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Mobile Healthcare Plan Brochure

www.aetnainternational.com

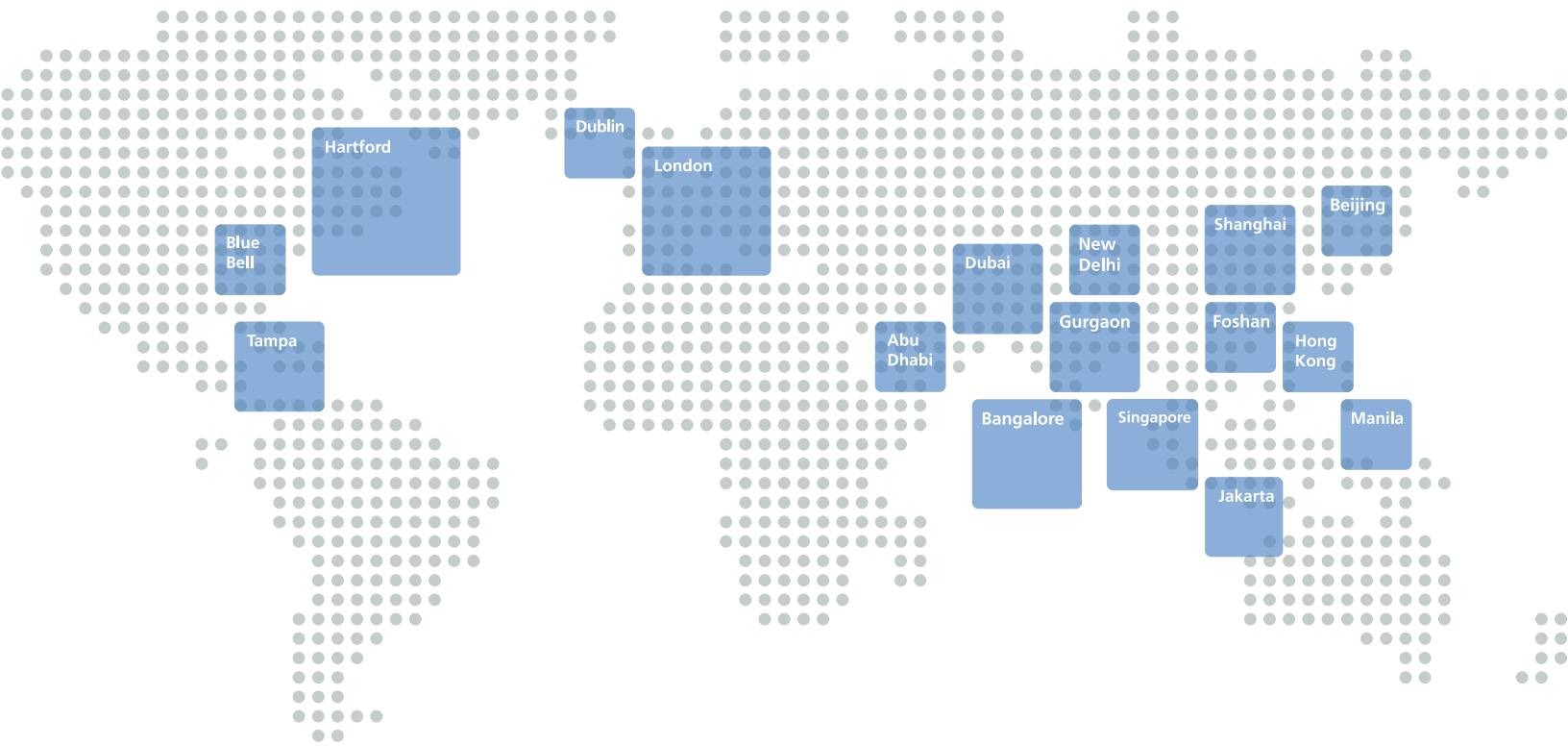


The Mobile Healthcare Plan (MHP) is an innovative benefit package specifically designed by Aetna International to meet the medical insurance needs of the international expatriate community.

The Mobile Healthcare Plan provides comprehensive worldwide coverage for expatriates of all nationalities giving you access to the highest level of health care and services regardless of your location. Whether choosing MHP – Basic or the more comprehensive MHP – Basic Plus option, our dedicated and professional customer service teams are poised to provide you with the necessary guidance and support when, where and however it is required.

Plan Highlights

- Worldwide coverage
- US\$2,000,000 benefit per person per year
- Five deductible options: US\$100, US\$250, US\$500, US\$1,000 and US\$2,500
- Full refund of inpatient, day-patient and outpatient charges
- International emergency evacuation and repatriation
- Maternity, dental and wellness check-up benefit options
- Organ transplants



The Aetna Difference

For over 160 years, Aetna has been working to make it easier for our members to access insurance coverage.

Our experience, strength and stability have been extended globally for more than 35 years, helping us become one of the largest, most reliable providers of international benefits.

*There are many companies in the international arena offering many health plans and promising many benefits. **But there is only one Aetna.***

Our worldwide offices:

Our regional service centers in Asia, the Middle East, Europe and the Americas, provide you with health care assistance around the globe, 24 hours a day.

Global care:

We combine the local touch of support teams with the global strength of our worldwide network to provide exceptional care to you wherever you are.

Our network:

Includes more than 100,000 direct settlement doctors, specialists, hospitals and clinics outside the U.S. and not just globally broad; it's deep in most regions with providers you can trust and rely on for quality care.

Our international membership:

We currently assist more than 500,000 international members, who rest assured knowing they're well cared for by a premiere U.S. and international provider.

Common questions and answers

Q. Am I eligible for coverage?*

A. Provided you are not a resident in the USA or Bermuda, and are under the age of 65, you can become eligible for coverage, subject to a medical questionnaire.

Q. Can my family members also be covered?

A. Yes. Your spouse or adult partner, who is permanently living with you, can be included as a dependent. Also eligible for coverage are unmarried children not more than 18 years old and living with you or not more than 23 years old and in full-time education.

Q. Will I need to have a medical examination to join the plan?

A. No. You only need to complete a simple medical questionnaire. If we require additional information to underwrite your application fairly and accurately, we may request a medical report from your doctor.

Q. Will I be covered for any illnesses or injuries I had before joining the plan?

A. Coverage for all pre-existing conditions are excluded during the first two years of coverage. After this period, should an eligible medical condition reoccur, future costs will be covered subject to the terms of coverage, provided you have been free of any symptoms, treatment or advice for a continuous period of two years since joining the plan.

Q. Am I covered if I travel away from my area of residence?

A. Yes. Whether you are traveling on business or pleasure, you are covered worldwide.

Q. Can I seek treatment anywhere in the world?*

A. Yes. The Mobile Healthcare Plan gives you the freedom to choose the country in which you will receive your treatment.

Q. Am I covered for winter/water sports?

A. Yes. The Mobile Healthcare Plan will also provide for evacuation services from the place of incident to the nearest facility where treatment can be delivered.

Q. How do I know that a treatment will be covered?

A. Not all treatment is covered. For any planned admission to hospital or medical treatment you should contact Aetna to establish whether the treatment is covered. Payment may then be able to be made by us directly to the provider. Full details of the claims procedures are available in your Certificate of Enrollment.

Q. How quickly can I be covered?

A. All completed applications are processed within five business days. We will contact you if we require additional information.

Q. What happens if I want to cancel my coverage?

A. You have 30 days from the commencement date of your coverage to review your benefits. If you decide to cancel and no claims have been made, we will arrange a full refund of any premium paid, provided we receive a written request to cancel your coverage..

*Aetna cannot pay for health care services provided in a country under sanction by the United States, European Union or United Nations. For more information, please call the number on the back of your Member ID Card.

Summary of Benefits

The Mobile Healthcare Plan covers reasonable and customary charges for eligible medical expenses in the area where you receive treatment. Each enrolled person will need to satisfy their deductible once per period (12 months) before claims are reimbursed.

In the following we provide a summary of benefits and limits. For a complete description of the benefits, please refer to the Certificate of Enrollment. The benefits are indicated in US dollars.

Benefits	Limits
Coverage area	Worldwide
Maximum annual benefit	US\$2,000,000
Maximum deductible	2 per family in case of an accident
Reimbursement amounts applicable to all the benefits in this table:	
<ul style="list-style-type: none"> • Outside US • In US in-network • In US out-of-network 	100% 100% 80%
Maximum co-insurance	US\$1,000
Pre-existing conditions	Benefit available after 24 months of continuous coverage
Inpatient hospital charges — Hospital accommodations, drugs and dressings, surgeon and anaesthetist fees, operating room, pathology, diagnosis X-ray and laboratory work	Full reimbursement
Private room and board — Standard private room rate and associated charges	Full reimbursement
Intensive care unit — Charges made by a medical facility for the provision of a room in their intensive care unit	Full reimbursement
Oncology — Treatment given for cancer received as an inpatient, day-patient or outpatient	Full reimbursement
Organ transplants — Limited to certain transplants. Heart, heart/lung, lung, kidney, kidney/pancreas, liver, allogenic bone marrow and autologous bone marrow	US\$250,000 per transplant
CT & MRI — Scans received as an inpatient, day-patient or outpatient and pre-authorized by us	Full reimbursement
Newborn care — Inpatient treatment of an acute medical condition and any associated costs which presents symptoms at birth or which manifests itself within 30 days following birth	US\$250,000 lifetime limit
Ground ambulance	Full reimbursement
Emergency medical evacuation — Emergency medical evacuation costs to and from hospitals by the most appropriate form of transportation	Full reimbursement
Convalescence — Admission to a facility following treatment for a medical condition	Full reimbursement up to 30 days
Home healthcare — Immediately following hospital discharge on the recommendation of a specialist physician and must be provided by a qualified nurse	Full reimbursement up to 30 days
Reconstructive surgery — Reconstructive surgery following an accident or following surgery for an eligible medical condition	Full reimbursement
Accidental damage to teeth — For treatment received to sound, natural teeth and within seven days of the accident	Full reimbursement
Inpatient psychiatric treatment — In a registered psychiatric unit of a hospital. All treatment being administered under the direct control of a registered psychiatrist	Full reimbursement up to 28 days
Parent accommodation — Hospital accommodation costs in respect of a parent or legal guardian staying with an enrolled person who is under 18 years of age and is admitted to a hospital as an inpatient	Full reimbursement

Outpatient treatment including: i. Physician fees ii. Specialist physician fees iii. Diagnostic procedures iv. Physiotherapy on referral by a physician v. Treatment administered by registered chiropractors, osteopaths, homeopaths and acupuncturists on referral by a specialist physician (maximum 10 sessions in aggregate)	Full reimbursement
Outpatient surgery	Full reimbursement
Prescription medication	Full reimbursement
Outpatient psychiatric treatment — Including psychiatric physician and specialist physician consultations	Full reimbursement
Mortal remains i. Transportation of a body or ashes to the country of nationality or country of residence, or ii. Burial or cremation costs at the place of death.	US\$10,000

Benefits

The Mobile Healthcare Plan – Basic Plus option provides you with all the benefits of Mobile Healthcare Plan – Basic, plus the following additional comprehensive benefits:

Limits

Pregnancy and childbirth — Benefit available after 12 months of continuous coverage	
<ul style="list-style-type: none"> • Normal pregnancy — Costs associated with normal pregnancy and childbirth, pre- and post-natal check-ups and delivery costs 	US\$5,000
<ul style="list-style-type: none"> • C-section — Costs of caesarean section required on medical grounds 	US\$9,500
<ul style="list-style-type: none"> • Complications of pregnancy — Treatment of a medical condition which arises during the antenatal stages of pregnancy, or a medical condition which arises during childbirth and requires a recognized obstetric procedure 	Full reimbursement
Newborn accommodation — Hospital accommodation costs relating to a newborn baby (up to 16 weeks old) to accompany its mother (being an enrolled person) while she is receiving treatment as an inpatient in a hospital	Full reimbursement
Dental treatments <ul style="list-style-type: none"> • Routine dental — Benefit available after six months of continuous coverage examinations, tooth cleaning, normal compound fillings, simple or non-surgical extractions • Major restorative dental — Benefit available after nine months of continuous coverage. Removal of impacted, buried or unerrupted 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 	75% reimbursed up to annual limit of US\$1,500
Wellness benefit — Benefit available after 12 months of continuous coverage	US\$250 per year of cover and up to US\$150 per visit
Routine check-ups	US\$150 per check-up
Vaccinations	Reasonable and customary charges
Hormone replacement therapy — Medical practitioner or specialist consultation and the cost of prescribed tablets, implants or patches for hormone imbalances other than naturally occurring menopause	Full reimbursement

Claims procedures

Please read the following information carefully as it explains the claim filing procedures. Feel free to contact us if you require any additional information.

How does your deductible work?

You have different deductible options to choose from. Your deductible is the amount payable by you before any claims are paid. Deductibles are applied per person, per year of coverage. If your claimed amount does not exceed your deductible, it will be applied towards meeting your annual deductible amount. Once your deductible has been met, future claims will be reimbursed up to the limits.

How does your co-insurance work?

For claims incurred in the USA outside our preferred care provider network, a 20% co-insurance will be deducted from the claim reimbursement. The co-insurance is payable by you and will NOT be applied when treatment is received within our preferred care provider network or outside the USA. The annual maximum co-insurance amount is US\$1,000 per person.

How to find a preferred care provider?

You can easily search for a preferred care provider through our online provider search engine. You can narrow your search by selecting specific specialties, medical facilities and/or locations. Our online provider search engine is available at www.aetnainternational.com.

How do I pre-certify?

Any programmed treatment requires a pre-certification. You can pre-certify any upcoming treatment by calling us, downloading a pre-certification form from our website or sending an e-mail. You will be required to provide complete details on the condition, proposed treatment, medical facility and physician.

In case of emergency

In the event of an emergency you should contact us as soon as reasonably possible. Our staff is available 24 hours a day, 365 days a year. The emergency assistance numbers are printed on the back of your membership card. Please do not delay obtaining emergency treatment.

You can send any questions or comments regarding our claims procedures to our Aetna claims office in Tampa (see back page).

Contact information

Customer service:

Toll-free phone: +1-866-545-3252

Direct phone: +1-813-775-0220

Fax: +1-860-262-9111

Claim submission

Web: www.aetnainternational.com

E-mail: americasservices@aetna.com

Fax: +1-860-262-9111

Mail: Aetna International
P.O. Box 30545
Tampa, FL 33630-3548

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Plans and programs are underwritten by Aetna Life & Casualty (Bermuda) Ltd. and administered by Goodhealth Worldwide (Global) Limited.

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

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