



Global cover with a local touch

INTERNATIONAL HEALTHCARE PLAN
FOR INDIVIDUALS

AETNA
GLOBAL
BENEFITS®



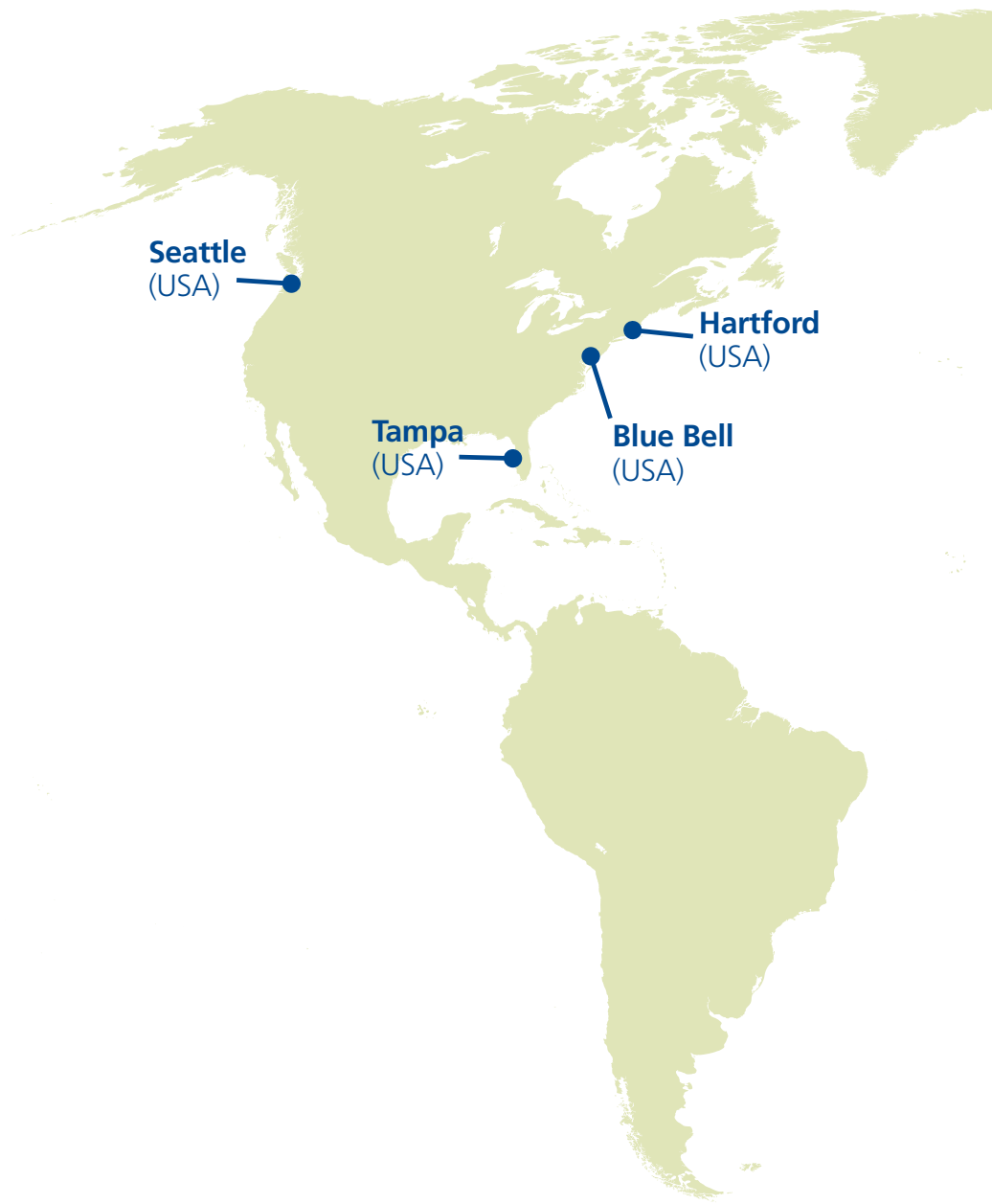
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THE AGB DIFFERENCE

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At Aetna Global Benefits (AGB), we make it *our* business to understand *your* health care needs. With more than 30 years experience in the international marketplace, covering over 400,000 members around the world, we are well-positioned to provide comprehensive health benefits, delivered first-class. And, as part of the Aetna organisation, we can leverage the strength and capabilities of one of the leading diversified health care benefits companies in the U.S., with over 150 years of proven expertise and demonstrated success.



At AGB, the health of globally-mobile individuals and their families lies at the centre of everything we do. Through our first-class approach to service, we are a valued partner, working daily to provide you with innovative and comprehensive products, programmes and services that can make a positive impact on your health.

We take your health benefits needs to heart. That's why we've established a strong global presence, with a local footprint that touches key areas all over the world. With over 700 employees, located in 10 countries, we are deeply embedded in the global marketplace and the expatriate experience. This enables us to best meet your needs with confidence and compassion.

Contact AGB today, to find out how our solutions can help satisfy your health and wellness needs.



Our professional staff of in-house legal and compliance experts keep their hands firmly on the pulse of the many diverse regulatory and compliance requirements that exist — enabling us to develop swift, proactive solutions to meet these dynamic regulations on a worldwide scale.

A FIRST-CLASS SERVICE PHILOSOPHY

At AGB, we want you and your family to be satisfied every time you interact with us. To help accomplish this goal, we have dedicated areas within the organisation focused on delivering a first-class service experience.

THE MEMBER EXPERIENCE

The 24/7 AGB International Member Service Centre is committed to making sure you get the care you need, when you need it. Many of our multicultural and multilingual service professionals even have experience as an expatriate themselves, giving them unique insight into the situations you may face. You can receive assistance with:

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

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

- Pre- and post-trip planning for international assignments
- Worldwide coordination of routine and urgent medical care
- Help obtaining prescription medications and/or medical devices
- Coordination of second opinions for difficult cases
- Discharge planning
- Help finding doctors and facilities worldwide

Innovative tools and resources

Our first-class service philosophy extends far beyond our organisational capabilities into the world of technology. In fact, AGB is committed to providing valuable information through technological innovation.

With IHP cover, you will have access to tools and resources to help navigate your health care experience more easily, including:

- **Doctor and medical facility search tool** that allows members to find screened and approved physicians and medical facilities.
- **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



Global business solutions, with a local touch — made easy.

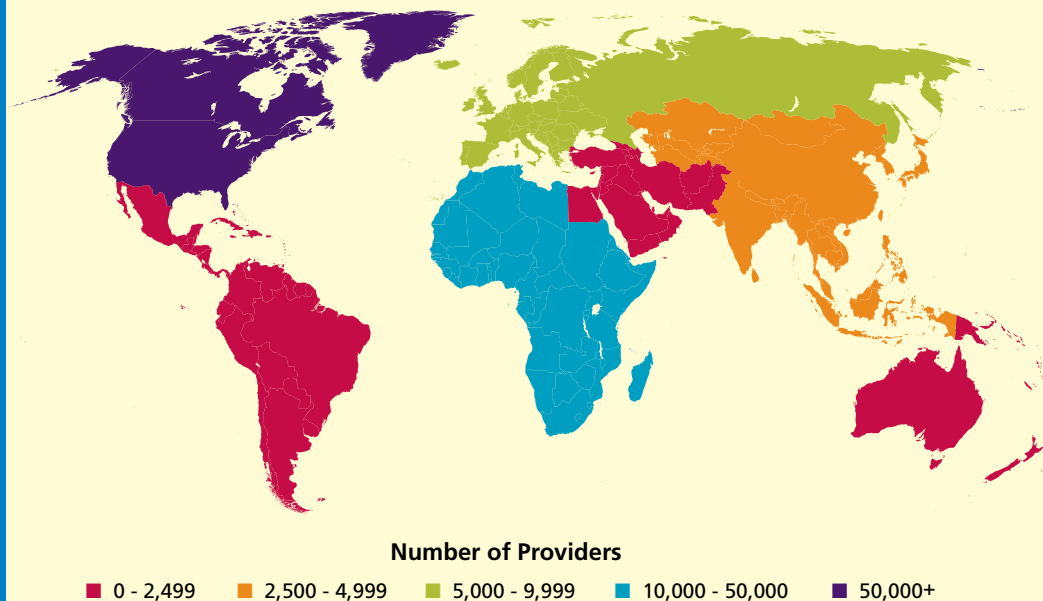
That's our commitment to you. We're dedicated to being a partner who provides you with consultative solutions, backed by a first-class service philosophy you'll experience throughout all of our interactions.

RELIABLE ACCESS TO THE WORLD'S LEADING HEALTH CARE PROFESSIONALS

AGB is 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 in-patient 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 are unable to find a specific health care professional in our direct-settlement database, in the event that you require hospitalisation, we can coordinate a one-time direct-settlement agreement quickly and easily. In fact, we have a 95 percent success rate in negotiating these 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.

Our international community of health care professionals*



■ 0 - 2,499 ■ 2,500 - 4,999 ■ 5,000 - 9,999 ■ 10,000 - 50,000 ■ 50,000+

*The North America region includes health care professionals who participate in the Aetna U.S. PPO Network.

International Healthcare Plan Overview

The International Healthcare Plan (IHP) is designed with the needs of globally-mobile individuals in mind. It provides the worldwide medical cover you require, with a first-class level of service you can rely on.

IHP provides a range of cover options, including major medical, specialist consultation, routine health care management, pharmacy and dental cover, and medical evacuation services. You and your covered dependants also have the flexibility to obtain medical treatment at the facility of your choice, around the globe.

The following plan types are available:

- **Major Medical** – Inpatient/ day-patient treatment (hospitalisation), outpatient surgery, oncology, evacuation and complications of pregnancy.
- **Foundation** – Outpatient treatment, general practitioner (GP) and specialist consultations and prescription medication in addition to Major Medical benefits.
- **Lifestyle** – Routine management of chronic conditions, extended evacuation and extended home nursing in addition to Foundation benefits.
- **Lifestyle Plus** – Routine pregnancy and childbirth and routine and major restorative dental in addition to Lifestyle benefits.

Our skilled team is here to partner with you to identify **your** ideal solution.

COMMON QUESTIONS AND ANSWERS

Q. Am I eligible for cover?

A. Provided you are a resident of the UAE and are of pre-retirement age at the time of joining.

Note: In some countries we are unable to provide cover. For specific details, contact your AGB 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 23.

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. Will the plan cover any illnesses or injuries that I had prior to enrolling in the plan?

A. Cover for all pre-existing medical conditions are excluded during the first two years of membership. Future costs will be covered providing you do not have any symptoms, treatment or advice for that condition during this two year period.

Q. Am I covered when travelling outside of my area of residence?

A. Yes. You are covered worldwide, whether you are travelling on business or holiday. Travelling expenses will only 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. Does the plan include cover for elective treatment in the U.S.?

A. Cover for elective treatment in the U.S. is available only if the USA Elective Treatment option is selected.

Note: Cover in the U.S. is restricted to accident and emergency services, unless the USA Elective Treatment option is elected.

Q. Can I seek treatment anywhere in the world?

A. Our standard cover allows you to access care anywhere in the world at the medical facility of your choice, except for elective treatment in the U.S. Cover can include elective treatment in the U.S. by selecting the USA Elective Treatment option.

Q. How quickly does my cover go into effect?

A. As soon as we receive your completed application form we can confirm immediate cover for 15 days, pending receipt of premium payment.

Q. What happens if I wish to cancel the policy?

A. You have a 15-day period from the day of the conclusion of the contract or the day on which you receive the contractual terms. Should you decide to cancel the policy and no claims were made, we will provide a full refund of the paid premium. This will occur upon receipt of written authority to cancel the policy.

Note: Written requests for cancellation must be from you and received by AGB within the 15-day period from the date your policy started with us.

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 the AGB claims department upon settlement of the claim.

Q. How do I know if they are covered before treatment?

A. You should dial the AGB 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, AGB 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.goodhealthworldwide.com.

Q. Is psychiatric treatment covered?

A. Yes, within the limits of the selected plan. However, you must follow the guidelines provided in your policy wording, including pre-authorisation requirements, in order for claims to be eligible. This does not include the initial medical practitioner consultation that resulted in the psychiatric referral.

Q. Are chiropractics/osteopathy covered?

A. Treatment for chiropractics/osteopathy must be referred by a medical practitioner or specialist. A referral cannot be obtained retroactively. Cover is limited to 10 sessions in aggregate.

Q. Is physiotherapy covered?

A. Yes. However, all claims must be accompanied by a referral from a medical practitioner. Cover is restricted to 10 sessions of physiotherapy, after which it must be reviewed by a specialist. A medical report is required after 10 sessions.



*Settlement can be made directly to the hospital. Full details of the claims procedure are available in the policy wording.

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

With AGB, you have access to first-class benefits and services that best meet your needs.

Are you ready to experience the AGB difference?

Contact AGB

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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.