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# Policy Wording & Member Handbook Executive Healthcare Plan

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# The Aetna difference

As part of Aetna, Inc., we share in the heritage of more than 160 years of expertise as a leading insurance provider. Our first class service places you at the centre of everything we do — so you can access the care you need, when you need it. This handbook contains helpful details about your **Executive Healthcare Plan**, including how to file a medical claim, how to contact us and much more.

**It's time for you to experience the Aetna difference.**

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# Executive Healthcare Plan overview

## The Executive Healthcare Plan is designed to work as hard as you do

Your Aetna Executive Healthcare Plan provides the medical cover **you** require, with a level of service **you** can rely on. It also gives **you** the flexibility to receive **treatment** at the doctor of **your** choice, within **your** geographic coverage area.

And should **you** require **emergency** care at a facility outside of **your** area, **you** can ensure that **we** can assist **you** in getting the care **you** require in a timely manner.

### Things to consider when accessing care

#### 1. Research what the quality of care is like in your location

Make a plan in advance on how to deal with a medical situation should **you** be faced with one.

#### 2. Ask trusted locals or coworkers for referrals to doctors or medical facilities

#### 3. Consider the environment when visiting a medical facility

Does it look clean? Are the doctors wearing gloves and masks when appropriate? Trust **your** instincts and seek care elsewhere if **you** feel uncomfortable.

#### 4. Don't be afraid to ask questions

In non-emergency situations, ask questions about the service or procedure **you** are having. Ask the facility about their sterilisation practices, how many years the doctor has been practicing, how many times he/she has performed the needed procedure and any other questions.

#### 5. Know the cost

Paying medical expenses up front can be expensive — but it doesn't have to be. Aetna will cover **your** eligible out-of-pocket expenses up-front if **you** choose a facility from **our** direct-settlement community. Seeking care at a facility that's not in **our** direct-settlement community? **We** may be able to set up a one-time direct-settlement arrangement for **you**.

**Need extra help?** Turn to **our** 24/7 International Member Service Centre. **We** can help **you** find providers, coordinate direct-settlement requests, provide health information and much more. Think of **us** as **your** personal guide to making the most out of **your** Aetna plan.

### Value-added wellness programmes for group policy holders

**Aetna Global Health Connections is a suite of complimentary wellness programmes that include:**

#### • Wellness Checkpoint®

Wellness Checkpoint is a culturally diverse, online health survey that provides **you** with information about **your** personal health needs and motivates **you** to make lasting positive changes. The tool can also help **you** understand possible health risks, and provides an action plan and information that encourages healthy behaviours.

#### • Cancer outreach and support

Members with cancer can get assistance to help them understand their condition and locate helpful resources without a “one size fits all” approach. Instead, each interaction is customised to **your** unique health situation. **You** can speak one-on-one with a registered nurse who is committed to helping **you** manage **your** disease and reach **your** best health.

#### • Health and wellness education

Whether **you** are healthy and looking for additional healthy lifestyle tips — or have a **chronic** condition and want to learn how to reach **your** optimal state of health — **we** offer an array of health and wellness education materials to aid **you** in **your** efforts. The Aetna International Wellness Centre provides helpful information, including health topics such as:

- Asthma
- Cancer
- Coronary Artery Disease
- Maternity
- Stress Management

*For details about your specific medical plan cover, please refer to your official plan documents and its terms and conditions. You may also contact the 24/7 Aetna International Member Service Centre by dialling the number on your member ID card.*

# Our service philosophy

We work daily to connect you to the care you need

## 24/7 member services

Our multilingual, multicultural member service professionals are available to assist **you** around-the-clock. Personalised support is available by phone, e-mail or fax to:

- Help **you** find health care
- Answer **your** questions about claims, **benefits** and cover levels
- Process claims in many languages

## Care And Response Excellence (CARE) Team

At the heart of **our** first class service is the Care And Response Excellence (CARE) Team. CARE is made up of a clinical staff that's trained to support **you** in meeting **your** health care needs.

CARE is **your** single point of contact for a wealth of services and information, including:

- Pre-trip planning
- 24/7 support that's tailored to the individual's specific health needs
- Identification of providers and **specialists**
- Worldwide coordination of routine and urgent medical care
- Assistance with obtaining prescription medications and medical devices
- Coordinating second opinions for complex cases
- Coordination of care for return to home country after assignment completion
- Discharge planning
- Maternity management

Dial the International Member Service Center at the number on **your** member ID card to reach CARE.

## Innovative tools and resources

With **your** cover, **you** will have access to tools and resources via the Aetna International secure member website at **www.aetnainternational.com** to help **you** to navigate **your** health care experience, including:

- **Doctor and medical facility search tool** that allows **you** to find screened and approved physicians and medical facilities
- **Health and wellness information** to help **you** improve or maintain **your** health, given lifestyle, diet and/or conditions
- **Health and security news** with the latest risk ratings and security alerts
- **City profiles** inclusive of travel information such as vaccination requirements and **emergency** phone numbers
- **Drug and medical phrase translation** services with features that allow **you** to search for medication availability by country
- **Mobile doctor directory applications** helping **you** to find direct-settlement facilities in **your** city
- **More mobile applications coming soon**

### To register for the Aetna International secure member website:

1. Visit **www.aetnainternational.com**.
2. Click **Member** under **Secure login**.
3. Click on **Login/Register** under **Members on European, Asia Pacific, Middle East and Africa or Latin American and Caribbean based plans, start here**.
4. Click on the **Register** button and follow the on-screen prompts to set up a user name and password.

Once you've registered, **you** can enter **your** user name and password and click the Log In button to access the Aetna International secure member website in the future.

# Accessing quality care

## We are committed to building strong, secure partnerships with health care professionals around the globe

We have negotiated simplified prepayment procedures with thousands of medical facilities worldwide. Called “direct-settlement” arrangements, these agreements make accessing care easier and cover any eligible up-front costs associated with **your** care or **treatment**, such as planned **inpatient treatment**, a maternity stay or **day patient** services. This is a significant benefit if you’re faced with a more expensive medical procedure.

If you’re unable to find a health care professional in **our** direct-settlement database, and require hospitalisation, simply send **us** a request. **We** are successful in coordinating one-time direct-settlement arrangements 95 percent of the time.

### To find a direct-settlement provider:

1. Visit [www.executive-healthcare.com](http://www.executive-healthcare.com).
2. Select *Useful Links* along the right-hand side of the page.

### To facilitate a direct-settlement transaction:

#### For preplanned treatment/non-emergency:

Contact Aetna to initiate preauthorisation for a direct-settlement to a selected facility at least five business days prior to planned **treatment**. If **you** choose to seek **treatment** at a direct-settlement provider without notifying Aetna in advance, the provider will expect payment in full at the time of service.

While **we** work as closely as possible with **our** network providers to ensure that direct-settlement remains available for low-cost **outpatient treatments**, most providers ask for a credit card swipe or cash deposit to cover deductibles or copays/**coinsurance** payments.

#### For emergency treatment:

In the case of an **emergency**, please proceed immediately to a **hospital** or designated medical facility. If, as a result of the **emergency**, **you** are admitted to a **hospital**, a direct-settlement will be initiated on **your** behalf, for all covered conditions, the following business day. However, if you’re discharged following **your emergency** visit, **you** will be responsible for all charges up front and will need to submit a claim to Aetna for reimbursement.

### To request a one-time direct-settlement arrangement:

If **you** are unable to find a provider in **our** direct-settlement listing, simply contact the 24/7 Aetna International Member Service Centre at the number listed on **your** member ID card, and **we** can attempt to arrange for a one-time direct-settlement on **your** behalf. In fact, **we** have a 95 percent success rate in negotiating these one-time arrangements.

### To access our U.S. provider network:

The Aetna provider community is one of the most powerful in the U.S. This vast network offers access to more than 1 million health care professionals, 616,000 primary care doctors and **specialists** and 5,400 **hospitals**. If covered under **your** plan, when **you** receive care at one of **our** participating U.S. facilities, **your treatment** costs can be settled directly by **us**.

For those who have opted for such cover, to find U.S. doctors and facilities simply follow these instructions:

1. Visit [www.executive-healthcare.com](http://www.executive-healthcare.com) and select *Useful Links* along the right-hand side of the page.
2. In the *Direct Settlement Networks* section (on the right-side of the page), click on the link under *DocFind Preferred* to go to the DocFind® search engine.
3. Click the *Continue to DocFind* button.
4. Once on DocFind, **you** can search by geographic location, provider category or provider type. Other search options include specialty, name, **hospital** affiliation and languages spoken. Contact **your** Aetna International Member Service Centre if **you** need help with using the DocFind tool.

**Important note:** Preauthorisation and/or referrals may be required when accessing care in the U.S. Please check **your** plan documents for details and to ensure that **you** have the U.S. cover benefit.

# How to file a claim

1

## Download a claim form

You can download a claim form from the Executive Healthcare Solutions secure member website, [www.executive-healthcare.com](http://www.executive-healthcare.com).

2

## Fill out your claim form

Complete all sections of the claim form in full for each treated condition, including all hospitalisation claims.

3

## Include all necessary documentation

Attach the following to **your** claim form (as appropriate):

- All paid receipts (or other proof of payment). **We** accept soft copies of original receipts to start the claim process and to facilitate the assessment of **your** claim (i.e., if **you** submit claims via fax or e-mail); however, **we** require that **you** send the originals before any claims payment is made by **us**.
- All supporting documents relating to the claim for all **treatments** referred to in the claim, including the diagnosis.
- Any laboratory test results and/or X-rays relating to the claim.
- A referral letter from **your specialist** (if the claim includes charges for diagnostic tests).
- A copy of the referral letter from **your medical practitioner** (if **treatment** was provided by a registered physiotherapist).

4

## Sign and date the form

This must be done by the insured member in order to validate the claim.

5

## Submit your claim

Claim submission can be done by any method listed below.

### Fax and e-mail submission:

Fax (for covered services received outside the U.S.):  
+254 20 291 0600

E-mail address (for covered services received outside the U.S.): [claims@executive-healthcare.com](mailto:claims@executive-healthcare.com)

### Postal submission:

*For covered services received outside the U.S., submit your claim to:*

EHS Limited  
Suite 2004, Level 2,  
Alexander House  
35 Cybercity  
Ebene  
Mauritius

*OR*

Aetna International  
P.O. Box 6380  
Dubai  
United Arab Emirates

# Common insurance terminology

## Coinsurance

**Coinsurance** is the cost sharing between a member and Aetna. It refers to the portions of a covered medical expense that the insurer and member must pay. For example, if a benefit states that there is a 25% **coinsurance**, the insurer pays 75% of covered expenses and the member pays 25%. Refer to **your** plan documents to find out the **coinsurance** rate for **your** plan.

## Day patient and inpatient treatment

**Day patient and inpatient treatment** is care received in a **hospital**. It must be **medically necessary** for **you** to be admitted to a **hospital bed**. It is not dependent on whether or not **you** need an overnight stay.

## Outpatient treatment

An **insured person** who receives **treatment** at a recognised medical facility, but is not admitted to a **hospital bed** as an **inpatient** or **day patient**.

## Excess

**Excess** is the amount that a member must pay for covered services before the insurer will begin to pay. For example, if a covered expense of U.S. \$831 is submitted for payment under a plan with a \$250 **excess**, the member must pay the first \$250 of covered expenses. Please refer to **your** plan documents to find out the **excess** for **your** plan.

## Explanation of Benefits/Settlement Letter

An Explanation of **Benefits** (EOB), or Settlement Letter, is a document that explains a member's health claims. It is generated by the insurer and includes information about:

- Services received
- Health provider
- Date of service
- How much the provider charges for the services received
- The amount the insurer has paid to the health care provider
- How much the member may be responsible for paying (if applicable)

An EOB/Settlement Letter is not an actual bill. It is provided for **your** information and convenience.

## Precertification/preauthorisation

Precertification may be required for certain health care services received in or out of the U.S., to ensure that **your** plan covers those services. Examples of services that may require precertification are hospitalisation and **outpatient surgery**. Health care providers who participate in the Aetna network generally obtain precertification for **you**. However, if **your** plan covers out-of-network **benefits** and **you** seek care from an out-of-network provider, **you** are responsible for obtaining the precertification. Precertification is obtained by contacting the Aetna International Member Service Centre at the number on **your** member ID card.

**You** must contact Aetna to obtain prior approval (preauthorisation) before beginning the following **treatments**:

- Planned **inpatient** or **day patient treatment** (hospitalisation)
- Pregnancy or childbirth **treatment**
- Planned surgery
- **Evacuation/Out of Country Transportation**
- Second medical opinions
- **Psychiatric treatment** — **inpatient, day patient and outpatient**
- Home nursing charges
- Planned MRI, CT and PET scans
- Alternative medicine where **treatment** will exceed \$250

**Evacuations** are supervised by **your medical practitioner** or **specialist** at the place of incident. They are also coordinated by **our** International Health Advisory Team and its related support network or the **Emergency Assistance Medical Helpline**. Aetna must agree to any **Evacuation** before it takes place.

## Referral

In some health plans, members must get a referral from their general practitioner (GP) to receive covered services from a **specialist** or other practitioner. A referral is a specific set of instructions that direct an individual to a **specialist** or facility for **medically necessary** care. A referral may be written or electronic.

The term "referral" can refer both to (1) the act of sending **you** to another doctor or **specialist**, and (2) the actual paper authorising **your** visit.

A doctors referral is required and must be included when filing a claim for physiotherapy.

# Schedule of benefits

All limits and **excesses** noted in the schedule of **benefits** expressed in \$ shall in all instances mean US\$.

All **benefits** shown are per **insured person**, per **period of cover** (unless specifically stated).

BENEFITS	Major Medical	Major Medical Plus	Foundation	Lifestyle
Maximum annual aggregate limit	\$1,600,000	\$1,600,000	\$2,500,000	\$5,000,000
<b>Geographical area of coverage</b> • Area 1 – Africa plus India, Pakistan, Bangladesh and Sri Lanka • Area 2 – Worldwide excluding USA • Area 3 – Worldwide	As noted on your policy schedule			
<b>Excess</b> Each product option carries an <b>excess</b> that each member needs to pay towards claims in the plan year. <b>Your policy schedule</b> will show you the <b>excess</b> applicable.	As noted on your policy schedule			

## INPATIENT TREATMENT

<b>1 General inpatient charges</b> Hospital charges, room and board, <b>drugs and dressings</b> , surgeon and anaesthetist fees, theatre charges, intensive care unit and pathology.	Covered in full	Covered in full	Covered in full	Covered in full
<b>2 Hospital cash benefit</b> When <b>treatment</b> is received as an <b>inpatient</b> for an eligible <b>medical condition</b> for a maximum of 30 nights and no costs are incurred for accommodation and/or <b>treatment</b> . This <b>benefit</b> is not applicable to <b>accident</b> and <b>emergency</b> admissions.	\$450 per night	\$450 per night	\$450 per night	\$450 per night
<b>3 Parent accommodation</b> Hospital accommodation costs in respect of a parent or legal guardian staying with an <b>insured person</b> who is under 18 years of age and is admitted to a <b>hospital</b> as an <b>inpatient</b> .	Covered in full	Covered in full	Covered in full	Covered in full
<b>4 Newborn cover</b> Inpatient treatment of an <b>acute medical condition</b> and any associated costs which presents symptoms at birth or which manifests itself within 30 days following birth.	\$100,000 and to a maximum of 90 days hospital stay	\$100,000 and to a maximum of 90 days hospital stay	\$100,000 and to a maximum of 90 days hospital stay	\$100,000 and to a maximum of 90 days hospital stay
<b>5 Newborn accommodation</b> Hospital accommodation costs relating to a <b>newborn</b> baby to accompany its mother (being an <b>insured person</b> ) whilst she is receiving <b>treatment</b> as an <b>inpatient</b> in a <b>hospital</b> .	Covered in full	Covered in full	Covered in full	Covered in full
<b>6 Inpatient psychiatric treatment</b> In a registered psychiatric unit of a <b>hospital</b> . All <b>benefits</b> are conditional upon preauthorisation from us and all <b>treatment</b> being administered under the direct control of a registered psychiatrist.	Covered in full (up to 30 days)			
<b>7 Organ transplant</b> The entire cost incurred to perform an <b>organ transplant</b> , including accommodation, intensive care unit, <b>hospital</b> charges, surgeon fees, anaesthetist fees, operating theatre fees, <b>specialist</b> fees whilst an <b>inpatient</b> in a <b>hospital</b> .	Covered in full	Covered in full	Covered in full	Covered in full
<b>8 Reconstructive surgery</b> Reconstructive surgery following an <b>accident</b> or following surgery for an eligible <b>medical condition</b> .	Covered in full	Covered in full	Covered in full	Covered in full
<b>9 Inpatient and day patient treatment of chronic conditions</b> Treatment of a chronic medical condition requiring inpatient or day patient treatment in a <b>hospital</b> .	Covered in full	Covered in full	Covered in full	Covered in full

OUTPATIENT TREATMENT	Major Medical	Major Medical Plus	Foundation	Lifestyle
<p><b>10 Outpatient charges including:</b></p> <p>a) <b>Medical practitioner</b> fees including consultations.</p> <p>b) <b>Specialist</b> fees.</p> <p>c) Diagnostic procedures.</p> <p>d) Physiotherapy on referral by a <b>medical practitioner/ specialist</b>.</p> <p>e) Prescribed <b>drugs and dressings</b> for acute conditions.</p>	Up to \$3,000 per medical condition for <b>outpatient</b> consultative & diagnostic costs for <b>treatment</b> 30 days prior to hospitalisation and for up to 90 days immediately following hospitalisation	Up to \$5,000	Covered in full	Covered in full
<p><b>11 Alternative medicine</b></p> <p>Alternative medicine administered by a registered chiropractor, osteopath, homeopath, ayurvedic medicine practitioner, podiatrist and acupuncturists. Preauthorisation required for any costs exceeding \$250.</p>	No cover	No cover	Covered in full up to \$1,500	Covered in full up to \$2,000
<p><b>12 Outpatient surgery</b></p>	Covered in full	Covered in full	Covered in full	Covered in full
<p><b>13 Outpatient psychiatric treatment</b></p> <p>Including <b>specialist</b> consultations. All <b>benefits</b> are conditional upon preauthorisation from us and all <b>treatment</b> must be administered under the direct control of a registered psychiatrist.</p>	No cover	No cover	Covered in full up to \$4,500 per medical condition	Covered in full up to \$4,500 per medical condition
<p><b>14 Home nursing</b></p> <p>Immediately following <b>hospital</b> discharge on the recommendation of a <b>specialist</b> and must be provided by a <b>qualified nurse</b>. All <b>treatment</b> under this <b>benefit</b> must be preauthorised by us.</p>	Covered in full up to 60 days per medical condition	Covered in full up to 60 days per medical condition	Covered in full up to 90 days per medical condition	Covered in full up to 120 days per medical condition
<p><b>15 Emergency outpatient treatment inside area of coverage</b></p> <p><b>Emergency treatment</b> received as an <b>outpatient</b> received in the <b>accident and emergency</b> unit of a <b>hospital</b>.</p>	Up to \$2,000 per period of cover	Up to \$2,000 per period of cover	Covered in full	Covered in full

## OTHER GENERAL BENEFITS

<p><b>16 Oncology</b></p> <p>All <b>treatment</b> for, or related to, a diagnosed cancer. This includes palliative <b>treatment</b> and care during the end stages of a cancer.</p>	Covered in full	Covered in full	Covered in full	Covered in full
<p><b>17 Ancillary charges</b></p> <p>The purchase or rental of crutches or wheelchairs following <b>treatment</b> as an <b>inpatient</b> or <b>day patient</b>.</p>	Up to \$1,500 per medical condition			
<p><b>18 Durable medical equipment</b></p> <p>Durable medical equipment including prosthetic and orthotic supplies. We will pay for:</p> <ul style="list-style-type: none"> <li>• Items prescribed by a medical practitioner or specialist, which are needed to deliver, or facilitate the delivery of, prescribed drugs and dressings.</li> <li>• The purchase and fitting of devices or items medically necessary for treatment, including, but not limited to, spinal supports, orthopaedic braces and air cast boots</li> <li>• The initial purchase and fitting of external prostheses needed following surgery, including, but not limited to, artificial eyes and limbs</li> <li>• The purchase and fitting of medically necessary orthotic supplies, including, but not limited to, insoles and orthotic supports</li> <li>• This benefit does not extend to sight or hearing aids, the supply, modification or fitting of furniture, or any modifications to your personal or work environment.</li> </ul>	Up to \$1,000	Up to \$1,000	Up to \$1,000	Up to \$2,000

## OTHER GENERAL BENEFITS

	Major Medical	Major Medical Plus	Foundation	Lifestyle
<p><b>19 Hospice care charges</b> Treatment provided by a hospice for the care of an insured person with a terminal illness.</p>	Covered in full (up to 30 days) where treatment is received as an inpatient only	Covered in full (up to 30 days) where treatment is received as an inpatient only	Covered in full	Covered in full
<p><b>20 Rehabilitation</b> Rehabilitation (including outpatient treatment) in a recognised rehabilitation unit of a hospital subsequent to inpatient treatment lasting 3 days or more. The rehabilitation must take place within 14 days of discharge from the inpatient admission and must be recommended and under the direct control of a Medical Practitioner. Treatment includes the use of special treatment rooms, physical and/or speech therapy fees, and other services usually given by a rehabilitation unit.</p>	Limited to 120 days per medical condition	Limited to 120 days per medical condition	Limited to 120 days per medical condition	Limited to 120 days per medical condition
<p><b>21 Congenital anomalies</b> Treatment of congenital anomalies that manifest after the member's cover commences with us, or that manifest in a dependant child born in the year prior to cover commencing.</p>	Up to \$100,000 per medical condition	Up to \$100,000 per medical condition	Up to \$100,000 per medical condition	Up to \$100,000 per medical condition
<p><b>22 CT, MRI and PET scans</b> Scans received as an inpatient, day patient or outpatient and preauthorised by us.</p>	Covered in full	Covered in full	Covered in full	Covered in full

## EVACUATION/TRANSPORTATION BENEFITS

<p><b>23 Emergency transportation</b> Emergency transportation costs to and from hospital, for the purpose of admission as inpatient or day patient, by the most appropriate transport method when considered medically necessary by a medical practitioner or specialist.</p>	Covered in full	Covered in full	Covered in full	Covered in full
<p><b>24 Evacuation</b> Evacuation of an insured person in the event of emergency treatment not being readily available at the place of the incident, to an appropriate medical facility in an alternative country of your choice, within the geographical area of coverage, for the purpose of admission to hospital as an inpatient or day patient. Extended to cover the costs for one other person to travel with the insured person as an escort.</p>	Covered in full	Covered in full	Covered in full	Covered in full
<p><b>25 Out of country transportation</b> The costs of moving an insured person in the event of non-emergency treatment not being readily available at the place of the incident, to an appropriate facility, within the geographical area of coverage, for the purpose of admission to hospital as an inpatient or day patient. Extended to cover the costs for one other person to travel with the insured person as an escort. Cover under this benefit is restricted to economy class flight tickets only.</p>	Covered in full	Covered in full	Covered in full	Covered in full

## EVACUATION/TRANSPORTATION BENEFITS

	Major Medical	Major Medical Plus	Foundation	Lifestyle
<p><b>26 Additional travel expenses</b> (following evacuation or out of country transportation) Reasonable travel costs:</p> <p>a) Incurred by the <b>insured person</b> to and from medical appointments when <b>treatment</b> is being received as a <b>day patient</b>.</p>	Covered in full	Covered in full	Covered in full	Covered in full
b) For an accompanying person to travel to and from the <b>hospital</b> to visit the <b>insured person</b> following admission as an <b>inpatient</b> .	Covered in full	Covered in full	Covered in full	Covered in full
c) For an accompanying person (where applicable) for non- <b>hospital</b> accommodation where the <b>insured person</b> has been admitted as an <b>inpatient</b> and for the duration of the <b>insured person's</b> stay as an <b>inpatient</b> .	<b>Benefits c) – d)</b> Up to a daily limit of \$120 per <b>Insured Person</b> and to an overall <b>Benefit limit</b> of \$5,000 per <b>Insured Person</b> , per <b>Evacuation</b>	<b>Benefits c) – d)</b> Up to a daily limit of \$120 per <b>Insured Person</b> and to an overall <b>Benefit limit</b> of \$5,000 per <b>Insured Person</b> , per <b>Evacuation</b>	<b>Benefits c) – d)</b> Up to a daily limit of \$120 per <b>Insured Person</b> and to an overall <b>Benefit limit</b> of \$5,000 per <b>Insured Person</b> , per <b>Evacuation</b>	<b>Benefits c) – d)</b> Up to a daily limit of \$120 per <b>Insured Person</b> and to an overall <b>Benefit limit</b> of \$5,000 per <b>Insured Person</b> , per <b>Evacuation</b>
d) For the <b>insured person</b> and one other accompanying person (where applicable) for non- <b>hospital</b> accommodation only for immediate pre- and post- <b>hospital</b> admission periods, provided that the <b>insured person</b> is under the care of a <b>specialist</b> .				
e) Economy class airline ticket to return the <b>insured person</b> and accompanying person who has travelled as an escort to the <b>country of residence</b> or to the country from where <b>evacuation</b> occurred.	Covered in full	Covered in full	Covered in full	Covered in full
<p><b>27 Mortal remains</b> In the event of death from an eligible <b>medical condition</b>: transportation of the body of a <b>member</b> or his/her ashes to the <b>country of nationality</b> or <b>country of residence</b> or burial or cremation costs at the place of death in accordance with reasonable and customary practice.</p>	Covered in full	Covered in full	Covered in full	Covered in full
<p><b>28 Compassionate Emergency Visit</b> Costs you have to pay for an economy class return travel ticket from a country within your area of cover for you to visit a <b>direct family member</b>:</p> <ul style="list-style-type: none"> <li>• If their medical condition is critical, or</li> <li>• To attend their burial or cremation following their death</li> </ul> <p>You are limited to one return journey per policy year.</p>	No cover	No cover	Covered in full	Covered in full

## CONDITION MANAGEMENT

<p><b>29 Routine management of chronic conditions</b> Routine checkups, <b>drugs and dressings</b> prescribed for management of the condition, nursing and <b>palliative treatment</b> for <b>chronic</b> conditions.</p>	No cover	Covered up to \$2,000 within the Outpatient limit (nil excess)	Up to \$5,000 per <b>Period of Cover</b> (nil excess)	Up to \$5,000 per <b>Period of Cover</b> (nil excess)
<p><b>30 AIDS</b> Medical expenses which arise from or are in any way related to Human Immunodeficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) and/or any mutant derivative or variation thereof.</p>	Up to \$10,000	Up to \$10,000	Up to \$10,000	Up to \$10,000
<p><b>31 Hormone replacement therapy</b> <b>Medical practitioner</b> or <b>specialist</b> consultation and the cost of prescribed tablets, implants or patches, when <b>treatment</b> is prescribed for the female menopause which has been induced artificially and/or through early onset (by early onset we mean prior to age 40 years).</p>	No cover	No cover	No cover	Covered in full up to 18 months per condition

CONDITION MANAGEMENT	Major Medical	Major Medical Plus	Foundation	Lifestyle
<p><b>32 Renal dialysis</b> Covers the cost of renal dialysis needed as a result of <b>chronic</b> and irreversible End Stage Renal Disease or renal failure in both kidneys caused by illness or injury unrelated to alcohol or drug abuse. Also covers the cost of renal dialysis incurred: a) Immediately pre- and post-operatively b) In connection with <b>acute</b> secondary failure when dialysis is part of intensive care <b>Treatment</b> must be received as an <b>inpatient, day patient</b> or <b>outpatient</b> in a <b>hospital</b>, or in a legally registered and licensed dialysis centre.</p>	Covered in full	Covered in full	Covered in full	Covered in full

## MATERNITY BENEFITS

<p><b>33 Routine pregnancy and childbirth</b> Costs associated with normal pregnancy and childbirth, pre and postnatal checkups and delivery costs. This benefit is payable after the first 12 months from the commencement date or <b>date of entry</b>, whichever is the later.</p>	Optional for groups 20+ employees with a limit of \$2,500 (nil excess)	Optional for groups 20+ employees with a limit of \$2,500 (nil excess)	Up to \$4,500 (nil excess)	Up to \$8,000 (nil excess)
<p><b>34 Complications of pregnancy</b> <b>Treatment</b> of a defined <b>medical condition</b> arising during the antenatal stages of pregnancy or during childbirth. The conditions covered are ectopic pregnancy, gestational diabetes, hydatidiform mole, miscarriage (actual or threatened), pre-eclampsia, failure to progress in labour or stillbirth. Post-partum hemorrhage and retained placental membrane that occur during childbirth are also covered by this benefit. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births are excluded from this benefit. Post natal checkups needed as a result of one the above complications of pregnancy are covered for a period of 6 weeks. This benefit is payable after the first 12 months from the commencement date or <b>date of entry</b>, whichever is the later.</p>	Covered in full	Covered in full	Covered in full	Covered in full

## DENTAL BENEFITS

<p><b>35 Accidental damage to teeth</b> <b>Treatment</b> received in a dental surgery or in an <b>accident</b> and <b>emergency</b> room in a <b>hospital</b> within seven days of incurring <b>accidental</b> damage caused to sound, natural teeth.</p>	Up to \$3,750 when <b>treatment</b> received as <b>inpatient</b> only per event	Up to \$3,750 when <b>treatment</b> received as <b>inpatient</b> only per event	Up to \$3,750 per event	Up to \$3,750 per event
<p><b>36 Routine and major restorative dental treatment</b> Examinations, tooth cleaning, normal compound fillings, simple or non-surgical extractions. Removal of impacted, buried or unerrupted teeth, removal of roots, removal of solid odontomes, apicetomy, new or repair of bridge work, new or repair of crowns, root canal <b>treatment</b>, new or repair of upper or lower dentures.  This <b>benefit</b> is subject to a six months waiting period from purchase date of this <b>benefit</b> or <b>your date of entry</b>, whichever is the later.</p>	No cover	No cover	No cover	Up to \$1,000 and subject to 25% <b>coinsurance</b> (nil excess)

PREVENTATIVE CARE	Major Medical	Major Medical Plus	Foundation	Lifestyle
<b>37</b> Vaccinations/Inoculations Medically necessary vaccinations and inoculations	No cover	No cover	No cover	Covered in full

## OPTIONAL BENEFITS

<b>38</b> Exclude pregnancy cover Cover for routine pregnancy and childbirth <b>benefits</b> are excluded.	Not applicable	Not applicable	Optional	Optional
<b>39</b> Routine pregnancy and childbirth Cover for routine pregnancy and childbirth <b>benefits</b> .	Optional For Groups	Optional For Groups	Covered as standard	Covered as standard
<b>40</b> Elective treatment excluding USA Cover is extended to provide <b>elective treatment</b> worldwide excluding USA ( <b>area of coverage</b> - Area 2)	Optional	Optional	Optional	Optional
<b>41</b> USA elective treatment Costs will be reimbursed on a covered in full basis, where <b>inpatient</b> or <b>day patient treatment</b> is received within <b>our provider network</b> or for any <b>outpatient treatment</b> . <b>Inpatient</b> or <b>day patient treatment</b> received outside <b>our provider network</b> will be subject to a 50% <b>coinsurance</b> and an annual maximum of \$750,000. ( <b>area of coverage</b> – Area 3)	Not applicable	Not applicable	Optional	Optional
<b>42</b> Medical history disregarded Cover for <b>treatment</b> for any <b>medical condition</b> or <b>related condition</b> where symptoms have existed or <b>advice</b> has been sought prior to <b>your date of entry</b> under this <b>policy</b> . (Only available to compulsory <b>group</b> schemes of 10 or more employees).	Optional	Optional	Optional	Optional
<b>43</b> Wellness Routine medical checkups, associated tests, <b>medically necessary</b> vaccinations and inoculations.	Not applicable	Not applicable	Optional Up to \$400	Optional Up to \$400
<b>44</b> Routine dental treatment Examinations, tooth cleaning, normal compound fillings, simple or non-surgical extractions and root canal <b>treatment</b> incurred after six months from the purchase date of this <b>benefit</b> or <b>your date of entry</b> , whichever is the later.	Not applicable	Not applicable	Optional Up to \$400 subject to 25% <b>coinsurance</b> (nil excess)	Covered as standard
<b>45</b> Vision care Includes cover for one routine eye exam per <b>period of cover</b> and the purchase of Vision Hardware when the member's prescription has changed, up to the amount listed in the <b>policy schedule</b> . Vision Hardware covers prescribed spectacle lenses and frames or prescribed contact lenses.	Not applicable	Not applicable	Optional for <b>groups</b> of 5 or more employees. Up to \$250	Optional for <b>groups</b> of 5 or more employees. Up to \$250
<b>46</b> Personal accident	Optional	Optional	Optional	Optional
<b>47</b> Travel	Optional	Optional	Optional	Optional

## AETNA SECURITY ASSISTANCE

<b>48</b> 24/7 personal security information and telephone support for all your travel safety queries. Log in to the member portal to find out more and to register for this service.	Included with your plan			
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## What is covered

We will provide cover for the **treatment** of **medical conditions** which first manifest themselves during any **period of cover** and where **treatment** is actually given during the current **period of cover** or where such **medical conditions** have manifested themselves prior to the **date of entry** but have been declared to and accepted by us in writing.

We will provide **benefits** for the following, subject to the level of cover chosen and the **benefits** detailed in schedule of **Benefits** and in **your Policy Schedule**. Any **benefits** listed below which do not appear in the schedule of **Benefits** or **your Policy Schedule** are not covered. All costs incurred must be **medically necessary** and subject to **reasonable and customary charges**.

### Inpatient charges

#### 1. General inpatient charges

a) Hospital accommodation, limited to a standard private room and associated charges, including admittance to the intensive care unit as an **inpatient** or **day patient**, and charges for nursing by a **qualified nurse**.

b) **Medical practitioner/specialist fees**.

c) **Surgeon fees**.

d) **Anaesthetist fees**.

e) **Drugs and dressings and appliances**.

f) **Theatre fees** and other charges incurred for the **treatment** of a **medical condition**.

g) **Diagnostic procedures** including pathology, X-rays, MRI scans, CT Scans and PET scans.

#### 2. Hospital cash benefit

Where you receive **treatment** for an eligible **medical condition** as an **inpatient** and no costs are incurred for accommodation and **treatment**. To claim this **benefit** please ask the **hospital** to sign and stamp **your claim form**. This **benefit** is not applicable to admissions into the **accident and emergency** facility of the **hospital**.

#### 3. Parent Accommodation

Standard **private room** accommodation in respect of one parent or legal guardian staying with an **insured person** who is under 18 years of age and is admitted as an **inpatient** to a **hospital**.

#### 4. Newborn cover

Inpatient treatment of an acute medical condition being suffered by a **newborn** baby which manifests itself within 30 days following birth. Following the 30 day **newborn benefit** period, excepting any **medical conditions** occurring or manifesting themselves during the 30 day period immediately following birth, **your dependant** will be eligible for cover up to the full provision of this **policy**. Cover is subject to the child being included under their parent(s) **policy** and all premiums due being paid in full.

#### 5. Newborn accommodation

Hospital accommodation costs relating to a **newborn** baby to accompany its mother (being an **insured person**) whilst she is receiving **treatment** as an inpatient in a **hospital**.

#### 6. Inpatient psychiatric care

Inpatient treatment in a recognised psychiatric unit of a **hospital** and where **treatment** is under the direct care of a registered psychiatrist.

No **benefits** are payable in respect of this **benefit** for any **medical condition**, or any **related condition**, which existed at any time prior to **your** join date.

All **treatment** under this **benefit** must be preauthorised by **us**. Without **our** written confirmation prior to such **treatment**, **we** will not be liable to pay any **benefit**.

#### 7. Organ transplant

The entire cost incurred to perform an **organ transplant**, including accommodation, intensive care unit, **hospital** charges, surgeon fees, anaesthetist fees, operating theatre fees, **specialist** fees whilst an inpatient in a **hospital**.

**Organ transplants** covered under this **policy** are:

- a) Heart
- b) Heart/lung
- c) Lung
- d) Kidney
- e) Kidney/pancreas
- f) Liver
- g) Allogenic bone marrow
- h) Autologous bone marrow

#### 8. Reconstructive surgery

Reconstructive surgery required as a result of an **accident** or illness which occurred during the **period of cover** and is undertaken within 12 months of the **accident/illness** occurring to restore natural function or appearance, subject to the cover being in force at the time of the reconstructive **treatment**.

#### 9. Inpatient and day patient treatment of chronic conditions

Treatment of a chronic medical condition requiring inpatient or day patient treatment in a **hospital**.

### Outpatient charges

#### 10. General outpatient charges

- a) **Medical practitioner** fees including consultations.
- b) **Specialist** fees.
- c) Diagnostic procedures including pathology, X-rays, MRI Scans, CT Scans and PET Scans.
- d) Physiotherapy on referral by a **medical practitioner** is restricted to 10 sessions per **medical condition**, after which it must be further reviewed by a **specialist**. A medical report will be required for **outpatient** physiotherapy after 10 sessions. A referral letter/report must be submitted with the first claim for such **treatment**.
- e) Prescribed **drugs and dressings**, medicines and **appliances** prescribed by a **medical practitioner** or **specialist** to treat an **acute condition**.

#### 11. Alternative medicine

Alternative medicine administered by a registered chiropractor, osteopath, homeopath, ayurvedic medicine practitioner, podiatrist and acupuncturist.

#### 12. Outpatient surgery

Surgical procedures undertaken as an **outpatient** in a **hospital** or licensed medical facility.

#### 13. Outpatient psychiatric treatment

**Outpatient treatment**, including **specialist** consultations, where **treatment** is under the direct care of a registered psychiatrist.

All **treatment** under this **benefit** must be preauthorised by **us**. Without **our** written confirmation prior to such **treatment**, **we** will not be liable to pay any **benefit**. However, the initial consultation with a **medical practitioner** (not a psychiatric **specialist**), which results in a psychiatric referral is covered without the requirement for preauthorisation.

No **benefits** are payable in respect of this **benefit** for any **medical condition**, or any **related condition**, which existed at any time prior to **your** join date.

#### 14. Home nursing

Nursing care given outside a **hospital** which is immediately received subsequent to **treatment** as an inpatient or **day patient** on the recommendation of a **specialist** and must be provided by a **qualified nurse**. All **treatment** under this **benefit** is conditional upon preauthorisation from **us**. Without **our** written confirmation prior to such **treatment**, **we** will not be liable to pay any **benefit**.

### 15. Emergency outpatient treatment

Treatment administered as a result of an emergency for an eligible medical condition received in the accident and emergency unit of a hospital.

## Other general benefits

### 16. Oncology

All treatment for, or related to, a diagnosed cancer. This includes palliative treatment and care during the end stages of a cancer.

### 17. Ancillary expenses

The purchase or rental of crutches or wheelchairs following treatment as an inpatient or day patient.

### 18. Durable medical equipment

Durable medical equipment including prosthetic and orthotic supplies. We will pay for:

- Items prescribed by a medical practitioner or specialist, which are needed to deliver, or facilitate the delivery of, prescribed drugs and dressings.
- The purchase and fitting of devices or items medically necessary for treatment, including, but not limited to, spinal supports, orthopaedic braces and air cast boots
- The initial purchase and fitting of external prostheses needed following surgery, including, but not limited to, artificial eyes and limbs
- The purchase and fitting of medically necessary orthotic supplies, including, but not limited to, insoles and orthotic supports
- This benefit does not extend to sight or hearing aids, the supply, modification or fitting of furniture, or any modifications to your personal or work environment.

### 19. Hospice care charges

Treatment provided by a hospice for the care of an insured person with a terminal illness.

Such treatment will cover:

- a) Palliative treatment and other acute and chronic symptom management
- b) Medical social services under the direction of a medical practitioner or specialist
- c) Nursing care and home nursing (for up to eight hours in any one day)
- d) Physiological and dietary counselling

### 20. Rehabilitation

Rehabilitation (including outpatient treatment) in a recognised rehabilitation unit of a hospital subsequent to inpatient treatment lasting three days or more. The rehabilitation must

take place within 14 days of discharge from the inpatient admission and must be recommended and under the direct control of a Medical Practitioner. Treatment includes:

- a) Use of special treatment rooms
- b) Physical therapy fees
- c) Speech therapy fees
- d) Other services usually given by a rehabilitation unit including qualified nurse care but not including private or special nursing or specialist services.

### 21. Congenital anomalies

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

### 22. CT, MRI and PET scans

Diagnostic Scans received as an inpatient, day patient or outpatient and preauthorised by us.

## Evacuation/transportation benefits

### 23. Emergency transportation

Emergency Transportation costs to and from hospital, for the purpose of admission as inpatient or day patient, by the most appropriate transport method when considered medically necessary by a medical practitioner or specialist.

### 24. Evacuation

Evacuation costs of moving an insured person in the event of emergency treatment not being readily available at the place of the incident, to an appropriate medical facility in an alternative country of your choice, within the geographic area of coverage, for the purpose of admission to hospital as an inpatient or day patient (excluding all maternity or childbirth costs, except for Benefit 34 - Complications of Pregnancy). Evacuation is subject to written agreement from us prior to travel and certified instructions from the attending medical practitioner or specialist including confirmation that the required treatment is unavailable at the place of incident. Extended to cover the costs for one other person to travel with the insured person, as escort, if medically necessary. Our medical advisors will decide the most appropriate method of transportation for the evacuation and the most appropriate hospital to which you will be evacuated.

Costs of evacuation do not extend to include any Air-Sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts.

### 25. Out of country transportation

The costs of moving an insured person in the event of non-emergency treatment not being readily available at the place of the incident, to an appropriate medical facility in an alternative

country of **your** choice, within the geographic **area of coverage**, for the purpose of admission to **hospital** as an **inpatient** or **day patient** (excluding all maternity or childbirth costs, except for **Benefit 34 - Complications of Pregnancy**). Cover under this **benefit** is subject to written agreement from **us** prior to travel and certified instructions from the attending **medical practitioner** or **specialist** including confirmation that the required **treatment** is unavailable at the place of incident.

Cover under this **benefit** is restricted to economy class flight tickets only.

## 26. Additional travel expenses (following evacuation and out of country transportation)

Reasonable travel costs:

- a) Incurred by the **insured person** to and from medical appointments when **treatment** is being received as a **day patient**.
- b) For an accompanying person to travel to and from the **hospital** to visit the **insured person** following admission as an **inpatient**.
- c) For an accompanying person (where applicable) for non-**hospital** accommodation where the **insured person** has been admitted as an **inpatient** and for the duration of the **insured persons** stay as an **inpatient**.
- d) For the **insured person** and one other accompanying person (where applicable) for non-**hospital** accommodation only for immediate pre- and post-**hospital** admission periods provided that the **insured person** is under the care of a **specialist**.
- e) Economy class airline ticket to return the **insured person** and accompanying person who has travelled as an escort to the **country of residence** or to the country from where **evacuation** occurred.

## 27. Mortal remains

In the event of death from an eligible **medical condition**: transportation of the body of a **member** or his/her ashes to the **country of nationality** or **country of residence** or burial or cremation costs at the place of death in accordance with reasonable and customary practice.

Necessary burial or cremation fees including

- The cost of reopening a grave and burial costs, or
- The cost of opening a new grave and burial costs, including any exclusive right of burial fee, or
- In the case of cremation:
  - a) The cremation fee
  - b) The cost of any doctor's certificates
  - c) The cost of removing a pacemaker or other medical device which must be removed before the cremation

But not including costs related to other funeral expenses, such as:

- Funeral director's fees
- Flowers

- The cost of any documents needed for the release of the money, savings and property of the deceased
- The necessary cost of a return journey for **you** to either
  - a) Arrange the funeral, or
  - b) Attend the funeral

## 28. Compassionate Emergency Visit

Costs **you** have to pay for an economy class return travel ticket from a country within **your area of cover** for **you** to visit a **direct family member**:

- If their medical condition is critical, or
  - To attend their burial or cremation following their death
- You** are limited to one return journey per policy year.

## Condition management

### 29. Routine management of chronic conditions

Cover under the **policy** is extended to include routine management and **palliative treatment** incurred in connection with a **chronic medical condition**.

Expenses are limited to routine checkups associated with the **chronic medical condition**, **drugs and dressings** prescribed for management of the **medical condition** and nursing care.

For this **benefit** only, exclusions 2 and 38 are deleted.

### 30. AIDS

Medical expenses which arise from or are in any way related to Human Immunodeficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof.

Expenses are limited to pre- and post-diagnosis consultations, routine checkups for this condition, **drugs and dressings** (except experimental or those unproven), **hospital** accommodation and nursing fees.

For this **benefit** only, exclusions 2 and 36 are deleted.

### 31. Hormone replacement therapy

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

For this **benefit** only, exclusion 37 is deleted.

### 32. Renal dialysis

Covers the cost of renal dialysis needed as a result of **chronic** and irreversible End Stage Renal Disease or renal failure in both kidneys caused by illness or injury unrelated to alcohol or

drug abuse.

Also covers the cost of renal dialysis incurred:

- a) Immediately pre- and post-operatively
- b) In connection with **acute** secondary failure when dialysis is part of intensive care

Treatment must be received as an **inpatient, day patient** or **outpatient** in a **hospital**, or in a legally registered and licensed dialysis centre.

## Maternity benefits

### 33. Routine pregnancy and childbirth

Costs associated with normal pregnancy and childbirth, including normal deliveries as a result of infertility **treatment** (assisted conception), voluntary caesarean section costs and **medically necessary** caesarean costs due to any previous caesarean sections.

This benefit also covers the cost of pre natal checkups, and post natal checkups for up to six weeks after delivery prescribed pre natal vitamins and delivery costs, including costs associated with qualified midwives. All costs relating to complications of pregnancy or childbirth following infertility **treatment** (assisted conception) will be limited to this benefit.

This benefit extends to include only the following for a **newborn** child:

- one physical examination;
- vitamin K, hepatitis B and BCG vaccinations;
- circumcision;
- routine blood tests for PKU, **congenital** hypothyroidism and G6PD;
- one hearing examination; and
- reasonable accommodation costs for no more than four nights, if the mother is admitted and not suffering any complications.

The **policy excess** does not apply to this benefit. This benefit is payable after the first 12 months from the commencement date or **date of entry**, whichever is the later. The **newborn** must be enrolled as a member within 30 days after birth in order to be eligible for any **benefits** (as per **Policy** terms) after the first 24 hours.

### 34. Complications of pregnancy

Treatment of a defined **medical condition** arising during the antenatal stages of pregnancy or during childbirth. The conditions covered are ectopic pregnancy, gestational diabetes, hydatidiform mole, miscarriage (actual or threatened), pre-eclampsia, failure to progress in labour or stillbirth. Post-partum hemorrhage and retained placental membrane that occur during childbirth are also covered by this benefit. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births are excluded from this benefit. Post

natal checkups needed as a result of one the above complications of pregnancy are covered for a period of 6 weeks. This benefit is payable after the first 12 months from the commencement date or **date of entry**, whichever is the later.

## Dental benefits

### 35. Accidental damage to teeth

Treatment initially received in a dental surgery or in an **accident** and **emergency** ward of a **hospital** within seven days of incurring accidental damage caused to sound, natural teeth, except when the accidental damage has been caused through eating, when given by a **medical practitioner** or **dental practitioner**.

### 36. Dental treatment

- a) Routine dental **treatment**  
Fees of a **dental practitioner** carrying out routine dental **treatment** in a dental surgery. Routine dental **treatment** is defined as:
  - Examinations
  - Tooth cleaning
  - Normal compound fillings
  - Simple or non-surgical extractions
  - Root canal **treatment**, new or repair of upper or lower dentures
- b) Major restorative dental **treatment**  
Fees of a **dental practitioner** and associated costs for the following specified procedures:
  - Removal of impacted, buried or un-erupted teeth
  - Removal of roots, removal of solid odontomes
  - Apicectomy, new or repair of bridge work, new or repair of crowns

Costs incurred within the first six months from the purchase date of this **benefit** or **your date of entry**, whichever is the later, are excluded, unless otherwise noted on the **policy schedule**.

For this **benefit** only, exclusions 1, 23 and 38 are deleted.

## Preventative care

### 37. Vaccinations/inoculations

The costs associated with recognised **medically necessary** preventative vaccinations and immunisations.

## Optional benefits

### 38. Exclude pregnancy cover

The purchase of this option removes the **benefits** provided under **Benefit 33 – Routine Pregnancy and Childbirth** of **your policy**.

### 39. Routine pregnancy and childbirth

The purchase of this option provides coverage under **Benefit 33 – Routine pregnancy and childbirth**.

#### 40. Worldwide elective treatment excluding the USA

Cover under this **policy** is extended to provide **elective treatment** worldwide excluding USA. All planned **inpatient** and **day patient** cover must be notified to **us** prior to commencement of **treatment**. **Accident** and **emergency treatment** required in the USA will be reimbursed on a covered in full basis unless such **treatment** is as a result of where symptoms existed immediately prior to the first date of travel, or where such **medical condition** would otherwise be excluded under exclusion 1 of this **policy** or for any **medical condition** specifically excluded from cover as noted in **your policy schedule**. Cover is for a maximum of 90 days during the **period of cover** and limited to a maximum of 60 days of **treatment** per event.

For this option only, the first paragraph of exclusion 32 is deleted and replaced with:

**Accident** and **emergency treatment** in the USA is covered unless as a result of a **medical condition** where symptoms existed immediately prior to the first date of travel, or where such **medical condition** would otherwise be excluded under exclusion 1 of this **policy** or for any **medical condition** specifically excluded from cover as noted in **your policy schedule**. In the event of **emergency treatment** being required in the USA, **you** should contact **us** or **our** 24 hour Medical Helpline either before or as soon as possible after admission to the **accident** and **emergency** unit of the **hospital**.

Complications of maternity are/or childbirth are not deemed to be **accident** and **emergency treatment** for the purposes of this **policy**.

#### 41. USA elective treatment

Cover under this **policy** is extended to provide **elective treatment** in the USA.

Costs will be reimbursed on a covered in full basis, subject to the level of **excess** shown in **your policy schedule**, where **inpatient** or **day patient treatment** is received within **our provider network**, or where **outpatient treatment** is provided. **Inpatient** or **day patient treatment** received outside **our provider network** will be subject to 50% **coinsurance** and an annual maximum of US\$750,000 per **insured person** per **period of cover**. All planned **inpatient** or **day patient** cover must be notified to **us** prior to commencement of **treatment**.

For this option only, exclusion 32 is deleted.

#### 42. Medical history disregarded

This option is only applicable to **group** schemes of 10 employees or more enrolled in a compulsory company **policy** (compulsory means ALL employees and their **dependants** are enrolled within 30 days of eligibility, ALL employees and their **dependants** are deleted within 30 days of leaving the company employment. Any employee or **dependant** not covered within 30 days of eligibility will be subject to individual underwriting).

Cover under this **policy** is extended to include **treatment** for **medical conditions** from which **you** have previously suffered, or **related conditions**.

Cover can be offered subject to a declaration of material facts being submitted by the **group** administrator on behalf of the employees and their **dependants**, and cover on a medical history disregarded basis will be at **our** discretion.

**Continuous transfer terms** will be the only option available where the scheme was accepted by the previous insurer on a fully underwritten basis.

For this option only exclusion 1 is removed. Any waiting periods applicable to any of the **benefits** noted in **your policy** and in the schedule of **benefits** are removed under this option.

#### 43. Wellness

a) The cost of one annual routine medical checkup and associated tests.

Such routine checkups/tests to include:

- Blood and cholesterol checks
- Height/weight body mass index
- Resting blood pressure
- Urine analysis
- Cardiac examination
- Exercise electrocardiogram (ECG)
- Other Vital organ function tests
- Chest X-ray

b) Well-child checks, effective from 24 hours after birth and as recommended by a **medical practitioner** or **specialist**. This includes physical examinations, measurements, sensory screening, neuropsychiatric evaluation, development screening, as well as **hereditary** and metabolic screening, immunisations, urine analysis, tuberculin tests and hematocrit, haemoglobin and other blood tests, including tests to screen for sickle haemoglobinopathy.

c) Vaccinations, including those **medically necessary** for travel.

d) Bilateral mammogram/breast examination

e) Testicular/prostate examination/PSA/DRE Tests

f) Routine gynecological tests, including PAP tests.

#### 44. Routine dental treatment

Fees of a **dental practitioner** carrying out routine dental **treatment** in a dental surgery. Routine dental **treatment** is defined as:

- Examinations
- Tooth cleaning
- Normal compound fillings
- Simple or non-surgical extractions
- Root canal **treatment**

**Benefit** is limited to maximum of five visits and/or services per **insured person per period of cover**. Costs incurred within six months from the date of purchase of this option or **your date of entry**, whichever is the later, are excluded.

For this option only exclusions 1, 23 and 38 are deleted.

#### **45. Vision care**

Includes cover for one routine eye exam per **period of cover** and the purchase of vision hardware when the member's prescription has changed, up to the amount listed in the **policy schedule**.

Vision hardware covers prescribed spectacle lenses and frames or prescribed contact lenses.

For this option only, exclusions 6 and 38 are deleted.

#### **46. Personal Accident**

Cover as shown in the Aetna Personal Accident benefits schedule.

#### **47. Travel**

Cover as shown in the Aetna Travel benefits schedule.

#### **48. Aetna Security Assistance**

24/7 personal security information and telephone support for all your travel safety queries. Log in to the member portal to find out more and to register for this service.



# What is not covered

## This policy does not cover expenses arising from:

1. Any **medical condition** or **related condition** for which **you** have received **treatment**, had symptoms of, and to the best of **your** knowledge existed or **you** sought **advice** for prior to **your date of entry** (pre-existing **medical condition**), except where such **medical conditions** have been declared to **us** and accepted in writing. After two years of continuous membership, any pre-existing **medical conditions** (and **related conditions**), with the exception of **congenital** conditions, will become eligible for benefit provided (in respect of that condition) that **you** have not during that period:
  - 1.1 Consulted any **medical practitioner** or **specialist** for **treatment** or **advice** (including checkups).
  - 1.2 Experienced further symptoms.
  - 1.3 Taken medication (including drugs, medicines, special diets or injections).
- 1a. A **medical condition** or symptom that **you** were aware of before **your** start date and not declared or if declared, **We** have excluded cover. This exclusion applies if your underwriting terms are FMU or CTT previously FMU, as shown on your Certificate of insurance.
2. **Treatment** of a **medical condition** which **we**, on **advice** or **general advice** determine is **palliative treatment** or a **chronic medical condition**, unless the benefit for 'Routine Management of Chronic Conditions' is included within the **policy**.

**We** will, however, pay for **treatment** of **chronic medical conditions** requiring **inpatient** or **day patient treatment** in a **hospital** that are not pre-existing **medical conditions**.
3. **Treatment**, which **we** determine on **medical advice** is either experimental or unproven.
4. Birth injuries, **congenital anomalies**, genetic deformities or diseases except as provided in **benefit 21** of the **policy** and where cover is specifically noted in the schedule of **benefits**.
5. Routine physical examination by a **medical practitioner**, including gynaecological investigations, routine tests, normal hearing tests, **newborn** neonatal care, inoculations, vaccinations and preventative medicines, except as provided in **benefit 37** and Optional **benefit 43**, and where cover is specifically noted in the schedule of **benefits** and/or as shown in the **policy schedule**.
6. Normal eye tests, non-medical/natural degenerative eye defects, including but not limited to myopia, presbyopia and astigmatism and any corrective surgery for non-medical/natural degenerative sight defects, except as provided under optional **benefit 45** and where cover is specifically noted in the schedule of **benefits** and/or as shown in the **policy schedule**.
7. **Rehabilitation** except as provided in **benefit 20** of the **policy**.
8. **Treatment** received in health spas, nature cure clinics, spas, or similar establishments. Services such as massages, hydrotherapy, reiki, or other non-medical **treatments**. **Treatment** given at establishments or a **hospital** where that facility has become the member's home or permanent abode or where admission is arranged wholly or partly for domestic reasons.
9. Cosmetic **treatment**, and any consequence thereof.
10. Any **treatment** for weight loss or weight problems including but not limited to bariatric procedures, diet pills or supplements, health club memberships, diet programs and **treatment** in a residential **treatment** facility for eating disorders. Any complications arising from weight loss or other excluded procedures are not covered.
11. Costs of providing, maintaining or fitting any external prostheses or appliance, hearing and/or visual aids, or other equipment, medical or otherwise except as specified in **benefit 17** and **benefit 18** where cover is specifically noted in the schedule of **benefits** and/or as shown in the **policy schedule**.
12. Costs incurred in connection with locating a replacement organ or any costs incurred for removal of the organ from the donor, transportation costs of same and all associated administration costs.
13. Any second or subsequent medical opinions from a **medical practitioner** or **specialist** for the same **medical condition** unless it has been authorised by **us** in writing.
14. Costs associated with normal pregnancy and childbirth and any **related condition** within the first 12 months from purchase date of this **benefit** or **date of entry** whichever is later.
15. Voluntary caesarean section costs or **medically necessary** caesarean section costs due to any previous voluntary caesarean sections undertaken, unless the benefit for Routine Maternity has been purchased.
16. Pregnancy terminations on non-medical grounds, antenatal classes, midwifery costs when not associated with delivery.
17. Complications of pregnancy costs arising within the first 12 months from purchase date of this **benefit** or **date of entry**, whichever is later.
18. **Treatment** directly or indirectly arising from or required in connection with male and female birth control, infertility and/or fertility and sterilisation (or its reversal).

**19.** Infertility **treatment** (assisted conception) is excluded. Any complications of pregnancy and routine pregnancy costs resulting from infertility **treatment** (assisted conception) will be limited to the amount of **your** selected routine pregnancy and childbirth **benefit**. A declaration of health is required in respect of all **dependants** who are born following assisted conception.

We reserve the right to reject any application without giving any reason.

- 20.** **Treatment** of impotence or any **related condition** or consequence thereof.
- 21.** **Treatment** directly or indirectly associated with a sex change and any consequence thereof.
- 22.** Venereal disease or any other sexually transmitted diseases or any **related condition**.
- 23.** Routine or restorative dental **treatment**, whether or not performed by a **medical practitioner** or **dental practitioner** or a **specialist** or an oral and maxillofacial surgeon, except as provided in **benefit** 36 or under optional **benefit** 44 of the **policy**, and where such cover is specifically noted in the schedule of **benefits** and/or as shown in the **policy** schedule.
- 24.** Orthodontic **treatment**, gingivitis, and periodontitis or any **related condition**.
- 25.** Costs in respect of a psychotherapist, psychologist, (unless referred to by and under the control of a psychiatrist under **benefits** 6 and 13 of this **policy**), a family therapist or bereavement counselor.
- 26.** **Treatment** for learning difficulties, hyperactivity, attention deficit disorder, speech therapy and developmental, social or behavioural problems unless provided in **benefit** 20 of this **policy**.
- 27.** **Treatment** for alcoholism, drug or substance abuse or any addictive condition of any kind and any injury or illness arising directly or indirectly from such abuse or addiction.
- 28.** Suicide or attempted suicide, or any **bodily injury** or illness which is wilfully self-inflicted or due to negligent or reckless behaviour.
- 29.** Any injury sustained directly or indirectly as a result of the **insured person** acting illegally or committing or helping to commit a criminal offence.
- 30.** Travel and accommodation costs unless specifically agreed by **us** in writing prior to travel. The costs of a hire car are also not payable.

No travel and accommodation costs are payable where **treatment** is obtained solely as an **outpatient**.

- 31.** Costs and expenses incurred where an **insured person** has travelled against **medical advice**.
- 32.** **Elective treatment** received outside the **area of coverage**. However, **accident** and **emergency treatment** is covered unless as a result of a **medical condition** where symptoms existed immediately prior to the first date of travel, or where such **medical condition** would otherwise be excluded under exclusion 1 of this **policy** or for any **medical conditions** specifically excluded from cover as noted in **your policy schedule**. In the event of **emergency treatment** being required in the USA, **you** should contact **us** or **our** 24 hour Medical Helpline either before or as soon as possible after admission to the **accident** and **emergency** unit of the **hospital**. Complications of maternity and/or childbirth are not deemed to be **accident** or **emergency treatment** for the purposes of this **policy**.

Additionally **benefit** is payable for the medical expenses which arise as a result of an **emergency**, which do not require **you** to seek **treatment** in the **accident** and **emergency** unit of a **hospital** whilst **you** are temporarily travelling in the USA and where the **medical condition** did not exist prior to travel. **Benefit** is limited to US\$500 per **insured person** and an **excess** of US\$80 per **medical condition**.

Cover for **accident** and **emergency treatment** outside **your** selected **area of coverage** is for a maximum of 90 days during the **period of cover** and limited to a maximum of 60 days of **treatment** per event.

- 33.** **Treatment** received in connection with insomnia, sleep disorders, sleep apnoea, fatigue, jet lag, work related stress or any **related condition**.
- 34.** Dietary supplements and substances that can be purchased without prescription, including, but not limited to, vitamins, minerals, organic substances, and infant formula given orally. We will however pay for prescribed pre natal vitamins under the Routine Pregnancy **benefit** if purchased.
- 35.** Home visits by a **medical practitioner**, **specialist** or **qualified nurse** unless specifically agreed by **us** in writing prior to consultation.
- 36.** Human Immunodeficiency Virus (HIV) and/or HIV related illness including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof, however caused, except as provided in **benefit** 30 of the **policy**, and where such cover is specifically noted in the schedule of **benefits** and/or as shown in the **policy schedule**.

- 37.** Hormone Replacement Therapy (HRT) or any similar or associated medication or **treatment**, except as provided in **benefit 31** of the **policy**, and where such cover is specifically noted in the schedule of **benefits** and/or as shown in the **policy schedule**.
- 38.** The **excess** amount as shown in **your policy schedule** will be applied per **insured person** per **period of cover**.
- 39.** **Treatment** for complications arising from any uncovered and/or excluded procedures or **treatments**.
- 40.** **Self-treatment**, or **treatment** provided by a **Direct Family Member**. This includes but is not limited to prescribed or non-prescribed medication, diagnostic tests and surgical procedures.
- 41. Hazardous Sports/Activities:** The following Hazardous Activities are excluded: playing professional sports; mountaineering, including potholing, spelunking or caving; high-altitude trekking over 5000 metres; skiing off-piste or any other winter sports activity carried out off-piste; and Arctic or Antarctic expeditions.



# General conditions

## 1. Policy

Your application form, our written acceptance, your benefit schedule, your policy schedule and the policy wording must be read as one as they form the basis of your contract with us.

## 2. Contribution

If you, or any dependant named on your policy, are entitled to claim from any other insurance policy for any of the costs, charges or fees for which you are insured under this contract, you must disclose the same to us and we shall not be liable to pay or contribute more than our rateable proportion.

If it is found that you were repaid for all or some of those expenses by another source including any other insurance policy (as outlined in General Condition 16), we will have the right to a refund from you. Where necessary we retain the right to deduct such refund from any impending or future claim settlements or to cancel your policy void from commencement, without a refund of premium — see General Condition 21.

## 3. Transfers

- a) Where you transfer to the Executive Healthcare Plan from any other of our existing plans or, whilst covered under the Executive Healthcare Plan, you apply for and receive any enhanced benefits or cover (such as inclusion of an endorsement at any renewal date), any enhanced benefits, cover or maximum refundable amounts are restricted to new medical conditions which have not been previously suffered from, whether or not diagnosed, occurring after the date of transfer.
- b) Transfer from a group to an individual policy is subject to written approval from us. Terms of cover may be subject to variation.
- c) Transfer from any other similar private medical cover provided by any other insurer is subject to completion of a continuous transfer terms declaration form, submission of a copy of the expiring policy and subject to there being no break in cover. We reserve the right at all times to decline an application without giving any reason and/or to offer alternative terms.

## 4. Family/dependant cover

You and your dependants are required to be covered under the same policy with identical benefits. Where we find that this is not the case, you will be asked to comply with this request at your next renewal. Failure to comply with this condition will result in the termination of your policy.

## 5. Acceptance clause

We are entitled to refuse to accept an application from any person without giving a reason. We maintain the right to ask you to provide proof of age and/or state of health of any person included in your application. We reserve the right to apply additional endorsements, exclusions or premium increases to reflect any circumstances you advise in your application form or declared to us as a material fact.

## 6. Eligibility

The policy is designed for expatriate Residents of all African countries. Local nationals can only be considered subject to our approval. New applicants will be eligible for cover up until the age of 65. Individuals over the age of 65 are not eligible for cover unless the insured person's date of entry was prior to their 65th birthday.

For compulsory group schemes, ALL employees and their dependants must be enrolled within 30 days of eligibility, ALL employees and their dependants must be deleted within 30 days from when their employment ceased.

Any employee or their dependant not enrolled within 30 days of eligibility will be subject to individual underwriting.

Under the terms of this policy, cover is not available to persons where the country of residence is outside any of the African countries, irrespective of their country of nationality.

If during the policy year your country of residence is outside any of the African countries, we will not be able to offer you renewal.

## 7. Compliance with policy terms and conditions

We shall not be liable under this policy in the event of any failure by an insured person to comply with its terms and conditions, except where the circumstances of any claim are unconnected with such failure and no fraud is involved.

## 8. Medical evaluation

We reserve the right to request further tests and/or evaluation where we decide that the condition being claimed for may be directly or indirectly related to an excluded condition.

## 9. Change of risk

The policyholder must inform us as soon as reasonably possible of any material changes relating to any insured person which affect information given in connection with the application for cover under this policy. We reserve the right to alter the policy terms or cancel cover for an insured person following a change of risk.

## 10. Policy duration and premiums

- a) The policy is for one year and is renewable for successive one year periods, subject to the terms in force at the time of each renewal date and to payment of the premium.
- b) The premium payable may be changed by us from time to time. If you move into a higher age band, the premium will increase at the next renewal date. However, this policy will not be subject to any alteration in premium rates generally introduced until the next renewal date.
- c) All premiums are payable in advance of any cover under this policy being provided.
- d) Your policy is an annual contract and you are responsible for the whole year's premium even if we have agreed that you may pay by instalments.

## 11. Government taxes

Unless **we** state otherwise on the invoice, the premium charged shall be paid in cleared funds, without any deductions or set-off of any current or future taxes, levies, import duties, charges and fees of any nature whatsoever. If **you** are required to make any such deduction, **you** shall pay **us** such additional amounts as are necessary to ensure receipt by **us** of the full amount which **we** would have received prior to deductions.

**We** reserve the right to modify **our** products, services, rates and fees, during the **policy year**, in response to any change in the applicable laws and regulations or to any requests of government authorities resulting in changes to **policy benefits**. **We** also reserve the right to add, apply and/or recover any fees, levies and/or taxes, during the **policy year**, in light of any changes in the applicable laws and regulations, even if no **benefit** or **policy** changes are mandated.

## 12. Break in cover

Where there is a break in cover, for whatever reason, **we** reserve the right to reapply exclusion 1 in respect of pre-existing **medical conditions**.

## 13. Children

**Newborn** children will be accepted for cover (subject to the limitations of **benefit** 4) from birth. Acceptance of **newborn** babies is subject to written notification within 30 days of birth and receipt of the full premium within a further 30 days following notification.

Children who are not more than 18 years old residing with **you**, or 26 years old if in full-time education, at the date of joining or at any annual **renewal date**, will be accepted for cover as **your dependants**. Children will not be accepted for cover, unless on a **policy** with a legal parent or guardian and subject to the identical **benefits** applying to all parties.

A declaration of health is required in respect of all **dependants** who are born following assisted conception. **We** reserve the right to reject any application without giving any reason.

## 14. Alterations

a) **We** may alter the terms and conditions of this **policy** at any **renewal date**. A copy of the current **policy** terms will be sent to **you** at such time. **You** may cancel **your policy** within 15 days following any **renewal date** and provided **you** have not made a claim, **we** will refund **your** premium. **We** will give **you** reasonable notice of such alterations. **We** will send details of such alterations to the address **we** have for **you**. However, the alterations will take effect even if **you** do not receive them for any reason.

b) No alteration or amendment to the **policy** terms will be valid unless it is in writing from **us**.

## 15. Waiver

Waiver by **us** in any instance of any term or condition of this **policy** will not prevent **us** from relying on such term or condition in other instances.

## 16. Cancellation

In the event of any non-payment of **premium**, **we** shall be entitled to cancel this **policy**. **We** may at **our** discretion reinstate the cover if the premium is subsequently paid, though terms of cover may be subject to variation. Whilst **we** shall not cancel this **policy** because of eligible claims made by any **insured person**, **we** may at any time terminate an **insured person's** cover if he/she or the **policyholder** has at any time:

- a) Misled **us** by misstatement.
- b) Knowingly claimed **benefits** for any purpose other than as are provided for under this **policy**.
- c) Agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to **our** detriment.
- d) Otherwise failed to observe the terms and conditions of this **policy** or failed to act with utmost good faith. If the **policy** is cancelled by the policyholder at any time other than following the **renewal date** there will be no return of premium.

## 17. Unpaid or late premiums

**We** will write to tell **you** if **we** haven't received or haven't been able to collect your **premium** on time.

**We** will cancel your **plan** if **we** don't receive payment within 30 days of the **premium** due date. **You** will then have to apply for a new **plan** if **you** would still like **us** to cover **you**.

## 18. Applicable Law

The law applicable to this **policy** shall be as specified in the **policy schedule**, unless **you** have requested an alternative, which has been accepted in writing by **us**. If no law is specified then the **policy** shall be construed according to the laws of England and shall be subject to the non-exclusive jurisdiction of the courts of England and Wales.

## 19. Arbitration

All differences relating to the claim amount arising out of the **policy** shall be referred to the decision of an arbitrator to be appointed in writing by both parties. If the parties cannot agree upon a single arbitrator, then two arbitrators should refer the matter for review, one to be appointed in writing by each of the parties. Should the two arbitrators fail to agree, then an independent umpire should be appointed in writing by the arbitrators within 30 days from the date of disagreement.

The umpire shall sit with the arbitrators and preside at their meeting and the making of an award within 60 days of the first meeting shall be a condition precedent to any right of action against the **underwriters**.

If the **underwriters** disclaim liability to **you**, **your** legal/personal representatives or any claimant, for any claim hereunder, and such claim is not within 12 calendar months from the date of such disclaimer referred to arbitration under the provisions herein contained, then the claim shall be deemed for all the purposes to have been abandoned and shall therefore not be recoverable hereunder.

## 20. Fraudulent/unfounded claims

If any claim under this **policy** is in any respect fraudulent or unfounded, all **benefits** paid and/or payable in relation to that claim shall be forfeited and (if appropriate) recoverable. In addition all cover in respect of the **Insured person** shall be cancelled void from **date of entry** without refund of premiums.

## 21. Liability

**Our** liability shall cease immediately upon termination of the **policy** for whatever reason, including without limitation non-renewal and non-payment of premium.

## 22. Premium refunds

After the first 15 days of cover from **your date of entry** you will not be entitled to any refund of premium, either in full or in part, for whatever reason.

## 23. Re-assignment

If there is more than one **insured person** over the age of 18 and the **policyholder** dies, this **policy** will automatically be transferred to the oldest **insured person** over the age of 18 years who shall upon the date of death of the **policyholder** become the **policyholder** for the purposes of this **policy** and be responsible for paying the premium.

## 24. Third parties

The only parties to this contract are the **policyholder** and **us**. No other person, including any **insured person**, has any right under the Contracts (Rights of Third Parties) Act 1999 to enforce this **policy** or any part of it.

## 25. Subrogation

The **policy** shall be subrogated to all rights of recovery that **you** have against any other party with respect to any payment made by that party to **you** due to any injury, illness or **medical condition** **you** sustain to the full extent of the **benefits** provided or to be provided by the **policy**. If **you** receive any payment from any other party or from any other insurance cover as a result of an injury, illness or **medical condition**, **we** have the right to recover from, and be reimbursed by **you**, for all amounts **we** have paid and will pay as a result of that injury, illness or **medical condition**, from such payment, up to and including the full amount **you** receive.

**We** shall be entitled to full reimbursement from any other party's payments, even if such payment will result in a recovery which is insufficient to fully compensate **you** in part or in whole for the damages sustained.

**You** are required to fully cooperate with **us** in **our** efforts to recover any payments made under the **policy** including any legal proceedings which **we** may conduct and proceed on **your** behalf at **our** sole discretion. **You** are required to notify **us** within 30 days of the date when any notice is given to any party, including an insurance company or attorney, of **your** intention to pursue or investigate a claim to recover damages or obtain compensation due to injury, illness or **medical condition** sustained by **you** the

**insured person**. Other than with **our** written consent **you** have no entitlement to admit liability for any eventuality or give promise of any undertaking which is binding upon **you**, **your dependants** or any other person named in the **policy**. In the event that any claim or dispute is made in respect of this subrogation or any part thereof including but not limited to any right of recovery provision which is ambiguous or questions arise concerning the meaning or intent of any of its terms, **we** shall for the avoidance of doubt have the sole authority and discretion to resolve all disputes regarding the interpretation of this provision.

## 26. Currency

The monetary limits applicable to **your policy** will be expressed in the same currency as **your** premium. Claims paid in a local currency will be converted at the rate of exchange quoted at [www.oanda.com](http://www.oanda.com), at **our** sole discretion, at the time **we** assess the claim. In certain geographical locations, **we** may be required to use an alternative published rate of exchange. **We** will advise **you** at the time of settlement the rate of exchange used and from which source this rate was derived.

## 27. Conflict or Civil Unrest, Chemical or Radioactivity Contamination

**Treatment** and expenses directly or indirectly arising from or required as a consequence of conflict or civil unrest, chemical or radioactivity contamination from any chemical and nuclear material or from the combustion of nuclear fuel or any **related condition** are covered by this **policy** provided the member:

- i) Is not an active participant in any conflict or civil unrest
- ii) Is not involved in any illegal activities which directly or indirectly lead to injury or illness
- iii) Does not knowingly enter or remain in a country, region or location where there is conflict, civil unrest, natural disaster, chemical, nuclear or radioactive contamination
- iv) Does not intentionally put him/herself at risk of illness or injury resulting from conflict, civil unrest, natural disaster, chemical, nuclear or radioactive contamination
- v) Is not a member of any armed forces, security services including personal protection, chemical, nuclear or radioactive contamination cleaning crews of any kind or type (including governmental workers or private teams).

Based on the information provided at inception or renewal Aetna will assess the current, future or developing risk exposure of members located in high risk areas and will notify the **policyholder** of any actions, limitations, exclusions or premium loadings required to ensure on going cover and member safety.

## 28. Claim Notification

Please ensure that **your** claim form is completed in full and returned within 180 days of the date of **treatment**. Refer to page 4 on How to file a claim and the claims procedure on page 27 for more detail.

# Claims procedure

## Important

In order to ensure that **you** receive the best possible claims service the procedures noted below should be followed in the event of **treatment** being required by **you** or one of **your dependants**.

The settlement of **your** claim may be delayed if **you** fail to complete **your** claim form properly. Please note the requirements under the claim form section of this claims procedure.

## Medical helpline

All **insured persons** have access to **our** Medical Helpline which is available 24 hours a day, 365 days a year and is staffed by multilingual operators who can arrange admission to **hospital**, ambulance transfers and air **evacuation** where considered an **emergency**. To obtain medical assistance, please use the Medical Helpline number nearest to **you** as shown on **your** membership card. **You** will need to provide **your** name, reference number, telephone and/or fax number, location and **medical condition**. In any given situation, if **you** are unsure what to do, contact the Medical Helpline.

## Out of country transportation

All non-**emergency** out of country transportation costs are subject to preauthorisation by **us** and in the first instance the **insured person** should contact Executive Healthcare Solutions for authorisation to travel. The contact details are on page 30 of this **policy** wording.

## Outpatient treatment

**Outpatient treatment** is **treatment** received in a doctor's office and does not require admission to a **hospital** bed.

### 1. Outside the USA

Where **your policy** allows, **outpatient** services and **treatment** received within **our provider network** can be billed to **us** directly. In most cases, **you** will be required to show **your** membership card to the provider who will contact **us** to confirm direct billing. This may not immediately happen and, should **you** be asked to pay for the **treatment**, please ensure **you** state clearly to the facility that **you** wish to have **your** bill settled directly by **us**, and for them to contact the number on the reverse of **your** membership card. **Outpatient** services and **treatment** received outside the **direct settlement network** are required to be paid by **you** at the time of **treatment**. After paying for **your treatment** **you** must submit a claim form to **us** to be processed. To ensure prompt settlement of these expenses, please make sure to take **your** claim form with **you** in order for it to be completed by the treating **general practitioner, specialist or dental practitioner**.

Exceptions may be made for high cost procedures. In this case **you** will be required to contact **us** prior to receiving **your treatment**, in order for **us** to arrange direct payment with the medical facility concerned. Please note that not all medical facilities may accept direct payment with **us**. In these instances **you** will be required to settle the bill and submit a claim to **us** for reimbursement.

Providing all relevant information is submitted to support **your** claim, **we** will reimburse **you** accordingly by the payment method of **your** choice. Please clearly state **your** preferred payment method on **your** claim form. Where this is by bank transfer clearly state the name of **your** bank, account number and SWIFT (or IBAN) code.

### 2. Inside the USA

Some policies allow for **treatment** to be undertaken in the USA. Please check **your policy** to ensure that **you** have the appropriate cover before undertaking any **treatment** in the USA.

Where **your policy** allows, **outpatient** services and **treatment** received within **our provider network** can be billed to **us** directly. In most cases, **you** will be required to show **your** membership card to the provider who will contact **us** to confirm direct billing. This may not immediately happen and, should **you** be asked to pay for the **treatment**, please ensure **you** state clearly to the facility that **you** wish to have **your** bill settled directly by **us**, and for them to contact the number on the reverse of **your** membership card.

In the unlikely event that **you** are still required to pay **your** bill, please follow the steps as outlined in section 1 above.

**Our** claims department will process the claim according to the applicable portion payable by **us** taking into account **your excess** and any **coinsurance** applicable. Once **our** portion is paid, **we** will send both **you** and the provider an Explanation of **Benefits** (EOB) with details of settlement and statement of what **you** are responsible for.

## Day patient and inpatient treatment

**Day patient** and **inpatient treatment** are those that are received in a **hospital**, and where it is **medically necessary** for **you** to be admitted to a **hospital** bed, whether or not **you** need an overnight stay. **We** require that **our** prior approval (preauthorisation) be obtained for all planned **day patient** and **inpatient treatment**.

For **emergency** admissions, **you**, the **hospital** or a family member are recommended to contact **us** to obtain preauthorisation prior to **your** leaving the **hospital**. Failure to pre-notify **your inpatient** or **day patient treatment** will mean that **you** may only be eligible for reimbursement of a proportion of the costs incurred.

## 1. Outside the USA

When **we** have been pre-notified of an eligible **day patient/ inpatient** stay **we** will attempt to arrange direct billing with the **hospital** and the **medical practitioners** or **specialists** concerned. **We** will send the **hospital** a guarantee of payment to the value of the estimated cost of **treatment** advised to **us** by the relevant facility/provider, which will confirm to them that the **treatment** is covered under **your policy**.

### *Release of Medical Information Form*

**You** will be required to complete a Release of Medical Information Form which **you** should forward to **us** as soon as possible. Delays in completing this document may result in delays in receiving **treatment**.

### *Precertification Medical Form*

The **hospital** is required to complete a Precertification Medical Form outlining details of the **medical condition** and **treatment** to be undertaken.

**We** cannot place a guarantee of payment without these two documents so please ensure that the **hospital** confirms with **you** that these have been sent to **us**. **We** will verbally confirm with **you** should **your treatment** be covered under the terms of the **policy**. However, completion of preauthorisation is conditional on the submission of **our** guarantee of payment. **We** will notify **you** as soon as possible if the condition or **treatment** required is not covered under the terms of **your policy**.

It may be that **we** are unable to implement a guarantee of payment before **your treatment** is undertaken. This may be due to delays in the **hospital** providing **us** with the appropriate medical information for **us** to be able to confirm cover. It is therefore important to contact **us** as soon as possible prior to **your treatment** taking place to ensure **we** are able to place a guarantee of payment in due time. **We** would recommend that **you** do not delay **your treatment** if a guarantee of payment is not in place at the time **your treatment** is due.

In the event that **we** are unable to implement a guarantee of payment, **you** will be required to pay the bill and reclaim the amount from **us** by submitting a claim form.

## 2. Inside the USA

Some policies allow for **treatment** to be undertaken in the USA. Please check **your policy** to ensure that **you** have the appropriate cover before undertaking any **treatment** in the USA.

**Treatment** received within the **provider network** will be billed to **us** directly. **Our** claims department will determine what portion of the invoice is applied to **your excess** and any **coinsurance** applicable and which portion is payable by **us**. **We** will send **you** and the provider copies of the explanation of **benefits** (EOB) detailing how the bill was settled and what amount **you** are responsible for.

**We** will notify **you** as soon as possible if the **medical condition** or **treatment** required is not covered under the terms of **your policy**.

## USA Provider Network

**We** have made arrangements with many **provider networks** in the USA which, when **you** receive **treatment** at these facilities will mean that **your costs** for **treatment** can be settled directly by **us**.

**You** can find the **provider network** facilities in **your** area by visiting the Aetna International website: [www.aetnainternational.com](http://www.aetnainternational.com) and clicking on *Downloads and Links*.

Click on the link to the DocFind® search engine. From there **you** can perform a search by address, name, specialty, and/or Tax ID Number. If **you** are unable to find details of **your** preferred provider from this search facility or have any problems with the search engine please contact **your** local Aetna International office noted on the next page for assistance.

## Preauthorisation

**We** require members to obtain prior approval (preauthorisation) from **us** before commencing the following **treatments**:

- Planned **inpatient** or **day patient treatment** (hospitalisation)
- Any pregnancy or childbirth **treatment**
- Planned surgery
- **Evacuation/Out of Country Transportation**
- Second medical opinions
- Psychiatric **treatment** – **inpatient, day patient, and outpatient**
- Home nursing charges
- Planned MRI, CT and PET Scans
- Alternative medicine where **treatment** will exceed \$250

**Evacuations** are supervised by **your medical practitioner** or **specialist** at the place of incident and by **our** Medical Helpline and must be agreed by **us** before **evacuation** takes place.

## Referral from a medical practitioner

We will require a doctor's referral to be included whenever filing a claim for physiotherapy.

## Claim form

When submitting any claim forms and any other documents pertaining to the claim, please ensure that:

- The first page of the claim form has been completed in full by **you** for each **medical condition** treated. The declaration must be signed by the **insured person** and dated to enable the claim to be validated
- **You** attach to **your** claim form the original paid receipts and any other documents pertaining to the claim (or other proof of payment) for all **treatment** for which **you** are making a claim
- Where applicable laboratory tests results and/or X-rays were provided, please include the test results with **your** claim
- ALL sections MUST be completed in full for all claims. A referral letter from **your specialist** should be attached when **you** are claiming for diagnostic tests.

To ensure prompt settlement of any eligible claims please ensure that **you** submit all necessary documents at the time of the claim. **We** accept copies of original receipts to initiate the claim process and to facilitate the assessment of **your** claim (i.e. if **you** submit claims via fax or email), however **we** require that **you** send the originals before any claims payment is made by **us**.

All claims should be submitted by mail to the nearest Aetna claims centre noted on the next page.

## General claims information

**We** reserve the right to reject any claim which is not submitted within 180 days of the date **treatment** took place. All documents and materials (including but not limited to original accounts, certificates and X-rays) that **we** require to support a claim, shall be provided without expense to **us** (including if requested by **us** a medical report from **your medical practitioner** or **specialist** and details of **your** medical history).

In cases where medical information is required by **us** for consideration of a claim but it is not made available to **us**, it is **your** responsibility to obtain such information from **your** current or previous **medical practitioner**, as appropriate. Claims may only be made for **treatment** actually given during a **period of cover** and **benefit** will be available only for expenditure incurred prior to expiry or termination of such cover.

An **insured person** must, without delay, give **us** written notification of any claim or right of action against any third party arising out of circumstances which gave rise to a claim under this **policy** and must continue to keep **us** fully informed in writing and take all steps **we** reasonably require in making a claim upon that other party. **We** shall be entitled to take legal action in any **insured person's** name for **our** own **benefit** and claim for indemnity or damages or otherwise which relates to any **benefits** and costs paid or payable under this **policy**. **We** shall have full discretion in the conduct of any such proceedings and in the settlement of any such claim.

If **you** have any questions concerning the above or any other aspect of **your policy** please do not hesitate to contact **your** local Aetna office.

## Claims submission

**For covered services received anywhere (except the U.S.), submit your claim to:**

Post/Courier  
EHS Limited  
Suite 2004, Level 2  
Alexander House,  
35 Cybercity  
Ebene  
Mauritius

**Tel:** +230 464 5100

**Fax:** +230 467 3100

Email: [claims@executive-healthcare.com](mailto:claims@executive-healthcare.com)

Emergency Claims Helpline: +254 737 786 121

Website: [www.executive-healthcare.com](http://www.executive-healthcare.com)

Post/Courier

Aetna Global Benefits Limited  
P.O. Box 6380  
Dubai  
United Arab Emirates

**Fax:** +971 4 428 7101

## Contact details

**General Enquiries/Claims/Care and Response Excellence (CARE) Team/Emergency/Evacuation**

For all general enquiries, including claims information, in the event of a medical **emergency** or **evacuation**, and to reach CARE, contact the International Member Service Centre on +27 21 427 6515.

If **you** need similar assistance while **you** are out of Africa, **you** may dial +971 4 438 7600 to connect to **our** Service Centre.

## Complaints procedure

**Our** aim is at all times to provide a first class standard of service. However, there may be occasions when **you** feel that this objective has not been achieved. Should **you** have any complaint regarding this insurance **policy** please contact in writing:

### Managing Director

Aetna Global Benefits Limited - Regulated by the DFSA  
Emirates Financial Tower  
1701 - F, 17th Floor  
North Tower, DIFC  
P.O. Box 6380  
Dubai  
United Arab Emirates

# Definitions

To help **you** understand **your policy** the following words and phrases used anywhere within **your policy** have specific meanings, which are set out in this section. To enable **you** to recognise the defined words and phrases **we** have shown them in bold wherever they appear in **your policy**.

## Accident

An unexpected, unforeseen and involuntary external event resulting in injury occurring whilst **your policy** is in force.

## Acute

A **medical condition** which is brief, has a definite end point and which **we**, on **advice** or **general advice** determine can be cured by **treatment**.

## Act of terrorism

An act, including but not limited to the use of force or violence and/or the threat thereof, of any person or **group(s)** of persons, whether acting alone or on behalf of or in conjunction with any organisation(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons including the intention to influence any government and/or to put the public or any section of the public in fear.

## Advice

Any consultation from a **medical practitioner** or **specialist** including the issue of any prescriptions or repeat prescriptions.

## Appliances

Devices, implants and equipment when used as an integral part of a surgical procedure administered by a **medical practitioner** or **specialist**.

## Area of coverage

Area 1: Africa plus India, Pakistan, Bangladesh and Sri Lanka

Area 2: Worldwide excluding USA

Area 3: Worldwide

## Benefits

The insurance cover provided by this **policy** and any extensions or restrictions shown in the **Policy Schedule** or in any endorsements (if applicable).

## Bodily injury

Injury which is caused solely by an **accident** which results in the **insured person's** dismemberment, disablement or other physical injury.

## Chronic

A disease, illness or injury that has at least one of the following characteristics:

- It continues indefinitely and has no known cure
- It comes back or is likely to come back
- It is permanent
- **You** need to be rehabilitated or specially trained to cope with it
- It needs long-term monitoring, consultations, checkups examinations or tests.

## Coinsurance

The percentage of the total value of the incurred expenses for which the **policyholder/insured person** is responsible.

## Congenital anomaly

Any genetic, physical, or biochemical (metabolic) defect, disease, or malformation, and which may or may not be obvious at birth.

## Continuous transfer terms

The acceptance by **us** of **your** original **date of entry** as shown by **your** current insurer will be applied to **your policy** with **us**. **We** will maintain **your** existing underwriting or special acceptance terms, as offered by **your** existing insurer, such as any moratoria or specific exclusions and **your policy** with **us** will be governed by the terms and conditions of **our policy**.

Any transfer will be subject to no enhanced **benefits** being provided. **We** reserve the right at all times to decline a **continuous transfer terms** application without giving any reason.

## Country of nationality

For the purpose of this **policy** this will be the country for which **you** hold a passport.

## Country of residence

The country in which **you** have **your** habitual residence (residing for a period of no less than six months per **period of cover**) at the time this **policy** is first taken out or at each subsequent **renewal date/review date**.

## 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.

**Date of entry**

The date shown on the **Policy Schedule** on which an **insured person** was included under this **policy**.

**Day patient**

An **insured person** who is admitted to a **hospital bed** but does not stay overnight.

**Dental practitioner**

A person who is licensed by the relevant licensing authority to practice dentistry in the country where the dental **treatment** is given.

**Dependants**

One spouse or adult partner and/or unmarried children who are not more than 18 years old and residing with **you**, or 26 years old if in full-time education, at the **date of entry** or any subsequent **renewal date/review date**. The term partner shall mean husband, wife or the person permanently living with **you** in a similar relationship.

All **dependants** must be named as **insured persons** in the **Policy Schedule**.

**Direct Family Member**

Spouse, child, parent, sibling.

**Direct settlement network/provider network**  
(Only available in certain countries):

The medical providers where **you** are able to obtain **treatment** for valid **medical conditions** and where the expenses will be settled directly by **us**. **You** are still responsible for any **coinsurance** or **excess** applicable to **your policy**, which must be settled directly with the medical providers at the time of **treatment**.

Please Note: Where **you** receive **treatment** for a **medical condition** that is not covered within the terms of **your policy**, **You** remain liable for the costs of such **treatment**, which must be settled in full upon request. Failure to act accordingly will result in the suspension or cancellation of **your policy**, without refund of premium.

**Drugs and dressings**

Essential drugs, dressings and medicines prescribed by a **medical practitioner** or **specialist** and which are not available without prescription.

**Elective**

Planned **treatment** which is **medically necessary**, but which is not required in an **emergency**.

**Emergency**

A sudden, serious, and unforeseen **acute medical condition** or injury requiring immediate medical care.

**Evacuation**

Where **treatment** is not available at the place of the incident, the costs incurred in moving an **insured person** from the place of incident to a country of **your choice** within **your area of coverage** with appropriate medical facilities, as determined by the attending **medical practitioner** or **specialist** in conjunction with **our** medical advisors. All airline tickets are limited to economy class.

**Excess**

The amount payable by an **insured person** in respect of expenses incurred before any **benefits** are paid under the **policy**, as specified in **your Policy Schedule**.

**Expatriate**

Any persons living or working outside of the country for which they hold a passport, for a period exceeding six months per **period of cover**.

**General advice**

**Advice** from the relevant professional body to establish medical practice and/or established medical opinion in relation to any **medical condition** or **treatment**.

**Group**

A compulsory enrolment of all employees (minimum of three employees) covered under a single insurance agreement, purchased by their employer as an employee **benefit**, and where identical **benefits** have been provided to each member and accepted as such by **us**.

**Hereditary**

A disease or disorder that is inherited genetically.

**Hospital**

An establishment that is legally licensed as a medical or surgical **hospital** under the laws of the country in which it is situated.

**Inpatient**

An **Insured person** who stays in a **hospital bed** and is admitted for one or more nights solely to receive **treatment**.

**Insured person/you/your**

The **policyholder** and/or the **dependants** named on the **Policy Schedule**.

**Local national**

Any persons living or working in the country for which they hold a passport for a period exceeding six months per **period of cover**.

**Medical condition**

Any injury, illness or disease, including psychiatric illness.

**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 who is licensed by the relevant authority to practice medicine in the country where the **treatment** is given.

**Medically necessary**

A medical service or **treatment**, which in the opinion of a qualified **medical practitioner** is appropriate and consistent with the diagnosis and which in accordance with generally accepted medical standards could not have been omitted without adversely affecting the **insured person's** condition or the quality of medical care rendered.

**Newborn**

A baby who is within the first 16 weeks of its life following delivery.

**Organ transplant**

The replacement of vital organs (including bone marrow) as a consequence of an underlying eligible **medical condition**.

**Outpatient**

An **insured person** who receives **treatment** at a recognised medical facility, but is not admitted to a **hospital** bed as an **inpatient** or **day patient**.

**Palliative treatment**

Any **treatment** given, on **advice** or **general advice**, for the purpose of offering temporary relief of symptoms. **Palliative treatment** is not given to cure the **medical condition** causing the symptoms. For the purposes of this **policy**, **palliative treatment** will include renal dialysis.

**Period of cover**

The **period of cover** set out in the **Policy Schedule**.

This will be a 12 month period starting from the **date of entry** or any subsequent **renewal date/review date** as applicable.

**Policy**

Our contract of insurance with **you** providing cover as detailed in this document.

**Policyholder**

The person or company named as **policyholder** in the **Policy Schedule**.

**Policy Schedule**

The schedule giving details of the **policyholder** and the **insured persons**, **policy** details and endorsements (if applicable).

**Private Room**

Single occupancy accommodation in a private **hospital**.

**Qualified Nurse**

A nurse whose name is currently on any register or roll of nurses, maintained by any Statutory Nursing Registration Body within the country in which they are resident.

**Reasonable and Customary Charges**

The average amount charged in respect of valid services or **treatment** costs, as determined by **our** experience in any particular country, area or region and substantiated by an independent third party, being a practising surgeon/**medical practitioner/specialist** or government health department.

**Related Condition**

Any injuries, illnesses or diseases are **related conditions** if **we**, on **general advice**, determine that one is a result of the other or if each is a result of the same injury, illness or disease.

**Rehabilitation**

Assisting an **insured person** who, following a **medical condition**, requiring physical therapy and assistance in independent living to restore them, as much as **medically necessary** or practically able, to the position in which they were in prior to such **medical condition** occurring.

**Renewal Date**

The anniversary of the **commencement date** of the **policy**.

**Sound Natural Teeth**

Teeth that were stable, functional, free from decay and advanced periodontal disease, and in good repair at the time of the **accident**.

**Specialist**

A registered **medical practitioner** who currently holds a substantive consultant appointment in that speciality, which is recognised as such by the statutory bodies of the relevant country.

**Treatment**

Surgical, medical or other procedures the sole purpose of which is the cure or relief of a **medical condition**.

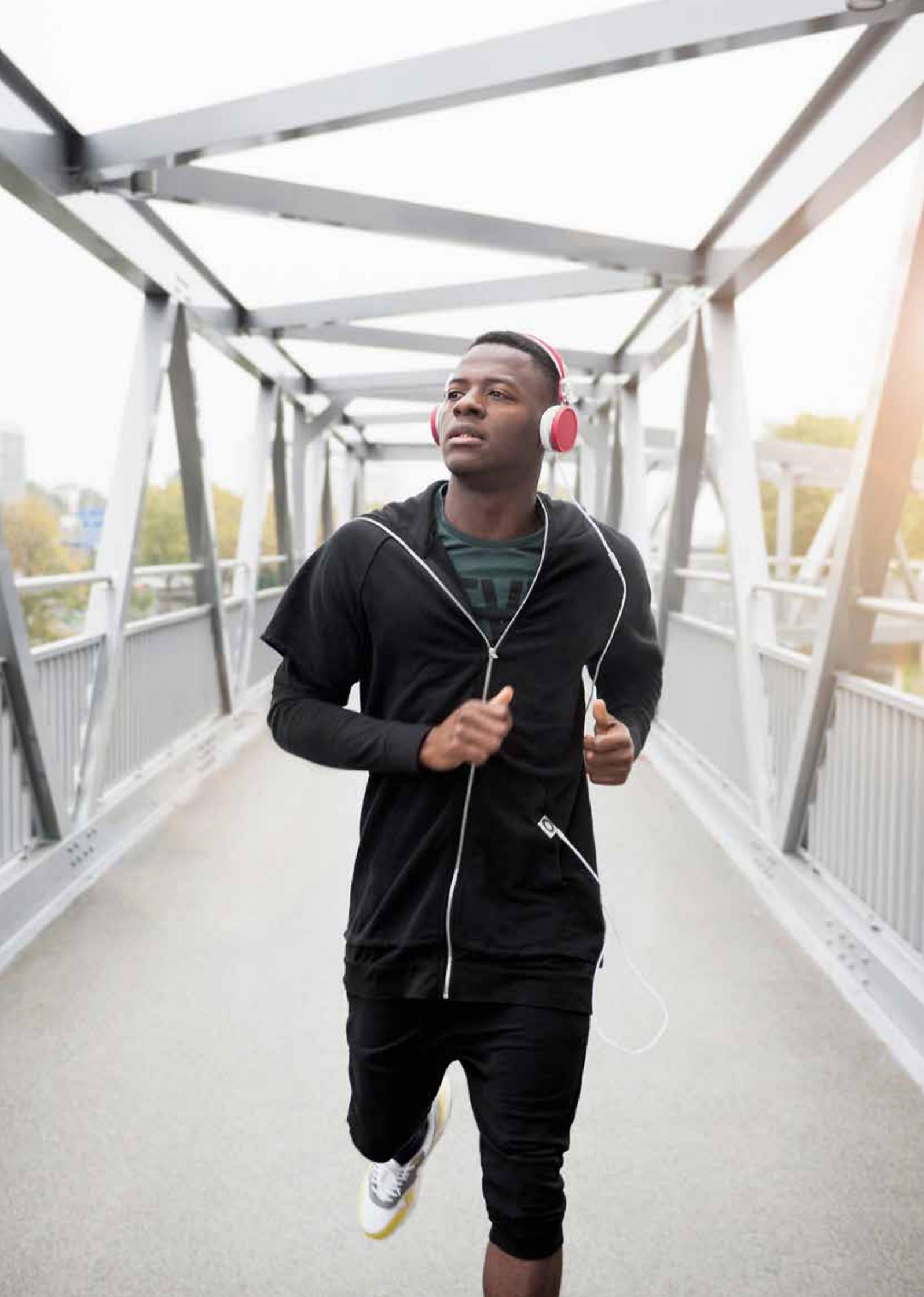
**Underwriters**

Those insurance companies named as **underwriters** in your **Policy Schedule**.

**We/Our/Us**

Aetna International on behalf of **underwriters** as detailed in your **Policy Schedule**.





## Contact us today

Members can reach us at the contact information found on their membership ID card.

## Stay connected to Aetna International

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

Policies are underwritten by Aetna Life & Casualty (Bermuda) Limited, regulated by Bermuda Monetary Agency and are administered by Aetna Global Benefits Limited – a company regulated by the DFSA. Registered address: Emirates Financial Tower, 1701 - F, 17th Floor, North Tower, DIFC, P.O. Box 6380, Dubai, UAE and by Aetna Global Benefits (Middle East) LLC (Registration No. 5). Registered address: 28th Floor, Media One Tower Building, Dubai Media City, TECOM, PO Box 6380, Dubai, UAE.

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

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