aetna®

ALKHALEEJ TAKAFUL INSURANCE

Put your benefits to work

Pioneer & **Summit**

Claims procedures

For plans with a start date on or after 1 August 2017

Visit **www.aetnainternational.com**

M082-34E-010817

When you are ready to put your benefits to work, we've made it easy. **These Claims procedures will help guide you.**

Get ready for claims convenience

In the event that you need to make a claim, don't worry.
We've made sure the process is simple and convenient for you.

What you need to know

Inpatient and daycare direct settlement

If you are admitted to a hospital or you receive daycare treatment, we will take care of your eligible hospital bills directly with the medical provider no matter which Pioneer or Summit plan you choose. You don't have to worry about paying large bills up-front. All you have to do is pay an excess or co-payment, if your plan has one.

Outpatient direct billing

If you choose direct billing, you will also enjoy the convenience of your outpatient bills being paid directly.

Our provider network is one of the world's largest with more than 1.1 million medical providers in the US and 125,000 medical providers globally – and it's growing every day.

Here are just a few of the advantages of our network:

- Lower out-of-pocket costs at the point of service
- No need to claim for reimbursement of outpatient costs
- Medical bills settled directly with the medical provider

Claim your own way

You have options to submit claims how it is most convenient for you. Our online and mobile claim tool allows you to submit claims with the click of a button. The tool features auto-fill fields and real-time data checks to save you time. If you prefer paper submissions, you can also submit a Claim form by mail, fax, or e-mail.

Staying claim-free can add up to savings

If you are a participant of a Pioneer 4000, 5000, or 5000+ plan, you can take advantage of our Healthy Behaviours Discount by logging in to your Secure Member Website. All you need to do is take the online Health Assessment to understand your risks and get a personalised action plan to help you make lasting positive changes.

If your plan stays claim-free for more than one plan year, you can earn a discount of up to 25% on your renewal Takaful contribution.

When you're ready to put your benefits to work, this guide provides instructions to help you access care and submit claims quickly and accurately.

Health care goes convenient

If you haven't already registered for the Secure Member Website, now is a good time to do it. You can register by visiting **www.aetnainternational.com** and clicking '*Secure login*' under the '*Aetna Member*' section.

Claims procedures

Before you make a claim please read your Handbook and Benefits schedule to check that your plan covers the treatment or services you need. If you need to make a claim you must follow this guide and send all the information we ask for as soon as possible. If you have any questions please contact us using the details shown in Section 10.

Some words and phrases used in this guide have specific meanings that are relevant to your plan. We have highlighted them in bold print and defined them in the 'Definitions' section of your Handbook.

Preauthorisation must be requested before some treatments or services are received or costs are incurred. Follow the preauthorisation procedure outlined in Section 1.

You should carry your Participant ID Card with you at all times and show it to the medical provider when you go for preauthorised inpatient or daycare treatment. You must also show this card when receiving outpatient treatment on a direct billing basis, see Section 2 for further information.

To help us handle your claims and queries as efficiently as possible please include your plan number and Participant ID in all correspondence. We recommend that you keep copies of all correspondence and information about your claims for your own records.

Section 1. Preauthorisation

Preauthorisation is our assessment of treatment, services or costs before they are received or incurred.

You or your personal representative must request preauthorisation for any:

- Medical evacuation
- Inpatient or daycare treatment admission
- Psychiatric treatment
- Prescription for more than three months' supply of drugs for the management of a chronic medical condition
- Single treatment or service that costs more than USD 500 or equivalent

All preauthorisation must be requested before treatment or services are received or costs are incurred. If it is not possible to request preauthorisation for an emergency we expect to be notified of the event within 24 hours. If you fail to notify us it may mean that only a portion of an eligible claim will be paid.

We will liaise with your medical provider during the assessment process. If necessary we will provide you with a Release of medical information form. This form will need to be filled in to authorise your medical practitioner or specialist to release information to us about you under the relevant data protection legislation. If your claim is eligible we will issue a letter of guarantee of payment to your medical provider. We will let you know as soon as possible if your claim is not eligible.

How to preauthorise your treatment

Inside Qatar, call us on **800-0108**. If you calling from outside Qatar, then call collect on **+971-4-438-7602**.

To call collect you must contact the telephone operator in the country you are calling from and ask to make a collect call to **+971-4-438-7602**. The operator should then connect you to our international helpline at no charge to you.

You can also call this number in the normal way. If you call direct you may be charged the local international rate. We will be happy to call you back to minimise your call costs.

When you call our international helpline you will need to give us as much of the following information as possible:

- Your Participant ID
- The name and telephone number of your medical practitioner, specialist or therapist
- The name and telephone number of the hospital or clinic if you need to preauthorise inpatient or daycare treatment

We will record all incoming and outgoing calls to and from the international helpline for monitoring and training purposes.

You can also contact us by e-mail at **MEAServices@aetna.com** or by fax **+971-4-428-7101**.

Section 2. Outpatient treatment on a direct billing basis

The following outpatient treatments are available on a direct billing basis for acute and chronic medical conditions, cancer care, congenital abnormalities, organ transplants and terminal care:

- Outpatient medical practitioner and specialist consultations
- Outpatient drugs and dressings
- Outpatient X-rays, pathology and other diagnostic tests and procedures
- Outpatient MRI, PET & CT scans
- Outpatient physiotherapy
- Outpatient surgical procedures
- Outpatient pre-operative tests

Outpatient maternity treatment is available on a direct billing basis under the pregnancy and childbirth benefits on the Maternity and Summit plans.

All direct billing is subject to cover being available under the relevant benefit on your plan. All other outpatient treatments are only available on a pay and claim basis, including, but not limited to, treatment for hormone replacement therapy.

How to make a claim on a direct billing basis

1. Check that your treatment is covered under your plan and available under direct billing. If you have any questions contact the Member Services Team using the details in Section 10

2. Visit an appropriate **outpatient** medical provider within the **network**
3. Show **your Participant ID Card**
4. Receive **your treatment**
5. **You** must pay the medical provider any **deductible** that applies to **your treatment**. This **deductible** will be shown on **your Participant ID Card**

The medical provider will administer **your** claim.

If **you** attend a **hospital**, clinic or any other facility where **direct billing** arrangements are in place, and **your** claim is subsequently found to be **ineligible**, **we** have the right to recover the full amount of the claim. Payment of any claim is not an indication of **our** acceptance of liability for the claim or confirmation that further costs for the same **medical condition** or any **related medical condition** will be met.

If **we** refuse to pay a **direct billing** claim under the terms and conditions of the **plan**, **you** will have to pay the cost of the claim within the time given by the medical provider.

Section 3. Outpatient treatment on a pay and claim basis

To make a claim **you** will need to fill in a Claim form. **You** can download a Claim form by visiting **our** website **www.aetnainternational.com**. You can also get a Claim form by contacting the Member Services Team using the details in Section 10. **You** will need to fill in the relevant Claim form depending on the nature of **your** claim. Claim forms are available for medical **treatment**, **dental treatment** and maternity **treatment**. A Travel Claim form applies for medical and **dental** claims made under the Travel **plan**.

How to make a claim on a pay and claim basis

1. Select the relevant Claim form. When making a claim for medical **treatment you** will need to use a separate Claim form for each **medical condition** when **you** see **your medical practitioner**, **specialist** or **therapist**
2. **You** must ask **your medical practitioner**, **dental** practitioner, **specialist** or **therapist** to fill in the relevant section of the applicable Claim form

- Section 6 on the Claim form for medical **treatment**
- Section 6 on the Claim form for **dental treatment**
- Section 6 on the Claim form for maternity **treatment**
- Section 11 on the Travel Claim form if **you** are making a medical or **dental** claim under **your** Travel **plan**

3. Pay for the **treatment you** have received
4. Make sure **you** get an original itemised invoice and original receipt as **you** will need to send these to **us** with **your** Claim form
5. Make sure **you** fill in all relevant sections of the Claim form. For more details refer to the 'How to complete this form' section on the Claim form
6. **You** can submit **your** claim online via the Secure Member Website, or send it to the address shown in Section 10. Alternatively, **you** can scan and e-mail a copy of these items to **MEAServices@aetna.com**. When making a claim it is important that **you** only use one of these methods. For more information on submitting **your** claim via the Secure Member Website or by e-mail, see Section 7

You should send **us** the claim within 180 days of the date of **treatment** or services received. For claims under the Travel **plan**, **you** should send **us** the claim no later than 31 days after **your trip** has ended.

You must send **us** the following items to make sure that **we** can process **your** claim:

- The completed Claim form
- The original itemised invoices
- The original receipts. **We** do not accept credit **card** statements as proof of payment
- A copy of the prescription if **you** are claiming for medication
- A copy of the investigative tests results where relevant. For example the results of blood tests, X-rays, ultrasound scans, and MRI, PET and CT scans
- A copy of the **medical practitioner** or **specialist's** referral for any physiotherapy or complementary **treatment**
- A copy of the admission and discharge reports where relevant for **inpatient** or **daycare** admissions

The assessment of **your** claim may be delayed if **we** do not receive the relevant items.

Section 4. How to make a claim under your add-on plan

Maternity plan

For a medical **emergency** or planned **inpatient** or **daycare treatment** follow the procedures outlined in Section 1.

For **outpatient treatment** follow the procedures outlined in Section 2 and Section 3.

Travel plan

For a medical **emergency** follow the procedures outlined in Section 1.

For **outpatient treatment** follow the procedures outlined in Section 3.

For any other travel claims contact the Member Services Team no later than 31 days after **your trip** has ended for **advice** on how to submit **your** claim. Please use the contact details shown in Section 10. Claim forms for the Travel **plan** are available on **our** website **www.aetnainternational.com**.

Personal Accident plan

Claim forms for the Personal Accident **plan** are available on **our** website **www.aetnainternational.com**. If you need to make a claim contact the Member Services Team using the details shown in Section 10.

Section 5. How to make a claim for Compassionate emergency visit, Hospital cash or Mortal remains

Claim forms for Compassionate emergency visit and Mortal remains claims are available on **our** website **www.aetnainternational.com**. If **you** need to make a claim for either of these **benefits**, or **Hospital** cash, contact the Member Services Team using the details shown in Section 10.

Section 6. Payment of eligible claims

Claims we pay directly to treatment providers

We will pay claims in line with the payment instructions of the provider shown on the invoice.

Claims we pay directly to you

We will pay claims in line with the information **you** give in the payment section of the Claim form. If **you** have not given any information **we** will make payment in the **plan** currency by draft or cheque.

Exchange rates

If, acting reasonably, **we** determine that any central bank or relevant government or governmental authority imposes an artificial exchange rate (including without limitation an exchange rate which is inconsistent with the free market exchange rate) in relation to a relevant currency for any reason, **we** may in our sole discretion reimburse **you** for valid claims incurred in that country in any manner **we** may reasonably decide.

In making such determination we shall seek to ensure that **we** indemnify **you** for **your** loss (subject to the terms and conditions of **your** policy) but do not unjustly enrich you as may have been the case had **we** applied such artificial exchange rate to pay you in the **plan** currency.

We will reimburse **you** in (i) the applicable local currency, or (ii) if you do not have a bank account in such local currency, in the **plan** currency in an amount equal to the applicable Reasonable and Customary Charges, subject in each case to the principle of indemnity **we** mention above.

We will not be responsible for any loss **you** may suffer due to changes in the exchange rate.

Payment methods

We can make claims payments by:

- Bank transfer in most currencies (this is the method **we** would recommend)
- Foreign draft or cheque in most currencies

We will not pay any charges for encashing foreign drafts or cheques.

Deductibles

Any applicable **deductibles** will be taken from any payment **we** make towards **your** claim.

Section 7. Scanned claims

If **you** choose to submit **your** claim via the Secure Member Website or by e-mail it is important that **your** scanned claim documents meet the following criteria:

- The scanned image of the Claim form and invoices must be in colour
- A separate scan should be made for each claim, for each **medical condition** and for each **participant**
- The scanned image must be clear and all text must be legible
- The scanned image must be straight and aligned
- All parts of the documents must be clearly visible
- All borders around boxes must be clear and consistent, with no breaks

If the scanned documents do not meet these criteria or the submission is incomplete, **we** will let **you** know and explain that the scanned claim cannot be accepted. In these circumstances **you** may need to send the original documentation to **us** for **us** to assess **your** claim.

In exceptional circumstances **we** may request the original documentation before **we** can agree to pay a correctly scanned claim. If this is the case, **we** will let **you** know as soon as possible after **we** have received **your** scanned documents.

We may from time to time ask for the original documentation for a scanned claim as part of **our** on-going auditing activity. **You** should keep the original documentation for a period of 12 months in addition to any local regulations. If **we** ask for original documentation **you** must provide it to **us** within 14 days of the request.

Section 8. Clinical Policy Bulletins

We have developed Clinical Policy Bulletins (CPBs) to assist in administering **our plans**. CPBs express **our** determination of whether certain **treatments**, services or costs are **medically necessary**, unproven, experimental, investigational or cosmetic. They are based on objective and credible sources, including scientific literature, guidelines, consensus statements and expert opinions. **You** can find **our** Medical, Dental and Pharmacy CPBs at **www.aetna.com/health-care-professionals/clinical-policy-bulletins.html**

CPBs are not a description of cover. The conclusion that a particular **treatment**, service or cost is **medically necessary** does not confirm that this **treatment**, service or cost is covered under **your plan**. The Handbook, together with **your Benefits schedule** and **Takaful certificate**, explains what is, and is not, covered under **your plan**. **Your plan** may exclude coverage for **treatments**, services or costs that are determined as **medically necessary** within a CPB. If there is a discrepancy between a CPB and **your plan**, the terms of **your plan** will apply.

CPBs can be highly technical. **You** should talk about the information in them with **your medical professional** if **you** need to understand how they apply to **you**.

Section 9. Healthy Behaviours Discount

The Healthy Behaviours Discount applies to Pioneer **plans** only. Any claims made for the Wellness or **Hospital** cash **benefits**, or on any **add-on plans**, will not affect the Healthy Behaviours Discount. Claims made under any other **benefit** will affect the Healthy Behaviours Discount on **your plan**.

The Healthy Behaviours Discount does not apply to **add-on plans** or Summit **plans**.

Section 10. Member Services Team contact details

Member Services Team

Telephone: **+971-4-438-7602**

Fax: **+971-4-428-7101**

E-mail: **MEAServices@aetna.com**

Postal address

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Aetna and Al Khaleej do not provide care or guarantee access to health services. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Information is believed to be accurate as of the production date; however, it is subject to change. For more information, refer to **www.AetnaInternational.com**.

If coverage provided by this policy violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna and Al Khaleej companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license.
For more information on OFAC, visit **www.treasury.gov/resource-center/sanctions/Pages/default.aspx**.

Notice to United Kingdom residents: In the UK, Aetna Insurance Company Limited (FRN 458505) has issued and approved this communication.

Notice to all: Please visit **www.aetnainternational.com/ai/en/about-us/legal/regional-entities** for more information, including a list of relevant entities permitted to carry on or administer insurance business in their respective jurisdictions.

Important: This is a non-US insurance product that does not comply with the US Patient Protection and Affordable Care Act (PPACA). This product may not qualify as minimum essential coverage (MEC), and therefore may not satisfy the requirements, if applicable to you and your dependants, of the Individual Shared Responsibility Provision (individual mandate) of PPACA. Failure to maintain MEC can result in US tax exposure. You may wish to consult with your legal, tax or other professional advisor for further information. This is only applicable to certain eligible US taxpayers.

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