Aetna Summit Handbook

The details

For plans starting on or after
1 January 2021

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M093-1E-010121

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What's inside?

Before you join us

While you're with us

The extra bits

Before you join us

1 Introduction

Your **plan documents** detail what **we** do and don't cover under your **plan**, as well as giving **you** important information about the terms and conditions of your **plan**.

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

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

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

If coverage provided by your **plan** violates or will violate any United States (US), United Nations (UN), United Kingdom (UK), European Union (EU) or other applicable economic trade sanctions, **we** reserve the right to consider such coverage immediately invalid. For example, Aetna companies cannot make any payment or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Asset Control (OFAC) license.

If your **plan**, your **plan sponsor**, **you** or any of your **dependants** are directly or indirectly subject to any applicable economic trade sanctions, including sanctions against the country where you or any of your **dependants** normally live, **we** reserve the right to:

- immediately end cover and stop paying **claims** under the **plan** (regardless of any permission **you** might have from any authority to continue cover), and /or
- declare your and your **dependants**' membership on the **plan** as being void as if it never existed or cancel it at such other point as we deem appropriate.

In addition, funds (including, but not limited to, **premiums** and **claims** payments) may be blocked in accordance with applicable law.

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

2 Material facts

The **plan sponsor** must tell **us** all material facts before **we** accept an application, make changes to a **plan** or renew a **plan**. The **plan sponsor** must check that any material facts are correct. **You** must check that any material facts about **you** are correct. If there is any doubt about whether a fact is material, for your own protection, the **plan sponsor** should tell **us**. Where applicable the 24-month moratorium will still apply even if the **plan sponsor** tells **us** about any **pre-existing medical conditions you** may have.

If the **plan sponsor** does not tell **us** all material facts or gives **us** inaccurate or incomplete material facts, **we** can avoid the entire **plan** (treat it as if it had not existed) from the **plan start date**, **plan renewal date** or the date of any changes that were made to the **plan** if:

- **we** would not have issued, renewed or made changes to it, or
- **we** would only have done so on different terms, if **we** had known all of the material facts.

We will not avoid the entire **plan** if:

- the material facts only relate to a specific **member** or **members**,
- the **plan sponsor** had asked the **member** or **members** concerned about these material facts before applying for, renewing or making changes to the **plan**, and
- to the best of the **plan sponsor's** knowledge or belief, the material facts they told **us** were accurate and complete.

We will only avoid the part of the **plan** which provides **benefits** to you if **you**, or the **plan sponsor** on your behalf:

- deliberately or recklessly gave **us** inaccurate or incomplete material facts, or
- did not take reasonable care to give **us** accurate and complete material facts and **we** would not have covered **you** under the plan at all had we known about such material facts.

We will not avoid the part of the **plan** which provides **benefits** to **you** if **we** would have provided cover to **you** on different terms under the **plan** had **we** known about the material facts, but **we** may refuse to pay all or part of any claim **you** make.

If **we** would have applied different terms, conditions and exclusions to **you**, then the **plan** will be treated as if it had contained the different terms, conditions and exclusions, and a **claim** will only be paid if:

- **you** have met all the terms and conditions of the **plan** and the **claim** is not otherwise excluded,
- **you** have met the different terms and conditions that **we** would have applied, and
- it does not fall within any different exclusions that **we** would have applied.

If **we** would have provided **you** with cover under the **plan** at a higher **premium**, the **benefits** payable on any **claim** **you** make will be reduced proportionately based on the amount of **premium** that **we** would have charged. For example, only half of each **claim** will be paid if **we** would have charged double the **premium** for **you**.

The plan sponsor must tell us immediately in writing about any change that affects information given in connection with the application for a plan, including information about you.

After we have been told about a change:

- We have the right to reassess your cover if it is a change to important information about you. We may apply new terms to you, or cancel your cover
- We have the right to reassess the plan if the change to important information is about the plan sponsor or affects all or part of the plan. We may apply new terms to the plan, or cancel the plan.
- If there is a change in risk that the plan sponsor has not told us about, your cover may be cancelled, the plan may be cancelled, or any related claim may be reduced or rejected.

3 Eligibility

Main member

To be eligible for the plan sponsor to add you as a main member to this plan, you must:

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

Your plan sponsor may add a main member to this plan within 30 days of the proposed main member meeting the above criteria. At any other time, we will need to ask the proposed main member questions in order to decide if we can include them and on what terms.

Dependants

If a main member wishes to include a dependant on their plan, they must be the main member's:

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

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

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

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

Add-on plans

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

4 Joining the plan

Your plan sponsor must contact us to add a main member to this plan. We won't be able to add the proposed main member until we receive all relevant information about them from the plan sponsor.

Your plan sponsor will tell the main member their future start date, which will also be shown on the main member's Certificate of Insurance. We're unable to backdate any cover.

We'll send the main member Member ID cards for each member. Note that we may charge you or the plan sponsor an administration fee to replace any plan documents or Member ID card. You can access your Certificate of Insurance and other plan documents through your Health Hub.

5 Plan benefits and currencies

The plan sponsor has chosen your plan level and benefits, including any add-on plans, details of which you can find in this Handbook, the relevant Benefits Schedule(s) and your Certificate of Insurance. Your Certificate of Insurance will also show any special terms applicable to you.

If your Benefits Schedule(s) shows more than one currency, the benefit limits shown in the same currency as your plan (set out in your Certificate of Insurance) will apply.

6 Pre-existing medical conditions

Moratorium

If your Certificate of Insurance shows that your underwriting terms are moratorium or CTT previously MORI, this means your claim will not be paid if it's relating to a pre-existing medical condition should one or more of the following have applied within the 24-month period before your date of joining (or the date shown in the special terms section of your Certificate of Insurance):

- it could be reasonably foreseen that the **medical condition** would occur after your **start date**,
- the condition clearly showed itself,
- **you** had signs or symptoms of the condition,
- **you** asked for advice about the condition,
- **you** received **treatment** for the condition, or
- to the best of your knowledge, **you** were aware you had the condition.

Once **you**'ve completed a continuous 24-month period after your **date of joining we** may cover your **pre-existing medical condition** provided **you**'ve not had symptoms, needed or received **treatment**, medication, a special diet or advice, or had any other indications of the condition.

Full Medical Underwriting

If your **Certificate of Insurance** shows that your underwriting terms are **Full Medical Underwriting** or **CTT previously FMU**, **we** will not pay a **claim** relating to a **medical condition** or symptom that **you** were aware of before your **date of joining** unless **you** told **us** about it during the application for your **plan** and your **Certificate of Insurance** doesn't show an exclusion for that **medical condition**.

Medical History Disregarded

We will cover your pre-**existing medical conditions**, subject to the **benefits**, terms and conditions of your **plan**.

7 Clinical policy bulletins

For information on how **we** classify certain **treatments** and services, visit **aetna.com/health-care-professionals/clinical-policy-bulletins.html**. **Our** clinical policy bulletins (CPBs) are based on objective and credible sources, including scientific literature, guidelines, consensus statements and expert opinions.

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

8 Help us prevent fraud

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

Health care fraud includes:

- giving false or misleading information to get insurance or a **premium** reduction,
- claiming for **treatments** or services that **you** haven't received,
- altering or amending invoices or bills,
- giving a false diagnosis,
- claiming from more than one insurer for the same **treatment** or service, or
- using somebody else's insurance to get **treatment** or services.

How you can help protect yourself and keep premiums down

There are simple steps **you** can take to protect yourself from health care fraud, including:

- comparing invoices with your records, checking dates are correct and that **you** received the **treatments** or services shown,
- asking questions if there's anything **you**'re unsure about, don't understand, expect or recognise,
- keeping in touch with **us** when **you**'ve made a **claim**,
- letting **us** know if **you**'re concerned your doctor is giving **you** unsuitable **treatment**,
- filling in claim forms carefully,
- looking after your insurance details and documents and keeping copies of any correspondence,
- making sure **you** understand any documents before **you** sign them, and
- reporting suspected fraud to **us**.

We work closely with others to prevent fraud

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

If you suspect fraud

Call **our** confidential Fraud and Investigation line immediately at +44-(0)1252-896-383 or email **IGUKfraudgovernance@aetna.com**.

While you're with us

9 Adding dependants to your plan

Your **plan sponsor** must contact **us** to add each person who a **main member** wishes to include on their **plan** as a **dependant** (and who **we** agree meets the '**dependant**' eligibility criteria described in this Handbook). **We** won't be able to add them until **we** receive all relevant documents and information about them that **we** request.

Cover will start on the future date **we** agree with your **plan sponsor**. If on the date the **plan sponsor** contacts **us** to add a proposed **member** as a **dependant**, they're less than 31 days old and **we** have covered one of their parents for a continuous period of at least 12 months, **we**'ll add them as a **dependant** to your **plan** with effect from their date of birth, regardless of their health. The **plan sponsor** and/or the **main member** will not need to complete an application form, and it is the **plan sponsor's** responsibility to disclose to **us** any material circumstance that would influence **our** judgement as to whether to add the proposed **member**.

The terms of the **main member's plan** will apply to the added **dependant**. Once **we**'ve accepted a proposed **dependant**, **we**'ll send the **main member** the new **Member ID card** and an updated **Certificate of Insurance**.

10 Removing a member

A **main member** should contact their **plan sponsor** in advance to request the removal of a **dependant** from your **plan**, **we**'ll remove the **dependant** on the future date the **plan sponsor** requests, and **we**'ll send the **main member** a revised **Certificate of Insurance**.

The **plan sponsor** can remove **members** from your **plan** at any time. **We** can remove **you** from your **plan** and notify your **plan sponsor** if:

- **you** no longer meet the eligibility criteria set out in the eligibility section of this **Handbook**,
- **you**, or any of your **dependants**, are directly or indirectly subject to any applicable economic trade sanctions, or
- **you**, any of your **dependants** or a representative acting on your or any of your **dependants**' behalf submits a false or fraudulent **claim**.

If the **plan sponsor**, or **we**, remove a **main member** from the **plan**, **we** will also remove all of their **dependants**. The **plan sponsor** will let **you** know if they, or **we**, are planning to remove **you** and what your **end date** will be.

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

11 Notifying us of changes

You must tell your **plan sponsor** immediately in writing about any changes to the following and when such changes will take (or have taken) place:

- name or gender of a **member**,
- occupation of a **member**,
- address of a **member**, particularly if this is a change to the country in which a **member** lives, or
- any information given to **us** by **you** in relation to your application and/or any changes since.

After **you** tell your **plan sponsor** about a change, your **plan sponsor** should inform **us** and, depending on the nature of the change, **we** may:

- charge an additional **premium** (including any applicable tax),
- change the relevant **member's benefits**,
- apply different terms to the relevant **member's** coverage under the **plan**,
- cancel the relevant **member's** coverage under the **plan**,
- send **you** a new **Certificate of Insurance** and a new **Member ID card** (or cards, if there are other **members**), or
- reassess or reject any related **claim** of the relevant **member**.

12 Plan cancellation

Your **plan sponsor** will let **you** know if they are planning to cancel your **plan** and what your **end date** will be.

You won't be able to make a **claim** for any costs incurred after the **end date**.

The **plan sponsor** is responsible for ensuring that all **members** delete or destroy his or her **Certificates of Insurance** and **Member ID cards** on or by that **member's end date**. If a **member** obtains **treatment** after that **member's end date** that **we**'ve paid for, **we** have the right to recover the full amount of the **claim** from the **plan sponsor** or that **member**.

13 Plan renewal

This **plan** is an annual contract. If your **plan sponsor** renews your **plan we**'ll send the **main member** the new **plan documents** and **Member ID card** which will apply from the **plan renewal date**.

If a **main member's** child is no longer eligible as a **dependant** at the **plan renewal date**, that child can apply

for their own Aetna individual **plan**. As long as there is no break in their cover with **us**, **we** may continue the terms of their previous **plan**.

14 Claims

Should **you** have any questions concerning your **claim**, please contact **our** Member Services Team:

By telephone toll free on 0800-085-2596 or by landline on +44-203-788-3288.

By fax on +44-870-442-4377.

Or by e-mail at **EuropeServices@aetna.com** .

We may record calls for monitoring and training purposes.

If **you** don't know the correct dialling code to use, **you** can refer to **www.business.att.com/bt/access.jsp** to find the number for the country **you**'re dialling from. When prompted during the call, please enter the access code 855-491-9150 and follow the instructions.

If **you**'re calling from a country not included in the above link, then **you** can call collect or direct on +44-203-788-3288. To call collect **you** must contact the telephone operator in the country **you**'re calling from and ask to make a collect call to +44-203-788-3288. The operator should then connect **you** to **our** international helpline at no charge to **you**.

What can you claim for?

We will only consider **claims** for **treatment** that aims to cure or substantially relieve your medical or **dental** condition. The **treatment** must be provided by qualified medical or **dental practitioners**, **specialists**, nurses or therapists. **We** will only consider **claims** for psychiatric **treatment** provided by psychiatrists or qualified and registered psychotherapists, and **we** will only consider physiotherapy, podiatry, osteopathic and chiropractic **treatment** when **you** are referred by a **medical practitioner** or **specialist**.

If the medical or **dental practitioners**, **specialists**, nurses or therapists refer **you** for further diagnostic tests and procedures or **treatment**, **you** must start **treatment** within 90 days of the referral date for **us** to consider your **claim**.

You must tell **us** about a **claim** within six months of receiving the **treatment** or services. If **you** leave it longer, **we** may not be able to reimburse **you**.

We'll only pay reasonable costs for **claims**. Reasonable costs are the average cost of **treatment**, expertise or services given by similar types of medical provider within the same country or geographical region, based on **our** knowledge and experience.

If **we** do not agree **inpatient treatment** is **medically necessary**, **we** will still consider cover for **outpatient** or **daycare treatment** costs for your **medical condition** in line with the terms and conditions of your **plan** if **we** agree this is **medically necessary**. This includes claims for **diagnostic tests and procedures**.

We'll pay for **hospital** accommodation (including meals) up to the cost of a standard single room with a private bathroom.

If **you** incur costs above the limits shown in your **Benefits Schedule** or **you** use a visiting doctor whose costs are higher than those of a medical facility's **in-house doctor** instead, **you**'ll have to pay the difference.

What you need to know when claiming

You must show your **Member ID card** to the medical provider when **you** go for **preauthorised inpatient treatment** or **daycare treatment** (please see the section called 'Requesting preauthorisation' below for more details). If **you**'re entitled to **direct settlement**, **you** must show this card when getting **outpatient treatment** at a **direct settlement** facility.

You'll need to quote your **plan** number and **Member ID** in all correspondence with **us** relating to your **claim**.

Keep copies of the information about your **claim** for your own records. **We** won't be able to return any original **claim** documents to **you** after **we**'ve paid the **claim**.

We can only pay claims to:

- **you**,
- your **spouse**, partner or **child** over the age of 18 if they are insured on your **plan**, or
- the **provider**.

We may ask **you** for more information to help **us** process your **claim**, and **we** may ask a **specialist** or **medical practitioner** of **our** choice to examine **you**.

We may also request further tests or evaluations if **we** decide that a **medical condition** may be directly or indirectly related to a **medical condition we** do not cover **you** for. **We** may decline your **claim** if **we** don't have sufficient information to assess it.

You must tell **us** about any negotiations or settlement discussions **you** enter into with any other party about any action or omission which leads to a **claim** under your **plan**. **You** mustn't agree to a settlement with any party without **our** prior written agreement.

Requesting preauthorisation

Before **you** make a **claim**, please read your **Benefits Schedule** to make sure your **plan** covers the **treatment you** need.

You need to request **preauthorisation** before **you** receive any **treatment** or services, or incur any costs, if **you** want **us** to meet such costs in accordance with your **plan** for any of the following:

- medical evacuation,
- **inpatient treatment** or **daycare treatment** admission,
- preparation or transportation of body or mortal remains,
- psychiatric **treatment**,
- prescription for more than three months' supply of drugs for the management of a **chronic medical condition**, or
- single **treatment** or service that costs more than 500 USD or its equivalent in another currency.

If it's not possible to request **preauthorisation** in an **emergency**, **you** must notify **us** of the **treatment** or services within 24 hours. If **you** fail to notify **us**, **we** may pay only a portion of an eligible **claim**.

We'll liaise with your medical provider during your claim. If necessary we'll provide you with a 'Release of medical information' form. You'll need to fill in this form to authorise your medical practitioner or specialist to release information to us about you under the relevant data protection legislation.

If you have an eligible claim, we'll issue a letter of guarantee of payment to your medical provider. We'll let you know as soon as possible if you have an ineligible claim.

When calling to request preauthorisation, make sure you have your Member ID card to hand, your medical practitioner or specialist's name and the medical provider's name and telephone number.

If we give you preauthorisation, we'll settle all eligible claims directly with your medical provider. If we are unable to settle your eligible claims directly, we will reimburse you instead.

Inpatient, daycare and outpatient direct settlement

If you're admitted to a hospital which is in our medical provider network or you receive daycare treatment, we'll take care of your eligible claims for such hospital bills. You don't have to worry about paying large bills upfront. All you have to do is pay the relevant excess or coinsurance. If your plan benefits from outpatient direct settlement (which can be referred to as direct billing), we'll pay your eligible outpatient bills directly to any medical provider which is in our medical provider network so that you're not out of pocket. If the relevant medical provider is not in our medical provider network, we'll reimburse you for any eligible claims instead.

How to make a direct settlement claim on an outpatient basis

You must:

1. Check that we cover your treatment under your plan; if you're not sure, please contact us.
2. Visit a medical provider within our medical provider network for outpatient treatment.
3. Show your Member ID card to the relevant medical provider. The provider should then treat you and liaise with us to settle your claim (subject to point 4).
4. Pay any excess or coinsurance shown on your Member ID card, in your Benefits Schedule or on your Certificate of Insurance.

How to make a claim for outpatient treatment

You must:

1. See your medical practitioner, therapist or specialist in the usual way.
2. Ask your medical provider to complete the relevant section of the claim form which you can download from **aetnainternational.com**.
3. Pay your bill for the treatment you receive. Make sure you get an original itemised invoice and/or original receipt.
4. Complete one claim form for each medical condition. Send your claim form to us at **EuropeServices@aetna.com** along with scanned copies of any documents.
5. Or you can submit a claim online by completing the form and uploading scanned copies of any documents to the 'Claims Centre' in the Health Hub.

You should send us these documents as soon as possible (and in any event no later than six months) after the first treatment date.

Ineligible claims

If you attend a direct settlement hospital, clinic or other medical facility in our medical provider network and we later determine that your claim is ineligible, we have the right to recover the full claim amount from you. If we pay a claim, it isn't an indication of our acceptance of liability for the claim or confirmation that we'll pay further costs for the same medical condition or related medical condition.

If we determine that a claim we've already approved is ineligible, we won't pay for the claim. If we've already paid any costs, you'll need to repay them to us within 14 days or we may withdraw any associated preauthorisation, cancel your plan and keep the premium.

If you'd like us to reassess a claim we've rejected, you'll have to prove that the claim is covered under the plan.

Exchange rate

If, acting reasonably, we determine that any central bank or relevant government or governmental authority imposes an artificial exchange rate (including without limitation an exchange rate which is inconsistent with the free market exchange rate) in relation to a relevant currency for any reason, we may in our sole discretion reimburse you for your valid claims incurred in that country in any manner we may reasonably decide. In making such determination we shall seek to ensure that we indemnify you for your loss (subject to the terms and conditions of your plan) but do not unjustly enrich you, as may have been the case had we applied such artificial exchange rate to pay you in the plan currency. We will reimburse you in (i) the applicable local currency, or (ii) if you do not have a bank account in such local currency, in the plan currency in an amount equal to the applicable reasonable and customary charges. In either case, the reimbursement will be subject to the principle of indemnity we mention above.

Other insurance

If another insurer covers an eligible claim under your plan, we'll deduct any payments you've received from the other insurer (plus any excess or coinsurance amounts under your other insurance plan).

Claims against third parties

If we have paid money to you (or to a medical provider on your behalf) in accordance with your plan, and you are entitled to receive money from any other party (including another insurer) for the same claim, we have the right to proceed against such other party in your name and to recover from you the money you receive (or have received)

from such other party, up to and including the amount that **we** have paid.

You must notify **us** immediately in writing if **you** pursue or intend to pursue another party for such **claim**. **We** shall then decide whether or not to exercise **our** right under this section.

You must cooperate with **us** if **we** exercise this right.

Unless **you** have prior written consent, **you** must not admit liability or fault to, or agree to a settlement with, such other party.

Fraudulent Claims

You, your **dependants** or any representative acting on your or any of your **dependants**' behalf must not submit false or fraudulent **claims**. Any failure to comply will give **us** the right to take all appropriate measures in accordance with applicable laws which may include, but will not be limited to, the right to:

- declare your and your **dependants**' membership on the **plan** as being void as if it never existed or cancel it at such other point as **we** deem appropriate,
- notify the **plan sponsor** in accordance with section 10 of this handbook,
- notify the relevant authorities and take further legal action against **you** as **we** deem appropriate,
- refuse to make payment either in whole or in part in respect of any false or fraudulent **claim**,
- seek to recover from **you** any payments **we**'ve already made in respect of the false or fraudulent **claim** in accordance with section 15 of this handbook, and / or
- immediately stop paying **claims** regardless of eligibility.

You acknowledge and agree that where **we** suspect that **you** or your **dependants** have submitted a false or fraudulent **claim**, **we** reserve the right to require that **you** or your **dependants** participate in such examinations, tests, check-ups or other medical investigations that **we** deem appropriate and to be carried out by a **medical professional** of our choice in order to establish whether a false or fraudulent **claim** has been submitted. **We** reserve the right to decline payment of **claims** until all such investigations have been concluded to **our** satisfaction.

15 Exclusions

Your **plan** doesn't cover **claims** for, arising from or connected to the exclusions in this section unless shown otherwise in your **Benefits Schedule** or **we**'ve agreed separately in writing, and **we**'ll seek to recover from **you** any payments **we**'ve made if **we** determine an exclusion applies to a **claim we**'ve already paid.

15.1 Acting against medical advice

Any journey, activity, action or pursuit **you** carry out (or omit to carry out) against **medical advice** or **general advice**.

15.2 Addictions and abuse

Treatment for alcohol, drug or substance abuse or any kind of addictive condition and any injury or illness associated with it. **We** define drug abuse as the use of any drug:

- in a manner or in quantities other than directed or prescribed by a **medical professional**, or
- for any reason other than what it was prescribed for.

15.3 Administrative costs, fees and charges

- completing **claims** forms,
- completing or obtaining other documents
- administration fees and surcharges,
- any registration fees,
- overdue invoice charges, or
- shipping, delivery and custom fees.

15.4 Altered and amended documents

Any invoice, claim form, medical report or other document that anyone has altered or amended.

15.5 Brain and learning disorders, and speech and voice problems

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

15.6 Cosmetic treatment

Cosmetic **treatment**.

15.7 Certain costs you've incurred

Costs **you**'ve incurred if:

- they exceed the relevant **Benefits Schedule** limit,
- **you** haven't completed the relevant waiting time shown in the **Benefits Schedule**, if applicable,
- they're less than your **excess** or **coinsurance**,
- your **plan** doesn't cover them, including associated costs such as loss of earnings as a result of a **medical condition**,
- **you**'ve incurred them outside your **area of cover**,
- **you** received **treatment** or services before the **start date** or after the **end date** of your **plan**.

15.8 False and fraudulent claims

False or fraudulent **claims**.

15.9 Gender reassignment

Costs directly or indirectly associated with gender reassignment.

15.10 Harvesting, storage and organ transplants

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

Costs of:

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

15.11 Illegal activities

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

15.12 Active participant

Conflict or civil unrest if, in **our** reasonable opinion,

- **you**'re actively participating,
- **you**'re a member of any armed force or security service, including personal protection,
- **you**'ve knowingly entered or remained in a location where there is conflict or civil unrest, or
- **you**'ve intentionally put yourself at risk of injury.

A **natural disaster** if, in **our** reasonable opinion:

- **you**'ve knowingly entered or remained in a location where there is a **natural disaster**, or
- **you**'ve intentionally put yourself at risk of injury.

Contamination or injury from any biological, chemical or nuclear materials, including combustion of nuclear fuel if, in **our** reasonable opinion:

- **you**'ve knowingly entered or remained in a location where there is contamination,
- **you**'re a member of a biological, chemical or nuclear contamination cleaning crew of any kind, or
- **you**'ve intentionally put yourself at risk of contamination or injury.

15.13 Journeys and transportation

- any journey specifically made to receive **treatment**, unless **you**'ve requested preauthorisation and **we**'ve given our approval,
- non-**emergency** transportation, or
- costs for medical evacuation if a local situation makes it impossible, dangerous or not practical to enter or leave a specific location or country.

15.14 Professional sports and hazardous activities

- Playing professional sports (i.e., any sport or sports for which **you** are paid as your main source of income), or taking part in any of the hazardous activities below whether on a professional or recreational basis:
- Motor sports of any kind
- Using a weapon or firearm
- Mountaineering, potholing, spelunking and caving,
- Trekking at an altitude of more than 2,500 metres,
- Scuba or free diving unless:
  - **you** are diving to a depth of less than 30 metres, and
  - **you** hold the appropriate PADI qualification or **you** are accompanied by a PADI qualified instructor
- Off-piste winter sports,
- Arctic and Antarctic expeditions,
- Being the driver or passenger of any motorised vehicle, including but not limited to a motorcycle, motorised tri-cycle or quad-cycle:
  - not on a public road; or
  - on a public road, unless **you** are wearing a seatbelt, if there is one, and the driver (whether **you** or somebody else) has the licence and insurance required by law to drive the motorised vehicle
- Being the driver or passenger of any motorcycle, motorised tri-cycle or quad-cycle, unless you are wearing a crash helmet.

15.15 Self-inflicted medical conditions

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

15.16 Reproduction and newborns

Costs of:

- contraception or sterilisation,
- **treatment** for sexual problems including impotence,
- fertility or infertility tests or **treatment**,
- assisted reproduction,
- surrogacy,
- pregnancy, childbirth and postnatal costs whether complicated or not, including termination of pregnancy on non-medical grounds, or
- any **inpatient treatment** for an **acute medical condition** that begins before the **member** is eight days old if the pregnancy was achieved by **assisted conception**.

15.17 Sight, hearing and dental

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.

Orthodontic **treatment** which affects the structure, function, development or appearance of the teeth, upper or lower jaw or the oral cavity and dental implants.

15.18 Sleep

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

15.19 Treatment provision and referral

- **Treatment you** receive before your **start date** or that is ongoing at your **start date**.
- **Treatment** that **we** determine on **general advice** is experimental or not clinically proven.
- Drugs or dressings that:
  - the pharmaceutical regulator in your country of **treatment** doesn't recognise,
  - **you** obtain without prescription, or
  - a **medical practitioner** prescribes for a **medical condition** that's different to the one **you**'re claiming for.
- Substances, personal products and dietary supplements including vitamins, minerals, mouthwash, toothpaste, antiseptic lozenges and sprays, shampoo, sunscreen,

sanitiser, gloves, masks, visors, thermometers, children's food, baby supplies and infant formula given orally.

- A **medical professional** visiting **you** at home or in any non-clinical environment, unless **you**'ve requested **preauthorisation** and **we**'ve given **our** approval.
- **Treatment** in a spa, hydro spa, health farm or similar facility.
- **Treatment** at a nursing home or **hospital** that's become your permanent residence or where **you**'ve been admitted for domestic reasons.
- **Treatment** given, or referrals made, by a **medical professional** who is your spouse, **partner**, child, parent or sibling, or self-prescribed **treatments** or referrals if **you**'re a **medical professional**.
- Health education programmes and services including, but not limited to, family planning, antenatal classes and parenting classes.
- Nutritionist or dietitian consultations or services, unless **you**'ve requested **preauthorisation** and **we**'ve given our approval.

15.20 Weight management

Any **treatment** for weight loss or weight problems including bariatric procedures, diet pills or supplements, health club memberships, diet programmes or residential eating disorder programmes.

15.21 Durable medical equipment

Sight or hearing aids, furniture or any modifications to your personal or work environment.

15.22 Medical evacuations and local ambulance

Air-sea rescue or any mountain rescue unless it's for a **medical condition you** suffer at a recognised ski resort or similar winter sports resort.

15.23 Mortal remains

The purchase of a burial plot, or funeral costs, including, but not limited to, flowers and the funeral director's fees.

15.24 Quarantine and isolation

- unless it's **medically necessary** for **you** to be protected from **communicable diseases** due to your **medical condition**, or
- in any non-clinical environment for any reason.

The extra bits

16 Definitions

Where **we** use bold words in your **plan documents**, they have the meaning set out below.

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

Accident: any involuntary or unexpected event resulting in a physical injury.

Acute episode: an unexpected adverse change to the usual state of your **chronic medical condition**, which may respond to **treatment** that aims to return you to your state of health before the event occurred.

Acute medical condition: a **medical condition** that is brief, has a definite end point, and, in **our** reasonable opinion, based on advice or **general advice** can be cured by **treatment**.

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

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

Annual health assessment: an age and gender-appropriate health review package to screen for the presence of **medical conditions**, where the screening is not required due to signs or symptoms, or in relation to a diagnosed **medical condition**. The package may include medical advice, physical examinations, and/or tests and diagnostic procedures.

Appliances: prostheses surgically implanted to form permanent parts of the body.

Area of cover: the geographic area or areas of the world in which **you** must receive **treatment** or services for your **plan** to apply. Your **area of cover** is shown on your **Certificate of Insurance**.

Assisted Conception: a pregnancy that is conceived following fertility **treatment**, including pregnancies conceived through Intrauterine Insemination, In Vitro Fertilisation (IVF) or any other Assisted Reproductive Technology, and pregnancies conceived within one month of using fertility medication.

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

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

Bodily injury: any physical harm to a **member**.

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

Chronic medical condition: a **medical condition** that has at least one of the following characteristics:

- continues indefinitely and has no known cure,
- comes back or is likely to come back,
- is permanent,
- needs rehabilitation or special training for **you** to cope with it, or
- needs long-term monitoring including consultations, check-ups, examinations and tests.

Claim: your request for **us** to cover the costs of **treatment** or services under your **plan**.

Close family member: a son, daughter, stepson, stepdaughter, legally adopted son, legally adopted daughter, spouse, **partner**, parent, step-parent, legally adoptive parent, parent-in-law, grandparent, grandchild, brother, sister, brother-in-law, sister in- law, son-in-law, daughter-in-law or legal guardian.

Coinsurance: the percentage of costs shown in your **Benefits Schedule** that **you** have to pay towards an eligible **claim**.

Communicable diseases: **medical conditions** caused by the transmission of bacteria, viruses or other microorganisms.

Conflict or civil unrest: Any act of terrorism, war, invasion, foreign enemy hostility, mutiny, riot, strike, civil war, rebellion, revolution, insurrection or attempted overthrow of government, usurped power, martial law or state of siege. An act of terrorism is considered to be any act by a person, group or groups of people, including, but not limited to, the use or threat of force or violence, whether acting alone, on behalf of, or in conjunction with, any organisation or government. This includes, but is not limited to, acts intended to influence any government or cause fear to members of the public, whatever the reason.

Congenital abnormality: any genetic, physical, biochemical or metabolic defect, disease or malformation, which may be hereditary or due to an influence during gestation, and which may or may not be obvious at birth.

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

Country(ies) of citizenship/nationality: any country where **you** are a citizen or a national and entitled to hold a passport.

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

Critical: a **medical condition** that is, in **our** reasonable opinion, unstable and serious, where the outcome cannot be medically predicted, the prognosis is uncertain and the person may die.

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

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

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

Daycare: when **treatment** is received following admission to a **hospital** bed or **daycare** unit, a **medical professional** discharges **you** after the **treatment** and **you** do not stay overnight..

Deductible: any **coinsurance**, **excess** or reasonable and customary deduction that applies to your **plan**.

Dental: that which affects the teeth and gums.

Dental practitioner: a person who:

- has attained primary degrees in dentistry and/or **dental** surgery by attending a **dental** and/or medical school recognised by a relevant accredited professional body, and
- is licensed by the relevant authority to practice dentistry and/or **dental** surgery in the country where the **treatment** is given.

Dependant: a person who **we** agree meets the '**dependant**' eligibility criteria described in of the eligibility section of this Handbook and who **we** have added to your **plan**.

Diagnostic tests and procedures: any medically necessary test or examination to investigate the cause of your signs or symptoms.

Direct settlement: where we settle costs of outpatient treatment or services directly with a medical provider in the medical provider network.

Emergency: a sudden, unexpected acute medical condition or an unexpected acute episode of a chronic medical condition that, in our reasonable opinion and based on advice if available, presents a clear and significant risk of death or imminent serious damage to bodily function.

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

End date: the last date we cover you under your plan.

Excess: an amount you must pay towards the cost of part, or all, of a covered claim or claims.

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

Foreseeable: a medical condition that, in our reasonable opinion, could be reasonably anticipated

General advice: any medical opinion or medical recommendation from a relevant accredited professional body in relation to a medical condition or treatment which confirms, in our reasonable opinion, an established medical practice or opinion.

Group Member Application: the 'Aetna Summit Group member application' which you must complete, if we require it, and sign to agree to the terms of the plan, plus any supporting information.

Health Hub: a members' online platform to find care, submit and track claims and view your plan details.

Home country: the country you're from, as given on your Group Member Application or notified by you or the plan sponsor to us.

Hospital: an establishment that is licensed to provide inpatient, daycare and outpatient medical and surgical treatment in accordance with the laws of the country in which it's situated.

In-house doctor: a medical practitioner who is employed by the hospital as a permanent member of staff and charges in line with that hospital's tariffs.

Inpatient: when treatment is received at a hospital and you need to stay in the hospital for one night or more.

Intrinsic value: the cash value of an item at the time of loss or damage as reasonably calculated by us, including appropriate deductions for wear and tear.

Lifetime limit: the total amount we'll pay for any eligible costs you incur during any time we cover you on any one or more plans with the same or equivalent benefits, even if there's a break in your cover.

Main member: a person who we agree meets the 'main member' eligibility criteria set out in the eligibility section of this Handbook and who we add to the plan.

Medical advice: any medical opinion, medical recommendation or information given by a medical professional.

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

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

Medically necessary: treatment that is prescribed by your medical practitioner, is in line with general advice, and in our reasonable opinion, is appropriate for your medical condition.

Medical practitioner: a person who:

- has attained primary degrees in medicine or surgery by attending a medical school recognised by the World Health Organisation, and
- is licensed by the relevant authority to practice medicine in the country where the treatment is given.

Medical professional: any medical practitioner, specialist, nurse, therapist, psychiatrist or qualified and registered psychotherapist or psychoanalyst.

Medical provider network: all of the medical providers with whom we have contracted health care arrangements for our members.

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

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

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

Natural disaster: fire, flood, storm, earthquake, tidal wave, volcanic activity or avalanche.

Natural teeth: any teeth that are original, not artificial implants or replacements.

Non-communicable diseases: medical conditions that are not communicable diseases.

Nurse: a person who is qualified in nursing, currently practising and on the professional register of nursing in the country where you receive treatment.

Orthodontic: that which affects the structure, function, development or appearance of the teeth, upper or lower jaw or the oral cavity.

Outpatient: where **treatment** is received at a medical facility that is recognised by the relevant authority in the country where the **treatment** is given, and **you** are not admitted for **inpatient** or **daycare treatment**.

Palliative treatment: any medical or surgical services aimed to relieve symptoms rather than to cure, stop, reverse or delay the progression of the **medical condition** causing them.

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

Personal effects: personal belongings, including clothing worn and baggage owned by **you**, that **you** take with **you** on your trip.

Personal representative: an individual who has authority to act on your behalf in relation to your **plan**, as a result of an authorisation from **you** in writing, a power of attorney or a document evidencing that he or she is the executor of your estate.

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

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

Plan level: the **Aetna Summit plan** or **add-on plan** that the **plan sponsor** has chosen from the range available.

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

Plan sponsor: the entity that purchases a **plan** for **members**.

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

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

Preauthorisation: **our** assessment of **treatment**, services or costs before they are received or incurred.

Preauthorised: any **treatment**, services or costs that **we** approve in writing following **preauthorisation**.

Pre-existing medical condition: any **medical condition** or **related medical condition you** have before the **date of joining** that has any one or more of the following characteristics:

- was **foreseeable**,
- clearly showed itself,
- **you** had signs or symptoms of,
- **you** asked for advice on,
- **you** received **treatment** for, or
- to the best of your knowledge, **you** were aware **you** had.

Premium: the amount the **plan sponsor** has to pay for the **Aetna Summit plan** and any **add-on plans**.

Preventative services: medical services received when no signs or symptoms are present, and they are not received in relation to a diagnosed **medical condition**.

Public transport: any paid and licensed type of transport.

Related medical condition: any injury, illness or disease that, based on **medical advice** or **general advice**, **we** determine is the result of any one or more other **medical conditions**.

Routine health check: age and gender-appropriate tests or diagnostic procedures where no signs or symptoms are present, and they are not received in relation to a diagnosed **medical condition**. This includes any cancer screening **you** receive after **you** have been in remission for more than five years.

Specialist: a **medical practitioner** who, in the country where the **treatment** is given:

- has a recognised certificate of higher specialist training in the relevant field of medicine, and
- has a consultant appointment or equivalent.

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

Terminal: the end stages of a **medical condition** where in **our** reasonable opinion life expectancy is considered to be days or weeks and only **palliative treatment** and care is being given.

Therapist: a physiotherapist, podiatrist, osteopath, chiropractor, Chinese herbalist, ayurvedic practitioner, acupuncturist or homeopath who's qualified and licensed in the country they provide **treatment** in.

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

Trip: any journey or period of travel that does not exceed the duration shown on your Aetna Travel **plan Benefits Schedule**. This includes the dates of departure from, and return to, your **country of residence**.

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

Visiting doctor: a **medical practitioner** or **specialist** who's not employed by the **hospital**, but has a contract to use the **hospital** facilities and may have different charges to the **hospital** tariffs.

We/our/us: Aetna Health Insurance Company of Europe DAC.

You: You as a **member**, or your **personal representative**.

17 Governing law, jurisdiction and language

The laws of the Republic of Ireland govern your **plan**, and any disputes or claims arising from or connected to them. The courts of the Republic of Ireland shall have exclusive jurisdiction to settle any dispute or **claim** arising out of or in connection with the **plan**, its subject matter or formation.

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

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

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

18 Complaints

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

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

The Complaints Team
Aetna Global Benefits (UK) Limited
25 Templer Avenue
IQ Farnborough
Farnborough
Hampshire
GU14 6FE
United Kingdom

Telephone: +44 (0) 1252 745 910
Email: **AetnaInternationalComplaints&Appeals@aetna.com**

We'll consider your complaint fairly, promptly and in accordance with relevant regulation. When **we** receive a complaint, **we** aim to resolve it by the end of the next business day. If this isn't possible, **we**'ll acknowledge your complaint by the end of the next business day and give **you** regular updates until **we** resolve the complaint. **We**'ll offer **our** final response within eight weeks.

If **you**'re not satisfied with the outcome of your complaint, **you** may be able to refer it to the Financial Services and Pensions Ombudsman within six months of **our** final response. **You** can contact the Financial Services and Pensions Ombudsman using the details below:

Financial Services and Pensions Ombudsman FSPO
Lincoln House
Lincoln Place
Dublin 2
D01 VH20

Telephone: +353 1 5677 000
Email: **info@fspo.ie**
Website: **www.fspo.ie**

You can find full details of **our** complaints procedure at **aetnainternational.com**

19 Data protection

Aetna Health Insurance Company of Europe Ltd ('Aetna', 'we') is the data controller of personal data collected and processed for the purposes set out in this document. Aetna considers personal data or personal 'information' to be confidential. **We** protect the privacy of that information in accordance with applicable privacy laws and regulations, as well as our own company privacy policies.

These laws and regulations include, but are not limited to, the Health Insurance Portability and Accountability Act Privacy Rules (HIPAA Privacy Rules), the General Data Protection Regulation (GDPR), the UK Data Protection Act 2018, the Ireland Data Protection Act 2018 and any other applicable EU member state legislation and derogations.

We will use your personal data to determine eligibility and provide a quotation to **you** or to your broker; onboarding **you** to the **plan**, process payments, premiums and **claims**; managing, administering and improving your policy; investigating and responding to complaints; contact **you** with information about your **plan** and for the purposes of providing healthcare or wellness advice; fraud prevention together with any other regulatory checks; establish, exercise or defend legal **claims** or rights and to protect, exercise and enforce **our** rights, property or safety.

Where your health data is used for any of the above **we** rely on the insurance condition provided under the Ireland Data Protection Act 2018 and the UK Data Protection Act 2018 (where applicable), which means **we** don't need to acquire your consent for the processing.

We retain your personal data for as long as necessary to provide **you** the benefits under your insurance plan, until such time as any **claim** under the insurance policy is concluded, until the limitation for exercising any legal rights has expired or for compliance with any legal, contractual or regulatory requirements.

We may disclose information about you in various ways, including, but not limited to: health care operations, **treatment**, disclosure to other covered entities, **plan**

administration, research, business associates, industry regulation, law enforcement, legal proceedings and public welfare.

In all situations other than those described above, we will ask for your written authorization before using or disclosing information about you.

We will not send any personal data or health information outside the EEA unless the appropriate protections are in place, or unless there are emergency medical ground for doing so.

Personal data is sent to the United Kingdom for the purposes of plan and claims administration together with handling any complaints or data subject enquiries. Personal data sent to the United Kingdom is transferred on the basis of EU approved model contract clauses, which will be effective from the date the United Kingdom formally leaves the European Union.

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To help us make sure that your personal information remains accurate and up-to-date, please inform us of any changes.

You have the right to access to your personal information, to request correction, erasure, restriction of processing, transfer of your information, and object to the processing of your personal data.

If you would like to exercise any of your rights relating to your personal data, or enquiry any further information, please contact our designated Data Protection Officer:

dpo@aetna.com

You can find our full terms and conditions and details of our privacy policy at **www.aetnainternational.com/en/about-us/legal-notices.html**

20 Areas of cover

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

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

Cover is subject to legal or regulatory requirements, depending on your nationality and country of residence.

Area 1

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

Area 2

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

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

Area 3

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

- China

Area 4

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

- Australia
- Kuwait
- New Zealand
- Qatar
- Singapore
- United Arab Emirates

Area 5

Includes the countries and territories listed below and all countries and territories in Areas 6 and 7

- Åland Islands
- Albania
- Andorra
- Anguilla
- Antigua & Barbuda
- Argentina
- Armenia
- Aruba
- Austria
- Azerbaijan
- Bahamas
- Barbados
- Belarus
- Belgium
- Belize
- Bermuda
- Bolivia
- Bonaire, Sint Eustatius & Saba
- Bosnia & Herzegovina
- Brazil
- Bulgaria
- Cayman Islands
- Channel Islands
- Chile
- Colombia
- Costa Rica
- Croatia
- Curaçao
- Cyprus
- Czech Republic

Denmark
Dominica
Dominican Republic
Ecuador
El Salvador
Estonia
Falkland Islands (Malvinas)
Faroe Islands
Finland
France
French Guiana
Georgia
Germany
Gibraltar
Greece
Greenland
Grenada
Guadeloupe
Guatemala
Guyana
Haiti
Honduras
Hungary
Iceland
Ireland
Isle of Man
Italy
Jamaica
Kosovo
Latvia
Liechtenstein
Lithuania
Luxembourg
Macedonia
Malta
Martinique
Mexico
Moldova, Republic of
Monaco
Montenegro
Montserrat
Netherlands
Nicaragua
Norway
Panama
Paraguay
Peru
Poland
Portugal
Puerto Rico
Romania
Saint Barthélemy
Saint Kitts & Nevis
Saint Lucia
Saint Martin
Saint Vincent & the Grenadines
San Marino
Serbia
Sint Maarten
Slovakia
Slovenia
Spain
Suriname
Svalbard & Jan Mayen
Sweden
Switzerland
Trinidad & Tobago
Turkey
Turks & Caicos Islands
Ukraine
United Kingdom
Uruguay
Vatican City
Venezuela
Virgin Islands, British
Virgin Islands, US

Area 6

Includes the countries and territories listed below and all countries and territories in Area 7

Afghanistan
Bahrain
Bangladesh
Bhutan
Brunei
Cambodia
India
Indonesia
Iraq
Japan
Jordan
Kazakhstan
Kyrgyzstan
Laos
Lebanon
Malaysia
Maldives
Mongolia
Myanmar
Nepal
Oman
Pakistan
Palau
Palestine, State of
Papua New Guinea
Philippines
Saudi Arabia
South Korea
Sri Lanka
Taiwan
Tajikistan
Thailand
Turkmenistan
Uzbekistan
Vietnam
Yemen

Area 7

Includes the countries and territories listed below only

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