

aetna[®]

WARBA INSURANCE
وربة للتأمين

Put your benefits to work **Pioneer & Summit** **Claims procedures**

For plans with a start date on or after 1 January 2016

Visit www.aetnainternational.com

M016-34E-010116



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



Get ready for claims convenience

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

What you need to know

Inpatient and daycare direct settlement

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

Outpatient direct billing

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

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

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

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

Claim your own way

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

Staying claim-free can add up to savings

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

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

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

Health care goes convenient

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

Claims procedures

Before you make a claim please read your Handbook and Benefits schedule to check that your plan covers the treatment or services you need. If you need to make a claim you must follow this guide and send all the information we ask for as soon as possible. If you have any questions please contact us using the details shown in Section 9.

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

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

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

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

We have appointed WapMed to administer services under this plan and you can find their contact details shown in Section 9.

Section 1. Preauthorisation

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

You or your personal representative must request preauthorisation for any:

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

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

We will liaise with your medical provider during the assessment process. If necessary we will provide you with a Release of medical information form. This form will need to be filled in to authorise your medical practitioner or specialist to release information to us about you under the

relevant data protection legislation. If your claim is eligible we will issue a letter of guarantee of payment to your medical provider. We will let you know as soon as possible if your claim is not eligible.

How to preauthorise your treatment

Call the WapMed helpline on **+965-22-466-249** (this is not a free phone number) or by fax on **+965-22-466-234**.

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

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

Section 2. Outpatient treatment on a direct billing basis

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

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

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

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

How to make a claim on a direct billing basis

1. Check that your treatment is covered under your plan and available under direct billing. If you have any questions contact WapMed using the details in Section 9
2. Visit an appropriate outpatient medical provider within the network
3. Show your Member ID Card
4. Receive your treatment
5. You must pay the medical provider any deductible that applies to your treatment. This deductible will be shown on your Member ID Card

The medical provider will administer your claim.

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

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

Section 3. Outpatient treatment on a pay and claim basis

To make a claim you will need to fill in a Claim form. You can get a Claim form by contacting the WapMed helpline using the contact details shown in Section 9. You will need to fill in the relevant Claim form depending on the nature of your claim. Claim forms are available for medical treatment, dental treatment and maternity treatment. A Travel Claim form applies for medical and dental claims made under the Travel plan.

How to make a claim on a pay and claim basis

1. Select the relevant Claim form. When making a claim for medical treatment you will need to use a separate Claim form for each medical condition when you see your medical practitioner, specialist or therapist
2. You must ask your medical practitioner, dental practitioner, specialist or therapist to fill in the relevant section of the applicable Claim form
 - Section 6 on the Claim form for medical treatment
 - Section 6 on the Claim form for dental treatment
 - Section 6 on the Claim form for maternity treatment
 - Section 11 on the Travel Claim form if you are making a medical or dental claim under your Travel plan
3. Pay for the treatment you have received
4. Make sure you get an original itemised invoice and original receipt as you will need to send these to WapMed with your Claim form
5. Make sure you fill in all relevant sections of the Claim form. For more details refer to the 'How to complete this form' section on the Claim form
6. Send your claim to WapMed at the address shown in Section 9.

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

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

- The completed Claim form
- The original itemised invoices

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

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

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

Maternity plan

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

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

Travel plan

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

For outpatient treatment follow the procedures outlined in Section 3.

For any other travel claims contact WapMed no later than 31 days after your trip has ended for advice on how to submit your claim. Please use the contact details shown in Section 9. Claim forms for the Travel plan are available by contacting WapMed.

Personal Accident plan

If you need a Claim form for the Personal Accident plan or need to make a claim, contact WapMed using the details shown in Section 9.

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

Claims forms for Compassionate emergency visit and Mortal remains claims are available by contacting WapMed. If you need to make a claim for either of these benefits, or Hospital cash, contact WapMed using the details shown in Section 9.

Section 6. Payment of eligible claims

Claims we pay directly to treatment providers

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

Claims we pay directly to you

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

Exchange rates

The monetary limits applicable to your plan will be in the plan currency. Claims paid in a local currency will be converted at the rate of exchange quoted on www.oanda.com at the date when the treatment or services were received.

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

Payment methods

We can make claims payments by:

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

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

Deductibles

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

Section 7. Clinical Policy Bulletins

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

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

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

Section 8. Healthy Behaviours Discount

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

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

Section 9. WapMed contact details

WapMed Helpline

Telephone: +965-22-466-249

Fax: +965-22-466-234

E-mail: aetna@wapmed.net

Postal address

WapMed TPA Services Co
Ahmad Al-Jaber Street, Sharq
PO Box 26739
Safat 13128
Kuwait

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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, Warba and Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license.

For more information on OFAC, visit www.treasury.gov/resource-center/sanctions/Pages/default.aspx.

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

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

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

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