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Summit
Handbook (The details)

For plans starting on or after 1 April 2018

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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, Al Ain Ahlia and Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Asset Control (OFAC) license. For more information on OFAC, visit **www.treasury.gov/resource-center/sanctions/Pages/default.aspx**.

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

2 Eligibility

Main member

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

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

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

Dependants

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

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

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

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

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

Add-on plans

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

3 Joining the plan

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

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

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

4 Plan benefits and currencies

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

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

5 Pre-existing medical conditions

Moratorium

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

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

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

Full Medical Underwriting

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

Medical History Disregarded

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

6 Clinical policy bulletins

For information on how **we** classify certain **treatments** and services, visit **aetna.com/health-care-professionals/clinical-policy-bulletins.html**. **Our** clinical policy bulletins (CPBs) are based on objective and credible sources, including scientific literature, guidelines, consensus statements and expert opinions. They're not a description of cover or confirmation that **we** cover these **treatments**, services or costs under your **plan**. If there's a discrepancy between a CPB and your **plan**, your **plan** terms will apply.

7 Help us prevent fraud

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

Health care fraud includes:

- giving false or misleading information to get insurance or a **premium** reduction,
- claiming for **treatments** or services that **you** haven't received,
- altering or amending invoices or bills,
- giving a false diagnosis,
- claiming from more than one insurer for the same **treatment** or service, or
- using somebody else's insurance to get **treatment** or services.

How you can help protect yourself and keep premiums down

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

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

We work closely with others to prevent fraud

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

If you suspect fraud

Call **our** confidential Fraud and Investigation line immediately at +971-(0)4-312-3000 or email **UAEsales@alainahlia.aetna.com**.

While you're with us

8 Adding and removing dependants

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

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

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

9 Removing a member

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

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

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

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

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

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

10 Plan cancellation

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

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

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

11 Plan renewal

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

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

12 Claims

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

By telephone on +971-4-438-7602.
By fax on +971-4-428-7101.

Or by e-mail at **MEAServices@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 855-491-9163 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 +971-4-438-7602. To call collect **you** must contact the telephone operator in the country **you**'re calling from and ask to make a collect call to +971-4-438-7602. 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**.
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 **MEAServices@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.

13 Exclusions

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

13.1 Acting against medical advice

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

13.2 Addictions and abuse

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

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

13.3 Administrative costs, fees and charges

- completing claims forms,
- completing or obtaining other documents,
- **hospital** administration fees,
- any registration fees, or
- overdue invoice charges.

13.4 Altered and amended documents

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

13.5 Brain and learning disorders, and speech and voice problems

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

13.6 Cosmetic treatment

Cosmetic **treatment**.

13.7 Certain costs you've incurred

Costs **you**'ve incurred if:

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

13.8 False and fraudulent claims

False or fraudulent **claims**.

13.9 Gender reassignment

Treatment directly or indirectly associated with gender reassignment.

13.10 Harvesting, storage and organ transplants

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

Costs of:

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

13.11 Illegal activities

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

13.12 Active participant

Conflict or civil unrest if, in **our** reasonable opinion,

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

A natural disaster if, in **our** reasonable opinion:

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

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

- **you**'ve knowingly entered or remained in a location where there is contamination,
- **you**'re a member of a biological, chemical or nuclear contamination cleaning crew of any kind, or
- **you**'ve intentionally put yourself at risk of contamination or injury.

13.13 Journeys and transportation

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

13.14 Professional sports and hazardous activities

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

13.15 Self-inflicted medical conditions

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

13.16 Reproduction and newborns

Costs of:

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

13.17 Sight, hearing and dental

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

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

13.18 Sleep

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

13.19 Treatment provision and referral

- **Treatment you** receive before your **start date** or that is ongoing at your **start date.**
- **Treatment** that **we** determine on **general advice** is unproven, experimental or investigational.
- Drugs or dressings that:
  - the pharmaceutical regulator in your country of **treatment** doesn't recognise,
  - **you** obtain without prescription, or
  - a **medical practitioner** prescribes for a **medical condition** that's different to the one **you**'re claiming for.

The extra bits

- Substances, personal products and dietary supplements including vitamins, minerals, mouthwash, toothpaste, antiseptic lozenges and sprays, shampoo, sunscreen, children's food, baby supplies and infant formula given orally.
- Home visits by a **medical professional**.
- **Treatment** in a spa, hydro spa, health farm or similar facility.
- **Treatment** at a nursing home or **hospital** that's become your permanent residence or where **you**'ve been admitted for domestic reasons.
- **Treatment** given, or referrals made, by a **medical professional** who is your spouse, **partner**, child, parent or sibling, or self-prescribed **treatments** or referrals if **you**'re a **medical professional**.
- Health education programmes and services including, but not limited to, family planning, antenatal classes and parenting classes.

13.20 Weight management

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

13.21 Durable medical equipment

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

13.22 Medical evacuations and local ambulance

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

13.23 Mortal remains

The purchase of a burial plot, or funeral costs, including, but not limited to, flowers and the funeral director's fees.

14 Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Dental: that which affects the teeth and gums.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Medical practitioner: a person who:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Premium: the amount the **plan sponsor** has to pay for the **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.

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

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

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

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

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

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

Tier: a group of providers within the **medical provider network**.

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

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

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

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

We/our/us: Al Ain Ahlia Insurance Company Limited (PSC).

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

15 Governing law, jurisdiction and language

The laws of the United Arab Emirates govern your **plan**, and any disputes or **claims** arising from or connected to them. The courts of the United Arab Emirates 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 Arabic versions will apply.

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

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

16 Complaints

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

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

The Complaints Team
Al Ain Ahlia Insurance Company PSC
28th Floor
Media One Tower Building
Dubai Media City
PO BOX 6380
Dubai
United Arab Emirates

Telephone: +971-(0)-4-312-3000
Fax: +971-(0)4-312-3001

Email: **UAEsales@alainahlia.aetna.com**

17 Data protection

We're committed to protecting your personal data and privacy. **We**'ll keep any personal information confidential and process it in accordance with the relevant legislation and guidelines and **our** own strict internal policy.

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

Fraud

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

Medical information

We'll only disclose your medical information to those involved with your **treatment** or care, including your **medical practitioner**. If **you** ask **us** to, **we**'ll also send your medical information to any person or organisation responsible for meeting your **treatment** expenses or their agents. **We** may discuss your information with your agent or broker if **you**'ve asked your broker to help handle your **claims** and **you**'ve authorised **us** to provide them with such medical information.

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

Marketing

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

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

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

Please write to:
The Compliance Officer
Aetna Global Benefits (Middle East) LLC
28th Floor
Media One Tower Building
Dubai Media City
PO BOX 6380
Dubai
United Arab Emirates

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

18 Areas of cover

This is the geographic area or areas of the world in which **you** must receive **treatment** or services for your **plan** to apply.

If **you** and/or your **dependants** are working, residing or spending time in sanctioned countries or regions, please let **us** know immediately. Sanctioned countries and regions currently include Crimea (annexed region of Ukraine), Cuba, Iran, North Korea and Syria. This list is subject to change based on changes in financial sanctions regulations. In addition, there are other countries subject to less broad sanctions than the countries/regions listed here. For more information, visit **www.treasury.gov/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
- Antarctica
- Bouvet Island
- British Indian Ocean Territory
- Canada
- Christmas Island
- Cocos (Keeling) Islands
- Cook Islands
- East Timor
- Fiji
- French Polynesia
- French Southern Territories
- Guam
- Heard Island & McDonald Islands
- Hong Kong
- Israel
- Kiribati
- Macau
- Marshall Islands
- Micronesia, Federated States of Nauru
- New Caledonia
- Niue
- Norfolk Island
- Northern Mariana Islands
- Pitcairn
- Russian Federation
- Saint Helena, Ascension & Tristan da Cunha
- Saint Pierre & Miquelon
- Samoa
- Solomon Islands
- South Georgia & the South Sandwich Islands
- Tokelau
- Tonga
- Tuvalu
- United States Minor Outlying Islands
- Vanuatu
- Wallis & Futuna

Area 3

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

- China

Area 4

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

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

Area 5

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

- Åland Islands
- Albania
- Andorra
- Anguilla
- Antigua &Barbuda
- Argentina
- Armenia
- Aruba
- Austria
- Azerbaijan
- Bahamas
- Barbados
- Belarus
- Belgium
- Belize
- Bermuda
- Bolivia
- Bonaire, Sint Eustatius & Saba
- Bosnia & Herzegovina
- Brazil
- Bulgaria
- Cayman Islands
- Channel Islands
- Chile
- Colombia
- Costa Rica
- Croatia
- Curaçao
- Cyprus
- Czech Republic
- Denmark
- Dominica
- Dominican Republic
- Ecuador
- El Salvador
- Estonia
- Falkland Islands (Malvinas)
- Faroe Islands
- Finland
- France
- French Guiana
- Georgia
- Germany
- Gibraltar
- Greece
- Greenland
- Grenada
- Guadeloupe
- Guatemala
- Guyana
- Haiti
- Honduras
- Hungary
- Iceland
- Ireland
- Isle of Man
- Italy
- Jamaica
- Kosovo
- Latvia
- Liechtenstein
- Lithuania
- Luxembourg
- Macedonia
- Malta
- Martinique
- Mexico
- Moldova, Republic of
- Monaco
- Montenegro
- Montserrat
- Netherlands
- Nicaragua
- Norway
- Panama
- Paraguay
- Peru
- Poland
- Portugal
- Puerto Rico
- Romania
- Saint Barthélemy
- Saint Kitts & Nevis
- Saint Lucia
- Saint Martin
- Saint Vincent & the Grenadines
- San Marino
- Serbia
- Sint Maarten
- Slovakia
- Slovenia
- Spain
- Suriname
- Svalbard & Jan Mayen
- Sweden
- Switzerland
- Trinidad & Tobago
- Turkey
- Turks & Caicos Islands
- Ukraine
- United Kingdom
- Uruguay
- Vatican City
- Venezuela
- Virgin Islands, British
- Virgin Islands, US

Area 6

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

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

Area 7

Includes the countries and territories listed below only

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

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