Aetna Pioneer Handbook

The details

For plans starting on or after
1 January 2021

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Before you join us

1 Introduction

This Handbook, and the relevant **Benefits Schedule**, details what **we** do and don't cover under **our** Aetna Pioneer **plans**, as well as giving **you** important information about managing your **plan**.

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

We do not guarantee that your **plan** meets the visa and/or social health care requirements of the country **you**'re moving to. It's your responsibility to ensure that any **plan you** choose meets your needs. Please ask **us** or your broker if **you** have any questions.

If coverage provided by this policy violates or will violate any United States (US), United Kingdom (UK), United Nations (UN), European Union (EU) or any other applicable economic and 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 Asset Control (OFAC) license. For more information on OFAC, visit **www.treasury.gov/resource-center/sanctions/Pages/default.aspx**.

2 Eligibilty and material facts

Our **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.If **you** are a US citizen and your chosen **area of cover** is Area 1, only Aetna Pioneer 5000+ is available to **you**.

If **you** are not a US citizen and your chosen **area of cover** is Area 1:

- If **you** don't live in the US, Aetna Pioneer 5000 and 5000+ are available to **you**
- If **you** do live in the US, only Aetna 5000+ is available

If **you** choose Area 2, 3, 4, 5, 6 or 7, Aetna Pioneer 1750, 2500, 4000 and 5000 **plans** are available to **you**.

If **you** are a US taxpayer, please read the 'Cover in the US' section in this Handbook for more information, as this **plan** may not satisfy the requirements of the U.S. Patient Protection and Affordable Care Act and therefore **you** may be subject to tax penalties.

Age

To be eligible for **our plans**, **you** must be at least 18 and no more than 79 years old on your **start date**. If **you** add dependent children to your **plan**, they must be unmarried and either aged under 18 or aged 18 to 26 and in continuous full-time education at their **start date**. For the latter, **we** may ask **you** to send **us** proof from their educational facility.

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

Material facts

You must tell us all **material facts** and check that they are correct before **we** accept an **application**, make changes to your **plan** or renew it. If **you're** not sure whether a fact is material, please ask **us**. **Moratorium** cover will still apply even if **you** tell **us** about any **pre-existing medical conditions you** might have. **You** must let **us** know in writing immediately if any **material facts** change. For example, if **you** change your name, occupation or address. **We** may apply new terms to the **plan**, void or cancel it and/or reduce or reject any related claims, based on your new **material facts**.

Voiding your plan

We'll void your **plan** from its **start date**, renewal date or change date, if **you**:

- deliberately or recklessly give **us** inaccurate or incomplete **material facts**, or
- don't take reasonable care to give **us** accurate and complete **material facts** and **we** wouldn't have covered **you** had **we** known about the **material facts**.

If **we** void your **plan**, **we** can continue to offer your **dependants** cover if:

- a **dependant** who is 18 years old or more writes to **us** to appoint themselves as the new **planholder**, or
- **you** write to **us** to appoint a parent or legal guardian to act as the new **planholder**. The new **planholder** will manage the **plan** but **we** won't cover the person.

You must appoint a new **planholder** within seven days of **us** telling **you** that **we**'ve voided your **plan**, otherwise **we**'ll cancel the entire **plan** from the void date.

Cover in the US

Your **plan** is a non-US insurance product that does not comply with the US Patient Protection and Affordable Care Act (PPACA). As such, your **plan** 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 to **you**.

You may wish to consult with your legal, tax or other professional adviser for further information. This is only applicable to certain eligible US taxpayers.

Accordingly, we reserve the right to cancel your cover immediately if you have Area 1 cover and you are:

- a US citizen residing in the US for 36 days or more (consecutively or in aggregate) during any 12 month period; or
- not a US citizen and you spend more than 183 days (consecutively or in aggregate) in the US over three plan years.

3 Plan currencies, premiums and ways to pay

When you take out your plan, you can choose from the currencies available on your application form. You must pay all premium in the same currency as your plan. Your cover won't be able to start until we've received your premium (which must be on or before the premium due date).

If more than one currency is shown on your Benefits Schedule, the benefit limits shown in the same currency as your plan will apply to you and your plan.

You can pay your premium in a single annual payment or by quarterly or monthly instalments, depending on the plan you choose and the method you wish to pay by.

Paying by card

Pay annually

To pay annually by debit or credit card, contact us by email or telephone, or fill in the Card authority in your application form.

Paying by direct debit

Pay annually, quarterly or monthly

To pay annually, quarterly or monthly by direct debit, you'll need a UK bank account and a GBP plan. Complete the direct debit mandate in the application form or call us to request one. By signing up for direct debit payments, you're authorising us to collect your premium from the named account until further notice.

Paying by bank transfer

Pay annually

To pay annually by bank transfer, you'll need your quotation number or plan number to hand. Follow the instructions on your application form.

Paying by cheque or banker's draft

Pay annually

Your invoice will show details of how much to pay. When paying by cheque or banker's draft, you must give your full name and the quotation number or plan number as the reference.

Unpaid or late premiums

We'll write to tell you if we haven't received or haven't been able to collect your premium on time. We have the right to suspend your plan and/or refuse to renew it until you have paid all premium due (including any premium relating to the previous year's plan) which means that we will not approve or pay any claims in that period, but if we do pay any claims, we have the right to recover the full amount of the claim from you.

We'll cancel your plan if we don't receive payment of all premium due (including any premium relating to the previous year's plan) within 30 days of the premium due date. You'll then have to apply for a new plan if you would still like us to cover you. Your premium and terms may change and you'll lose any existing Healthy Behaviours Discount from your cancelled plan (see section 13 Claims).

We have the right to discharge, at any time and at our discretion without further notice to you, any outstanding debts you owe us (including a previous year's premium) from any other funds we receive from you or in connection with your plan. In the event we are required to do so, the appropriate proportion of the current year's premium will be treated as unpaid and outstanding.

4 Your plan start date and cooling off period

Your plan will start on the plan start date you request; this date will show on your Certificate of Insurance. Your plan will cover you for 12 months until your plan renewal date, unless you cancel your plan.

Cooling off period

You have the right to cancel your plan for any reason by writing to us or calling us within 15 days of receiving your plan documentation, or the plan start date, whichever's later.

We'll refund your premium in full if you haven't (and any other member hasn't) made a claim under the plan. If you've made a claim and we haven't paid you or a medical provider for it, we'll refund your premium and cancel any unpaid claims.

However, if you have (or any other member has) made a claim and we have paid for it, we won't refund your premium and you must still pay us any unpaid premium due for the remainder of the plan year.

We can only refund premium to the bank account or card you originally paid from. You'll be responsible for any shortfall from exchange rate differences and any bank charges.

To cancel your plan after the 15 day cooling off period, see section 11 Cancelling your plan.

5 Areas of cover

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
- Mariana Islands
- Pitcairn
- Russia 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
- Iran
- 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	Gabon	Nigeria
Angola	Gambia	Réunion
Benin	Ghana	Rwanda
Botswana	Guinea	Sao Tome & Principe
Burkina Faso	Guinea Bissau	Senegal
Burundi	Kenya	Seychelles
Cameroon	Lesotho	Sierra Leone
Cape Verde	Liberia	Somalia
Central African Republic	Libya	South Africa
Chad	Madagascar	South Sudan
Comoros	Malawi	Sudan
Congo (DRC)	Mali	Swaziland
Congo-Brazzaville	Mauritania	Tanzania
Côte D'Ivoire	Mauritius	Togo
Djibouti	Mayotte	Tunisia
Egypt	Morocco	Uganda
Equatorial Guinea	Mozambique	Western Sahara
Eritrea	Namibia	Zambia
Ethiopia	Niger	Zimbabwe

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, Sudan (North) 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**.

We may modify our products, services, rates and fees, in response to legislation, regulation or requests of government authorities, these modifications may result in material changes to plan benefits. We may recoup any material fees, costs, assessments, or taxes due to changes in the law even if such changes require no benefit or plan changes.

6 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.

7 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
- 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
- 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 and government departments to do this.

If you suspect fraud

Contact us as soon as you can.

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

While you're with us

8 Making changes to your plan

Notifying us of changes

When **you** request to make a change to your **plan**, **you** must take reasonable care when answering any questions **we** ask – please read 'How to answer **our** questions' in section 2 Eligibility and how to answer **our** questions for more details.

You must tell **us** immediately in writing about 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 **us** about a change, depending on the nature of the change, **we** may:

- charge **you** 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**.

Note that **we** may charge **you** an administration fee to replace any **plan** documentation or **Member ID card**.

You can't change the following during your **plan year**, but **you** can write to **us** to ask **us** to change these when your **plan** renews for the next year:

- your **plan** level
- your optional **benefits** including taking out an **add-on plan**
- your **excess** or **coinsurance**
- your **plan** terms, or
- your **plan** currency.

9 Adding and removing dependants

Adding a dependant

With **our** agreement **you** may add a **dependant** to your **plan** after the **plan start date**. Please contact **us** and **we'll** let **you** know the information you'll need to provide **us**, which may include completing an **application** form for the **dependant**, and how **we** may change your **premium** as a result. **We'll** send the revised **Certificate of Insurance** and the new **dependant's Member ID Card** each time **we** add a **dependant** to your **plan**.

Start dates for added dependants

If, on the date **you** contact **us** to add a **dependant**, that **dependant** is less than 31 days old, the mother's pregnancy was the result of natural conception and **we** have covered one of the **dependant's** parents for a continuous period of at least 12 months, **we'll** add the **dependant** to your **plan** regardless of the **dependant's** health with effect from the **dependant's** date of birth. There is no need to complete an **application** form.

If the **dependant** is less than 31 days old when **you** contact **us**, but the mother's pregnancy was the result of **assisted conception** and/or **we** have not covered either of the **dependant's** parents for a continuous period of at least 12 months then:

- where your **plan** has a **moratorium**, **we'll** (based on a completed medical questionnaire for the **dependant**) confirm the date **we** agree to add the **dependant** and a new **moratorium** will apply for that **dependant**; or
- where your **plan** does not have a **moratorium**, **we'll** (based on a completed **application** form for the **dependant**) either cover the **dependant** from the date on which **you** accept any terms **we** offer or decline to add the **dependant** to your **plan**. If **we** decline to add a **dependant**, we'll explain the reason for this in writing.

To add any other **dependant** to your **plan**:

- if your **plan** has a **moratorium**, there is no need to complete an **application** form. **We'll** cover the **dependant** from the date on which **you** contact **us** or from a later date that **you** may request and a new **moratorium** will apply for that **dependant**; or
- if your **plan** does not have a **moratorium**, **we'll** (based on a completed application form for the **dependant**) either cover the **dependant** from the date on which **you** accept any terms **we** offer or decline to add the **dependant** to your **plan**. If **we** decline to add a **dependant**, **we'll** explain the reason for this in writing.

The terms of your **plan** will apply to any **dependant you** add. Please note in particular exclusion 14.16 which excludes any **inpatient treatment** for an **acute medical condition** that begins before the **dependant** is eight days old if the pregnancy was achieved by **assisted conception**.

Removing a dependant

Please tell us in writing if you'd like to remove a dependant from your plan and we'll do so. The dependant's end date will be the date that we receive the request, or a future date that you have given.

You'll also need to tell us if there are any outstanding claims for their treatment or services and if you've incurred any further costs in relation to your plan.

If there aren't any claims paid or pending for any member on the plan, we'll issue a pro-rated refund of the removed dependant's premium.

If you're waiting for us to approve or pay a claim, we can't approve it unless we've received all premium for the entire plan year. If any member on the plan has made any claims that we have approved and paid, no refund will be issued and all premiums must be paid for the entire plan year.

When you remove a dependant, we'll send you a new Certificate of Insurance to reflect such removal.

10 Transferring dependants onto your plan

If you'd like to transfer someone from another insurer to your plan, they'll need to complete a Continuous Transfer Terms (CTT) application form and send us the original Certificate of Insurance or other evidence 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's a break between the end date of their previous insurance plan and their application, we won't be able to offer a transfer on the same or similar terms as the previous plan.

If we accept the application, we may charge an increased premium. Their cover will begin on the date we receive your acceptance of any special terms we've applied, or on a future date you request following your acceptance of those terms, and we have agreed.

11 Cancelling your plan

You must write to us if you decide to cancel your plan. Your last day of cover will be the date we receive your written decision to cancel or on a future date you give us.

If no member has made any claims, or will make any claims, we'll issue you a pro-rata refund of premium.

If we have not paid you the costs for any claims, but any member has made claims that we have not yet approved, or will make any claims, we won't approve or pay these costs unless we have received all premium for the entire plan year. We'll issue you a pro rata refund of premium if you confirm to us, in writing, that you do not want us to approve any such claim.

If, before the cancellation date, a member has made a claim and we have approved it, we'll only pay you the costs for any claim before the cancellation date when we have received all premium for the entire plan year. We'll issue you a pro rata refund of premium only if you pay any costs incurred before the cancellation date.

If we have approved and paid any claim before the cancellation date, we won't issue you a refund of premium and you must pay us all premium for the entire plan year.

We'll charge you a cancellation fee of 170 USD, 100 GBP or 150 EUR depending on your plan currency, and we may also charge you an additional fee if there are further or unexpected costs.

We'll pay you any refunds to the account you originally paid from, less any shortfall as a result of exchange rate differences and any associated bank charges.

You must return the Certificate of Insurance and all Member ID cards to us on cancellation.

If you want to apply for a new plan after cancelling your existing plan, your premium and terms may change and you'll lose any existing Healthy Behaviours Discount from your previous plan.

12 What happens if you die

If you die, the other members on the plan will be able to apply for continued cover under the plan by sending us a signed application form within four weeks of your date of death. We cannot guarantee cover, we may apply new terms and the premium may change.

Your personal representative can cancel the plan in writing. If you haven't made any claims, we'll issue a pro-rata refund of the premium once we've received a certified copy of your death certificate. We're unable to issue premium refunds if we've paid a claim.

13 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 +44-20-3788-3288

By fax on +44-870-442-4377

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

We'll record all calls for monitoring and training purposes.

If you do not 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 are dialling from. When prompted during the call please enter the access code 855-491-9150 and follow the instructions.

If you are 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 are 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, you'll have to pay the difference.

What you need to know when claiming

We'll email you a Member ID card (or cards, if there are other members) when your plan starts. 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 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
- 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 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 a 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** 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** or in your **Benefits Schedule**.

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.

Complete one claim form for each **medical condition**. Send your claim form to **us** at **EuropeServices@aetna.com** along with scanned copies of any supporting documents.

4. Or **you** can submit a **claim** online by completing the form and uploading scanned copies of any supporting 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**.

Stay healthy to save

If **you**'re a **member** of an Aetna Pioneer 4000, 5000, or 5000+ **plan**, **you** can take advantage **our** Healthy Behaviours Discount programme by logging in to the Health Hub. If your plan stays claim-free for one or more **plan year**(s), **you**'ll receive a discount of up to 25% over five years. However, if **you** submit an eligible **claim** for a previous **plan year** after **we**'ve given **you** a Healthy Behaviours Discount, the discount will be removed and **you**'ll need to pay the full, undiscounted **premium** before **we** can pay your **claims**.

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 policy) 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 this **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 **our** 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 policy void as if it never existed or cancel it at such other point as we deem appropriate, and not refund any premium to you,
- 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 14 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.

14 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 have already paid.

14.1 Acting against medical advice

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

14.2 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.

14.3 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.

14.4 Altered and amended documents

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

14.5 Brain and learning disorders, and speech and voice problems

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

14.6 Cosmetic treatment

Cosmetic treatment.

14.7 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.

14.8 False or fraudulent claims

False or fraudulent claims.

14.9 Gender reassignment

Costs directly or indirectly associated with gender reassignment.

14.10 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.

14.11 Illegal activities

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

14.12 Innocent bystanders

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 as risk of contamination or injury.

14.13 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.

14.14 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 or 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 or 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.

14.15 Self-inflicted medical conditions

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

14.16 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.

14.17 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.

14.18 Sleep

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

14.19 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.

14.20 Underwriting terms

Moratorium

If your **Certificate of Insurance** shows that your **underwriting** terms are **moratorium**, 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** your **pre-existing medical condition** may be covered 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**, **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 on your **application** and your **Certificate of Insurance** doesn't show an exclusion for that **medical condition**.

14.21 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.

14.22 Durable medical equipment

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

14.23 Medical evacuation 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.

14.24 Mortal remains

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

14.25 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.

Staying with us

15 How to renew your plan

If you're eligible to renew, we'll send you a renewal communication at least six weeks before the plan renewal date, which will include a renewal quotation, new plan documents and instructions on what to do next. The renewal quotation will show any changes to your plan and premium and explain how you can request changes to your plan.

Automatic renewal

If you pay your premium for your current plan by card or direct debit, we'll automatically renew your plan unless you tell us in writing before your plan renewal date that you either want to make changes to your plan or you do not want to renew your plan. If the card or account details are no longer valid, we'll ask you to provide new details so we can collect your premium.

Non-automatic renewal

Follow the instructions in your renewal communication to renew or request changes to your plan. If you do not want to renew, you don't have to do anything, but that means your plan with us will end on the last day of your current plan year.

The extra bits

16 Definitions

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 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.

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.

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

Application: either:

- the document entitled 'Aetna Pioneer plan application' which you must complete and sign to agree to the terms of the plan plus any supporting information given in connection with it, or
- the information you supplied online and signed electronically to agree to the terms of the plan plus any supporting information given.

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 your Handbook 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.

Card: Visa, MasterCard or American Express.

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. See the 'Transferring dependants' section and the CTT previously MORI and CTT previously FMU definitions for more information.

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 a 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: the planholder's:

- Spouse or partner
- Unmarried child, stepchild or legally adopted child under the age of 18
- 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.

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.

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: **underwriting** based on your medical history before your **date of joining**. Cover will still be governed by the **benefits**, terms and conditions of your **plan** with **us**. This includes the **underwriting** term **CTT previously FMU**.

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.

Home country: the country **you**'re from, as given on your **application**.

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.

Insurer: one of: Aetna Health Insurance Company of Europe DAC; Aetna Insurance Company Limited (Singapore branch); Aetna Insurance (Singapore) Pte. Ltd; Aetna Life & Casualty (Bermuda) Limited; Al Ain Ahlia Insurance Company; Al Khaleej Takaful Group; Archipelago Life Insurance Limited; Bahrain National Life Assurance BSC; BaoViet Insurance Corporation; Muscat Life Assurance Company S.A.O.C.; Safety Insurance Public Company Limited; the Company for Cooperative Insurance (Tawuniya); or Warba Insurance Company (K.S.C).

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.

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.

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 healthcare arrangements for **members**.

Member: a person **we** agree to cover under the **plan** and 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.

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

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 **claims** for any **pre-existing medical conditions** may become eligible under the **plan**. This includes the **underwriting** term **CTT previously Moratorium**.

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 **you** as contained in your **plan documents**.

Plan documents: the **application**, the **Certificate of Insurance**, this document and the **Benefits Schedule**.

Planholder: the person **we** have issued a plan to, named as **planholder** on the **Certificate of Insurance**.

Plan level: your Aetna Pioneer **plan** or **add-on plan** from the range available as shown on the relevant **Certificate of Insurance**.

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

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 **you** have to pay for your Aetna Pioneer **plan**.

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 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: the relevant **insurer** (acting through its administrator agent, details of which are available at **www.aetnainternational.com/ai/en/about-us/legal/regional-entities**), such **insurer** being the **insurer** which is permitted to carry on insurance business in your location under legal and regulatory requirements applicable to **us**, **you** and/or the **plan** at any given time (referred to as the relevant time for the purposes of this definition). This excludes, at any relevant time, any **insurer** which is not permitted to carry out insurance business in your location at that relevant time.

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 **premium** or **benefits**.

18 Complaints

We strive to give **you** a first class service. If there's an occasion 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 deal with 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. But 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 give **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 FSPO within six months of **our** final response. **You** can contact the Financial Services and Pensions Ombudsman FSPO at:

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.

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**

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