

# Pioneer

## Handbook (The details)

For plans starting on or after 1 July 2019

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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** 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, BNL and 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).

## 2 Eligibility and 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 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, Pioneer 5000 and 5000+ are available to **you**
  - If **you** do live in the US, only Pioneer 5000+ is available
- If **you** choose Area 2, 3, 4, 5 or 6, 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	Cayman Islands	Gibraltar
Albania	Channel Islands	Greece
Andorra	Chile	Greenland
Anguilla	Colombia	Grenada
Antigua & Barbuda	Costa Rica	Guadeloupe
Argentina	Croatia	Guatemala
Armenia	Curaçao	Guyana
Aruba	Cyprus	Haiti
Austria	Czech Republic	Honduras
Azerbaijan	Denmark	Hungary
Bahamas	Dominica	Iceland
Barbados	Dominican Republic	Ireland
Belarus	Ecuador	Isle of Man
Belgium	El Salvador	Italy
Belize	Estonia	Jamaica
Bermuda	Falkland Islands (Malvinas)	Kosovo
Bolivia	Faroe Islands	Latvia
Bonaire, Sint Eustatius & Saba	Finland	Liechtenstein
Bosnia & Herzegovina	France	Lithuania
Brazil	French Guiana	Luxembourg
Bulgaria	Georgia	Macedonia
	Germany	Malta
		Martinique

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

### Area 6

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

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

## 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](http://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.

Fraud and Investigation referrals:

Claims Team  
P.O. Box 843  
Manama  
Kingdom of Bahrain

# 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 'How to answer our questions' in 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 the 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, the mother's pregnancy was the result of natural conception 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.

If the dependant is less than 31 days old when you contact us, but the mother's pregnancy was the result of assisted conception and/or we have not covered either of the

dependant's parents for a continuous period of at least 12 months then:

- where your plan has a moratorium, we'll (based on a completed medical questionnaire for the dependant) confirm the date we agree to add the dependant and a new moratorium will apply for that dependant; or
- where 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 or decline to add the dependant to your plan. If we decline to add a dependant, we'll explain the reason for this in writing.

To add any other dependant to your plan:

- if your plan has a moratorium, there is no need to complete an application form. 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; 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 or decline to add the dependant to your plan. If we decline to add a dependant, we'll explain 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 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 oldest **dependant** aged 18 or over on your **plan** can apply for continuation of cover for all **dependants** on your **plan** by sending **us** a signed application form within four weeks of the date of the **planholder's** death.

**We** will cancel the **plan** with effect from the date of your death, and subject to **our** agreement, **we'll** transfer the **dependants** under your **plan** to a new **plan** with the same level of cover and **add-on plans** as your **plan**, and the oldest **dependant** will be the **planholder** of the new **plan**. The **start date** of the new **plan** will be the first day after your death.

If the new **planholder** chooses to accept the terms **we** offer and the applicable terms at the first renewal, **we** will not charge **premium** for the first two consecutive years of the new **plan**, as long as:

- no additional **members** are added onto the new **plan** until the end of the first two consecutive **plan years**, unless **we** agree otherwise; and
- there are no changes to cover, including **plan level**, **area of cover**, optional **benefits**, **deductible**, tier or residential location, or **add-on plans**. Any changes to cover will be subject to **our** agreement and **we** may apply a **premium**.

**We** will issue a pro-rata refund in respect of all **premium** paid under the cancelled **plan**.

Unless **we** agree otherwise, if there are no **dependants** aged 18 or over left on your **plan** following your death, **we** will not offer continuation of cover and the **plan** will terminate immediately with effect from the date of your death. **We'll** issue a pro-rata refund of all **premium** paid under the cancelled **plan**.

In all cases:

- **we** must receive a certified copy of your death certificate before **we** agree any changes or issue any refunds. Refunds will be paid to an appropriate account in accordance with all applicable laws; and

- any premiums outstanding for the period up until the date of your death must be settled; see section 3 Plan currencies, premiums and ways to pay – Unpaid or late premiums.

## 13 Claims

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

By telephone toll free on 800-81429 or by landline on +971-4-438-7602

By fax on +971-4-428-7101

Or by e-mail at [MEAServices@aetna.com](mailto:MEAServices@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 855-491-9163 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 +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**.

### 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](http://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 [MEAServices@aetna.com](mailto:MEAServices@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're 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. If your plan stays claim-free for one or more plan year(s), you'll receive a discount of up to 25% over

five years. However, if you submit an eligible claim for a previous plan year after we've given you a Healthy Behaviours Discount, the discount will be removed and you'll need to pay the full, undiscounted premium before we can pay 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.

Please contact your bank to find out if they will charge you to send or receive money, or to exchange currency. Any such bank charges or exchange rate fluctuations are not covered by your policy.

## 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,

# Staying with us

- 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.

## 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 Pioneer plan that must have the same plan start date as your Pioneer plan.

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

**Application:** either:

- the document entitled '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.

**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.

**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.

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**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.

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**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.

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**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.

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**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.

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

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

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

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

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

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**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.

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

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

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**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.

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**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.

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**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.

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**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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**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.

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

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

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**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.

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

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

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

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

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**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**.

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

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

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**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**.

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**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.

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**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 **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**.

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**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**.

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

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

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**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 **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**.

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**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.

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

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**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.

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**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**.

---

**Trip:** any journey or period of travel that does not exceed the duration shown on your 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 the Kingdom of Bahrain govern your **plan** and any disputes or **claims** arising from or connected to them. The courts of the Kingdom of Bahrain 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  
Bahrain National Life Assurance Company BSC  
PO Box 843  
Manama  
Kingdom of Bahrain

Telephone: +973-17-587-333

Fax: +973-1758-3277

Email: [bnlmedical@bnhgroup.com](mailto:bnlmedical@bnhgroup.com)

**We'll** deal with your complaint fairly, promptly and in accordance with relevant regulation. The Central Bank of Bahrain (CBB) can review complaints about licensed financial institutions to see if there have been any breaches of its regulatory requirements. **You** may be able to refer your complaint to the CBB after **we** have given **you** a final response. Further information about the CBB's complaints procedures can be found by following this link: [www.cbb.gov.bh/page-p-making\\_a\\_complaint.htm](http://www.cbb.gov.bh/page-p-making_a_complaint.htm)



## 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 legislations 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:

Bahrain National Life Assurance Company BSC  
PO Box 843  
Manama  
Kingdom of Bahrain

## Stay connected



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



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BNL and Aetna 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](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, BNL and 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.

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.

