

# Summit

## Plan Sponsor Guide

For plans starting on or after 1 July 2019

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# Before you join us

## 1 Introduction

This Plan Sponsor Guide, and the relevant **Benefits Schedule(s)**, details what **we** do and don't cover under your **plan**, as well as giving **you** important information about managing your **plan**. To see all the terms and conditions that apply to a **member's** cover, please refer to the **plan documents**.

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 that **members** are residing in. It's your responsibility to ensure that any **plan you** choose meets the **member's** needs.

If a **member's area of cover** is Area 1, they are a citizen of the United States (US) and they spend more than 183 days in aggregate in the US in any one **plan year**, (i) **we** may cancel their cover, and (ii) they 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](http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx).

Cover is subject to legal or regulatory requirements, depending on the **member's** nationality and **country of residence**.

## 2 Eligibility

### Main member

Each person who **you** wish to include on your **plan** as a **main member** must:

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

**You** may add **main members** to your **plan** on the terms **you** have agreed with **us** within 30 days of such persons meeting the above criteria. At any other time, **we'll** need to ask them some questions in order to decide if **we** can include them and on what terms.

### Dependants

Each person who **you** wish to include on your **plan** as a **dependant** must be a **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).

**You** 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**.

### Add-on plans

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

### Group

Unless **we** otherwise agree in writing, **you** must:

- have at least three **main members** on your **plan** at any time;
- include all persons who qualify as **main members** (as set out above) on your **plan** within 30 days of them meeting the criteria; and
- be responsible for all payments of **premium** to **us** – **we** don't accept payment from **members**,

If **you** require **members** to contribute towards the cost of the **premium**, or if **you** give **main members** a choice of whether to include themselves or others as **dependants** on your **plan**, **you** must let **us** know and **we** may revise the terms of your **plan** and **premium**.

If the number of **main members** on your **plan** falls below three, at renewal **we** will not be able to offer you a **plan**, but **we** may be able to offer separate individual **plans** to each **member** instead of a renewal of your **plan**.

If **you** want to have different **benefits** for **members**, **you** can ask **us** to set up sub-groups. Sub-groups can be based on differences in regulation, location or seniority, and must each include a minimum of three **main members** all on the same **benefits**, unless **we** otherwise agree in writing. **You** must include all **main members** in the sub-group for which they qualify.

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

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

Each **plan** is an annual contract.

When **you** apply for your **plan**, **you** must choose from the currencies available on your **Group Formation Application** and pay all **premium** in that currency. If your **Benefits Schedule** shows more than one currency, the **benefit** limits shown in the same currency as your **plan** will apply.

Your quote will explain how **you** can pay the **premium** for your **plan**:

- for your **Summit plan** by single annual payment, four quarterly or twelve monthly instalments
- for your **add-on plans**, by single annual payment.

If **you** add or remove **members** **we'll** let **you** know if **you** need to pay **us** any additional **premium** or if **we'll** refund any **premium** to **you**.

**You** may be able to pay by direct debit, bank transfer or by cheque or bankers draft as set out in your **Group Formation Application**. **You** can contact **us** if **you'd** like to change the method by which **you** pay.

### Unpaid or late premiums

**We'll** write to **you** if **we** haven't received or been able to collect your **premium** by a **premium due date**. **We** have the right to suspend your **plan** until **you** have paid all **premiums** due, which means that **we** will not approve or pay any **claims** in that period, but if **we** do pay any **claims**, **we** have the right to recover the full amount of the **claim** from **you** or the **member**. **We** may also charge **you** commercial interest on any overdue **premiums** at the Central Bank of Bahrain base rate plus 5%. Interest will accrue on a daily basis from the **premium due date** until **you** make full payment.

**We** may cancel your **plan** if **we** don't receive payment within 30 days of a **premium due date**. **You** will then have to apply for a new **plan** if **you** would still like **us** to cover your **members**, and **we** may apply new **premiums** and terms.

### 4 Your plan start date

Your **plan** will start on the date **you** request as long as **we** accept the application and have received:

- your **premium** (or first instalment of it) together with any applicable taxes on or before the **premium due date**,
- the **Group Formation Application**,
- the **Group Member Application** (if applicable),
- previous certificates of insurance if the underwriting terms are **CTT**,
- acceptance of any or all special terms offered in the quotation by **you** and/or the **member**, as applicable,
- **Group Member Declarations**, if **we** deem necessary, and
- the group membership census.

Your **Certificate of Insurance** will show your **plan start date**, and cover will continue for 12 months until your **plan renewal date**. **We're** unable to backdate cover.

### 5 Clinical policy bulletins

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

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

### 6 Help us prevent fraud

Fraud is a crime, and health care fraud increases **premiums** for all 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 a **member** hasn'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 members and keep premiums down

There are simple steps **you** and **members** can take to protect yourselves from health care fraud:

- **members** can compare invoices with their records, checking dates are correct and that they received the **treatments** or services shown,

# While you're with us

- **members** asking questions if there's anything they're unsure about, don't understand, expect or recognise,
- letting **us** know if **members** are concerned their doctor is giving them unsuitable **treatment**,
- filling in insurance forms carefully,
- looking after insurance details and documents and keeping original copies of documents and of any correspondence,
- making sure **you** and **members** understand any documents before **you** sign them,
- reporting suspected fraud to **us**, and
- working with **us** on suspected fraud cases.

## We work closely with others to prevent fraud

We're committed to protecting **you** and **members** 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 and 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

## 7 Adding and removing members

### Adding a member

**You** must contact **us** if you wish to add a **member** to your **plan** and give **us** the information and documents **we** request. For **Continuous Transfer Terms**, this includes the original **Certificate of Insurance** and other evidence from the proposed **member's** previous insurer.

For **Continuous Transfer Terms**, the proposed **member's** cover will begin on:

- the date **we** receive your written acceptance of the special terms **we** offered in our quote, or
- an agreed later date.

Your **plan** and its terms, conditions and **benefits** may be different to those of their previous insurer.

If your **plan** is a **Medical History Disregarded** or **moratorium plan**, with the exception of newborn children, the proposed **member's** cover will begin on:

- the date **we** receive the information **we've** requested, or
- an agreed later date.

If your **plan** is a **Full Medical Underwriting plan**, the proposed **member's** cover will begin on the date **we** receive your acceptance of the special terms **we** offered in **our** quote.

If, on the date **you** contact us to add a proposed **member** as a **dependant** on a **Medical History Disregarded** or **moratorium plan**, 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. It remains your responsibility to disclose to **us** any material circumstance in accordance with section 2; 'Your Responsibilities', that

would influence **our** judgement as to whether to add the proposed **member**.

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 the **plan** is a **moratorium plan**, **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 the **plan** is a **Medical History Disregarded plan**, **we'll** confirm if **we** need a completed medical questionnaire for the **dependant**, and:
  - if a medical questionnaire is needed, **we'll** (based on a completed medical questionnaire for the **dependant**) confirm the date **we** agree to add the **dependant** and any additional terms that apply; or
  - if no medical questionnaire is needed, **we'll** add them as a **dependant** to your **plan** with effect from their date of birth, regardless of their health. It remains your responsibility to disclose to **us** any material circumstance in accordance with section 2; 'Your Responsibilities', that would influence **our** judgement as to whether to add the proposed **member**.

The terms of the relevant **main member's plan** will apply to the added **dependant**. Once **we've** accepted a proposed **member**, **we'll** send the relevant **main member** the new **Member ID card** and an updated **Certificate of Insurance**.

### Removing a member

**You** must contact **us** in advance if **you** wish to remove a **member** from your **plan**. **We'll** remove the **member** on the future date **you** request.

Any request **you** make to remove **members** during the **plan year** will be reviewed. Any pro-rata **premium** adjustments are not guaranteed and will be subject to our agreement.

We can remove a **member** from your **plan** if:

- they no longer meet the eligibility criteria set out in the eligibility section of this Plan Sponsor Guide; or
- they make a false or fraudulent **claim**.

If **you** or **we** remove a **main member**, **we** will also remove their **dependants** from your **plan**. **You** must let a **member** know if **you** or **we** are planning to remove them from the **plan** and what their **end date** will be.

**You** are responsible for ensuring that the **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** **you** have 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 **you** or that **member**.

When **you** remove a **dependant**, **we'll** send the **main member** an updated **Certificate of Insurance** (unless **you** have also removed the **main member**).

## Members continuing cover when they leave your plan – 'continuation option'

The 'continuation option' allows **members** to transfer to a comparable individual **plan** and keep their existing underwriting terms when they leave the group **plan**, if:

- **you** have accepted the 'continuation option' at quotation stage or on renewal;
- they have been on cover for a continuous period of at least 12 months; and
- they are under 65 years of age.

If your **plan** has the 'continuation option', eligible **members** can contact **us** for details of what they need to provide when requesting continuation, and these terms will only be

available if they join the individual **plan** within 30 days of leaving your **plan**.

If your **plan** does not have the 'continuation option', or **members** do not meet the 'continuation option' criteria, **members** can still apply for an individual **plan**, but their existing underwriting terms are not guaranteed.

In all cases, **members** will be subject to the terms and conditions of the individual **plan** and may incur an increase in **premium**.

## 8 Making changes to your plan

During the **plan year** **you** may not make any changes to your **plan**, including any changes to **benefits**, except a change to a **member's area of cover**. **You** may request changes to your **plan** at renewal.

If **we** accept any changes **you** request, **we'll** send **members** a new **Certificate of Insurance** and a new **Member ID card**. **We** may also change your **premiums**, taxes and **benefits** as a result.

## 9 How to cancel your plan

**You** must contact **us** if **you** want to cancel your **plan**.

The last day of cover will be the date **we** receive written confirmation of your wish to cancel, or on a future date **you** request. **You** must pay all **premium** for the entire **plan year** and **we** won't refund any **premium** nor pay a **claim** after **you** have cancelled your **plan**.

**You're** responsible for ensuring all **members** delete and destroy their **Certificates of Insurance** and **Member ID cards** on or by the last day of cover. If a **member** obtains **treatment** after the last day of cover that **we've** paid for, **we** have the right to recover the full amount of the **claim** from **you** or that **member**.

## 10 How to renew your plan

**We'll** contact **you** before your **plan renewal date** to discuss renewal and any changes **you** would like to make, or **we** need to make, to your **plan terms**. Once **you** agree terms with **us**, **we'll** work with **you** to formalise this in writing before the **plan renewal date**. If this happens after the **plan renewal date**, **we** may consider this a break in cover and **you'll** have to apply for a new **plan** if **you** want cover to recommence.

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**.

# The extra bits

## 11 Definitions

Where **we** use bold words in this Plan Sponsor Guide, they have the meaning set out below. Where **we** used bold words in the rest of the **plan documents**, they will have the meaning set out in the definitions section of the Member Handbook.

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.

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

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**Area of cover:** the geographic area or areas of the world in which a **member** must receive **treatment** or services for your **plan** to apply. Each **member’s Certificate of Insurance** shows their **area of cover**.

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

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

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

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

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

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**CTT previously FMU:** continuation of a **member’s Full Medical Underwriting** terms with a previous insurer. Cover will still be governed by the **benefits**, terms and conditions of your **plan**.

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

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

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**Dependant:** a person who **we** agree meets the ‘dependant’ eligibility criteria described in the eligibility section of this Plan Sponsor Guide and who **we** add to your **plan**.

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**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.

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

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**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**.

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**Group Formation Application:** the document entitled ‘Summit Group plan application’ which must be completed and signed by **you** to agree to the terms of your **plan** plus any supporting information **you** give **us** in connection with it.

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**Group Member Application:** the document entitled ‘Summit Group member application’ which must be completed, if **we** require it, and signed by the **member** to agree to the terms of your **plan** plus any supporting information the **member** gives **us** in connection with it.

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**Main member:** a person who **we** agree meets the ‘main member’ eligibility criteria set out in the eligibility section of this Plan Sponsor Guide and who **we** add to your **plan**.

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

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

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**Member:** a main member or dependant 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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**Moratorium:** a waiting period of 24 months from either a **member's date of joining** or the date shown in the special terms section of a **member's Certificate of Insurance** that must have passed before that **member** can make claims for any **pre-existing medical conditions** under your **plan**.

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

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**Plan:** our contract of insurance with **you** 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**.

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

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**Plan renewal date:** the date when a new **plan year** is due to begin, if **you** choose to renew your **plan**, 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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**Premium:** the amount **you** have to pay for the **Summit plan** and any **add-on plans**.

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

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**Summit plan:** the primary health care **plan**.

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

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

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

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**You:** the entity insured under the **plan** that has entered into the **plan** for **members**.

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## 12 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 your **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 your **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**.

## 13 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](mailto: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](http://www.cbb.gov.bh/page-p-making_a_complaint.htm).

## 14 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 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** and **members** to **us** for those very same reasons. **We** may also disclose 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.

### Marketing

**We** may, from time to time, provide **you** with marketing information about **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](http://www.aetnainternational.com/en/about-us/legal-notices.html).

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

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