

Mobile Health Care Plan

Pre-Retiree Plan

Aetna
Global
Benefits®

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Definitions

To help You understand your policy the following words and phrases used anywhere within this document have specific meanings, which are set out in this section. To enable You to recognize 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 while your **policy** is in force.

Act of terrorism

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

Acute

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

Advice

Any consultation by a **physician** or **specialist physician** including the issue of drugs and dressings or repeat prescriptions.

Application for enrollment

The form completed and executed by you and submitted to us for consideration and approval of your enrollment and the enrollment of any other **eligible person** listed on the **application for enrollment**.

Appliances

Devices and equipment when used as an integral part of a surgical procedure administered by a **physician** or **specialist physician**.

Benefits

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

Bodily injury

Injury which is caused solely by an **accident** which results in the insured person's dismemberment, disablement or other physical external 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, checkup examinations or tests

Coinsurance

The percentage of the total value of the incurred expenses for which the insured person is responsible for each **period of coverage**, exclusive of the **deductible**.

Commencement date

The date shown on the policy schedule on which coverage under the insured person's certificate, or in respect of a particular benefit, commences. For the purpose of this **policy**, coverage commences from 12:01 A.M. on the date shown on the policy schedule.

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.

Convalescence

Physical, occupational or speech therapy, vocational guidance, independent living **advice** and exercises, retraining, educational pursuits and other services given to an insured person following an eligible **medical condition**, to assist the insured person, as much as is reasonably possible, to readapt to life in the community and/or to restore them to the state of health they enjoyed prior to such **medical condition** occurring.

Convalescent facility

An institution licensed to provide 24 hour chargeable qualified nurse care, through supervision by a full-time **physician**, and physical restoration services to help patients achieve self care in daily living activities. This does not extend to any institution providing long term care for the elderly, custodial or educational care or for care of mental disorders.

Country of nationality

For the purpose of this **policy**, this will be the country to which insured person holds a passport.

Country of residence

The country in which the insured person has habitual residence (residing for a period of no less than 6 months per **period of coverage**) at the **date of entry** of this certificate.

Date of entry

The date shown on the policy schedule on which an insured person was first included under the **policy**.

Day patient

Treatment in a **medical facility** where the patient is admitted to a 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.

Deductible

The amount payable by an insured person in respect of expenses incurred for **treatment**, before any **benefits** are paid under the **policy** for each **period of coverage**, exclusive of **coinsurance**.

Drugs and dressings

Essential drugs, medicines and dressings prescribed by a **physician** or **specialist physician** and which are not available without prescription.

Eligible person

A person that satisfies the requirements for enrollment. An **eligible person** is one who is either your spouse or adult partner, or your unmarried children who are not more than 18 years old and residing with you, or your unmarried children who are not more than 25 years old if in full time education, at the **date of entry** or at any subsequent renewal date. Children under the age of 18 years old not residing with you, will be accepted for coverage providing the application is signed by a legal parent or guardian. The term partner shall mean husband, wife or the person permanently living with you (whether or not of the same sex) in a similar relationship. All **eligible persons** must be named as insured persons in the policy schedule.

Emergency

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

Evacuation

Costs incurred in moving an insured person from the place of incident to the nearest country with an appropriate **medical facility**, as determined by the attending **physician** in conjunction with our medical advisors. All airline tickets will be limited to economy class.

Expatriate

Any persons living or working outside of the country for which they hold a passport, for a period exceeding 6 (six) months per **period of coverage**.

General advice

Notice from the relevant professional body as to established medical practice and/or established medical opinion in relation to any **medical condition** or **treatment**.

Hereditary

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

Home health care

Treatment made in the home of the insured person.

Home health care provider

A health care worker with sufficient training and qualifications to comply with any relevant regulation within the country in which the **treatment** is undertaken and who provides basic nursing care. In the USA, such health care workers should be LPN or RN qualified.

Hospice care

Palliative treatment and supportive care given to patients diagnosed by a **physician** or **specialist physician** as having a **terminal illness**.

Hospice

A **medical facility** providing **inpatient hospice care** to patients with a **terminal illness**.

Hospital

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

Inpatient

An insured person who is admitted to a bed in a **medical facility** for one or more nights solely to receive **treatment**.

Insured person/you/your

The policyholder and/or the **eligible persons** named on the policy schedule.

Medical condition

Any injury, illness or disease including psychiatric illness.

Medical facility

A **hospital, hospice** or convalescent facility which:

- a) Provides 24 hour nursing care by qualified nurses
- b) Is supervised full-time by a **physician**
- c) Has at least one **physician** on call at all times
- d) Keeps a complete medical record of each patient
- e) Has a full-time administrator
- f) Meets any licensing or certification standards of the country where it is situated
- g) Is a fee charging establishment

Medically necessary

A medical service or **treatment**, which, in the opinion of a qualified **physician**, 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 person's condition or the quality of medical care rendered.

Network provider

A healthcare provider that has contracted to supply services for a pre-agreed charge and is included in our directory of medical facilities named as Preferred care providers. You are entitled to ask us for a list of Preferred care providers.

New born

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

Occupational therapist

A person who is registered as an occupational therapist and licensed to practice in the country in which **treatment** is given.

Outpatient treatment

An insured person who receives **treatment** by a **physician** or **specialist physician** but is not admitted to a bed in a **medical facility**.

Palliative treatment

Any **treatment**, which is, on **advice** or **general advice** for the purpose of offering temporary relief of symptoms and where it is not given to cure the **medical condition** causing the symptoms.

Period of coverage

The **period of coverage** set out in the **policy** schedule. This will be a twelve month period starting from the **commencement date** or any subsequent renewal date.

Physician

A person who has attained primary degrees in medicine or surgery by attending a medical school recognized by the World Health Organization and who is licensed by the relevant authority to practice medicine in the country where the **treatment** is given. Including but not limited to general **physician**, family practitioner and pediatrician.

Physiotherapist

A person who is registered as a **physiotherapist** and licensed to practice in the country in which **treatment** is given.

Policy

Our contract of insurance with you providing coverage as detailed in this document. The **application for enrollment** form and policy schedule form part of the contract and must be read together with the **policy**.

Policy schedule

The schedule giving details of the policyholder and the insured persons, **policy** details and endorsements (if applicable).

Prosthesis

An artificial body part. Under this **policy**, the definition of prosthesis will be limited to an artificial limb or eye.

Psychiatric physician

A **physician** specializing in psychiatry or who has the training or experience recognized in the country in which they are resident to perform the required evaluation and **treatment** of psychiatric illness.

Qualified nurse

A qualified and licensed resident or daily nurse whose name is on any register or roll of nurses, maintained by any statutory 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 in our experience in a particular country, area or region and substantiated by an independent third party, being a practicing **physician**, **specialist physician** or government health department.

Related condition

Any **medical condition** is a related condition if we, on **general advice**, determine that one is the direct result of the other or if each is a result of the same injury, illness or disease.

Renewal date

The annual anniversary of the **commencement date**.

Room and board

Charges made by a **medical facility** for the provision of a room, bed and other necessary services made on a daily or weekly standard **private room** or **semi-private room** rate, as specified in the Schedule of Benefits.

Policy Schedule

The schedule giving details of the insured persons eligible for coverage, the **benefits** applicable and any extensions, restrictions or endorsements applicable.

Private room

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

Semi-private room

Dual occupancy accommodation in a **private hospital**.

Specialist physician

A registered **physician** who:

- a) Currently holds a substantive consultant appointment in that specialty in a **medical facility**.
- b) Currently holds a substantive consultant appointment which we on professional **advice** or **general advice** accept as being of equivalent professional status, or
- c) Is recognized 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**.

Terminal illness

A medical prognosis of six (6) months or less to live.

We/our/us

Aetna Life & Casualty (Bermuda) Ltd, trading as Aetna Global **Benefits**.

Benefits

We will provide insurance within the terms of the **policy**, in respect of a **medical condition** (including those as a result of an **accident**) that first manifests itself during the **period of coverage**.

The **policy** provides for medical expenses insurance only and is not insurance for the disease or injury itself. No **benefits** are payable for **treatment** received before the **date of entry**, after the **period of coverage** has expired or after the coverage has terminated, even if the expenses were incurred as a result of an **accident** or **medical condition** which occurred, commenced or existed during the **period of coverage**.

The following **benefits** are covered up to the amounts shown in your Schedule of Benefits and are applied per insured person per **period of coverage**, subject to the payment of all **deductible(s)** and **coinsurance** as set out in section headed **deductible** and **coinsurance** in this **policy** and/or as stated in the Schedule of Benefits. All **benefits** are subject to all medical expenses covered being no more than reasonable and customary charges.

1. Physician and specialist physician fees

- a) **Physician** and **specialist physician** fees including consultations.
- b) Diagnostic and surgical procedures, including pathology, X-rays, MRI, MRA/MRS, PET and CT Scans.
- c) Anesthetist fees.
- d) Physical therapy on referral by a **physician** to a **physiotherapist** or **occupational therapist**. A referral letter from a **physician** must be submitted with the first claim for such **treatment**. **Benefits** will be restricted to 10 sessions without a written report. After this time a written report must be produced and submitted to us for review by the **physician** before **treatment** can continue.

2. Medical facility and home health care charges

- a) **Hospital** charges:
 - i) Operating room fees and other charges incurred for the **treatment** of a **medical condition**.
 - ii) Room and board costs and associated charges, including admittance to the intensive care unit, and charges for nursing by a qualified nurse.
 - iii) Charges for applicable service and supplies as set out in (i) and ii) above for **day patient** and **outpatient treatment**.
- b) Convalescent facility charges:

Admission to a convalescent facility must follow **treatment** for a **medical condition** where the insured person was confined to a **hospital** as an **inpatient** for at least three consecutive days, and where a **physician** confirms in writing that **convalescence** is required. Admission to a convalescent facility must be made within 14 days of discharge from **hospital**.

Such **treatment** would cover:

 - i) Use of special **treatment** rooms.
 - ii) Physical, occupational or speech therapy fees.
 - iii) Other services usually given by a convalescent facility including qualified nurse care but not including private or special nursing or **specialist physician** services.

c) Home health care charges:

Treatment if made in the home of the insured person.

Such **treatment** will cover:

- i) Part-time or intermittent care by a qualified nurse.
- ii) Part-time or intermittent services of a **home health care provider**.
- iii) Laboratory services.

Home health care **benefits** are limited to the number of visits noted in the Schedule of Benefits. Each visit by a qualified nurse or home health care provider of up to 4 hours duration is considered as one visit. Each visit of more than 4 hours duration will be considered as two or more visits, each visit being deemed to compose of 4 hours of services provided. All Treatment under this Benefit is conditional upon pre-certification by Us. Without Our written consent prior to Treatment, We will not be liable to pay any Benefit.

d) Hospice care charges:

Treatment provided by a **hospice** for the care of an insured person with a **terminal illness**.

Such **treatment** will cover:

- i) **Palliative treatment** and other **acute and chronic** symptom management.
 - ii) Medical social services under the direction of a **physician or specialist physician**.
 - iii) Physiological and dietary counseling.
 - iv) Consultation or case management services by a **physician or specialist physician**.
 - v) Part-time or intermittent **home health care provider** services for up to 8 hours in any one day for outpatient care.
- e) General charges applicable to all medical facilities:
- i) Room and board costs and associated charges
 - ii) **Drugs and dressings**
 - iii) Diagnostic X-ray and laboratory work
 - iv) Anesthetics
 - v) Oxygen and gas therapy

3. Drugs and dressings

Drugs, dressings, medicines and **appliances** prescribed by a **physician or specialist physician**.

4. Reconstructive surgery

Reconstructive surgery following an **accident** or following surgery for an eligible **medical condition**, provided such surgery is carried out at a medically suitable stage after the **accident** or surgery has occurred. Surgery, in any event must be carried out within 365 days from the date of the **accident** or **medical condition** subject to **policy** coverage being maintained throughout such period.

5. Accidental damage to teeth

Treatment initially received in an Emergency room in a Hospital within 7 days of incurring accidental damage caused to sound, natural teeth which were firmly attached to the jaw bone at the time of injury, when given by a Physician or Dental Practitioner.

Coverage is limited to:

- i) The first denture or fixed bridgework to replace lost teeth.
- ii) The first crown needed to repair each damaged tooth.

6. Emergency transportation

Transportation costs to and from a Hospital by the most appropriate transport method (including licensed air ambulance but excluding all other forms of air transportation) in the event of an Emergency where considered Medically Necessary by a Physician or Specialist Physician. Costs for air ambulance, which have not been coordinated by Us, are limited to US\$2,000 per incident.

7. 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**, for the purpose of admission to a **medical facility** as an **inpatient** or **day patient** (excluding normal maternity or childbirth costs, but extended to include benefit 18 - Complications of Pregnancy).

Evacuation is subject to precertification by us prior to travel and certified instructions from the attending **physician** or **specialist physician**, 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 **medical facility** to which you will be evacuated.

8. Additional travel expenses following evacuation

Travel costs:

- i) To and from medical appointments when **treatment** is being received as a **day patient**.
- ii) For an accompanying person to travel to and from the **hospital** to visit the insured person following admission as an **inpatient**
- iii) Non- **hospital** accommodation for immediate pre and post **hospital** admission periods provided that the insured person is within their convalescence period and under the care of a **specialist physician**.
- iv) Economy class airline ticket to return the insured person and one other person who has traveled as an escort to your **country of residence** or to the country where **evacuation** occurred.

9. Mortal remains

In the event of death from an eligible **medical condition**:

- i) Costs of transportation of body or ashes of an insured person to his/her **country of nationality** or **country of residence**.
- ii) Burial or cremation costs at the place of death in accordance with reasonable and customary practice.

10. External prostheses

The costs of any artificial eyes and limbs following **treatment** for an eligible **medical condition** or as a result of an **accident**.

11. Organ transplants

Covered transplants are:

- a) Heart
- b) Lung
- c) Heart/Lung
- d) Simultaneous pancreas kidney (SPK)
- e) Pancreas
- f) Kidney
- g) Liver
- h) Intestine
- i) Bone marrow/stem cell
- j) Multiple organs replaced during one transplant surgery
- k) Tandem transplant (stem cell)
- l) Re-transplant of same organ type within 180 days of the first transplant

12. Wellness benefit

The cost of one annual routine medical checkup and associated tests and the cost of **medically necessary** vaccinations or inoculations.

Such routine checkups/tests to include:

- a) Blood and cholesterol checks
- b) Height/weight body mass index
- c) Resting blood pressure
- d) Urine analysis
- e) Cardiac examination
- f) Bilateral mammogram/breast examination

g) Testicular/prostate examination/PSA/DRE Tests

h) Exercise electrocardiogram (ECG)

i) Well-baby checks including physical examinations, measurements, sensory screening, neuropsychiatric evaluation, development screening, as well as **hereditary** and metabolic screening at birth, immunizations, urine analysis, tuberculin tests and hematocrit, hemoglobin and other blood tests, including tests to screen for sickle hemoglobinopathy; all as recommended by a **physician** or **specialist physician**. Limited to a maximum of six (6) consultations per **new born** per annum from birth until the dependent child reaches the age of 2 years.

j) Routine gynecological tests, including Pap tests.

13. Colorectal Screening

Deemed **medically necessary** due to:

- Being Age 50 and over; or
- A family history of familial adenomatous polyposis
- **Hereditary** non-polyposis colon cancer; or breast, ovarian, endometrial or colon cancer or polyps; or
- **Chronic** inflammatory bowel disease; or
- A background, ethnicity or lifestyle that the **physician** believes puts the covered person at elevated risk for colorectal; and
- When prescribed by a **physician**

Colorectal cancer screening and laboratory testing includes:

- Screening with annual fecal occult blood tests (3 specimens)
- Flexible sigmoidoscopy every 5 years
- Colonoscopy every 10 years
- Double contrast barium enema every 5 years; or
- Any combination of the most reliable, medically recognized screening tests available as may be determined by the **physician**

14. Ancillary expenses (durable medical equipment)

We will cover the reasonable cost of rental (or purchase) of durable medical and surgical equipment when it is prescribed by a **physician** or **specialist physician** who documents whether the item is **medically necessary** including:

- Diagnosis and condition
- Intended use
- Rationale for use
- Expected duration of use, and
- Description of equipment
- Necessary for the **treatment** of a disease or injury or to improve body function lost as the result of a disease, injury or abnormality

Covered equipment replaces body function lost or impaired due to a disease, injury or abnormality, or must be **medically necessary** to enable the insured person to perform essential activities of daily living within and outside the home, related to the insured persons health and hygiene (with minimal or no assistance from others).

Equipment to enable someone to drive a vehicle or be transported in a vehicle, or equipment solely for the convenience of the insured persons caretaker are excluded from coverage.

Deductible and coinsurance

1. Deductible

Your policy schedule will show the amount of deductible you will be obliged to pay before receiving any **benefits** under the **policy**.

You will be required to meet the costs of all eligible **treatment** up to the amount set out as your deductible. Once the cost of your **treatment** exceeds the amount of the deductible then the **policy** will begin paying **benefits** for eligible **treatment**.

2. Coinsurance

For the **period of coverage**, and where a **coinsurance** applies, we will pay the percentage of costs noted in the Schedule of Benefits up to the **coinsurance** limit (payment limit). Thereafter we will pay 100% of the eligible **treatment** expenses up to applicable limits. Eligible **treatment** requiring precertification which is not precertified will be subject to 50% **coinsurance** without limit.

3. Application of limits

Any overall benefit limits (per visit, number of days, monetary limit etc.) will be applied before the application of any deductibles.

4. Schedule of Benefits

The full Schedule of Benefits and limitations to coverage for all applicable coverage options are outlined in the Schedule of Benefits section of this document. The coverage option you have purchased is shown in your **policy** schedule and should be referred to, to determine how the limits will be applied to the coverage and **benefits** as described.

Exclusions

This policy does not cover expenses arising from:

1. Any **medical condition** or related condition for which you have received **treatment**, had symptoms of or sought **advice** for prior to your **date of entry** (pre-existing **medical condition**), except where such **medical conditions** have been declared to us and accepted in writing. **Benefits** for a pre-existing **medical condition** and/or related condition may be eligible after two (2) years of continuous coverage provided that you have not consulted a **physician** or **specialist physician** for **treatment** or **advice**, experienced further symptoms or taken medications.
2. **Treatment** which we determine on **general advice** is either experimental or unproven.
3. No coverage will be provided under the **policy** where **treatment** or **advice** of any **medical condition** whatsoever, whether related or not, was as a result of autotherapy (self administered) or where such **treatment** or **advice** had been given by a relative including but not limited to spouse, partner, parent, grandparent, child or guardian.
4. Birth injuries, congenital anomalies, genetic deformities or diseases or **hereditary medical conditions** established to have been present, whether symptoms have presented themselves or not, prior to your **date of entry**.
5. Preventative medicines (except vaccinations as covered in benefit 21), normal eye tests, normal hearing tests, non-medical/natural degenerative eye defects, including but not limited to myopia, presbyopia and astigmatism or any corrective surgery for non-medical/natural degenerative vision or hearing defects.
6. **Convalescence** unless it forms an integral part of **treatment** received under the control or supervision of a **specialist physician** and is undertaken in a recognized **convalescent facility** or as **home health care**.
7. **Treatment** received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a **medical facility** or nursing home attached to such establishments or a **medical facility** where the **medical facility** has effectively become the insured person's home or permanent abode or where admission is arranged wholly or partly for domestic or social reasons.
8. **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.
9. Alternative medicines including, but not limited to, osteopathy, chiropractics, acupuncture, homeopathy, podiatry and optometry.
10. 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.
11. Any second or subsequent medical opinions from a **physician** or **specialist physician** for the same **medical condition** unless it has been authorized by us in writing.

12. 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, except as specified in Benefit 5 of the Policy.
13. Any costs relating to pregnancy and childbirth including pre-natal, delivery and post-natal costs, terminations on non medical grounds, antenatal classes or midwifery costs
14. Any complications of pregnancy including any emergency treatment requiring a recognized obstetric procedure.
15. Treatment directly or indirectly arising from or required in connection with male and female birth control, infertility, contraception, sterilization (or its reversal) and any form of assisted reproduction or any complication or pregnancy arising as a result of assisted pregnancy or fertility treatment.
16. **Treatment** of impotence or any related condition or consequence thereof.
17. **Treatment** directly or indirectly associated with a sex change and consequence thereof.
18. Venereal disease or any other sexually transmitted diseases or any related condition.
19. Corrective surgery for sight defects not incurred as a result of an **accident**.
20. Orthodontic **treatment**, gingivitis, and periodontitis or any related condition.
21. Costs in respect of any mental disorders, whether or not requiring Treatment by a Psychiatric Physician, psychotherapist, psychologist, family therapist or bereavement counselor.
22. **Treatment** for learning difficulties, hyperactivity, attention deficit disorder, speech therapy and developmental, social or behavioral problems in children.
23. **Treatment** for alcoholism, drug or substance abuse or any addictive condition of any kind.
24. Suicide or attempted suicide, **bodily injury** or illness, which is willfully self-inflicted or due to negligent or reckless behavior.
25. Any injury sustained directly or indirectly as a result of the insured person acting illegally or committing or helping to commit a criminal offence.
26. Travel and accommodation costs unless specifically agreed by us in writing prior to travel. No travel and accommodation costs are payable where **treatment** is obtained solely as an outpatient.
27. Costs and expenses incurred where an insured person has traveled against **general advice**.
28. The fees of a religious practitioner in respect of benefit 9 of the **policy**.

29. **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 **act of terrorism**, unless the insured person sustains **bodily injury** as an innocent bystander.

30. **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.

31. **Treatment** received in connection with insomnia, sleep disorders, sleep apnea, fatigue, jet lag or work related stress or any related condition.

32. 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.

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

34. Any **treatment** not prescribed, recommended or approved by your attending **physician** or **specialist physician**.

35. Costs for **treatment** that you are not legally obliged to pay.

36. Costs, as determined by us, to be for custodial care.

37. Treatment for menopause, whether or not due to a hysterectomy or by early onset.

General conditions

Additional provisions

The following additional provisions apply to your coverage:

- This **policy** applies to coverage only, and does not restrict your ability to receive health care services that are not, or might not be, covered.
- You cannot receive multiple coverage under the plan where you hold more than one insurance **policy**.
- In the event of a misstatement of any fact affecting your coverage under the plan, the true facts will be used to determine the coverage in force.
- This document describes the main features of the plan. Additional provisions are described elsewhere in the Schedule of Benefits and policy schedule. If you have any questions about the terms of the plan or about the proper payment of **benefits**, please contact us.

Assignments

Coverage may be assigned only with our written consent. Assignment of benefits can be completed with an out-of-network provider; however, an out-of-network provider is not required to accept our assignment.

Misstatements

If any fact as to you is found to have been misstated, a fair change in premiums may be made. If the misstatement affects the existence or amount of coverage, the true facts will be used in determining whether coverage is or remains in force and its amount. Our failure to implement or insist upon compliance with any provision of this **policy** at any given time or times, shall not constitute a waiver of our right to implement or insist upon compliance with that provision at any other time or times. This includes, but is not limited to, the payment of premiums. This applies whether or not the circumstances are the same.

Family/dependant coverage

You and all insured persons are required to be covered under the same **policy** with identical **benefits**. Where we find that this is not the case, you will be asked to comply with this request at your next renewal date. Failure to comply with this condition will result in the termination of your **policy**.

Acceptance clause

We are entitled to refuse to accept an application from any person without giving a reason. We maintain the right to ask you to provide proof of age and/or state of health of any person included in your application. We

reserve the right to apply additional endorsements, exclusions or premium increases to reflect any circumstances you advise in your application form or declare to us as a material fact.

Eligibility

The **policy** is designed for **expatriates**. Local nationals can only be considered subject to our approval. New applicants will be eligible for coverage until the age of 65. Individuals over the age of 65 are not eligible for coverage unless the insured person's **date of entry** was prior to their 65th birthday. Eligibility will not extend in any event to any applicants whose **country of residence**, at the time of **application for enrollment** or an subsequent renewal date, is the USA or Bermuda, and all coverage shall terminate if you reside or come to reside during any **period of coverage** in either Bermuda or the USA.

Change of risk

You must inform us as soon as reasonably possible of any material changes relating to any insured person which effects information given in connection with your **application for enrollment**. We reserve the right to alter the terms of this **policy** or cancel coverage for an insured person following a change of risk.

Policy duration and premiums

- The coverage provided 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 and to payment of the premium.
- The premium payable may be changed by us from time to time. If you move into a higher age band, the premium will increase at the next renewal date. However, coverage will not be subject to any alteration in premium rates generally introduced until the next renewal date.
- All premiums are payable in advance of any coverage under this **policy** being provided.
- The **policy** is an annual contract (12 months) and you are responsible for the whole year's premium even if we have agreed that you may pay by installments.

Break in coverage

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

Children

New born children will be accepted for coverage from birth. Acceptance of **new born** babies is subject to receipt of an application form within 30 days of birth and receipt of the full premium within a further 30 days following notification. Children who are not more than 18 years old residing with you, or 25 years old if in full-time education, at the **date of entry** or at any annual renewal date will be accepted for coverage. Children under the age of 18 years will be accepted for coverage as the primary insured person providing the application is signed by a legal parent or guardian. The premium applicable will be the 18 - 21 age band rate.

Cancellation

In the event of any non-payment of premium, we shall be entitled to cancel the coverage for all insured persons. Cancellation will be automatic. We may at our sole discretion reinstate the coverage if the premium is subsequently paid.

Whilst we shall not cancel this **policy** because of eligible claims made by any insured person, we may at any time terminate an insured person's coverage if he/she 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.

Applicable law

The law applicable to the **policy**, the **policy** schedule or to any and all causes of action arising out of, in connection with, or relating to the **policy** or to the **policy** schedule shall be the substantive laws of Bermuda, without regard or application of the conflict of laws rules of that jurisdiction.

Arbitration

Any and all disputes, controversies, and claims arising out of or in connection with the Policy, the Policy Schedule, the application or solicitation process for either, or any service provided in connection with the subject matter of this document, shall be resolved exclusively by resort to private and confidential arbitration. Included within the scope of this agreement to arbitrate shall be any and all disputes, controversies and claims involving Us, You, any Insured Person on anyone acting on behalf of any of them. The location of the arbitration shall be

Hamilton, Bermuda at the municipal address selected by a majority of the arbitral panel (which shall consist of three arbitrators, one selected by each party and the third by the two arbitrators so selected). The arbitrators shall each have at least five years experience in the field of life and/or health insurance, and may not have (or have had for the past five years) any affiliation with either of the parties.

The decision of a majority of the arbitrators shall be binding and final and not be subject to appeal. The cost of the arbitration proceedings shall be borne as assigned by the arbitrators. To the extent permitted by the law of Bermuda the arbitration shall be conducted in accordance with the UNCITRAL RULES for Arbitral Procedure. In all other aspects, the law of Bermuda shall govern the arbitration. In the event of an impasse regarding the selection or appointment of an arbitrator, the International Court of Arbitration of the International Chamber of Commerce shall be the appointing authority, as permitted under the UNCITRAL Rules.

Liability

Our liability shall cease immediately upon termination of coverage under this **policy** for whatever reason, including without limitation non-renewal and non-payment of premium.

Premium refunds

After the first 30 days of coverage from your **date of entry**, (cooling off period), or 15 days from any subsequent renewal date, you will not be entitled to any refund of premium, either in full or in part, for whatever reason.

Transfer

If there is more than one Insured Person over the age of 18 and You die, the oldest Insured Person over the age of 18 shall upon the date of Your death become responsible for paying the premium and the receipt and giving of notices.

Recovery 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.

Reporting of claims

A claim must be submitted to us in writing. It must give proof of the nature and extent of the loss.

All claims should be reported promptly. The deadline for filing a claim is 180 days after the date of the loss. If, through no fault of your own, you are not able to meet the deadline for filing claim, your claim will still be accepted if you file as soon as possible. Unless you are legally incapacitated, late claims for health **benefits** will not be covered if they are filed more than 2 years after the deadline.

Legal action

No legal action can be brought to recover payment under any benefit after three years from the deadline for insured members to file claims.

Physical examinations

We will have the right and opportunity to examine and evaluate any person who is the basis of any claim at all reasonable times while a claim is pending or under review. This will be done at no cost to you.

Confidentiality

Information contained in your medical records and information received from any provider incident to the provider patient relationship shall be kept confidential in accordance with applicable law. Information may be used or disclosed by us when necessary for your care or **treatment**, the operation of the plan and administration of this **policy**, or other activities, as permitted by applicable law. you can obtain a copy of Aetna Global Benefits' Notice of Information Practices by calling Aetna Global Benefits' toll-free Member Services Team.

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 we have paid and will pay as a result of that injury, illness or **medical condition**, from such payment, up to and including the full amount 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, any **eligible person** 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.

Claim procedures

Important

In order to ensure that you receive the best possible claims service, the procedures noted below should be followed in the event of **treatment** being required by you or any other insured person. The settlement of your claim may be delayed if you fail to complete your claim form properly.

1. Outside the USA or Out of USA provider network

Release of Medical Information Form

You will be required to complete a Release of Medical Information Form which You should forward to Us as soon as possible. Delays in completing this document may result in delays in receiving Your Treatment.

Pre-certification Medical Form

The Hospital is required to complete a pre-certification medical form outlining details of the Medical Condition and Treatment to be undertaken.

We cannot place a guarantee of payment without these two documents so please ensure that the Hospital confirms with You that this has been sent to Us. We will verbally confirm with You should Your Treatment be covered under the terms of the Policy. However, completion of

pre-authorization is conditional on the submission of Our guarantee of payment. We will notify You as soon as possible if the condition or Treatment required is not covered under the terms of Your Policy.

It may be that We are unable to implement a guarantee of payment before Your Treatment is undertaken. This may be due to delays in the Hospital providing Us with the appropriate medical information for Us to be able to confirm coverage. It is therefore important to contact Us as soon as possible prior to Your Treatment taking place to ensure We are able to place a guarantee of payment in due time. We would recommend that You do not delay Your Treatment if a guarantee is not in place at the time Your Treatment is due.

To locate a provider within our Direct Settlement Network, log in to your secure Subscriber's Area on aetnaglobalhealthinsurance.com.

A) Outpatient treatment

Outpatient treatment is treatment received in a doctor's office, clinic, or hospital and does not require admission to a Hospital bed.

Outpatient services and **treatment** received outside the USA are required to be paid by you at the time of **treatment**. After paying for your **treatment** you must submit a claim form to us to be processed. To ensure prompt settlement of these expenses, please make sure to take your claim form with you in order for it to be completed by the treating **physician, specialist physician or dental practitioner**.

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

Providing all relevant information is submitted to support your claim, we will reimburse you accordingly by the payment method of your choice. Please clearly state your preferred payment method on your claim form. Where this is by bank transfer clearly state the name

of your bank, account number and SWIFT (or IBAN) code.

B) Day patient and inpatient treatment

Day patient and **inpatient treatment** are those that are received in a **hospital**, and where it is **medically necessary** for you to be admitted to a **hospital** bed, whether or not you need an overnight stay.

We require that our prior approval (preauthorization) be obtained for all planned **day patient** and **inpatient treatment**.

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

When we have been pre-notified of an eligible **day patient/inpatient** stay we will attempt to arrange direct billing with the

hospital and the **physicians** or **specialist physicians** concerned. We will send the **hospital** a guarantee of payment to the value of the estimated cost of **treatment** advised to us by the relevant facility/provider, which will confirm to them that the **treatment** is covered under your **policy**.

2. Claim Procedures — USA Provider Network

We have a Provider Network in the USA which, when You receive In-Patient, Day-Patient or Out-Patient Treatment from these providers, Your costs for Treatment can be settled directly by Us. You can find the Provider Network facilities in Your area by visiting the following website: www.aetna.com/docfind/home.do?site_id=passport&langpref=en

Search by choosing:

- Geographic Info
- Provider Category (Medical/ Behavioral Health/Facility/Hospital)
- Plan (Choose "Passport to Healthcare Primary PPO Plan)
- Further narrow Your search by specialty, name, Hospital affiliation, languages spoken, and/or other criteria.

You should present the provider

with Your ID card prior to receiving Treatment. Network providers submit claims to Us directly.

Treatment received within the Provider Network will be billed to Us directly. Our claims department will determine what portion of the invoice is applied to Your Deductible and any Co-Insurance applicable and which portion is payable by Us. We will send You and the provider copies of the explanation of benefits (EOB) detailing how the bill was settled and what amount You are responsible for.

We will notify You as soon as possible if the Medical Condition or Treatment required is not covered under the terms of Your Policy.

Global Resource Center

All Insured Persons have access to Our Global Resource Center (GRC) which is available 24 hours a day, 365 days a year and is staffed by multilingual operators who can arrange admission to Hospital, ambulance transfers and air Evacuation where necessary. To obtain medical assistance, please use the evacuation assistance number as shown on Your 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 GRC.

Preauthorization

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

- Planned **inpatient** or **day patient treatment** (hospitalization)
- Any pregnancy or childbirth **treatment**
- Planned surgery
- **Evacuation**
- Second medical opinions
- Psychiatric **treatment** – **inpatient, day patient**, and outpatient
- **Home health care** charges
- Planned MRI and CT scans

Evacuations are supervised by your **physician** or **specialist physician** at the place of incident and by our Medical Helpline and must be agreed by us before **evacuation** takes place.

Claim form

When submitting any claim forms and any other documents pertaining to the claim, please:

- Complete the claim form found in your secure Subscriber's Area on **aetnaglobalhealthinsurance.com**
- Copy all receipts on a single piece of paper (or as many as necessary). Be certain that all receipts are legible. Receipts must be fully-itemized bills and/or detailed receipts that include diagnosis (nature of illness) and the procedures or services performed.
- Write your member identification number on each document submitted with your claim form (refer to your ID card).
- Be sure to indicate the name of the person who received care (either yourself or your dependent).
- Include contact information (phone, fax and/or e-mail) where you can be reached in case we have any questions about your claim.

Please note that any charges that may be made by an attending Physician for completing your claim form are not eligible for reimbursement under the terms and conditions of the policy and you will be responsible for settling these costs.

Where it is not possible to have the claim form completed by the physician, specialist physician or dental practitioner, we will accept the claim for assessment provided your receipt(s) for treatment include the date of service, the diagnosis of your medical condition, the treatment provided, the amount charged and the stamp of the facility concerned.

To ensure prompt settlement of any eligible claims please ensure that you submit all necessary documents at the time of the claim. We accept copies of original receipts to initiate the claim process and to facilitate the assessment of your claim (i.e. if you submit claims via fax or email), however We reserve the right to request that you send the originals to us prior to any settlement being made.

Claim procedures

MHP – Exclusive Coverage

MHP – Classic Coverage

Benefits	MHP – Exclusive Coverage			MHP – Classic Coverage		
	Outside USA	In US Network	Outside US Network	Outside USA	In US Network	Outside US Network
Benefits are subject to the policy deductible and Limits are per Period of Coverage, Unless otherwise stated.						
General Policy Limits						
Area of Coverage	Worldwide	Worldwide	Worldwide	Worldwide	Worldwide	Worldwide
Policy Maximum (Per Period of Coverage)	\$500,000	\$500,000	\$500,000	\$250,000	\$250,000	\$250,000
Plan Coinsurance	80%	80%	50%	70%	70%	50%
Coinsurance Limit Maximum amount of Coinsurance payable per Period of Coverage. Once met, benefits will be payable 100%.	\$1,500	\$1,500	\$3,000	\$2,500	\$2,500	\$5,000
Hospitalization						
In-Patient Hospital Care Room & Board, ICU, operating room fees, surgical costs, Physician and Specialist Physician fees, Qualified Nurse care, Drugs and Dressings, diagnostic and laboratory tests and other related services.	80%	80%	50%	70%	70%	50%
Room Rate	Private	Semi-Private	Semi-Private	Private	Semi-Private	Semi-Private
Reconstructive Surgery Reconstructive surgery following an Accident or following surgery for an eligible Medical Condition	80%	80%	50%	70%	70%	50%
Organ Transplant	80% (Up to \$250,000)	80% (Up to \$250,000)	50% (Up to \$250,000)	70% (Up to \$250,000)	70% (Up to \$250,000)	50% (Up to \$250,000)
Rehabilitation Per Medical Condition	80% (Up to 120 days)	80% (Up to 120 days)	50% (Up to 120 days)	70% (Up to 120 days)	70% (Up to 120 days)	50% (Up to 120 days)
Accidental Damage to Teeth Treatment Received initially received in an emergency room of a Hospital within 7 days of incurring accidental damage to sound, natural teeth	80%	80%	50%	70%	70%	50%

MHP – Exclusive Coverage

MHP – Classic Coverage

Benefits	Outside USA	In US Network	Outside US Network	Outside USA	In US Network	Outside US Network
Outpatient Treatment						
Out-Patient Charges Including: Physician fees including Consultations Specialist Physician fees Diagnostic Procedures Physical and occupational therapies Drugs and Dressings	80%	80%	50%	70%	70%	50%
Out-Patient Surgery	80%	80%	50%	70%	70%	50%
Diagnostic Scans CT/MRI/MRA/MRS and PET scans	80%	80%	50%	70%	70%	50%
Oncology Treatment	80%	80%	50%	70%	70%	50%
Wellness/Preventive Care						
Routine Check ups including: Adult routine examinations Child routine examinations Vaccinations Gynecological examinations & pap smear Mammogram Prostate/PSA/DRE test	80% (up to \$200; not subject to deductible)	80% (up to \$200; not subject to deductible)	50% (up to \$200; not subject to deductible)	70% (up to \$200; not subject to deductible)	70% (up to \$200; not subject to deductible)	50% (up to \$200; not subject to deductible)
Colorectal Screening Colorectal cancer screening deemed Medically Necessary.	80% (up to \$1000 Per screening; not subject to deductible)	80% (up to \$1000 Per screening; not subject to deductible)	50% (up to \$1000 Per screening; not subject to deductible)	70% (up to \$1000 Per screening; not subject to deductible)	70% (up to \$1000 Per screening; not subject to deductible)	50% (up to \$1000 Per screening; not subject to deductible)
Emergency/Evacuation Services						
Ground Ambulance	80%	80%	50%	70%	70%	50%
Evacuation In the event of an Emergency where Treatment is not readily available at the place of incident, to the nearest appropriate facility for the purpose of admission to a Hospital as an In/Day-Patient.	100%			100%		

MHP – Exclusive Coverage

MHP – Classic Coverage

Benefits	MHP – Exclusive Coverage			MHP – Classic Coverage		
	Outside USA	In US Network	Outside US Network	Outside USA	In US Network	Outside US Network
Emergency/Evacuation Services						
<p>Additional Travel Expenses To and from medical appointments when Treatment is being received as a Day-Patient.</p> <p>For an accompanying person to travel to and from the Hospital to visit the Insured Person following admission as an In-Patient</p> <p>Non- Hospital accommodation for immediate pre and post Hospital admission periods provided that the Insured Person is within their convalescence period and under the care of a Specialist Physician.</p> <p>Economy class airline ticket to return the Insured Person and one other person who has traveled as an escort to Your Country of Residence or to the country where Evacuation occurred.</p>	<p>80% (accommodation limited to \$50 per person and subject to overall Benefit maximum of \$5,000)</p>			<p>70% (accommodation limited to \$50 per person and subject to overall Benefit maximum of \$5,000)</p>		
Mortal Remains	<p>100% (Up to \$10,000)</p>			<p>100% (Up to \$10,000)</p>		
Other Covered Services						
Convalescent Care	80% (up to 30 days)	80% (up to 30 days)	50% (up to 30 days)	70% (up to 30 days)	70% (up to 30 days)	50% (up to 30 days)
Home Health Care	80% (up to 80 days)	80% (up to 80 days)	50% (up to 80 days)	70% (up to 80 days)	70% (up to 80 days)	50% (up to 80 days)
Hospice Care	80% (up to 30 days)	80% (up to 30 days)	50% (up to 30 days)	70% (up to 30 days)	70% (up to 30 days)	50% (up to 30 days)
In-Patient	80% (up to 30 days)	80% (up to 30 days)	50% (up to 30 days)	70% (up to 30 days)	70% (up to 30 days)	50% (up to 30 days)
Out-Patient	80% (up to \$5,000)	80% (up to \$5,000)	50% (up to \$5,000)	70% (up to \$5,000)	70% (up to \$5,000)	50% (up to \$5,000)
<p>External Prosthesis The costs of any artificial eyes and limbs following Treatment for an eligible Medical Condition or as a result of an Accident.</p>	80%	80%	50%	70%	70%	50%
Ancillary Expenses (Durable Medical Equipment)	80% (up to \$2,000)	80% (up to \$2,000)	50% (up to \$2,000)	70% (up to \$2,000)	70% (up to \$2,000)	50% (up to \$2,000)

General claims information

We reserve the right to reject any claim that is not submitted within 180 days of the date treatment took place. All documents and materials (including but not limited to original accounts, certificates and X-rays) that We require to support a claim, shall be provided without expense to us (including if requested by us a medical report from your physician or specialist physician and details of the your medical history).

In cases where medical information is required by us for consideration of a claim but it is not made available to us, it is your responsibility to obtain such information from your current or previous physician, as appropriate. Claims may only be made for treatment actually given during a period of

coverage and benefit will be available only for expenditure incurred prior to expiry or termination of such cover. An Insured person must, without delay, give us written notification of any claim or right of action against any third party arising out of circumstances which gave rise to a claim under this policy and 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 shall be entitled to take legal action in any insured person's name for our own benefit and claim for indemnity or damages or otherwise which relates to any Benefits and costs paid or payable under this Policy. We shall have full discretion in the conduct of any such proceedings and in the settlement of any such claim.

If you have any questions concerning the above or any other aspect of your policy please do not hesitate to contact us.

Contact information

Customer service:

Toll-free phone: **1-866-949-6027**

Collect phone: 813-775-0034

Fax: 860-262-9111

Claim submission

Mail claims to:

Goodhealth - Aetna Global Benefits
P.O. Box 30545
Tampa, FL 33630-3548

Web address:

www.aetnaglobalhealthinsurance.com

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