Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetna®

Global health insurance that travels with you

Welcome to your Mobile Healthcare Plan

www.aetnainternational.com

46.02.343.1-LA G (01/19)

The Mobile Healthcare Plan (MHP) is an innovative benefit package specifically designed by Aetna International to meet the medical insurance needs of the international expatriate community.

The Mobile Healthcare Plan provides comprehensive worldwide coverage for **expatriates** of all nationalities giving you access to the highest level of health care and services regardless of your location. Whether you've chosen MHP – Classic or the more comprehensive MHP – Exclusive option, our dedicated and professional customer service teams are poised to provide you with the necessary guidance and support when, where and however it is required.

Now that you're an Aetna International member, it's time to put your benefits to work. This handbook will help make it easy.

YOU'LL FIND A WORLD OF USEFUL TOOLS ONLINE

Visit www.**aetnainternational.com** and click '*Register now*' under the "*Log in*" section to get started.

What to do right now

The most important first step is to register for Health Hub – **your** secure member website. The site gives **you** the tools **you'll** need to manage **your** health **benefits**. **You** can register in just a few steps by visiting **www.aetnainternational.com** and clicking *"Register now"* under the *"Log in"* section. **You'll** need to select **your** plan type, enter **your** name, date of birth and the number on **your** Member ID Card.

There are important documents on **your** secure member website that will help you understand **your** plan better. To view these documents, log in to **your** member website and click *"My plan and me"* then *"View documents."* The documents located here will provide even more details of **your** coverage.

You can use the website to:

- Submit and track claims
- Find nearby doctors and **hospitals**
- Browse a library of health topics

View **your** plan documents

Your Aetna ID card

The Aetna ID Card is **your** key to quality health care. Make sure to keep the card in a safe place — **you'll** be asked to present it whenever **you** receive health care **treatment**. **You** may also need to have it handy when registering for the website or calling the Member Service Centre.

Plan highlights

The Mobile Healthcare Plan offers two levels of coverage to meet your needs. To confirm your level of coverage, please see your summary of **benefits**. Your detailed plan documents are also found on your secure member website located at www.aetnainternational.com.

Mobile Healthcare Plan

1) Classic

Our Classic plan offers you a range of valuable features including:

- Worldwide coverage
- 24/7/365 access to virtual primary care consults via video and telephone
- 24 hour member support team
- Coverage for wellness/preventive care, diagnostic procedures
- Coverage for doctor/specialist visits, prescription drugs
- Generous annual maximum coverage — $4 million per person
- **Emergency** medical **evacuation**
- Cover for maternity and complications of pregnancy
- **Accidental** damage to teeth
- Range of **deductibles** starting from $0 per person per **policy** year
- Plan pays 100% after $1000 **coinsurance** limit reached
- 2 Years free cover after death of primary insured

2) Exclusive

Our most comprehensive plan, which includes all the benefits within Classic plan:

- 24/7/365 access to virtual primary care consults via video and telephone
- Generous annual maximum coverage — $4 million per person
- No **coinsurance** on most **benefits** when used outside the USA or within US network
- Enhanced Pregnancy and childbirth **benefits**
- Dental coverage for routine, restorative and **accidental** damage to teeth
- Enhanced Wellness and preventive care
- Range of **deductibles** starting from $0 per person per **policy** year
- 2 Years free cover after death of primary insured

The Aetna difference

For over 160 years, Aetna has been working to make it easier for our members to access insurance coverage.

Our experience, strength and stability have been extended globally for more than 50 years, helping us become one of the largest, most reliable providers of international **benefits**.

Our worldwide offices:

Our regional service centers in Asia, the Middle East, Europe and the Americas, provide **you** with health care assistance around the globe, 24 hours a day.

Global care:

We combine the local touch of support teams with the global strength of our worldwide network to provide exceptional care to **you** wherever **you** are.

Our network:

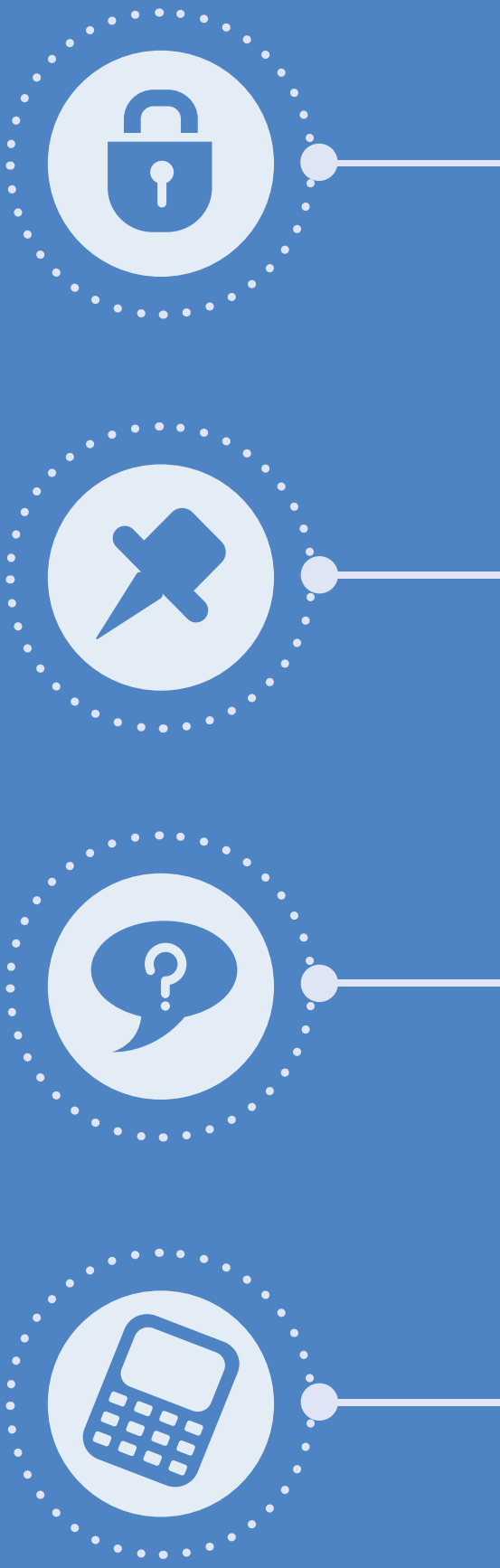
Includes more than 160,000 direct settlement doctors, specialists, **hospitals** and clinics outside the U.S. and not just globally broad; it's deep in most regions with providers you can trust and rely on for quality care.

Our international membership:

We currently assist more than 650,000 international **members**, who rest assured knowing they're well cared for by a premiere U.S. and international provider.

Online and mobile tools

The connections we provide through state-of-the-art technology help you play a greater, more informed role in your health. These tools provide relevant information when, where, and how you need it.



Health Hub

You have access to a world of personalised tools and resources to help **you** manage **your** health care online. **You** can register in just a few steps by visiting **www.aetnainternational.com** and clicking *"Log in Member"* under the *"Log in"* section.

You can use Health Hub, your secure member website, to:

- Submit claims and track claim status
- Access **your** policy information
- View and Print temporary ID cards (if applicable) or request a replacement
- Search for direct-settlement **hospitals** and doctors around the world

International Mobile Assistant app

The International Mobile Assistant app takes the important features of the Health Hub and packages them in an easy to use mobile format.

You can use it to:

- Submit claims
- Check claims status
- Search for providers

The app is free to download and is available for both iPhones and Android phones.

Mobile Provider Directory apps

These apps make it easy for **you** to find nearby doctors, specialists, **hospitals**, clinics, pharmacies and other health care providers.

You can also get directions on how to get to there and schedule the appointment in **your** calendar.

You can even use these apps without internet access to find providers while in remote locations. There's one for every region so **you** are covered no matter where **you** are.

vHealth

vHealth by Aetna gives you virtual access to quality primary care doctors:

- Schedule video or telephone appointments anytime, anywhere via your mobile or laptop
- Receive advice, support and diagnosis for a variety of health and wellbeing concerns
- Upload images or scans for doctors to review during consultations
  - receive prescriptions* and open referral letters

* As prescription regulation varies country by country, we cannot always guarantee a prescription.

Summary of benefits

The Mobile Healthcare Plan covers **reasonable and customary charges** for eligible medical expenses in the area where **you** receive **treatment**. Each enrolled person will need to satisfy their **deductible** once per period (12 months) before claims are reimbursed.

In the following we provide a summary of **benefits** and limits. For a complete description of the **benefits**, please refer to the **Certificate of Enrollment**. The **benefits** are indicated in US dollars.

Benefits *Benefits are subject to the policy deductible and limits are per period of coverage, unless otherwise stated.*	**MHP – Classic Coverage**			**MHP – Exclusive Coverage**		
	Outside USA	Inside US Network	Outside US Network	Outside USA	Inside US Network	Outside US Network
General policy limits						
Area of coverage	Worldwide	Worldwide	Worldwide	Worldwide	Worldwide	Worldwide
Policy maximum (per period of coverage)	$4,000,000	$4,000,000	$4,000,000	$4,000,000	$4,000,000	$4,000,000
Coinsurance	80%	80%	60%	N/A	N/A	80%
Coinsurance limit Maximum amount of **coinsurance** payable per **period of coverage**. Once met, **benefits** will be 100%	$1,000	$1,000	$1,000	N/A	N/A	$1,000
Hospitalization						
Inpatient hospital care Room & board, ICU, operating room fees, surgical costs, **medical practitioner's** and specialist's fees, **qualified nurse** care, **drugs and dressings**, diagnostic and laboratory tests and other related services	80%	80%	60%	100%	100%	80%
Room rate	Private	Semi-private	Semi-private	Private	Semi-private	Semi-private
Parent accommodation **Hospital** accommodation costs for a parent or guardian to stay with an insured person who is under the age of 18 and is admitted to a **hospital** as an **inpatient**.	80%	80%	60%	100%	100%	80%
Reconstructive surgery Resconstructive surgery following an **accident** or following surgery for an eligible **medical condition**	80%	80%	60%	100%	100%	80%
Inpatient psychiatric treatment In a registered psychiatric unit of a **hospital**. All **benefits** are conditional upon preauthorization by us and all **treatment** being administered under the direct control of a registered **psychiatric physician** (30 day limit is in aggregate with **inpatient** Alcohol and drug abuse **treatment**.)	80%	80%	60%	100%	100%	80%
Alcohol and drug abuse treatment (30 day limit is in aggregate with **inpatient** psychiatric **treatment**)	80%	80%	60%	100%	100%	80%
Organ transplant	80%	80%	60%	100%	100%	80%
Rehabilitation Per **medical condition**	80% (Up to 120 days)	80% (Up to 120 days)	60% (Up to 120 days)	100% (Up to 120 days)	100% (Up to 120 days)	80% (Up to 120 days)

Benefits *Benefits are subject to the policy deductible and limits are per period of coverage, unless otherwise stated.*	**MHP – Classic Coverage**			**MHP – Exclusive Coverage**		
	Outside USA	Inside US Network	Outside US Network	Outside USA	Inside US Network	Outside US Network
Outpatient Treatment						
Outpatient charges including: • medical practitioner fees, including consultations • specialist physician fees, including consultations • diagnostic procedures • physical and occupational therapies • drugs and dressings	80%	80%	60%	100%	100%	80%
Outpatient surgery	80%	80%	60%	100%	100%	80%
Diagnostic scans CT/MRI/MRA/MRS/and PET scans	80%	80%	60%	100%	100%	80%
Oncology treatment	80%	80%	60%	100%	100%	80%
Outpatient Treatment						
Alternative therapies • Chiropractic treatment • Osteopathy • Podiatry • Acupuncture (up to 10 sessions in aggregate per condition)	80%	80%	60%	100%	100%	80%
Outpatient psychiatric treatment (30 visit limit is in aggregate with outpatient alcohol and drug abuse treatment)	80%	80%	60%	100%	100%	80%
Outpatient alcohol and drug abuse treatment (30 visit limit is in aggregate with outpatient psychiatric treatment)	80%	80%	60%	100%	100%	80%
Hormone replace therapy	80% (Up to 18 months per lifetime)	80% (Up to 18 months per lifetime)	60% (Up to 18 months per lifetime)	100% (Up to 18 months per lifetime)	100% (Up to 18 months per lifetime)	80% (Up to 18 months per lifetime)
Wellness/Preventive care						
Routine checkups including: • adult routine examinations • child routine examinations • vaccinations • gynecological examinations & pap smear • mammogram • prostate/PSA/DRE test	80% (Up to $250 not subject to deductible)	80% (Up to $250 not subject to deductible)	60% (Up to $250 not subject to deductible)	100% (Up to $250 not subject to deductible)	100% (Up to $250 not subject to deductible)	80% (Up to $250 not subject to deductible)
Colorectal screening Colorectal cancer screening deemed medically necessary.	80% (up to $2,500 per screening; not subject to deductible)	80% (up to $2,500 per screening; not subject to deductible)	60% (up to $2,500 per screening; not subject to deductible)	100% (up to $2,500 per screening; not subject to deductible)	100% (up to $2,500 per screening; not subject to deductible)	80% (up to $2,500 per screening; not subject to deductible)
Routine pregnancy and childbirth Costs associated with prenatal and postnatal checkups and delivery costs. (10 month wait period)	80% (up to $5,000 for normal birth; and up to $9,500 for c-section)	80% (up to $5,000 for normal birth; and up to $9,500 for c-section)	60% (up to $5,000 for normal birth; and up to $9,500 for c-section)	100%	100%	80%
Complications of pregnancy Treatment of a medical condition which arises during the antenatal stages of pregnancy or a medical condition arising during childbirth which requires a recognized obstetric procedure. (10 month wait period)	80%	80%	60%	100%	100%	80%

Benefits *Benefits are subject to the policy deductible and limits are per period of coverage, unless otherwise stated.*	**MHP – Classic Coverage**			**MHP – Exclusive Coverage**		
	Outside USA	Inside US Network	Outside US Network	Outside USA	Inside US Network	Outside US Network
Dental coverage						
Accidental damage to teeth **Treatment** initially received in an **emergency** room of a **hospital** within 10 days of incurring accidental damage to **Sound Natural Teeth**	80%	80%	60%	100%	100%	80%
Dental coverage						
Dental Treatment i) Routine dental **treatment** including tooth cleaning, normal compound fillings and nonsurgical extractions (6 months wait period) ii) Major restorative dental including removal of wisdom teeth, buried unerupted teeth, removal of roots, new or repair of bridgework, crowns and dentures and root canal **treatment**. (9 months wait period)	N/A	N/A	N/A	75% (Up to $1,500)	75% (Up to $1,500)	75% (Up to $1,500)
Emergency/Evacuation services						
Ground ambulance	80%	80%	60%	100%	100%	80%
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 a an **in/day patient**.	80%	80%	60%	100%	100%	80%
Additional travel expenses 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 **inpatient**. 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**. 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.	80% (accommodation limited to $50 per person and subject to overall benefit maximum of $5,000)	80% (accommodation limited to $50 per person and subject to overall benefit maximum of $5,000)	60% (accommodation limited to $50 per person and subject to overall benefit maximum of $5,000)	100% (accommodation limited to $50 per person and subject to overall benefit maximum of $5,000)	100% (accommodation limited to $50 per person and subject to overall benefit maximum of $5,000)	80% (accommodation limited to $50 per person and subject to overall benefit maximum of $5,000)
Mortal remains	80% (Up to $10,000)	80% (Up to $10,000)	60% (Up to $10,000)	100% (Up to $10,000)	100% (Up to $10,000)	80% (Up to $10,000)

Benefits *Benefits are subject to the policy deductible and limits are per period of coverage, unless otherwise stated.*	**MHP – Classic Coverage**			**MHP – Exclusive Coverage**		
	Outside USA	Inside US Network	Outside US Network	Outside USA	Inside US Network	Outside US Network
Other covered services						
Convalescent care	80% (Up to 120 days)	80% (Up to 120 days)	60% (Up to 120 days)	100% (Up to 120 days)	100% (Up to 120 days)	80% (Up to 120 days)
Home health care	80% (Up to 120 days)	80% (Up to 120 days)	60% (Up to 120 days)	100% (Up to 120 days)	100% (Up to 120 days)	80% (Up to 120 days)
Hospice care-inpatient	80% (Up to 30 days)	80% (Up to 30 days)	60% (Up to 30 days)	100% (Up to 30 days)	100% (Up to 30 days)	80% (Up to 30 days)
Hospice care-outpatient	80% (Up to $5,000)	80% (Up to $5,000)	60% (Up to $5,000)	100% (Up to $5,000)	100% (Up to $5,000)	80% (Up to $5,000)
External prosthesis The costs of any artificial eyes and limbs following **treatment** for an eligible **medical condition** or as a result of an **accident**.	80%	80%	60%	100%	100%	80%
Ancillary expenses (durable medical equipment)	80%	80%	60%	100%	100%	80%
AdviceLine – 24/7 personal security information and advice for all your travel safety queries. Please contact red24 or visit **www.red24.com/aetna**	Included with your plan	Included with your plan	Included with your plan	Included with your plan	Included with your plan	Included with your plan
ActionResponse – 24/7 international rescue and response service for you in a potentially life-threatening, non-medical event. Please contact red24 or visit **www.red24.com/aetna**	Included with your plan	Included with your plan	Included with your plan	Included with your plan	Included with your plan	Included with your plan
VHealth	Included with your plan	Included with your plan	Included with your plan	Included with your plan	Included with your plan	Included with your plan

Benefit details

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 occurs 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. Medical Practitioner and specialist physician fees

a) **Medical Practitioner** 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 **medical practitioner** 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 **medical practitioner** before **treatment** can continue.

e) **Treatment** administered by registered chiropractors, osteopaths, podiatrists and acupuncturists.

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 received 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** for patient care as recommended by a **home health care** agency

iii) Laboratory services provided by or for a home healthcare agency

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 four hours duration is considered as one visit. Each visit of more than four hours duration will be considered as two or more visits, each visit being deemed to compose of four hours of services provided. All **treatment** under this benefit is conditional upon precertification 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 **medical practitioner** or **specialist physician**.

iii) Physiological and dietary counseling.

iv) Consultation or case management services by a **medical practitioner** 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 **medical practitioner** or **specialist physician**.

4. Parent accommodation

Room and board in respect of a parent or legal guardian staying with an **insured person** who is under 18 years of age and is admitted as an **inpatient** in a **hospital**.

5. 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 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.

6. Hormone replacement therapy

Medical practitioner or **specialist physician** and the cost of prescribed tablets, implants or patches for a maximum of 18 months per **medical condition**, when **treatment** is for the female menopause that has been induced artificially and/or through early onset (by early onset we mean prior to 40 years of age).

7. Psychiatric Treatment

i) **Outpatient treatment**, including **psychiatric physician** and **specialist physician** consultations.

ii) **Inpatient treatment** in a recognized psychiatric unit of a **hospital**.

All **treatment** must be pre-authorised by us and must at all times be administered under the direct control of a **medical practitioner**. Without our written confirmation prior to such **treatment**, we will not be liable to pay any benefit. However, the initial consultation with a **medical practitioner** (not a psychiatric specialist), which results in a psychiatric referral, is covered without the requirement for pre-authorisation.

8. Accidental damage to teeth

Treatment received in an **accident** and **emergency** ward of a **hospital** or dental clinic within 10 days of incurring accidental damage caused to **sound natural teeth** that were firmly attached to the jaw bone at the time of injury, when given by a **medical practitioner** 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.

9. 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.

10. 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 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.

11. 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.

12. Mortal remains

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

Necessary burial or cremation fees including:

The cost of reopening a grave and burial costs, or the cost of opening a new grave and burial costs, including any exclusive right of burial fee, or

In the case of cremation:

1. The cremation fee
2. The cost of any doctor's certificates
3. The cost of removing a pacemaker or other medical device which must be removed before the cremation

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

- Funeral director's fees
- Flowers
- The cost of any documents needed for the release of the money, savings and property of the deceased
- The necessary cost of a return journey for **you** to either

1. Arrange the funeral, or
2. Attend the funeral

13. External prostheses

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

14. 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

15. Maternity coverage

This benefit is available to any **insured person** of 16 years of age or older.

Costs associated with pregnancy and childbirth and any **related condition** are covered after the first 10 months following the **commencement date** of this benefit or the **date of entry**, whichever is the later. **Benefits** are limited to childbirth, pre- and post-natal checkups and delivery costs, including costs for caesarean section.

16. Complications of pregnancy

Treatment of a defined **medical condition** arising during the antenatal stages of pregnancy or during childbirth. The conditions covered are ectopic pregnancy, gestational diabetes, hydatidiform mole, miscarriage (actual or threatened), pre-eclampsia, failure to progress in labour or stillbirth. Post-partum hemorrhage and retained placental membrane that occur during childbirth are also covered by this benefit. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births are excluded from this benefit. Post natal checkups needed as a result of one the above complications of pregnancy are covered for a period of 6 weeks. This benefit is covered after the first 10 months from the **commencement date** or the **date of entry**, whichever is later.

17. 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 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 **medical practitioner** 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.

k) Vaccinations, including those **medically necessary** for travel.

18. Colorectal screening

Deemed **medically necessary** due to:

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

Colorectal cancer screening and laboratory testing includes:

- Screening with annual fecal occult blood tests (three specimen);
- Flexible sigmoidoscopy every five years;
- Colonoscopy every 10 years;
- Double contrast barium enema every five years; or
- Any combination of the most reliable, medically recognized screening tests available as may be determined by the **medical practitioner**.

19. Dental coverage

(This dental coverage applies to MHP Exclusive only)

Routine dental

Fees of a **dental practitioner** carrying out routine dental **treatment** in a dental surgery. Routine dental **treatment** is defined as:

- Examinations
- Tooth cleaning
- Normal compound fillings
- Simple or non-surgical extractions
- Costs incurred within six months from the **commencement date** of this option or **your date of entry**, whichever is the later, are excluded.

Major restorative dental

Fees of a **dental practitioner** and associated costs for the following specified procedures:

- Removal of impacted, buried or unerupted teeth
- Removal of roots
- Removal of solid odontomes
- Apicectomy
- New or repair of bridge work
- New or repair of crowns
- Root canal **treatment**

- New or repair of upper or lower dentures
- Removal of wisdom teeth (whether performed in **hospital** or in dental surgery, whether performed by a **dental practitioner**, specialist, or an oral or maxillofacial surgeon.

Costs incurred within the first nine months from the **commencement date** of this option or **your date of entry**, whichever is the later, are excluded.

20. 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 **medical practitioner** or **specialist physician** who documents whether the item is **medically necessary** including:

- Diagnosis and condition
- Intended use
- Rationale for use
- Expected duration of use
- 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 person's** 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 person's** caretaker is excluded from coverage. This benefit excludes modifications and fitment of furniture or adaptations to the home.

21. Red24

- Expert safety advice and assistance that's just a phone call away
- A team of multilingual representatives, political risk analysts and crisis support specialists are available 24/7 to provide safety advice and assistance.
- Country intelligence and security advice on countries and cities around the world
- Travelling employees and operational staff get access to security and safety information on more than 230 countries and more than 160 cities.
- Personalized travel reports and safety briefings
- The service provides a range of personalized reports to give a thorough analysis of a members' travel itinerary.
- This includes a phone briefing to allow members to ask specific questions.
- E-mail and text alerts for up-to-the-minute information on civil unrest, natural disasters and travel disruptions
- Travelling and operational staff can sign up to receive e-mail or text travel and security alerts on everything from major transport disruptions to terrorism.
- A daily summary of worldwide security news
- A daily newsletter provides a summary of significant security incidents along with analysis and advice to help clients keep pace with world events and prepare for potential obstacles.

Personalized service in member's time of need:

- Lost passport
- Lost wallet and personal ID
- Emergency travel
- Next steps to safety advice
- Log in issues.
- Alert subscription
- Family membership

Evacuation Service – Political and Natural Disaster

- High risk emergency evacuation

22. vHealth

vHealth by Aetna gives you access to quality primary care doctors 24/7/365:

- schedule video or telephone appointments anytime, anywhere via your mobile or laptop
- receive advice, support and diagnosis for a variety of health and wellbeing concerns
- upload images or scans for doctors to review during consultations

- receive prescriptions* and open referral letters
- missed your vHealth by Aetna invitation? Please contact vHealth@aetna.com for registration instructions. Please state that you are an MHP policyholder

* As prescription regulation varies country by country, we cannot always guarantee a prescription

Limits of Coverage

1. Deductibles:

The Schedule of **Benefits** will show the amount of **coinsurance** and **deductible** the enrolled person must pay before receiving any **benefits** under this **policy**. Any **coinsurance** will not apply toward meeting the **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**. Eligible **treatment** requiring precertification that is not precertified will count toward a **deductible** only after application of the reduced reimbursement percentage.

2. Coinsurance limits:

Under certain circumstances, the enrolled person is required to pay a percentage of the total value of any claims for each **medical condition** for each **period of coverage**. This is called **coinsurance** and the percentage is listed in **your** Schedule of **Benefits**. The maximum amount each enrolled person must pay as **coinsurance** per **period of coverage** is called the **coinsurance** limit and is also listed in **your** Schedule of **Benefits**. Each enrolled person has a separate **coinsurance** limit for precertified **treatment** by preferred care providers and nonpreferred care providers. After this maximum, for which **you** are liable, is reached, the **policy** will pay **benefits** at 100 percent. **Deductible** payments do not contribute to these limits. Eligible **treatment** requiring precertification that is not precertified will not be subject to the **coinsurance** limit.

3. Application of limits:

We will apply any overall benefit limits (e.g., per visit, number of days, monetary limit, etc.) before we apply any **deductibles**.

4. Schedule of limits/maximums:

The full schedule of limits/maximums for all applicable coverage options are outlined in **your** Schedule of **Benefits**. **Your** purchased coverage option is incorporated in **your** Schedule of Coverage and should be referred to in order to determine how the limits will be applied to **your** coverage and **benefits**.

5. Accumulation:

Where a family with three enrolled persons or more are all involved simultaneously in an **accident**, a maximum two (2) individual **deductibles** will be applied to the total cost of the claims for the family members.

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, and to the best of **your** knowledge existed or **you** 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. After two years of continuous membership, any pre-existing **medical conditions** (and **related conditions**), with the exception of congenital conditions, will become eligible for benefit provided (in respect of that condition) that **you** have not during that period:
   i) Consulted any **medical practitioner** or specialist for **treatment** or **advice** (including checkups).
   ii) Experienced further symptoms.
   iii) Taken medication (including drugs, medicines, special diets or injections)
2. **Treatment** that we determine on **general advice** is either experimental or unproven.
3. Self-**treatment**, or **treatment** provided by a Direct Family Member. This includes but is not limited to prescribed or non-prescribed medication, diagnostic tests and surgical procedures.
4. Congenital anomalies where symptoms exist or where **advice** has been sought prior to the **member's date of entry** unless the **member** is an infant up to the age of 12 months.
5. Preventive medicines (except vaccinations as covered in the wellness benefit), 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 defects 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. Services such as massages, hydrotherapy, reiki, or other non-medical **treatments**. **Treatment** given at establishments or a **hospital** where that facility has become the **member's** home or permanent abode or where admission is arranged wholly or partly for domestic reasons.
8. Any **treatment** for weight loss or weight problems including but not limited to bariatric procedures, diet pills or supplements, health club memberships, diet programs and **treatment** in a residential **treatment** facility for eating disorders. Any complications arising from weight loss or other excluded procedures are not covered
9. Cosmetic **treatment**, and any consequence thereof
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 **medical practitioner** or **specialist physician** for the same **medical condition** unless it has been authorized by us in writing.

12a. 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 the Accidental damage to teeth benefit of the **policy**. *(This exclusion applies to MHP Classic plans only)*

12b. Orthodontic **treatment**, gingivitis and periodontitis or any **related condition**.

13. **Treatment** directly or indirectly arising from (or required in connection with) male and female birth control, sterilization (or its reversal). Infertility **treatment** (assisted conception) is excluded. Any complications of pregnancy and routine pregnancy costs resulting from infertility **treatment** (assisted conception) are excluded.
14. **Treatment** of impotence or any **related condition** or consequence thereof.
15. **Treatment** directly or indirectly associated with a sex change and consequence thereof.
16. Venereal disease or any other sexually transmitted diseases or any **related condition**.
17. **Treatment** for learning difficulties, hyperactivity, attention deficit disorder, speech therapy and developmental, social or behavioral problems.
18. Suicide or attempted suicide, **bodily injury** or illness, which is willfully self-inflicted or due to negligent or reckless behavior.
19. Any injury sustained directly or indirectly as a result of the **insured person** acting illegally or committing or helping to commit a criminal offense.
20. 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, including the costs of a hired car.
21. Costs and expenses incurred where an **insured person** has traveled against **general advice**.
22. The fees of a religious practitioner in respect of the mortal remains benefit.

23. **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.

24. 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.

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**.

25. **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**.

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

27. Dietary supplements and substances that can be purchased without prescription, including, but not limited to, vitamins, minerals, organic substances, and infant formula given orally

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

29. Any **treatment** not prescribed, recommended or approved by **your** attending **medical practitioner** or **specialist physician**.

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

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

32. The following hazardous activities are excluded: playing professional sports and/or taking part in motor sports of any kind; mountaineering, including potholing, spelunking or caving; high-altitude trekking over 2,500 metres; skiing off-piste or any other winter sports activity carried out off-piste; and arctic or antarctic expeditions.

33. All **benefits** are excluded unless they appear on **your** benefit schedule.

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/dependent 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 maintain the right to ask **you** to provide proof of age and/or a declaration of health of any person included in his/her application. We reserve the right to apply additional options, exclusions or premium increases to reflect any circumstances the **insured person** advises in their application form or declares to us as a material fact. We are entitled to refuse to accept an application from any person without giving a reason.

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 with a **country of residence**, at the time of **application for enrollment** or any subsequent **renewal date**, of the USA or Bermuda, and all coverage shall terminate if at any time during the term of this **policy you** are present in the U.S. for more than 182 days in aggregate, Aetna reserves the right to terminate this **policy** immediately.

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.

Our rights of 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.

While 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.

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.

Death of policyholder

If the policyholder dies, any **dependant** over the age of 18 on your plan can apply for the continuation of cover under one of our plans for all **dependants** on your plan by sending us a signed application form within four weeks of the date of the policyholder's death. Subject to the terms of your plan, we will then transfer them to the same level of cover, start date and period of cover as your plan with the same add-on plans, and the oldest **dependant** over the age of 18 will be the policyholder of that new plan.

We will not charge premium: (i) for the rest of the plan year in which the policyholder dies (and will refund the new policyholder any amounts already paid in relation to premium for that period), and (ii) if we offer, and the new policyholder chooses to accept, renewal terms at each renewal, for the following two consecutive plan years, in both cases as long as:

- We've received a certified copy of the death certificate
- At least one **member** on the new plan is over 18 at all times, unless we agree otherwise
- No additional **members** are added from the transfer onto the new plan until the end of the following two plan years, unless we otherwise agree.
- There are no changes to cover, including plan level, optional benefits, deductible, tier or residential location, or add-on plans. Any changes to cover will be subject to our agreement and we may apply a premium.

If there are no **dependants** over the age of 18 left on your plan following the policyholder's death, then we are not able to continue to provide cover and your plan will terminate, unless we agree otherwise.

Alternatively, a policyholder's personal representative can cancel the plan in writing on a policyholder's death. We'll issue a pro-rata refund of the premium once we've received a certified copy of the policyholder's death certificate.

Any premiums outstanding for the plan year up until the policyholder's death must be settled; see General conditions – Our rights of cancellation for details.

Recovery of overpayments

If a benefit payment is made by us, to **you** 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

Please ensure that **your** claim form is completed in full and returned within 180 days of the date of **treatment**. Refer to the claims section for more details.

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 our Notice of Information Practices by calling the International Member Service Center.

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.

Financial Sanction Program

Whenever coverage provided by any insurance **policy** is in violation of any U.S, U.N or EU economic or trade sanctions, such coverage shall be null and void. For example, Aetna companies cannot pay for health care services provided in a country under sanction by the United States unless permitted under a written Office of Foreign Asset Control (OFAC) license. Learn more on the US Treasury's website at: **www.treasury.gov/resource-center/sanctions**.

Useful definitions

To help **you** understand **your policy**, we defined specific words and phrases in this section. These appear throughout this document.

Accident

An unexpected, unforeseen and involuntary external event resulting in injury to a **member** 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** that 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 **Medical Practitioner** or **specialist physician** including the issue of **drugs and dressings** or repeat prescriptions.

Appliances

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

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**.

Benefits

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

Bodily injury

Injury that is caused solely by an **accident** and results in the **insured person's** dismemberment, disablement or other physical injury.

Certificate of insurance

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

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 the **member** is responsible for each **period of coverage**, exclusive of the **deductible**.

Commencement date

The date shown on the **certificate of insurance** 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

Any genetic, physical or Biochemical (Metabolic) defect, disease or malformation, (which may be **hereditary** or due to an influence during gestation) 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 him/her to the state of health he/she 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

The country(or counties) to which **members** hold a valid 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. **Members** living in the USA or Bermuda are considered residents after living in the country for 182 consecutive days.

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.

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**.

Dental practitioner

A person who is licensed by the relevant licensing authority to practice dentistry in the country where the dental **treatment** is given.

Drugs and dressings

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

Dependent

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**. 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 **certificate of insurance**.

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

A disease or disorder that is inherited genetically

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

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

Hospice care

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

Hospital

An establishment that 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**.

Member/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** that:

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 health care 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 where **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**.

Oncology

All **medically necessary treatment** received for, or related to, the diagnosis of cancer when received as an **inpatient**, **day patient** or outpatient including **palliative treatment**

Organ Transplant

The replacement of vital organs (including bone marrow) as a consequence of an underlying **medical condition**

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. For the purpose of this **policy palliative treatment** will include renal dialysis.

Period of coverage

The **period of coverage** set out in the **certificate of insurance**. This will be a 12 month period starting from the **commencement date** or any subsequent **renewal date**.

Medical Practitioner

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.

Physiotherapist

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

Policy

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

Private room

Single occupancy accommodation in a private **hospital**

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 he/she is 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 he/she is 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 injuries, illnesses, or diseases are **related conditions** 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.

Rehabilitation

Assisting a **member** 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 in prior to such **medical condition** occurring.

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**.

Semi-private room

Dual occupancy accommodation in a private **hospital**

Sound natural teeth

Teeth that were stable, functional, free of decay and advanced periodontal disease, and in good repair at the time of the **accident**.

Specialist physician

A registered physician who:

a) Currently holds a substantive consultant appointment in that specialty in a **medical facility**;

b) Is recognized as such by the statutory bodies of the relevant country

Terminal illness

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

Treatment

Surgical, medical or other procedures to cure or relieve a **medical condition**

We/our/us

Aetna Life & Casualty (Bermuda) Ltd, trading as Aetna International

How to claim

International Member Service Center:

All enrolled persons have access to the International Member Service Center, which is available 24 hours a day, 365 days a year, and is staffed by multilingual operators who can process claims in many different languages and can answer **your** questions about claims, **benefits** and coverage levels, and providers accepting direct-settlement. The International Member Service Center 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 Center, use the contact details on **your** Aetna membership ID card.

You will need to provide:

- **your** name
- **policy** 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 Center.

Claims paid in a local currency will be converted at the rate of exchange quoted on www.oanda.com, based on the date of treatment.

To safeguard you against the possibility of being faced with expenses that are not covered under your policy, we have developed the following procedures:

Planned inpatient and daypatient treatment

In the event of a planned admission on an **inpatient** or **day patient** basis to a **medical facility**, the following steps are to be taken. Payment of all expenses incurred by the enrolled person will only be reimbursed at 50% of the costs incurred unless **you** follow these procedures.

i) Contact the International Member Service Center (toll-free or collect) at least five business days prior to admission, giving full details of the condition, proposed **treatment** (including dates and name of procedure, if known), the name of the **specialist physician** and details of the **medical facility**. (The telephone number is provided on **your** membership card.)

ii) The International Member Service Center will advise you if they have sufficient information to confirm the enrolled person's coverage. If not, they will advise **you** what further information is required.

iii) The International Member Service Center will verbally confirm the enrolled person's coverage and will dispatch written confirmation to **you**.

iv) The International Member Service Center will attempt at all times to make arrangements with the **medical facility** for all eligible bills to be settled directly. Where this has been arranged, **you** should send the original claim form and the unpaid invoices (if given to **you** by the **medical facility**) to Aetna.

Emergency admissions:

In the event of **emergency** admissions, **you** should contact the International Member Service Center within 24 hours of admission and follow the steps described earlier for **inpatient treatment**. Failure to contact the International Member Service Center within 24 hours of admission will result in **treatment** or any **evacuation** cost only being reimbursed at 50% of the costs incurred within the terms of the certificate. Please do not delay in obtaining **emergency treatment**.

Outpatient treatment:

If **you** receive medical **treatment** as an outpatient, **treatment** may 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 physician or **specialist physician**. Please remit this to Aetna with all substantiating proof of the enrolled person's claim, including, but not limited to, the original invoice and proof of payment, prescription and written diagnosis from the physician.

For high cost outpatient procedures, direct-settlement may be available. **You** must contact Aetna to initiate a direct-settlement at least five business days prior to planned **treatment**. If **you** choose to seek **treatment** at a direct-settlement provider without notifying Aetna in advance, the provider may expect payment in full at the time of service.

When seeking **outpatient treatment** it is important that **you** present **your** Aetna ID card to the medical center/provider before **treatment** begins.

While we work as closely as possible with our international providers to ensure that direct-settlement remains available for low cost **outpatient treatments**, most providers ask for a credit card swipe or cash deposit to cover **deductibles**, copays/ **coinsurance** payments and/or non-covered items.

Guarantee of Payment (GOP)/Precertifications:

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

- Planned **inpatient** or **day patient treatment** (hospitalization)
- Planned surgery
- **Evacuation**
- Second medical opinions
- Psychiatric **treatment** — **inpatient**, **day patient** and outpatient Refer to benefit schedule for coverge
- **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 International Member Service Center, and must be agreed by us before **evacuation** takes place.

The below information/documents are required in order to process a GOP/precertification in a timely manner:

- Diagnosis
- **Treatment**
- Date of Service
- Provider's name and contact person
- Provider's phone and fax number or e-mail
- Medical records/medical notes
- Cost estimate
- Release of Medical Information Form
- Precertification Medical Form

GOPs/precertification requests may take up to two business days to approve once we receive all of the required information. However, we will try to expedite it, when requested. Some cases may take longer to approve based on the type of request (e.g., translations of medical records, transplants, TMJ syndrome, etc.)

Once we approve the precertification request, we will e-mail a copy of the GOP letter to **you** or the provider.

General claims information:

We reserve the right to deny any claim that is not submitted within 180 days of the date **treatment** took place. Claims may only be made for **treatment** given during a period of cover. 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 coverage or change in coverage shall be provided without expense to us (including if requested by us a medical report from enrolled person's physician or **specialist physician** and details of the enrolled 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 **your** responsibility to obtain such information from the enrolled person's 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 expenditures incurred prior to expiration or termination of such coverage.

An enrolled person must, without delay, give us written notification of any claim or right of action against any third party arising out of circumstances that 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 enrolled 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..

Common questions and answers

Q. Am I eligible for coverage?*

A. Provided **you** are not a resident in the USA or Bermuda, and are under the age of 65, **you** can become eligible for coverage, subject to a medical questionnaire.

Q. Can my family members also be covered?

A. Yes. **Your** spouse or adult partner, who is permanently living with **you**, can be included as a **dependent**. Also eligible for coverage are unmarried children not more than 18 years old and living with **you** or not more than 23 years old and in full-time education. Your dependents will also be covered 2 years after your death.

Q. Will I need to have a medical examination to join the plan?

A. No. **You** only need to complete a simple medical questionnaire. If we require additional information to underwrite **your** application fairly and accurately, we may request a medical report from **your** doctor.

Q. Will I be covered for any illnesses or injuries I had before joining the plan?

A. Coverage for all pre-existing conditions are excluded during the first two years of coverage. After this period, should an eligible **medical condition** reoccur, future costs will be covered subject to the terms of coverage, provided **you** have been free of any symptoms, **treatment** or **advice** for a continuous period of two years since joining the plan.

Q. Am I covered if I travel away from my area of residence?

A. Yes. Whether **you** are traveling on business or pleasure, **you** are covered worldwide.

Q. Can I seek treatment anywhere in the world?*

A. Yes. The Mobile Healthcare Plan gives **you** the freedom to choose the country in which **you** will receive **your treatment**.

Q. How do I know that a treatment will be covered?

A. Not all **treatment** is covered. For any planned admission to **hospital** or medical **treatment you** should contact Aetna to establish whether the **treatment** is covered. Payment may then be able to be made by us directly to the provider. Full details of the claims procedures are available in **your Certificate of Enrollment**.

Q. How quickly can I be covered?

A. All completed applications are processed within five business days. We will contact **you** if we require additional information.

Q. What happens if I want to cancel my coverage?

A. **You** have 30 days from the **commencement date** of **your** coverage to review **your benefits**. If **you** decide to cancel and no claims have been made, we will arrange a full refund of any premium paid, provided we receive a written request to cancel **your** coverage.

*Aetna cannot pay for health care services provided in a country under sanction by the United States, European Union or United Nations. For more information, please call the number on the back of your Member ID Card.

Contact information

If there's anything we can do to help you, we'll do it.

That's why we have multilingual service professionals available to **you** 24 hours a day, 7 days a week, 365 days a year.

You can call the Member Service Centre any time to get answers to **benefits** questions, assistance with claims, and access to the International Health Advisory Team of clinicians.

It's as easy as calling the number on the back of **your** Aetna ID card.

Red24 contact information

Member Access:

- To ensure fast and easy access, eligible members are encouraged to register for Red24 at: **www.red24.com/aetna**
- To contact Red24 for emergency service, there are no answer phones or IVR and Red24 operates a 24/7 operations center:

US number: +1 646 513 4232

UK number: +44 (0)207 741 2175

vHealth contact information

To contact our vHealth service:

vHealth@Aetna.com

Please state you are an MHP policy holder.

Thanks for being with us

Thanks so much for being a member of Aetna International. We sincerely appreciate the opportunity to serve you and hope you found this handbook useful.

To learn more, contact us today at the number on the back of your Aetna ID Card.

Stay connected to Aetna International

Visit **www.aetnainternational.com**
Follow **www.twitter.com/AetnaIntl**
Like **www.facebook.com/AetnaInternational**

www.aetnainternational.com

46.02.343.1-LA G (01/19)

aetna®