



Summit

Plan Sponsor Guide

For plans starting on or after 1 April 2018

What's inside?

Before you join us

- 1 Introduction
- 2 Eligibility
- 3 Plan currencies, premiums and ways to pay
- 4 Your plan start date
- 5 Clinical policy bulletins
- 6 Help us prevent fraud

While you're with us

- 7 Adding and removing dependants
- 8 Making changes to your plan
- 9 How to cancel your plan
- 10 How to renew your plan

The extra bits

- 11 Definitions
- 12 Governing law, jurisdiction and language
- 13 Complaints
- 14 Data Protection
- 15 Areas of cover

Before you join us

1 Introduction

This Plan Sponsor Guide, and the relevant **Benefits Schedule(s)**, details what **we** do and don't cover under your **plan**, as well as giving **you** important information about managing your **plan**. To see all the terms and conditions that apply to a **member's** cover, please refer to the **plan documents**.

Please read this information carefully to make sure **you're** completely satisfied with the cover **we're** providing. If **you** have any questions, please contact **us** and **we'll** be more than happy to help.

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

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

If coverage provided by your **plan** violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic trade sanctions, the coverage is immediately considered invalid. For example, 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 the **member's** nationality and **country of residence**.

2 Eligibility

Main member

Each person who **you** wish to include on your **plan** as a **main member** must:

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

You may add **main members** to your **plan** on the terms **you** have agreed with **us** within 30 days of such persons meeting the above criteria. At any other time, **we'll** need to ask them some questions in order to decide if **we** can include them and on what terms.

Dependants

Each person who **you** wish to include on your **plan** as a **dependant** must be a **main member's**:

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

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

- **you** want to add them more than 30 days after the relevant **main member's** start date;

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

Add-on plans

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

Group

Unless **we** otherwise agree in writing, **you** must:

- have at least three **main members** on your **plan** at any time;
- include all persons who qualify as **main members** (as set out above) on your **plan** within 30 days of them meeting the criteria; and
- be responsible for all payments of **premium** to **us** – **we** don't accept payment from **members**,

If **you** require **members** to contribute towards the cost of the **premium**, or if **you** give **main members** a choice of whether to include themselves or others as **dependants** on your **plan**, **you** must let **us** know and **we** may revise the terms of your **plan** and **premium**.

If the number of **main members** on your **plan** falls below three, at renewal **we** will not be able to offer **you** a **plan**, but **we** may be able to offer separate individual **plans** to each **member** instead of a renewal of your **plan**.

If **you** want to have different **benefits** for **members**, **you** can ask **us** to set up sub-groups. Sub-groups can be based on differences in regulation, location or seniority, and must each include a minimum of three **main members** all on the same **benefits**, unless **we** otherwise agree in writing. **You** must include all **main members** in the sub-group for which they qualify.

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

3 Plan currencies, premiums and ways to pay

Each **plan** is an annual contract.

When **you** apply for your **plan**, **you** must choose from the currencies available on your **Group Formation Application** and pay all **premium** in that currency. If your **Benefits Schedule** shows more than one currency, the **benefit** limits shown in the same currency as your **plan** will apply.

Your quote will explain how **you** can pay the **premium** for your **plan**:

- for your **Summit plan** by single annual payment, four quarterly or twelve monthly instalments
- for your **add-on plans**, by single annual payment.

If **you** add or remove **members** we'll let **you** know if **you** need to pay **us** any additional **premium** or if we'll refund any **premium** to **you**.

You may be able to pay by direct debit, bank transfer or by cheque or bankers draft as set out in your **Group Formation Application**. **You** can contact **us** if **you**'d like to change the method by which **you** pay.

Unpaid or late premiums

We'll write to **you** if we haven't received or been able to collect your **premium** by a **premium due date**. We have the right to suspend your **plan** until **you** have paid all **premiums** due, which means that we will not approve or pay any **claims** in that period, but if we do pay any **claims**, we have the right to recover the full amount of the **claim** from **you** or the **member**.

We may cancel your **plan** if we don't receive payment within 30 days of a **premium due date**. **You** will then have to apply for a new **plan** if **you** would still like **us** to cover your **members**, and we may apply new **premiums** and terms.

4 Your plan start date

Your **plan** will start on the date **you** request as long as we accept the application and have received:

- your **premium** (or first instalment of it) together with any applicable taxes on or before the **premium due date**,

- the **Group Formation Application**,
- the **Group Member Application** (if applicable),
- previous certificates of insurance if the underwriting terms are **CTT**,
- acceptance of any or all special terms offered in the quotation by **you** and/or the **member**, as applicable,
- **Group Member Declarations**, if we deem necessary, and
- the group membership census.

Your **Certificate of Insurance** will show your **plan start date**, and cover will continue for 12 months until your **plan renewal date**. We're unable to backdate cover.

5 Clinical policy bulletins

For information on how we classify certain **treatments** and services, refer to our clinical policy bulletins by visiting [aetna.com/health-care-professionals/clinical-policy-bulletins.html](https://www.aetna.com/health-care-professionals/clinical-policy-bulletins.html). Our clinical policy bulletins (CPBs) are based on objective and credible sources, including scientific literature, guidelines, consensus statements and expert opinions.

They're not a description of cover or confirmation that we cover these **treatments**, services or costs under your **plan**. If there's a discrepancy between a CPB and your **plan**, your **plan** terms will apply.

6 Help us prevent fraud

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

Health care fraud includes:

- giving false or misleading information to get insurance or a **premium** reduction,
- claiming for **treatments** or services that a **member** hasn't received,
- altering or amending invoices or bills,
- giving a false diagnosis,

- claiming from more than one insurer for the same **treatment** or service, or
- using somebody else's insurance to get **treatment** or services.

How you can help protect yourself and members and keep premiums down

There are simple steps **you** and **members** can take to protect yourselves from health care fraud:

- **members** can compare invoices with their records, checking dates are correct and that they received the **treatments** or services shown,
- **members** asking questions if there's anything they're unsure about, don't understand, expect or recognise,
- letting **us** know if **members** are concerned their doctor is giving them unsuitable **treatment**,
- filling in insurance forms carefully,
- looking after insurance details and documents and keeping original copies of documents and of any correspondence,
- making sure **you** and **members** understand any documents before **you** sign them,
- reporting suspected fraud to **us**, and
- working with **us** on suspected fraud cases.

We work closely with others to prevent fraud

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

If you suspect fraud

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

While you're with us

7 Adding and removing members

Adding a member

You must contact us if you wish to add a member to your plan and give us the information and documents we request. For **Continuous Transfer Terms plans**, this includes the original certificate of insurance or other evidence from the proposed member's previous insurer.

If your plan is a **Continuous Transfer Terms plan**, the proposed member's cover will begin on:

- the date we receive your written acceptance of the special terms we offered in our quote, or
- an agreed later date.

Your plan and its terms, conditions and benefits may be different to those of their previous insurer.

If your plan is a **Medical History Disregarded** or **moratorium plan**, the proposed member's cover will begin on:

- the date we receive the information we've requested, or
- an agreed later date.

If your plan is a **Full Medical Underwriting plan**, the proposed member's cover will begin on the date we receive your acceptance of the special terms we offered in our quote.

For any of the above plans, if, on the date you contact 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. You and/or the relevant main member will not need to complete an application form, however it is your 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 relevant main member's plan will apply to the added dependant.

Once we've accepted a proposed member, we'll send the relevant main member the new Member ID card and an updated Certificate of Insurance.

Removing a member

You must contact us in advance if you wish to remove a member from your plan. We'll remove the member on the future date you request.

Any request you make to remove members during the plan year will be reviewed. Any pro-rata premium adjustments are not guaranteed and will be subject to our agreement.

We can remove a member from your plan if:

- they no longer meet the eligibility criteria set out in the eligibility section of this Plan Sponsor Guide; or
- they make a false or fraudulent claim.

If you or we remove a main member, we will also remove their dependants from your plan. You must let a member know if you or we are planning to remove them from the plan and what their end date will be.

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

When you remove a dependant, we'll send the main member an updated Certificate of Insurance (unless you have also removed the main member).

Members continuing cover when they leave your plan

Members leaving your plan can apply for an individual plan with a new moratorium or on Full Medical Underwriting terms.

If you've chosen, and we've accepted, the 'continuation option' at quotation stage, members can keep their existing underwriting terms when they join an individual plan within 30 days of leaving your plan. This option is only available to members aged under 65 and may incur an increase in premium. Members will be subject to the terms and conditions of the individual plan, and the member will need to contact us for details of what they need to provide.

8 Making changes to your plan

During the plan year you may not make any changes to your plan, including any changes to benefits, except a change to a member's area of cover. You may request changes to your plan at renewal.

If we accept any changes you request, we'll send members a new Certificate of Insurance and a new Member ID card. We may also change your premiums, taxes and benefits as a result.

9 How to cancel your plan

You must contact us if you want to cancel your plan. The last day of cover will be the date we receive written confirmation of your wish to cancel, or on a future date you request. You must pay all premium for the entire plan year and we won't refund any premium nor pay a claim after you have cancelled your plan.

You're responsible for ensuring all members delete and destroy their Certificates of Insurance and Member ID cards on or by the last day of cover. If a member obtains treatment after the last day of cover that we've paid for, we have the right to recover the full amount of the claim from you or that member.

The extra bits

10 How to renew your plan

We'll contact **you** before your **plan renewal date** to discuss renewal and any changes **you** would like to make, or **we** need to make, to your **plan terms**. Once **you** agree terms with **us**, **we**'ll work with **you** to formalise this in writing before the **plan renewal date**. If this happens after the **plan renewal date**, **we** may consider this a break in cover and **you**'ll have to apply for a new **plan** if **you** want cover to recommence.

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

11 Definitions

Where **we** use bold words in this Plan Sponsor Guide, they have the meaning set out below. Where **we** used bold words in the rest of the **plan documents**, they will have the meaning set out in the definitions section of the Member Handbook.

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

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

Area of cover: the geographic area or areas of the world in which a **member** must receive **treatment** or services for your **plan** to apply. Each **member's Certificate of Insurance** shows their **area of cover**.

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

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

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

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

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

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

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

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

Dependant: a person who **we** agree meets the 'dependant' eligibility criteria described in the eligibility section of this Plan Sponsor Guide and who **we** add to your **plan**.

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

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

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

Group Formation Application: the document entitled 'Summit Group plan application' which must be completed and signed by **you** to agree to the terms of your **plan** plus any supporting information **you** give **us** in connection with it.

Group Member Application: the document entitled ‘Summit Group member application’ which must be completed, if we require it, and signed by the **member** to agree to the terms of your **plan** plus any supporting information the **member** gives us in connection with it.

Main member: a person who we agree meets the ‘main member’ eligibility criteria set out in the eligibility section of this Plan Sponsor Guide and who we add to your **plan**.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12 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 your **plan**, its subject matter or formation.

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

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

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

13 Complaints

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

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

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

14 Data protection

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

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

Fraud

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

Marketing

We may, from time to time, provide **you** with marketing information about 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.

15 Areas of cover

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

If **you** and/or your **dependants** are working, residing or spending time in sanctioned countries or regions, please let **us** know immediately. Sanctioned countries and regions currently include Crimea (annexed region of Ukraine), Cuba, Iran, North Korea and Syria. This list is subject to change based on changes in financial sanctions regulations. In addition, there are other countries subject to less broad sanctions than the countries/regions listed here. For more information, visit www.treasury.gov/resourcecenter/sanctions/Pages/default.aspx.

Area 1

Includes all of the countries and territories in the world, including all countries and territories in Areas 2, 3, 4, 5, 6 and 7, plus the US

Area 2

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

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

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

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

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

Stay connected



Visit us

alaininsurance.com
www.aetnainternational.com



Follow us

twitter.com/AetnaIntl



Like us

facebook.com/AetnaInternational

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

Aetna® is a trademark of Aetna Inc. and is protected throughout the world by trademark registrations and treaties.

Al Ain Ahlia and Aetna do 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, 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.

Policies are underwritten by Al Ain Ahlia Insurance Co. (PSC), incorporated under the Abu Dhabi by Act 18 of 1975, Insurance Registration No. 3 of Law No. 6 of 2007 concerning the establishment of UAE Insurance authority and its regulations, and administered by Aetna Global Benefits (Middle East) LLC (Registration No. 5). Registered address: 28th Floor, Media One Tower Building, Dubai Media City, TECOM, PO Box 6380, Dubai, UAE.

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.