

Summit

Plan Sponsor Guide

For plans starting on or after 1 August 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, 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 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 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,
- **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,

While you're with us

- 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

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

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.

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

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**.

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**.

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

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

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**.

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**.

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**.

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**.

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

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**.

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 a **member** under your **plan**.

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**.

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.

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.

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**.

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

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

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 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.

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.

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.

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.

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.

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.

Premium: the amount you have to pay for the Summit plan and any add-on plans.

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

Summit plan: the primary health care plan.

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

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

We/our/us: Warba Insurance Company (K.S.C).

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

12 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 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:

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.

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:
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-notice.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.

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

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	Qatar	United Arab Emirates
Kuwait	Singapore	
New Zealand		

Area 5

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

Åland Islands	Cayman Islands	Gibraltar
Albania	Channel Islands	Greece
Andorra	Chile	Greenland
Anguilla	Colombia	Grenada
Antigua & Barbuda	Costa Rica	Guadeloupe
Argentina	Croatia	Guatemala
Armenia	Curaçao	Guyana
Aruba	Cyprus	Haiti
Austria	Czech Republic	Honduras
Azerbaijan	Denmark	Hungary
Bahamas	Dominica	Iceland
Barbados	Dominican Republic	Ireland
Belarus	Ecuador	Isle of Man
Belgium	El Salvador	Italy
Belize	Estonia	Jamaica
Bermuda	Falkland Islands (Malvinas)	Kosovo
Bolivia	Faroe Islands	Latvia
Bonaire, Sint Eustatius & Saba	Finland	Liechtenstein
Bosnia & Herzegovina	France	Lithuania
Brazil	French Guiana	Luxembourg
Bulgaria	Georgia	Macedonia
	Germany	Malta
		Martinique

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

Area 6

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

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

Area 7

Includes the countries and territories listed below only

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

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