International Healthcare Plan for Individuals and Families

Effective date: Policies issued from 1 January 2015

Policy Summary
With many years of experience covering members around the world, we are well-positioned to provide comprehensive health benefits solutions to help meet your ever-changing needs.
RSA Insurance is one of the world’s leading multinational insurance groups with a 300-year heritage. We are a global company with businesses in both mature and emerging markets including the UK, Ireland, Scandinavia, Canada, the Middle East and Latin America. Today, RSA employs around 23,000 people, serving 17 million customers in over 140 countries. Our strategic priorities are technical excellence, supported by a strong governance framework, strong financial management, a diversified portfolio, and a commitment to delivering consistent and reliable levels of customer service.

As a part of Aetna, Inc., Aetna International shares in the heritage of more than 160 years of expertise as a leading provider of health care benefits. For more than five decades, Aetna International has extended that strength and stability across the globe as one of the world’s largest and most prominent providers of international health benefits.

Aetna International is committed to helping create a stronger, healthier global community by delivering comprehensive health care benefits support and population health solutions worldwide. Aetna International serves more than 600,000 members worldwide, including expatriates, local nationals and business travelers. Aetna International has more than 1,000 dedicated employees worldwide with locations in Greater China, Southeast Asia, Middle East, United Kingdom and the United States.

Aetna is one of the world’s leading diversified health care benefits companies, serving an estimated 45 million people with information and resources to help them make better informed decisions about their health care.
Our service philosophy

We want our members 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 member experience

Member Service Centre
The 24/7 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

International Health Advisory Team
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
- Worldwide 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 our 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, given lifestyle, diet and/or conditions
- 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
Wellness is a lifelong path, and the journey is different for each individual — whether they are healthy, at risk of disease or injury, managing a chronic condition or experiencing a major health event.

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

**Value-added wellness 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 members 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 Wellness Centre provides helpful information, including health topics such as:
- Asthma
- Cancer
- Coronary artery disease
- Maternity
- Stress management

Members have access to these tools and resources via our secure member website at [www.aetnainternational.com](http://www.aetnainternational.com).
International Healthcare Plan overview

An innovative, flexible solutions offering
We offer a range of plans and optional benefits so you can maximise your health care budget and manage costs. Just select from one of four base plans, then choose from a selection of additional benefits.

Demands and needs statement
We strive to ensure that all our policies are of real benefit to our individual customers. Therefore, we ask each customer to carefully consider which Aetna policy best meets their own specific needs.

We are an execution-only business. We do not provide advice regarding which plan best suits your individual requirements. Therefore, it is your responsibility to determine which policy type is most suitable for you.

We also recommend that policyholders should frequently review their health insurance requirements to ensure their current policy continues to meet those requirements.

STEP 1: Choose a base plan.

STEP 2: Choose your optional benefits.

STEP 3: Choose your excess.
**STEP 1: Choose a base plan.**

<table>
<thead>
<tr>
<th>Major Medical</th>
<th>Foundation</th>
<th>Lifestyle</th>
<th>Lifestyle Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Major Medical</strong></td>
<td>A comprehensive range of benefits, including, but not limited to:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Inpatient and day patient treatment</td>
<td>• Inpatient and day patient treatment</td>
<td>• Chronic conditions</td>
<td>• Routine pregnancy</td>
</tr>
<tr>
<td>• Evacuation and transportation</td>
<td>• Evacuation and transportation</td>
<td>• Extended emergency evacuation</td>
<td>• Routine dental treatment</td>
</tr>
<tr>
<td>• Accident and emergency treatment outside area of cover</td>
<td>• Accident and emergency treatment outside area of cover</td>
<td>• Increased home nursing</td>
<td>• Major restorative dental treatment</td>
</tr>
<tr>
<td>• Outpatient care (capped)</td>
<td>• Outpatient care (capped)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Alternative treatment</td>
<td>• Alternative treatment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foundation</th>
<th>Lifestyle</th>
<th>Lifestyle Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Foundation</strong></td>
<td>Major Medical benefits, plus:</td>
<td>Lifestyle benefits, plus:</td>
</tr>
<tr>
<td>• Outpatient psychiatric treatment</td>
<td>• Outpatient psychiatric treatment</td>
<td>• Routine pregnancy</td>
</tr>
<tr>
<td>• Hormone replacement therapy</td>
<td>• Hormone replacement therapy</td>
<td>• Routine dental treatment</td>
</tr>
<tr>
<td>• Traditional Chinese or Ayurvedic medicine</td>
<td>• Traditional Chinese or Ayurvedic medicine</td>
<td>• Major restorative dental treatment</td>
</tr>
<tr>
<td>• Increased outpatient care (fully covered)</td>
<td>• Increased outpatient care (fully covered)</td>
<td></td>
</tr>
</tbody>
</table>

**STEP 2: Choose your optional benefits.**

*Optional benefits help you upgrade cover*

• Extended emergency evacuation (optional for Major Medical and Foundation)
• USA elective treatment (available on Foundation, Lifestyle and Lifestyle Plus)
• Outpatient direct settlement network — nil excess (available on Foundation, Lifestyle and Lifestyle Plus)

**STEP 3: Choose your excess.**

Each product option carries a standard excess applicable to each new medical condition. You can amend this by selecting alternative options.

<table>
<thead>
<tr>
<th>Major Medical</th>
<th>Lifestyle</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Standard: Nil</td>
<td>• Standard: $100</td>
</tr>
<tr>
<td>• Options: $1,000 or $5,000</td>
<td>• Options: Nil, $50 or $250</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foundation</th>
<th>Lifestyle Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Standard: $100</td>
<td>• Standard: £65 or $100</td>
</tr>
<tr>
<td>• Options: Nil, $50, $250, $500, $1,000, $2,000 or $5,000</td>
<td>• Options: Nil, $50 or $250</td>
</tr>
</tbody>
</table>
To find out about the key features of the International Healthcare Plan, please see the following Policy Summary. 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. This policy summary does not contain the full terms of the policy; these can be found in the certificate of insurance and member handbook.

This product covers you for eligible elective medical treatment worldwide excluding the U.S. Members are covered for accident and emergency treatment in the U.S. for new medical conditions. Members who wish to benefit from U.S. Elective Treatment should select an appropriate plan and this benefit option.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Major Medical</th>
<th>Foundation</th>
<th>Lifestyle</th>
<th>Lifestyle Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maximum annual aggregate limit</strong></td>
<td>A maximum of $1,600,000 per member per period of cover</td>
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<tr>
<td><strong>Inpatient, day patient, emergency care and diagnostics</strong></td>
<td>Covered in full</td>
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<tr>
<td><strong>Inpatient care</strong></td>
<td>Covered in full</td>
<td></td>
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<tr>
<td><strong>Ancillary charges</strong></td>
<td>Up to $1,000 per medical condition</td>
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<tr>
<td>The purchase or rental of crutches or wheelchairs following treatment as an inpatient or day patient.</td>
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</tr>
<tr>
<td><strong>Accident &amp; emergency treatment in the U.S.</strong></td>
<td>Covered in full for inpatient treatment</td>
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</tr>
<tr>
<td>Complications of pregnancy and/or childbirth are not covered under this benefit.</td>
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<tr>
<td><strong>CT PET and MRI scans</strong></td>
<td>Covered in full</td>
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<tr>
<td><strong>Organ transplant</strong></td>
<td>Covered in full</td>
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<tr>
<td><strong>Inpatient psychiatric treatment</strong></td>
<td>Covered in full (up to 30 days) per period of cover</td>
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<tr>
<td><strong>Accidental damage to teeth</strong></td>
<td>Covered in full</td>
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</tr>
<tr>
<td><strong>Hospital cash</strong></td>
<td>Up to $125 per night for a maximum of 20 nights per medical condition</td>
<td></td>
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</tr>
<tr>
<td>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. The policy excess does not apply.</td>
<td></td>
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</tr>
<tr>
<td><strong>Parental accommodation</strong></td>
<td>Covered in full</td>
<td></td>
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</tr>
<tr>
<td>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.</td>
<td></td>
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</tr>
<tr>
<td><strong>Disease and chronic condition management</strong></td>
<td>Covered in full</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Oncology</strong></td>
<td>Covered in full</td>
<td></td>
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</tr>
<tr>
<td>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.</td>
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</tr>
<tr>
<td><strong>Chronic conditions</strong></td>
<td>Not available</td>
<td>Up to $15,000 per insured person per period of cover</td>
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<tr>
<td>The policy excess does not apply.</td>
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</tbody>
</table>
### Congenital anomalies

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

**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.

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

### Hormone Replacement Therapy

**Medical practitioner** or **specialist** consultations and the cost of prescribed tablets, implants or patches when **treatment** is for the female menopause which has been induced artificially and/or through early onset (by early onset we mean prior to age 40).

### Outpatient and alternative treatments

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Foundation</th>
<th>Lifestyle</th>
<th>Lifestyle Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient care</strong></td>
<td>Up to $1,700 per medical condition</td>
<td>Covered in full</td>
<td></td>
</tr>
<tr>
<td>When given under the direct control of and following referral by a medical practitioner or specialist.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Alternative treatment</strong></td>
<td>See Outpatient care</td>
<td>Covered in full up to 10 sessions in aggregate per medical condition</td>
<td></td>
</tr>
<tr>
<td>When given under the direct control of and following referral by a medical practitioner or specialist.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient surgery</strong></td>
<td>Covered in full</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient psychiatric treatment</strong></td>
<td>No cover</td>
<td>Up to $5,000 per period of cover</td>
<td></td>
</tr>
<tr>
<td><strong>Home nursing</strong></td>
<td>Covered in full up to 30 days per medical condition</td>
<td>Covered in full up to 28 weeks per medical condition</td>
<td></td>
</tr>
<tr>
<td>This must be provided by a <strong>qualified nurse</strong> and not provided for domestic reasons or convenience. This must be preauthorised by us.</td>
<td></td>
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</tr>
<tr>
<td><strong>Traditional Chinese or Ayurvedic medicine</strong></td>
<td>No cover</td>
<td>$30 per session to a maximum of 10 sessions</td>
<td></td>
</tr>
<tr>
<td><strong>Treatment administered by a recognised medical practitioner.</strong></td>
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</tbody>
</table>
Evacuation and transportation

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

**Evacuation & additional travel expense**
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.

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.

**Extended evacuation**
This benefit covers the evacuation costs of a member in the event emergency treatment is not readily available at the place of incident, to the nearest appropriate medical facility, country of residence, country of nationality or country of the member’s choice for the purpose of admission to hospital as an inpatient or day patient, including the cost of one other person to travel with the member as an escort if medically necessary.

**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 Covered in full**

**Covered in full**

**Up to $8,500 per insured person**
### Mother and child

#### 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. The policy excess does not apply to this benefit.
A 12 month wait period applies from the purchase date of this benefit or the member’s date of entry, whichever is the later.

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Covered in Full</th>
<th>No cover</th>
<th>Up to $10,000 per pregnancy and subject to 20% coinsurance (10% coinsurance when selecting Hong Kong semi-private room or when utilizing a preapproved provider facility)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine pregnancy</td>
<td></td>
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</tr>
</tbody>
</table>

#### Complications of pregnancy
Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births are excluded from this benefit.

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

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Covered in Full</th>
<th>No cover</th>
<th>Up to $10,000 per pregnancy and subject to 20% coinsurance (10% coinsurance when selecting Hong Kong semi-private room or when utilizing a preapproved provider facility)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complications of pregnancy</td>
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</tbody>
</table>

#### Newborn care

**Inpatient treatment** of an acute medical condition being suffered by a newborn baby, and which 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 occurs in a newborn baby, cover will be excluded under this benefit and payable under the benefit for congenital anomalies.

Subject to written notification within 30 days of birth and all premiums being paid in full within 30 days of the premium due date, the member’s dependent will be eligible for cover under the full benefits of the policy.

Inpatient treatment of an acute medical condition being suffered by a newborn baby, and which manifests itself within 30 days following birth, is covered under the Newborn Benefit and not under the Inpatient Care benefits of the policy. A declaration of health is required with respect to all dependants who are born following infertility treatment (assisted conception).

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Covered in Full</th>
<th>No cover</th>
<th>Up to $100,000 per insured person per period of cover and to a maximum of 90 days hospital stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn care</td>
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</table>

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

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Covered in Full</th>
<th>No cover</th>
<th>Up to $700 per period of cover and subject to 25% coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn accommodation</td>
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</tbody>
</table>

#### Dental benefits

**Routine dental treatment**
Fees of a dental practitioner carrying out routine dental treatment in a dental surgery.

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

The policy excess does not apply.

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Covered in Full</th>
<th>No cover</th>
<th>Up to $700 per period of cover and subject to 25% coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine dental treatment</td>
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</tbody>
</table>

**Major restorative dental treatment**
Removal of roots, removal of solid odontomes, apicectomy, new or repair of bridge work, new or repair of crowns, root canal treatment, new or repair of upper or lower dentures, and removal of wisdom teeth.

This benefit excludes orthodontic treatment, routine treatment and dental implants.

The policy excess does not apply.

A 9 month wait period applies from the purchase date of this benefit or the member’s date of entry, whichever is the later.

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Covered in Full</th>
<th>No cover</th>
<th>Up to $1,500 per period of cover and subject to 25% coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major restorative dental treatment</td>
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</tbody>
</table>
Our health care coverage meets the requirements of the Dubai Health Authority which ensures your health care plan is compliant with the regulatory requirements in Dubai.

**Dubai Mandatory Health Coverage**

Designed for expatriates residing and receiving treatment in the emirate of Dubai.

Cover includes the following Benefits as described above;

i. Chronic Conditions
ii. Parental Accommodation
iii. Compassionate Accommodation
iv. New Born Care
v. Outpatient Physiotherapy
vi. Complications of Pregnancy

Cover is also provided for the following Medical Emergency Benefits; Laser eye surgery, prescribed Hearing Aids, prescribed glasses or contact lenses and Diagnostic and Treatment services for Dental and gum Treatments — in case of Medical Emergency Only. Medical emergency is defined as any injury suffered as a result to a sudden Accident that was not brought about by the Insured Person or, an urgent health condition that requires an immediate medical intervention.

**Options to upgrade cover**

<table>
<thead>
<tr>
<th>Major Medical</th>
<th>Foundation</th>
<th>Lifestyle</th>
<th>Lifestyle Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient direct settlement network - nil excess</strong>&lt;br&gt;This benefit is available where a Nil or $100 policy excess has been selected.</td>
<td>Not available</td>
<td>Outpatient consultations are available on a nil excess basis where treatment is received in network.</td>
<td></td>
</tr>
<tr>
<td><strong>USA elective treatment</strong>&lt;br&gt;i) Inpatient or day patient treatment received inside the direct settlement network&lt;br&gt;ii) Inpatient or day patient treatment received outside the direct settlement network&lt;br&gt;iii) Outpatient treatment The International Healthcare Plan (IHP) does not comply with the Patient Protection and Affordable Care Act (U.S. health care reform), and cannot be used to satisfy any requirements for health insurance cover mandated therein.</td>
<td>Not available</td>
<td>i) Covered in full&lt;br&gt;ii) Up to $1,000,000 per member per period of cover and subject to 50% coinsurance&lt;br&gt;iii) Covered in full</td>
<td></td>
</tr>
</tbody>
</table>

**Medical underwriting**

**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 policy (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**

Should we accept cover, we may apply additional terms and exclusions, which will be shown on your 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.

**Plan currency**

The plan currency is US Dollar ($).

**Payment frequency**

Bank transfers or cheques are available on an annual basis. These are accepted in the US Dollar.

Credit card payments may be paid on an annual or monthly basis. A surcharge will apply for payments made on a monthly basis.

**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.
Q. Am I eligible for cover?
A. International Healthcare Plan (IHP) will cover globally-mobile individuals who live or work outside of the country that issued their passport, providing the individual is of pre-retirement age at the time of joining.

Note: In some countries we are unable to provide cover. For specific details, contact your representative.

Q. Are my family members eligible for cover as well?
A. Yes. Your spouse or adult partner can be added as a dependant. Your unmarried children, under the age of 18, are eligible dependants as well. Your children enrolled as full-time education students are eligible until the age of 26.

Q. Is a medical examination required to enroll in the plan?
A. No. In the rare instance that we require additional information for fair and accurate underwriting purposes, we will ask you to submit a medical report from your doctor.

Q. Am I covered when travelling worldwide?
A. All members are covered for elective medical treatment in your area of cover, the standard area of cover is Worldwide excluding the U.S. Members who wish to benefit from U.S. Elective Treatment should select an appropriate plan and this benefit option.

Additionally, for members with Worldwide excluding U.S. cover who are temporarily travelling in the U.S., we will pay for treatment arising as a result of an accident or emergency for new medical conditions for which you have not previously experienced symptoms, sought advice or received treatment.

Q. How is the policy excess applied?
A. You are responsible for the policy excess. It is applied to each new medical condition and is deducted by our claims department upon settlement of the claim.

Q. How do I know if I am covered before treatment?
A. You should dial the International Member Service Centre to determine whether treatment is covered under your policy prior to a planned admission into the hospital.

Q. Can the level of cover be adjusted during the policy term?
A. No. The level of cover can only be changed at the renewal date. At that time, we will work with you to ensure any benefit level changes are appropriately adjusted.

Q. Am I able to obtain forms and information online?
A. Yes, you have access to claim forms as well as global health and security information at www.aetnainternational.com.

Q. Does the plan include cover for elective treatment in the U.S.?
A. Cover for elective treatment in the U.S. is only available if the USA Elective Treatment option is selected. This can be purchased with the Foundation, Lifestyle and Lifestyle Plus plans.

Where the member has not elected to provide USA Elective Treatment, they are covered for accidents and emergencies only. Travelling expenses will be covered under the Evacuation benefit in the event of an emergency, if the visiting location does not offer the appropriate treatment or care needed.

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 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.
It's our goal to provide you with the high quality service you expect and deserve. If we ever fall short, we hope you'll let us know. You can contact us any time to file a complaint or to appeal a decision we've made.

Who to contact with a complaint
RSA
P.O. Box 6380
Dubai
United Arab Emirates
T: +971 4 438 7600
F: +971 4 428 7101
PMIComplaintsandAppeals@RSA.AETNA.com

Our complaints handling procedures
Complaints will:
• Be acknowledged promptly
• Be investigated competently, efficiently and impartially
• Be assessed fairly, consistently and promptly

Where a complaint relates to the services provided by another firm we shall advise the complainant of this and forward the complaint to the other firm for resolution. Where we and another firm are jointly responsible for the complaint, we shall ensure that the complainant is informed of this and each company will contact them directly in relation to the complaint for which it is responsible.
Global presence, local footprint — around the corner or around the globe, we’re there.

With us, you and your family have access to first-class benefits and services.

Are you ready to experience the difference?
To learn more, contact us today
+971 4 438 7500
medicalSales@RSA.AETNA.com

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RSA and Aetna do not provide care or guarantee access to health services. Not all health services are covered. Health information programmes 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 cover. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about our plans, please contact us by email at medicalSales@RSA.AETNA.com.

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