



Healthy Aessentials Plan

Regional solutions for locally-hired
and expatriate employee populations



This brochure is applicable to all members within the regional area:
Hong Kong SAR.

We make it our business to understand your business, as well as the unique needs of your employee population. With more than 160 years of experience, covering over 500,000 members around the world, we are well-positioned to provide regional health benefit solutions to help meet your ever-changing business needs.

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Who is Aetna International?

As part of Aetna Inc., we share in the heritage of more than 160 years of expertise as a leading provider of health care benefits. For more than five decades, we've extended that strength and stability across the globe as one of the world's largest and most prominent providers of international health benefits. Today, we have more than 600,000 members supported by more than 1,000 dedicated Aetna International employees in locations throughout the world, including Greater China (Hong Kong and Shanghai), Southeast Asia (Manila, Philippines; Singapore; and Jakarta, Indonesia), Middle East (Dubai, Abu Dhabi, Qatar and Kuwait), United Kingdom (London and Birmingham), and the United States (Tampa, Florida; New Albany, Ohio; Blue Bell, Pennsylvania; and Hartford, Connecticut).

About Starr Companies

Starr Companies is the worldwide marketing name for the operating insurance and travel assistance companies and subsidiaries of Starr International Company, Inc. and for the investment business of C. V. Starr & Co., Inc. and its subsidiaries. Starr is a leading insurance and investment organization with a presence on five continents; through its operating insurance companies, Starr provides property, casualty, and accident & health insurance products as well as a range of specialty coverages including aviation, marine, energy and excess casualty insurance.

Regional business solutions — made easy.

That's our commitment to you. We're dedicated to providing you with consultative solutions, backed by first-class service.



Your business and the health of your employees and their families lie at the centre of everything we do. Through our first-class approach to service, we are a valued partner, working to provide you with innovative products and services that make a positive impact on your business.

We take our collaboration to heart. That's why we've established a strong global presence, with a local footprint that touches key areas all over the world. With employees located in 10 countries, we are deeply embedded in the global marketplace. This enables us to best meet the needs of our valued customers with confidence and compassion.

Contact us today, to find out how our regional solutions can help satisfy the health and wellness needs of your employee population.



Our service philosophy

We want our customers to be satisfied every time they interact with us. To achieve this goal, we have dedicated areas within the organisation focused on delivering a first-class service experience.

The customer experience

Our customers have numerous resources they can rely on throughout their relationship with us. For example, our Plan Sponsor Services team centrally manages a number of key operational functions, including implementation, enrolment, eligibility and billing. Plan installation is handled with care from start to finish — this includes eligibility, ID cards and contractual questions.

In addition, a designated account representative is assigned to each customer to assist with daily benefits needs and renewals. The account representative interacts regularly with our customers to communicate service enhancements and other updates.



The member experience

The 24/7 Aetna International Member Service Centre is committed to making sure our members get the care they need, when they need it.

Members can receive assistance with:

- Questions on claims, benefit levels and cover
- Claims processing in many languages
- General benefit and plan inquiries

The International Member Service Centre is a member's one-stop resource, both day and night. Taking personalised service one step further, we can easily connect members to our **International Health Advisory Team (IHAT)**. IHAT is our dedicated, clinical team that interacts one-on-one with our members to provide:

- Pre-trip planning
- 24/7 support that's tailored to the individual's specific health needs
- Identification of providers and specialists
- Coordination of routine and urgent medical care
- Assistance with obtaining prescription medications and medical devices
- Coordinating second opinions for complex cases
- Benefit coordination
- Coordination of care for return to home country after assignment completion
- Discharge planning
- Clinical claim and international standards of care reviews
- Maternity management

Innovative tools and resources

Our first-class service philosophy extends far beyond our organisational capabilities. We are committed to providing valuable information through technological innovation.

With their cover, members have access to tools and resources via the Aetna International secure member website at www.aetnainternational.com to help them navigate their health care experience more easily, including:

- **Doctor and medical facility search tool** that allows members to find screened and approved physicians and medical facilities
- **Online claims submission and claims lookup** to manage and keep track of claims status
- **Health and wellness information** to help members improve or maintain their health
- **Health and security news** with the latest risk ratings and security alerts
- **City profiles** inclusive of travel information such as vaccination requirements and emergency phone numbers
- **Drug and medical phrase translation services** with features that allow members to search for medication availability by country
- **Mobile doctor directory applications** helping members to find direct-settlement facilities in their city
- **More mobile applications coming soon**

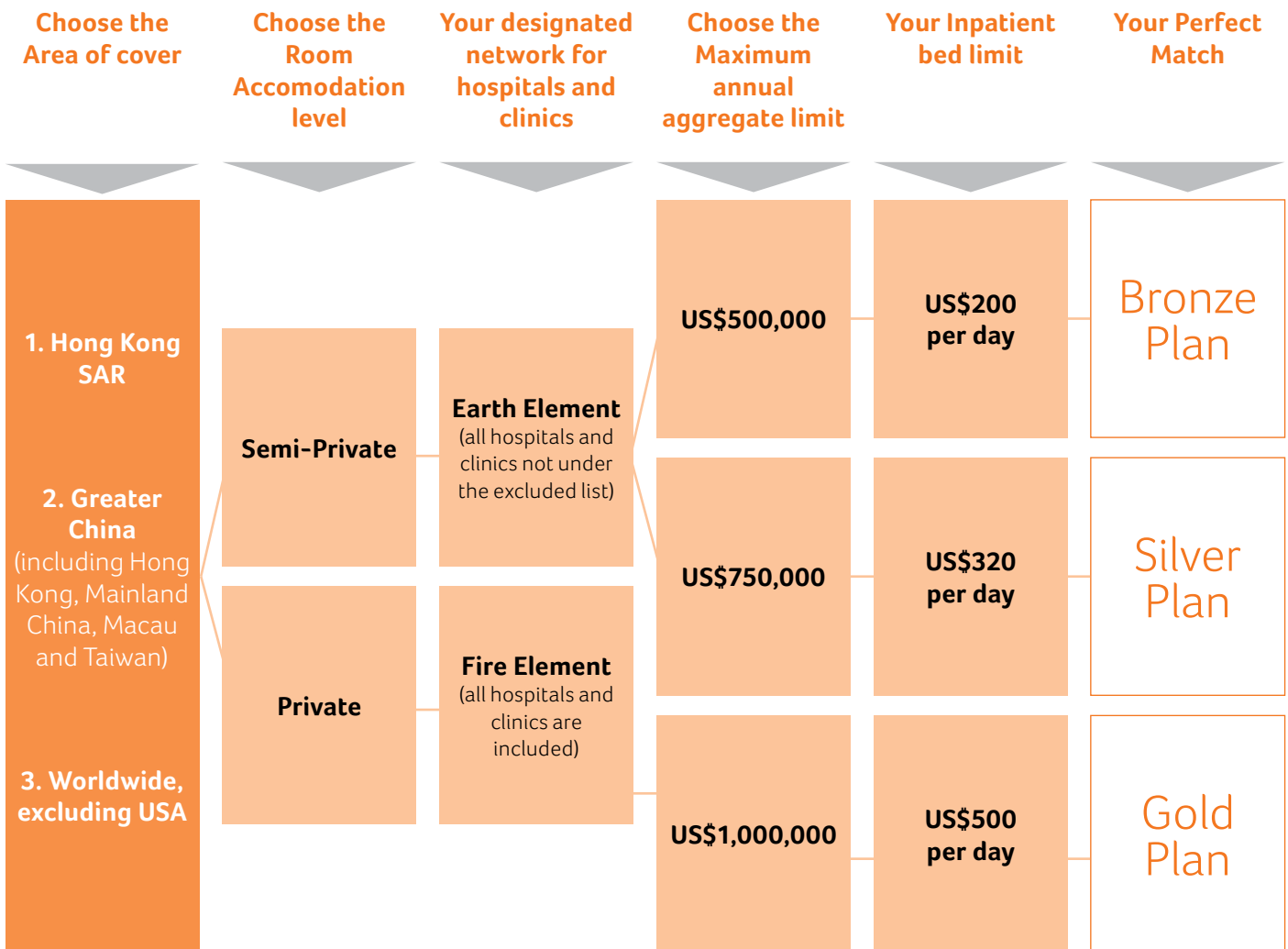
Healthy Aessentials Plan overview

An innovative, flexible solutions offering for locally-hired employees and expatriates.

No two companies are alike. That's why we offer a rich inpatient plan, which can be complimented by the addition of outpatient cover, chronic condition management cover and other optional benefits so you can maximise your health care investment and manage costs based on your varied employee populations.

Employers taking advantage of this flexibility can provide different cover for different groups of employees within the same policy. For example, based on their location, you may want to select a different area of cover and/or provide evacuation assistance.

Decision workflow



A collaborative approach

Our skilled sales team is committed to working with you to identify the plan type and benefits that are best for your business and the employees you're looking to cover.

Additional options

Will you consider the optional outpatient care ?	<ul style="list-style-type: none">• Outpatient care (Bronze: US\$5,000/ Silver: US\$10,000/ Gold: Covered in full)• Traditional Chinese or Ayurvedic medicine• Alternative treatment• Home nursing
Will you consider the optional chronic condition management?	<ul style="list-style-type: none">• Chronic conditions (Bronze: NA/ Silver: US\$10,000/ Gold: Covered in full)• Congenital anomalies• Durable medical equipment, prosthetics, orthotics and supplies (DMEPOS)• AIDS
Will you consider the annual deductible option to reduce costs? (apply to inpatient only if outpatient care does not take place. Othwewisre, it will apply to both inpatient and outpatient care)	Deductible options per period of cover <ul style="list-style-type: none">• US\$500• US\$1,000• US\$5,000
Will you consider the additional options to upgrade cover?	<ul style="list-style-type: none">• Dental• Vaccinations and inoculations• Wellness, vision and hearing• Mother and baby module

Aetna is committed to ensuring compliant business practices around the globe. This includes compliance with sanctioned country information published by the United States Department of Treasury's Office of Foreign Asset Control (OFAC), EU Financial Sanction Regime and United Nations Common Foreign and Security Policy (UN CFSP). If you have a need for us to provide cover in a sanctioned country, please contact your Aetna International representative for guidance on options that may be available.

Value-added wellness programmes

Wellness is a lifelong path, and the journey is different for each individual. It begins with getting members engaged in their own well-being and supporting them wherever they are on their journey — whether they are healthy, at risk for disease or injury, managing a chronic condition or experiencing a major health event.

With this in mind, we've developed **Aetna Global Health Connections** — a complimentary wellness offering for members, which includes the following programmes:

Cancer outreach and support

Members with cancer can get assistance to help them understand their condition and locate helpful resources without a “one size fits all” approach. Instead, each interaction is customised to a member's unique health situation. Members can even speak one-on-one with a registered nurse who is committed to helping them reach their best health.

Health and wellness education

Whether employees are healthy individuals looking for additional healthy lifestyle tips — or have a chronic condition and want to learn how to reach their optimal state of health — we offer an array of health and wellness education materials to aid them in their efforts.

The Aetna International Wellness Centre provides helpful information, including health topics such as:

- asthma
- cancer
- coronary artery disease
- maternity
- stress management

Reach out to our Aetna representative and find out more about our services

Healthy Aessentials sample plans

Flexible designs for your company need

The words and phrases that are in bold have specific meanings, and are defined in the member handbook.

This will be a 12 month policy starting from the date of entry or any subsequent renewal date, as applicable. It is the responsibility of the policyholder to continually review your policy in order to ensure that the plan selected continues to meet the needs and requirements of your employees.

This policy summary does not contain the full terms of the policy; these can be found in the benefits schedule, group contract, certificate of insurance and member handbook.

All benefits shown are per insured person, per period of cover (unless specifically stated).

Benefit (US\$)	Bronze	Silver	Gold
Maximum annual aggregate limit	Up to \$500,000	Up to \$750,000	Up to \$1,000,000
Room accommodation	Restrict expenses to semi-private room only		Restrict expenses to Standard private room or below
Inpatient bed limit	Accommodation is limited to \$200 per day	Accommodation is limited to \$375 per day	Accommodation is limited to \$500 per day
Choose a network	Earth Element (all hospitals and clinics not under the excluded list)		Fire Element (all hospitals and clinics are included)
Area of cover The regional area or specific country in which the member must be located/ resident to receive eligible treatment as stated in the benefits schedule and certificate of insurance .	Regional areas options Hong Kong SAR OR Greater China (including Hong Kong, Mainland China, Macau and Taiwan) OR Worldwide, excluding USA		
Inpatient plan (compulsory section): inpatient, day patient and emergency care			
Inpatient care i) Stabilization of Acute chronic conditions , reconstructive surgery, 60 days pre- and post- hospital treatment , and associated drugs and dressings and appliances used in surgery ii) Rehabilitation	i) Covered in full (accommodation is subject to any selected room accommodation level and Inpatient bed limit) ii) Covered in full up to 120 days per medical condition		
Outpatient surgery	Covered in full		
Accident & emergency treatment outside area of cover Any selected room accommodation level and Inpatient bed limit apply to this benefit	Inpatient treatment up to \$75,000. Outpatient treatment is limited to \$500 per medical condition and subject to an excess of \$80 per medical condition . Evacuations , including emergency evacuations , are excluded.	Inpatient treatment covered in full. Outpatient treatment is limited to \$500 per medical condition and subject to an excess of \$80 per medical condition . Evacuations , including emergency evacuations , are covered.	

Benefit (US\$)	Bronze	Silver	Gold
CT, PET and MRI scans		Covered in full	
Oncology		Covered in full	
Organ transplant		Covered in full	
Inpatient psychiatric treatment		Covered in full (up to 30 days) per period of cover	
Complications of pregnancy		Covered in full	
Accidental damage to teeth		Covered in full	
New born care		Up to USD\$15,000 and to a maximum of 30 days hospital stay	
Parental accommodation		Covered in full	
Renal dialysis		Covered in full	
Evacuation and transportation			
Emergency transportation		Covered in full	
Evacuation and additional travel expenses (within the area of cover)			
i) Travel		i) Covered in full	
ii) Non-hospital accommodation		ii) Up to \$150 per person per day and \$5,000 per person per evacuation	
Mortal remains		Up to \$5,000 per insured person	
Optional outpatient care			
Outpatient care			
All direct settlement outpatient treatment over US\$100 requires pre-authorization (this does not apply if you select the "covered in full" outpatient care benefit).	Up to \$5,000 per period of cover	Up to \$10,000 per period of cover	Covered in full
Traditional Chinese or Ayurvedic medicine	NA		Up to \$750 per period of cover
Alternative treatment	NA		Up to \$500 per period of cover
Home nursing	NA		Covered in full up to 14 days per medical condition
Optional chronic condition management (available with purchase of outpatient care module)			
Chronic conditions	NA	Up to \$10,000 per insured person per period of cover	Covered in full
Congenital anomalies		NA	Up to \$50,000 per medical condition
Durable medical equipment, prosthetics, orthotics and supplies (DMEPOS)		NA	Up to \$500 per medical condition
AIDS		NA	Up to \$10,000 per insured person per period of cover
Additional option to reduce costs			
Choose an annual deductible		\$500 per insured person per period of cover	
		OR	
If selected, outpatient direct settlement is not available.		\$1,000 per insured person per period of cover	
		OR	
		\$5,000 per insured person per period of cover	

Benefit (US\$)	Bronze	Silver	Gold
Eight additional options to upgrade cover			
Dental – Routine dental treatment	Up to \$650 per period of cover (with or without 20% coinsurance)		
Dental – Combined routine & restorative dental treatment	Up to \$1,500 per period of cover (with or without 20% coinsurance)		
Vaccinations and inoculations	NA		Up to \$500 per period of cover
Wellness	Up to \$500 per insured person per period of cover		
- Bilateral mammogram/breast examination and routine gynaecological tests including PAP tests			
- Testicular/prostate examination/PSA/DRE tests			
- Routine medical checkups and associated tests, such as: blood and cholesterol checks, height/weight body mass index, resting blood pressure, urine analysis, cardiac examination, exercise electrocardiogram (ECG), other vital organ function tests and chest X-ray			
Hearing benefit	One hearing test and hearing aids and a maximum benefit of up to \$500 per period of cover		
Vision care	One eye exam and a maximum benefit of up to \$500 per period of cover		
Wellness, vision and hearing	Up to \$500 per period of cover		
Mother and baby module			
i) Routine pregnancy	i) Up to \$10,000 per pregnancy without coinsurance or with coinsurance of 20%		
ii) New born accommodation	ii) Covered in full		
iii) Well-baby care	iii) Up to \$500 per insured person per period of cover		

Medical underwriting

For **groups** of less than 20 **employees**, we require a completed member application form for each **employee**.

Our standard approach to medical underwriting is moratorium; however, **plan sponsors** may elect to purchase enhanced underwriting terms for the **group**.

Moratorium underwriting

Our standard approach to medical underwriting.

At the **member** level, **cover** is not provided for any **medical condition** in existence on the date that individual is accepted into the **group (date of entry)** until it has been treated such that the individual is symptom and **advice**-free for two consecutive years following the **date of entry** with regard to that **medical condition**. This **policy** does not cover the **treatment** of pre-existing **chronic** conditions.

Full medical underwriting

Plan sponsors may also elect to have **members** fully underwritten.

Should we accept **cover**, we may apply additional terms and exclusions, which will be shown on the **member's certificate of insurance**.

Continuous transfer terms

For **members** wishing to transfer from other **policies**. This feature may incur additional premium.

The acceptance by us of the **member's** original **date of entry** as shown by the **member's** current insurer will be applied to the **member's policy** with us. We will maintain the **member's** existing underwriting or special acceptance terms, as offered by the **member's** existing insurer, such as any moratoria or specific exclusions, and the **member's policy** with us will be governed by the terms and conditions of **our policy**. Any transfer will be subject to no enhanced **benefits** being provided. We reserve the right at all times to decline a **continuous transfer terms** request without giving any reason or impose/include additional exclusions.

Medical history disregarded

Available to compulsory **group** schemes of 10 **employees** or more.

Cover is extended to include **treatment** for any **medical condition** or **related condition** where symptoms have existed or **advice** has been sought prior to the **member's date of entry**.

All **members** must be enrolled within 30 days of eligibility. Any **employee** or **dependant** not covered within 30 days of eligibility will be subject to individual medical underwriting.

When MHD is selected for **your policy**, any waiting periods are removed from **benefits** that are stated to contain them.

Cover is not extended to include **treatment** for Congenital Conditions unless the **member** has been enrolled within the first year following birth.

Plan currency

The US Dollar (\$) currency is available to **policyholders** in Hong Kong.

Payment frequency

Bank transfers are available on an annual, semi-annual or quarterly basis.

A surcharge will apply for payments made on a quarterly or semi-annual basis.

Communicating with your employees

To assist **you** in communicating your **benefits** to **your employees** and their **dependants**, we provide the following options:

- Electronic **member** packs and mailed membership cards
- Printed copies of **member** packs and membership cards

Membership adjustments

There are three options for **plan sponsors** to adjust membership when **members** leave or join the plan:

- **Pay as you go** — Adjustments are credited or debited as adjustments are made.
- **End of year adjustments** — We will reconcile **your** account at year end.

Policyholder's right of termination

After the **commencement date**, this **policy**, or any **cover** included, may only be terminated by the **policyholder**, as to all or any class of its **members**, with effect from the **renewal date**. We must be given written notice of intent to non-renew within 15 days of **your** renewal date. If the **policy** is terminated by the **policyholder** at any other time, whatsoever the reason, there will be no return of premium.

Common questions and answers

Q. Are all employees, at home or abroad, eligible for cover?

A. New applicants will be eligible for cover up until the age of 65. The plan will cover employees who live or work in or outside of their home country (the country that issued their passport). Any employee or dependant (subject to the agreement of the plan sponsor) not enrolled within 30 days of eligibility will be subject to individual underwriting.

Q. Are family members eligible for cover as well?

A. Children who are not more than 18 years old residing with the employee, or 26 years old if in full-time education, at the date of entry or at any subsequent renewal date, will be accepted for cover as dependants. Children will not be accepted for cover, unless on a policy with a legal parent or guardian and subject to the identical benefits applying to all parties. A declaration of health is required with respect to all dependants who are born following assisted conception.

New born children will be accepted for cover (subject to the limitations of the new born benefit) from birth. Acceptance of new born babies is subject to written notification within 30 days of birth and receipt of the full premium within a further 30 days following notification.

Q. Is a medical examination required to enrol in the plan?

A. No. In the rare instance that we require additional information for fair and accurate underwriting purposes, we will ask the applicant to submit a medical report from his/her doctor.

Q. Will the plan cover any illnesses or injuries that members have prior to enrolling in the plan?

A. If you select a moratorium underwriting basis, cover for all pre-existing medical conditions are excluded during the first two years of membership. Future costs will be covered providing members do not have any symptoms, treatment or advice for that condition during this two year period. You may also apply for Continuous Transfer Terms (CTT). For groups of 10 or more employees, you may purchase Medical History Disregarded cover.

Q. Does the plan include cover for elective treatment in the USA?

A. Cover is not available in the USA for elective treatment. If you are interested in providing USA cover, speak to your Aetna representative about other available plans.

Q. How do members know if inpatient treatment is covered?

A. All inpatient treatment is required to be pre-authorized prior to a planned admission into a hospital. Members should contact the Aetna International Member Service Centre to determine whether treatment is covered under the policy.**

Q. Is emergency evacuation covered?

A. Emergency evacuation is covered within your area of cover, provided that we pre-authorise it and treatment is not available at the location of the incident.

Emergency evacuation is included out of area, provided that you purchase the out of area cover benefit ("covered in full" option only).

Q. How can members submit a claim?

A. Upon inception, each member will receive a membership card. This provides them with the contact information for the Aetna International Member Service Centre and information they need to register for the Aetna International secure member website. Members can use either resource to submit a claim.

We reserve the right to deny any claim that is not submitted within 180 days of the treatment date. Claims may only be made for treatment given during a period of cover. The benefit will only be payable for expenditure incurred prior to expiry or termination.

Q. Is inpatient direct settlement available?

A. Yes, we have negotiated simplified prepayment procedures with thousands of medical facilities so our members have access to quality care when and where they may need it in their area of cover. For added convenience, we can also coordinate one-time arrangements if a health care professional is not in our direct-settlement database. We have a 95 percent success rate in negotiating these one-time arrangements.

Q. Is outpatient direct settlement available?

A. We have a direct settlement network enabling members to obtain outpatient treatment at a number of selected medical centres where all eligible treatment charges will be paid directly by us (except the Direct Settlement Network shown in our list subjected to assessment of 50% co-insurance - please refer to below questions for further explanation).

All direct settlement outpatient treatment over USD\$100 requires pre-authorization (this does not apply if you select the "covered in full" outpatient care benefit). Direct settlement for outpatient treatment is not available for plans that include an annual deductible.

Q. Are all hospitals or outpatient clinics fully covered?

A. All hospitals are covered if you have selected the Fire Network in the Gold plan. If you have selected the Earth Network in Silver or Bronze plans, some hospitals or clinics are subject to 50% co-insurance.

**Settlement can be made directly to the hospital. Full details of the claims procedure are available in the member handbook.

Appendix: benefits detail

Your policy may include some of the following benefits. To confirm the benefits included in your policy, please refer to your benefits schedule.

All **benefits** are subject to the maximum annual aggregate limit and the sums insured indicated in **your** benefits schedule, the applicable medical underwriting, the **member's certificate of insurance** and **our** general conditions and exclusions.

All costs incurred must be **medically necessary** and subject to **reasonable and customary charges**, based on the average **treatment** costs applicable to the region in which the **treatment** was received, as determined by **us**. **Inpatient** accommodation costs are for a standard **private room** (Gold plan) or semi-private room (Silver or Bronze plans). If an **insured person** is confined to a higher level of Hospital facilities and services than that he or she is entitled to under this Policy, the company will only reimburse the cost of the entitled room level and corresponding rate.

Inpatient bed limit: Inpatient bed costs are restricted to the selected **inpatient** limit and corresponding room type (private or semi private), unless in respect of HDU and ITU admissions, which remain fully covered.

INPATIENT, DAY PATIENT, EMERGENCY CARE AND DIAGNOSTICS

Inpatient care: Charges incurred for the **treatment** of a **medical condition**, including stabilisation of an **acute chronic** condition, when **treatment** is received as an **inpatient** or **day patient** including:

- i) Nursing by a qualified nurse.
- ii) Admittance to the intensive care unit.
- iii) Nursing by a qualified nurse.
- iv) Surgical procedure fees and operating theatre fees.
- v) Medical practitioner fees including surgeon, consultations, specialist and anaesthetist fees.
- vi) Diagnostic procedures including but not limited to pathology tests, Ultrasound scans and x-rays.
- vii) Drugs, dressings, medicines and appliances prescribed by a medical practitioner or specialist, including Traditional Chinese Medicine.
- viii) Reconstructive surgery (including outpatient treatment) to restore natural function or appearance required as a result of an accident or illness occurring during the period of cover and where treatment takes place within 12 months of the insured event occurring.

- ix) Rehabilitation (including outpatient treatment) in a recognised rehabilitation unit of a hospital subsequent to inpatient treatment lasting 3 days or more. The rehabilitation must take place within 14 days of discharge from the inpatient admission and must be recommended and under the direct control of a Medical Practitioner. Treatment includes the use of special treatment rooms, physical and/or speech therapy fees, and other services usually given by a rehabilitation unit
- x) Outpatient treatment connected with inpatient treatment will be covered for 60 days pre- and post- hospital

Accident & emergency treatment outside area of cover: **Benefit** is payable for medical expenses which arise as a result of an **emergency**, which requires the **member** to seek **treatment** in the **accident** and **emergency** unit of a **hospital** whilst temporarily travelling outside **area of cover** and where the **medical condition** did not exist prior to travel and the **member** was **treatment-**, **symptom-** and **advice-** free.

This **benefit** extends to include **outpatient treatment** arising as a result of an **accident** or **emergency**, whilst the **member** is temporarily travelling outside **area of cover** and where the **medical condition** did not exist prior to travel and the **member** was **treatment-**, **symptom-** and **advice-** free.

Complications of pregnancy and/or childbirth are not covered under this **benefit**.

When this **benefit** is purchased on a "covered in full" basis, **evacuations** are available as defined under "Evacuation & Additional Travel Expense" on a worldwide basis.

Emergency transportation: **Emergency** transportation costs to and from the **hospital** to receive **treatment** as an **inpatient** or **day patient**, by the most appropriate transport method when considered **medically necessary** by a **medical practitioner** or **specialist**.

This **benefit** does not include the cost of car hire.

Evacuation & additional travel expense: Evacuation of a **member** in the event of an **emergency**, where **treatment** is not readily available at the place of the incident within **your area of cover**, to the nearest appropriate medical facility within **your area of cover** as determined by **us**, by the most appropriate method of transportation as determined by **us**, for the purpose of admission to **hospital** as an **inpatient** or **day patient**.

Evacuation is subject to written agreement from us, prior to travel and certified instructions to us from the attending **medical practitioner** or **specialist**, including confirmation that the required **treatment** is unavailable at the place of incident.

This **benefit** excludes all maternity and childbirth costs except where these are covered under the **benefit** for complications of pregnancy, and any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts within **your area of cover**. **Cover** is provided for:

- i) **Evacuation** costs including the costs of one other person to travel with the **member** as an escort, if **medically necessary**.
- ii) Travel to and from medical appointments when **treatment** is being received as a **day patient**.
- iii) For an accompanying person to travel to and from the **hospital** to visit the **member** following admission as an **inpatient**.
- iv) Economy class airline tickets to return the **member** and the escort to the **country of residence** or to the country where **evacuation** occurred.
- v) Non-**hospital** accommodation for the **member** and escort for immediate pre- and post-**hospital** admission periods provided that the **member** is under the care of a **specialist**.

Outpatient surgery: This **benefit** extends to cover the cost of endoscopy investigations carried out under an **outpatient** basis. This includes gastroscopy, bronchoscopy, colonoscopy and colposcopy, but excludes laparoscopy and arthroscopy, which are covered under the **inpatient care benefit**.

CT PET and MRI scans: Scans received as an **inpatient, day patient** or **outpatient**.

This must be pre-authorized by us.

Oncology: Covers all **medically necessary treatment** received for, or related to, the diagnosis of cancer when received as an **inpatient, day patient** or **outpatient** including **palliative treatment**.

Organ transplant: The organ transplants covered under this **policy** are as follows: heart, heart/lung, lung, kidney, kidney/pancreas, liver, allogenic bone marrow and autologous bone marrow.

Inpatient psychiatric treatment (up to 30 days): Treatment received in a registered psychiatric unit of a **hospital**. All **benefits** are conditional on pre-authorization from us and all **treatment** being administered under the control of a registered psychiatrist. Without our written confirmation prior to such **treatment**, we will not be liable to pay any **benefit**. However, the initial consultation with the **medical practitioner** (not a psychiatric **specialist**) that results in a psychiatric referral is covered without the requirement for pre-authorization.

Accidental damage to teeth: Treatment received in an **accident** and **emergency** ward of a **hospital** or dental clinic, within 10 days of incurring accidental damage to sound, natural teeth, except when the accidental damage has been caused through eating. Follow-up **treatment** is limited to one visit within 30 days following **your** initial **treatment** and must be pre-authorized by us.

Complications of pregnancy: Treatment of a defined **medical condition** arising during the antenatal stages of pregnancy or during childbirth. The conditions covered are ectopic pregnancy, gestational diabetes, hydatidiform mole, miscarriage (actual or threatened), pre-eclampsia, failure to progress in labour or stillbirth. Post-partum hemorrhage and retained placental membrane that occur during childbirth are also covered by this benefit. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births are excluded from this **benefit**. Post natal checkups needed as a result of one the above complications of pregnancy are covered for a period of 6 weeks.

This **benefit** is payable after the first 12 months from the **commencement date** or **date of entry**, whichever is the later.

New born care: **Inpatient treatment** of an **acute medical condition** being suffered by a **new born** baby that manifests itself within 30 days following birth. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births are excluded from this **benefit**. In circumstances where a **congenital anomaly** manifests itself in a **new born** baby, **cover** will be excluded under this **benefit** and payable under the **benefit** for congenital anomalies. The new born baby must be added to the policy to avail of this benefit. Following the 30 day new born benefit period, excepting any **medical conditions** occurring or manifesting themselves during the 30 day period immediately following birth, the **member's dependant** will be eligible for **cover** subject to written notification within 30 days of birth and all premiums being paid in full within 30 days of the due date. A declaration of health is required with respect to all **dependants** who are born following infertility **treatment** (assisted conception).

Parental accommodation: Hospital accommodation costs of a parent or legal guardian staying with a **member** who is under 18 years of age and is admitted to **hospital** as an **inpatient**.

Renal dialysis: Chronic supportive **treatment** of renal failure or Renal Dialysis incurred immediately pre- and post-operatively or incurred in connection with **acute** secondary failure when dialysis is part of intensive care.

Mortal remains: In the event of death from an eligible **medical condition**: Transportation of the body of a **member** or his/her ashes to the **country of nationality** or **country of residence** or burial or cremation costs at the place of death in accordance with reasonable and customary practice. Necessary burial or cremation fees including:

- The cost of reopening a grave and burial costs, or
- The cost of opening a new grave and burial costs, including any exclusive right of burial fee, or
- In the case of cremation:
 1. The cremation fee
 2. The cost of any doctor's certificates
 3. The cost of removing a pacemaker or other medical device which must be removed before the cremation

But not including costs related to other funeral expenses, such as:

- Funeral director's fees
- Flowers
- The cost of any documents needed for the release of the money, savings and property of the deceased
- The necessary cost of a return journey for you to either
 1. Arrange the funeral, or
 2. Attend the funeral

OPTIONAL OUTPATIENT CARE

Outpatient care: Medical practitioner, **specialist**, consultant and nursing fees and **outpatient** charges including diagnostic and surgical procedures including pathology, X-rays, **drugs and dressings** and **appliances** prescribed by a **medical practitioner** or **specialist**. Physiotherapy on referral by a **medical practitioner** is restricted to 10 sessions per **medical condition**, after which it must be further reviewed by a **specialist**. A medical report will be required for **outpatient** physiotherapy after 10 sessions. A referral letter/report must be submitted with the first claim for such **treatment**.

Traditional chinese or ayurvedic medicine: This **benefit** covers the cost of **treatment** administered by a recognised traditional Chinese or Ayurvedic **medical practitioner**.

Alternative treatment: **Treatment** administered by registered chiropractors, osteopaths, homeopaths, podiatrists and acupuncturists when given under the direct control of and following referral by a **medical practitioner** or **specialist**.

Home nursing: Nursing care given outside a **hospital** that is immediately received subsequent to **treatment** as an **inpatient** or **day patient** on the recommendation of a **specialist**. This must be provided by a **qualified nurse** and not provided for domestic reasons or convenience.

This must be pre-authorised by us.

OPTIONAL CHRONIC CONDITION MANAGEMENT

Chronic conditions: Routine checkups, **drugs and dressings** prescribed for management of the condition, **hospital** accommodation nursing, surgery and **palliative treatment** of **chronic** conditions (excluding cancer). Costs for the **treatment** of cancer are covered under the oncology **benefit**.

Congenital anomalies: **Treatment** of **congenital anomalies** that manifest after the **member's cover** commences with us, or which manifest in a **dependant** child born in the year prior to **cover** commencing.

Durable medical equipment, prosthetic and orthotic supplies (DMEPOS): The following benefits are covered:

- i) **Medically necessary** durable medical equipment prescribed by a treating **Medical Practitioner**, which is necessary to deliver or facilitate the delivery of prescribed **drugs and dressings**. This excludes hearing aids unless the hearing benefit has been purchased.
- ii) Ancillary charges following **treatment** as an **inpatient** or **day patient** including the purchase or rental of crutches, and costs associated with the initial purchase or rental of a wheelchair.
- iii) External prosthetics required following surgery; including braces and callipers, artificial eyes and the initial purchase and fitment of an artificial limb.
- iv) Orthotic supplies including insoles and orthotic supports.

This **benefit** excludes provision, modifications and fitment of furniture or adaptations to the home.

AIDS: Medical expenses that arise from, or are in any way related to, Human Immunodeficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof.

Expenses are limited to pre- and post-diagnosis consultations, routine checkups for this condition, **drugs and dressings** (except experimental or those unproven), **hospital accommodation** and nursing fees.

For this **benefit**, the general exclusion for sexually transmitted diseases does not apply.

ADDITIONAL OPTION TO REDUCE COSTS

Annual deductible: The amount payable by each member in respect of expenses incurred before any **benefits** are paid under the **policy**, as specified in the **certificate of insurance**. The **annual deductible** is payable separately for **treatment** received in each membership year.

Semi-private room restriction: Benefits restricted to Semi-Private Room and corresponding rates when receiving Treatment as an In-Patient or Day-Patient

ADDITIONAL OPTIONS TO UPGRADE COVER

Out of country transportation: The costs of moving an **insured person** in the event of **medically necessary non-emergency treatment** not being readily available at the place of the incident, to the nearest centre of medical excellence, within the **area of cover**, for the purpose of admission to **hospital** as an **inpatient** or **day patient** (excluding all maternity or childbirth costs, except for Complications of Pregnancy) and/or for the purpose of seeking any **medically necessary inpatient, day patient** or **outpatient treatment**.

Cover under this **benefit** is subject to written agreement from **us** prior to travel and certified instructions from the attending **medical practitioner** or **specialist** including confirmation that the required **treatment** is unavailable at the place of incident.

Cover is provided for:

- i) **Evacuation** costs (restricted to economy class flight tickets only) including the costs of one other person to travel with the **member** as an escort, if **medically necessary**.
- ii) Travel to and from medical appointments when **treatment** is being received as a **day patient**.
- iii) For an accompanying person to travel to and from the **hospital** to visit the **member** following admission as an **inpatient**.
- iv) Economy class airline ticket to return the **member** and any escort to the **country of residence** or to the country where **evacuation** occurred.
- v) Non-**hospital** accommodation for the **member** and escort for immediate pre- and post-**hospital** admission periods provided that the **member** is under the care of a **specialist**.

Alternative cash benefit for hospitalization: Where the **member** receives **treatment** for an eligible **medical condition** as an **inpatient** and no costs are incurred for accommodation and **treatment**, we will pay a cash **benefit**. To claim this **benefit**, the **member** should ask the **hospital** to sign and stamp their claim form.

This **benefit** is not applicable to admissions into the **accident** and **emergency** facility of the **hospital**.

If an **annual deductible** is selected it shall not apply to this **benefit**.

Routine dental treatment: Fees of a **dental practitioner** carrying out routine dental **treatment** in a dental surgery. Routine dental **treatment** is defined as:

- examinations
- tooth cleaning
- normal compound fillings
- simple non-surgical extractions

This **benefit** excludes orthodontic **treatment**, restorative **treatment** and dental implants.

A six month wait period applies from the purchase date of this **benefit** or the **member's date of entry**, whichever is the later.

Combined routine & restorative dental: Fees of a **dental practitioner** carrying out routine dental **treatment** in a dental surgery. Routine dental **treatment** is defined as:

- examinations
- tooth cleaning
- normal compound fillings
- simple non-surgical extractions

Restorative dental covers the fees of a **dental practitioner** and associated costs for the **treatment** of the following specified procedures:

- removal of impacted, buried or unerupted teeth
- removal of roots
- removal of solid odontomes
- apicectomy
- new or repair of bridge work
- new or repair of crowns
- root canal **treatment**
- and new or repair of upper or lower dentures
- removal of wisdom teeth (whether performed in **hospital** or in dental surgery, whether performed by a **dental practitioner, specialist**, or an oral or maxillofacial surgeon)

This **benefit** excludes orthodontic **treatment** and dental implants.

A 6 month wait period applies from the purchase date of this **benefit** or the **member's date of entry**, whichever is the later.

Wellness: This **benefit** covers the cost of:

- i) Bilateral mammogram/breast examination and routine gynaecological tests including PAP tests.
- ii) Testicular/prostate examination/PSA/DRE tests.
- iii) Routine medical checkups and associated tests. Such routine checkups/tests include: blood and cholesterol checks, height/weight body mass index, resting blood pressure, urine analysis, cardiac examination, exercise electrocardiogram (ECG), other vital organ function tests, and chest x-ray.

Hearing benefit: The cost of one annual hearing test and hearing aids.

Vaccinations and inoculations: Vaccinations and inoculations, including those that are **medically necessary** for travel.

Vision care: The cost of one routine eye exam per **period of cover** and the purchase of vision hardware, when the member's prescription has changed. Vision hardware covers prescribed glasses or contact lenses.

Wellness, vision and hearing: Mixture of benefits of Wellness, Vision and Hearing (subject to the benefits limit available of the plan).

MOTHER AND BABY MODULE

Routine pregnancy: Costs associated with normal pregnancy and childbirth, including normal deliveries as a result of infertility **treatment** (assisted conception), voluntary caesarean section costs and **medically necessary** caesarean costs due to any non-medical previous caesarean sections. This **benefit** covers the cost of pre-natal checkups, and post-natal checkups for up to six weeks after delivery prescribed pre natal vitamins and delivery costs, including costs associated with qualified midwives, when associated with delivery.

All costs relating to complications of pregnancy or childbirth following infertility **treatment** (assisted conception) will be limited to this **benefit**. This benefit extends to include only the following for a new born child:

- one physical examination;
- vitamin K, hepatitis B and BCG vaccinations;
- circumcision;
- routine blood tests for PKU, congenital hypothyroidism and G6PD;
- one hearing examination; and
- reasonable accommodation costs for no more than four nights, if the mother is admitted and not suffering any complications.

The **newborn** must be enrolled as a **member** within 30 days after birth in order to be eligible for any **benefits** (as per **Policy terms**) after the first 24 hours.

A 12 month wait period applies from the purchase date of this **benefit** or the **member's date of entry**, whichever is the later

New born accommodation: Hospital accommodation costs relating to a **new born** baby (up to 16 weeks old) to accompany its mother (being a **member**) whilst she is receiving **treatment** as an **inpatient** in a **hospital**, following discharge from the original delivery.

Well-baby care: Well-baby checks, effective from 24 hours after birth and up until the child's second birthday & as recommended by a **medical practitioner** or **specialist**. This includes physical examinations, measurements, sensory screening, neuropsychiatric evaluation, development screening, as well as **hereditary** and metabolic screening, immunisations, urine analysis, tuberculin tests and hematocrit, hemoglobin and other blood tests, including tests to screen for sickle hemoglobinopathy.

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