Summit

Handbook (The details)

For plans starting on or after 1 August 2019

What's inside?

M016-1E-010819

aetna™ | WARBA INSURANCE وربة تأمين

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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, 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 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

Call **our** confidential Fraud and Investigation line immediately at +965-22-914-914 / 1-80-81-81 or email **IGUKfraudgovernance@aetna.com**.

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 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 the WapMed helpline:

By telephone on +965-22-466-249 (this is not a Freephone number).

Or by e-mail at **Aetna@wapmed.net**.

We may record calls for monitoring and training purposes.

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

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 get by contacting the WapMed helpline.
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 WapMed at the address shown at the beginning of this section along with scanned copies of any documents.

You should send WapMed 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: Warba Insurance Company (K.S.C.).

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

15 Governing law, jurisdiction and language

The laws of Kuwait govern your plan, and any disputes or claims arising from or connected to them. The courts of Kuwait 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:

Warba Insurance Company (K.S.C.)
PO Box 24282
Safat 13103
Kuwait

Telephone: +965-22-914-914 / 1-80-81-81
Fax: +965-22-91-4262
Email: **medical@warbaonline.com**

We'll consider your complaint fairly, promptly and in accordance with relevant regulation.

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:
Warba Insurance Company (K.S.C.)
PO Box 24282
Safat 13103
Kuwait

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

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
- Kuwait
- New Zealand
- Qatar
- Singapore
- United Arab Emirates

Area 5

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

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

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

Area 6

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

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

Area 7

Includes the countries and territories listed below only

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

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