

# Aetna Pioneer

## Handbook (The details)

For plans starting on or after 1 July 2017

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# Before you join us

## 1 Introduction

This Handbook, and the relevant **Benefits Schedule**, details what we do and don't cover under our Aetna Pioneer plans, as well as giving you important information about managing your plan.

Please read this information carefully to make sure you're completely satisfied with the cover we're providing and that it meets your needs. If you have any questions, please contact us and we'll be more than happy to help.

We do not guarantee that your plan meets the visa and/or social health care requirements of the country you're moving to. It's your responsibility to ensure that any plan you choose meets your needs. Please ask us or your broker if you have any questions.

If coverage provided by this policy violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic trade sanctions, the coverage is immediately considered invalid. For example, Aetna 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 Asset Control (OFAC) license. For more information on OFAC, visit [www.treasury.gov/resource-center/sanctions/Pages/default.aspx](http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx).

### Important information

Section 25(5) of the Insurance Act (Cap 142) requires that you disclose fully and faithfully in your application for cover, any information or facts which you know or ought to know, otherwise you may receive nothing from the plan.

## 2 Eligibility material facts

Our plans and add-on plans are available to people of most nationalities, depending on where they reside. Our plans are not available to citizens of the United States (US) who reside in the US.

Please contact us if you need further information. If you are a US citizen and your chosen area of cover is Area 1, only Aetna Pioneer 5000+ is available to you.

If you are not a US citizen and your chosen area of cover is Area 1:

- If you don't live in the US, Aetna Pioneer 5000 and 5000+ are available to you
- If you do live in the US, only Aetna 5000+ is available

If you choose Area 2, 3, 4, 5, 6 or 7, Aetna Pioneer 1750, 2500, 4000 and 5000 plans are available to you.

If you are a US taxpayer, please read the 'Cover in the US' section in this Handbook for more information, as this plan may not satisfy the requirements of the U.S. Patient Protection and Affordable Care Act and therefore you may be subject to tax penalties.

### Age

To be eligible for our plans, you must be at least 18 and no more than 79 years old on your start date. If you add dependent children to your plan, they must be unmarried and either aged under 18 or aged 18 to 26 and in continuous full-time education at their start date. For the latter, we may ask you to send us proof from their educational facility.

Our add-on plans have additional eligibility criteria – you'll find more details in the applicable Benefits Schedule.

### Material facts

You must tell us all material facts and check that they are correct before we accept an application, make changes to your plan or renew it. If you're not sure whether a fact is material, please ask us. Moratorium cover will still apply even if you tell us about any pre-existing medical conditions you might have.

You must let us know in writing immediately if any material facts change. For example, if you change your name, occupation or address. We may apply new terms to the plan, void or cancel it and/or reduce or reject any related claims, based on your new material facts.

### Voiding your plan

We'll void your plan from its start date, renewal date or change date, if you:

- deliberately or recklessly give us inaccurate or incomplete material facts, or
- don't take reasonable care to give us accurate and complete material facts and we wouldn't have covered you had we known about the material facts.

If we void your plan, we can continue to offer your dependants cover if:

- a dependant who is 18 years old or more writes to us to appoint themselves as the new planholder, or
- you write to us to appoint a parent or legal guardian to act as the new planholder. The new planholder will manage the plan but we won't cover the person.

You must appoint a new planholder within seven days of us telling you that we've voided your plan, otherwise we'll cancel the entire plan from the void date.

### Cover in the US

Your plan is a non-US insurance product that does not comply with the US Patient Protection and Affordable Care Act (PPACA). As such, your plan 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 to you.

You may wish to consult with your legal, tax or other professional adviser for further information. This is only applicable to certain eligible US taxpayers.

Accordingly, we reserve the right to cancel your cover immediately if you have Area 1 cover and you are:

- a US citizen residing in the US for 36 days or more (consecutively or in aggregate) during any 12 month period; or

- not a US citizen and **you** spend more than 183 days (consecutively or in aggregate) in the US over three **plan** years.

### 3 Plan currencies, premiums and ways to pay

When **you** take out your **plan**, **you** can choose from the currencies available on your application form. **You** must pay all **premium** in the same currency as your **plan**. Your cover won't be able to start until we've received your **premium** (which must be on or before the **premium** due date).

If more than one currency is shown on your **Benefits Schedule**, the **benefit** limits shown in the same currency as your **plan** will apply to **you** and your **plan**.

**You** can pay your **premium** in a single annual payment or by quarterly or monthly instalments, depending on the **plan** **you** choose and the method **you** wish to pay by.

#### Paying by card

##### Pay annually

To pay annually by debit or credit card, contact **us** by email or telephone, or fill in the Card authority in your application form.

#### Paying by bank transfer

##### Pay annually

To pay annually by bank transfer, **you**'ll need your quotation number or **plan** number to hand. Follow the instructions on your application form.

#### Paying by cheque or banker's draft

##### Pay annually

Your invoice will show details of how much to pay. When paying by cheque or banker's draft, **you** must give your full name and the quotation number or **plan** number as the reference.

### Unpaid or late premiums

We'll write to tell **you** if we haven't received or haven't been able to collect your **premium** on time.

We'll cancel your **plan** if we don't receive payment within 30 days of the **premium** due date. **You**'ll then have to apply for a new **plan** if **you** would still like us to cover **you**. Your **premium** and terms may change and **you**'ll lose any existing Healthy Behaviours Discount from your cancelled **plan** (see section 13 Claims).

### 4 Your plan start date and cooling off period

Your **plan** will start on the **plan start date** **you** request; this date will show on your **Certificate of Insurance**. Your **plan** will cover **you** for 12 months until your **plan renewal date**, unless **you** cancel your **plan**.

#### Cooling off period

**You** have the right to cancel your **plan** for any reason by writing to **us** or calling **us** within 15 days of receiving your **plan** documentation, or the **plan start date**, whichever's later.

We'll refund your **premium** in full if **you** haven't (and any other **member** hasn't) made a **claim** under the **plan**. If **you**'ve made a **claim** and we haven't paid **you** or a medical provider for it, we'll refund your **premium** and cancel any unpaid **claims**.

However, if **you** have (or any other **member** has) made a **claim** and we have paid for it, we won't refund your **premium** and **you** must still pay **us** any unpaid **premium** due for the remainder of the **plan** year.

We can only refund **premium** to the bank account or **card** **you** originally paid from. **You**'ll be responsible for any shortfall from exchange rate differences and any bank charges.

To cancel your **plan** after the 15 day cooling off period, see section 11 Cancelling your **plan**.

## 5 Areas of cover

### Area 1

**Includes all of the countries and territories in the world, including all countries and territories in Areas 2, 3, 4, 5, 6 and 7, plus the US**

### Area 2

**Includes the countries and territories listed below and all countries and territories in Areas 3, 4, 5, 6 and 7**

American Samoa	McDonald Islands	Saint Helena, Ascension & Tristan da Cunha
Antarctica	Hong Kong	Saint Pierre & Miquelon
Bouvet Island	Israel	Samoa
British Indian Ocean Territory	Kiribati	Solomon Islands
Canada	Macau	South Georgia & the South Sandwich Islands
Christmas Island	Marshall Islands	Tokelau
Cocos (Keeling) Islands	Micronesia, Federated States of Nauru	Tonga
Cook Islands	New Caledonia	Tuvalu
East Timor	Niue	United States Minor Outlying Islands
Fiji	Norfolk Island	Vanuatu
French Polynesia	Northern Mariana Islands	Wallis & Futuna
French Southern Territories	Pitcairn	
Guam	Russian Federation	
Heard Island &		

### Area 3

**Includes the country listed below and all countries and territories in Areas 4, 5, 6 and 7**

China

## Area 4

**Includes the countries listed below and all countries and territories in Areas 5, 6 and 7**

Australia	New Zealand	Singapore
Kuwait	Qatar	United Arab Emirates

## Area 5

**Includes the countries and territories listed below and all countries and territories in Areas 6 and 7**

Åland Islands	Chile	Grenada
Albania	Colombia	Guadeloupe
Andorra	Costa Rica	Guatemala
Anguilla	Croatia	Guyana
Antigua & Barbuda	Curaçao	Haiti
Argentina	Cyprus	Honduras
Armenia	Czech Republic	Hungary
Aruba	Denmark	Iceland
Austria	Dominica	Ireland
Azerbaijan	Dominican Republic	Isle of Man
Bahamas	Ecuador	Italy
Barbados	El Salvador	Jamaica
Belarus	Estonia	Kosovo
Belgium	Falkland Islands (Malvinas)	Latvia
Belize	Faroe Islands	Liechtenstein
Bermuda	Finland	Lithuania
Bolivia	France	Luxembourg
Bonaire, Sint Eustatius & Saba	French Guiana	Macedonia
Bosnia & Herzegovina	Georgia	Malta
Brazil	Germany	Martinique
Bulgaria	Gibraltar	Mexico
Cayman Islands	Greece	Moldova, Republic of
Channel Islands	Greenland	Monaco

Montenegro	Saint Kitts & Nevis	Sweden
Montserrat	Saint Lucia	Switzerland
Netherlands	Saint Martin	Trinidad & Tobago
Nicaragua	Saint Vincent & the Grenadines	Turkey
Norway	San Marino	Turks & Caicos Islands
Panama	Serbia	Ukraine
Paraguay	Sint Maarten	United Kingdom
Peru	Slovakia	Uruguay
Poland	Slovenia	Vatican City
Portugal	Spain	Venezuela
Puerto Rico	Suriname	Virgin Islands, British
Romania	Svalbard & Jan Mayen	Virgin Islands, US

## Area 6

**Includes the countries and territories listed below and all countries and territories in Area 7**

Afghanistan	Kyrgyzstan	Philippines
Bahrain	Laos	Saudi Arabia
Bangladesh	Lebanon	South Korea
Bhutan	Malaysia	Sri Lanka
Brunei	Maldives	Taiwan
Cambodia	Mongolia	Tajikistan
India	Myanmar	Thailand
Indonesia	Nepal	Turkmenistan
Iran	Oman	Uzbekistan
Iraq	Pakistan	Vietnam
Japan	Palau	Yemen
Jordan	Palestine, State of	
Kazakhstan	Papua New Guinea	

## Area 7

**Includes the countries and territories listed below only**

Algeria	Gabon	Nigeria
Angola	Gambia	Réunion
Benin	Ghana	Rwanda
Botswana	Guinea	Sao Tome & Principe
Burkina Faso	Guinea Bissau	Senegal
Burundi	Kenya	Senegal
Cameroon	Lesotho	Seychelles
Cape Verde	Liberia	Sierra Leone
Central African Republic	Libya	Somalia
Chad	Madagascar	South Africa
Comoros	Malawi	South Sudan
Congo (DRC)	Mali	Sudan
Congo-Brazzaville	Mauritania	Swaziland
Côte D'Ivoire	Mauritius	Tanzania
Djibouti	Mayotte	Togo
Egypt	Morocco	Tunisia
Equatorial Guinea	Mozambique	Uganda
Eritrea	Namibia	Western Sahara
Ethiopia	Niger	Zambia
		Zimbabwe

If **you** and/or your **dependants** are working, residing or spending time in sanctioned countries or regions, please let **us** know immediately. Sanctioned countries and regions currently include Crimea (annexed region of Ukraine), Cuba, Iran, North Korea, Sudan (North) and Syria. This list is subject to change based on changes in financial sanctions regulations. In addition, there are other countries subject to less broad sanctions than the countries/regions listed here. For more information, visit [www.treasury.gov/resource-center/sanctions/Pages/default.aspx](http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx).

We may modify **our** products, services, rates and fees, in response to legislation, regulation or requests of government authorities, these modifications may result in material changes to **plan benefits**. We may recoup any material fees, costs, assessments, or taxes due to changes in the law even if such changes require no **benefit** or **plan** changes.

## 6 Clinical policy bulletins

For information on how we classify certain **treatments** and services, visit [aetna.com/health-care-professionals/clinical-policy-bulletins.html](https://www.aetna.com/health-care-professionals/clinical-policy-bulletins.html). Our clinical policy bulletins (CPBs) are based on objective and credible sources, including scientific literature, guidelines, consensus statements and expert opinions.

They're not a description of cover or confirmation that we cover these **treatments**, services or costs under your **plan**. If there's a discrepancy between a CPB and your **plan**, your **plan** terms will apply.

## 7 Help us prevent fraud

Fraud is a crime and health care fraud increases **premiums** for **our** customers. With your help, we'll do **our** utmost to detect and eliminate it.

Health care fraud includes:

- giving false or misleading information to get insurance or a **premium** reduction
- claiming for **treatments** or services that **you** haven't received
- altering or amending invoices or bills
- giving a false diagnosis
- claiming from more than one insurer for the same **treatment** or service
- using somebody else's insurance to get **treatment** or services.

## How you can help protect yourself and keep premiums down

There are simple steps **you** can take to protect yourself from health care fraud, including:

- comparing invoices with your records, checking dates are correct and that **you** received the **treatments** or services shown
- asking questions if there's anything **you're** unsure about, don't understand, expect or recognise
- keeping in touch with **us** when **you've** made a **claim**
- letting **us** know if **you're** concerned your doctor is giving **you** unsuitable **treatment**
- filling in claim forms carefully
- looking after your insurance details and documents and keeping copies of any correspondence
- making sure **you** understand any documents before **you** sign them
- reporting suspected fraud to **us**.

## We work closely with others to prevent fraud

We're committed to protecting **you** against fraud and also have statutory responsibilities to prevent **our** products from being used for financial crime. We work with other bodies such as international insurance bodies, international police, investigative agencies and government departments to do this.

## If you suspect fraud

Contact **us** as soon as **you** can.

Call **our** confidential Fraud and Investigation line on +44-(0)1252-896-383 or email [IGUKfraudgovernance@aetna.com](mailto:IGUKfraudgovernance@aetna.com).

# While you're with us

## 8 Making changes to your plan

### Notifying us of changes

When **you** request to make a change to your **plan**, **you** must take reasonable care when answering any questions **we** ask – please read section 2 Eligibility and material facts for more details.

**You** must tell **us** immediately in writing about changes to the following and when such changes will take (or have taken) place:

- name or gender of a **member**
- occupation of a **member**
- address of a **member**, particularly if this is a change to the country in which a **member** lives, or
- any information given to **us** by **you** in relation to your **application** and/or any changes since.

After **you** tell **us** about a change, depending on the nature of the change, **we** may:

- charge **you** additional **premium** (including any applicable tax)
- change the relevant **member's** **benefits**
- apply different terms to the relevant **member's** coverage under the **plan**
- cancel the relevant **member's** coverage under the **plan**
- send **you** a new **Certificate of Insurance** and a new **Member ID card** (or cards, if there are other **members**), or
- reassess or reject any related **claim** of the relevant **member**.

Note that **we** may charge **you** an administration fee to replace any **plan** documentation or **Member ID card**.

**You** can't change the following during your **plan year**, but **you** can write to **us** to ask **us** to change these when your **plan** renews for the next year:

- your **plan** level
- your optional **benefits** including taking out an **add-on plan**
- your **excess** or **coinsurance**
- your **plan** terms, or
- your **plan** currency.

**You** must tell **us** all **material facts** when making a change.

## 9 Adding and removing dependants

### Adding a dependant

With **our** agreement **you** may add a **dependant** to your **plan** after the **plan start date**. Please contact **us** and **we**'ll let **you** know the information **you**'ll need to provide **us**, which may include completing an application form for the **dependant**, and how **we** may change your **premium** as a result. **We**'ll send **you** your revised **Certificate of Insurance** and the new **dependant's** **Member ID Card** each time **we** add a **dependant** to your **plan**.

### Start dates for added dependants

If, on the date **you** contact **us** to add a **dependant**, that **dependant** is less than 31 days old and **we** have covered one of the **dependant's** parents for a continuous period of at least 12 months, **we**'ll add the **dependant** to your **plan** regardless of the **dependant's** health with effect from the **dependant's** date of birth. There is no need to complete an application form.

To add any other **dependant** to your **plan**:

- if your **plan** has a **moratorium**, **we**'ll cover the **dependant** from the date on which **you** contact **us** or from a later date that **you** may request and a new **moratorium** will apply for that **dependant**. There is no need to complete an application form; or

- if your **plan** does not have a **moratorium**, **we**'ll (based on a completed application form for the **dependant**) either cover the **dependant** from the date on which **you** accept any terms **we** offer in relation to such **dependant** or decline to add the **dependant** to your **plan**. If **we** decline to add a **dependant**, **we**'ll explain to **you** the reason for this in writing.

The terms of your **plan** will apply to any **dependant** **you** add. Please note in particular exclusion 14.16 which excludes any **inpatient treatment** for an **acute medical condition** that begins before the **dependant** is eight days old if the pregnancy was achieved by assisted conception.

### Removing a dependant

Please tell **us** in writing if **you**'d like to remove a **dependant** from your **plan** and **we**'ll do so. The **dependant's end date** will be the date that **we** receive the request, or a future date that **you** have given.

**You**'ll also need to tell **us** if there are any outstanding **claims** for their **treatment** or services and if **you**'ve incurred any further costs in relation to your **plan**.

If there aren't any **claims** paid or pending for any **member** on the **plan**, **we**'ll issue a pro-rated refund of the removed **dependant's** **premium**.

If **you**'re waiting for **us** to approve or pay a **claim**, **we** can't approve it unless **we**'ve received all **premium** for the entire **plan year**. If any **member** on the **plan** has made any **claims** that **we** have approved and paid, no refund will be issued and all **premiums** must be paid for the entire **plan year**.

When **you** remove a **dependant**, **we**'ll send you a new **Certificate of Insurance** to reflect such removal.

## 10 Transferring dependants onto your plan

If **you**'d like to transfer someone from another insurer to your **plan**, they'll need to complete a **Continuous Transfer Terms (CTT)** application form and send **us** the original Certificate of Insurance or other evidence from their previous insurer which shows:

- their original start date with that insurer,
- their underwriting terms, and
- any special terms that may have applied.

If there's a break between the end date of their previous insurance plan and their **application**, **we** won't be able to offer a transfer on the same or similar terms as the previous plan.

If **we** accept the **application**, **we** may charge an increased **premium**. Their cover will begin on the date **we** receive your acceptance of any special terms **we**'ve applied, or on a future date **you** request following **your** acceptance of those terms, and **we** have agreed.

## 11 Cancelling your plan

**You** must write to **us** if **you** decide to cancel your **plan**. Your last day of cover will be the date **we** receive your written decision to cancel or on a future date **you** give **us**.

If no **member** has made any **claims**, or will make any **claims**, **we**'ll issue **you** a pro-rata refund of **premium**.

If **we** have not paid **you** the costs for any **claims**, but any **member** has made **claims** that **we** have not yet approved, or will make any **claims**, **we** won't approve or pay these costs unless **we** have received all **premium** for the entire **plan year**. **We**'ll issue **you** a pro rata refund of **premium** if **you** confirm to **us**, in writing, that **you** do not want **us** to approve any such **claim**.

If, before the cancellation date, a **member** has made a **claim** and **we** have approved it, **we**'ll only pay **you** the costs for any **claim** before the cancellation date when **we** have received all **premium** for the entire **plan year**. **We**'ll issue **you** a pro rata refund of **premium** only if **you** pay any costs incurred before the cancellation date.

If **we** have approved and paid any **claim** before the cancellation date, **we** won't issue **you** a refund of **premium** and **you** must pay **us** all **premium** for the entire **plan year**.

**We**'ll charge **you** a cancellation fee of 170 USD or 220 SGD depending on your **plan** currency, and **we** may also charge **you** an additional fee if there are further or unexpected costs.

**We**'ll pay **you** any refunds to the account **you** originally paid from, less any shortfall as a result of exchange rate differences and any associated bank charges.

**You** must return the **Certificate of Insurance** and all **Member ID cards** to **us** on cancellation.

If **you** want to apply for a new **plan** after cancelling your existing **plan**, your **premium** and terms may change and **you**'ll lose any existing Healthy Behaviours Discount from your previous **plan**.

## 12 What happens if you die

If **you** die, the other **members** on the **plan** will be able to apply for continued cover under the **plan** by sending **us** a signed application form within four weeks of your date of death. **We** cannot guarantee cover, **we** may apply new terms and the **premium** may change.

Your **personal representative** can cancel the **plan** in writing. If **you** haven't made any **claims**, **we**'ll issue a pro-rata refund of the **premium** once **we**'ve received a certified copy of your death certificate. **We**'re unable to issue **premium** refunds if **we**'ve paid a **claim**.

## 13 Claims

Should **you** have any questions concerning your **claim**, please contact **our** Member Services Team:

By telephone toll free on 1-800-723-1241 or by landline on +65-6701-6912

By fax on +65-6593-8501

Or by e-mail at [AsiaPacServices@aetna.com](mailto:AsiaPacServices@aetna.com)

**We**'ll record all calls for monitoring and training purposes.

If **you** do not know the correct dialling code to use, **you** can refer to [www.business.att.com/bt/access.jsp](http://www.business.att.com/bt/access.jsp) to find the number for the country **you** are dialling from. When prompted during the call please enter the access code 855-491-9160 and follow the instructions.

If **you** are calling from a country not included in the above link, then **you** can call collect or direct on +65-6701-6912. To call collect **you** must contact the telephone operator in the country **you** are calling from and ask to make a collect call to +65-6701-6912. The operator should then connect **you** to **our** international helpline at no charge to **you**.

## What can you claim for?

Only qualified **medical practitioners, specialists, nurses** or therapists with the aim of curing or substantially relieving your **medical condition** must treat **you**. Only psychiatrists or qualified and registered psychotherapists or psychoanalysts may give **you** psychiatric treatment, and only a **medical practitioner** or **specialist** can refer **you** for physiotherapy, podiatry, osteopathic and chiropractic treatment.

If the **medical practitioners, specialists, nurses** or therapists refer **you** for further **diagnostic tests and procedures** or **treatment**, **you** must start treatment within 90 days of the referral date for **us** to be able to pay your costs.

**You** must tell **us** about a **claim** within 180 days of receiving the **treatment** or services. If **you** leave it longer, **we** may not be able to reimburse **you**.

**We**'ll only pay reasonable costs for **claims**. Reasonable costs are the average cost of **treatment**, expertise or services given by similar types of medical provider within the same country or geographical region, based on **our** knowledge and experience.

**We**'ll pay for **hospital** accommodation (including meals) up to the cost of a standard single room with a private bathroom.

If **you** incur costs above the limits shown in your **Benefits Schedule** or **you** use a **visiting doctor** whose costs are higher than those of a medical facility's in-house doctor, **you**'ll have to pay the difference.

## What you need to know when claiming

We'll email **you** a **Member ID card** (or cards, if there are other **members**) when your **plan** starts. **You** must show your **Member ID card** to the medical provider when **you** go for **preauthorised inpatient treatment** or **daycare treatment** (please see the section called 'Requesting preauthorisation' below for more details). If **you're** entitled to **direct settlement**, **you** must show this card when getting **outpatient treatment** at a **direct settlement** facility.

**You'll** need to quote your **plan** number and **Member ID** in all correspondence with **us** relating to your **claim**.

Keep copies of the information about your **claim** for your own records. **We** won't be able to return any original **claim** documents to **you** after **we've** paid the **claim**.

**We** may ask **you** for more information to help **us** process your **claim**, and **we** may ask a **specialist** or **medical practitioner** of our choice to examine **you**.

**We** may also request further tests or evaluations if **we** decide that a **medical condition** may be directly or indirectly related to a **medical condition** **we** do not cover **you** for. **We** may decline your **claim** if **we** don't have sufficient information to assess it.

**You** must tell **us** about any negotiations or settlement discussions **you** enter into with any other party about any action or omission which leads to a **claim** under your **plan**. **You** mustn't agree to a settlement with any party without **our** prior written agreement.

## Requesting preauthorisation

Before **you** make a **claim**, please read your **Benefits Schedule** to make sure your **plan** covers the **treatment** **you** need.

**You** need to request **preauthorisation** before **you** receive any **treatment** or services, or incur any costs, if **you** want **us** to meet such costs in accordance with your **plan** for any of the following:

- medical evacuation
- **inpatient treatment** or **daycare treatment** admission
- preparation or transportation of body or mortal remains
- **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 500 USD or its equivalent in another currency

If it's not possible to request **preauthorisation** in an **emergency**, **you** must notify **us** of the **treatment** or services within 24 hours. If **you** fail to notify **us**, **we** may pay only a portion of an eligible **claim**.

**We'll** liaise with your medical provider during your **claim**. If necessary **we'll** provide **you** with a 'Release of medical information' form. **You'll** need to fill in this form to authorise your **medical practitioner** or **specialist** to release information to **us** about **you** under relevant data protection legislation.

If **you** have an eligible **claim** **we'll** issue a letter of guarantee of payment to your medical provider. **We'll** let **you** know as soon as possible if **you** have an ineligible **claim**.

When calling to request a **preauthorisation**, make sure **you** have your **Member ID card** to hand, your **medical practitioner** or **specialist's** name and the medical provider's name and telephone number.

If **we** give **you** **preauthorisation**, **we'll** settle all eligible **claims** directly with your medical provider. If **we** are unable to settle your eligible **claims** directly, **we** will reimburse **you** instead.

## Inpatient, daycare and outpatient direct settlement

If **you're** admitted to a **hospital** which is in **our medical provider network** or **you** receive **daycare treatment**, **we'll** take care of your eligible **claims** for such **hospital** bills. **You** don't have to worry about paying large bills upfront. All **you** have to do is pay the relevant **excess** or **coinsurance**. If your **plan** **benefits** from **outpatient direct settlement** (which can be referred to as direct billing), **we'll** pay your eligible **outpatient** bills directly to any medical provider which is in **our medical provider network** so that **you're** not out of pocket. If the relevant medical provider is not in **our medical provider network**, **we'll** reimburse **you** for any eligible **claims** instead.

## How to make a direct settlement claim on an outpatient basis

**You** must:

1. Check that **we** cover your **treatment** under your **plan**; if **you're** not sure, please contact **us**.
2. Visit a medical provider within **our** network for **outpatient treatment**.
3. Show your **Member ID card** to the relevant medical provider. The provider should then treat **you** and liaise with **us** to settle your **claim** (subject to point 4).
4. Pay any **excess** or **coinsurance** shown on your **Member ID card** or in your **Benefits Schedule**.

## How to make a claim for outpatient treatment

**You** must:

1. See your **medical practitioner**, therapist or **specialist** in the usual way.
2. Ask your medical provider to complete the relevant section of the **claim** form which **you** can download from [aetnainternational.com](https://www.aetnainternational.com).
3. Pay your bill for the **treatment** **you** receive. Make sure **you** get an original itemised invoice and/or original receipt.

Complete one **claim** form for each **medical condition**. Send your **claim** form to **us** at [AsiaPacServices@aetna.com](mailto:AsiaPacServices@aetna.com) along with scanned copies of any supporting documents.

4. Or **you** can submit a **claim** online by completing the form and uploading scanned copies of any supporting documents to the 'Claims Centre' in the Health Hub.

**You** should send **us** these documents as soon as possible (and in any event no later than six months) after the first **treatment** date.



## Ineligible claims

If **you** attend a **direct settlement hospital**, clinic or other medical facility in **our medical provider network** and **we** later determine that your **claim** is ineligible, **we** have the right to recover the full **claim** amount from **you**. If **we** pay a **claim**, it isn't an indication of our acceptance of liability for the **claim** or confirmation that **we'll** pay further costs for the same **medical condition** or **related medical condition**.

If **we** determine that a **claim** **we've** already approved is ineligible, **we** won't pay for the **claim**. If **we've** already paid any costs, **you'll** need to repay them to **us** within 14 days or **we** may withdraw any associated **preauthorisation**, cancel your **plan** and keep the **premium**. If **you'd** like **us** to reassess a **claim** **we've** rejected, **you'll** have to prove that the **claim** is covered under the **plan**.

## Stay healthy to save

If **you** are a **member** of an Aetna Pioneer 4000, 5000, or 5000+ **plan**, **you** can take advantage **our** Healthy Behaviours Discount programme by logging in to the Health Hub. All **you** need to do is take the online Health Assessment so **we** can understand your current state of health. After that, **we'll** give **you** a personalised action plan which aims to help **you** improve your health. If **you** take the Health Assessment every year and your **plan** stays claim-free for one or more **plan year**, **you** can enjoy a discount of up to 25% over five years.

Please note that in order to be eligible for the discount **you** must take the Health Assessment within 90 days before the renewal date of your **plan**. Also, if **you** submit an eligible **claim** for a previous **plan year** after **we** have given **you** a Healthy Behaviours Discount, **we'll** remove the Healthy Behaviours Discount and **you** must pay the full, undiscounted **premium** before **we** can pay any of your **claims**.

## Exchange rate

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 your 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. In either case, the reimbursement will be subject to the principle of indemnity **we** mention above.

## Other insurance

If another insurer covers an eligible **claim** under your **plan**, **we'll** deduct any payments **you've** received from the other insurer (plus any **excess** or **coinsurance** amounts under your other insurance **plan**).

## Claims against third parties

If **we** have paid money to **you** (or to a medical provider on your behalf) in accordance with this **plan**, and **you** are entitled to receive money from any other party (including another insurer) for the same **claim**, **we** have the right to proceed against such other party in your name and to recover from **you** the money **you** receive (or have received) from such other party, up to and including the amount that **we** have paid.

**You** must notify **us** immediately in writing if **you** pursue or intend to pursue another party for such **claim**. **We** shall then decide whether or not to exercise **our** right under this section.

**You** must cooperate with **us** if **we** exercise this right.

Unless **you** have **our** prior written consent, **you** must not admit liability or fault to, or agree to a settlement with, such other party.

## 14 Exclusions

Your **plan** doesn't cover **claims** for, arising from or connected to the exclusions in this section unless shown otherwise in your **Benefits Schedule** or **we've** agreed separately in writing, and **we'll** seek to recover from **you** any payments **we've** made if **we** determine an exclusion applies to a **claim we** have already paid.

### 14.1 Acting against medical advice

Any journey, activity, action or pursuit **you** carry out (or omit to carry out) against **medical advice**.

### 14.2 Addictions and abuse

**Treatment** for alcohol, drug or substance abuse or any kind of addictive condition and any injury or illness associated with it. **We** define drug abuse as the use of any drug:

- in a manner or in quantities other than directed or prescribed by a **medical professional**, or
- for any reason other than what it was prescribed for.

### 14.3 Administrative costs, fees and charges

- completing **claims** forms,
- completing or obtaining other documents,
- **hospital** administration fees,
- any registration fees, or
- overdue invoice charges.

### 14.4 Altered and amended documents

Any invoice, **claim** form, medical report or other document that anyone has altered or amended.

### 14.5 Brain and learning disorders, and speech and voice problems

Developmental disorders of the brain, learning disorders, learning difficulties, speech problems and voice problems.

### 14.6 Cosmetic treatment

Cosmetic **treatment**.

### 14.7 Certain costs you've incurred

Costs **you've** incurred if:

- they exceed the relevant **Benefits Schedule** limit,
- **you** haven't completed the relevant waiting time shown in the **Benefits Schedule**, if applicable,
- they're less than your **excess** or **coinsurance**,
- your **plan** doesn't cover them, including associated costs such as loss of earnings as a result of a **medical condition**,
- **you've** incurred them outside your **area of cover**,
- **you** received **treatment** or services before the **start date** or after the **end date** of your **plan**.

### 14.8 False or fraudulent claims

False or fraudulent **claims**.

### 14.9 Gender reassignment

**Treatment** directly or indirectly associated with gender reassignment.

### 14.10 Harvesting, storage and organ transplants

The harvesting or storage of umbilical cord blood stem cells, sperm, mature oocytes and embryos.

Costs of:

- locating a replacement organ,
- removing an organ from a donor,
- transporting an organ, or
- any associated administration.

### 14.11 Illegal activities

**You** acting illegally or committing or helping to commit a criminal offence.

### 14.12 Innocent bystanders

**Conflict or civil unrest** if, in our reasonable opinion,

- **you're** actively participating,
- **you're** a **member** of any armed force or security service, including personal protection,
- **you've** knowingly entered or remained in a location where there is **conflict or civil unrest**, or
- **you've** intentionally put yourself at risk of injury.

A natural disaster if, in our reasonable opinion:

- **you've** knowingly entered or remained in a location where there is a natural disaster, or
- **you've** intentionally put yourself at risk of injury.

Contamination or injury from any biological, chemical or nuclear materials, including combustion of nuclear fuel if, in our reasonable opinion:

- **you've** knowingly entered or remained in a location where there is contamination,
- **you're** a **member** of a biological, chemical or nuclear contamination cleaning crew of any kind, or
- **you've** intentionally put yourself as risk of contamination or injury.

### 14.13 Journeys and transportation

- any journey specifically made to receive **treatment**, unless **you've** requested **preauthorisation** and **we've** given our approval,
- non-**emergency** transportation, or
- costs for medical evacuations if a local situation makes it impossible, dangerous or not practical to enter a specific location or country.

## 14.14 Professional sports and hazardous activities

Playing professional sports (i.e. any sport or sports for which **you** are paid as your main source of income), or taking part in any of the hazardous activities below whether on a professional or recreational basis:

- Motor sports of any kind
- Using a weapon or firearm
- Mountaineering, potholing, spelunking or caving
- Trekking at an altitude of more than 2,500 metres
- Scuba or free diving, unless:
  - **you** are diving to a depth of less than 30 metres, and
  - **you** hold the appropriate PADI qualification or **you** are accompanied by a PADI qualified instructor
- Off-piste winter sports
- Arctic or Antarctic expeditions
- Being the driver or passenger of any motorised vehicle, including but not limited to a motorcycle, motorised tri-cycle or quad-cycle:
  - not on a public road, or
  - on a public road, unless **you** are wearing a seatbelt, if there is one, and the driver (whether **you** or somebody else) has the licence and insurance required by law to drive the motorised vehicle
- Being the driver or passenger of any motorcycle, motorised tri-cycle or quad-cycle, unless **you** are wearing a crash helmet.

## 14.15 Self-inflicted medical conditions

Suicide, attempted suicide or any deliberate self-inflicted **medical condition**.

## 14.16 Reproduction and newborns

Costs of:

- contraception or sterilisation,
- **treatment** for sexual problems including impotence,
- fertility or infertility tests or **treatment**,

- assisted reproduction,
- surrogacy,
- pregnancy, childbirth and postnatal costs whether complicated or not, including termination of pregnancy, or
- any **inpatient treatment** for an **acute medical condition** that begins before the **member** is eight days old if the pregnancy was achieved by assisted conception.

## 14.17 Sight, hearing and dental

Myopia, hypermetropia, astigmatism, natural or non-medical degenerative sight or hearing disorders, aids to help with sight or hearing, contact lens solutions, eye drops, sunglasses and prescription sunglasses.

**Orthodontic treatment** which affects the structure, function, development or appearance of the teeth, upper or lower jaw or the oral cavity and dental implants.

## 14.18 Sleep

Sleep apnoea, sleep-related breathing disorders, snoring or insomnia.

## 14.19 Treatment provision and referral

- **Treatment** **you** receive before your **start date** or that is ongoing at your **start date**.
- **Treatment** that **we** determine on **general advice** is unproven, experimental or investigational.
- Drugs or dressings that:
  - the pharmaceutical regulator in your country of **treatment** doesn't recognise,
  - **you** obtain without prescription, or
  - a **medical practitioner** prescribes for a **medical condition** that's different to the one **you're** claiming for.
- Substances, personal products and dietary supplements including vitamins, minerals, mouthwash, toothpaste, antiseptic lozenges and sprays, shampoo, sunscreen, children's food, baby supplies and infant formula given orally.
- Home visits by a medical professional.
- **Treatment** in a spa, hydro spa, health farm or similar facility.

- **Treatment** at a nursing home or **hospital** that's become your permanent residence or where **you've** been admitted for domestic reasons.

**Treatment** given, or referrals made, by a **medical professional** who is your spouse, **partner**, child, parent or sibling, or self-prescribed **treatments** or referrals if **you're** a **medical professional**.

- Health education programmes and services including, but not limited to, family planning, antenatal classes and parenting classes.

## 14.20 Underwriting terms

### Moratorium

If your **Certificate of Insurance** shows that your **underwriting** terms are **moratorium**, this means your **claim** will not be paid if it's relating to a **pre-existing medical condition** should one or more of the following have applied within the 24-month period before your **date of joining** (or the date shown in the special terms section of your **Certificate of Insurance**):

- it could be reasonably foreseen that the **medical condition** would occur after your **start date**,
- the condition clearly showed itself,
- **you** had signs or symptoms of the condition,
- **you** asked for advice about the condition,
- **you** received **treatment** for the condition, or
- to the best of your knowledge, **you** were aware **you** had the condition.

Once **you've** completed a continuous 24-month period after your **date of joining** your **pre-existing medical condition** may be covered provided **you've** not had symptoms, needed or received **treatment**, medication, a special diet or advice, or had any other indications of the condition.

### Full Medical Underwriting

If your **Certificate of Insurance** shows that your **underwriting** terms are **full medical underwriting**, we will not pay a **claim** relating to a **medical condition** or symptom that **you** were aware of before your **date of joining** unless **you** told **us** about it on your **application** and your **Certificate of Insurance** doesn't show an exclusion for that **medical condition**.

# Staying with us

## 14.21 Weight management

Any **treatment** for weight loss or weight problems including bariatric procedures, diet pills or supplements, health club memberships, diet programmes or residential eating disorder programmes.

## 14.22 Durable medical equipment

Sight or hearing aids, furniture or any modifications to your personal or work environment.

## 14.23 Medical evacuation and local ambulance

Air-sea rescue, or any mountain rescue unless it's for a **medical condition** you suffer at a recognised ski resort or similar winter sports resort.

## 14.24 Mortal remains

The purchase of a burial plot, or funeral costs, including, but not limited to, flowers and the funeral director's fees.

## 15 How to renew your plan

If **you're** eligible to renew, **we'll** send **you** a renewal communication at least six weeks before the **plan renewal date**, which will include a renewal quotation, new **plan documents** and instructions on what to do next. The renewal quotation will show any changes to your **plan** and **premium** and explain how **you** can request changes to your **plan**.

### Automatic renewal

If **you** pay your **premium** for your current **plan** by **card** or direct debit, **we'll** automatically renew your **plan** unless **you** tell **us** in writing before your **plan renewal date** that **you** either want to make changes to your **plan** or **you** do not want to renew your **plan**. If the **card** or account details are no longer valid, **we'll** ask **you** to provide new details so **we** can collect your **premium**.

### Non-automatic renewal

Follow the instructions in your renewal communication to renew or request changes to your **plan**. If **you** do not want to renew, **you** don't have to do anything, but that means your **plan** with **us** will end on the last day of your current **plan year**.

# The extra bits

## 16 Definitions

Wherever **we** use the words 'including', 'include', 'in particular', 'for example' or any similar expression, any following information is given as an example only, not a full list, and will not limit the sense of the words, description, definition, phrase or term before those words.

---

**Accident:** any involuntary or unexpected event resulting in a physical injury.

---

**Acute medical condition:** a **medical condition** that is brief, has a definite end point, and, in **our** reasonable opinion, based on advice or **general advice** can be cured by **treatment**.

---

**Acute episode:** an unexpected adverse change to the usual state of your **chronic medical condition**, which may respond to **treatment** that aims to return **you** to your state of health before the event occurred.

---

**Add-on plan:** a **plan** available in addition to your Aetna Pioneer **plan** that must have the same **plan start date** as your Aetna Pioneer **plan**.

---

**Appliances:** prostheses surgically implanted to form permanent parts of the body.

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**Application:** either:

- the document entitled 'Aetna Pioneer plan application' which **you** must complete and sign to agree to the terms of the **plan** plus any supporting information given in connection with it, or
- the information **you** supplied online and signed electronically to agree to the terms of the **plan** plus any supporting information given.

---

**Area of cover:** the geographic area or areas of the world in which **you** must receive **treatment** or services for your **plan** to apply. Your **area of cover** is shown on your **Certificate of Insurance**.

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**Benefit:** the cover provided by your **plan** and shown in your **Benefits Schedule**, subject to any conditions or exclusions in your Handbook or shown on your **Certificate of Insurance**.

---

**Benefits Schedule:** the document that details the **benefits** available under your **plan**.

---

**Bodily injury:** any physical harm to a **member**.

---

**Card:** Visa, MasterCard or American Express.

---

**Certificate of insurance:** a document that contains a summary of **plan** details, including dates of cover, **member** information and any special terms that may apply.

---

**Chronic medical condition:** a **medical condition** that has at least one of the following characteristics:

- continues indefinitely and has no known cure,
  - comes back or is likely to come back,
  - is permanent,
  - needs rehabilitation or special training for **you** to cope with it, or
  - needs long-term monitoring including consultations, check-ups, examinations and tests.
- 

**Claim:** your request for **us** to cover the costs of **treatment** or services under your **plan**.

---

**Close family member:** a son, daughter, stepson, stepdaughter, legally adopted son, legally adopted daughter, spouse, **partner**, parent, step-parent, legally adoptive parent, parent-in-law, grandparent, grandchild, brother, sister, brother-in-law, sister-in-law, son-in-law, daughter-in-law or legal guardian.

---

**Coinsurance:** the percentage of costs shown in your **Benefits Schedule** that **you** have to pay towards an eligible **claim**.

---

**Conflict or civil unrest:** Any act of terrorism, war, invasion, foreign enemy hostility, mutiny, riot, strike, civil war, rebellion, revolution, insurrection or attempted overthrow of government, usurped power, martial law or state of siege. An act of terrorism is considered to be any act by a person, group or groups of people, including, but not limited to, the use or threat of force or violence, whether acting alone, on behalf of, or in conjunction with, any organisation or government. This includes, but is not limited to, acts intended to influence any government or cause fear to members of the public, whatever the reason.

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**Congenital abnormality:** any genetic, physical, biochemical or 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.

---

**Continuous Transfer Terms (CTT):** continuation of the same **underwriting** terms, including any special exclusions, that applied with your previous insurer. **You** will not be subject to any new personal **underwriting** terms. Cover will still be governed by the **benefits**, terms and conditions of the **plan** with **us**. The **underwriting** terms with **us** can be **CTT previously MORI** or **CTT previously FMU**. See the 'Transferring dependants' section and the **CTT previously MORI** and **CTT previously FMU** definitions for more information.

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**Country(ies) of citizenship/nationality:** any country where **you** are a citizen or a national and entitled to hold a passport.

---

**Country of residence:** the country **you** live in for most of the time, usually for a period of at least six months during a **plan year**.

---

**Critical:** a **medical condition** that is, in **our** reasonable opinion, unstable and serious, where the outcome cannot be medically predicted, the prognosis is uncertain and the person may die.

---

**CTT previously FMU:** continuation of your **full medical underwriting** terms with a previous insurer. Cover will still be governed by the **benefits**, terms and conditions of the **plan** with **us**.

---

**CTT previously MORI:** continuation of your **moratorium start date** if **you** had **moratorium underwriting** terms with a previous insurer. Cover will still be governed by the **benefits**, terms and conditions of the **plan** with **us**.

---

**Date of joining:** the date when **you** first enrolled, or re-enrolled if there is a break in your cover.

---

**Daycare:** **treatment you** receive when **you** are admitted to a **hospital** or **daycare** unit, and **you** do not stay overnight.

---

**Deductible:** any **coinsurance**, **excess** or reasonable and customary deduction that applies to a **plan**.

---

**Dental:** that which affects the teeth and gums.

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**Dependant:** the planholder's:

- Spouse or **partner**
  - Unmarried child, stepchild or legally adopted child under the age of 18
  - Unmarried child, stepchild or legally adopted child aged 18 to 26 who is in continuous full-time education. **We** may need written proof from the educational facility where they are enrolled.
- 

**Diagnostic tests and procedures:** any **medically necessary** test or examination to investigate the cause of your signs or symptoms.

---

**Direct settlement:** where **we** settle costs of **outpatient treatment** or services directly with a medical provider in the **medical provider network**.

---

**Emergency:** a sudden, unexpected **acute medical condition** or an unexpected **acute episode** of a **chronic medical condition** that, in **our** reasonable opinion and based on advice if available, presents a clear and significant risk of death or imminent serious damage to bodily function.

---

**End date:** the last date **we** cover **you** under your **plan**.

---

**Excess:** an amount **you** must pay towards the cost of part, or all, of a covered **claim** or **claims**.

---

**Full Medical Underwriting:** **underwriting** based on your medical history before your **date of joining**. Cover will still be governed by the **benefits**, terms and conditions of your **plan** with **us**. This includes the **underwriting** term **CTT previously FMU**.

---

**Foreseeable:** a **medical condition** that, in **our** reasonable opinion, could be reasonably anticipated

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**General advice:** any medical opinion or medical recommendation from a relevant accredited professional body in relation to a **medical condition** or treatment which confirms, in **our** reasonable opinion, an established medical practice or opinion.

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**Home country:** the country **you're** from, as given on your **application**.

---

**Hospital:** an establishment that is licensed to provide **inpatient**, **daycare** and **outpatient** medical and surgical **treatment** in accordance with the laws of the country in which it's situated.

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**In-house doctor:** a medical practitioner who is employed by the hospital as a permanent member of staff and charges in line with that hospital's tariffs.

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**Inpatient:** when treatment is received at a hospital and you need to stay in the hospital for one night or more.

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**Insurer:** one of: Aetna Insurance Company Limited; Aetna Insurance Company Limited (Singapore branch); Aetna Insurance (Singapore) Pte. Ltd; Aetna Life & Casualty (Bermuda) Limited; Al Ain Ahlia Insurance Company; Al Khaleej Takaful Group; Archipelago Life Insurance Limited; Bahrain National Life Assurance BSC; BaoViet Insurance Corporation; Muscat Life Assurance Company S.A.O.C.; Safety Insurance Public Company Limited; the Company for Cooperative Insurance (Tawuniya); or Warba Insurance Company (K.S.C).

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**Intrinsic value:** the cash value of an item at the time of loss or damage as reasonably calculated by us, including appropriate deductions for wear and tear.

---

**Lifetime limit:** the total amount we'll pay for any eligible costs you incur during any time we cover you on any one or more plans with the same or equivalent benefits, even if there's a break in your cover.

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**Medical advice:** any medical opinion, medical recommendation or information given by a medical professional.

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**Material fact:** information which you have given us which is, in our reasonable opinion, likely to influence us in our assessment, acceptance or renewal of your membership of the plan, or in making any changes to the plan. This includes but is not limited to your responses to our questions about yourself, your lifestyle, your health or your medical conditions.

---

**Medical condition:** any injury, illness or disease or signs or symptoms of injury, illness or disease.

---

**Medically necessary:** treatment that is prescribed by your medical practitioner, is in line with general advice, and in our reasonable opinion, is appropriate for your medical condition.

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**Medical practitioner:** a person who:

- has attained primary degrees in medicine or surgery by attending a medical school recognised by the World Health Organisation, and
  - is licensed by the relevant authority to practice medicine in the country where the treatment is given.
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**Medical professional:** any medical practitioner, specialist, nurse, therapist, psychiatrist or qualified and registered psychotherapist or psychoanalyst.

---

**Medical provider network:** all of the medical providers with whom we have contracted healthcare arrangements for members.

---

**Member:** a person we agree to cover under the plan and who is named on the Certificate of Insurance.

---

**Member ID card:** a physical or virtual card we issue for each member, which provides basic plan details and contact information.

---

**Medical History Disregarded (MHD):** we will cover your pre-existing medical conditions, subject to the benefits, terms and conditions of your plan.

---

**Moratorium:** a waiting period of 24 months from either your date of joining or the date shown in the special terms section of your Certificate of Insurance that must have passed before claims for any pre-existing medical conditions may become eligible under the plan. This includes the underwriting term CTT previously Moratorium.

---

**Natural teeth:** any teeth that are original, not artificial implants or replacements.

---

**Nurse:** a person who is qualified in nursing, currently practising and on the professional register of nursing in the country where you receive treatment.

---

**Orthodontic:** that which affects the structure, function, development or appearance of the teeth, upper or lower jaw or the oral cavity.

---

**Outpatient:** where treatment is received at a medical facility that is recognised by the relevant authority in the country where the treatment is given, and you are not admitted for inpatient or daycare treatment.

---

**Palliative treatment:** any medical or surgical services aimed to relieve symptoms rather than to cure, stop, reverse or delay the progression of the medical condition causing them.

---

**Partner:** a person who is in an established personal relationship with you and who lives with you, but is not married to you.

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**Personal effects:** personal belongings, including clothing worn and baggage owned by you, that you take with you on your trip.

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**Personal representative:** an individual who has authority to act on your behalf in relation to your plan, as a result of an authorisation from you in writing, a power of attorney or a document evidencing that he or she is the executor of your estate.

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**Plan:** our contract of insurance with you as contained in your plan documents.

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**Plan documents:** the application, the Certificate of Insurance, this document and the Benefits Schedule.

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**Planholder:** the person we have issued a plan to, named as planholder on the Certificate of Insurance.

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**Plan level:** your Aetna Pioneer plan or add-on plan from the range available as shown on the relevant Certificate of Insurance.

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**Plan renewal date:** the date when a new plan year is due to begin, as shown on your Certificate of Insurance.

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**Plan start date:** the first day of the plan year, as shown on your Certificate of Insurance.

---

**Plan year:** the period of cover from the plan start date to the day before the plan renewal date, as shown on your Certificate of Insurance.

---

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

---

**Preauthorised:** any treatment, services or costs that we approve in writing following preauthorisation.

---

**Pre-existing medical condition:** any medical condition or related medical condition you have before the date of joining that has any one or more of the following characteristics:

- was foreseeable,
  - clearly showed itself,
  - you had signs or symptoms of,
  - you asked for advice on,
  - you received treatment for, or
  - to the best of your knowledge, you were aware you had.
-

---

**Premium:** The amount you have to pay for your Aetna Pioneer plan.

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**Preventative services:** medical services received when no signs or symptoms are present, and they are not received in relation to a diagnosed **medical condition**.

---

**Public transport:** any paid and licensed type of transport.

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**Related medical condition:** any injury, illness or disease that, based on **medical advice** or **general advice**, we determine is the result of any one or more other **medical conditions**.

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**Routine health check:** **diagnostic tests or procedures** where no signs or symptoms are present, and they are not received in relation to a diagnosed **medical condition**. This includes any cancer screening you receive after you have been in remission for more than five years.

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**Specialist:** a medical practitioner who, in the country where the treatment is given:

- has a recognised certificate of higher specialist training in the relevant field of medicine, and
  - has a consultant appointment or equivalent.
- 

**Start date:** the first day we cover you under the plan during the plan year, as shown on your **Certificate of Insurance**.

---

**Terminal:** the end stages of a **medical condition** where in our reasonable opinion life expectancy is considered to be days or weeks and only **palliative treatment** and care is given.

---

**Therapist:** a physiotherapist, podiatrist, osteopath, chiropractor, Chinese herbalist, ayurvedic practitioner, acupuncturist or homeopath who's qualified and licensed in the country they provide **treatment** in.

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**Treatment:** any medical or surgical service, including **diagnostic tests and procedures** needed to diagnose, relieve or cure a **medical condition**.

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**Trip:** any journey or period of travel that does not exceed the duration shown on your Aetna Travel **plan Benefits Schedule**. This includes the dates of departure from, and return to, your **country of residence**.

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**Underwriting:** the process by which we assess risk and determine the appropriate cost of cover.

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**Visiting doctor:** a medical practitioner or specialist who's not employed by the **hospital**, but has a contract to use the **hospital** facilities and may have different charges to the **hospital** tariffs.

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**We/our/us:** the relevant **insurer** (acting through its administrator agent, details of which are available at [www.aetnainternational.com/ai/en/about-us/legal/regional-entities](http://www.aetnainternational.com/ai/en/about-us/legal/regional-entities)), such **insurer** being the **insurer** which is permitted to carry on insurance business in your location under legal and regulatory requirements applicable to **us**, **you** and/or the **plan** at any given time (referred to as the relevant time for the purposes of this definition). This excludes, at any relevant time, any **insurer** which is not permitted to carry out insurance business in your location at that relevant time.

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**You:** You as a member, or your **personal representative**.

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## 17 Governing law, jurisdiction and language

The laws of Singapore govern your **plan** and any disputes or **claims** arising from or connected to them. The courts of Singapore shall have exclusive jurisdiction to settle any dispute or **claim** arising out of or in connection with the **plan**, its subject matter or formation.

Translated versions of your **plan documents** are for information only. If there are any wording or interpretation disputes or discrepancies, the English versions will apply.

If **you** want to take legal action against **us** in relation to a **plan**, **you** must do so within six years from the date the relevant event took place, subject to applicable laws.

If **we** deviate from specific **plan** terms at any time, it won't constitute a waiver of our right to comply with or enforce those terms at any other time. This includes the payment of **premium** or **benefits**.

## 18 Complaints

We strive to give **you** a first class service. If there's an occasion when **you** feel we haven't done this, we want to know.

Please contact **us** with your **plan** number, **claim** number (if applicable), contact details and as much detail as possible at:

The Complaints Team  
Aetna Insurance Company Limited (Singapore Branch)  
112 Robinson Road  
#09-01, Robinson 112  
Singapore 068902

Telephone: +65-6593-8500

Email: [AetnaInternationalComplaints&Appeals@aetna.com](mailto:AetnaInternationalComplaints&Appeals@aetna.com)

We'll deal with your complaint fairly, promptly and in accordance with relevant regulation. When we receive a complaint, we aim to resolve it by the end of the next business day. But if this isn't possible, we'll acknowledge your complaint by the end of the next business day and give **you** regular updates until we resolve the complaint. We'll give **our** final response within eight weeks. If **you're** not satisfied with the outcome of your complaint, **you** may be able to refer it to the Chief Executive, Aetna Insurance Company Limited (Singapore Branch), at the address provided above.

Your appeal will be considered and **you** will be provided with a final response within 14 days of receipt.

If following receipt of **our** Chief Executive's response **you** are still dissatisfied, **you** may be able to refer it to the Financial Industry Disputes Resolution Centre Ltd (FIDReC), FIDReC is an independent body that mediates in disputes between financial firms and consumers.

## 19 Data protection

We're committed to protecting your personal data and privacy. We'll keep any personal information confidential and process it in accordance with the relevant legislation and guidelines, and our own strict internal policy.

We'll use any personal data to process your **claims**, administer your plan, better service our relationship with **you**, provide **you** with products and services and evaluate their effectiveness, as well as for statistical analysis.

### Fraud

We may also use your information to detect and prevent fraud and will pass any false or inaccurate information on to other Aetna entities, agents or others so that they may do the same. They may pass information they hold about **you** to **us** so that **we** can do the same. We may also disclose your information if we're required to do so by law enforcement or other legal agencies, governmental or judicial bodies, or to our regulators under proper authority.

### Medical information

We'll only disclose your medical information to those involved with your treatment or care, including your **medical practitioner**. If **you** ask **us** to, we'll also send your medical information to any person or organisation responsible for meeting your **treatment** expenses, or their agents. We may discuss your information with your agent or broker if **you**'ve asked your broker to help handle your **claims** and **you**'ve authorised **us** to provide them with such medical information.

We won't disclose your medical information to any other individual without your explicit consent. If **you** want **us** to disclose your medical information to another individual or next of kin, **you** must tell **us** in writing. In exceptional **emergency** situations, and in accordance with medical confidentiality guidelines and relevant law, we may be required to disclose information to relatives, family members or other third parties.

### Marketing

We may, from time to time, provide **you** with marketing information about Aetna, our products and services and those of any associated companies which may be of interest to **you**.

We'll give **you** an opportunity to tell **us** if **you** don't want to receive this information.

To help **us** make sure that your personal information remains accurate and up-to-date, please tell **us** about any changes when they happen.

**You** can ask to see the personal information we hold about **you**. There may be a charge for this.

Please write to:

The Data Protection Officer  
Aetna Insurance Company Limited (Singapore Branch)  
112 Robinson Road  
#09-01, Robinson 112  
Singapore 068902



## Stay connected



### Visit us

[aetnainternational.com](http://aetnainternational.com)



### Follow us

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### Like us

[facebook.com/AetnaInternational](https://facebook.com/AetnaInternational)

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

Aetna® is a trademark of Aetna Inc. and is protected throughout the world by trademark registrations and treaties.

Aetna does 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](http://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 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](http://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](http://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.

All Singapore Citizens and Permanent Residents will be covered by MediShield Life from 01 Nov 2015. If you choose not to accept this medical expense policy, you will continue to be insured under MediShield Life for life, without any exclusion.

This product is not a Medisave-approved product and the premium for this policy is not payable using Medisave.

This is a short-term A&H product and is not guaranteed renewable. The insurer has unilateral rights to terminate this policy at each policy renewal date. Also, if you have existing medical conditions, you may:

- Lose coverage for your existing medical conditions; or
- Pay additional premiums to retain or increase coverage for your existing medical conditions under this new policy.

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.