born** baby (up to 16 weeks old) to accompany its mother (being a **member**) whilst she is receiving **treatment** as an **inpatient** in **hospital**, following discharge from the original delivery.

Covered in full

Dental benefits**Routine dental treatment**

Fees of a dental practitioner carrying out routine dental **treatment** in a dental surgery.

This **benefit** excludes orthodontic **treatment**, restorative **treatment** and dental implants.

The **policy excess** does not apply.

No cover

Up to \$700 per **period of cover** and subject to 25% **coinsurance**

Major restorative dental treatment

Removal of roots, removal of solid odontomes, apicectomy, new or repair of bridge work, new or repair of crowns, root canal **treatment**, new or repair of upper or lower dentures, and removal of wisdom teeth.

This **benefit** excludes orthodontic **treatment**, routine **treatment** and dental implants.

The **policy excess** does not apply.

A 9 month wait period applies from the purchase date of this **benefit** or the **member's date of entry**, whichever is the later.

No cover

Up to \$1,500 per **period of cover** and subject to 25% **coinsurance**. In aggregate to routine dental limit.

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
Options to upgrade cover				
Outpatient direct settlement network - nil excess This benefit is available where a Nil or \$100 policy excess has been selected.	Not available		Outpatient consultations are available on a nil excess basis where treatment is received in network.	
USA elective treatment i) Inpatient or day patient treatment received inside the direct settlement network ii) Inpatient or day patient treatment received outside the direct settlement network iii) Outpatient treatment The International Healthcare Plan (IHP) does not comply with the Patient Protection and Affordable Care Act (U.S. health care reform), and cannot be used to satisfy any requirements for health insurance cover mandated therein.	Not available		i) Covered in full ii) Up to \$1,000,000 per member per period of cover and subject to 50% coinsurance iii) Covered in full	

Our health care coverage meets the requirements of the Dubai Health Authority which ensures your health care plan is compliant with the regulatory requirements in Dubai.

Dubai Mandatory Health Coverage	
<p>Designed for expatriates residing and receiving treatment in the emirate of Dubai.</p> <p>Cover includes the following Benefits as described above;</p> <ul style="list-style-type: none"> i. Chronic Conditions ii. Parental Accommodation iii. Compassionate Accommodation iv. New Born Care v. Outpatient Physiotherapy vi. Complications of Pregnancy vii. Routine Pregnancy. <p>Cover is also provided for the following Medical Emergency Benefits; Laser eye surgery, prescribed Hearing Aids, prescribed glasses or contact lenses and Diagnostic and Treatment services for Dental and gum Treatments — in case of Medical Emergency Only. Medical emergency is defined as any injury suffered as a result to a sudden Accident that was not brought about by the Insured Person or, an urgent health condition that requires an immediate medical intervention.</p>	<p>\$41,000 or AED 150,000</p> <ul style="list-style-type: none"> i. AED 150,000 ii. AED 100 per night iii. AED 100 per night iv. 30 days from birth v. 6 sessions per year vi. AED 10,000 vii. AED 7,000 <p>per Insured person per period of cover and in aggregate to the Plan Benefit limits stated</p>

Medical underwriting

Moratorium underwriting

Our standard approach to medical underwriting.

At the **member** level, **cover** is not provided for any **medical condition** in existence on the date that individual is accepted into the **policy (date of entry)** until it has been treated such that the individual is symptom and **advice**-free for two consecutive years following the **date of entry** with regard to that **medical condition**. This **policy** does not cover the **treatment** of pre-existing **chronic** conditions.

Full medical underwriting

Should **we** accept **cover**, **we** may apply additional terms and exclusions, which will be shown on **your certificate of insurance**.

Continuous transfer terms

For **members** wishing to transfer from other **policies**.

This feature may incur additional premium.

The acceptance by us of the **member's** original **date of entry** as shown by the **member's** current insurer will be applied to the **member's** **policy** with us. **We** will maintain the **member's** existing underwriting or special acceptance terms, as offered by the **member's** existing insurer, such as any moratoria or specific exclusions, and the **member's** **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.

Plan currency

The plan currency is US Dollar (\$).

Payment frequency

Bank transfers or cheques are available on an annual basis. These are accepted in the US Dollar.

Credit card payments may be paid on an annual or monthly basis.

A surcharge will apply for payments made on a monthly basis.

Policyholder's right 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.

Frequently asked questions

Q. Am I eligible for cover?

A. International Healthcare Plan (IHP) will cover globally-mobile individuals who live or work outside of the country that issued their passport, providing the individual is of pre-retirement age at the time of joining.

Note: In some countries we are unable to provide cover. For specific details, contact your representative.

Q. Are my family members eligible for cover as well?

A. Yes. Your spouse or adult partner can be added as a dependant. Your unmarried children, under the age of 18, are eligible dependants as well. Your children enrolled as full-time education students are eligible until the age of 26.

Q. Is a medical examination required to enroll in the plan?

A. No. In the rare instance that we require additional information for fair and accurate underwriting purposes, we will ask you to submit a medical report from your doctor.

Q. Am I covered when travelling worldwide?

A. All members are covered for elective medical treatment in your area of cover, the standard area of cover is Worldwide excluding the U.S. members who wish to benefit from U.S. Elective Treatment should select an appropriate plan and this benefit option.

Additionally, for members with Worldwide excluding U.S. cover who are temporarily travelling in the U.S., we will pay for treatment arising as a result of an accident or emergency for new medical conditions for which you have not previously experienced symptoms, sought advice or received treatment.

Q. How is the policy excess applied?

A. You are responsible for the policy excess. It is applied to each new medical condition and is deducted by our claims department upon settlement of the claim.

Q. How do I know if I am covered before treatment?

A. You should dial the International Member Service Centre to determine whether treatment is covered under your policy prior to a planned admission into the hospital.

Q. Can the level of cover be adjusted during the policy term?

A. No. The level of cover can only be changed at the renewal date. At that time, we will work with you to ensure any benefit level changes are appropriately adjusted.

Q. Am I able to obtain forms and information online?

A. Yes, you have access to claim forms as well as global health and security information at www.aetnainternational.com.

Q. Does the plan include cover for elective treatment in the U.S.?

A. Cover for elective treatment in the U.S. is only available if the USA Elective Treatment option is selected. This can be purchased with the Foundation, Lifestyle and Lifestyle Plus plans.

Where the member has not elected to provide USA Elective Treatment, they are covered for accidents and emergencies only. Travelling expenses will be covered under the Evacuation benefit in the event of an emergency, if the visiting location does not offer the appropriate treatment or care needed.

Q. How can members submit a claim?

A. Upon inception, each member will receive a membership card. This provides them with the contact information for the International Member Service Centre and information they need to register for the Aetna International secure member website. Members can use either resource to submit a claim.

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.

Complaints procedures

It's our goal to provide you with the high quality service you expect and deserve. If we ever fall short, we hope you'll let us know. You can contact us any time to file a complaint or to appeal a decision we've made.

Who to contact with a complaint

RSA
P.O. Box 6380
Dubai
United Arab Emirates
T: +971 4 438 7600
F: +971 4 428 7101
PMIComplaintsandAppeals@RSA.AETNA.com

Our complaints handling procedures

Complaints will:

- Be acknowledged promptly
- Be investigated competently, efficiently and impartially
- Be assessed fairly, consistently and promptly

Where a complaint relates to the services provided by another firm we shall advise the complainant of this and forward the complaint to the other firm for resolution. Where we and another firm are jointly responsible for the complaint, we shall ensure that the complainant is informed of this and each company will contact them directly in relation to the complaint for which it is responsible.

**Global presence, local footprint —
around the corner or around the globe,
we're there.**

**With us, you and your family have access
to first-class benefits and services.**

*Are you ready to experience
the difference?*

To learn more, contact us today

+971 4 438 7500

medicalSales@RSA.AETNA.com

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RSA and Aetna do 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 our plans, please contact us by email at medicalSales@RSA.AETNA.com.

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