

Welcome to Aetna Global Benefits

INTERNATIONAL HEALTHCARE PLAN

AETNA
GLOBAL
BENEFITS®



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

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For over 30 years, **Aetna Global Benefits (AGB)** has been working to make it easier for our members to access health care — across all borders. Whether you're at home or a world away, AGB is here to meet your health benefits needs. Our first-class service approach places you at the centre of everything we do — so you can access the care you need, when you need it.

This brochure contains valuable details about your International Healthcare Plan. Information like how to file a claim, how to contact us, frequently asked questions and more.

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



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

AN INTERNATIONAL HEALTH PLAN THAT WORKS AS HARD AS YOU DO

Your AGB **International Healthcare Plan (IHP)** provides the worldwide medical cover you require, with a level of service you can rely on. It also gives you the flexibility to receive treatment at the doctor of your choice, almost anywhere in the world.

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

Things to consider when accessing care:

1. Research what the quality of care is like in your location. Make a plan in advance on how to deal with a medical situation should you be faced with one.
2. Ask trusted locals or co-workers for referrals to doctors or medical facilities.
3. Consider the environment when visiting a medical facility. Does it look clean? Are the doctors wearing gloves and masks when appropriate? Trust your instincts and seek care elsewhere if you feel uncomfortable.
4. Don't be afraid to ask questions. In non-emergency situations, ask questions about the service or procedure you are having. Ask the facility about their sterilisation practices, how many years the doctor has been practicing, how many times he/she has performed the needed procedure and any other questions.

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

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

FIRST-CLASS SERVICE

We work daily to connect you to the care you need, wherever you are in the world. This includes helping you make doctor appointments, coordinating direct-settlement agreements and arranging medical evacuations.

24x7 international member service

Our multilingual, multicultural member service professionals are available to you around-the-clock. Personalised support is available by phone or fax to:

- Help you find health care around the world
- Answer your questions about claims, benefits and cover levels
- Process claims in many languages
- Explain our many reimbursement options (in over 100 currencies)

International Health Advisory Team

At the heart of AGB's first-class service is our International Health Advisory Team (IHAT). IHAT is made up of a clinical staff that's trained to support you in meeting your unique health care needs.

IHAT is your single point of contact for a wealth of services and information, including:

- 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

Dial the AGB International Member Service Centre at the number on your member ID card to reach IHAT.

ACCESSING QUALITY CARE

The AGB global provider community

AGB is committed to building strong, secure partnerships with health care professionals around the globe — so you can get quality care when and where you need it.

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

To find a direct-settlement provider:

1. Visit www.goodhealthworldwide.com.
2. Click on *Downloads and Links*.
Select *Useful Links* along the left hand side of the page.

To facilitate a direct-settlement transaction:

■ For Preplanned Treatment/ Non-emergency

- > Contact AGB to initiate pre-authorization for a direct-settlement to a selected facility at least two business days prior to planned treatment. If you choose to seek treatment at a direct-settlement provider without notifying AGB in advance, the provider will expect payment in full at the time of service.
- > While we work as closely as possible with our network providers to ensure that direct-settlement remains available for low cost out-patient treatments, most providers ask for a credit card swipe or cash deposit to cover deductibles or co-pays/co-insurance payments.

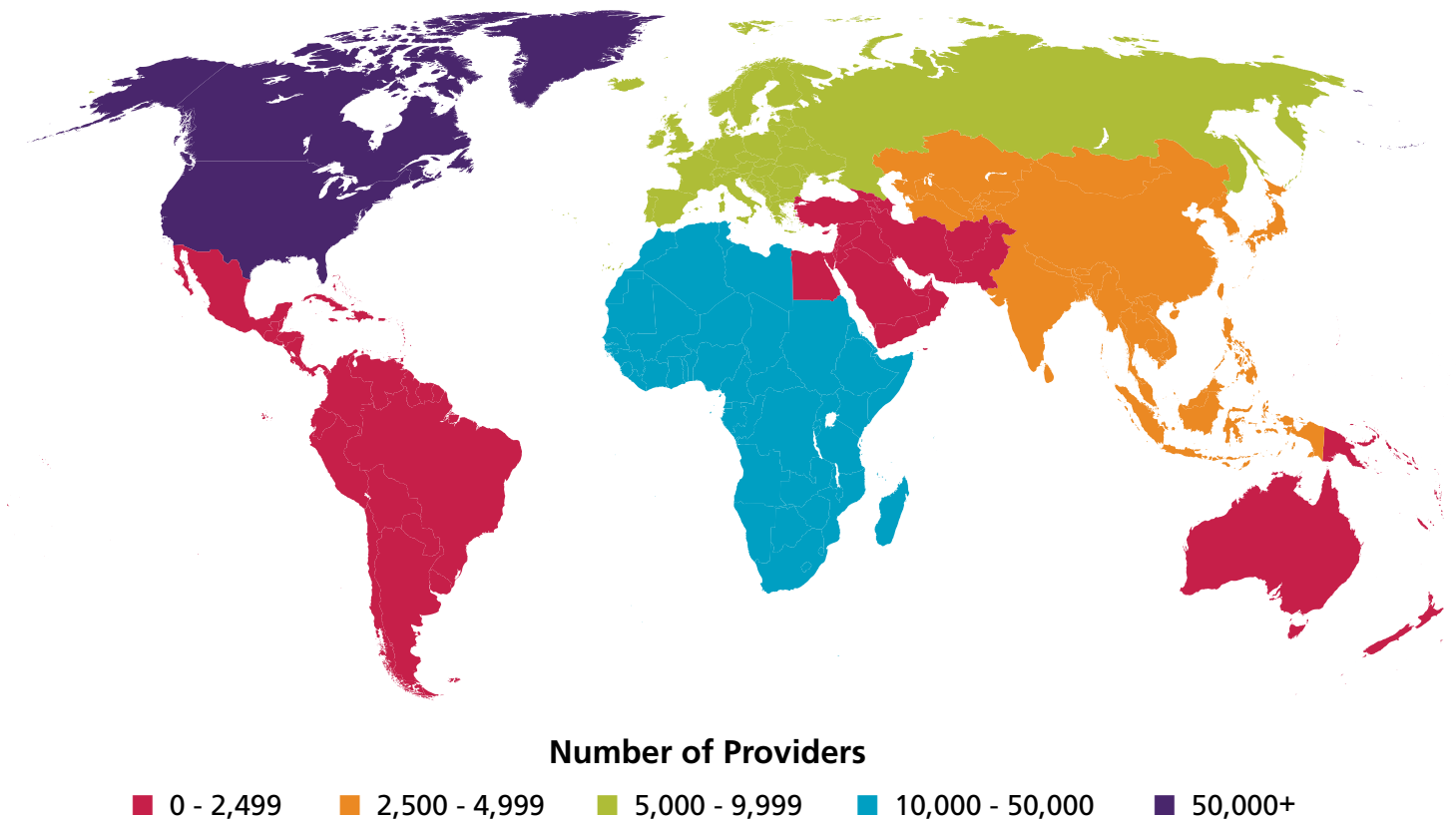
■ For Emergency Treatment:

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

To request a one-time direct- settlement arrangement:

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

Access to an International Community of Health Care Professionals*



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

To access our U.S. provider network

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

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

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

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

When it is time to get reimbursed, the choice is yours

AGB offers claim reimbursement in over 100 currencies. And you can receive your reimbursement via electronic transfer, cheque or bank draft.

HOW TO FILE A CLAIM

FOR CLAIMS **OVER**
U.S. \$200 PER MEDICAL
CONDITION

FOR CLAIMS **UNDER**
U.S. \$200 PER MEDICAL
CONDITION

Complete all sections of the claim form in full for each treated condition.

Please make sure that your doctor completes and signs Sections D and E.

Complete Sections A, B and C of the claim form for each treated condition.

Note: Be sure to include diagnosis/medical condition.

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

- All original paid receipts (or other proof of payment). We will accept copies of original receipts to start the claim process. In some circumstances original receipts may also be requested by us for verification before a payment can be made.
- All supporting documents relating to the claim for all treatments referred to in the claim.
- Any laboratory test results and/or x-rays relating to the claim.
- A referral letter from your specialist (if the claim includes charges for diagnostic tests).
- A copy of the referral letter from your medical practitioner (if treatment was provided by a registered physiotherapist, chiropractor, osteopath, homeopath, podiatrist or acupuncturist).

Sign and date the form. This must be done by the insured member in order to validate the claim.

Submit your claim to the AGB International Member Service Centre listed under the "Contact AGB" section at the end of this brochure.

Questions?

For questions and additional details about claims submission or your health care plan, please consult your plan documents or contact the AGB International Member Service Centre.

ADDITIONAL INFORMATION REGARDING CLAIMS

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

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

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

Claims may only be made for treatment given during a period of cover. The benefit will only be available for expenditure incurred prior to expiry or termination of cover.

As an insured member, you must, without delay, provide AGB with written notification of a claim or right of action against a third party arising out of circumstances that created a claim under this plan. You must continue to keep us fully informed in writing and take all steps we reasonably require in making a claim upon that other party. We are entitled to take legal action in any insured person's name for our own benefit. This includes claims for indemnity, damages or otherwise that relate to any benefits and costs paid or payable under this plan. We have full discretion in the conduct of these proceedings and in the settlement of any claim.

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

Charges from an attending medical practitioner for completing your claim form are not eligible for reimbursement under the terms and conditions of your plan. You will be responsible for these costs.

We realise that it may not always be possible to have your claim form completed by your medical practitioner, specialist or dental practitioner. In certain circumstances, we will review the claim, provided your receipt(s) for treatment include:

- the date of service
- the medical condition diagnosis
- the provided treatment
- the charged amount and;
- the stamp of the facility concerned.



Have a question?

Phone the AGB International Member Service Centre for answers — anytime.

GLOSSARY OF COMMON INSURANCE TERMS

Co-insurance

Co-insurance is the cost sharing between a member and AGB. It refers to the portions of a covered medical expense that the insurer and member must pay. For example, if a benefit states that there is a 20% co-insurance, the insurer pays 80 percent of covered expenses and the member pays 20 percent. Refer to your plan documents to find out the co-insurance rate for your plan.

Day-patient and in-patient treatment

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

Excess

Excess is the amount that a member must pay for covered services before the insurer will begin to pay. For example, if a covered expense of U.S. \$800 is submitted for payment under a plan with a U.S. \$200 excess, the member must pay the first U.S. \$200 of covered expenses. Please refer to your plan documents to find out the excess for your plan.

Explanation of Benefits/ Settlement Letter

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

- The services received
- The health provider
- The date of service

- How much the provider charges for the services received
- The amount the insurer has paid to the health care provider; and
- How much the member may be responsible for paying (if applicable).

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

Out-patient treatment

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

Pre-certification/ Pre-authorisation

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

You must contact AGB to obtain prior approval (pre-authorisation) before beginning the following treatments:

- Planned in-patient or day-patient treatment (hospitalisation)
- Pregnancy or childbirth treatment
- Planned surgery
- Evacuation
- Second medical opinions
- Psychiatric treatment — in-patient, day-patient and out-patient

- Home nursing charges
- Planned MRI and CT scans
- Home visits

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

Important note: Pre-certification (also known as authorisation, certification or prior authorisation) is only required for care received in the U.S. Please check your plan documents to ensure that you have the U.S. cover benefit.

Referral

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

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

A doctor's referral is required and must be included when filing a claim for the following treatments:

- Physiotherapy
- Chiropractic treatment
- Acupuncture treatment
- Osteopathic treatment
- Homeopathic treatment
- Podiatric treatment

The difference is AGB

Our relationship with you goes beyond simply providing your international health care benefits.

Whether you're at home or a world away, we deliver first-class products, programmes and services to help you make the most of your AGB cover.

That's the AGB difference.

HELP IS HERE WHEN YOU NEED IT

Contact your AGB International Member Service Centre anytime, 24x7, with questions about:

- Your AGB cover
- Direct-settlement requests
- Eligibility verification
- Clinical support
- Claims
- General plan-related questions

To reach the AGB International Member Service Centre dial the number found on your member ID card. You can also contact us at the location listed at the right-hand side of the page.

For 24-hour medical evacuation assistance, dial:

- London + 44 (0) 208 762 8129
- Hong Kong + 852 2970 3045
- Jakarta + 62 21 7591 2847

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Aetna Global Benefits Limited, registered address: Unit 101, Gate Village Building No. 7, Dubai International Financial Centre, P.O. Box 6380, Dubai, UAE..

Aetna Health Services (Middle East) FZ LLC, registered address: 3rd Floor, Building No. 7, Dubai Outsource Zone, PO Box 6380, Dubai, UAE.

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Aetna does not provide care or guarantee access to health services. Not all health services are covered. Health information programmes provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of cover. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna Global Benefits plans, refer to www.aetnaglobalbenefits.com.

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