

Aetna PioneerSM 1750 – 5000

Product summary

For plans with a start date on or after 1 January 2016

Introduction	2
Declaration	2
Important information	2
Summary Benefits schedules	3
Aetna PioneerSM plan	3
Aetna Maternity plan	7
Aetna Personal Accident plan	8
Aetna Travel plan	9
Key product information	11
Key product provisions	12

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Aetna PioneerSM 1750, 2500, 4000 and 5000 plans

Product summary 2016

Introduction

This Product summary aims to provide **you** with key **plan** information and features, contract provisions, terms and conditions and other relevant information about **our plans**. It does not contain the full terms of the policy; these can be found in the Handbook, **Benefits schedules**, **Certificate of insurance**, **Claims procedures** and **Application**.

Declaration

In order to ensure proper disclosure and acknowledgement of the information presented, **you** and **your** advisor must sign this document and return it to **us**.

Important information

This product is not a Medisave-approved product and the premium for this policy is not payable using Medisave. This is a short-term accident and health product and is not guaranteed renewable.

The insurer has unilateral rights to terminate this policy at each policy renewal date. Also, if **you** have existing medical conditions, **you** may:

- Lose coverage for **your** existing **medical conditions**; or
- Pay additional premiums to retain or increase coverage for **your** existing **medical conditions** under this new policy.

At **your** request, information about distribution costs, charges and expenses will be made available.

The word 'Company' when used in this document means Aetna Insurance Company Limited (Singapore Branch) and includes any other Aetna Inc. company as the context requires.

Some words and phrases used in this document have specific meanings that are relevant to **your plan**. We have highlighted them in bold print and defined them in the 'Definitions' section of **your** Handbook.

Please complete the form below clearly in BLOCK CAPITALS

Eligibility is subject to acceptance of the Application.	
Applicant's name	Applicant's signature
Insurance advisor's name	Insurance advisor's signature
Inception date of cover (dd/mm/yyyy)	Expiry date of cover (dd/mm/yyyy)

	Insured members (full names)	Date of birth (dd/mm/yyyy)	Plan selected	Country of residence
1				
2				
3				
4				
5				

Summary Benefits schedules

Aetna PioneerSM plans

The Aetna Pioneer plan is a comprehensive medical expenses insurance plan. The Company will pay expenses according to the benefits set out in the Benefits schedule. A summary of this document is shown below.

		Aetna Pioneer SM 1750	Aetna Pioneer SM 2500	Aetna Pioneer SM 4000	Aetna Pioneer SM 5000
1	OVERALL PLAN LIMIT				
	Overall plan limit	USD 1,750,000 SGD 2,250,000	USD 2,500,000 SGD 3,125,000	USD 4,000,000 SGD 5,000,000	USD 5,000,000 SGD 6,250,000
2	INPATIENT AND DAYCARE TREATMENT (SEE SECTION 24 FOR DEDUCTIBLES) For acute and chronic medical conditions				
	Inpatient and daycare treatment	Paid in full	Paid in full	Paid in full	Paid in full
	Inpatient treatment needed for acute medical conditions that begin before an insured member is eight days old.	Paid up to a lifetime limit of USD 150,000 SGD 187,500	Paid up to a lifetime limit of USD 150,000 SGD 187,500	Paid up to a lifetime limit of USD 150,000 SGD 187,500	Paid up to a lifetime limit of USD 150,000 SGD 187,500
3	PARENT ACCOMMODATION				
	Hospital accommodation costs for a parent or legal guardian to stay with an insured child aged 17 or under.	Paid in full	Paid in full	Paid in full	Paid in full
4	OUTPATIENT POST-HOSPITALISATION TREATMENT For acute medical conditions				
	Outpatient treatment for a period of 90 days from the date of discharge following each admission for inpatient or daycare treatment related to the same acute medical condition.	Paid in full	Paid in full	Paid in full	Paid in full
5	REHABILITATION For acute medical conditions and stabilisation of acute episodes of chronic medical conditions				
	Rehabilitation for a medical condition.	Paid in full for up to 30 days following each admission	Paid in full for up to 60 days following each admission	Paid in full for up to 90 days following each admission	Paid in full for up to 120 days following each admission
6	CANCER CARE				
	Cancer care	Paid in full	Paid in full	Paid in full	Paid in full
7	OUTPATIENT TREATMENT For acute and chronic medical conditions				
	Surgical procedures.	Paid in full	Paid in full	Paid in full	Paid in full
	Outpatient pre-operative tests up to 72 hours before inpatient or daycare treatment .	Paid up to USD 1,000 SGD 1,250	Paid up to USD 5,000 SGD 6,250	Paid up to USD 15,000 SGD 18,750	
	Medical practitioners' and specialists' fees , prescribed drugs and dressings, MRI scans, X-rays, pathology and diagnostic tests and procedures .	Not covered			
	Kidney dialysis.		Paid in full	Paid in full	
	PET and CT scans.				

Aetna Pioneer™ 1750	Aetna Pioneer™ 2500	Aetna Pioneer™ 4000	Aetna Pioneer™ 5000
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8	PHYSIOTHERAPY AND COMPLEMENTARY MEDICINE For acute and chronic medical conditions				
	Physiotherapy as part of inpatient or daycare treatment .	Paid in full	Paid in full	Paid in full	
	Post-hospitalisation outpatient physiotherapy following admissions for inpatient or daycare treatment .	Paid up to USD 750 SGD 1,000	Paid up to USD 1,500 SGD 1,875	Paid up to USD 2,000 SGD 2,500	Paid in full
	Outpatient physiotherapy.	Not covered			
	Outpatient podiatry, osteopathic and chiropractic treatment.				
	Outpatient traditional Chinese medicine, ayurvedic medicine, acupuncture and homeopathic treatment.		Paid up to USD 300 SGD 375	Paid up to USD 750 SGD 1,000	Paid up to USD 1,500 SGD 1,875
9	PSYCHIATRIC TREATMENT For acute and chronic medical conditions				
	Inpatient psychiatric treatment and psychotherapy.	Not covered	Paid up to USD 5,000 SGD 6,250	Paid up to USD 10,000 SGD 12,500	Paid in full
	Outpatient psychiatric treatment and psychotherapy.		Paid up to USD 1,000 SGD 1,250	Paid up to USD 2,000 SGD 2,500	Paid up to USD 10,000 SGD 12,500
10	DURABLE MEDICAL EQUIPMENT				
	Durable medical equipment including prosthetic and orthotic supplies.	Paid up to USD 1,000 SGD 1,250	Paid up to USD 1,000 SGD 1,250	Paid up to USD 1,000 SGD 1,250	Paid up to USD 2,000 SGD 1,250
11	CONGENITAL ABNORMALITIES				
	Congenital abnormalities.	Not covered	Paid up to a lifetime limit of USD 25,000 SGD 31,250	Paid up to a lifetime limit of USD 50,000 SGD 62,500	Paid up to a lifetime limit of USD 100,000 SGD 125,000
12	HIV OR AIDS				
	HIV or AIDS.	Not covered	Paid up to USD 5,000 SGD 6,250	Paid up to USD 10,000 SGD 12,500	Paid up to USD 15,000 SGD 18,750
13	ORGAN TRANSPLANTS For acute and chronic medical conditions and congenital abnormalities				
	Organ transplants.	Paid in full	Paid in full	Paid in full	Paid in full
14	TERMINAL CARE				
	Terminal care.	Not covered	Paid in full	Paid in full	Paid in full
15	MEDICAL EVACUATION				
	The costs to transport you to the nearest location where appropriate medical facilities are available.	Paid in full	Paid in full	Paid in full	Paid in full
	Economy class travel costs for you to go back to your country of residence , or your home country , after your emergency medical evacuation.				
	Costs of one dependant or companion having to accompany you for an emergency medical evacuation.				
	The costs to transport you to appropriate medical facilities to receive treatment when your medical condition is not an emergency .	Optional benefit	Optional benefit	Optional benefit	Optional benefit

		Aetna Pioneer™ 1750	Aetna Pioneer™ 2500	Aetna Pioneer™ 4000	Aetna Pioneer™ 5000
16	LOCAL AMBULANCE				
	Local ambulance.	Paid in full	Paid in full	Paid in full	Paid in full
17	MORTAL REMAINS				
	In the event of your death we will pay reasonable costs for: <ul style="list-style-type: none"> the transportation of your body or mortal remains to your home country or your country of residence, or your burial or cremation at the place of your death. 	Paid in full	Paid in full	Paid in full	Paid in full
18	COMPASSIONATE EMERGENCY VISIT				
	Costs you have to pay for an economy class return travel ticket from a country within your area of cover for you to visit a close family member : <ul style="list-style-type: none"> if their medical condition is critical, or to attend their burial or cremation following their death. 	Not covered	Not covered	Paid in full	Paid in full
19	DENTAL TREATMENT				
	Outpatient dental treatment for accidental damage to sound, natural teeth . <ul style="list-style-type: none"> the treatment can only be provided after you have received inpatient treatment related to the accident. 	Paid in full	Paid in full	Paid in full	Paid in full
	Outpatient dental treatment for accidental damage to sound, natural teeth , except when the damage is caused through eating. Cover is only available when treatment for the accidental damage is received within ten days of the accident .	Not covered	Paid up to USD 500 SGD 625	Paid up to USD 750 SGD 1,000	Paid up to USD 1,500 SGD 1,875
	Routine outpatient dental treatment .	Not covered	Not covered	Optional benefit	Optional benefit
	Major restorative dental treatment .				
20	WELLNESS				
	Members aged 18 or over: routine health checks including cancer screening, cardiovascular examinations, neurological examinations, vital sign tests and vaccinations.	Not covered	Not covered	Paid up to USD 500 SGD 625	Paid up to USD 1,000 SGD 1,250
	Members aged 17 or under: routine health checks and vaccinations.				
	Preventative services for sight and hearing.			Not covered	Paid up to USD 250 SGD 325
21	HORMONE REPLACEMENT THERAPY				
	Hormone replacement therapy for symptoms of the menopause.	Not covered	Not covered	Paid up to USD 500 SGD 625	Paid up to USD 500 SGD 625
22	SINGAPORE GOVERNMENT RESTRUCTURED HOSPITALS				
	Payment made to you for each night you stay in a Singapore government restructured hospital when receiving inpatient treatment .	USD 125 SGD 150 paid to you for each night	USD 125 SGD 150 paid to you for each night	USD 125 SGD 150 paid to you for each night	USD 125 SGD 150 paid to you for each night

		Aetna Pioneer™ 1750	Aetna Pioneer™ 2500	Aetna Pioneer™ 4000	Aetna Pioneer™ 5000
23	EMERGENCY TREATMENT OUTSIDE AREA OF COVER				
	Inpatient and daycare treatment when your medical condition is an emergency and you are outside your area of cover.	Paid up to USD 5,000 SGD 6,250	Paid up to USD 15,000 SGD 18,750	Paid up to USD 30,000 SGD 37,500	Paid up to USD 50,000 SGD 62,500
	Outpatient treatment when your medical condition is an emergency and you are outside your area of cover.	Not covered	Paid up to USD 500 SGD 625	Paid up to USD 500 SGD 625	Paid up to USD 500 SGD 625
	Costs of the appropriate type of ambulance needed to transport you to the nearest available and appropriate local hospital.	Paid up to USD 500 SGD 625	Paid up to USD 500 SGD 625	Paid up to USD 500 SGD 625	Paid up to USD 500 SGD 625
24	DEDUCTIBLES See section 24 in your Benefits schedule for full details.				
25	HEALTH MANAGEMENT SERVICES				
	Chronic condition and disease management to provide tailored information and access to a nurse to discuss your health.	Not included with your plan	Included with your plan	Included with your plan	Included with your plan
26	RED24 SECURITY SERVICES				
	AdviceLine - 24/7 personal security information and advice for all your travel safety queries.	Included with your plan	Included with your plan	Included with your plan	Included with your plan
	ActionResponse - 24/7 international rescue and response service for you in a potentially life-threatening, non-medical event.	Not included with your plan	Not included with your plan		

Eligibility

Plans are available to people of most nationalities, depending on where they reside. Our plans are not available to citizens of the United States (US) who reside in the US. For full eligibility details, see your Handbook.

If you are a US citizen residing outside of the US, you can choose any area of cover subject to your country of residence. If your chosen area of cover is Area 1, this will only be available on the Aetna Pioneer 5000+ plan. Your cover will be cancelled if you live in the US for more than 30 days in a calendar year. We will offer you an alternative plan if this situation arises.

If you are not a US citizen, Area 1 will only be available on the Aetna Pioneer 5000 plan or the Aetna Pioneer 5000+ plan. Your cover will be cancelled if you live in the US for more than 180 days in a period of three plan years. We will offer you an alternative plan if this situation arises.

Add-on plans

Aetna Maternity plan

A summary of the Aetna Maternity plan Benefits schedule is shown below.

		Aetna Maternity 75	Aetna Maternity 150
1	OVERALL PLAN LIMIT		
	Overall plan limit.	USD 1,700,000 SGD 2,125,000	USD 1,700,000 SGD 2,125,000
2	PREGNANCY AND CHILDBIRTH		
	Costs for: <ul style="list-style-type: none"> • Antenatal checkups for an uncomplicated pregnancy • Antenatal vitamins • Delivery costs, nursing fees and hospital accommodation costs for uncomplicated childbirth • Postnatal checkups This benefit includes cover for pregnancies resulting from natural or assisted conception.	Paid up to USD 7,500 SGD 9,500	Paid up to USD 15,000 SGD 18,750
	Treatment for medical complications of maternity that happen due to a medical condition during pregnancy or childbirth, if the pregnancy is the result of assisted conception.		
	Treatment for medical complications of maternity that happen due to a medical condition during pregnancy or childbirth, if the pregnancy is the result of natural conception.	Paid up to USD 15,000 SGD 18,750	Paid up to USD 50,000 SGD 62,500
3	MEDICAL EVACUATION		
	The costs to transport you to the nearest location where appropriate medical facilities are available, as agreed by us and by your attending medical practitioner .		
	Costs of one dependant or companion having to accompany you for an emergency medical evacuation. This benefit will only become available if your medical condition is critical or you are expected to stay in hospital for seven or more nights.	Paid in full	Paid in full
	The costs to transport you to appropriate medical facilities for treatment related to your pregnancy if the medical condition is not an emergency .	Not covered	Paid in full
4	LOCAL AMBULANCE		
	Local ambulance	Paid in full	Paid in full
5	EMERGENCY TREATMENT OUTSIDE AREA OF COVER		
	Inpatient and daycare treatment for medical complications of maternity that happen due to a medical condition during pregnancy or childbirth.	Paid up to USD 7,500 SGD 9,500	Paid up to USD 15,000 SGD 18,750
	Outpatient treatment for medical complications of pregnancy that happen due to a medical condition during pregnancy.	Paid up to USD 250 SGD 325	Paid up to USD 500 SGD 625
	Costs of the appropriate type of ambulance needed to transport you to the nearest available and appropriate local hospital .	Paid up to USD 500 SGD 625	Paid up to USD 500 SGD 625
	If you are 26 weeks or more into your pregnancy, this benefit is only available if you have been outside your area of cover for no more than 14 days at your date of admission for emergency inpatient or daycare treatment or the date you receive emergency outpatient treatment .		
6	DEDUCTIBLES		
	See section 6 in your Benefits schedule for full details		

Areas of cover, eligibility and coinsurance

Aetna Maternity plans are only available with the same area of cover as your Aetna Pioneer plan. Aetna Maternity 75 and 150 are only available with Areas 2 to 7. If Area 1 is your area of cover on your Aetna Pioneer 5000 or 5000+ plan, please see the Aetna Maternity 200 Benefits schedule.

Cover under this plan is only available if you are a female member and your Aetna Pioneer plan is in force. The Aetna Maternity plan levels shown above are available as follows:

- Aetna Maternity 75 is only available with Aetna Pioneer 2500, 4000 and 5000
- Aetna Maternity 150 is only available with Aetna Pioneer 4000 and 5000

Aetna Maternity plans are not available with Aetna Pioneer 1750.

The minimum age at entry for this plan is 18. The maximum age at entry is 44. Once you have reached the age of 46 during your plan year, your Aetna Maternity plan will not be renewed. For full eligibility details, see your Handbook.

The maternity coinsurance chosen will apply for the first 24 months' continuous cover under the plan.

Aetna Personal Accident plan

This plan does not provide cover for sickness or disease. A summary of the Aetna Personal Accident plan Benefits schedule is shown below.

		Aetna Personal Accident 85	Aetna Personal Accident 170	Aetna Personal Accident 255	Aetna Personal Accident 340	Aetna Personal Accident 425
1	OVERALL PLAN LIMIT					
	Overall plan limit	USD 85,000 SGD 106,250	USD 170,000 SGD 212,500	USD 255,000 SGD 318,750	USD 340,000 SGD 425,000	USD 425,000 SGD 531,250
2	ACCIDENTAL DEATH BENEFIT					
	A cash payment made if you die because of an accident and your death is within 12 months of the accident.	USD 85,000 SGD 106,250	USD 170,000 SGD 212,500	USD 255,000 SGD 318,750	USD 340,000 SGD 425,000	USD 425,000 SGD 531,250
3	PERMANENT TOTAL DISABLEMENT See section 3 in your Benefits schedule for full details.					
4	PERMANENT PARTIAL DISABLEMENT See section 4 of your benefits schedule for full details.					
5	PERMANENT PARTIAL DISABLEMENT SCALE See section 5 in your Benefits schedule for the percentage of the overall plan limit that we will play.					

Eligibility and area of cover

Cover under this plan is only valid if your Aetna Pioneer or Aetna Summit plan is in force.

The minimum age at entry for this plan is 18. The maximum age at entry is 79.

This plan provides cover for managerial, clerical and administrative occupations only. If your occupation puts you at greater risk of a bodily injury caused by an accident, the planholder or your plan administrator must tell us. We will tell them if we agree to cover you and let them know any extra premium that will apply.

This plan provides worldwide cover.

Accumulation limit

The maximum amount we will pay multiple members on the same Aetna Personal Accident plan for claims arising from any one event in any one location or vehicle is USD 4,250,000 or SGD 5,312,500.

2016 Aetna Personal Accident add-on plan premiums

Plan level	Yearly premiums
Aetna Personal Accident 85	USD 176 or SGD 235
Aetna Personal Accident 170	USD 325 or SGD 471
Aetna Personal Accident 255	USD 528 or SGD 706
Aetna Personal Accident 340	USD 704 or SGD 942
Aetna Personal Accident 425	USD 880 or SGD 1,177

Aetna Travel plan

A summary of the Aetna Travel plan Benefits schedule is shown below.

1 MEDICAL BENEFITS		
	Inpatient, daycare and outpatient treatment needed for any one or more medical conditions you suffer during a trip .	Paid up to USD 3,400,000 SGD 4,250,000 in each plan year
	Reasonable additional accommodation costs that you have to pay if you cannot return to your country of residence due to any one or more medical conditions .	
	Economy class travel costs to return you to your country of residence if you cannot return as originally booked due to any one or more medical conditions .	
	If the member is an insured child under the age of 18 we will pay the following costs for a parent or legal guardian: <ul style="list-style-type: none"> • Hospital accommodation costs for them to stay with the child if the child is receiving inpatient treatment. • Reasonable accommodation costs for them to stay with the child if the child cannot return to their country of residence and the child's accommodation costs are covered under section 1.2 • Economy class travel costs to accompany the child, if the child is unable to return to their country of residence as originally booked and the child's travel costs are covered under section 1.3 	
	Dental treatment needed for the immediate relief of dental pain you suffer during a trip .	Paid up to USD 1,700 SGD 2,125 for each trip within the limit shown in section 1.1
2 LOSS OF DEPOSITS, CANCELLATION OR CURTAILMENT		
	You or your personal representative will be paid for the loss of irrecoverable deposits, pre-payments and any other costs paid, or contractually due to be paid, for travel or accommodation, if your trip has to be cancelled or curtailed as a direct result of any one or more of the following that happens after a trip is booked: <ul style="list-style-type: none"> • Your death • A medical condition you suffer • The death of, or a medical condition suffered by: <ul style="list-style-type: none"> - the person you are travelling with, or had arranged to travel with, or - a close family member. • You, the person you are travelling with, or the person you had arranged to travel with: <ul style="list-style-type: none"> - having to attend jury service, - having to attend as a witness in a court of law under subpoena, or - being restricted by compulsory quarantine. • A listed natural disaster or similar force majeure 	Paid up to USD 5,100 SGD 6,375 for each trip
3 TRAVEL DELAYS		
	Cash payment made to you for each full 12 hours that you are delayed because of strikes, industrial action, adverse weather conditions, mechanical breakdown, or failure of any aircraft, sea vessel, train or other form of public transport .	USD 85 SGD 106 paid for each full 12 hours, up to USD 255 SGD 318 for each trip
4 MISSED DEPARTURES AND TRAVEL DISRUPTION		
	Additional travel and accommodation costs you have to pay to connect with your group or tour, or reach your final destination, if you miss your original departure because of: <ul style="list-style-type: none"> • adverse weather conditions, • mechanical breakdown, or • failure of the public transport that you were using to reach your point of departure. 	Paid up to USD 1,700 SGD 2,125 for each trip

5	HIJACK	
	Cash payment made to you for each full 24 hours that you are unable to reach your destination because your transport is hijacked..	USD 170 SGD 213 paid for each full 24 hours, up to USD 2,550 SGD 3,195 for each trip
6	BAGGAGE AND PERSONAL EFFECTS	
	Damage to, loss of or theft of your property that happens: <ul style="list-style-type: none"> • when you send the property in advance, up to 24 hours before the departure date shown on your itinerary, or • during your trip, to property that you take with you or purchase during your trip. 	Paid up to USD 3,400 SGD 4,250 for each trip
7	DELAYED BAGGAGE	
	Costs of essential toiletries and clothing, if your baggage is delayed on your outward journey for 12 or more hours from the time of your arrival.	Paid up to USD 170 SGD 213 for each trip
8	LOSS OF MONEY	
	The value of any cash, traveller's cheques or postal or money orders that are stolen or accidentally lost during your trip .	Paid up to USD 850 SGD 1,063 for each trip
9	LOSS OF PASSPORT AND TRAVEL DOCUMENTS	
	Costs of replacing travel documents owned or held by you if they are lost or stolen during your trip .	Paid up to USD 850 SGD 1,063 for each trip
10	DEDUCTIBLES	
	See section 10 in your Benefits schedule for full details	

Eligibility, area of cover and pre-existing medical conditions

Cover under this plan is only available if **your** Aetna Pioneer or Summit plan is in force.

The maximum age at entry is 79. For full eligibility details, see **your** Handbook.

This plan provides worldwide cover.

This plan does not provide cover for **medical conditions** that exist within the 24-month period before the date of booking a trip, or **your date of joining**, whichever is later. See exclusion ET2 in **your** Handbook for more information.

2016 Aetna Travel add-on plan premiums

Yearly premiums		
Age	USD	SGD
0-21	USD 80	SGD 102
22-79	USD 215	SGD 273

The premiums shown do not include Insurance Premium Tax (IPT) or other local taxes. If any taxes apply in **your country of residence**, these will be added to **your** premiums. For premiums including any applicable taxes, please contact **us** for a full quotation.

If **you** are over 79 at **your plan renewal date**, we will give **you** a quotation for **your** renewal premium.

Key product information

Deductibles

Aetna Pioneer 1750

You must pay a standard annual **excess** amount of USD 2,000 / SGD 2500 for any one or more claims in each **plan year**. This is the total **excess** that you will pay for any one or more claims in the **plan year**.

You may choose a higher or lower annual **excess**. A higher amount will reduce your premium and a lower amount will increase your premium. See section 24.1 in the **Benefits schedule** for more information.

An additional **deductible** may apply for **treatment** or services received outside of the **network**, see section 24.4 in the **Benefits schedule**.

Aetna Pioneer 2500, 4000 and 5000

You must pay a standard **coinsurance** of 10% up to a maximum of USD 2,000 / SGD 2,500. This **coinsurance** is applied to each claim. The maximum applies to any one or more claims you make in the **plan year**.

You may choose a higher or lower **coinsurance**. A higher **coinsurance** will reduce your premium and a lower **coinsurance** will increase your premium. See section 24.2 in the **Benefits schedule** for more information.

An additional **deductible** may apply for **treatment** or services received outside of the **network**, see section 24.4 in the **Benefits schedule**.

Aetna Pioneer 4000 and 5000

If you choose the optional routine and major restorative **dental** cover you must pay a **dental coinsurance** of 25% for all claims. This **coinsurance** is shown in section 24.3 in the **Benefits schedule**. The **benefit** is shown in sections 19.3 and 19.4 in the **Benefits schedule**. You cannot remove or change this **coinsurance**.

Duration of the plan

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

Area of cover

The available **Areas of cover** for people based in Singapore are shown below. For more detail please refer to your Handbook.

- Area 4 includes cover for all the locations in Area 5, plus Australia, Qatar, New Zealand, Singapore and the UAE
- Area 3 includes cover for all the locations in Area 4, plus China
- Area 2 provides worldwide cover excluding the US
- Area 1 provides worldwide cover including the US

All **plans** provide some cover for emergency medical **treatment** outside the **Area of cover**. The **benefit** limits for each **plan** are shown in section 23 in the **Benefits schedule**.

Please note that Area 1 cover is only available to non-US citizens living outside the US. Only Aetna Pioneer 5000 and 5000+ are available with Area 1.

Healthy Behaviours Discount

We will give a Healthy Behaviours Discount on Aetna Pioneer 4000, 5000 and 5000+ **plan** renewal premiums as long as:

- the **planholder** fills in the online Health Assessment within 90 days of the **plan start date**, and
- none of the **members** on the Aetna Pioneer 4000 or 5000 **plan** have had any claims paid during the **plan year**.

The value of the Healthy Behaviours Discount is based on the amount of time the **plan** has been claim-free. If the **plan** has been claim-free:

- For less than one **plan year**, there will be no discount at renewal
- For one **plan year**, there will be a 5% discount at renewal
- For two **plan years**, there will be a 10% discount at renewal
- For three **plan years**, there will be a 15% discount at renewal
- For four **plan years**, there will be a 20% discount at renewal
- For five or more **plan years**, there will be a 25% discount at renewal

The maximum Healthy Behaviours Discount is 25%. If any **member** has any claims paid during a **plan year**, the discount will be lost until the **plan** has been claim-free for at least one **plan year**.

Any claims made for the Wellness or Hospital cash **benefits** will not affect the Healthy Behaviours discount.

If a claim relating to a previous **plan year** is made after we have given a Healthy Behaviours Discount, the full premium will be due for the **plan year** to which the discount was given. We will also recalculate the amount of Healthy Behaviours Discount that applies to the following **plan years**. Any additional premiums that become due as a result of this will be charged.

The Healthy Behaviours Discount is not available when renewing from, or onto, any other Aetna Pioneer **plan level**.

The Healthy Behaviours Discount does not apply to the premiums of any **add-on plans**.

For more information please see the Healthy Behaviours Discount section of your Handbook.

Premiums

The premium information for the cover **you** request will be provided on a quotation. Premiums may be paid annually, every three months or every month. Due to administration costs, the total premiums **you** pay every month or every three months will be higher than if **you** pay the premiums every year (about 12% more if you pay every month and 7.5% if you pay every three months).

Benefit limits will be based on the **plan** currency chosen, and all premiums must be paid in the same currency as the **plans**. Any **add-on plans** that have been chosen must be in the same currency as **your** Aetna Pioneer **plan**.

Premiums may be affected by material changes such as moving to another country or changing occupation. **You** must disclose any **material facts** to **us**.

Key product provisions

The following are major provisions found in the **plan**. This is only a brief summary and **you** are advised to refer to the actual terms and conditions found in the Handbook. Please consult **your** insurance advisor or **us** should **you** need further explanation.

Eligibility

The Aetna Pioneer **plans** and **add-on plans** are available to people of most nationalities, depending on where they reside. **Our plans** are not available to citizens of the United States (US) who reside in the US. Please contact **us** if **you** need further information. **Plans** may not meet specific visa requirements. Cover may also be illegal under local laws. It is the **planholder's** responsibility to ensure that any **plans** chosen meet **your** needs.

The minimum age of a **planholder** is 18. **You** cannot be older than 79 at **your start date**. All **dependant** children on a **plan** must be unmarried. **Dependant** children aged 18 to 26 must be in continuous full-time education at their **start date**.

The **planholder** and their **dependants** must have the same **plan level**, **area of cover**, optional **benefits**, and **deductibles**.

Waiting periods

Waiting periods begin on the date that a **benefit** was first introduced on **your plan** or **your date of joining**, whichever is later. A waiting period of 182 days applies to the optional routine and major restorative **dental benefit**. A waiting period of 12 months applies to the Aetna Maternity **add-on plans**. This waiting period applies to all **benefits** except for medical complications of a pregnancy which is the result of natural conception.

Commencement date

With **our** agreement cover under **your** plan will begin as soon as **we** receive **your** acceptance of the special terms offered in the quotation or on a future date given to **us** by the **planholder**. **We** will tell the **planholder** the **plan**

start date in writing. **We** cannot backdate cover under any circumstances.

Premium guarantee

During a **plan year** premiums will only change in line with any changes to the **plan**. For instance, if you change **country of residence** or occupation premiums may be adjusted to reflect the change in risk. Before each **renewal date** premiums for the next **plan year** are calculated in line with **our** rates at that time. **We** will send **you** a renewal quotation with the new premium. Many factors, including medical inflation and the age of members on cover, influence the premiums we charge.

Transfers

If a new person wants to transfer cover from another insurer to apply for CTT underwriting terms with **us**, an **Application** for CTT must be filled in, and **we** will need an original **certificate of insurance** from their previous insurer, which shows:

- their original start date with that insurer,
- their underwriting terms, and
- any special terms that may have applied.

If there is a break in cover between the end date of the previous insurance **plan** and the application to **us**, **we** will not offer a transfer of previous underwriting terms.

Renewal

With **our** agreement, the **planholder** may renew the **plan** each year. The **planholder** must tell **us** all **material facts** about themselves and all **dependants** before the **plan renewal date**.

If the **planholder** wants to renew the **plan**, they must tell **us** in writing before the **plan renewal date**. **We** may change the definitions, **benefits**, **plan** terms, conditions and exclusions that apply to the **plan**. These will be sent to the **planholder** together with the renewal quotation at least six weeks before the **plan renewal date**.

Renewal premiums must be paid on or before the **plan renewal date**. If premiums are paid by instalments, the first payment must be paid on or before the **plan renewal date**.

A child will no longer be eligible as a **dependant** under the plan at the next **plan renewal date** if any one or more of the following apply:

- they marry,
- they are not in continuous full-time education and they are 18 to 26, or
- they reach the age of 26.

With **our** agreement they can apply to have their own **plan** by completing a Pioneer **Application**. As long as there is no break in their insurance cover their **date of joining** will stay the same. Their application will be governed by the definitions, **benefits**, **plan** terms, conditions and exclusions in force at the time they move to their own **plan** together with any special terms they accept as offered in their quotation.

Cooling-off period

If **you** feel this **plan** does not meet **your** needs, the **planholder** may cancel it. The **planholder** must tell us in writing within 15 days of receiving the **plan** documents, or the **date of joining**, whichever is later. The **planholder** must return the **Certificate of insurance** and the **Member ID Card**.

As long as no claims have been made by any **member** on the **plan**, the premium received will be refunded in full.

If any claims have been made, no refund will be due and the premium will be payable in full.

If the Aetna Pioneer **plan** is cancelled, any **add-on plans** will also be cancelled.

Premiums can only be refunded to the account they were originally paid from.

Cancellation

The **planholder** must tell us all **material facts** before we accept an application, make changes to a **plan** or renew a **plan**. The **planholder** must tell us immediately in writing about any change that affects information given in connection with the application for cover under a **plan**, including information about **you**. If there is a change in risk that the **planholder** has not told us about, **your** cover may be cancelled, the **plan** may be cancelled, or any related claim may be reduced or rejected.

We will cancel a **plan** if payment is not received within 30 days of the premium due date.

If **your area of cover** is Area 1 and **you** are a citizen of the United States of America (US), we will cancel **your** cover if **you** have spent more than 30 days in the US in any one calendar year. If **your area of cover** is Area 1 and **you** are not a citizen of the United States of America (US), we will cancel **your** cover if **you** have spent more than 180 days in the US in a period of three **plan years**.

If we receive new information that shows a claim we have already approved is **ineligible**, no costs will be paid. If any costs have already been paid, we will recover the costs and no further costs will be paid. Any approval we have given during the **preauthorisation** process may also be withdrawn. After we have given notice that **you** must repay any costs, this must be done within 14 days, failing which, we reserve the right to cancel the **plan**, subject to applicable laws.

If coverage provided by this policy violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit www.treasury.gov/resource-center/sanctions/Pages/default.aspx

Add-on plans

You can choose **add-on plans** to cover pregnancy and childbirth, personal accident and travel.

Benefit limitations

There are certain conditions whereby the benefits under this plan will not be payable. These are stated as exclusions in the contract. You are advised to read the policy contract for the full list of exclusions.

The Aetna Pioneer **plan** and Aetna Maternity **plan** do not cover claims for, arising from or connected with the following exclusions unless shown on **your Benefits schedule**, or agreed by us in writing.

Some of these exclusions apply to the Aetna Travel and Aetna Personal Accident **add-on plans**. Extra exclusions also apply to these **plans**. See the 'Extra plan terms, conditions and exclusions for Aetna Travel and Aetna Personal Accident add-on plans' section for details.

Underwriting terms

E1 This exclusion applies if **your** underwriting terms are **moratorium** or **CTT previously moratorium**, as shown on **your Certificate of insurance**. See exclusion E2 if **your** underwriting terms are **FMU** or **CTT previously FMU**, as exclusion E1 does not apply to these underwriting terms. Exclusions E1 and E2 do not apply if **your** underwriting terms are **MHD**.

A **pre-existing medical condition** or **related medical condition** that, within a 24-month period before the **date of joining** or the date shown on the special terms section of **your Certificate of insurance**, has one or more of the following characteristics:

- Was **foreseeable**
- Clearly showed itself
- **You** had signs or symptoms of
- **You** asked for **advice** about
- **You** received **treatment** for
- To the best of **your** knowledge, **you** were aware **you** had

Pre-existing medical conditions or **related medical conditions** may be covered after **you** have had 24 months' continuous cover under the **plan** and within that time **you** have not:

- experienced symptoms,
- asked for **advice**, or
- needed or received **treatment**, medication, or a special diet.

If **you** have:

- experienced symptoms,
- asked for **advice**, or
- needed or received **treatment**, medication, or a special diet,

then **you** will have to wait until **you** have completed a continuous 24-month period when none of these apply to **you**. **Pre-existing medical conditions** or **related medical**

conditions may then be covered. This is the rolling part of the moratorium.

E2 This exclusion applies if **your** underwriting terms are **FMU** or **CTT** previously **FMU**, as shown on **your Certificate of insurance**. See exclusion **E1** if **your** underwriting terms are **moratorium** or **CTT** previously **moratorium**, as exclusion **E2** does not apply to these underwriting terms. Exclusions **E1** and **E2** do not apply if **your** underwriting terms are **MHD**.

A **medical condition** or symptom that **you** were aware of before **your start date** unless **we** were given all the information **we** asked for in the **Application** and **we** have not specifically excluded the **medical condition** or symptom as shown on **your Certificate of insurance**.

Plan and benefit availability and limitations

E3 Costs incurred:

- That exceed a limit shown on **your Benefits schedule**
- If **you** have not completed the waiting period shown on **your Benefits schedule**
- If these are less than the value of any **deductible** that applies to **your plan**
- If no relevant **benefit** is included on **your plan**
- For a **benefit** not covered on **your plan**, even if cover was included in any previous **plan year**
- That may be associated with a claim, but are not covered under **your plan**. For example, loss of earnings as a result of a **medical condition**
- Outside **your area of cover**

E4 Costs incurred for, or in relation to, any portion of **treatment** or services received before **your start date** or after **your end date**.

E5 Medical evacuations if a local situation makes it impossible, dangerous or not practical to enter a specific location or country.

False and fraudulent claims

E6 A false or fraudulent act **you** know about. If **we** have paid any part of the claim, **we** will recover the costs.

Treatment provision and referral

E7 **Treatment** that **we** determine on **general advice** is unproven, experimental or investigational.

E8 Drugs or dressings that:

- are not recognised by the pharmaceutical regulator in the country where **treatment** is provided,
- are obtained without prescription, or
- are prescribed for a **medical condition** that is different to the one that is being claimed for.

E9 Dietary supplements, substances and personal products, including, but not limited to, vitamins, minerals, mouthwash, toothpaste, antiseptic lozenges and sprays, shampoo, sunscreen, children's food, baby supplies and infant formula given orally.

E10 Home visits by a **medical professional**, unless specifically agreed by **us** prior to consultation.

E11 **Treatment** in a spa, hydro spa, health farm or similar facility, and **treatment** given at a nursing home, similar establishment or **hospital**, where the facility has become **your** home or permanent abode or where admission is arranged partly or entirely for domestic reasons.

E12 **Treatment** given, or referrals made by, a **medical professional** or **dental** practitioner who is **your** spouse, partner, child, parent or sibling, and self-prescribed **treatment** or self-referral if **you** are a **medical professional** or **dental** practitioner.

E13 Health education programmes and services, including, but not limited to, family planning, antenatal classes and parenting classes.

Administrative costs, fees and charges

E14 Costs of:

- Completing Claim forms
- Completing or obtaining any other documents
- **Hospital** administration fees
- Any registration fees

E15 Charges incurred for the overdue payment of any invoice.

Cosmetic

E16 **Cosmetic treatment**.

Weight management

E17 Any **treatment** for weight loss or weight problems, including, but not limited to, bariatric procedures, diet pills or supplements, health club memberships, diet programmes and residential eating disorder programmes.

Reproduction and newborns

E18 Costs of:

- Contraception or sterilisation
- **Treatment** for sexual problems, including impotence, whatever the cause
- Fertility or infertility tests or **treatment**
- Assisted reproduction
- Surrogacy

E19 Pregnancy, childbirth and postnatal costs, whether complicated or not, including termination of pregnancy.

E20 Any **inpatient treatment** needed for an **acute medical condition** that begins before an insured **member** is eight days old if the mother's pregnancy was the result of assisted conception.

Sleep

E21 Sleep apnoea, sleep-related breathing disorders, snoring and insomnia.

Sight, hearing and dental

E22 Myopia, hypermetropia, astigmatism, natural or non-medical degenerative sight or hearing disorders, aids to help with sight or hearing, contact lens solutions, eye drops, sunglasses and prescription sunglasses.

E23 Orthodontic treatment and dental implants.

Brain and learning disorders, and speech and voice problems

E24 Developmental disorders of the brain, learning disorders, learning difficulties, speech problems and voice problems.

Harvesting, storage and organ transplants

E25 The harvesting or storage of umbilical cord blood stem cells, sperm, mature oocytes and embryos.

E26 Costs of:

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

Addictions and abuse

E27 **Treatment** for alcohol, drug or substance abuse or any kind of addictive condition, and any injury or illness arising directly or indirectly from such abuse or addiction. Drug abuse is the use of any drug:

- in a manner or in quantities other than as directed or prescribed on medical authority, or
- for any reason other than that for which it was originally prescribed.

Gender reassignment

E28 **Treatment** directly or indirectly associated with gender reassignment.

Journeys and transportation

E29 Any journey made specifically for the purpose of receiving **treatment**, unless **you** have requested **preauthorisation** and **we** have given **our** approval.

E30 Non-emergency transportation.

Acting against medical advice

E31 Any journey, activity, action or pursuit carried out against the **advice** of a **medical professional**.

Professional sports and hazardous activities

E32 Playing professional sports, taking part in motor sports of any kind, using a weapon or firearm for any purpose, and the following hazardous activities:

- Mountaineering, potholing, spelunking and caving
- High-altitude trekking over 2,500 m
- Winter sports carried out off-piste
- Arctic or Antarctic expeditions

Self-inflicted medical conditions

E33 Suicide, attempted suicide or any deliberate, self-inflicted **medical condition**.

Illegal activities

E34 **You** acting illegally, or committing or helping to commit a criminal offence.

Exclusions for Aetna Travel

Section 1 of the Aetna Travel plan does not cover claims for, arising from or connected with exclusions E3, E4, E5, E6, E7, E8, E9, E10, E11, E12, E13, E14, E15, E16, E17, E18, E20, E21, E22, E23, E24, E25, E26, E27, E28, E29, E30, E31, E32, E33 and E34 listed in the 'Exclusions' section and the extra exclusions below.

ET1 Trips made for the specific purpose of receiving **treatment**.

ET2 A **medical condition** that, within the 24-month period before the date **your trip** is booked, or **your date of joining** as shown on **your Certificate of insurance**, whichever is later, has one or more of the following characteristics:

- Clearly showed itself
- **You** had signs or symptoms of
- **You** asked for **advice** about
- **You** received **treatment** for
- To the best of **your** knowledge, **you** were aware **you** had

ET3 A pregnancy when:

- **You** are travelling against **medical advice**
- **You** are 26 weeks or more into **your** pregnancy when **you** start **your trip**
- **You** are 34 weeks or more in to **your** pregnancy, unless:
 - **you** started **your trip** before **you** were 26 weeks or more into **your** pregnancy, and
 - **you** planned to complete **your trip** before the end of week 33 of **your** pregnancy but, in **our** reasonable opinion, were unable to do so due to unforeseen circumstances beyond **your** control.
- There have been complications relating to **your** pregnancy before **your trip**
- It is a multiple pregnancy
- The pregnancy is the result of an assisted conception

ET4 Any **treatment** that, in **our** reasonable opinion, is not immediately necessary and can wait until **you** return to **your country of residence**.

Sections 2 to 9 of the Aetna Travel plan do not cover claims for, arising from or connected with exclusions E3, E4, E6, E12, E14, E15, E21, E22, E24, E26, E27, E31, E32, E33 and E34 listed in the 'Exclusions' section, ET2 and the extra exclusions below.

ET5 Leaving **your** baggage, unless checked in and in the custody of **your** airline or other carrier:

- with a person **you** have not previously met,
- in a public place where it can be taken without **your** knowledge, or
- at a distance from which **you** cannot prevent it from being taken.

ET6 An aircraft or sea vessel being withdrawn from service, whether temporary or otherwise, on the recommendation of a relevant port authority, the civil aviation authority or any similar organisation.

ET7 Strike or industrial action taking place, or publicly declared on, or before, the date **your trip** is booked.

ET8 Expenses payable by, or to, **your** travel agent, tour operator, accommodation provider, airline or other carrier or provider.

ET9 Neglect, or failure to act, by the travel agent, tour operator, accommodation provider, airline or other carrier or provider.

ET10 Proceedings taken against a travel agent, tour operator, accommodation provider, airline or other carrier or provider.

ET11 Any person, organisation or company becoming insolvent, or being unable or unwilling to fulfil any part of their obligation to **you**.

ET12 Any costs **you** have to pay for visas needed in connection with **your trip**.

ET13 Any costs **you** would, in **our** reasonable opinion, normally have to pay in connection with **your trip**.

ET14 Shortages due to:

- loss of value, including, but not limited to, loss of value due to wear and tear,
- error or omission, including, but not limited to, incorrect or incomplete bookings, or
- exchange, including, but not limited to, switching hotels or travel arrangements.

ET15 Changes in exchange rates.

ET16 Government regulations or acts and currency restrictions.

ET17 Loss, damage or expense, as a result of travelling to an area that the government of **your country of residence**, or the government of **your home country**, has advised against travelling to.

Sections 2, 4, 7 and 8 of the Aetna Travel plan also do not cover claims for, arising from or connected with the extra exclusions below.

ET18 Cancellation or curtailment of **your trip** if **you** knew that **you** may have to cancel or cut short **your trip** at **your date of joining** the **plan** or when booking the **trip**, whichever is later.

ET19 **You** deciding not to travel, not enjoying **your trip**, or not travelling because **you** could not afford it.

ET20 Cancellation due to an **act of terrorism** or the threat of an **act of terrorism**, unless the government of **your country of residence** or **your home country** has advised against travelling to the area.

ET21 Failure to tell **your** travel agent, tour operator, accommodation provider, airline or other carrier or provider as soon as **you** know that **you** need to cancel **your** travel arrangements.

ET22 Unused accommodation, activities or travel arrangements, or any administration costs that **your** travel agent, tour operator, accommodation provider, airline or other carrier or provider charges for refunds in relation to these.

ET23 Extra charges made by **your** travel agent, tour operator, accommodation provider, airline or other carrier or provider.

Sections 6, 7, 8 and 9 of the Aetna Travel plan also do not cover claims for, arising from or connected with the extra exclusions below.

ET24 Loss or theft of any one or more of the following that are not personally carried by **you**, unless they were checked in and in the custody of **your** airline or other carrier, secured in the locked boot or locked glove compartment of a vehicle, or held in a safety deposit box or safe that is not in **your** room or apartment:

- Cash, traveller's cheques, and postal or money orders
- Travel documents, including passports
- Photographic, audio, video, computer and electrical equipment of any kind
- Mobile phones, spectacles and sunglasses
- Binoculars and telescopes
- Musical instruments
- Antiques, fine art, furs, leather goods and animal skins
- Watches, jewellery, and any items made of, or containing, gold, silver, precious metals, or precious or semi-precious stones

ET25 Costs due to:

- Damage caused by moth, vermin, atmospheric conditions or climatic conditions
- Damage caused by any process of cleaning, repair or restoration
- Damage caused by leaking powder or fluid carried within **your** baggage
- Wear and tear, or gradual deterioration
- Mechanical or electrical breakdown of **your** property

ET26 Any extra value an item had because it formed part of a pair or set.

ET27 Loss due to customs or any other authority legally taking or destroying **your** property.

ET28 Loss of, or damage to, contact or corneal lenses.

ET29 Damage to clothing or sports equipment when in use.

ET30 Breakage of fragile items, including, but not limited to china, glass and sculptures.

ET31 Loss of, or damage to, stamps, documents, deeds, manuscripts or securities of any kind.

ET32 Loss of, or damage to, goods, samples or tools hired or held in trust by **you**, that **you** do not own.

Exclusions for Aetna Personal Accident

The Aetna Personal Accident plan does not cover claims for, arising from or connected with exclusions E3, E6, E12, E14, E15, E27, E29, E30, E31, E32, E33 and E34 listed in the 'Exclusions' section and the extra exclusions below.

EPA1 Any accident that happens before your start date or after your end date.

EPA2 Engaging in occupations which, in our reasonable opinion, are manual or dangerous occupations.

EPA3 Aviation other than as a fare-paying passenger in a fully-certified passenger-carrying aircraft, flown in the course of licensed operation by licensed crew for the transportation of passengers.

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If coverage provided by this policy violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license.

For more information on OFAC, visit www.treasury.gov/resource-center/sanctions/Pages/default.aspx.

Notice to United Kingdom residents: In the UK, Aetna Insurance Company Limited (FRN 458505) has issued and approved this communication.

Notice to all: Please visit www.aetnainternational.com/ai/en/about-us/legal/regional-entities for more information, including a list of relevant entities permitted to carry on or administer insurance business in their respective jurisdictions.

All Singapore Citizens and Permanent Residents will be covered by MediShield Life from 01 Nov 2015. If you choose not to accept this medical expense policy, you will continue to be insured under MediShield Life for life, without any exclusion.

This product is not a Medisave-approved product and the premium for this policy is not payable using Medisave.

This is a short-term A&H product and is not guaranteed renewable. The insurer has unilateral rights to terminate this policy at each policy renewal date. Also, if you have existing medical conditions, you may:

- Lose coverage for your existing medical conditions; or
- Pay additional premiums to retain or increase coverage for your existing medical conditions under this new policy.

Important: This is a non-US insurance product that does not comply with the US Patient Protection and Affordable Care Act (PPACA). This product may not qualify as minimum essential coverage (MEC), and therefore may not satisfy the requirements, if applicable to you and your dependants, of the Individual Shared Responsibility Provision (individual mandate) of PPACA. Failure to maintain MEC can result in US tax exposure. You may wish to consult with your legal, tax or other professional advisor for further information. This is only applicable to certain eligible US taxpayers.

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