

A better care experience

Your guide to low or no-cost care outside the U.S.

As an Aetna International member, you have unrivaled access to care around the world. When you visit a hospital or clinic in our direct-pay provider network, you get more than just quality care. You also reduce your out-of-pocket expenses at the time of service.

Direct pay means when you receive health care services from any of our global providers, they bill us directly. You won't need to pay for the total cost of your care upfront. If your plan happens to require a copay or coinsurance you'll pay that at the time of your visit and the provider still bills us directly for the balance.

Direct pay lets you take advantage of:

- No or low out-of-pocket costs at the time of service
- Better health care experiences
- Lower rates we negotiate with our direct-pay providers
- Easier admissions process when inpatient care is needed



Download our Aetna International mobile app for on-the-go access to:

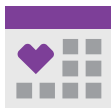
- Search for doctors and hospitals worldwide
- Request a Guarantee of Payment (GOP)
- Submit claims and view status
- Find forms, health care resources and more

Here's how direct pay works



1. Find a provider

Log in to your member website at **AetnaInternational.com** and select “Find health care” to search for providers in our global network. You can also find a network provider on the Aetna International app.



2. Make an appointment

Schedule your visit by calling the provider directly.

It's recommended to share a copy of your digital member ID card with the provider when making your appointment. This helps them recognize your coverage.

Providers in our network may even reach out to us on your behalf to get a Guarantee of Payment or GOP. This is an added advantage of staying in our direct-pay network.



3. Request a Guarantee of Payment (GOP)

On the selected provider's information screen, click the “Request a GOP” button. Then follow the instructions to submit your request online.

It's best to request a GOP at least five days before your scheduled appointment. Include any known diagnosis or planned treatment. We may request medical

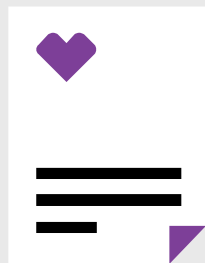
records and a cost estimate for more complex care.

For help finding a provider who isn't listed or requesting a GOP, you can also call or email Member Services at the contact information on the back of your member ID card.

Going to your appointment

When you go to your appointment, be sure to show your member ID card. This lets the provider know you're covered and have regional network access through our local network partners. If you receive a copy of your GOP, bring that with you too.

Why it's a good idea to get a Guarantee of Payment (GOP)



Having a GOP before receiving routine or outpatient care, means the provider of your choice will be paid directly for the services covered by your plan. If your plan requires a copay or coinsurance you'll pay that amount at the time of your visit and the provider still bills us directly for the balance.

Even though a GOP isn't required to receive care, we can't guarantee a direct pay experience without it. So there's a chance the provider might ask you for full payment at the time of service. Then you'll need to submit a claim for reimbursement.

If you should ever need inpatient care, in most cases, your provider will take care of handling the GOP process.

We've got you covered, even in an emergency

Your health is the priority. Always go to the nearest facility for emergency care right away. They'll contact us to request a Guarantee of Payment (GOP), which we'll issue within 24 hours.

If your care is brief and on an outpatient basis, you may need to pay at the time of service and then submit a claim to us for reimbursement.

If your care requires you to be admitted, you (or someone on your behalf) should call us as soon as possible to request a GOP.

What about out-of-network providers

If you choose to see a provider outside of our direct-pay network, you'll need to pay at time of service and submit a claim to us for reimbursement.

Dental, vision and pharmacy services

You'll need to pay for dental, pharmacy and vision services upfront and then submit a claim for reimbursement.

Submitting a claim

If you need to pay at the time of service, submit a claim and we'll reimburse you based on your benefits plan.

You can submit claims through the Aetna International app or by logging into your member website at **AetnaInternational.com**. Select "Claims" to submit claims using our online form. You can then browse claims history and view the status of previously submitted claims all in one place.

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Aetna does not provide care or guarantee access to health services. Not all health services are covered, and information provided is subject to applicable laws and regulations, including economic and trade sanctions. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage.

No coverage based on U.S. sanctions: If U.S. economic or trade sanctions consider you a blocked person, the plan cannot provide benefits to you. If your health care provider is a blocked person or is in a sanctioned country, we cannot pay for services from that provider. For example, if you receive care while traveling in another country, and the health care provider is a blocked person or is in a sanctioned country, the plan cannot pay for those services. For more information on U.S. trade sanctions, visit the **U.S. Department of the Treasury's page on Sanctions**. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Refer to **AetnaInternational.com** for more information about Aetna International plans.