

Aetna Summit

Handbook (The details)

For plans starting on or after 1 April 2019

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Before you join us

1 Introduction

Your **plan documents** detail what **we** do and don't cover under your **plan**, as well as giving **you** important information about the terms and conditions of your **plan**. Please read this information carefully to make sure you're completely satisfied with the cover we're providing. If **you** have any questions, please contact **us** and we'll be more than happy to help.

We don't guarantee that your **plan** meets personal tax requirements and/or the visa and/or social health care requirements of the country you're residing in. It's your **plan sponsor's** responsibility to ensure that any **plan** it chooses meets your needs.

If your **area of cover** is Area 1, you're a citizen of the United States (US) and **you** spend more than 183 days in aggregate in the US in any one **plan year**, (i) **we** may cancel your cover, and (ii) **you** may be required to buy an ACA compliant **plan** or face US tax penalties.

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

Cover is subject to legal or regulatory requirements, depending on your nationality and **country of residence**.

Important information

Section 25(5) of the Insurance Act (Cap 142) requires that **you** disclose fully and faithfully in your application for cover, any information or facts which **you** know or ought to know, otherwise **you** may receive nothing from the **plan**.

2 Eligibility

Main member

To be eligible for the **plan sponsor** to add **you** as a **main member** to this **plan**, **you** must:

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

Your **plan sponsor** may add a **main member** to this **plan** within 30 days of the proposed **main member** meeting the above criteria. At any other time, **we** will need to ask the proposed **main member** questions in order to decide if **we** can include them and on what terms.

Dependants

If a **main member** wishes to include a **dependant** on their **plan**, they must be the **main member's**:

- Spouse or **partner**;

- Unmarried child, stepchild or legally adopted child under the age of 18; or
- Unmarried child, stepchild or legally adopted child aged 18 to 26 who is in continuous full-time education. **We** may need written proof from the educational facility where they are enrolled.

Your **plan sponsor** may add a **dependant** to your **plan** at any time. However, **we** may need to ask them some questions in order to decide if **we** can include them and on what terms if:

- **you** want to add them more than 30 days after the relevant **main member's start date**;
- for a child, **you** want to add them more than 30 days after their birth or legal adoption; or
- for a spouse or **partner**, they are aged over 64 at their proposed **date of joining**.

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

Add-on plans

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

3 Joining the plan

Your **plan sponsor** must contact **us** to add a **main member** to this **plan**. **We** won't be able to add the proposed **main member** until **we** receive all relevant information about them from the **plan sponsor**.

Your **plan sponsor** will tell the **main member** their future **start date**, which will also be shown on the **main member's Certificate of Insurance**. We're unable to backdate any cover.

We'll send the main member Member ID cards for each member. Note that we may charge you or the plan sponsor an administration fee to replace any plan documents or Member ID card. You can access your Certificate of Insurance and other plan documents through your Health Hub.

4 Provider access

We have two provider access options; Open Access and Singapore Raffles.

The plan sponsor has selected a provider access option for your Aetna Summit plan. This option will apply throughout the plan year.

Your chosen option is shown on your Certificate of Insurance and Member ID card.

For more information on provider access, please see below or contact us if you have any further questions.

Open access

Gives you access to any medical provider of your choice within your area of cover.

Singapore Raffles

• Within Singapore

Gives you access to Raffles Hospital, Raffles Medical Clinic, Raffles Specialists, Singapore Government Restructured Hospitals and Singapore Government Restructured Medical Centers. This provider access condition applies to all treatment related benefits, except for dental treatment, optical care, wellness, as well as outpatient podiatry, osteopathic, chiropractic, ayurvedic and homeopathic treatments.

Treatment in Singapore Raffles must be received on a direct billing basis. If you pay directly to the providers within the Singapore Raffles access option, we won't be able to consider any claims or reimburse you.

For consultation and treatment with a specialist in Government and Restructured Hospitals and Medical Centers* you'll need to pay for outpatient treatment first and then seek reimbursement from us. Your claim will be assessed under the terms and conditions of your plan when we receive it. We'll facilitate the issuance of Guarantee of payment for inpatient or daycare treatment.

If your medical condition is an emergency and you receive treatment at the Accident and Emergency department of a hospital, you can access any medical provider of your choice. If you visit a provider outside the Singapore Raffles access option, you'll need to pay and then seek reimbursement from us. Your claim will be assessed under the terms and conditions of your plan when we receive it.

• Outside Singapore

Gives you access to any medical provider of your choice within your area of cover.

When receiving treatment within any provider access option, you or your personal representative must still request preauthorisation in line with the details given in your Benefits Schedule and in the 'Claims' section of this Handbook.

* Government Restructured Hospitals and Medical Centers comprise the following: Alexandra Hospital, Changi General Hospital, Ng Teng Fong General hospital, National University Hospital, Khoo Teck Phua Hospital, Singapore General Hospital, Tan Tock Seng hospital, KK Women's and Children's Hospital, National Heart Centre, Singapore National Eye Centre, National Cancer Centre, National Skin Centre, National Neuroscience Institute, Singapore community hospitals, Communicable Disease Centre, Institute of Mental Health and Jurong Medical Centre, the list above is last updated in October 2015 and subject to changes mandated by Ministry of Health Singapore without prior notice.

5 Plan benefits and currencies

The plan sponsor has chosen your plan level and benefits, including any add-on plans, details of which you can find in this Handbook, the relevant Benefits Schedule(s) and your Certificate of Insurance. Your Certificate of Insurance will also show any special terms applicable to you.

If your Benefits Schedule(s) shows more than one currency, the benefit limits shown in the same currency as your plan (set out in your Certificate of Insurance) will apply.

6 Pre-existing medical conditions

Moratorium

If your Certificate of Insurance shows that your underwriting terms are moratorium or CTT previously MORI, this means your claim will not be paid if it's relating to a pre-existing medical condition should one or more of the following have applied within the 24-month period before your date of joining (or the date shown in the special terms section of your Certificate of Insurance):

- it could be reasonably foreseen that the medical condition would occur after your start date,
- the condition clearly showed itself,
- you had signs or symptoms of the condition,
- you asked for advice about the condition,
- you received treatment for the condition, or
- to the best of your knowledge, you were aware you had the condition.

Once you've completed a continuous 24-month period after your date of joining we may cover your pre-existing medical condition provided you've not had symptoms, needed or received treatment, medication, a special diet or advice, or had any other indications of the condition.

Full Medical Underwriting

If your **Certificate of Insurance** shows that your **underwriting** terms are **Full Medical Underwriting** or **CTT** previously **FMU**, we will not pay a **claim** relating to a **medical condition** or symptom that **you** were aware of before your **date of joining** unless **you** told **us** about it during the application for your **plan** and your **Certificate of Insurance** doesn't show an exclusion for that **medical condition**.

Medical History Disregarded

We will cover your **pre-existing medical conditions**, subject to the **benefits**, terms and conditions of your **plan**.

7 Clinical policy bulletins

For information on how **we** classify certain **treatments** and services, visit [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.

8 Help us prevent fraud

Fraud is a crime and health care fraud increases **premiums** for **our** customers. With your help, we'll do **our** utmost to detect and eliminate it.

Health care fraud includes:

- giving false or misleading information to get insurance or a **premium** reduction,
- claiming for **treatments** or services that **you** haven't received,

- altering or amending invoices or bills,
- giving a false diagnosis,
- claiming from more than one insurer for the same **treatment** or service, or
- using somebody else's insurance to get **treatment** or services.

How you can help protect yourself and keep premiums down

There are simple steps **you** can take to protect yourself from health care fraud, including:

- comparing invoices with your records, checking dates are correct and that **you** received the **treatments** or services shown,
- asking questions if there's anything you're unsure about, don't understand, expect or recognise,
- keeping in touch with **us** when you've made a **claim**,
- letting **us** know if you're concerned your doctor is giving **you** unsuitable **treatment**,
- filling in claim forms carefully,
- looking after your insurance details and documents and keeping copies of any correspondence,
- making sure **you** understand any documents before **you** sign them, and
- reporting suspected fraud to **us**.

We work closely with others to prevent fraud

We're committed to protecting **you** against fraud and also have statutory responsibilities to prevent **our** products from being used for financial crime. **We** work with other bodies such as international insurance bodies, international police, investigative agencies, regulatory bodies, legal agencies, and government departments to do this.

If you suspect fraud

Call our confidential Fraud and Investigation line immediately at +44-(0)1252-896-383 or email IGUKfraudgovernance@aetna.com.

While you're with us

9 Adding and removing dependants

Your **plan sponsor** must contact **us** to add each person who a **main member** wishes to include on their **plan** as a **dependant** (and who **we** agree meets the 'dependant' eligibility criteria described in this Handbook). **We** won't be able to add them until **we** receive all relevant documents and information about them that **we** request.

Cover will start on the future date **we** agree with your **plan sponsor**. If on the date the **plan sponsor** contacts **us** to add a proposed **member** as a **dependant**, they're less than 31 days old and **we** have covered one of their parents for a continuous period of at least 12 months, we'll add them as a **dependant** to your **plan** with effect from their date of birth, regardless of their health. The **plan sponsor** and/or the **main member** will not need to complete an application form, and it is the **plan sponsor's** responsibility to disclose to **us** any material circumstance that would influence **our** judgement as to whether to add the proposed **member**.

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

10 Removing a member

A **main member** should contact their **plan sponsor** in advance to request the removal of a **dependant** from your **plan**, we'll remove the **dependant** on the future date the **plan sponsor** requests, and we'll send the **main member** a revised **Certificate of Insurance**.

The **plan sponsor** can remove **members** from your **plan** at any time.

We can remove **you** from your **plan** and notify your **plan sponsor** if:

- you no longer meet the eligibility criteria set out in the eligibility section of this Handbook; or
- you make a false or fraudulent **claim**.

If the **plan sponsor**, or **we**, remove a **main member** from the **plan**, **we** will also remove all of their **dependants**. The **plan sponsor** will let **you** know if they, or **we**, are planning to remove **you** and what your **end date** will be.

The **plan sponsor** is responsible for ensuring that the removed **member** deletes or destroys his or her **Certificates of Insurance** and **Member ID cards** on or by that **member's end date**. If a **member** the **plan sponsor** has removed obtains **treatment** after that **member's end date** that we've paid for, **we** have the right to recover the full amount of the **claim** from the **plan sponsor** or that **member**.

11 Plan cancellation

Your **plan sponsor** will let **you** know if they are planning to cancel your **plan** and what your **end date** will be.

You won't be able to make a **claim** for any costs incurred after the **end date**.

The **plan sponsor** is responsible for ensuring that all **members** delete or destroy his or her **Certificates of Insurance** and **Member ID cards** on or by that **member's end date**. If a **member** obtains **treatment** after that **member's end date** that we've paid for, **we** have the right to recover the full amount of the **claim** from the **plan sponsor** or that **member**.

12 Plan renewal

This **plan** is an annual contract. If your **plan sponsor** renews your **plan** we'll send the **main member** the new **plan documents** and **Member ID card** which will apply from the **plan renewal date**.

If a **main member's** child is no longer eligible as a **dependant** at the **plan renewal date**, that child can apply for their own Aetna individual **plan**. As long as there is no break in their cover with **us**, **we** may continue the terms of their previous **plan**.

13 Claims

Should **you** have any questions concerning your **claim**, please contact **our** Member Services Team:

By telephone toll free on 1-800-723-1241 or by landline on +65-6701-6912.

By fax on +65-6593-8501.

Or by e-mail at AsiaPacServices@aetna.com.

We may record calls for monitoring and training purposes.

If **you** don't know the correct dialling code to use, **you** can refer to www.business.att.com/bt/access.jsp to find the number for the country you're dialling from. When prompted during the call, please enter the access code 855-491-9160 and follow the instructions.

If you're calling from a country not included in the above link, then **you** can call collect or direct on +65-6701-6912. To call collect **you** must contact the telephone operator in the country you're calling from and ask to make a collect call to +65-6701-6912. The operator should then connect **you** to **our** international helpline at no charge to **you**.

What can you claim for?

Only qualified **medical practitioners, specialists, nurses or therapists** with the aim of curing or substantially relieving your **medical condition** must treat **you**. Only psychiatrists or qualified and registered psychotherapists or psychoanalysts may give **you** psychiatric **treatment**, and only a **medical practitioner or specialist** can refer **you** for physiotherapy, podiatry, osteopathic and chiropractic **treatment**.

If the medical practitioners, specialists, nurses or therapists refer you for further diagnostic tests and procedures or treatment, you must start treatment within 90 days of the referral date for us to be able to pay your costs.

You must tell us about a claim within 180 days of receiving the treatment or services. If you leave it longer, we may not be able to reimburse you.

We'll only pay reasonable costs for claims. Reasonable costs are the average cost of treatment, expertise or services given by similar types of medical provider within the same country or geographical region, based on our knowledge and experience.

We'll pay for hospital accommodation (including meals) up to the cost of a standard single room with a private bathroom.

If you incur costs above the limits shown in your Benefits Schedule or you use a visiting doctor whose costs are higher than those of a medical facility's in-house doctor instead, you'll have to pay the difference.

What you need to know when claiming

You must show your Member ID card to the medical provider when you go for preauthorised inpatient treatment or daycare treatment (please see the section called 'Requesting preauthorisation' below for more details). If you're entitled to direct settlement, you must show this card when getting outpatient treatment at a direct settlement facility.

You'll need to quote your plan number and Member ID in all correspondence with us relating to your claim.

Keep copies of the information about your claim for your own records. We won't be able to return any original claim documents to you after we've paid the claim.

We may ask you for more information to help us process your claim, and we may ask a specialist or medical practitioner of our choice to examine you.

We may also request further tests or evaluations if we decide that a medical condition may be directly or indirectly related to a medical condition we do not cover you for. We may decline your claim if we don't have sufficient information to assess it. You must tell us about any negotiations or settlement discussions you enter into with any other party about any action or omission which leads to a claim under your plan. You mustn't agree to a settlement with any party without our prior written agreement.

Requesting preauthorisation

Before you make a claim, please read your Benefits Schedule to make sure your plan covers the treatment you need.

You need to request preauthorisation before you receive any treatment or services, or incur any costs, if you want us to meet such costs in accordance with your plan for any of the following:

- medical evacuation,
- inpatient treatment or daycare treatment admission,
- preparation or transportation of body or mortal remains,
- psychiatric treatment,
- prescription for more than three months' supply of drugs for the management of a chronic medical condition, or
- single treatment or service that costs more than 500 USD or its equivalent in another currency.

If it's not possible to request preauthorisation in an emergency, you must notify us of the treatment or services within 24 hours. If you fail to notify us, we may pay only a portion of an eligible claim.

We'll liaise with your medical provider during your claim. If necessary we'll provide you with a 'Release of medical information' form. You'll need to fill in this form to authorise your medical practitioner or specialist to release information to us about you under the relevant data protection legislation.

If you have an eligible claim, we'll issue a letter of guarantee of payment to your medical provider. We'll let you know as soon as possible if you have an ineligible claim.

When calling to request preauthorisation, make sure you have your Member ID card to hand, your medical practitioner or specialist's name and the medical provider's name and telephone number.

If we give you preauthorisation, we'll settle all eligible claims directly with your medical provider. If we are unable to settle your eligible claims directly, we will reimburse you instead.

Inpatient, daycare and outpatient direct settlement

If you're admitted to a hospital which is in our medical provider network or you receive daycare treatment, we'll take care of your eligible claims for such hospital bills. You don't have to worry about paying large bills upfront. All you have to do is pay the relevant excess or coinsurance. If your plan benefits from outpatient direct settlement (which can be referred to as direct billing), we'll pay your eligible outpatient bills directly to any medical provider which is in our medical provider network so that you're not out of pocket. If the relevant medical provider is not in our medical provider network, we'll reimburse you for any eligible claims instead.

How to make a direct settlement claim on an outpatient basis

You must:

1. Check that we cover your treatment under your plan; if you're not sure, please contact us.
2. Visit a medical provider within our medical provider network for outpatient treatment.
3. Show your Member ID card to the relevant medical provider. The provider should then treat you and liaise with us to settle your claim (subject to point 4).

4. Pay any **excess** or **coinsurance** shown on your **Member ID card**, in your **Benefits Schedule** or on your **Certificate of Insurance**.

How to make a claim for outpatient treatment

You must:

1. See your **medical practitioner, therapist** or **specialist** in the usual way.
2. Ask your medical provider to complete the relevant section of the claim form which **you** can download from [aetnainternational.com](https://www.aetnainternational.com).
3. Pay your bill for the **treatment you** receive. Make sure **you** get an original itemised invoice and/or original receipt.
4. Complete one claim form for each **medical condition**. Send your claim form to **us** at AsiaPacServices@aetna.com along with scanned copies of any documents.
5. Or **you** can submit a **claim** online by completing the form and uploading scanned copies of any documents to the 'Claims Centre' in the **Health Hub**.

You should send **us** these documents as soon as possible (and in any event no later than 180 days) after the first **treatment** date.

Ineligible claims

If **you** attend a **direct settlement hospital**, clinic or other medical facility in our **medical provider network** and **we** later determine that your **claim** is ineligible, **we** have the right to recover the full **claim** amount from **you**. If **we** pay a **claim**, it isn't an indication of our acceptance of liability for the **claim** or confirmation that we'll pay further costs for the same **medical condition** or **related medical condition**.

If **we** determine that a **claim** we've already approved is ineligible, **we** won't pay for the **claim**. If we've already paid any costs, you'll need to repay them to **us** within 14 days or **we** may withdraw any associated **preauthorisation**, cancel

your **plan** and keep the **premium**.

If you'd like **us** to reassess a **claim** we've rejected, you'll have to prove that the **claim** is covered under the **plan**.

Exchange rate

If, acting reasonably, **we** determine that any central bank or relevant government or governmental authority imposes an artificial exchange rate (including without limitation an exchange rate which is inconsistent with the free market exchange rate) in relation to a relevant currency for any reason, **we** may in our sole discretion reimburse **you** for your valid **claims** incurred in that country in any manner **we** may reasonably decide. In making such determination **we** shall seek to ensure that **we** indemnify **you** for your loss (subject to the terms and conditions of your **plan**) but do not unjustly enrich **you**, as may have been the case had **we** applied such artificial exchange rate to pay **you** in the **plan** currency. **We** will reimburse **you** in (i) the applicable local currency, or (ii) if **you** do not have a bank account in such local currency, in the **plan** currency in an amount equal to the applicable reasonable and customary charges. In either case, the reimbursement will be subject to the principle of indemnity **we** mention above.

Please contact your bank to find out if they will charge **you** to send or receive money, or to exchange currency. Any such bank charges or exchange rate fluctuations are not covered by your policy.

Other insurance

If another insurer covers an eligible **claim** under your **plan**, we'll deduct any payments you've received from the other insurer (plus any **excess** or **coinsurance** amounts under your other insurance **plan**).

Claims against third parties

If **we** have paid money to **you** (or to a medical provider on your behalf) in accordance with your **plan**, and **you** are entitled to receive money from any other party (including another insurer) for the same **claim**, **we** have the right to

proceed against such other party in your name and to recover from **you** the money **you** receive (or have received) from such other party, up to and including the amount that **we** have paid.

You must notify **us** immediately in writing if **you** pursue or intend to pursue another party for such **claim**. **We** shall then decide whether or not to exercise our right under this section. **You** must cooperate with **us** if **we** exercise this right.

Unless **you** have prior written consent, **you** must not admit liability or fault to, or agree to a settlement with, such other party.

14 Exclusions

Your **plan** doesn't cover **claims** for, arising from or connected to the exclusions in this section unless shown otherwise in your **Benefits Schedule** or we've agreed separately in writing, and we'll seek to recover from **you** any payments we've made if **we** determine an exclusion applies to a **claim** we've already paid.

14.1 Acting against medical advice

Any journey, activity, action or pursuit **you** carry out (or omit to carry out) against **medical advice**.

14.2 Addictions and abuse

Treatment for alcohol, drug or substance abuse or any kind of addictive condition and any injury or illness associated with it. **We** define drug abuse as the use of any drug:

- in a manner or in quantities other than directed or prescribed by a **medical professional**, or
- for any reason other than what it was prescribed for.

14.3 Administrative costs, fees and charges

- completing claims forms,
- completing or obtaining other documents,

- hospital administration fees,
- any registration fees, or
- overdue invoice charges.

14.4 Altered and amended documents

Any invoice, claim form, medical report or other document that anyone has altered or amended.

14.5 Brain and learning disorders, and speech and voice problems

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

14.6 Cosmetic treatment

Cosmetic treatment.

14.7 Certain costs you've incurred

Costs you've incurred if:

- they exceed the relevant **Benefits Schedule** limit,
- **you** haven't completed the relevant waiting time shown in the **Benefits Schedule**, if applicable,
- they're less than your **excess** or **coinsurance**,
- your **plan** doesn't cover them, including associated costs such as loss of earnings as a result of a **medical condition**,
- you've incurred them outside your **area of cover**,
- **you** received **treatment** or services before the **start date** or after the **end date** of your **plan**.

14.8 False and fraudulent claims

False or fraudulent claims.

14.9 Gender reassignment

Treatment directly or indirectly associated with gender reassignment.

14.10 Harvesting, storage and organ transplants

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

Costs of:

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

14.11 Illegal activities

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

14.12 Active participant

Conflict or civil unrest if, in our reasonable opinion,

- you're actively participating,
- you're a member of any armed force or security service, including personal protection,
- you've knowingly entered or remained in a location where there is conflict or civil unrest, or
- you've intentionally put yourself at risk of injury.

A natural disaster if, in our reasonable opinion:

- you've knowingly entered or remained in a location where there is a natural disaster, or
- you've intentionally put yourself at risk of injury.

Contamination or injury from any biological, chemical or nuclear materials, including combustion of nuclear fuel if, in our reasonable opinion:

- you've knowingly entered or remained in a location where there is contamination,
- you're a member of a biological, chemical or nuclear contamination cleaning crew of any kind, or

- you've intentionally put yourself at risk of contamination or injury.

14.13 Journeys and transportation

- any journey specifically made to receive **treatment**, unless you've requested **preauthorisation** and we've given **our** approval,
- non-**emergency** transportation, or
- costs for medical evacuation if a local situation makes it impossible, dangerous or not practical to enter a specific location or country.

14.14 Professional sports and hazardous activities

- Playing professional sports (i.e., any sport or sports for which **you** are paid as your main source of income), or taking part in any of the hazardous activities below whether on a professional or recreational basis:
- Motor sports of any kind
- Using a weapon or firearm
- Mountaineering, potholing, spelunking and caving,
- Trekking at an altitude of more than 2,500 metres,
- Scuba or free diving unless:
 - **you** are diving to a depth of less than 30 metres, and
 - **you** hold the appropriate PADI qualification or **you** are accompanied by a PADI qualified instructor
- Off-piste winter sports,
- Arctic and Antarctic expeditions,
- Being the driver or passenger of any motorised vehicle, including but not limited to a motorcycle, motorised tri-cycle or quad-cycle:
 - not on a public road; or
 - on a public road, unless **you** are wearing a seatbelt, if there is one, and the driver (whether **you** or somebody else) has the licence and insurance required by law to drive the motorised vehicle

- Being the driver or passenger of any motorcycle, motorised tri-cycle or quad-cycle, unless **you** are wearing a crash helmet.

14.15 Self-inflicted medical conditions

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

14.16 Reproduction and newborns

Costs of:

- contraception or sterilisation,
- **treatment** for sexual problems including impotence,
- fertility or infertility tests or **treatment**,
- assisted reproduction,
- surrogacy,
- pregnancy, childbirth and postnatal costs whether complicated or not, including termination of pregnancy, or
- any **inpatient treatment** for an **acute medical condition** that begins before the **member** is eight days old if the pregnancy was achieved by assisted conception.

14.17 Sight, hearing and dental

Myopia, hypermetropia, astigmatism, natural or non-medical degenerative sight or hearing disorders, aids to help with sight or hearing, contact lens solutions, eye drops, sunglasses and prescription sunglasses.

Orthodontic treatment which affects the structure, function, development or appearance of the teeth, upper or lower jaw or the oral cavity and **dental** implants.

14.18 Sleep

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

14.19 Treatment provision and referral

- **Treatment** you receive before your **start date** or that is ongoing at your **start date**.
- **Treatment** that **we** determine on **general advice** is unproven, experimental or investigational.
- Drugs or dressings that:
 - the pharmaceutical regulator in your country of **treatment** doesn't recognise,
 - **you** obtain without prescription, or
 - a **medical practitioner** prescribes for a **medical condition** that's different to the one you're claiming for.
- Substances, personal products and dietary supplements including vitamins, minerals, mouthwash, toothpaste, antiseptic lozenges and sprays, shampoo, sunscreen, children's food, baby supplies and infant formula given orally.
- Home visits by a **medical professional**.
- **Treatment** in a spa, hydro spa, health farm or similar facility.
- **Treatment** at a nursing home or **hospital** that's become your permanent residence or where you've been admitted for domestic reasons.
- **Treatment** given, or referrals made, by a **medical professional** who is your spouse, **partner**, child, parent or sibling, or self-prescribed **treatments** or referrals if you're a **medical professional**.
- Health education programmes and services including, but not limited to, family planning, antenatal classes and parenting classes.

14.20 Weight management

Any **treatment** for weight loss or weight problems including bariatric procedures, diet pills or supplements, health club memberships, diet programmes or residential eating disorder programmes.

14.21 Durable medical equipment

Sight or hearing aids, furniture or any modifications to your personal or work environment.

14.22 Medical evacuations and local ambulance

Air-sea rescue or any mountain rescue unless it's for a **medical condition** you suffer at a recognised ski resort or similar winter sports resort.

The extra bits

15 Definitions

Where **we** use bold words in your **plan documents**, they have the meaning set out below.

Wherever **we** use the words 'including', 'include', 'in particular', 'for example' or any similar expression, any following information is given as an example only, not a full list, and will not limit the sense of the words, description, definition, phrase or term before those words.

Accident: any involuntary or unexpected event resulting in a physical injury.

Acute episode: an unexpected adverse change to the usual state of your **chronic medical condition**, which may respond to **treatment** that aims to return **you** to your state of health before the event occurred.

Acute medical condition: a **medical condition** that is brief, has a definite end point, and, in **our** reasonable opinion, based on advice or **general advice** can be cured by **treatment**.

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

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

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

Area of cover: the geographic area or areas of the world in which **you** must receive **treatment** or services for your **plan** to apply. Your **area of cover** is shown on your Certificate of Insurance.

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

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

Bodily injury: any physical harm to a **member**.

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

Chronic medical condition: a **medical condition** that has at least one of the following characteristics:

- continues indefinitely and has no known cure,
- comes back or is likely to come back,
- is permanent,
- needs rehabilitation or special training for **you** to cope with it, or
- needs long-term monitoring including consultations, checkups, examinations and tests.

Claim: your request for **us** to cover the costs of **treatment** or services under your **plan**.

Close family member: a son, daughter, stepson, stepdaughter, legally adopted son, legally adopted daughter, spouse, **partner**, parent, step-parent, legally adoptive parent, parent-in-law, grandparent, grandchild, brother, sister, brother-in-law, sister in-law, son-in-law, daughter-in-law or legal guardian.

Coinsurance: the percentage of costs shown in your **Benefits Schedule** that **you** have to pay towards an eligible claim.

Conflict or civil unrest: Any act of terrorism, war, invasion, foreign enemy hostility, mutiny, riot, strike, civil war, rebellion, revolution, insurrection or attempted overthrow of government, usurped power, martial law or state of siege. An act of terrorism is considered to be any act by a person, group or groups of people, including, but not limited to, the use or threat of force or violence, whether acting alone, on behalf of, or in conjunction with, any organisation or government. This includes, but is not limited to, acts intended to influence any government or cause fear to members of the public, whatever the reason.

Congenital abnormality: any genetic, physical, biochemical or metabolic defect, disease or malformation, which may be hereditary or due to an influence during gestation, and which may or may not be obvious at birth.

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

Country(ies) of citizenship/nationality: any country where **you** are a citizen or a national and entitled to hold a passport.

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

Critical: a **medical condition** that is, in **our** reasonable opinion, unstable and serious, where the outcome cannot be medically predicted, the prognosis is uncertain and the person may die.

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

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

Date of joining: the date when you first enrolled, or re-enrolled if there is a break in your cover.

Daycare: treatment you receive when you are admitted to a hospital or daycare unit, and you do not stay overnight.

Deductible: any coinsurance, excess or reasonable and customary deduction that applies to your plan.

Dental: that which affects the teeth and gums.

Dependant: a person who we agree meets the 'dependant' eligibility criteria described in of the eligibility section of this Handbook and who we have added to your plan.

Diagnostic tests and procedures: any medically necessary test or examination to investigate the cause of your signs or symptoms.

Direct settlement: where we settle costs of outpatient treatment or services directly with a medical provider in the medical provider network.

Emergency: a sudden, unexpected acute medical condition or an unexpected acute episode of a chronic medical condition that, in our reasonable opinion and based on advice if available, presents a clear and significant risk of death or imminent serious damage to bodily function.

Employee: a person who has entered into or works under a contract of employment (whether express or implied). This does not include (i) a person who has entered into a commercial arrangement to do or personally perform any work or services and where the circumstances do not give rise to an employment relationship; or (ii) a person who is self-employed but enters into contracts to perform work or services.

End date: the last date we cover you under your plan.

Excess: an amount you must pay towards the cost of part, or all, of a covered claim or claims.

Full Medical Underwriting (FMU): the process we use to assess a member's medical history and decide the special terms we offer them. Cover will still be governed by the **benefits**, terms and conditions of your plan with us.

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

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

Group Member Application: the 'Aetna Summit Group member application' which you must complete, if we require it, and sign to agree to the terms of the plan, plus any supporting information.

Health Hub: a members' online platform to find care, submit and track claims and view your plan details.

Home country: the country you're from, as given on your Group Member Application or notified by you or the plan sponsor to us.

Hospital: an establishment that is licensed to provide inpatient, daycare and outpatient medical and surgical treatment in accordance with the laws of the country in which it's situated.

In-house doctor: a medical practitioner who is employed by the hospital as a permanent member of staff and charges in line with that hospital's tariffs.

Inpatient: when treatment is received at a hospital and you need to stay in the hospital for one night or more.

Intrinsic value: the cash value of an item at the time of loss or damage as reasonably calculated by us, including appropriate deductions for wear and tear.

Lifetime limit: the total amount we'll pay for any eligible costs you incur during any time we cover you on any one or more plans with the same or equivalent benefits, even if there's a break in your cover.

Main member: a person who we agree meets the 'main member' eligibility criteria set out in the eligibility section of this Handbook and who we add to the plan.

Medical advice: any medical opinion, medical recommendation or information given by a medical professional.

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

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

Medically necessary: treatment that is prescribed by your medical practitioner, is in line with general advice, and in our reasonable opinion, is appropriate for your medical condition.

Medical practitioner: a person who:

- has attained primary degrees in medicine or surgery by attending a medical school recognised by the World Health Organisation, and
 - is licensed by the relevant authority to practice medicine in the country where the treatment is given.
-

Medical professional: any medical practitioner, specialist, nurse, therapist, psychiatrist or qualified and registered psychotherapist or psychoanalyst.

Medical provider network: all of the medical providers with whom **we** have contracted health care arrangements for **our members**.

Member: a main member or dependant who is named on the **Certificate of Insurance**.

Member ID card: a physical or virtual card **we** issue for each **member**, which provides basic **plan** details and contact information.

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

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

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

Orthodontic: that which affects the structure, function, development or appearance of the teeth, upper or lower jaw or the oral cavity.

Outpatient: where **treatment** is received at a medical facility that is recognised by the relevant authority in the country where the **treatment** is given, and **you** are not admitted for **inpatient** or **daycare treatment**.

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

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

Personal effects: personal belongings, including clothing worn and baggage owned by **you**, that **you** take with **you** on your **trip**.

Personal representative: an individual who has authority to act on your behalf in relation to your **plan**, as a result of an authorisation from **you** in writing, a power of attorney or a document evidencing that he or she is the executor of your estate.

Plan: our contract of insurance with the **plan sponsor** in relation to your **Aetna Summit plan** and any **add-on plan(s)** as contained in your **plan documents**, unless otherwise defined in your **Benefits Schedule**.

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

Plan level: the **Aetna Summit plan** or **add-on plan** that the **plan sponsor** has chosen from the range available.

Plan renewal date: the date when a new **plan year** is due to begin, as shown on your **Certificate of Insurance**.

Plan sponsor: the entity that purchases a **plan** for members.

Plan start date: the first day of the **plan year**, as shown on your **Certificate of Insurance**.

Plan year: the period of cover from the **plan start date** to the day before the **plan renewal date**, as shown on your **Certificate of Insurance**.

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

Preauthorised: any **treatment**, services or costs that **we** approve in writing following **preauthorisation**.

Pre-existing medical condition: any medical condition or **related medical condition** you have before the **date of joining** that has any one or more of the following characteristics:

- was **foreseeable**,
 - clearly showed itself,
 - **you** had signs or symptoms of,
 - **you** asked for advice on,
 - **you** received **treatment** for, or
 - to the best of your knowledge, **you** were aware **you** had.
-

Premium: the amount the **plan sponsor** has to pay for the **Aetna Summit plan** and any **add-on plans**.

Preventative services: medical services received when no signs or symptoms are present, and they are not received in relation to a diagnosed **medical condition**.

Public transport: any paid and licensed type of transport.

Related medical condition: any injury, illness or disease that, based on **medical advice** or **general advice**, **we** determine is the result of any one or more other **medical conditions**.

Routine health check: diagnostic tests or procedures where no signs or symptoms are present, and they are not received in relation to a diagnosed **medical condition**. This includes any cancer screening **you** receive after **you** have been in remission for more than five years.

Singapore government restructured hospital: a **hospital** or specialist centre that receives government funding to provide lower cost medical services..

Specialist: a **medical practitioner** who, in the country where the **treatment** is given:

- has a recognised certificate of higher specialist training in the relevant field of medicine, and
 - has a consultant appointment or equivalent.
-

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

Terminal: the end stages of a medical condition where in our reasonable opinion life expectancy is considered to be days or weeks and only palliative treatment and care is being given.

Therapist: a physiotherapist, podiatrist, osteopath, chiropractor, Chinese herbalist, ayurvedic practitioner, acupuncturist or homeopath who's qualified and licensed in the country they provide treatment in.

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

Trip: any journey or period of travel that does not exceed the duration shown on your Aetna Travel plan Benefits Schedule. This includes the dates of departure from, and return to, your country of residence.

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

Visiting doctor: a medical practitioner or specialist who's not employed by the hospital, but has a contract to use the hospital facilities and may have different charges to the hospital tariffs.

We/our/us: Aetna Insurance Company Limited (Singapore Branch).

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

16 Governing law, jurisdiction and language

The laws of Singapore govern your plan, and any disputes or claims arising from or connected to them. The courts of Singapore shall have exclusive jurisdiction to settle any dispute or claim arising out of or in connection with the plan, its subject matter or formation.

Translated versions of your plan documents are for information only. If there are any wording or interpretation disputes or discrepancies, the English versions will apply.

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

If we deviate from specific plan terms at any time, it won't constitute a waiver of our right to comply with or enforce those terms at any other time. This includes the payment of premiums or benefits.

17 Complaints

We strive to give you a first class experience. If there's ever a time when you feel we haven't done this, we want to know.

Please contact us with your plan number, claim number (if applicable), contact details and as much detail as possible at:

The Complaints Team
Aetna Insurance Company Limited (Singapore Branch)
80 Robinson Road
#23-02/03
Singapore 068898
Telephone: +65-6593-8500
Email: AetnaInternationalComplaints&Appeals@aetna.com

We'll consider your complaint fairly, promptly and in accordance with relevant regulation. We will acknowledge your complaint within three business days. If we need additional information we will contact you to request this.

Should your complaint take longer to resolve, we will keep you updated on its progress and contact you within 15 business days of our last communication with you until a resolution is provided to your complaint.

If you're not satisfied with the outcome of your complaint, you may be able to refer it to the Chief Executive, Aetna Insurance Company Limited (Singapore Branch), at the address provided above.

Your appeal will be considered and you will be provided with a final response within 14 days of receipt.

If following receipt of our Chief Executive's response you're still dissatisfied, you may be able to refer it to the Financial Industry Disputes Resolution Centre Ltd (FIDReC). FIDReC is an independent body that mediates in disputes between financial firms and consumers.

They can be contacted as follows:
Financial Industry Disputes Resolution Centre Ltd (FIDReC)
112 Robinson Road
#08-01 (Singapore) 068902

Telephone: 6327-8878
Fax: 6327-8488
Email: info@fidrec.com.sg
Website: www.fidrec.com.sg

We are a member of the General Insurance Association of Singapore (GIA) and subscribe to the GIA's General Insurance Code of Practice, which can be viewed at www.gia.org.sg/pdfs/code_of_practice.pdf

Policy Owner's Protection Scheme – disclosure statement

This plan is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your plan is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

18 Data protection

The words 'Aetna' and 'other Aetna entities' mean Aetna Insurance Company Limited and include other Aetna International Inc. group companies.

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.

When carrying out your instructions, processing and administering **claims**, we may transfer your personal data to other Aetna entities and/or third parties acting on our behalf. However, we'll ensure that any third parties protect your personal data in accordance with our strict code of security and only use the data in accordance with our instructions.

Fraud

We may also use your information to detect and prevent fraud and will pass any false or inaccurate information on to other Aetna entities, agents or others so that they may do the same. They may pass information they hold about **you** to **us** for those very same reasons. We may also disclose your information if we're required to do so by law enforcement or other legal agencies, governmental or judicial bodies, or to our regulators under proper authority.

Medical information

We'll only disclose your medical information to those involved with your **treatment** or care, including your **medical practitioner**. If **you** ask us to, we'll also send your medical information to any person or organisation responsible for meeting your **treatment** expenses or

their agents. We may discuss your information with your agent or broker if you've asked your broker to help handle your **claims** and you've authorised us to provide them with such medical information.

We won't disclose your medical information to any other individual without your explicit consent. If **you** want us to disclose your medical information to another individual or next of kin, **you** must tell us in writing. In exceptional **emergency** situations, and in accordance with medical confidentiality guidelines and relevant law, we may be required to disclose information to relatives, family members or other third parties.

Marketing

We may, from time to time, provide **you** with marketing information about Aetna, our products and services and those of any associated companies which may be of interest to **you**. We'll give **you** an opportunity to tell us if **you** don't want to receive this information.

To help us make sure that your personal information remains accurate and up-to-date, please tell us about any changes when they happen.

You can ask to see the personal information we hold about **you**. There may be a charge for this.

Please write to:

The Data Protection Officer
Aetna Insurance Company Limited (Singapore Branch)
80 Robinson Road
#23-02/03
Singapore 068898

You can find our full terms and conditions, and details of our privacy policy at www.aetnainternational.com/en/about-us/legal-notices.html.

19 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/resource-center/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	East Timor	Kiribati
Antarctica	Fiji	Macau
Bouvet Island	French Polynesia	Marshall Islands
British Indian Ocean Territory	French Southern Territories	Micronesia, Federated States of Nauru
Canada	Guam	New Caledonia
Christmas Island	Heard Island & McDonald Islands	Niue
Cocos (Keeling) Islands	Hong Kong	Norfolk Island
Cook Islands	Israel	Northern Mariana Islands

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

Area 3

Includes the country listed below and all countries and territories in Areas 4, 5, 6 and 7

China

Area 4

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

Australia	New Zealand	Singapore
Kuwait	Qatar	United Arab Emirates

Area 5

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

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

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

Area 6

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

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

Area 7

Includes the countries and territories listed below only

Algeria	Côte D'Ivoire	Libya
Angola	Djibouti	Madagascar
Benin	Egypt	Malawi
Botswana	Equatorial Guinea	Mali
Burkina Faso	Eritrea	Mauritania
Burundi	Ethiopia	Mauritius
Cameroon	Gabon	Mayotte
Cape Verde	Gambia	Morocco
Central African Republic	Ghana	Mozambique
Chad	Guinea	Namibia
Comoros	Guinea Bissau	Niger
Congo (DRC)	Kenya	Nigeria
Congo-Brazzaville	Lesotho	Réunion
	Liberia	Rwanda

Sao Tome & Principe	South Africa	Tunisia
Senegal	South Sudan	Uganda
Seychelles	Sudan	Western Sahara
Sierra Leone	Swaziland	Zambia
Somalia	Tanzania	Zimbabwe
	Togo	

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Aetna does not provide care or guarantee access to health services. Not all health services are covered. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Information is believed to be accurate as of the production date; however, it is subject to change. For more information, refer to www.AetnaInternational.com.

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 Asset Control (OFAC) license. For more information on OFAC, visit www.treasury.gov/resource-center/sanctions/Pages/default.aspx.

Policies issued in Singapore are issued by Aetna Insurance Company Limited (Singapore Branch), registered address: 80 Robinson Road, #23-02/03, Singapore 068898, Company Registration No. T08FC7304L. Policies are administered by Aetna Global Benefits (UK) Limited (Singapore Branch), Company Registration No. T08FC7305G, on behalf of the insurer. Policies issued outside of Singapore but within the Asia Pacific Region are issued by Aetna Insurance Company Limited (Singapore Branch), registered address: 80 Robinson Road, #23-02/03, Singapore 068898, Company Registration No. T08FC7304L, or by Aetna Insurance Company Limited, registered in England (Company Registration No. 05956141), and administered by Aetna Global Benefits (UK) Limited (Singapore Branch), registered address: 80 Robinson Road, #23-02/03, Singapore 068898, Company Registration No. T08FC7305G.

All Singapore Citizens and Permanent Residents will be covered by MediShield Life from 01 Nov 2015. If you choose not to accept this medical expense policy, you will continue to be insured under MediShield Life for life, without any exclusion.

This product is not a Medisave-approved product and the premium for this policy is not payable using Medisave.

This is a short-term A&H product and is not guaranteed renewable. The insurer has unilateral rights to terminate this policy at each policy renewal date. Also, if you have existing medical conditions, you may:

- Lose coverage for your existing medical conditions; or
- Pay additional premiums to retain or increase coverage for your existing medical conditions under this new policy.

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

