

Policy Wording

REGIONAL HEALTHCARE PLAN

EFFECTIVE 1st MAY 2010

**AETNA
GLOBAL
BENEFITS®**

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SCHEDULE OF BENEFITS

Benefits	Lifestyle	Lifestyle Plus
Maximum Annual Aggregate Limit	\$100,000	\$250,000
Area Of Coverage	AGCC Countries, the Middle East, Indian Sub-Continent and South East Asia	AGCC Countries, the Middle East, Indian Sub-Continent and South East Asia
Reimbursement Percentage The amount of reimbursement provided under each Benefit whether Treatment is undertaken within Our Provider Network or not.	100% in Network, 50% outside Network 100% where no network exists in the Area of Coverage	100% in Network, 80% outside Network 100% where no network exists in the Area of Coverage
Excess Options Each Product Option carries an Excess for each new Medical Condition or per visit. Your Policy Schedule will show you the Excess applicable and the basis upon which it is applied.	Noted on the Policy Schedule	Noted on the Policy Schedule
Direct Settlement Pre-authorization Requirement The threshold of cost of Treatment where pre-authorization is required before Treatment takes place within the Direct Settlement Network .	\$270	N/A
IN-PATIENT TREATMENT		
General In-Patient Charges Hospital charges, Drugs and Dressings , Specialist fees, surgeon and anesthetist fees, theatre charges and pathology.	Up to Full Reimbursement Percentage	Up to Full Reimbursement Percentage
Room and Board	Up to \$300 per day for accommodation and nursing charges whilst as an In-Patient or Day-Patient in a Hospital	Up to \$300 per day for accommodation and nursing charges whilst as an In-Patient or Day-Patient in a Hospital
Intensive Care Unit	Up to \$500 per day for accommodation and nursing charges whilst admitted to a specific Intensive Care Unit as an In-Patient	Up to \$500 per day for accommodation and nursing charges whilst admitted to a specific Intensive Care Unit as an In-Patient
Hospital Cash Benefit When Treatment is received for an eligible Medical Condition as an In-Patient in Bangladesh, India, Pakistan, Philippines, Sri Lanka and Iran.	\$50 per night up to a maximum of \$250 per Period of Cover subject to the Treatment being available in the Country of Residence	\$75 per night up to a maximum of \$375 per Period of Cover subject to the Treatment being available in the Country of Residence
Organ Transplant	Up to Full Reimbursement Percentage	Up to Full Reimbursement Percentage
Parent Accommodation Hospital accommodation costs in respect of a parent or legal guardian staying with an Insured Person who is under 18 years of age and is admitted to Hospital as an In-Patient .	Up to Full Reimbursement Percentage	Up to Full Reimbursement Percentage

Benefits	Lifestyle	Lifestyle Plus
<p>New Born Cover In-Patient Treatment of an Acute Medical Condition and any associated cost which present symptoms at birth or which manifests itself within 30 days following birth.</p>	Up to \$3,000	Up to \$5,000
<p>New Born Accommodation Hospital accommodation costs relating to a New Born baby (Up to 16 weeks old) to accompany its mother (being an Insured Person) whilst she is receiving Treatment as an In-Patient in a Hospital.</p>	Up to Full Reimbursement Percentage	Up to Full Reimbursement Percentage
<p>Reconstructive Surgery Reconstructive Surgery following an Accident or following surgery for an eligible Medical Condition.</p>	Up to Full Reimbursement Percentage	Up to Full Reimbursement Percentage
OUT-PATIENT TREATMENT		
<p>Out-Patient Charges Including: Medical Practitioner fees including:</p> <ul style="list-style-type: none"> ■ Consultations ■ Specialist Fees ■ Diagnostic Procedures ■ Drugs and Dressings ■ Physiotherapy on referral by a Medical Practitioner. (Limited to an annual maximum aggregate of 10 sessions). 	Up to \$2,000 per Period of Cover . Additional sub-limit of \$50 per Out-Patient consultation	Up to Full Reimbursement Percentage. Additional sub-limit of \$85 per Out-Patient consultation
<p>Out-Patient Surgery</p>	Up to Full Reimbursement Percentage	Up to Full Reimbursement Percentage
<p>Home Nursing Immediately following Hospital discharge on the recommendation of a Specialist and must be provided by a Qualified Nurse. All Treatment under this Benefit must be pre-authorised by Us.</p>	Up to 30 Days	Up to 30 Days
OTHER GENERAL BENEFITS		
<p>Oncology Treatment given for cancer received as an In-Patient, Day-Patient, or Out-Patient.</p>	Up to Full Reimbursement Percentage	Up to Full Reimbursement Percentage
<p>Ancillary Charges The purchase or rental of crutches or wheelchairs following Treatment as an In-Patient or Day-Patient.</p>	No Cover	Up to \$1,000 per Medical Condition
<p>Rehabilitation In a recognised Rehabilitation unit of a Hospital following Treatment as an In-Patient.</p>	No Cover	Up to 120 days per Medical Condition

SCHEDULE OF BENEFITS (CONTINUED)

Benefits	Lifestyle	Lifestyle Plus
<p>CT and MRI Scans Scans received as an In-Patient, Day-Patient or Out-Patient and pre-authorised by Us.</p>	Up to Full Reimbursement Percentage	Up to Full Reimbursement Percentage
<p>Accidental Damage to Teeth Treatment initially received in an Emergency room in a Hospital within seven days of incurring accidental damage caused to sound, natural teeth.</p>	Full Refund	Full Refund
<p>Complications of Pregnancy Treatment of a Medical Condition which arises during the antenatal stages of pregnancy, or a Medical Condition which arises during childbirth and requires a recognised obstetric procedure.</p>	Up to Full Reimbursement Percentage Subject to a 12 month wait period	Up to Full Reimbursement Percentage Subject to a 12 month wait period
EVACUATION/TRANSPORTATION BENEFITS		
<p>Emergency Transportation Emergency Transportation costs to and from Hospitals by the most appropriate form of transport.</p>	Full Refund	Full Refund
<p>Evacuation Evacuation of an Insured Person in the event of an Emergency, where Treatment is not readily available at the place of the incident, to the nearest appropriate facility, for the purpose of admission to Hospital as an In-Patient or Day-Patient. Extended to cover the costs for one other person to travel with the Insured Person as an escort where Medically Necessary.</p>	Full Refund	Full Refund
<p>Additional Travel Expenses (following Evacuation) Reasonable travel costs:</p> <ol style="list-style-type: none"> to and from medical appointments when Treatment is being received as a Day-Patient. for an accompanying person to travel to and from the Hospital to visit the Insured Person following admission as an In-Patient. non-Hospital accommodation for immediate pre- and post-Hospital admission periods provided that the Insured Person is under the care of a Specialist. economy class airline ticket to return the Insured Person and one other person who has travelled as an escort to the Country of Residence, or to the country from where Evacuation occurred. 	<p>Full Refund</p> <p>Full Refund</p> <p>Up to \$150 per person per day and \$5,000 per person, per Evacuation</p> <p>Full Refund</p>	<p>Full Refund</p> <p>Full Refund</p> <p>Up to \$150 per person per day and \$5,000 per person, per Evacuation</p> <p>Full Refund</p>

Benefits	Lifestyle	Lifestyle Plus
<p>Mortal Remains</p> <p>i. Transportation of a body or ashes to the Country of Nationality or Country of Residence, or</p> <p>ii. Burial or cremation costs at the place of death.</p>	\$1,000	\$3,000
OUT OF AREA BENEFITS		
<p>Elective Treatment outside Area of Coverage outside of Area of Coverage but in Your Country of Nationality. Subject to the limits of cover noted in this Schedule of Benefits.</p> <p>Treatment outside of Area of Coverage and not in Your Country of Nationality.</p>	<p>Full Reimbursement Percentage subject to Reasonable and Customary Charges within Your Country of Residence and within Our Direct Settlement Network.</p> <p>Limited to 90 days per Period of Cover.</p> <p>80% of costs subject to Reasonable and Customary Charges within Your Country of Residence and within Our Direct Settlement Network.</p>	<p>Full Reimbursement Percentage subject to Reasonable and Customary Charges within Your Country of Residence and within Our Direct Settlement Network.</p> <p>Limited to 90 days per Period of Cover.</p> <p>80% of costs subject to Reasonable and Customary Charges within Your Country of Residence and within Our Direct Settlement Network.</p>
<p>Accident and Emergency Treatment Outside Area of Coverage</p> <p>Treatment undertaken in an Accident and Emergency ward of a Hospital and where a Medical Condition did not exist prior to travel (excludes Complications of Pregnancy).</p> <p>Out-Patient Treatment arising as a result of an Accident or Emergency, whilst You are temporarily travelling in the USA and where the Medical Condition did not exist prior to travel.</p>	<p>Up to \$20,000 and to a maximum of 90 days per Period of Cover</p> <p>Up to \$500 and subject to an \$80 Excess per Medical Condition</p>	<p>Up to \$50,000 and to a maximum of 90 days per Period of Cover</p> <p>Up to \$500 and subject to an \$80 Excess per Medical Condition</p>

SCHEDULE OF BENEFITS (CONTINUED)

Additional Options	Lifestyle	Lifestyle Plus
<p>Chronic Conditions Routine check-ups, Drugs and Dressings prescribed for management of the condition, Hospital accommodation, nursing, renal dialysis, surgery and Palliative Treatment for Chronic conditions.</p>	<p>Optional Purchase (No cover unless shown on Your Policy Schedule)</p> <p>Up to \$2,000 (Nil Excess)</p>	<p>Optional Purchase (No cover unless shown on Your Policy Schedule)</p> <p>Up to \$10,000 (Nil Excess)</p>
<p>Routine Dental Treatment Examinations, tooth cleaning, normal compound fillings, simple or non-surgical extractions, root canal Treatment. Cover is limited to a combined maximum of 5 visits and/or services per Insured Person per Period of Cover.</p>	<p>Optional Purchase (No cover unless shown on Your Policy Schedule)</p> <p>Up to \$400 and subject to a 25% Co-Insurance (Nil Excess)</p> <p>Subject to a six month waiting period.</p>	<p>Optional Purchase (No cover unless shown on Your Policy Schedule)</p> <p>Up to \$400 and subject to a 25% Co-Insurance (Nil Excess)</p> <p>Subject to a six month waiting period.</p>
<p>Pregnancy and Childbirth Costs associated with normal pregnancy and childbirth, pre- and post natal check ups and delivery costs.</p>	<p>Optional Purchase (No cover unless shown on Your Policy Schedule)</p> <p>Up to \$3,000 subject to a 20% Co-Insurance (10% when utilising a maternity package in a pre-approved provider facility).</p> <p>Subject to a 12 month waiting period. (Nil Excess)</p>	<p>Optional Purchase (No cover unless shown on Your Policy Schedule)</p> <p>Up to \$3,000 subject to a 20% Co-Insurance (10% when utilising a maternity package in a pre-approved provider facility).</p> <p>Subject to a 12 month waiting period. (Nil Excess)</p>
<p>Wellness Routine medical check-ups, associated tests, Medically Necessary vaccinations and inoculations. Only available to compulsory Group schemes of 10 employees or more.</p>	<p>Optional Purchase (No cover unless shown on Your Policy Schedule)</p> <p>Up to \$400</p>	<p>Optional Purchase (No cover unless shown on Your Policy Schedule)</p> <p>Up to \$400</p>
<p>Medical History Disregarded Cover for Treatment for any Medical Condition or Related Condition where symptoms have existed or Advice has been sought prior to Your Date of Entry under this Policy. Also waives any waiting periods applied for any Benefits under the Policy. Only available to compulsory Group schemes of 10 employees or more.</p>	<p>No cover unless shown on Your Policy Schedule</p>	<p>No cover unless shown on Your Policy Schedule</p>

WHAT BENEFITS ARE COVERED?

We will provide cover for the **Treatment** of eligible **Medical Conditions** which first manifest themselves during any **Period of Cover** and where **Treatment** is actually given during the **Period of Cover**.

We will provide **Benefits** in the **Area of Coverage** for the following subject to the level of cover specified in **Your Policy Schedule** and the **Benefits** detailed in the Schedule of Benefits. All costs incurred must be **Medically Necessary** and subject to **Reasonable and Customary Charges**.

The following **Benefits** are covered under this **Policy**:

IN-PATIENT CHARGES

1. General In-Patient Charges

- Hospital** Accommodation, limited to a standard **Private Room** and associated charges as an **In-Patient** or **Day-Patient**, and charges for nursing by a **Qualified Nurse**.
- Accommodation and nursing charges whilst admitted to a specific Intensive Care Unit as an **In-Patient**.
- Specialist** fees.
- Surgeon fees.
- Anesthetist fees.
- Drugs and Dressings**.
- Theatre fees and other charges incurred for the **Treatment** of a **Medical Condition**.
- Diagnostic procedures including pathology, X-rays and scans.

2. Hospital Cash Benefit

Where **You** receive **Treatment** for an eligible **Medical Condition** as an **In-Patient**, **We** will pay a cash **Benefit** to a daily limit and overall maximum per **Period of Cover** as noted in the Schedule of Benefits in the following countries:

- Bangladesh
- India
- Pakistan
- Philippines
- Sri Lanka
- Iran

and subject to this **Treatment** being available in the **Country of Residence**. This **Benefit** is conditional upon pre-authorization from **Us** prior to leaving the **Country of Residence** for **Elective Treatment**.

To claim this **Benefit** please ask the **Hospital** to sign and stamp **Your** claim form. This **Benefit** is not applicable to admissions into the **Accident** and **Emergency** facility of the **Hospital**. This **Benefit** is not provided where the countries noted above are **Your Country of Residence**.

3. Organ Transplant

Organ Transplants covered under this **Policy** are:

- Heart
- Heart/Lung
- Lung
- Kidney
- Kidney/Pancreas
- Liver
- Allogenic bone marrow
- Autologous bone marrow

4. Parent Accommodation

Standard **Private Room** accommodation in respect of one parent or legal guardian staying with an **Insured Person** who is under 18 years of age and is admitted as an **In-Patient** to a **Hospital**.

5. New Born Care

In-Patient Treatment of an **Acute Medical Condition** being suffered by a **New Born** baby which manifests itself within 30 days following birth. Following the 30 day **New Born Benefit** period, excepting any **Medical Conditions** occurring or manifesting themselves during the 30 day period immediately following birth, **Your Dependant** will be eligible for cover up to the full provision of this **Policy**. Cover is subject to the child being included under their parent(s) **Policy** as described in General Condition 8, and all premiums due being paid in full.

6. New Born Accommodation

Hospital accommodation costs relating to a **New Born** baby to accompany its mother (being an **Insured Person**) whilst she is receiving **Treatment** as an **In-Patient** in a **Hospital**.

7. Complications of Pregnancy

Treatment of a **Medical Condition** which arises during the antenatal stages of pregnancy, or a **Medical Condition** which arises during childbirth and requires a recognised obstetric procedure.

Voluntary caesarean section costs or **Medically Necessary** caesarean section costs due to any previous non-**Emergency** caesarean sections undertaken will not be classed as complications of pregnancy for the purposes of this **Benefit**.

Benefit is payable after the first 12 months from the **Commencement Date** or **Your Date of Entry**, whichever is the later.

8. Reconstructive Surgery

Reconstructive surgery required as a result of **Accident** or illness which occurred during the **Period of Cover** and is undertaken within 12 months of the **Accident/illness** occurring to restore natural function or appearance, subject to the cover being in force.

OUT-PATIENT CHARGES

9. General Out-Patient Charges

- Medical Practitioner** fees including consultations (follow up consultations within seven days of the first consultation relating to the same **Medical Condition**, whether done by the same physician or not, are not covered).
- Specialist** fees.
- Diagnostic procedures including pathology, X-rays and scans.
- Drugs and Dressings**, medicines and **Appliances** prescribed by a **Medical Practitioner** or **Specialist**.
- Out-Patient** surgery.
- Physiotherapy on referral by a **Medical Practitioner** is restricted to 5 sessions per **Medical Condition**. A medical report will be required for **Out-Patient** physiotherapy after 5 sessions. A referral letter/report must be submitted with the first claim for such **Treatment**. **Benefits** covered under f) are limited to a maximum aggregate of 10 sessions. All **Treatment** under this **Benefit** is conditional upon pre-authorization from **Us**.

10. Home Nursing

Nursing care given outside a **Hospital** which is immediately received subsequent to **Treatment** as an **In-Patient** or **Day-Patient** on the recommendation of a **Specialist** and must be provided by a **Qualified Nurse**. All **Treatment** under this **Benefit** is conditional upon pre-authorization from **Us**. Without **Our** written confirmation prior to such **Treatment**, **We** will not be liable to pay any **Benefit**.

OTHER GENERAL BENEFITS

11. Oncology

Treatment given for cancer received as an **In-Patient**, **Day-Patient** or **Out-Patient**.

12. Ancillary Expenses

The purchase or rental of crutches or wheelchairs following **Treatment** as an **In-Patient** or **Day-Patient**.

13. CT/MRI Scans

CT/MRI scans undertaken as an **In-Patient**, **Day-Patient** or **Out-Patient**. Subject to pre-authorization from **Us**.

14. Rehabilitation

Admission to a recognised **Rehabilitation** unit of a **Hospital** following **Treatment** for a **Medical Condition** where the **Insured Person** was confined to a **Hospital** as an **In-Patient** for at least three consecutive days, and where a **Specialist** confirms in writing that **Rehabilitation** is required. Admission to a **Rehabilitation** unit must be made within 14 days of discharge from **Hospital**.

Such **Treatment** should be under the supervision and control of a **Specialist** and would cover:

- a) Use of special **Treatment** rooms.
- b) Physical therapy fees.
- c) Speech therapy fees.
- d) Other services usually given by a **Rehabilitation** unit including **Qualified Nurse** care but not including private or special nursing or **Specialist** services.

15. Accidental Damage to Teeth

Treatment initially received in an **Accident** and **Emergency** ward of a **Hospital** within seven days of incurring accidental damage caused to sound, natural teeth, except when the accidental damage has been caused through eating, when given by a **Medical Practitioner** or **Dental Practitioner**.

EVACUATION/TRANSPORTATION BENEFITS

16. Emergency Transportation

Emergency transportation costs to and from **Hospital** by the most appropriate transport method when considered **Medically Necessary** by a **Medical Practitioner** or **Specialist**.

17. Evacuation

Evacuation costs of an **Insured Person** in the event of **Emergency Treatment** not being readily available at the place of the incident, to the nearest appropriate medical facility within the **Area of Coverage** for the purpose of admission to **Hospital** as an **In-Patient** or **Day-Patient** (excluding all maternity or childbirth costs, except for **Benefit 7 – Complications of Pregnancy**).

Evacuation is subject to written agreement from **Us** prior to travel and certified instructions from the attending **Medical Practitioner** or **Specialist** including confirmation that the required **Treatment** is unavailable in the place of incident. Extended to cover the costs for one other person to travel with the **Insured Person**, as escort, if **Medically Necessary**. **Our** medical advisors will decide the most appropriate method of transportation for the **Evacuation** and the most appropriate **Hospital** to which **You** will be evacuated.

Costs of **Evacuation** do not extend to include any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts.

18. Additional Travel Expenses (following Evacuation)

Reasonable travel costs:

- a) To and from medical appointments when **Treatment** is being received as a **Day-Patient**.
- b) For an accompanying person to travel to and from the **Hospital** to visit the **Insured Person** following admission as an **In-Patient**.
- c) Non-**Hospital** accommodation only for immediate pre and post **Hospital** admission periods provided that the **Insured Person** is under the care of a **Specialist**.
- d) Economy class airline ticket to return the **Insured Person** and one other person who has travelled as an escort to the **Country of Residence** or to the country where **Evacuation** occurred.

19. Mortal Remains

In the event of death from an eligible **Medical Condition**:

- a) Costs of transportation of body or ashes of an **Insured Person** to his/her **Country of Nationality** or **Country of Residence**.
or
- b) Burial or cremation costs at the place of death in accordance with **Reasonable and Customary** practice.

OUT OF AREA COVERAGE

20. Elective Treatment outside the Area of Coverage

(Worldwide excluding United States of America)

Treatment undertaken outside **Your Area of Coverage** will be subject to the **Reasonable and Customary Charges** of **Your Country of Residence** and within **Our Direct Settlement Network** (if available).

21. Accident and Emergency Treatment Outside the Area of Coverage

(Worldwide including United States of America)

Accident and **Emergency Treatment** is covered in full where the **Treatment** is given immediately in the **Accident** and **Emergency** unit of a **Hospital**, unless such **Medical Condition** existed prior to travel.

In the event of **Accident** and **Emergency Treatment** being required in the United States of America **You** should contact **Us** or **Our** International Member Service Centre either before or as soon as possible after admission to the **Accident** and **Emergency** unit of the **Hospital**. Complications of pregnancy and or/childbirth are not deemed to be **Accident** and **Emergency Treatment** for the purpose of this **Policy**.

Additionally **Benefit** is payable for medical expenses which arise as a result of an **Emergency**, which does not require **You** to seek **Treatment** in the **Accident** and **Emergency** unit of a **Hospital** whilst **You** are temporarily travelling in the United States of America and where the **Medical Condition** did not exist prior to travel.

Coverage is subject to the limits as noted in **Your** Schedule of Benefits.

OPTIONAL BENEFITS

The following **Benefits** are only applicable if they appear as purchased **Benefit** options on **Your Policy Schedule**:

22. Routine Management of Chronic Conditions

Cover under the **Policy** is extended to include routine management and **Palliative Treatment** incurred in connection with a **Chronic Medical Condition**.

Expenses are limited to routine check-ups associated with the **Chronic Medical Condition, Drugs and Dressings** prescribed for management of the **Medical Condition**, renal dialysis (where applicable), nursing care and surgery.

Cover is restricted to new **Medical Conditions** which have not previously manifested themselves, whether or not diagnosed, occurring after the purchase date of this option, or from **Your Date of Entry**, whichever is the later.

For this option only exclusions 2, 3 and 48 are disregarded.

23. Routine Dental Treatment

Fees of a **Dental Practitioner** carrying out routine dental **Treatment** in a dental surgery. Routine dental **Treatment** is defined as:

- a) Examinations
- b) Tooth cleaning
- c) Normal compound fillings
- d) Simple or non-surgical extractions
- e) Root canal **Treatment**

Costs incurred within the first 6 months for the **Commencement Date** of this option, or **Your Date of Entry**, whichever is the later, are excluded. Subject to a maximum of 5 visits per **Period of Cover**.

For this option only exclusion 48 is disregarded. Exclusion 24 is amended to read:

"Restorative dental **Treatment**, whether or not performed by a **Medical Practitioner** or **Dental Practitioner** or a **Specialist** or an oral and maxillofacial surgeon."

24. Routine Pregnancy and Childbirth

Costs associated with normal pregnancy and childbirth and any **Related Conditions. Benefits** are limited to childbirth, check-ups (pre-natal and immediately post-natal) and delivery costs.

All costs relating to complications of pregnancy and/or childbirth following assisted conception will be limited to this **Benefit**.

For this option only, exclusions 15 and 48 are disregarded. Exclusion 18 is amended to read:

"Normal pregnancy and complications of pregnancy costs arising during the first twelve months from the **Commencement Date** or **Date of Entry**, whichever is the later."

25. Wellness

- a) The cost of one annual routine medical check-up and associated tests. Such routine check-ups/tests to include:
- Blood and cholesterol checks
 - Height/weight body mass index
 - Resting blood pressure
 - Urine analysis
 - Cardiac examination
 - Exercise electrocardiogram (ECG)
 - Other Vital organ function tests
 - Chest x-ray
- b) Well baby checks including physical examinations, measurements, sensory screening, neuropsychiatric evaluation, development screening, as well as hereditary and metabolic screening at birth, immunisations, urine analysis, tuberculin tests and hematocrit, hemoglobin and other blood tests, including tests to screen for sickle hemoglobinopathy; all as recommended by a **Medical Practitioner** or **Specialist**.
- Limited to a maximum of six (6) check ups per annum from birth until the **Dependant** child reaches the age of 2 years.
- c) Vaccinations, including those **Medically Necessary** for travel.
- d) Bilateral mammogram/breast examination.
- e) Testicular/prostate examination/PSA/DRE Tests.
- f) Routine gynecological tests, including PAP tests.

This **Benefit** has an overall limit per **Insured Person** per **Period of Cover** as noted in **Your** Schedule of Benefits.

26. Medical History Disregarded

This option is only available to compulsory **Group** schemes of 10 employees or more enrolled in a company **Policy**. (Compulsory enrolment means ALL employees and their **Dependants** are enrolled within 30 days of eligibility, and ALL employees and their **Dependants** are deleted within 30 days of leaving the company employment. Any employee or **Dependant** not covered within 30 days of eligibility will be subject to individual underwriting).

Cover under this **Policy** is extended to include **Treatment** for **Medical Conditions** from which **You** have previously suffered, or **Related Conditions**.

For this option only exclusion 1 is deleted. Where optional **Benefits** 24 and/or 25 have been purchased, for this option only, the waiting periods noted in the Schedule of Benefits are waived.

WHAT IS NOT COVERED?

The following exclusions apply:

1. Any **Medical Condition** or **Related Condition** for which **You** have received **Treatment**, had symptoms of, to the best of **Your** knowledge existed or **You** sought **Advice** for prior to **Your Date of Entry** (Pre-existing **Medical Condition**). However, after two years' continuous membership, all Pre-existing **Medical Conditions** (and **Related Conditions**) will become eligible for **Benefit** provided **You** have not:
 - a) consulted any **Medical Practitioner** or **Specialist** for **Treatment** or **Advice** (including check-ups), or from which **You** have suffered from symptoms
and/or
 - b) taken medication (including drugs, medicines, special diets or injections) for a continuous period of two years after **Date of Entry** (Two Year Moratorium)
or
 - c) where such **Medical Conditions** have previously manifested themselves, but have been declared to and accepted by **Us** in writing.
2. a) **Treatment** of a **Medical Condition** which **We**, on **Advice** or **General Advice** determine is **Palliative Treatment** or a **Chronic Medical Condition**.
b) **We** will, however, pay for the stabilisation of **Acute** exacerbations of **Chronic Medical Conditions** that are not pre-existing **Medical Conditions**.
3. **Chronic** supportive **Treatment** of renal failure, including dialysis. **We** will however, pay for the cost of renal dialysis incurred:
 - a) immediately pre and post-operatively
 - b) in connection with **Acute** secondary failure when dialysis is part of intensive care.
4. **Treatment**, which **We** determine on medical **Advice** is either experimental or unproven.
5. Birth injuries, **Congenital Anomalies**, genetic deformities or diseases and **Hereditary Medical Conditions**.
6. Routine physical examination by a **Medical Practitioner**, including gynaecological investigations, routine tests, **New Born** neo-natal care, inoculations, vaccinations and preventative medicines, normal eye tests, normal hearing tests, 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 and hearing defects.
7. **Rehabilitation** except as provided in **Benefit** 14 of the **Policy**.
8. **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 **Insured Person's** home or permanent abode or where admission is arranged wholly or partly for domestic reasons.
9. **Cosmetic Treatment**, and any consequence thereof.
10. **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.
11. Alternative medicines including, but not limited to, chiropractors, optometrists, hypnotherapists, lactation examiners, podiatrists, chiropractors, osteopaths, homeopaths and acupuncturists.
12. Costs of providing, maintaining or fitting any external prostheses or **Appliance**, hearing and/or visual aids, or other equipment, medical or otherwise except as specified in **Benefit** 12 – Ancillary Expenses.
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. Any second or subsequent medical opinions from a **Medical Practitioner** or **Specialist** for the same **Medical Condition** unless it has been authorised by **Us** in writing.
15. Normal pregnancy and childbirth.
16. Voluntary caesarean section costs or **Medically Necessary** caesarean costs due to previous non-**Emergency** caesarean sections.
17. Pregnancy terminations on non-medical grounds, antenatal classes, midwifery costs when not associated with delivery.
18. Complications of pregnancy costs arising during the first 12 months from the **Commencement Date** or **Date of Entry**, whichever is the later.
19. **Treatment** directly or indirectly arising from or required in connection with male and female birth control, infertility and/or fertility and sterilisation (or its reversal).
20. Any form of assisted conception or any complications thereof including, but not limited to, premature or multiple births following assisted conception. A declaration of health is required in respect of all **Dependants** who are born following assisted conception. **We** reserve the right to reject any application without giving any reason.
21. **Treatment** of impotence or any **Related Condition** or consequence thereof.
22. **Treatment** directly or indirectly associated with a sex change and any consequence thereof.
23. Venereal disease or any other sexually transmitted diseases or any **Related Condition**.
24. Routine or restorative dental **Treatment**, whether or not performed by a **Medical Practitioner** or **Dental Practitioner** or a **Specialist** or an oral and maxillofacial surgeon.
25. Orthodontic **Treatment**, gingivitis, and periodontitis or any **Related Condition**.

- 26. Treatment** for psychiatric illness or disorder of the mind and costs in respect of a psychiatrist, psychotherapist, psychologist, family therapist or bereavement counsellor.
- 27. Treatment** for learning difficulties, hyperactivity, attention deficit disorder, speech therapy and, developmental, social or behavioural problems in children.
- 28. 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.
- 29.** Suicide or attempted suicide, or any **Bodily Injury** or illness which is wilfully self-inflicted or due to negligent or reckless behaviour.
- 30.** Any injury sustained directly or indirectly as a result of the **Insured Person** acting illegally or committing or helping to commit a criminal offence.
- 31.** 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 **Out-Patient**, including the costs of a hire car.
- 32.** Costs and expenses incurred where an **Insured Person** has travelled against **Medical Advice**.
- 33. Elective Treatment** in the United States of America, except as is provided under **Benefit 21 – Accident and Emergency Treatment Outside Area of Coverage**.
- 34.** Costs, not limited to, embalming, flowers, headstones, religious practitioner, etc. are not covered in respect of **Benefit 19**.
- 35. Treatment** and expenses directly or indirectly arising from or required as a consequence of: 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 **Acts of Terrorism**, unless the **Insured Person** sustains **Bodily Injury** whilst an innocent bystander up to a maximum amount US\$50,000 per **Insured Person** per incident.
- 36. Treatment** directly or indirectly arising from or required as a result of chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel, asbestosis or any **Related Condition**.
- 37.** Regardless of any contributory clause(s), this insurance does not cover **Treatment** of a **Medical Condition** which is in any way caused or contributed to by an **Act of Terrorism** involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.
- 38. Treatment** for sleep-related breathing disorders, including snoring, fatigue, jet lag or work-related stress or any **Related Condition**.
- 39.** Dietary supplements and substances which are available naturally and that can be purchased without prescription, including but not limited to vitamins, minerals and organic substances.
- 40.** Home visits by a **Medical Practitioner, Specialist or Qualified Nurse** unless specifically agreed by **Us** in writing prior to consultation.
- 41.** Skin disorders, warts, keloid, acne and molluscum contagiosum.
- 42.** Senility-related conditions including Alzheimer's disease, osteoporosis and similar conditions.
- 43.** Human Immunodeficiency Virus (HIV) and/or HIV related illness including Acquired Immune Deficiency Syndrome (AIDS) or AIDS related Complex (ARC) and/or any mutant derivative or variations thereof, however caused.
- 44.** Hormone replacement therapy (HRT) or any similar or associated medication or **Treatment**.
- 45.** Deviated nasal septum.
- 46.** Any **In-Patient** or **Day-Patient Treatment** received without pre-authorisation from **Us**.
- 47.** Allergen testing
- 48.** The **Excess** amount as shown in **Your Policy Schedule** will be deducted from all eligible medical expenses in respect of each new **Medical Condition**.

If **We** allege that by reason of this exclusion any claim is not covered by this insurance, the burden of proving the contrary shall be upon **You**.

WHO CAN BE COVERED?

The following Options only apply if they are specifically endorsed in **Your Policy Schedule**.

COVER FOR EMPLOYEES

To be covered by this plan, the following requirements must be met:

- **You** will need to be in an “eligible class”, as defined by **Your** employer.
- **You** will need to meet the “eligibility date” criteria defined below.

Determining if **You** are in an Eligible class

- **You** are a regular full-time employee, as defined by **Your** employer.
- Once **You** enter an eligible class, **You** may need to complete a probationary period before **Your** cover under this plan begins.

Eligibility Date Criteria

- If **You** are in an eligible class on the **Commencement Date** of this plan, **Your** cover eligibility date is the **Commencement Date** of the plan.
- If **You** are hired or enter an eligible class after the **Commencement Date** of this plan, **Your** cover eligibility date is the first day of the month coinciding with or next following the date **You** enrol.

COVER FOR DEPENDENTS

- **Your Dependants** can be covered under **Your** plan, providing they are residing with **You** in **Your Country of Residence**. **You** may enrol the following **Dependants**:
- **Your** legal spouse or domestic partner.
- **Your Dependant** children.

Cover for Dependant children

To be eligible, a **Dependant** child must be:

- Unmarried; and
- Under 18 years of age; or
- Under age 23 and a full-time student at an accredited institution of higher education and solely dependant on **Your** support.

Note: Proof of full-time student status is required each year.

An eligible Dependant child includes

- **Your** biological children;
- **Your** stepchildren;
- **Your** legally adopted children;
- **Your** foster children, including any children placed with **You** for adoption;
- Any children for whom **You** are responsible under court order;
- **Your** grandchildren in **Your** court-ordered custody; and
- Any other child who lives with **You** in a parent-child relationship.

Cover for Domestic Partner

A domestic partner is a person who certifies the following as of **Your Date of Entry**:

- He or she is **Your** sole domestic partner and intends to remain so indefinitely.
- He or she is not married or legally separated from anyone else.
- He or she is of the age of consent in **Your Country of Residence**.
- He or she is not a blood relative to a degree of closeness that would prohibit legal marriage in the country in which **You** legally reside.
- He or she is engaged with **You** in a committed relationship of mutual caring and support, and is jointly responsible for **Your** common welfare and living expenses.
- He or she is not in the relationship solely for the purpose of obtaining the **Benefits** of cover.
- He or she can demonstrate interdependence with **You**.

HOW AND WHEN TO ENROL

Initial Enrolment in the Plan

You will be provided with plan and enrolment information when **You** first become eligible to enrol. **You** will need to enrol in a manner determined by **Us** and **Your** employer. To complete the enrolment process, **You** will need to provide all requested information for **You** and **Your** eligible **Dependants**. **You** will also need to agree to make required contributions for any contributory cover. **Your** employer will determine the amount of **Your** plan contributions, which **You** will need to agree to before **You** can enrol. **Your** employer will advise **You** of the required amount of **Your** contributions and will deduct **Your** contributions from **Your** pay. Remember plan contributions are subject to change.

You and any eligible **Dependants** (if applicable), will need to enrol within 30 days of **Your** eligibility date. Otherwise, **You** may be considered a Late Enrollee. If **You** miss the enrolment period, **You** may not be able to participate in the plan.

New Borns are automatically covered for 30 days after birth, subject to the limitations of **Benefit 5 – New Born Care**. To continue cover after 30 days, **You** will need to complete a change form and return it to **Your** employer within the 30-day enrolment period.

COST SHARING

You share in the cost of **Your** care. Cost sharing amounts and provisions are described in the Schedule of Benefits.

- **You** must satisfy any applicable **Excess** before the plan begins to pay **Benefits**.
- After **You** satisfy any applicable **Excess**, **You** will be responsible for any applicable **Co-Insurance** for covered expenses that **You** incur.
- **Your Co-Insurance** will be based on the recognised charge. If the health care provider **You** select charges more than the recognised charge, **You** will be responsible for any expenses above the recognised charge.
- The plan will pay for covered expenses, up to the maximums shown in the Schedule of Benefits. **You** are responsible for any expenses incurred over the maximum limits outlined in the Schedule of Benefits.
- Where payments are made to **You** or a participating provider within the **Direct Settlement Network** in **Excess** of the limits noted in the Schedule of Benefits, **You** will be required to repay these amounts to **Us**. Failure to do so may result in the suspension or cancellation of **Your** cover with immediate effect, with no further eligible claims being reimbursed.

GENERAL CONDITIONS

1. Contribution

If there is any other insurance covering any of the same **Benefits You** must disclose or ensure that the relevant **Insured Person** discloses the same to **Us** and **We** shall not be liable to pay or contribute more than **Our** proper proportion. If it is found that **You** were repaid for all or some of those expenses by another source including any other insurance **Policy** (as outlined in General Condition 15), **We** will have the right to a refund from **You**. Where necessary **We** retain the right to deduct such refund from any impending or future claim settlements or to cancel **Your Policy** void from commencement, without a refund of premium.

2. Family/Dependant Cover

You and **Your Dependants** are required to be covered under the same **Policy** with identical **Benefits**.

3. Compliance with Policy Terms and Conditions

We shall not be liable under this **Policy** in the event of any failure by an **Insured Person** to comply with its terms and conditions, except where the circumstances of any claim are unconnected with such failure and no fraud is involved.

4. Medical Evaluation

We reserve the right to request for the tests and/or evaluation where **We** decide that the condition being claimed for may be directly or indirectly related to an excluded condition.

5. Policy Duration

The **Policy** is for one year and is renewable for successive one year periods, subject to the terms in force at the time of each **Renewal Date**.

6. Government Taxes

To reflect any change in insurance premium tax or other Government levies, **We** may alter the terms and conditions of this **Policy** at any **Renewal Date**. A copy of the current **Policy** terms will be sent to **You** at such time.

7. Break In Cover

Where there is a break in cover, for whatever reason, **We** reserve the right to reapply Exclusion 1 in respect of pre-existing **Medical Conditions**.

8. Children

New Born children will be accepted for cover (subject to the limitations of **Benefit 5**) from birth. Acceptance of **New Born** 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 will not be accepted for cover, unless on a **Policy** with a legal parent or guardian.

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

9. Waiver

Waiver by **Us** in any instance of any term or condition of this **Policy** will not prevent **Us** from relying on such term or condition in other instances.

10. Cancellation

We may at any time terminate an **Insured Persons** cover if he/she or the **Policyholder** has at any time:

- misled **Us** by misstatement.
- knowingly claimed **Benefits** for any purpose other than as are provided for under this **Policy**.
- agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to **Our** detriment.
- otherwise failed to observe the terms and conditions of this **Policy** or failed to act with utmost good faith. If the **Policy** is cancelled by the **Policyholder** at any time other than following the **Renewal Date** there will be no return of premium.

11. Applicable Law

The law applicable to this **Policy** shall be as specified in the **Policy Schedule**, unless **You** have requested an alternative, which has been accepted in writing by **Us**. If no law is specified then the **Policy** shall be construed according to the laws of England and shall be subject to the non-exclusive jurisdiction of the courts of England and Wales.

12. Fraudulent/Unfounded Claims

If any claim under this **Policy** 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 Person** shall be cancelled void from **Date of Entry** without refund of premiums.

13. Liability

Our liability shall cease immediately upon termination of the **Policy** for whatever reason, including without limitation non-renewal and non-payment of premium.

14. Third Parties

The only parties to this contract are the **Policyholder** and **Us**. No other person, including any **Insured Person**, has any right to enforce this **Policy** or any part of it.

15. Subrogation

The **Policy** shall be subrogated to all rights of recovery that **You** have against any other party with respect to any payment made by that party to **You** due to any injury, illness or **Medical Condition** **You** sustain to the full extent of the **Benefits** provided or to be provided by the **Policy**. If **You** receive any payment from any other party or from any other insurance coverage as a result of an injury, illness or **Medical Condition**, **We** have the right to recover from, and be reimbursed by **You**, for all amounts **You** 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 **You** receive.

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

You are required to fully cooperate with **Us** in **Our** efforts to recover any payments made under the **Policy** including any legal proceedings which **We** may conduct and proceed on **Your** behalf at **Our** sole discretion. **You** are required to notify **Us** within 30 days of the date when any notice is given to any party, including an insurance company or attorney, of **Your** intention to pursue or investigate a claim to recover damages or obtain compensation due to injury, illness or **Medical Condition** sustained by (You) the **Insured Person**. Other than with **Our** written consent **You** have no entitlement to admit liability for any eventuality or give promise of any undertaking which is binding upon **You**, **Your Dependants** or any other person named in the **Policy**. 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.

16. Currency

The monetary limits applicable to **Your Policy** will be expressed in the same currency as **Your** premium. Claims paid in a local currency will be converted at the rate of exchange quoted on www.oanda.com at the time **We** assess the claim.

17. Direct Settlement Network Cards

Accountability of any misuse of **Direct Settlement Network** membership cards issued by **Us** to **You** lies with **You**. It is **Your** responsibility to gather and return all such cards issued to **You** and **Your Dependants** (where applicable) upon cancellation or non-renewal of **Your Policy** with **Us**.

In the event of being unable to return the **Direct Settlement Network** membership card **You** act as guarantor that any claims incurred against such **Direct Settlement Network** membership cards after the cancellation or non-renewal of **Your Policy** will be borne in full by **You** and **We** reserve the right to take any legal action required to recover such costs incurred in such circumstances.

18. Return of Overpayments

If a **Benefit** payment is made by **Us**, to or on **Your** behalf, which exceeds the **Benefit** amount that **You** are entitled to receive, **We** have the right:

- To require the return of the overpayment; or
- To reduce by the amount of the overpayment, any future **Benefit** payment made to or on behalf of that **Insured Person** or another person in his or her family. Such right does not affect any other right of recovery **We** may have with respect to such overpayment.

CLAIMS PROCEDURES

IMPORTANT

Please ensure that any and all costs for non-**Emergency In-Patient/Day-Patient Treatment**, and ALL and ANY MRI and CT Scans, Angiography, Doppler studies, Echocardiography/Heartscan, Holter Monitoring, Stress ECG are agreed by **Us**, or **Our** Emergency Assistance Medical Helpline, in writing (fax/email/letter) before ANY planned **Treatment** is undertaken. Notification of any **Elective Treatment** or **Non-Emergency Treatment** should be submitted in writing to **Us** as soon as reasonable and at least 48 hours prior to admission.

Planned **Treatment** undertaken without pre-authorization from **Us** may not be eligible for a full refund in accordance the terms of this **Policy**. A verbal confirmation does not constitute pre- authorization. If in doubt, please contact the International Member Service Centre or Emergency Assistance Medical Helpline, as shown on **Your** membership card.

INTERNATIONAL MEMBER SERVICE CENTRE

All **Insured Persons** have access to the International Member Service Centre, which is available 24 hours a day, 365 days a year and is staffed by multilingual operators who can answer **Your** questions about claims, **Benefits** and cover levels and can process claims in many different languages. The International Member Service Centre also gives **You** direct access to the International Health Advisory Team, who can arrange for **Hospital** admissions, ambulance transfers and air **Evacuation** where necessary. To obtain assistance from the International Member Service Centre, please use the contact details as shown on **Your** membership ID card.

You will need to provide **Your** name, reference number, telephone and/or fax number, location and **Medical Condition**. In any given situation, if **You** are unsure what to do, contact the International Member Service Centre. In the event of a true medical **Emergency** or **Evacuation**, **You** may also contact the Emergency Assistance Medical Helpline using the contact details found on **Your** membership ID card.

PLANNED IN-PATIENT AND DAY-PATIENT TREATMENT

In the event of a planned admission or an **In-Patient** or **Day-Patient** basis to a **Hospital** the following steps should be taken. Payment of all expenses incurred by **You** will not be recoverable unless **You** follow these procedures.

Contact the International Member Service Centre or **Our** Emergency Assistance Medical Helpline as soon as reasonably possible prior to admission, giving full details of the condition, proposed **Treatment** (including dates and name of procedure if known) together with the name of the **Specialist** and **Hospital** details. They will advise **You** if they have sufficient information to confirm **Your** cover. If not, they will advise **You** what further information is required.

When sufficient information has been made available to appraise **Your** claim, **We** will verbally confirm the basis of cover and will dispatch written confirmation to **You**.

We will attempt at all times to make arrangements with the **Hospital** for all eligible bills to be settled directly.

EMERGENCY ADMISSIONS

In the event of **Emergency** admissions, **You** should contact the International Member Service Centre or the Emergency Assistance Medical Helpline as soon as possible after admission and follow the steps described above for **In-Patient** and **Day-Patient Treatment**. Please do not delay obtaining **Emergency Treatment**.

OUT-PATIENT TREATMENT

Out-Patient Direct Settlement Network

We have arranged an **Out-Patient Direct Settlement Network** with certain medical providers in certain countries where **You** can receive **Treatment** for eligible **Medical Conditions** on a direct billing basis.

Please note **You** will still be responsible for payment of any **Co-Insurance** or **Excess** at the time of **Your** appointment. Additionally, **You** will be responsible for the repayment of costs of ineligible **Treatment** and/or the costs of **Treatment** for **Medical Conditions** that are ineligible.

Please be aware that non-payment of any amount that **You** are due to reimburse to **Us** may result in the suspension or cancellation of **Your Policy**.

You are required to seek pre-authorization for any **Treatment** which is estimated to cost in **Excess** of the pre-authorization threshold as noted in **Your** Schedule of Benefits.

Out-Patient Treatment outside of the Direct Settlement Network

Where **You** receive **Treatment** as an **Out-Patient** outside of any **Direct Settlement Network** (including primary care), all costs must be paid for in full by **You** at the time of the appointment and re-claimed from **Us**. In such instances please ensure that a claim form is completed by **You** and the **Medical Practitioner** or **Specialist**. Please remit this to the AGB Claims Service with all substantiating proof of **Your** claim, including but not limited to, the original invoice and proof of payment, prescription and a written diagnosis from the **Medical Practitioner**. Failure to fully substantiate **Your** claim will result in delayed settlement or may invalidate **Your** claim. Please note that the following diagnostic tests are excluded unless **Your** have obtained pre-authorization from **Us**. Without **Our** written confirmation prior to any such test and/or procedure, **We** will not be liable to pay any **Benefit** for the following:

- Angiography
- CTScan/MRI scan
- Doppler studies
- Echocardiograph/Heart scan tests
- Holter monitoring
- Stress ECG

GENERAL CLAIMS CONDITIONS AND GENERAL INFORMATION

We reserve the right to reject any claim which is not submitted within six months of **Your** initial **Treatment**.

Where an **Excess** applies to **Your Policy** the payment of any **Benefit** will only occur if the total amount of expenses incurred for **Treatment** covered under the terms of this **Policy** exceeds the **Excess** amount as noted in **Your Policy Schedule**. The **Policyholder** is liable for the amount of the **Excess** and this should be settled directly with the relevant medical provider.

All documents and materials (including but not limited to original accounts, certificates and x-rays) that **We** require to support a claim, an application for cover or change in cover shall be provided without expense to **Us** (including if requested by **Us** a medical report from the **Insured Person's Medical Practitioner** or **Specialist** and details of the **Insured Person's** medical history prior to any claim). In cases where medical information is required by **Us** for consideration of a claim but it is not available to **Us**, it is the responsibility of the **Insured Person** to obtain such information from their current or previous **Medical Practitioner**, as appropriate.

Claims may only be made for **Treatment** actually given during a **Period of Cover** and **Benefit** will be available only for expenditure incurred prior to expiry or termination of such cover.

All claims should be sent to:

AGB Claims Administration
Aetna Global Benefits Limited
PO Box 6380
Dubai
United Arab Emirates
Tel: +971 4 438 7600
Fax: +971 4 428 7101
Email: MEAServices@aetna.com

COMPLAINTS PROCEDURES

We endeavour to meet **Our** customers' expectations at all times. **We** understand that from time to time complaints may arise. **Our** complaints handling procedures are based on the rules prescribed by the UK's Financial Services Authority and **Our** aim is to resolve any complaints that **We** receive both fairly and promptly.

Who should I contact with a complaint?

Aetna Global Benefits Limited
P.O. Box 6380
Dubai
United Arab Emirates
P: +971 4 438 7600
F: +971 4 428 7101
MEAServices@aetna.com

Summary of Our complaints handling procedures

Your complaint will:

- be acknowledged promptly, confirming who will be responsible for investigating **Your** complaint.
- be investigated competently, efficiently and impartially, ensuring that **We** keep **You** informed on progress.
- be assessed fairly, consistently and promptly within eight weeks, receive either a letter giving the status of **Your** complaint or a final response detailing the outcome of the investigation.

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

DEFINITIONS

To help **You** understand **Your Policy** the following words and phrases used anywhere within **Your Policy** have specific meanings, which are set out in this section. To enable **You** to recognise the defined words and phrases **We** have shown them in bold wherever they appear in **Your Policy**.

Accident

An unexpected, unforeseen and involuntary external event resulting in injury occurring whilst **Your Policy** is in force.

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**.

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 or 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.

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**.

Area of Coverage

Coverage enables **You** to receive **Emergency** and **Elective Treatment** in the following Countries: within Arabian Gulf Cooperation Council (**AGC**) Countries, **Middle East, Arab Countries** and South East Asian Countries:

AGCC, Arab Countries and Middle East

Algeria, Bahrain, Chad, Comoro Islands, Djibouti, Egypt, Iran, Iraq, Jordan, Kingdom of Saudi Arabia, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Palestine, Qatar, Somalia, Sudan, Syria, Tunisia, United Arab Emirates and Yemen.

South East Asia Countries

Afghanistan, Bangladesh, Bhutan, India, Indonesia, Malaysia, Myanmar, Nepal, Pakistan, Philippines, Sri Lanka, Thailand and Vietnam.

Benefits

The insurance coverage provided by this **Policy** and any extensions or restrictions shown in the **Policy Schedule** or in any endorsements (if applicable).

Bodily Injury

Injury which is caused solely by an **Accident** which results in the **Insured Person's** dismemberment, disablement or other physical injury.

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
- **You** need to be rehabilitated or specially trained to cope with it
- It needs long-term monitoring, consultations, check-ups examinations or tests.

Co-Insurance

The percentage of the total value of the incurred expenses for which the **Policyholder/Insured Person** is responsible.

Commencement Date

The date shown on the **Policy Schedule** on which the **Policy** first came into effect.

Congenital Anomaly

A genetic, physical, or (bio) chemical defect, disease or malformation, which may either be **Hereditary/familial** or due to an influence during gestation up to birth, and which may or may not be obvious at birth.

Country of Nationality

For the purpose of this **Policy** this will be the country for which **You** hold a passport.

Country of Residence

The country in which **You** have **Your** habitual residence (residing 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**.

Date of Entry

The date shown on the **Policy Schedule** on which an **Insured Person** was included under this **Policy**.

Day-Patient

An **Insured Person** who is admitted to a **Hospital** and uses a **Hospital** bed but does not stay overnight.

Dental Practitioner

A person who is licensed by the relevant licensing authority to practice dentistry in the country where the 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 **You**, or 23 years old if in full-time education, at the **Date of Entry** or at any subsequent **Renewal Date**. The term partner shall mean husband, wife or the person permanently living with **You** in a similar relationship. All **Dependants** must be named as **Insured Persons** in the **Policy Schedule**.

Direct Settlement Network/Provider Network

(Only available in certain countries)

The medical providers where **You** are able to obtain **Treatment** for valid **Medical Conditions** and where the expenses will be settled directly by **Us**. **You** are still responsible for any **Co-Insurance** or **Excess** applicable to **Your Policy**, which must be settled directly with the medical providers at the time of **Treatment**.

Please Note: Where **You** receive **Treatment** for a **Medical Condition** that is not covered within the terms of **Your Policy** or where payments have been made to a provider in **Excess** of the **Benefit** limits noted in the Schedule of Benefits, **You** remain 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 Policy**, 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** which is **Medically Necessary**, but which is not required as 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 this refers to the costs incurred in moving an **Insured Person** from the place of incident to an appropriate medical facility in **Your** geographic **Area of Coverage**, 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 an **Insured Person** in respect of expenses incurred before any **Benefits** are paid under the **Policy**, as specified in **Your Policy Schedule**.

Expatriate

Any persons living or working outside of the country for which they hold a passport, 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**.

Group

A compulsory enrolment of all employees (minimum of five employees) covered under a single insurance agreement, purchased by their employer as an employee **Benefit**, and where identical **Benefits** have been provided to each member and accepted as such by **Us**.

Hereditary

Transmitted from parents to offspring; inherited and which presents symptoms at birth.

Hospital

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

Indian Sub-Continent

Bangladesh, Bhutan, India, Myanmar, Nepal, Pakistan and Sri Lanka.

In-Patient

An **Insured Person** who stays in a **Hospital** bed and is admitted for one or more nights solely to receive **Treatment**.

Insured Person/You/Your

The **Policyholder** and/or the **Dependants** named on the **Policy Schedule**.

Local National

Any persons living or working in the country for which they hold a passport 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 **Insured Persons** condition or the quality of medical care rendered.

New Born

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 eligible **Medical Condition**.

Out-Patient

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**.

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 cure the **Medical Condition** causing the symptoms. For the purpose of this **Policy**, **Palliative Treatment** will include renal dialysis.

Period of Cover

The **Period of Cover** set out in the **Policy Schedule**.

Policy

Our contract of insurance with **You** providing cover as detailed in this document.

Policyholder

The person or **Group** company named as **Policyholder** in the **Policy Schedule**.

Policy Schedule

The schedule giving details of the **Policyholder** and the **Insured Persons**, **Policy** details and endorsements (if applicable).

Private Room

Single occupancy accommodation in a private **Hospital**.

Qualified Nurse

A nurse whose name is currently on any register or roll of nurses, maintained by any Statutory Nursing Registration Body within the country in which they are 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 practising Surgeon/Physician/**Specialist** or government health department.

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.

Rehabilitation

Assisting an **Insured Person** 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 prior to such **Medical Condition** occurring.

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 speciality, 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

Those insurance companies named as **Underwriters** in **Your Policy Schedule**.

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 Limited on behalf of **Underwriters** as detailed in **Your Policy Schedule**.

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