

Summit

Handbook (The details)

For plans starting on or after 1 July 2019

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Before you join us

1 Introduction

Your **plan documents** detail what **we** do and don't cover under your **plan**, as well as giving **you** important information about the terms and conditions of your **plan**. Please read this information carefully to make sure **you're** completely satisfied with the cover **we're** providing. If **you** have any questions, please contact **us** and **we'll** be more than happy to help.

We don't guarantee that your **plan** meets personal tax requirements and/or the visa and/or social health care requirements of the country **you're** residing in. It's your **plan sponsor's** responsibility to ensure that any **plan** it chooses meets your needs.

If your **area of cover** is Area 1, **you're** a citizen of the United States (US) and **you** spend more than 183 days in aggregate in the US in any one **plan year**, (i) **we** may cancel your cover, and (ii) **you** may be required to buy an ACA compliant **plan** or face US tax penalties.

If coverage provided by your **plan** 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.

Cover is subject to legal or regulatory requirements, depending on your nationality and **country of residence**.

2 Eligibility

Main member

To be eligible for the **plan sponsor** to add **you** as a **main member** to this **plan**, **you** must:

- be an **employee** of the **plan sponsor**, or if **we** agree, an **employee** of a company that is part of the same corporate group as the **plan sponsor**;
- be a certain level of seniority or be in a certain location that the **plan sponsor** has chosen and that **we** have agreed, if the **plan sponsor** does not want to include all **employees** on its **plan**,
- be aged 18-64 inclusive at your **date of joining**. If **you're** aged over 64 at your **date of joining** you may also be eligible; **we** will need to ask **you** some medical questions in order to decide if **we** can include **you** and on what terms; and
- not be a citizen of the US who resides in the US.

Your **plan sponsor** may add a **main member** to this **plan** within 30 days of the proposed **main member** meeting the above criteria. At any other time, **we** will need to ask the proposed **main member** questions in order to decide if **we** can include them and on what terms.

Dependants

If a **main member** wishes to include a **dependant** on their **plan**, they must be the **main member's**:

- Spouse or **partner**;
- Unmarried child, stepchild or legally adopted child under the age of 18; or
- 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.

Your **plan sponsor** may add a **dependant** to your **plan** at any time. However, **we** may need to ask them some questions in order to decide if **we** can include them and on what terms if:

- **you** want to add them more than 30 days after the relevant **main member's start date**;
- for a child, **you** want to add them more than 30 days after their birth or legal adoption; or
- for a spouse or **partner**, they are aged over 64 at their proposed **date of joining**.

We'll apply the same **benefits** to **main members** and their **dependants** on your **plan**, subject to legal or regulatory requirements.

Add-on plans

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

3 Joining the plan

Your **plan sponsor** must contact **us** to add a **main member** to this **plan**. **We** won't be able to add the proposed **main member** until **we** receive all relevant information about them from the **plan sponsor**.

Your **plan sponsor** will tell the **main member** their future **start date**, which will also be shown on the **main member's Certificate of Insurance**. **We're** unable to backdate any cover.

We'll send the **main member** Member ID cards for each **member**. Note that **we** may charge **you** or the **plan sponsor** an administration fee to replace any **plan documents** or Member ID card. **You** can access your **Certificate of Insurance** and other **plan documents** through your **Health Hub**.

4 Plan benefits and currencies

The plan sponsor has chosen your plan level and benefits, including any add-on plans, details of which you can find in this Handbook, the relevant Benefits Schedule(s) and your Certificate of Insurance. Your Certificate of Insurance will also show any special terms applicable to you.

If your Benefits Schedule(s) shows more than one currency, the benefit limits shown in the same currency as your plan (set out in your Certificate of Insurance) will apply.

5 Pre-existing medical conditions

Moratorium

If your Certificate of Insurance shows that your underwriting terms are moratorium or CTT previously MORI, 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 we may cover your pre-existing medical condition 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 or CTT previously FMU, 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 during the application for your plan and your Certificate of Insurance doesn't show an exclusion for that medical condition.

Medical History Disregarded

We will cover your pre-existing medical conditions, subject to the benefits, terms and conditions of your plan.

6 Clinical policy bulletins

For information on how we classify certain treatments and services, visit 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, or

- 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, and
- 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, regulatory bodies, legal 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 Adding and removing dependants

Your **plan sponsor** must contact **us** to add each person who a **main member** wishes to include on their **plan** as a **dependant** (and **who we** agree meets the 'dependant' eligibility criteria described in this Handbook). **We** won't be able to add them until **we** receive all relevant documents and information about them that **we** request.

Cover will start on the future date **we** agree with your **plan sponsor**.

If on the date the **plan sponsor** contacts **us** to add a proposed **member** as a **dependant**, they're less than 31 days old, the mother's pregnancy was the result of natural conception and **we** have covered one of their parents for a continuous period of at least 12 months, **we'll** add them as a **dependant** to your **plan** with effect from their date of birth, regardless of their health. The **plan sponsor** and/or the **main member** will not need to complete an application form, and it is the **plan sponsor's** responsibility to disclose to **us** any material circumstance that would influence our judgement as to whether to add the proposed **member**.

The terms of the **main member's plan** will apply to the added **dependant**.

Once **we've** accepted a proposed **dependant**, **we'll** send the **main member** the new Member ID card and an updated Certificate of Insurance.

9 Removing a member

A **main member** should contact their **plan sponsor** in advance to request the removal of a **dependant** from your **plan**, **we'll** remove the **dependant** on the future date the **plan sponsor** requests, and **we'll** send the **main member** a revised Certificate of Insurance.

The **plan sponsor** can remove **members** from your **plan** at any time.

We can remove **you** from your **plan** and notify your **plan sponsor** if:

- **you** no longer meet the eligibility criteria set out in the eligibility section of this Handbook; or
- **you** make a false or fraudulent **claim**.

If the **plan sponsor**, or **we**, remove a **main member** from the **plan**, **we** will also remove all of their **dependants**. The **plan sponsor** will let **you** know if they, or **we**, are planning to remove **you** and what your **end date** will be.

The **plan sponsor** is responsible for ensuring that the removed **member** deletes or destroys his or her **Certificates of Insurance** and **Member ID cards** on or by that **member's end date**. If a **member** the **plan sponsor** has removed obtains **treatment** after that **member's end date** that **we've** paid for, **we** have the right to recover the full amount of the **claim** from the **plan sponsor** or that **member**.

10 Plan cancellation

Your **plan sponsor** will let **you** know if they are planning to cancel your **plan** and what your **end date** will be.

You won't be able to make a **claim** for any costs incurred after the **end date**.

The **plan sponsor** is responsible for ensuring that all **members** delete or destroy his or her **Certificates of Insurance** and **Member ID cards** on or by that **member's end date**. If a **member** obtains **treatment** after that **member's end date** that **we've** paid for, **we** have the right to recover the full amount of the **claim** from the **plan sponsor** or that **member**.

11 Plan renewal

This **plan** is an annual contract. If your **plan sponsor** renews your **plan** **we'll** send the **main member** the new **plan documents** and **Member ID card** which will apply from the **plan renewal date**.

If a **main member's** child is no longer eligible as a **dependant** at the **plan renewal date**, that child can apply for their own individual **plan**. As long as there is no break in their cover with **us**, **we** may continue the terms of their previous **plan**.

12 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.

We may record calls for monitoring and training purposes.

If **you** don't know the correct dialling code to use, **you** can refer to www.business.att.com/bt/access.jsp to find the number for the country **you're** dialling from. When prompted during the call, please enter the access code 855-491-9163 and follow the instructions.

If **you're** 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're** 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** instead, you'll have to pay the difference.

What you need to know when claiming

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**, or
- 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 the 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 **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 medical provider 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, in your Benefits Schedule or on your Certificate of Insurance.

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.
3. Pay your bill for the treatment you receive. Make sure you get an original itemised invoice and/or original receipt.
4. Complete one claim form for each medical condition. Send your claim form to us at MEAServices@aetna.com along with scanned copies of any documents.
5. Or you can submit a claim online by completing the form and uploading scanned copies of any 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 180 days) 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.

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 plan) 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 your 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 prior written consent, you must not admit liability or fault to, or agree to a settlement with, such other party.

13 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've already paid.

13.1 Acting against medical advice

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

13.2 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.

13.3 Administrative costs, fees and charges

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

13.4 Altered and amended documents

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

13.5 Brain and learning disorders, and speech and voice problems

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

13.6 Cosmetic treatment

Cosmetic treatment.

13.7 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**.

13.8 False and fraudulent claims

False or fraudulent claims.

13.9 Gender reassignment

Treatment directly or indirectly associated with gender reassignment.

13.10 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.

13.11 Illegal activities

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

13.12 Active participant

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 at risk of contamination or injury.

13.13 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 evacuation if a local situation makes it impossible, dangerous or not practical to enter a specific location or country.

13.14 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 and 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 and 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.

13.15 Self-inflicted medical conditions

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

13.16 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.

13.17 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.

13.18 Sleep

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

13.19 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.

13.20 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.

13.21 Durable medical equipment

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

13.22 Medical evacuations 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.

13.23 Mortal remains

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

The extra bits

14 Definitions

Where **we** use bold words in your **plan documents**, they have the meaning set out below.

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 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.

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**.

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

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

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 this document 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**.

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, checkups, 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**.

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 your **plan**.

Dental: that which affects the teeth and gums.

Dependant: a person who we agree meets the 'dependant' eligibility criteria described in of the eligibility section of this Handbook and who we have added to your **plan**.

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.

Employee: a person who has entered into or works under a contract of employment (whether express or implied). This does not include (i) a person who has entered into a commercial arrangement to do or personally perform any work or services and where the circumstances do not give rise to an employment relationship; or (ii) a person who is self-employed but enters into contracts to perform work or services.

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 (FMU): the process we use to assess a member's medical history and decide the special terms we offer them. Cover will still be governed by the **benefits**, terms and conditions of your **plan** with us.

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

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.

Group Member Application: the 'Summit Group member application' which you must complete, if we require it, and sign to agree to the terms of the **plan**, plus any supporting information.

Health Hub: a members' online platform to find care, submit and track claims and view your **plan** details.

Home country: the country you're from, as given on your Group Member Application or notified by you or the **plan** sponsor to us.

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.

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.

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

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.

Main member: a person who we agree meets the 'main member' eligibility criteria set out in the eligibility section of this Handbook and who we add to the **plan**.

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

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

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

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.

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.
-

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 health care arrangements for our members.

Member: a main member or dependant 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.

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 you can make claims for any pre-existing medical conditions under the plan.

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.

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

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.

Plan: our contract of insurance with the plan sponsor in relation to your Summit plan and any add-on plan(s) as contained in your plan documents, unless otherwise defined in your Benefits Schedule.

Plan documents: the Group Member Application (if applicable), the Certificate of Insurance, this Handbook, the Plan Sponsor Guide and the Benefits Schedule.

Plan level: the Summit plan or add-on plan that the plan sponsor has chosen from the range available.

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

Plan sponsor: the entity that purchases a plan for members.

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 the plan sponsor has to pay for the Summit plan and any add-on plans.

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.

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.

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.

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.

Summit plan: the primary health care plan.

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 being 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.

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**.

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

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.

We/our/us: Bahrain National Life Assurance BSC.

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

15 Governing law, jurisdiction and language

The laws of Bahrain govern your **plan**, and any disputes or **claims** arising from or connected to them. The courts 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 **premiums** or **benefits**.

16 Complaints

We strive to give **you** a first class experience. If there's ever a time 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

We'll consider 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.

17 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** for those very same reasons. **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

You can find **our** full terms and conditions, and details of our privacy policy at www.aetnainternational.com/en/about-us/legal-notices.html.

18 Areas of cover

This is the geographic area or areas of the world in which **you** must receive **treatment** or services for your **plan** to apply.

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 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/resourcecenter/sanctions/Pages/default.aspx.

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	East Timor	Kiribati
Antarctica	Fiji	Macau
Bouvet Island	French Polynesia	Marshall Islands
British Indian Ocean Territory	French Southern Territories	Micronesia, Federated States of Nauru
Canada	Guam	New Caledonia
Christmas Island	Heard Island & McDonald Islands	Niue
Cocos (Keeling) Islands	Hong Kong	Norfolk Island
Cook Islands	Israel	Northern Mariana Islands

Pitcairn	Samoa	United States
Russian Federation	Solomon Islands	Minor Outlying Islands
Saint Helena, Ascension & Tristan da Cunha	South Georgia & the South Sandwich Islands	Vanuatu
Saint Pierre & Miquelon	Tokelau	Wallis & Futuna
	Tonga	
	Tuvalu	

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	Azerbaijan	Bosnia & Herzegovina
Albania	Bahamas	Brazil
Andorra	Barbados	Bulgaria
Anguilla	Belarus	Cayman Islands
Antigua & Barbuda	Belgium	Channel Islands
Argentina	Belize	Chile
Armenia	Bermuda	Colombia
Aruba	Bolivia	Costa Rica
Austria	Bonaire, Sint Eustatius & Saba	Croatia

Curaçao	Ireland	Saint Kitts & Nevis
Cyprus	Isle of Man	Saint Lucia
Czech Republic	Italy	Saint Martin
Denmark	Jamaica	Saint Vincent & the Grenadines
Dominica	Kosovo	San Marino
Dominican Republic	Latvia	Serbia
Ecuador	Liechtenstein	Sint Maarten
El Salvador	Lithuania	Slovakia
Estonia	Luxembourg	Slovenia
Falkland Islands (Malvinas)	Macedonia	Spain
Faroe Islands	Malta	Suriname
Finland	Martinique	Svalbard & Jan Mayen
France	Mexico	Sweden
French Guiana	Moldova, Republic of	Switzerland
Georgia	Monaco	Trinidad & Tobago
Germany	Montenegro	Turkey
Gibraltar	Montserrat	Turks & Caicos Islands
Greece	Netherlands	Ukraine
Greenland	Nicaragua	United Kingdom
Grenada	Norway	Uruguay
Guadeloupe	Panama	Vatican City
Guatemala	Paraguay	Venezuela
Guyana	Peru	Virgin Islands, British
Haiti	Poland	Virgin Islands, US
Honduras	Portugal	
Hungary	Puerto Rico	
Iceland	Romania	
	Saint Barthélemy	

Area 6

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

Afghanistan	Kyrgyzstan	Papua New 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
Iraq	Oman	Turkmenistan
Japan	Pakistan	Uzbekistan
Jordan	Palau	Vietnam
Kazakhstan	Palestine, State of	Yemen

Area 7

Includes the countries and territories listed below only

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

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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 Asset Control (OFAC) license. For more information on OFAC, visit www.treasury.gov/resource-center/sanctions/Pages/default.aspx.

Policies are underwritten by Bahrain National Life Assurance BSC. All claims and claims related activity occurring outside of Bahrain will be administered by Aetna Global Benefits Limited - a company regulated by the DFSA. Registered address: Emirates Financial Tower, 1701 - F, 17th Floor, North Tower, DIFC, P.O. Box 6380, Dubai, UAE.

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.

