

aetna[®]



Get to know your benefits **Summit** **Handbook**

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



Visit www.aetnainternational.com

Welcome, now that you're an Aetna International participant, it's time to get to know your benefits. **This Handbook will help make it easy.**

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Explore the benefits of being a participant

What to do right now

Your benefits are designed to connect you with expansive global resources that put you in control of your health. **It starts with choice, comfort, care and an unwavering commitment to keep you at the centre of everything we do.**

Get connected

Secure Participant Website

Now is a good time to register for the Secure Participant Website. The site gives you the tools you'll need to manage your health benefits. You can register in just a few steps by visiting www.aetnainternational.com and clicking "Secure login" under the "Aetna Member" section. You'll need to enter your name, date of birth, and your participant ID number.

You can use the website to:

- Submit and track claims
- Find nearby doctors and hospitals
- Browse a library of health topics
- View your plan documents

International Mobile Assistant

If you have a smartphone, you can also download helpful apps, such as our International Mobile Assistant, which makes it easy to manage your benefits on the go. You can search 'Aetna' in the iTunes or Google Play store to get started.

Get support for balanced living

Staying on top of the demands of work, family and finances can be challenging. It's important to recognise when situations create an unhealthy amount of stress. Before any work or life issue becomes a larger problem, you can turn to our Employee Assistance Programme for help.

This programme gives you access to confidential counselling with behavioral health experts in over 200 countries. We've designed this programme to support what matters most to us – your total well-being.

Get ready for your next doctor visit

You may need to obtain prior approval (preauthorisation) for certain types of treatment. In these instances, it's important to start the process early to prevent delays or denial of your claims.

Here are some of the treatments that require preauthorisation:

- Medical evacuation
- Inpatient or daycare treatment admission
- Compassionate emergency visit
- 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
- Single treatment or service that costs more than USD 500 or equivalent

All preauthorisations must be requested before treatment or services are received or costs are incurred. If it is not possible to request preauthorisation for an emergency, please be sure to notify us within the first 24 hours.

You can find full details in your Claims procedures or in the Claims Centre of the Secure Member Website.

Your Participant ID Card

The Participant ID Card is your key to quality healthcare. Make sure to keep the card in a safe place – you'll be asked to present it whenever you receive healthcare treatment. You may also need to have it handy when registering for the Secure Member Website or calling Member Services.

Ready to learn more about your benefits? Keep reading to find all the details you need.

Introduction

This Handbook, together with **your Benefits schedule**, explains what is, and is not, covered under the Summit **plan** and any of the following **add-on plans** that have been chosen for **you**:

- Travel
- Personal Accident

For information on how to make a claim please refer to **your Claims procedures**.

If **you** have any questions about the information in the **plan documentation** or any questions **you** think it does not answer, please contact **us** and **we** will be more than happy to help.

Some words and phrases used in this Handbook, **your Benefits schedule** and **your Claims procedures** have specific meanings. **We** have highlighted them in bold print and defined them in the 'Definitions' section of this Handbook.

A **plan** is **our** contract of Takaful cover with the **planholder**, providing cover as detailed in the **plan documentation**. In order to fully understand a **plan**, these documents must be read together.

We can change any of the following at the beginning of each **plan year**:

- Conditions, exclusions and any other terms in this Handbook
- Takaful contributions and any discounts or surcharges

We will tell the **plan sponsor** about any changes before the **plan renewal date**.

If coverage provided by this policy violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit www.treasury.gov/resource-center/sanctions/Pages/default.aspx.

About the plan

Participant eligibility

The Summit **plans** and **add-on plans** are available to people of most nationalities. **We** cannot cover people subject to sanctions. **Our plans** are not available to citizens of the United States (US) who reside in the US. Please contact **us** if **you** need further information. **Plans** may not meet specific visa requirements. Cover may also be illegal under local laws. It is the **plan sponsor's** responsibility to ensure that any **plans** chosen meet **your** needs.

You must be a participant continuously under the Summit **plan** and any **add-on plans**.

If **you** will be aged over 65 at **your plan start date**, **you** will be subject to medical underwriting and must answer some medical questions for **us** to consider **your** eligibility for cover. Once accepted by **us**, no further medical underwriting will be applied whilst **you** remain a continuous, eligible, insured **participant**.

To be eligible for this **plan**, **main participants** must be:

- an employee of the **plan sponsor**,
- at least 18 years old, and
- eligible due to their position within the **plan sponsor's** organisation.

All **dependant** children on a **plan** must be unmarried. **Dependant** children aged 18 to 26 must be in continuous full-time education at their **start date**. If a **dependant** child does not meet these conditions then they cannot be covered under the **plan**. Please contact **us** for alternative cover options.

Add-on plans are only valid when the Summit **plan** is in force. Please contact **your plan administrator** to get full details of what is available to **you**.

The maximum age at entry for the Travel **plan** is 79. Each **main participant** can be covered:

- without their **dependants**, or
- with all of their **dependants** who are also included on the Summit **plan**.

The minimum age at entry for the Personal Accident **plan** is 18. The maximum age at entry is 79. Each **main participant** can be covered:

- without their **dependants**, or
- with any of their **dependants**, aged 18 and over, who are also included on their Summit **plan**

The **main participant** and their **dependants** must have the same **plan level**. The Personal Accident **plan** provides cover for managerial, clerical and administrative occupations only. See condition CPA1 for more information.

Additional eligibility criteria apply to some **plans**. These are shown in **your Benefits schedule** where applicable.

We may provide cover under **our plans** with any special terms that **we** may set. Any special terms will be shown on the Takaful certificate.

Plan benefits and currency

The **plan sponsor** has chosen the **plan level** and **benefits**, including any **add-on plans** that are available to **you**. Summit **plans** and any **add-on plans** are provided on the basis of an employer-paid annual contract only.

The **plan sponsor** has chosen the currency of **your** Summit **plan** from the currencies available. They chose this at proposal or renewal and it will apply throughout the entire **plan year**. Any **add-on plans** that have been chosen are in the same currency as the Summit **plan**.

If more than one currency is shown on **your Benefits schedule**, the **benefit** limit shown in the same currency as the **plan** will apply to **you**.

Joining the plan

Your plan administrator must contact us to add **you** to the Summit **plan** and any **add-on plans** that are available to **you**. All **material facts** about **you** must be given to us and **you** cannot be added until we agree to cover **you**. We must be told about any **treatment you have planned** or are aware of, see E35 in the 'Exclusions' section for more information.

You must be added to the **plan** within 30 days of becoming eligible for cover. **You** may have to complete a **Group participant proposal**.

We will not backdate cover under any circumstances.

Your start date will be advised to **you** by **your plan administrator** once we have agreed to cover **you**.

If **you** are added to a Travel **plan** or Personal Accident **plan**, cover will begin on the same day as the Summit **plan**.

We will send **Participant ID Cards** for **you** and each of **your dependants** covered under the Summit **plan**. Any other documents **you** need, including **Takaful certificates**, will either be available online through the Secure **Member Website** or sent in a printed **participant pack**.

Adding dependants

Your plan administrator must contact us to add **your dependant** to the Summit **plan** and any **add-on plans** that are available to them. All **material facts** about **your dependant** must be given to us and they cannot be added until we agree to cover them. We must be told about any **treatment your dependant has planned** or are aware of, see E35 in the 'Exclusions' section for more information.

Dependants must be added to the **plan** within 30 days of becoming eligible for cover. **You** and **your dependant** may have to complete a **Group participant proposal**. See the 'Participant eligibility' section for more information.

Dependants must have the same **plan level, area of cover, optional benefits** and **deductibles** as their **main participant**.

If **your dependant** is a newborn child and they are being added before they are 31 days old, we will not exclude **pre-existing medical conditions** under the Summit **plan** and their **date of joining** will be their date of birth. This means that no underwriting terms will be applied and exclusion E2 will not apply.

We will not backdate cover under any circumstances.

Your dependant's start date will be advised to **you** by **your plan administrator** once we have agreed to cover them.

If **your dependant** is added to a Travel **plan** or Personal Accident **plan**, cover will begin on the same day as the Summit **plan**.

We will send a **Participant ID Card** for **your dependant**. Any other documents, including a revised **Takaful certificate**, will either be available online through the Secure **Member**

Website or sent in a printed **participant pack**.

Leaving the plan

With our agreement the **plan sponsor** may remove **participants** from a **plan** after the **plan start date**. If **you** are removed from a **plan**, **your end date** will be the date that we receive the request, or a future date the **plan sponsor** has given.

You must leave the **plan** if **you** are no longer eligible for cover, see the 'Participant eligibility' section for more information. If **you** wish to remove a **dependant** please contact **your plan administrator**.

If a **main participant** is removed from a **plan**, all of their **dependants** will also be removed.

If **you** leave a Summit **plan** **you** will also be removed from any **add-on plans**. **Your end date** on any **add-on plans** will be the same as **your end date** on the Summit **plan**.

Takaful contributions may change in line with any agreed requests.

When **you** leave any **plan**, **you** must return **your Takaful certificate** to **your plan administrator**. **You** must also return **your Participant ID Card** if **you** leave the Summit **plan**.

We will send a revised **Takaful certificate** if a **dependant** has been removed.

If **you** are leaving the Summit **plan**, **you** may apply for an individual **plan**. Please contact **your plan administrator** or us to discuss the options available to **you**.

Making plan changes

The following cannot be changed during the **plan year**:

- The **plan level** of any Summit **plan** or Personal Accident **plan**
- Optional **benefits** on any Summit **plan**
- **Deductibles** on any Summit **plan**
- The currency of any **plan**
- The terms contained in this Handbook

Add-on plans cannot be added during the **plan year**. With our agreement the **plan sponsor** can add them at the next **plan renewal date**. Please contact **your plan administrator** for more information.

If a **main participant** changes address, they must tell the **plan administrator**. If the new address is in a different country, we will terminate **your** cover. Please contact **your plan administrator** for information about alternative cover that may be available to **you**.

If a **main participant** needs to change their **area of cover** on the Summit **plan**, they must tell the **plan administrator**. We will need to know the reason for the change in circumstances. With our agreement this change can be made at any time during the **plan year**. We will make this change from the date the **plan administrator** tells us or any future date they have given.

If a **dependant** lives in a different country to their **main participant** please contact the **plan administrator** for more

information.

All **material facts** relating to any change must be given to us.

We will send a revised **Takaful certificate** if your new address is in a different country or your **area of cover** changes. If your **area of cover** changes, we will also send a revised **Participant ID Card**.

Takaful contributions, taxes and **benefit** limits may change in line with any agreed requests.

Plan cancellation and suspension

If the Summit **plan** is cancelled by the **plan sponsor** or us for any reason your **plan administrator** will let you know. Any **add-on plans** will also be cancelled.

After a **plan** is cancelled you cannot make a claim. Please return your **Takaful certificate** and **Participant ID Card** to the **plan administrator**.

If a **Participant ID Card** is used to obtain **treatment** at a **direct billing** facility after the **plan** has been cancelled, you or the **plan sponsor** will be responsible for paying any costs to the **treatment** provider. We will not be responsible for any costs after cover has been cancelled.

If a **plan** is suspended by us for any reason, claims will not be approved or paid until the suspension is lifted. We will tell the **plan administrator** that a **plan** is suspended. We will tell you if the **plan** is suspended when we assess your claim.

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 the **plan**. This Handbook, together with the **Benefits schedule** and **Takaful certificate**, explains what is, and is not, covered under the **plan**. The **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 the **plan**, the terms of the **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.

Plan terms, conditions and exclusions

Plan terms

The Summit **plan** and the Travel **plan** are governed by the

plan terms shown below. Some of these **plan** terms also apply to the Personal Accident **plan**, see the 'Plan terms for Personal Accident' section for details.

Extra **plan** terms also apply to the Travel and Personal Accident **add-on plans**, see 'Extra plan terms, conditions and exclusions for Travel and Personal Accident **add-on plans**'.

Claims will only be paid in line with the **plan** terms that apply.

Altered and amended documents

P1 We reserve the right to reject or disregard any invoice, Claim form, medical report or other document that has been altered or amended.

Replacing and reissuing plan documents

P2 We can charge you an administration fee to replace or reissue any **plan documentation** or **Participant ID Card**.

Waiver

P3 If we deviate from specific terms of the **plan** at any time, it will not constitute a waiver of our right to apply or insist upon compliance with those specific terms at any other time. This applies if the circumstances are the same or different. This includes, but is not limited to, the payment of Takaful contributions or **benefits**.

Plan governance and language

P4 The **plan documentation**, including **add-on plans**, and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) are governed by and shall be construed in accordance with the laws of Qatar. The courts of Qatar shall have exclusive jurisdiction to settle any dispute or claim arising out of or in connection with the **plan documentation**, including **add-on plans**, or its subject matter or formation (including non-contractual disputes and claims).

P5 If we issue translated versions of any of our documents, these are for information only. In the case of any dispute or discrepancy of wording or interpretation, the Arabic version will apply.

Third party negotiations

P6 We must be told about any negotiations or settlement discussions that you enter into, or are entered into on your behalf, with any other party about any action which leads to a claim under a **plan**. A settlement must not be agreed to with any party before we give our written agreement.

Hospital accommodation

P7 Hospital accommodation will be paid up to the cost of a standard single room with a private bathroom. This will include your **hospital** meals.

Medical examinations

P8 We have the right to instruct a **specialist** of our choice to examine you as often as we feel is necessary to support a claim. We also have the right to ask for further tests and or evaluation where we have decided that a **medical condition**

you have claimed for may be directly or indirectly related to an excluded **medical condition**.

Lifetime limits

P9 If you move to a **plan** where a **lifetime limit** applies to a **benefit**, any amount previously paid under the same or equivalent **benefit** on any one or more other **plans** will be deducted from the current **lifetime limit** on the **benefit**.

This applies:

- regardless of any previous **benefit** limit, and
- whether or not there has been a break in **your** cover.

Citizens of the United States of America

P10 If your **area of cover** is Area 1 and you are a citizen of the United States of America (US), **we** will cancel **your** cover if you have spent more than 90 days in the US in any one **plan year**.

Rights of action against us

P11 If you want to take legal action against **us** in respect of a **plan**, you must do so within three years from the date the relevant event took place, subject to the applicable laws.

Subrogation

P12 If you

(i) receive, or

(ii) are entitled to receive,

any payment from any other party or from any other Takaful cover cover in respect of an injury, illness or **medical condition**, **we** have the right:

- In the case of (i), to recover from you all amounts **we** have paid and may pay to you, or on your behalf under this **plan** as a result of the same such injury, illness or **medical condition**, up to and including the full amount received by you from such other party or other Takaful operator
- In the case of (ii), to proceed against such other party or other Takaful operator on your behalf and in your name by way of subrogation

You shall fully cooperate with us if we exercise our right of subrogation pursuant to the above.

You shall notify us immediately if you:

- give notice to any party of the your intention to pursue or investigate, or
- pursue or investigate,

a claim to recover damages in respect of any injury, illness or **medical condition** sustained by you as a result of such other party's action or omission. On receipt of any such notice, **we** may elect in our sole discretion to exercise our right of subrogation pursuant to the above.

Other than with our prior written consent, you shall not:

- admit liability or fault; or
- agree to a settlement with any party in relation to any dispute relating to the above or the **plan**.

We will have the sole authority and discretion to resolve all

disputes regarding the interpretation of this provision.

Contribution

P13 If any other Takaful cover covers a valid claim under the **plan**, including any reciprocal health Takaful cover arrangements, **we** shall deduct any payments received or to be received by you from such other Takaful operator(s) for such claim from any amount payable to you by us under the **plan**, after:

- you have paid any **deductibles** applicable on such other Takaful cover, and
- you have paid any **deductibles** on the **plan**.

Conditions

The Summit **plan** and the Travel **plan** are governed by the conditions shown below. Some of these conditions also apply to the Personal Accident **plan**, see the 'Conditions for Personal Accident' section for details.

Extra conditions also apply to the Travel and Personal Accident **add-on plans**, see 'Extra plan terms, conditions and exclusions for Travel and Personal Accident **add-on plans**'.

Claims will only be paid if you meet all of the conditions that apply.

Material facts

C1 The **plan administrator** must tell us all **material facts** before **we** accept a proposal, make changes to a **plan** or renew a **plan**. The **plan administrator** must check that any **material facts** are correct. You must check that any **material facts** about you are correct. If there is any doubt about whether a fact is material, for your own protection, the **plan administrator** should tell us. Where applicable the 24-month **moratorium** will still apply even if the **plan administrator** tells us about any **pre-existing medical conditions** you may have.

If we find out that the **plan administrator** has not told us about all **material facts** we can cancel the **plan** or apply different terms to the **plan**.

C2 The **plan administrator** must tell us immediately in writing about any change that affects information given in connection with the proposal for a **plan**, including information about you.

After we have been told about a change:

- We have the right to reassess your cover if it is a change to important information about you. We may apply new terms to you, or cancel your cover
- We have the right to reassess the **plan** if the change to important information is about the **plan sponsor** or affects all or part of the **plan**. We may apply new terms to the **plan**, or cancel the **plan**

If there is a change in risk that the **plan administrator** has not told us about, your cover may be cancelled, the **plan** may be cancelled, or any related claim may be reduced or rejected.

Preauthorisation and timely claim filing

C3 If a **benefit** needs **preauthorisation** as shown on **your Benefits schedule**, **you** or **your** personal representative must request **preauthorisation** before **treatment** or services are received or costs are incurred. Once **you** or **your** personal representative have received **our** approval, **we** will settle all covered costs directly with the providers. If **you** or **your** personal representative do not receive **our** approval before costs are incurred, **we** will only approve the costs **we** would have paid if **we** had been involved and given **our** approval.

C4 **You** or **your** personal representative should tell **us** about a claim no later than:

- 180 days after the date of **treatment** or services received, if it relates to **your** Summit medical **plan**
- 31 days after **your** trip has ended if it relates to **your** Travel **plan**
- 31 days after the disablement, or **your** death, if it relates to **your** Personal Accident **plan**

If a claim is not received within the period shown, **we** reserve the right to reject such claim subject to the applicable laws.

Treatment provision and referral

C5 All **treatment** must be given with the aim to cure or substantially relieve **medical conditions**.

C6 **Treatment** must be given by **medical practitioners, specialists, nurses or therapists**. All psychiatric **treatment** and psychotherapy must be given by **medical practitioners, psychiatrists or qualified and registered psychotherapists or psychoanalysts**.

C7 If **your** medical practitioner or specialist refers **you** for further **diagnostic tests and procedures** or **treatment**, **we** may not pay **your** claim if **you** do not undergo the **diagnostic tests and procedures**, or start **treatment**, within 90 days of the referral date.

C8 Physiotherapy, podiatry, osteopathic and chiropractic **treatment** must be referred by a **medical practitioner or specialist**.

Innocent bystanders

C9 Where a **benefit** is available on **your** **plan**, **we** will cover costs arising from or connected with:

- **conflict or civil unrest** if, in **our** reasonable opinion:
 - **you** are not actively participating,
 - **you** are not a participant of any armed force or security service, including personal protection,
 - **you** have not knowingly entered or remained in a location where there is **conflict or civil unrest**, and
 - **you** have not intentionally put **yourself** at risk of injury.
- a natural disaster if, in **our** reasonable opinion:
 - **you** have not knowingly entered or remained in a location where there is a natural disaster, and
 - **you** have not 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** have not knowingly entered or remained in a location where there is contamination,
 - **you** are not a participant of a biological, chemical or nuclear contamination cleaning crew of any kind, and
 - **you** do not intentionally put **yourself** at risk of contamination or injury.

Reasonable costs

C10 Only reasonable costs will be paid for claims. Reasonable costs are the average cost of **treatment**, expertise or services given by similar types of provider:

- within the same country or geographical region, and
- based on **our** knowledge and experience.

C11 If a **visiting doctor** instead of an **in-house doctor** treats **you**, in a **hospital**, clinic or any other facility where direct billing or cashless arrangements are in place, only reasonable costs will be paid. **You** will have to pay the difference if the **visiting doctor's** costs are not reasonable and not in line with the **in-house doctor's** costs.

Ineligible claims

C12 If **you** attend a **hospital**, clinic or any other facility where direct billing or cashless arrangements are in place, and **we** subsequently determine that **your** claim is an **ineligible** claim, **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.

C13 If **we** receive new information that shows a claim **we** have already approved is **ineligible**, no costs will be paid. If any costs have already been paid, **we** will recover the costs and no further costs will be paid. Any approval **we** have given during the **preauthorisation** process may also be withdrawn. After **we** have given notice that **you** must repay any costs, this must be done within 14 days, failing which, **we** reserve the right to cancel the **plan**, subject to applicable laws.

C14 If **you** would like **us** to re-assess a claim **we** have rejected under a **plan** for any reason, **you** will have to prove that the claim is covered under the **plan**.

Exclusions

The Summit **plan** does not cover claims for, arising from or connected with the following exclusions unless shown on **your Benefits schedule**, or agreed by **us** in writing.

Some of these exclusions apply to the Travel and Personal Accident **add-on plans**. Extra exclusions also apply to these **plans**. See the 'Extra plan terms, conditions and exclusions for Travel and Personal Accident add-on plans' section for details.

Underwriting terms

E1 This exclusion applies if **your** underwriting terms are **moratorium** or **CTT previously moratorium**, as shown on **your Takaful certificate**. See exclusion E2 if **your** underwriting terms are **FMU** or **CTT previously FMU**, as exclusion E1 does not apply to these underwriting terms. Exclusions E1 and E2 do not apply if **your** underwriting terms are **MHD**.

A **pre-existing medical condition** or **related medical condition** that, within a 24-month period before the **date of joining** or the date shown on the special terms section of **your Takaful certificate**, has one or more of the following characteristics:

- Was **foreseeable**
- Clearly showed itself
- **You** had signs or symptoms of
- **You** asked for **advice** about
- **You** received **treatment** for
- To the best of **your** knowledge, **you** were aware **you** had

Pre-existing medical conditions or **related medical conditions** may be covered after **you** have had 24 months' continuous cover under the **plan** and within that time **you** have not:

- experienced symptoms,
- asked for **advice**, or
- needed or received **treatment**, medication, or a special diet.

If **you** have:

- experienced symptoms,
- asked for **advice**, or
- needed or received **treatment**, medication, or a special diet,

then **you** will have to wait until **you** have completed a continuous 24-month period when none of these apply to **you**. **Pre-existing medical conditions** or **related medical conditions** may then be covered. This is the rolling part of the **moratorium**.

E1 This exclusion applies if **your** underwriting terms are **moratorium** or **CTT previously moratorium**, as shown on **your Takaful certificate**. See exclusion E2 if **your** underwriting terms are **FMU** or **CTT previously FMU**, as exclusion E1 does not apply to these underwriting terms. Exclusions E1 and E2 do not apply if **your** underwriting terms are **MHD**.

A **medical condition** or symptom that **you** were aware of before **your start date** unless **we** were given all the information **we** asked for and **we** have not specifically excluded the **medical condition** or symptom as shown on **your Takaful certificate**.

Plan and benefit availability and limitations

E3 Costs incurred:

- That exceed a limit shown on **your Benefits schedule**
- If **you** have not completed the waiting period shown on **your Benefits schedule**

- If these are less than the value of any **deductible** that applies to **your plan**
- If no relevant **benefit** is included on **your plan**
- For a **benefit** not covered on **your plan**, even if cover was included in any previous **plan year**
- That may be associated with a claim, but are not covered under **your plan**. For example, loss of earnings as a result of a **medical condition**
- Outside **your area of cover**

E4 Costs incurred for, or in relation to, any portion of **treatment** or services received before **your start date** or after **your end date**.

E5 Medical evacuations if a local situation makes it impossible, dangerous or not practical to enter a specific location or country.

False and fraudulent claims

E6 A false or fraudulent act **you** know about. If **we** have paid any part of the claim, **we** will recover the costs.

Treatment provision and referral

E7 **Treatment** that **we** determine on **general advice** is unproven, experimental or investigational.

E8 Drugs or dressings that:

- are not recognised by the pharmaceutical regulator in the country where **treatment** is provided,
- are obtained without prescription, or
- are prescribed for a **medical condition** that is different to the one that is being claimed for.

E9 Dietary supplements, substances and personal products, including, but not limited to, vitamins, minerals, mouthwash, toothpaste, antiseptic lozenges and sprays, shampoo, sunscreen, children's food, baby supplies and infant formula given orally.

E10 Home visits by a **medical professional**, unless specifically agreed by **us** prior to consultation.

E11 **Treatment** in a spa, hydro spa, health farm or similar facility, and **treatment** given at a nursing home, similar establishment or **hospital**, where the facility has become **your** home or permanent abode or where admission is arranged partly or entirely for domestic reasons.

E12 **Treatment** given, or referrals made by, a **medical professional** or **dental** practitioner who is **your** spouse, partner, child, parent or sibling, and self-prescribed **treatment** or self-referral if **you** are a **medical professional** or **dental** practitioner.

E13 Health education programmes and services, including, but not limited to, family planning, antenatal classes and parenting classes.

Administrative costs, fees and charges

E14 Costs of:

- Completing Claim forms
- Completing or obtaining any other documents

- **Hospital** administration fees
- Any registration fees

E15 Charges incurred for the overdue payment of any invoice.

Cosmetic

E16 Cosmetic treatment.

Weight management

E17 Any **treatment** for weight loss or weight problems, including, but not limited to, bariatric procedures, diet pills or supplements, health club participantships, diet programmes and residential eating disorder programmes.

Reproduction and newborns

E18 Costs of:

- Contraception or sterilisation
- **Treatment** for sexual problems, including impotence, whatever the cause
- Fertility or infertility tests or **treatment**
- Assisted reproduction
- Surrogacy

E19 Pregnancy, childbirth and postnatal costs, whether complicated or not, including termination of pregnancy.

E20 Any **inpatient treatment** needed for an **acute medical condition** that begins before an insured **participant** is eight days old if the mother's pregnancy was the result of assisted conception.

Sleep

E21 Sleep apnoea, sleep-related breathing disorders, snoring and insomnia.

Sight, hearing and dental

E22 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.

E23 Orthodontic treatment and dental implants.

Brain and learning disorders, and speech and voice problems

E24 Developmental disorders of the brain, learning disorders, learning difficulties, speech problems and voice problems.

Harvesting, storage and organ transplants

E25 The harvesting or storage of umbilical cord blood stem cells, sperm, mature oocytes and embryos.

E26 Costs of:

- locating a replacement organ,
- removing an organ from a donor,
- transporting an organ, and
- any associated administration.

Addictions and abuse

E27 **Treatment** for alcohol, drug or substance abuse or any kind of addictive condition, and any injury or illness arising

directly or indirectly from such abuse or addiction. Drug abuse is the use of any drug:

- in a manner or in quantities other than as directed or prescribed on medical authority, or
- for any reason other than that for which it was originally prescribed.

Gender reassignment

E28 **Treatment** directly or indirectly associated with gender reassignment.

Journeys and transportation

E29 Any journey made specifically for the purpose of receiving **treatment**, unless **you** have requested **preauthorisation** and we have given our approval.

E30 Non-emergency transportation.

Acting against medical advice

E31 Any journey, activity, action or pursuit carried out against the **advice** of a **medical professional**.

Professional sports and hazardous activities

E32 Playing professional sports, taking part in motor sports of any kind, using a **weapon** or firearm for any purpose, and the following hazardous activities:

- Mountaineering, potholing, spelunking and caving
- High-altitude trekking over 2,500 m
- Winter sports carried out off-piste
- Arctic or Antarctic expeditions

Self-inflicted medical conditions

E33 Suicide, attempted suicide or any deliberate, self-inflicted **medical condition**.

Illegal activities

E34 **You** acting illegally, or committing or helping to commit a criminal offence.

E35 Any **inpatient, daycare** or **outpatient treatment** in a **hospital**, whether planned or not:

- when received before **your start date**, if the **treatment** is still ongoing at **your start date**, or
- that **you** were aware of at **your start date**,

unless **you** or the **plan sponsor** told us about it before **your start date** and cover has been agreed by us.

Extra plan terms, conditions and exclusions for Travel and Personal Accident add-on plans

Plan terms for Travel

The Travel plan is governed by all of the plan terms in the 'Plan terms' section and the extra plan terms below. Claims will only be paid in line with these plan terms.

PT1 We have the right to move **you** from one **hospital** to another or arrange to move **you** to a different location. We will do this if, in our opinion or that of the attending **medical practitioner**, **you** can be moved safely to continue **treatment**.

Plan terms for Personal Accident

The Personal Accident plan is governed by all of the plan terms in the 'Plan terms' section and the extra plan terms below. Claims will only be paid in line with these plan terms.

PPA1 Cover is not provided for sickness or disease.

PPA2 If you suffer one or more permanent total or permanent partial disablements within 12 months of an accident, you will only be paid up to the benefit limits shown on the Benefits schedule that applied in the plan year when you had the accident. No payment will be made for any more than the overall limit shown on the Benefits schedule.

PPA3 You will not be paid more than the overall plan limit shown in the Benefits schedule, for any one or more accidents.

PPA4 If you have an existing medical condition and suffer a bodily injury because of an accident, we will ask an independent specialist to assess if your existing medical condition has contributed to your disability after the accident, or if your disability after the accident has made your existing medical condition worse. We will decide the difference between your existing medical condition and the disability suffered after the accident and pay any claim based on this difference. This will be expressed as a percentage and applied to the appropriate benefit.

PPA5 If you die within 12 months of an accident, payment will only be made up to the benefit limit shown on the Benefits schedule that applied in the plan year when you had the accident. Payment will be made in line with the instructions we receive from your personal representative.

If you die before any disablement benefit is paid, only the accidental death benefit will be paid. If any disablement benefit has already been paid under the plan for any accident that happened in the same plan year, the amount paid for the accidental death benefit will be reduced by the value of any claims already paid.

No payment will be made for any more than the overall limit shown on your Benefits schedule.

PPA6 If the total value of claims made by multiple participants on the same Personal Accident plan exceeds the accumulation limit shown on the Benefits schedule, the amount paid for each claim will be reduced proportionately based on the amount each participant is due, up to the accumulation limit.

Conditions for Travel

The Travel plan is governed by all of the conditions in the 'Conditions' section and the extra conditions below. Claims will only be paid under the plan if you meet all of these conditions.

CT1 If you have to change your original plans for returning home and this will incur additional costs, you must tell us before any costs are incurred. It may affect your claim if you do not tell us.

CT2 When making a claim for a missed departure you must have planned to arrive at your departure point before

the earliest scheduled check-in time and give us a written report from the carrier at the point of departure, the police or the relevant public transport authority, confirming the delay and stating its cause.

CT3 When making a claim for a delayed departure or delayed baggage, you must provide us with a written report from your airline or other carrier giving the details.

CT4 You must take care of your property at all times and take all practical steps to recover any property that is lost or stolen. It may affect your claim if you do not do this.

CT5 Any theft, suspected theft or loss must be reported to the local police within 24 hours of discovery and supported by a police report.

CT6 Any loss of, or damage to, your property during your journey with an airline or other carrier, whether or not your property is checked in:

- must be reported to the airline or carrier immediately upon discovering the loss or damage, and
- must be supported by a written report from them.

CT7 You must keep any damaged property that you want to claim for. If we ask you to send it to us, you must do so at your own expense. If a claim is paid for the full value of any item, it will become our property.

CT8 We may discharge any of our legal responsibilities under this plan by replacing or repairing any property that is lost or damaged.

CT9 When making a claim because your transport was hijacked, you must provide us with a police report giving the details.

CT10 If the total cost of one or more claims for a trip exceeds the original cost of the trip, we will not pay any more than the original cost of the trip.

Conditions for Personal Accident

The Personal Accident plan is governed by conditions C1, C2, C4, C9, C12, C13 and C14 in the 'Conditions' section and the extra conditions below. Claims will only be paid under the plan if you meet all of these conditions.

CPA1 We provide cover for managerial, clerical and administrative occupations only. If your occupation puts you at greater risk of a bodily injury caused by an accident, the planholder or your plan administrator must tell us. We will tell them if we agree to cover you and let them know any extra Takaful contribution that will apply.

CPA2 You or your personal representative must tell us as soon as possible about any accident that causes or may cause a claim.

CPA3 You must make all medical records, notes and correspondence we need available to us and any medical advisor we have appointed.

CPA4 For any claim to be considered for loss of sight of one eye, the degree of sight after correction must be 3/60 or less on the Snellen Scale, seeing at 3 feet what you should see at 60 feet, or an equivalent scale.

CPA5 For any claim to be considered for loss of sight of both eyes, **you** must be diagnosed as blind on the authority of a fully qualified ophthalmic **specialist**.

Exclusions for Travel

Section 1 of the Travel plan does not cover claims for, arising from or connected with exclusions E3, E4, E5, E6, E7, E8, E9, E10, E11, E12, E13, E14, E15, E16, E17, E18, E20, E21, E22, E23, E24, E25, E26, E27, E28, E29, E30, E31, E32, E33 and E34 listed in the 'Exclusions' section and the extra exclusions below.

ET1 Trips made for the specific purpose of receiving treatment.

ET2 A medical condition that, within the 24-month period before the date **your trip** is booked, or **your date of joining** as shown on **your Takaful certificate**, whichever is later, has one or more of the following characteristics:

- Clearly showed itself
- **You** had signs or symptoms of
- **You** asked for **advice** about
- **You** received **treatment** for
- To the best of **your** knowledge, **you** were aware **you** had

ET3 A pregnancy when:

- **You** are travelling against medical **advice**
- **You** are 26 weeks or more into **your** pregnancy when **you** start **your trip**
- **You** are 34 weeks or more in to **your** pregnancy, unless:
 - **you** started **your trip** before **you** were 26 weeks or more into **your** pregnancy, and
 - **you** planned to complete **your trip** before the end of week 33 of **your** pregnancy but, in **our** reasonable opinion, were unable to do so due to unforeseen circumstances beyond **your** control.
- There have been complications relating to **your** pregnancy before **your trip**
- It is a multiple pregnancy
- The pregnancy is the result of an assisted conception

ET4 Any **treatment** that, in **our** reasonable opinion, is not immediately necessary and can wait until **you** return to **your country of residence**.

Sections 2 to 9 of the Travel plan do not cover claims for, arising from or connected with exclusions E3, E4, E6, E12, E14, E15, E21, E22, E24, E26, E27, E31, E32, E33 and E34 listed in the 'Exclusions' section, ET2 and the extra exclusions below.

ET5 Leaving **your** baggage, unless checked in and in the custody of **your** airline or other carrier:

- with a person **you** have not previously met,
- in a public place where it can be taken without **your** knowledge, or
- at a distance from which **you** cannot prevent it from being taken.

ET6 An aircraft or sea vessel being withdrawn from service, whether temporary or otherwise, on the recommendation of a relevant port authority, the civil aviation authority or any similar organisation.

ET7 Strike or industrial action taking place, or publicly declared on, or before, the date **your trip** is booked.

ET8 Expenses payable by, or to, **your** travel agent, tour operator, accommodation provider, airline or other carrier or provider.

ET9 Neglect, or failure to act, by the travel agent, tour operator, accommodation provider, airline or other carrier or provider.

ET10 Proceedings taken against a travel agent, tour operator, accommodation provider, airline or other carrier or provider.

ET11 Any person, organisation or company becoming insolvent, or being unable or unwilling to fulfil any part of their obligation to **you**.

ET12 Any costs **you** have to pay for visas needed in connection with **your trip**.

ET13 Any costs **you** would, in **our** reasonable opinion, normally have to pay in connection with **your trip**.

ET14 Shortages due to:

- loss of value, including, but not limited to, loss of value due to wear and tear,
- error or omission, including, but not limited to, incorrect or incomplete bookings, or
- exchange, including, but not limited to, switching hotels or travel arrangements.

ET15 Changes in exchange rates.

ET16 Government regulations or acts and currency restrictions.

ET17 Loss, damage or expense, as a result of travelling to an area that the government of **your country of residence**, or the government of **your home country**, has advised against travelling to.

Sections 2, 4, 7 and 8 of the Travel plan also do not cover claims for, arising from or connected with the extra exclusions below.

ET18 Cancellation or curtailment of **your trip** if **you** knew that **you** may have to cancel or cut short **your trip** at **your date of joining** the plan or when booking the trip, whichever is later.

ET19 **You** deciding not to travel, not enjoying **your trip**, or not travelling because **you** could not afford it.

ET20 Cancellation due to an **act of terrorism** or the threat of an **act of terrorism**, unless the government of **your country of residence** or **your home country** has advised against travelling to the area.

ET21 Failure to tell **your** travel agent, tour operator, accommodation provider, airline or other carrier or provider as soon as **you** know that **you** need to cancel **your** travel arrangements.

ET22 Unused accommodation, activities or travel arrangements, or any administration costs that **your** travel agent, tour operator, accommodation provider, airline or other carrier or provider charges for refunds in relation to these.

ET23 Extra charges made by **your** travel agent, tour operator, accommodation provider, airline or other carrier or provider.

Sections 6, 7, 8 and 9 of the Travel plan also do not cover claims for, arising from or connected with the extra exclusions below.

ET24 Loss or theft of any one or more of the following that are not personally carried by **you**, unless they were checked in and in the custody of **your** airline or other carrier, secured in the locked boot or locked glove compartment of a vehicle, or held in a safety deposit box or safe that is not in **your** room or apartment:

- Cash, traveller's cheques, and postal or money orders
- Travel documents, including passports
- Photographic, audio, video, computer and electrical equipment of any kind
- Mobile phones, spectacles and sunglasses
- Binoculars and telescopes
- Musical instruments
- Antiques, fine art, furs, leather goods and animal skins
- Watches, jewellery, and any items made of, or containing, gold, silver, precious metals, or precious or semi-precious stones

ET25 Costs due to:

- Damage caused by moth, vermin, atmospheric conditions or climatic conditions
- Damage caused by any process of cleaning, repair or restoration
- Damage caused by leaking powder or fluid carried within **your** baggage
- Wear and tear, or gradual deterioration
- Mechanical or electrical breakdown of **your** property

ET26 Any extra value an item had because it formed part of a pair or set.

ET27 Loss due to customs or any other authority legally taking or destroying **your** property.

ET28 Loss of, or damage to, contact or corneal lenses.

ET29 Damage to clothing or sports equipment when in use.

ET30 Breakage of fragile items, including, but not limited to china, glass and sculptures.

ET31 Loss of, or damage to, stamps, documents, deeds, manuscripts or securities of any kind.

ET32 Loss of, or damage to, goods, samples or tools hired or held in trust by **you**, that **you** do not own.

Exclusions for Personal Accident

The Personal Accident plan does not cover claims for, arising from or connected with exclusions E3, E6, E12, E14, E15, E27, E29, E30, E31, E32, E33 and E34 listed in the 'Exclusions' section and the extra exclusions below.

EPA1 Any accident that happens before **your** start date or after **your** end date.

EPA2 Engaging in occupations which, in **our** reasonable opinion, are manual or dangerous occupations.

EPA3 Aviation other than as a fare-paying passenger in a fully-certified passenger-carrying aircraft, flown in the course of licensed operation by licensed crew for the transportation of passengers.

Data Protection

We are committed to protecting **your** personal data and privacy. Any personal information that **we** collect will be kept confidential and will be processed in accordance with the relevant legislation and guidelines, and **our** own strict internal policy.

We will use any personal data to process **your** claims, administer **your plan**, service **our** relationship with **you**, provide **you** with products and services and evaluate their effectiveness, provide **you** with better customer services and for statistical analysis.

Your information may also be used for fraud prevention and audit purposes. If **you** give **us** false or inaccurate information and **we** suspect fraud, **we** will record this. **We** may pass such information to law enforcement or other legal agencies, governmental or judicial bodies, or to regulators.

Your medical information will only be disclosed to those involved with **your treatment** or care, including **your medical practitioner**, or their agents. If **you** ask **us** to, **we** will also send **your** medical information to any person or organisation that may be responsible for meeting **your treatment** expenses, or their agents. **Your** information may be discussed with **your** agent or broker if **you** have requested the broker to assist **you** in handling **your claims** and **you** have authorised **us** to provide them with such medical information.

If **you** want **us** to disclose **your** medical information to another individual or next of kin, **you** must tell **us**. In exceptional emergency situations, and in accordance with medical confidentiality guidelines and relevant law, **we** may be required to disclose such information to relatives, family members or other third parties.

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**. **You** will be given an opportunity to tell **us** if **you** do not wish to receive such information.

To help **us** make sure that **your** personal information remains accurate and up-to-date, please inform **us** of any changes.

Complaints

We strive to give **you** a first-class service. However, if there is an occasion when **you** feel **we** have not done this **we** want to know.

Please contact **us** at:
Al Khaleej Takaful Group
PO Box 4555
Doha
Qatar

Telephone: **+974-4404-1111**

Fax: **+974-4443-0530**

E-mail: **ktg@alkhaleej.com**

When **you** contact **us** it will help if **you** give **us** **your plan** number and claim number, if this applies. Please also provide as much information as **you** can about **your** complaint, as well as **your** full contact details.

We will deal with **your** complaint fairly, promptly and in accordance with relevant regulation.

When **we** receive a complaint, **we** aim to resolve it by the end of the next business day. Sometimes this may not be possible. If this is the case, **we** will acknowledge the complaint within five business days and provide regular updates until the complaint is resolved. **We** will give **our** final response within eight weeks.

Full details of **our** complaints procedures are available on **our** website and other product documentation.

Help us manage fraud

Fraud, let's beat it together

Fraud is a crime and healthcare fraud increases Takaful contributions for **our** customers. This is why, with **your** help, **we** will do **our** utmost to detect and eliminate it.

Fraud is the dishonest intent to get financial gain from, or cause a financial loss to a person or party through false representation, failing to disclose information or abuse of position.

There are many examples of fraud, some of these are:

- Giving false or misleading information in order to obtain Takaful cover or a reduction in Takaful contribution
- Claiming for **treatments** or services not received
- Altering or amending invoices or any other documents
- Deliberately failing to disclose previous medical history when required
- Giving a false diagnosis
- Claiming from more than one Takaful operator for the same **treatment** or service
- Using somebody else's Takaful cover to obtain **treatments** or services

We are committed to protecting **you** against fraud and **we** also have statutory responsibilities to prevent **our** products from being used as a vehicle for financial crime.

Maladministration, including innocent and careless overcharging for **treatments** and services, also raises the cost of medical Takaful cover.

Some examples of maladministration include:

- Billing twice for the same service
- Incorrect billing for **treatments** or services
- Providing unnecessary **treatments** or services

How you can help to protect yourself and keep Takaful contributions down

There are simple steps **you** can take to protect **yourself**. Some of these are:

- Compare invoices with **your** records. Check the dates are correct and the **treatments** or services were actually provided to **you**

- Ask questions if there is anything **you** are unsure of, do not understand, expect or recognise
- Keep in close contact with **us** if **you** have made a claim
- Let **us** know if **you** are concerned that **your medical practitioner** is providing **treatment** that is not necessary for **you**
- Carefully fill in any Claim forms. Ask **us** if there is anything **you** are unsure of or do not understand
- Look after **your** Takaful cover details and documentation
- Make sure **you** understand any documentation before **you** sign it
- Keep copies of any documentation and correspondence
- Report suspected fraud to **us**

We work closely with others to prevent fraud

We work with Aetna to prevent and detect fraud.

We are committed to protecting **you** against fraud and **we** also have statutory responsibilities to prevent **our** products from being used as a vehicle for financial crime. In addition to **our** strict controls to deter, prevent, detect and investigate fraud, **we** also work with other Takaful cover providers to give **you** the best service **we** can. Other providers **we** work with are:

- International Insurance bodies
- International Police and Investigative agencies
- Government departments

If you suspect fraud

Please contact **us** at:

Fraud and Investigation e-mail: **ktg@alkhaleej.com**

Fraud and Investigation Confidential telephone line:
+974-4404-1111 Fax: **+974-4443-0530**

Definitions

Accident – any involuntary or unexpected event resulting in a **bodily injury**.

Act of terrorism – an act by any 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.

Acute – 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**.

Acute episode – an unexpected, adverse, change to the usual state of a **participant's chronic medical condition**, which responds to **treatment** that aims to return them to their state of health before the event occurred.

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

Advice – any consultation or information given by a **medical professional**.

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

Area of cover – the geographic area of the world in which a **participant's plan** applies. This is shown on their **Takaful certificate**.

Benefit – cover provided by a **plan**, and any extensions or restrictions shown in the Handbook, **Takaful certificate** or **Benefits schedule**.

Benefits schedule – the document that details the **benefits** available under a **plan**.

Bodily injury – any physical harm to a **participant**.

Chronic – 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 a **participant** to cope with it
- Needs long-term monitoring, including consultations, checkups, examinations and tests

Claims procedures – the document that explains how to make a claim under a **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.

Conflict or civil unrest – any act of terrorism, war, invasion, foreign enemy hostility (whether or not war is declared), mutiny, riot, strike, civil war, rebellion, revolution, insurrection or attempted overthrow of government, usurped power, martial law or state of siege.

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 a previous Takaful operator. The underwriting terms with **us** can be **CTT previously moratorium** or **CTT previously FMU**. Participants 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**. See the ‘Transfers’ or ‘Group participant transfers’ section and the **CTT previously moratorium** and **CTT previously FMU** definitions for more information.

Co-payment – a percentage of costs a **participant** must pay towards a covered claim.

Country of nationality – any country for which a **participant** holds a valid passport.

Country of residence – the country a **participant** lives 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 a **participant’s** full medical underwriting terms with a previous Takaful operator. They 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**, including exclusion E2. Exclusion E1 will not apply.

CTT previously moratorium – continuation of a **participant’s** moratorium start date if they had moratorium underwriting terms with a previous Takaful operator. They 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**, including exclusion E1. Exclusion E2 will not apply.

Date of joining – the date when a **participant** first enrolled or re-enrolled if there is a break in their cover.

Daycare – where **treatment** is received at a **hospital** or daycare unit, medical supervision is needed for four or more hours for recovery and the **participant** does not stay overnight.

Deductible – any **co-payment**, **excess** or reasonable and customary deduction that applies to a **plan**.

Dental – that which affects the teeth and gums.

Dependant – a main participant’s:

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

Diagnostic tests and procedures – any medically necessary test or examination to investigate the cause of a **participant’s** signs or symptoms.

Direct billing – where **we** settle costs of **outpatient treatment** or services directly with a provider in the network.

Eligible – the costs for **treatment** or services that qualify under the **plan**, as described in the **plan documentation**.

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.

End date – the last day a **participant** has cover under a **plan**.

Excess – an amount a **participant** must pay towards the cost of part, or all, of a covered claim or claims.

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

Full Medical Underwriting (FMU) – the process that **we** use to assess a **participant’s** medical history and decide the special terms **we** offer them. Cover will still be governed by the **benefits**, terms and conditions of the **plan** with **us** except for exclusion E1.

General advice – any medical opinion or medical recommendation from a relevant professional body in relation to a **medical condition** or **treatment**, which confirms, in **our** reasonable opinion, established medical practice or opinion.

Group formation proposal – the document entitled ‘Summit Group plan proposal’ which must be completed and signed by the **plan sponsor** to agree to the terms of the **plan** plus any supporting information given in connection with it.

Group participant proposal – the document entitled ‘Summit Group participant proposal’ which must be completed and signed by the **participant** to agree to the terms of the **plan** plus any supporting information given in connection with it.

Home country – the country a **participant** is from as given to **us** on their **Proposal**.

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 is situated.

Ineligible – the costs for **treatment** or services that do not qualify under the **plan**, as described in the **plan documentation**.

In-house doctor – a doctor who is employed by the **hospital**, is considered a permanent member of staff and charges in line with **hospital tariffs**.

Inpatient – where **treatment** is received at a **hospital** and, based on **advice**, the **participant** needs to stay in a bed for one or more nights.

Intrinsic value – the actual cash value of an item at the time of loss or damage, including appropriate deductions for wear and tear.

Lifetime limit – the total amount that will be paid for any **eligible** claim for costs incurred during any time a **participant** is covered on any one or more **plans** with the same or equivalent **benefit**, even if there is a break in their cover. See **plan** term P9 for more information.

Main participant – a **participant** who is employed by the **plan sponsor**, or has an affiliation or similar legal relationship with them, which **we** agree meets the eligibility criteria.

Material fact – information which **you** have given **us** which is, in **our** reasonable opinion, likely to influence **us** in **our** assessment, acceptance or renewal of **your** participation in the **plan**, or in making any changes to the **plan**. This includes but is not limited to **your** responses to **our** questions about **yourself**, **your** lifestyle, **your** health or **your** medical conditions.

Medical condition – any signs or symptoms, injury, illness or disease.

Medical History Disregarded (MHD) – we will cover a **participant's** pre-existing medical conditions, subject to the **benefits**, terms and conditions of the **plan**. Exclusions E1 and E2 will not apply.

Medical necessity, medically necessary – treatment that is prescribed by a **participant's** medical practitioner or attending **specialist**, is in line with **general advice**, and in **our** reasonable opinion, is appropriate for their **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.

Moratorium – a waiting period of 24 months from a **participant's** date of joining, or the date shown in the special terms on their **Takaful certificate**, that must have passed before claims for **pre-existing medical conditions** or **related medical conditions** may become **eligible**. See exclusion E1 for more information.

Natural teeth – any teeth that are original, not artificial implants or replacements.

Network – all of the providers with whom there are healthcare arrangements for **our participants**.

Nurse – a person who is qualified in nursing, currently practising and on the professional register of nursing in the country where the **treatment** is given.

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 the **participant** is not admitted for **inpatient** or **daycare treatment**.

Palliative treatment – any medical or surgical services aimed to relieve the symptoms rather than to cure, stop, reverse, or delay the progression of the **medical condition** causing them.

Participant – a person **we** have agreed to cover under a **plan** as named on the **Takaful certificate**.

Participant ID Card – a card **we** issue for each **participant**, which provides basic **plan** details and contact information.

Personal effects – personal belongings, including clothing worn and baggage owned by a **participant**, that they take with them on their **trip**.

Plan – **our** contract of Takaful cover (made up of all of the documents which form the **plan documentation**) with the **plan sponsor**, which takes effect on the **plan start date**.

Plan administrator – the person who acts as the **plan** coordinator on behalf of the **plan sponsor**, as chosen by the **plan sponsor**.

Plan documentation – Group formation proposal(s), Takaful certificates, Plan sponsor guide(s), Handbook(s), Benefits schedule(s), final participation census, Group participant proposals (if these apply), Group participant declarations (if these apply) and Claims procedures.

Plan level – the **plan sponsor's** choice of Summit **plan** or Personal Accident **plan** from the range available.

Plan renewal date – the date when a new **plan year** is due to begin, as shown on a **Takaful certificate**.

Plan sponsor – the entity that purchases a plan for eligible **main participants**, and their eligible **dependants** where agreed.

Plan start date – the first day of each **plan year**, as shown on a **Takaful certificate**.

Plan year – the period of cover from the **plan start date** to the day before the **plan renewal date**, as shown on a **Takaful certificate**. This is usually a period of 12 months.

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

Preauthorised – any **treatment**, services or costs that **we** approve as a result of **preauthorisation**.

Pre-existing – any medical condition or related medical condition that, in our reasonable opinion, has any one or more of the following characteristics:

- Was foreseeable
- Clearly showed itself
- A participant had signs or symptoms of
- A participant asked for advice about
- A participant received treatment for
- To the best of a participant's knowledge, they were aware they had

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 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 a participant receives after they 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 a participant has cover under a plan during a plan year, as shown on their Takaful certificate.

Takaful certificate – a document that provides plan details, including dates of cover, participant information and any special terms that may apply.

Terminal – the end stages of a medical condition where life expectancy is considered to be days or weeks and only palliative treatment and care is given.

Therapist – a physiotherapist, podiatrist, osteopath, chiropractor, Chinese herbalist, ayurvedic practitioner, acupuncturist or homeopath, who is qualified and licensed in the country where the treatment is given.

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 a participant's Travel plan Benefits schedule. This includes the dates of departure from, and return to, a participant's country of residence.

Visiting doctor – a medical practitioner or specialist who is 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 – Al Khaleej Takaful Group.

You/your/yourself – you as a participant.

Areas of cover guide

Area 1

Includes all countries in Areas 2, 3, 4, 5, 6 and 7 plus the United States of America (US).

Area 2

Includes the countries listed below and all countries in Areas 3, 4, 5, 6 and 7.

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

Area 3

Includes China and all countries shown in Areas 4, 5, 6 and 7.

Area 4

Includes the countries listed below and all countries in Areas 5, 6 and 7.

Australia	New Zealand	Singapore
Kuwait	Qatar	United Arab Emirates (UAE)

Area 5

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

Åland Islands	Belize	Curaçao
Albania	Bermuda	Cyprus
Andorra	Bolivia	Czech Republic
Anguilla	Bonaire, Sint Eustatius and Saba	Denmark
Antigua and Barbuda	Bosnia and Herzegovina	Dominica
Argentina	Brazil	Dominican Republic
Armenia	Bulgaria	Ecuador
Aruba	Cayman Islands	El Salvador
Austria	Channel Islands (Jersey, Guernsey, Alderney, Herm, Jethou, Lihou and Sark)	Estonia
Azerbaijan	Chile	Falkland Islands (Malvinas)
Bahamas	Colombia	Faroe Islands
Barbados	Costa Rica	Finland
Belarus	Croatia	France
Belgium		French Guiana

Georgia	Macedonia	Saint Vincent and the Grenadines
Germany	Malta	San Marino
Gibraltar	Martinique	Serbia
Greece	Mexico	Sint Maarten
Greenland	Moldova, Republic of	Slovakia
Grenada	Monaco	Slovenia
Guadeloupe	Montenegro	Spain
Guatemala	Montserrat	Suriname
Guyana	Netherlands	Svalbard and Jan Mayen
Haiti	Nicaragua	Sweden
Honduras	Norway	Switzerland
Hungary	Panama	Trinidad and Tobago
Iceland	Paraguay	Turkey
Ireland	Peru	Turks and Caicos Islands
Isle of Man	Poland	Ukraine*
Italy	Portugal	United Kingdom
Jamaica	Puerto Rico	Uruguay
Kosovo	Romania	Vatican City
Latvia	Saint Barthélemy	Venezuela
Liechtenstein	Saint Kitts and Nevis	Virgin Islands, British
Lithuania	Saint Lucia	Virgin Islands, U.S.
Luxembourg	Saint Martin	

Area 6

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

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

Area 7

Africa: includes only the countries listed below.

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

We requests all clients provide a disclosure or updated disclosure of any **participants** or **dependants** located in sanctioned countries. Sanctioned countries include Crimea (Annexed Region of Ukraine), Cuba, Iran, North Korea, Sudan (North) and Syria*. If **you** and/or **your dependants** are working, residing or spending time in sanctioned countries or regions, please let us know immediately.

* The above 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/region listed here. For more information, visit www.treasury.gov/resource-center/sanctions/Pages/default.aspx.

We reserves the right to modify its products, services, rates and fees, in response to legislation, regulation or requests of government authorities resulting in material changes to **plan benefits** and to recoup any material fees, costs, assessments, or taxes due to changes in the law even if no **benefit** or **plan** changes are mandated.

Please see the 'Introduction' section of this Handbook for more information about financial sanctions.

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If coverage provided by this policy violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna and Al Khaleej 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.

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