

**aetna**<sup>®</sup>



# Get to know your benefits

# **Aetna Summit**<sup>SM</sup>

# **Handbook**

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



Visit [www.aetnainternational.com](http://www.aetnainternational.com)

# Now that you're an Aetna International member, it's time to get to know your benefits. **This Handbook will help make it easy.**

Introduction .....	4	Data Protection .....	14
About the plan .....	4	Complaints .....	14
Member eligibility .....	4	Help us manage fraud .....	14
Plan benefits and currency .....	4	Definitions .....	15
Joining the plan .....	5	Areas of cover guide .....	20
Adding dependants .....	5		
Leaving the plan .....	5		
Making plan changes .....	5		
Plan cancellation and suspension .....	6		
Clinical Policy Bulletins .....	6		
Plan terms, conditions and exclusions .....	6		
Plan terms .....	6		
Conditions .....	7		
Exclusions .....	8		
Extra plan terms, conditions and exclusions for Travel and Personal Accident add-on plans .....	10		

# Explore the benefits of being a member

## What to do right now

Your benefits are designed to connect you with expansive global resources that put you in control of your health. **It starts with choice, comfort, care and an unwavering commitment to keep you at the centre of everything we do.**

### Get connected

#### Secure Member Website

Now is a good time to register for the Secure Member Website. The site gives you the tools **you'll** need to manage your health **benefits**. You can register in just a few steps by visiting **www.aetnainternational.com** and clicking "Secure login" under the "Aetna Member" section. You'll need to enter your name, date of birth, and **your member ID** number.

*You can use the website to:*

- Submit and track claims
- Find nearby doctors and **hospitals**
- Browse a library of health topics
- View **your** plan documents

#### International Mobile Assistant

If **you** have a smartphone, **you** can also download helpful apps, such as **our** International Mobile Assistant, which makes it easy to manage **your benefits** on the go. **You** can search 'Aetna' in the iTunes or Google Play store to get started.

### Get support for balanced living

Staying on top of the demands of work, family and finances can be challenging. It's important to recognise when situations create an unhealthy amount of stress. Before any work or life issue becomes a larger problem, **you** can turn to **our** Employee Assistance Programme for help.

This programme gives **you** access to confidential counselling with behavioral health experts in over 200 countries. **We've** designed this programme to support what matters most to **us** – **your** total well-being.

### Get ready for your next doctor visit

**You** may need to obtain prior approval (**preauthorisation**) for certain types of **treatment**. In these instances, it's important to start the process early to prevent delays or denial of **your** claims.

#### Here are some of the treatments that require preauthorisation:

- Medical evacuation
- **Inpatient** or **daycare treatment** admission
- Compassionate emergency visit
- Preparation or transportation of body or mortal remains
- **Psychiatric treatment**
- Prescription for more than three months' supply of drugs for the management of a **chronic medical condition**
- **Single treatment** or service that costs more than USD 500 or equivalent

All **preauthorisations** must be requested before **treatment** or services are received or costs are incurred. If it is not possible to request **preauthorisation** for an **emergency**, please be sure to notify **us** within the first 24 hours.

**You** can find full details in **your Claims procedures** or in the Claims Centre of the Secure Member Website.

#### Your Member ID Card

The **Member ID Card** is **your** key to quality healthcare. Make sure to keep the card in a safe place – **you'll** be asked to present it whenever **you** receive healthcare treatment. **You** may also need to have it handy when registering for the Secure Member Website or calling Member Services.

Ready to learn more about your benefits? Keep reading to find all the details you need.

## Introduction

This Handbook, together with **your Benefits schedule**, explains what is, and is not, covered under the Aetna Summit **plan** and any of the following **add-on plans** that have been chosen for **you**:

- Aetna Travel
- Aetna Personal Accident

For information on how to make a claim please refer to **your Claims procedures**.

If **you** have any questions about the information in the **plan documentation** or any questions **you** think it does not answer, please contact **us** and **we** will be more than happy to help.

Some words and phrases used in this Handbook, **your Benefits schedule** and **your Claims procedures** have specific meanings. **We** have highlighted them in bold print and defined them in the 'Definitions' section of this Handbook.

A **plan** is **our** contract of insurance with the **planholder**, providing cover as detailed in the **plan documentation**. In order to fully understand a **plan**, these documents must be read together.

**We** can change any of the following at the beginning of each **plan year**:

- Conditions, exclusions and any other terms in this Handbook
- Premiums and any discounts or surcharges

**We** will tell the **plan sponsor** about any changes before the **plan renewal date**.

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

## About the plan

### Member eligibility

The Aetna Summit **plans** and **add-on plans** are available to people of most nationalities, depending on where they reside. **We** cannot cover people subject to certain sanctions or people residing in certain sanctioned locations. **Our plans** are not available to citizens of the United States (US) who reside in the US. Please contact **us** if **you** need further information.

**Plans** may not meet specific visa requirements. Cover may also be illegal under local laws. It is the **plan sponsor's**

responsibility to ensure that any **plans** chosen meet **your** needs.

If **you** are a citizen of the US and spend or plan to spend any time in the US during a **plan year** please refer to **plan term P10** in this Handbook.

**You** must have continuous membership under the Aetna Summit **plan** and any **add-on plans**.

If **you** will be aged over 65 at **your plan start date**, **you** will be subject to medical underwriting and must answer some medical questions for **us** to consider **your** eligibility for cover. Once accepted by **us**, no further medical underwriting will be applied whilst **you** remain a continuous, eligible, insured **member**.

To be eligible for this **plan**, **main members** must be:

- an employee of the **plan sponsor**,
- at least 18 years old, and
- eligible due to their position within the **plan sponsor's** organisation.

All **dependant** children on a **plan** must be unmarried. **Dependant** children aged 18 to 26 must be in continuous full-time education at their **start date**. If a **dependant** child does not meet these conditions then they cannot be covered under the **plan**. Please contact **us** for alternative cover options.

**Add-on plans** are only valid when the Aetna Summit **plan** is in force. Please contact **your plan administrator** to get full details of what is available to **you**.

The maximum age at entry for the Aetna Travel **plan** is 79. Each **main member** can be covered:

- without their **dependants**, or
- with all of their **dependants** who are also included on the Aetna Summit **plan**.

The minimum age at entry for the Personal Accident **plan** is 18. The maximum age at entry is 79. Each **main member** can be covered:

- without their **dependants**, or
- with any of their **dependants**, aged 18 and over, who are also included on their Aetna Summit **plan**

The **main member** and their **dependants** must have the same **plan level**. The Aetna Personal Accident **plan** provides cover for managerial, clerical and administrative occupations only. See condition CPA1 for more information.

Additional eligibility criteria apply to some **plans**. These are shown in **your Benefits schedule** where applicable.

**We** may provide cover under **our plans** with any special terms that **we** may set. Any special terms will be shown on the **Certificate of insurance**.

### Plan benefits and currency

The **plan sponsor** has chosen the **plan level** and **benefits**, including any **add-on plans** that are available to **you**. Aetna Summit **plans** and any **add-on plans** are provided on the basis of an employer-paid annual contract only.

The **plan sponsor** has chosen the currency of **your** Aetna Summit **plan** from the currencies available. They chose this at application or renewal and it will apply throughout the entire **plan year**. Any **add-on plans** that have been chosen are in the same currency as the Aetna Summit **plan**.

If more than one currency is shown on **your Benefits schedule**, the **benefit** limit shown in the same currency as the **plan** will apply to **you**.

### Joining the plan

**Your plan administrator** must contact **us** to add **you** to the Aetna Summit **plan** and any **add-on plans** that are available to **you**. All **material facts** about **you** must be given to **us** and **you** cannot be added until **we** agree to cover **you**. **We** must be told about any **treatment you** have **planned** or are aware of, see E35 in the 'Exclusions' section for more information.

**You** must be added to the **plan** within 30 days of becoming eligible for cover. **You** may have to complete a **Group member application**.

**We** will not backdate cover under any circumstances.

**Your start date** will be advised to **you** by **your plan administrator** once **we** have agreed to cover **you**.

If **you** are added to an Aetna Travel **plan** or Aetna Personal Accident **plan**, cover will begin on the same day as the Aetna Summit **plan**.

**We** will send **Member ID Cards** for **you** and each of **your dependants** covered under the Aetna Summit **plan**. Any other documents **you** need, including **Certificates of insurance**, will either be available online through the Secure Member Website or sent in a printed **member pack**.

### Adding dependants

**Your plan administrator** must contact **us** to add **your dependant** to the Aetna Summit **plan** and any **add-on plans** that are available to them. All **material facts** about **your dependant** must be given to **us** and they cannot be added until **we** agree to cover them. **We** must be told about any **treatment your dependant** has **planned** or are aware of, see E35 in the 'Exclusions' section for more information.

**Dependants** must be added to the **plan** within 30 days of becoming eligible for cover. **You** and **your dependant** may have to complete a **Group member application**. See the '**Member eligibility**' section for more information.

**Dependants** must have the same **plan level**, **area of cover**, optional **benefits** and **deductibles** as their **main member**.

If **your** dependant is a newborn child and they are being added before they are 31 days old, **we** will not exclude **pre-existing medical conditions** under the Aetna Summit **plan** and their **date of joining** will be their date of birth. This means that no underwriting terms will be applied and exclusion E2 will not apply.

**We** will not backdate cover under any circumstances.

**Your dependant's start date** will be advised to **you** by **your plan administrator** once **we** have agreed to cover them.

If **your dependant** is added to an Aetna Travel **plan** or Aetna

Personal Accident **plan**, cover will begin on the same day as the Aetna Summit **plan**.

**We** will send a **Member ID Card** for **your dependant**. Any other documents, including a revised **Certificate of insurance**, will either be available online through the Secure Member Website or sent in a printed **member pack**.

### Leaving the plan

With our agreement the **plan sponsor** may remove **members** from a **plan** after the **plan start date**. If **you** are removed from a **plan**, **your end date** will be the date that **we** receive the request, or a future date the **plan sponsor** has given.

**You** must leave the **plan** if **you** are no longer eligible for cover, see the '**Member eligibility**' section for more information. If **you** wish to remove a **dependant** please contact **your plan administrator**.

If a **main member** is removed from a **plan**, all of their **dependants** will also be removed.

If **you** leave an Aetna Summit **plan** **you** will also be removed from any **add-on plans**. **Your end date** on any **add-on plans** will be the same as **your end date** on the Aetna Summit **plan**.

Premiums may change in line with any agreed requests.

When **you** leave any **plan**, **you** must return **your Certificate of insurance** to **your plan administrator**. **You** must also return **your Member ID Card** if **you** leave the Aetna Summit **plan**.

**We** will send a revised **Certificate of insurance** if a **dependant** has been removed.

If **you** are leaving the Aetna Summit **plan**, **you** may apply for an individual **plan**. Please contact **your plan administrator** or **us** to discuss the options available to **you**.

### Making plan changes

The following cannot be changed during the **plan year**:

- The **plan level** of any Aetna Summit **plan** or Aetna Personal Accident **plan**
- Optional **benefits** on any Aetna Summit **plan**
- **Deductibles** on any Aetna Summit **plan**
- The currency of any **plan**
- The terms contained in this Handbook

**Add-on plans** cannot be added during the **plan year**. With our agreement the **plan sponsor** can add them at the next **plan renewal date**. Please contact **your plan administrator** for more information.

If a **main member** changes address, they must tell the **plan administrator**. If the new address is in a different country, **we** will terminate **your** cover. Please contact **your plan administrator** for information about alternative cover that may be available to **you**.

If a **main member** needs to change their **area of cover** on the Aetna Summit **plan**, they must tell the **plan administrator**. **We** will need to know the reason for the

change in circumstances. With our agreement this change can be made at any time during the **plan year**. We will make this change from the date the **plan administrator** tells us or any future date they have given.

If a **dependant** lives in a different country to their **main member** please contact the **plan administrator** for more information.

All **material facts** relating to any change must be given to us.

We will send a revised **Certificate of insurance** if your new address is in a different country or **your area of cover** changes. If **your area of cover** changes, we will also send a revised **Member ID Card**.

Premiums, taxes and **benefit** limits may change in line with any agreed requests.

### Plan cancellation and suspension

If the Aetna Summit **plan** is cancelled by the **plan sponsor** or us for any reason your **plan administrator** will let you know. Any **add-on plans** will also be cancelled.

After a **plan** is cancelled you cannot make a claim. Please return your **Certificate of insurance** and **Member ID Card** to the **plan administrator**.

If a **Member ID Card** is used to obtain **treatment** at a **direct billing** facility after the **plan** has been cancelled, you or the **plan sponsor** will be responsible for paying any costs to the **treatment** provider. We will not be responsible for any costs after cover has been cancelled.

If a **plan** is suspended by us for any reason, claims will not be approved or paid until the suspension is lifted. We will tell the **plan administrator** that a **plan** is suspended. We will tell you if the **plan** is suspended when we assess your claim.

### Clinical Policy Bulletins

We have developed Clinical Policy Bulletins (CPBs) to assist in administering our **plans**. CPBs express our determination of whether certain **treatments**, services or costs are **medically necessary**, unproven, experimental, investigational or cosmetic. They are based on objective and credible **sources**, including scientific literature, guidelines, consensus statements and expert opinions. You can find our Medical, Dental and Pharmacy CPBs at [www.aetna.com/health-care-professionals/clinical-policy-bulletins.html](http://www.aetna.com/health-care-professionals/clinical-policy-bulletins.html).

CPBs are not a description of cover. The conclusion that a particular **treatment**, service or cost is **medically necessary** does not confirm that this **treatment**, service or cost is covered under the **plan**. This Handbook, together with the **Benefits schedule** and **Certificate of insurance**, explains what is, and is not, covered under the **plan**. The **plan** may exclude coverage for **treatments**, services or costs that are determined as **medically necessary** within a CPB. If there is a discrepancy between a CPB and the **plan**, the terms of the **plan** will apply.

CPBs can be highly technical. You should talk about the information in them with your **medical professional** if you need to understand how they apply to you.

### Plan terms, conditions and exclusions

#### Plan terms

The Aetna Summit **plan** and the Aetna Travel **plan** are governed by the **plan** terms shown below. Some of these **plan** terms also apply to the Aetna Personal Accident **plan**, see the 'Plan terms for Aetna Personal Accident' section for details.

Extra **plan** terms also apply to the Aetna Travel and Aetna Personal Accident **add-on plans**, see 'Extra plan terms, conditions and exclusions for Aetna Travel and Aetna Personal Accident **add-on plans**'.

Claims will only be paid in line with the **plan** terms that apply.

#### Altered and amended documents

**P1** We reserve the right to reject or disregard any invoice, Claim form, medical report or other document that has been altered or amended.

#### Replacing and reissuing plan documents

**P2** We can charge you an administration fee to replace or reissue any **plan documentation** or **Member ID Card**.

#### Waiver

**P3** If we deviate from specific terms of the **plan** at any time, it will not constitute a waiver of our right to apply or insist upon compliance with those specific terms at any other time. This applies if the circumstances are the same or different. This includes, but is not limited to, the payment of premiums or **benefits**.

#### Plan governance and language

##### **P4** (a) APPLICABLE LAW

The **plan documentation**, including **add-on plans**, and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) are governed by and shall be construed in accordance with the laws of Malaysia governing Labuan IBFC legal and regulatory framework.

##### (b) ARBITRATION

Any dispute or claim arising out of or in connection with the **plan documentation**, including **add-on plans**, or its subject matter or formation (including non-contractual disputes and claims) shall be settled by arbitration in accordance with the Rules of Arbitration of the Kuala Lumpur Regional Center for Arbitration.

**P5** If we issue translated versions of any of our documents, these are for information only. In the case of any dispute or discrepancy of wording or interpretation, the English version will apply.

### *Third party negotiations*

**P6** We must be told about any negotiations or settlement discussions that **you** enter into, or are entered into on **your** behalf, with any other party about any action which leads to a claim under a **plan**. A settlement must not be agreed to with any party before **we** give **our** written agreement.

### *Hospital accommodation*

**P7** Hospital accommodation will be paid up to the cost of a standard single room with a private bathroom. This will include **your** hospital meals.

### *Medical examinations*

**P8** We have the right to instruct a **specialist** of **our** choice to examine **you** as often as **we** feel is necessary to support a claim. **We** also have the right to ask for further tests and or evaluation where **we** have decided that a **medical condition** **you** have claimed for may be directly or indirectly related to an excluded **medical condition**.

### *Lifetime limits*

**P9** If **you** move to a **plan** where a **lifetime limit** applies to a **benefit**, any amount previously paid under the same or equivalent **benefit** on any one or more other **plans** will be deducted from the current **lifetime limit** on the **benefit**. This applies:

- regardless of any previous **benefit** limit, and
- whether or not there has been a break in **your** cover.

### *Citizens of the United States of America*

**P10** If **you** are a citizen of the United States (US), **your** area of cover is Area 1 and, **you** will spend more than 180 days in the US during the annual policy year, we reserve the right to immediately cancel your cover. In this circumstance, you be required to buy an ACA compliant plan or face US tax penalties.

### *Rights of action against us*

**P11** If **you** want to take legal action against **us** in respect of a **plan**, **you** must do so within three years from the date the relevant event took place, subject to the applicable laws.

### *Subrogation*

**P12** If **you**

(i) receive, or

(ii) are entitled to receive,

any payment from any other party or from any other insurance cover in respect of an injury, illness or **medical condition**, **we** have the right:

- In the case of (i), to recover from **you** all amounts **we** have paid and may pay to **you**, or on **your** behalf under this **plan** as a result of the same such injury, illness or **medical condition**, up to and including the full amount received by **you** from such other party or other insurer
- In the case of (ii), to proceed against such other party or other insurer on **your** behalf and in **your** name by way of subrogation

**You** shall fully cooperate with **us** if **we** exercise **our** right of subrogation pursuant to the above.

**You** shall notify **us** immediately if **you**:

- give notice to any party of **your** intention to pursue or investigate, or
- pursue or investigate,

a claim to recover damages in respect of any injury, illness or **medical condition** sustained by **you** as a result of such other party's action or omission. On receipt of any such notice, **we** may elect in **our** sole discretion to exercise **our** right of subrogation pursuant to the above.

Other than with **our** prior written consent, **you** shall not:

- admit liability or fault; or
- agree to a settlement with any party in relation to any dispute relating to the above or the **plan**.

**We** will have the sole authority and discretion to resolve all disputes regarding the interpretation of this provision.

### *Contribution*

**P13** If any other insurance covers a valid claim under the **plan**, including any reciprocal health insurance arrangements, **we** shall deduct any payments received or to be received by **you** from such other insurer(s) for such claim from any amount payable to **you** by **us** under the **plan**, after:

- **you** have paid any **deductibles** applicable on such other insurance, and
- **you** have paid any **deductibles** on the **plan**.

### *Conditions*

The Aetna Summit **plan** and the Aetna Travel **plan** are governed by the conditions shown below. Some of these conditions also apply to the Aetna Personal Accident **plan**, see the 'Conditions for Aetna Personal Accident' section for details.

Extra conditions also apply to the Aetna Travel and Aetna Personal Accident **add-on plans**, see 'Extra plan terms, conditions and exclusions for Aetna Travel and Aetna Personal Accident **add-on plans**'.

Claims will only be paid if **you** meet all of the conditions that apply.

### *Material facts*

**C1** The **plan administrator** must tell **us** all **material facts** before **we** accept an application, make changes to a **plan** or renew a **plan**. The **plan administrator** must check that any **material facts** are correct. **You** must check that any **material facts** about **you** are correct. If there is any doubt about whether a fact is material, for **your** own protection, the **plan administrator** should tell **us**. Where applicable the 24-month **moratorium** will still apply even if the **plan administrator** tells **us** about any **pre-existing medical conditions** **you** may have.

If **we** find out that the **plan administrator** has not told **us** about all **material facts** **we** can cancel the **plan** or apply different terms to the **plan**.

**C2** The **plan administrator** must tell **us** immediately in writing about any change that affects information given in connection with the application for a **plan**, including information about **you**.

After **we** have been told about a change:

- **We** have the right to reassess **your** cover if it is a change to important information about **you**. **We** may apply new terms to **you**, or cancel **your** cover
- **We** have the right to reassess the **plan** if the change to important information is about the **plan sponsor** or affects all or part of the **plan**. **We** may apply new terms to the **plan**, or cancel the **plan**

If there is a change in risk that the **plan administrator** has not told **us** about, **your** cover may be cancelled, the **plan** may be cancelled, or any related claim may be reduced or rejected.

#### *Preauthorisation and timely claim filing*

**C3** If a **benefit** needs **preauthorisation** as shown on **your Benefits schedule**, **you** or **your** personal representative must request **preauthorisation** before **treatment** or services are received or costs are incurred. Once **you** or **your** personal representative have received **our** approval, **we** will settle all covered costs directly with the providers. If **you** or **your** personal representative do not receive **our** approval before costs are incurred, **we** will only approve the costs **we** would have paid if **we** had been involved and given **our** approval.

**C4** **You** or **your** personal representative should tell **us** about a claim no later than:

- 180 days after the date of **treatment** or services received, if it relates to **your** Pioneer medical or Pioneer Maternity **plan**
- 31 days after **your** trip has ended if it relates to **your** Travel **plan**
- 31 days after the disablement, or **your** death, if it relates to **your** Personal Accident **plan**

If a claim is not received within the period shown, **we** reserve the right to reject such claim subject to the applicable laws.

#### *Treatment provision and referral*

**C5** All **treatment** must be given with the aim to cure or substantially relieve **medical conditions**.

**C6** **Treatment** must be given by **medical practitioners, specialists, nurses or therapists**. All psychiatric **treatment** and psychotherapy must be given by **medical practitioners, psychiatrists or qualified and registered psychotherapists or psychoanalysts**.

**C7** If **your** **medical practitioner** or **specialist** refers **you** for further **diagnostic tests and procedures** or **treatment**, **we** may not pay **your** claim if **you** do not undergo the **diagnostic tests and procedures**, or start **treatment**, within 90 days of the referral date.

**C8** Physiotherapy, podiatry, osteopathic and chiropractic **treatment** must be referred by a **medical practitioner** or **specialist**.

#### *Innocent bystanders*

**C9** Where a **benefit** is available on **your plan**, **we** will cover costs arising from or connected with:

- **conflict or civil unrest** if, in **our** reasonable opinion:
  - **you** are not actively participating,
  - **you** are not a member of any armed force or security service, including personal protection,
  - **you** have not knowingly entered or remained in a location where there is **conflict or civil unrest**, and
  - **you** have not intentionally put **yourself** at risk of injury.
- a natural disaster if, in **our** reasonable opinion:
  - **you** have not knowingly entered or remained in a location where there is a natural disaster, and
  - **you** have not intentionally put **yourself** at risk of injury.
- contamination or injury from any biological, chemical or nuclear materials, including combustion of nuclear fuel if, in **our** reasonable opinion:
  - **you** have not knowingly entered or remained in a location where there is contamination,
  - **you** are not a member of a biological, chemical or nuclear contamination cleaning crew of any kind, and
  - **you** do not intentionally put **yourself** at risk of contamination or injury.

#### *Reasonable costs*

**C10** Only reasonable costs will be paid for claims. Reasonable costs are the average cost of **treatment**, expertise or services given by similar types of provider:

- within the same country or geographical region, and
- based on **our** knowledge and experience.

**C11** If a **visiting doctor** instead of an **in-house doctor** treats **you**, in a **hospital**, clinic or any other facility where direct billing or cashless arrangements are in place, only reasonable costs will be paid. **You** will have to pay the difference if the **visiting doctor's** costs are not reasonable and not in line with the **in-house doctor's** costs.

#### *Ineligible claims*

**C12** If **you** attend a **hospital**, clinic or any other facility where direct billing or cashless arrangements are in place, and **we** subsequently determine that **your** claim is an **ineligible** claim, **we** have the right to recover the full amount of the claim. Payment of any claim is not an indication of **our** acceptance of liability for the claim or confirmation that further costs for the same **medical condition** or any **related medical condition** will be met.

**C13** If **we** receive new information that shows a claim **we** have already approved is **ineligible**, no costs will be paid. If any costs have already been paid, **we** will recover the costs and no further costs will be paid. Any approval **we** have given during the **preauthorisation** process may also be withdrawn. After **we** have given notice that **you** must repay any costs, this must be done within 14 days, failing which, **we** reserve the right to cancel the **plan**, subject to applicable laws.

**C14** If you would like us to re-assess a claim we have rejected under a **plan** for any reason, you will have to prove that the claim is covered under the **plan**.

### Exclusions

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

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

### Underwriting terms

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

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

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

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

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

If you have:

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

then you will have to wait until you have completed a continuous 24-month period when none of these apply to you. Pre-existing medical conditions or related medical conditions may then be covered. This is the rolling part of the **moratorium**.

**E2** This exclusion applies if your underwriting terms are **FMU** or **CTT previously FMU**, as shown on your **Certificate of insurance**. See exclusion E1 if your underwriting terms are

**moratorium** or **CTT previously moratorium**, as exclusion E2 does not apply to these underwriting terms. Exclusions E1 and E2 do not apply if your underwriting terms are **MHD**.

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

### Plan and benefit availability and limitations

**E3** Costs incurred:

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

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

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

### False and fraudulent claims

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

### Treatment provision and referral

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

**E8** Drugs or dressings that:

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

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

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

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

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

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

#### *Administrative costs, fees and charges*

**E14** Costs of:

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

**E15** Charges incurred for the overdue payment of any invoice.

#### *Cosmetic*

**E16** Cosmetic treatment.

#### *Weight management*

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

#### *Reproduction and newborns*

**E18** Costs of:

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

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

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

#### *Sleep*

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

#### *Sight, hearing and dental*

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

**E23** Orthodontic treatment and dental implants.

#### *Brain and learning disorders, and speech and voice problems*

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

#### *Harvesting, storage and organ transplants*

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

**E26** Costs of:

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

#### *Addictions and abuse*

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

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

#### *Gender reassignment*

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

#### *Journeys and transportation*

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

**E30** Non-emergency transportation.

#### *Acting against medical advice*

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

#### *Professional sports and hazardous activities*

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

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

#### *Self-inflicted medical conditions*

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

#### *Illegal activities*

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

**E35** Any **inpatient, daycare or outpatient treatment** in a **hospital**, whether planned or not:

- when received before **your start date**, if the **treatment** is still ongoing at **your start date**, or
- that **you** were aware of at **your start date**,

unless **you** or the **plan sponsor** told us about it before **your start date** and cover has been agreed by us.

## Extra plan terms, conditions and exclusions for Aetna Travel and Aetna Personal Accident add-on plans

### Plan terms for Aetna Travel

*The Aetna Travel plan is governed by all of the plan terms in the 'Plan terms' section and the extra plan terms below. Claims will only be paid in line with these plan terms.*

**PT1** We have the right to move you from one hospital to another or arrange to move you to a different location. We will do this if, in our opinion or that of the attending medical practitioner, you can be moved safely to continue treatment.

### Plan terms for Aetna Personal Accident

*The Aetna Personal Accident plan is governed by all of the plan terms in the 'Plan terms' section and the extra plan terms below. Claims will only be paid in line with these plan terms.*

**PPA1** Cover is not provided for sickness or disease.

**PPA2** If you suffer one or more permanent total or permanent partial disablements within 12 months of an accident, you will only be paid up to the benefit limits shown on the Benefits schedule that applied in the plan year when you had the accident. No payment will be made for any more than the overall limit shown on the Benefits schedule.

**PPA3** You will not be paid more than the overall plan limit shown in the Benefits schedule, for any one or more accidents.

**PPA4** If you have an existing medical condition and suffer a bodily injury because of an accident, we will ask an independent specialist to assess if your existing medical condition has contributed to your disability after the accident, or if your disability after the accident has made your existing medical condition worse. We will decide the difference between your existing medical condition and the disability suffered after the accident and pay any claim based on this difference. This will be expressed as a percentage and applied to the appropriate benefit.

**PPA5** If you die within 12 months of an accident, payment will only be made up to the benefit limit shown on the Benefits schedule that applied in the plan year when you had the accident. Payment will be made in line with the instructions we receive from your personal representative.

If you die before any disablement benefit is paid, only the accidental death benefit will be paid. If any disablement benefit has already been paid under the plan for any accident that happened in the same plan year, the amount paid for the accidental death benefit will be reduced by the value of any claims already paid.

No payment will be made for any more than the overall limit shown on your Benefits schedule.

**PPA6** If the total value of claims made by multiple members on the same Aetna Personal Accident plan exceeds the accumulation limit shown on the Benefits schedule, the amount paid for each claim will be reduced proportionately

based on the amount each member is due, up to the accumulation limit.

### Conditions for Aetna Travel

*The Aetna Travel plan is governed by all of the conditions in the 'Conditions' section and the extra conditions below. Claims will only be paid under the plan if you meet all of these conditions.*

**CT1** If you have to change your original plans for returning home and this will incur additional costs, you must tell us before any costs are incurred. It may affect your claim if you do not tell us.

**CT2** When making a claim for a missed departure you must have planned to arrive at your departure point before the earliest scheduled check-in time and give us a written report from the carrier at the point of departure, the police or the relevant public transport authority, confirming the delay and stating its cause.

**CT3** When making a claim for a delayed departure or delayed baggage, you must provide us with a written report from your airline or other carrier giving the details.

**CT4** You must take care of your property at all times and take all practical steps to recover any property that is lost or stolen. It may affect your claim if you do not do this.

**CT5** Any theft, suspected theft or loss must be reported to the local police within 24 hours of discovery and supported by a police report.

**CT6** Any loss of, or damage to, your property during your journey with an airline or other carrier, whether or not your property is checked in:

- must be reported to the airline or carrier immediately upon discovering the loss or damage, and
- must be supported by a written report from them.

**CT7** You must keep any damaged property that you want to claim for. If we ask you to send it to us, you must do so at your own expense. If a claim is paid for the full value of any item, it will become our property.

**CT8** We may discharge any of our legal responsibilities under this plan by replacing or repairing any property that is lost or damaged.

**CT9** When making a claim because your transport was hijacked, you must provide us with a police report giving the details.

**CT10** If the total cost of one or more claims for a trip exceeds the original cost of the trip, we will not pay any more than the original cost of the trip.

### Conditions for Aetna Personal Accident

*The Aetna Personal Accident plan is governed by conditions C1, C2, C4, C9, C12, C13 and C14 in the 'Conditions' section and the extra conditions below. Claims will only be paid under the plan if you meet all of these conditions.*

**CPA1** We provide cover for managerial, clerical and administrative occupations only. If your occupation puts you at greater risk of a bodily injury caused by an accident,

the planholder or your plan administrator must tell us. We will tell them if we agree to cover you and let them know any extra premium that will apply.

**CPA2** You or your personal representative must tell us as soon as possible about any accident that causes or may cause a claim.

**CPA3** You must make all medical records, notes and correspondence we need available to us and any medical advisor we have appointed.

**CPA4** For any claim to be considered for loss of sight of one eye, the degree of sight after correction must be 3/60 or less on the Snellen Scale, seeing at 3 feet what you should see at 60 feet, or an equivalent scale.

**CPA5** For any claim to be considered for loss of sight of both eyes, you must be diagnosed as blind on the authority of a fully qualified ophthalmic specialist.

### Exclusions for Aetna Travel

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

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

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

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

**ET3** A pregnancy when:

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

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

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

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

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

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

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

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

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

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

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

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

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

**ET14** Shortages due to:

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

**ET15** Changes in exchange rates.

**ET16** Government regulations or acts and currency restrictions.

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

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

**ET18** Cancellation or curtailment of your trip if you knew that you may have to cancel or cut short your trip at

**your date of joining the plan** or when booking the trip, whichever is later.

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

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

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

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

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

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

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

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

**ET25** Costs due to:

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

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

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

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

**ET29** Damage to clothing or sports equipment when in use.

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

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

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

### **Exclusions for Aetna Personal Accident**

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

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

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

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

## Data Protection

We are committed to protecting **your** personal data and privacy. Any personal information that **we** collect will be kept confidential and will be processed in accordance with the relevant legislation and guidelines, and **our** own strict internal policy.

We will use any personal data to process **your** claims, administer **your plan**, service **our** relationship with **you**, provide **you** with products and services and evaluate their effectiveness, provide **you** with better customer services and for statistical analysis.

**Your** information may also be used for fraud prevention and audit purposes. If **you** give **us** false or inaccurate information and **we** suspect fraud, **we** will record this. **We** may pass such information to law enforcement or other legal agencies, governmental or judicial bodies, or to regulators.

**Your** medical information will only be disclosed to those involved with **your treatment** or care, including **your medical practitioner**, or their agents. If **you** ask **us** to, **we** will also send **your** medical information to any person or organisation that may be responsible for meeting **your treatment** expenses, or their agents. **Your** information may be discussed with **your** agent or broker if **you** have requested the broker to assist **you** in handling **your claims** and **you** have authorised **us** to provide them with such medical information.

If **you** want **us** to disclose **your** medical information to another individual or next of kin, **you** must tell **us**. In exceptional emergency situations, and in accordance with medical confidentiality guidelines and relevant law, **we** may be required to disclose such information to relatives, family members or other third parties.

**We** may, from time to time, provide **you** with marketing information about **our** products and services and those of any associated companies which may be of interest to **you**. **You** will be given an opportunity to tell **us** if **you** do not wish to receive such information.

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

## Complaints

**We** strive to give **you** a first-class service. However, if there is an occasion when **you** feel **we** have not done this **we** want to know.

Please contact **us** at:  
Archipelago Insurance Limited  
B-08-06 Gateway Corporate Suites  
Gateway Kiaramas  
No 1 Jalan Desa Kiara  
Mont Kiara  
50480 Kuala Lumpur  
Malaysia.

Telephone: **+(6) 03-6201-0491**

Fax: **+(6) 03-6201-0481**

E-mail: **customerservice@archipelagold.com**

When **you** contact **us** it will help if **you** give **us** **your plan** number and claim number, if this applies. Please also provide as much information as **you** can about **your** complaint, as well as **your** full contact details.

**We** will deal with **your** complaint fairly, promptly and in accordance with relevant regulation.

Full details of **our** complaints procedures are available on **our** website and other product documentation.

## Help us manage fraud

*Fraud, let's beat it together*

Fraud is a crime and healthcare fraud increases premiums for **our** customers. This is why, with **your** help, **we** will do **our** utmost to detect and eliminate it.

Fraud is the dishonest intent to get financial gain from, or cause a financial loss to a person or party through false representation, failing to disclose information or abuse of position.

There are many examples of fraud, some of these are:

- Giving false or misleading information in order to obtain insurance or a reduction in premium
- Claiming for **treatments** or services not received
- Altering or amending invoices or any other documents
- Deliberately failing to disclose previous medical history when required
- Giving a false diagnosis
- Claiming from more than one insurer for the same **treatment** or service
- Using somebody else's insurance to obtain **treatments** or services

**We** are committed to protecting **you** against fraud and **we** also have statutory responsibilities to prevent **our** products from being used as a vehicle for financial crime.

Maladministration, including innocent and careless overcharging for **treatments** and services, also raises the cost of medical insurance.

Some examples of maladministration include:

- Billing twice for the same service
- Incorrect billing for **treatments** or services
- Providing unnecessary **treatments** or services

*How you can help to protect yourself and keep premiums down*

There are simple steps **you** can take to protect **yourself**. Some of these are:

- Compare invoices with **your** records. Check the dates are correct and the **treatments** or services were actually provided to **you**
- Ask questions if there is anything **you** are unsure of, do not understand, expect or recognise
- Keep in close contact with **us** if **you** have made a claim
- Let **us** know if **you** are concerned that **your medical practitioner** is providing **treatment** that is not necessary for **you**
- Carefully fill in any Claim forms. Ask **us** if there is anything **you** are unsure of or do not understand
- Look after **your** insurance details and documentation
- Make sure **you** understand any documentation before **you** sign it
- Keep copies of any documentation and correspondence
- Report suspected fraud to **us**

*We work closely with others to prevent fraud*

We work with Aetna to prevent and detect fraud.

We are committed to protecting **you** against fraud and **we** also have statutory responsibilities to prevent **our** products from being used as a vehicle for financial crime. In addition to **our** strict controls to deter, prevent, detect and investigate fraud, **we** also work with other insurance providers to give **you** the best service **we** can. Other providers **we** work with are:

- International Insurance bodies
- International Police and Investigative agencies
- Government departments

*If you suspect fraud*

Please contact **us** at:

Fraud and Investigation e-mail: **IGUKFraudGovernance@aetna.com**

Fraud and Investigation Confidential telephone line:  
**+ (6) 03-6201-0491**

## Definitions

**Accident** – any involuntary or unexpected event resulting in a **bodily injury**.

**Act of terrorism** – an act by any person, group or groups of people, including, but not limited to, the use or threat of force or violence, whether acting alone, on behalf of, or in conjunction with, any organisation or government. This includes, but is not limited to, acts intended to influence any government or cause fear to members of the public, whatever the reason.

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

**Acute episode** – an unexpected, adverse, change to the usual state of a **member's chronic medical condition**, which responds to **treatment** that aims to return them to their state of health before the event occurred.

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

**Advice** – any consultation or information given by a **medical professional**.

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

**Area of cover** – the geographic area of the world in which a **member's plan** applies. This is shown on their **Certificate of insurance**.

**Benefit** – cover provided by a **plan**, and any extensions or restrictions shown in the Handbook, **Certificate of insurance** or **Benefits schedule**.

**Benefits schedule** – the document that details the **benefits** available under a **plan**.

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

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

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

- Continues indefinitely and has no known cure
- Comes back or is likely to come back
- Is permanent
- Needs rehabilitation or special training for a **member** to cope with it
- Needs long-term monitoring, including consultations, checkups, examinations and tests

**Claims procedures** – the document that explains how to make a claim under a **plan**.

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

**Coinsurance** – a percentage of costs a **member** must pay towards a covered claim.

**Conflict or civil unrest** – any **act of terrorism**, war, invasion, foreign enemy hostility (whether or not war is declared), mutiny, riot, strike, civil war, rebellion, revolution, insurrection or attempted overthrow of government, usurped power, martial law or state of siege.

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

**Continuous Transfer Terms (CTT)** – continuation of the same underwriting terms, including any special exclusions, that applied with a previous insurer. The underwriting terms with **us** can be **CTT previously moratorium** or **CTT previously FMU**. **Members** will not be subject to any new personal underwriting terms. Cover will still be governed by the **benefits**, terms and conditions of the **plan** with **us**. See the ‘Transfers’ or ‘Group member transfers’ section and the **CTT previously moratorium** and **CTT previously FMU** definitions for more information.

**Country of nationality** – any country for which a **member** holds a valid passport.

**Country of residence** – the country a **member** lives in for most of the time, usually for a period of at least six months during a **plan year**.

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

**CTT previously FMU** – continuation of a **member’s** full medical underwriting terms with a previous insurer. They will not be subject to any new personal underwriting terms. Cover will still be governed by the **benefits**, terms and conditions of the **plan** with **us**, including exclusion E2. Exclusion E1 will not apply.

**CTT previously moratorium** – continuation of a **member’s** moratorium start date if they had moratorium underwriting terms with a previous insurer. They will not be subject to any new personal underwriting terms. Cover will still be governed by the **benefits**, terms and conditions of the **plan** with **us**, including exclusion E1. Exclusion E2 will not apply.

**Date of joining** – the date when a **member** first enrolled or re-enrolled if there is a break in their cover.

**Daycare** – where **treatment** is received at a **hospital** or daycare unit, medical supervision is needed for four or more hours for recovery and the **member** does not stay overnight.

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

**Dental** – that which affects the teeth and gums.

**Dependant** – a main **member’s**:

- Spouse or partner

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

**Diagnostic tests and procedures** – any medically necessary test or examination to investigate the cause of a **member’s** signs or symptoms.

**Direct billing** – where **we** settle costs of **outpatient treatment** or services directly with a provider in the network.

**Eligible** – the costs for **treatment** or services that qualify under the **plan**, as described in the **plan documentation**.

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

**End date** – the last day a **member** has cover under a **plan**.

**Excess** – an amount a **member** must pay towards the cost of part, or all, of a covered claim or claims.

**Foreseeable** – a **medical condition** that, in **our** reasonable opinion, could be reasonably anticipated.

**Full Medical Underwriting (FMU)** – the process that **we** use to assess a **member’s** medical history and decide the special terms **we** offer them. Cover will still be governed by the **benefits**, terms and conditions of the **plan** with **us** except for exclusion E1.

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

**Group formation application** – the document entitled ‘Aetna Summit Group plan application’ which must be completed and signed by the **plan sponsor** to agree to the terms of the **plan** plus any supporting information given in connection with it.

**Group member application** – the document entitled ‘Aetna Summit Group member application’ which must be completed and signed by the **member** to agree to the terms of the **plan** plus any supporting information given in connection with it.

**Home country** – the country a **member** is from as given to **us** on their **Application**.

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

**Ineligible** – the costs for **treatment** or services that do not qualify under the **plan**, as described in the **plan documentation**.

**In-house doctor** – a doctor who is employed by the hospital, is considered a permanent member of staff and charges in line with hospital tariffs.

**Inpatient** – where treatment is received at a hospital and, based on advice, the member needs to stay in a bed for one or more nights.

**Intrinsic value** – the actual cash value of an item at the time of loss or damage, including appropriate deductions for wear and tear.

**Lifetime limit** – the total amount that will be paid for any eligible claim for costs incurred during any time a member is covered on any one or more plans with the same or equivalent benefit, even if there is a break in their cover. See plan term P9 for more information.

**Main member** – a member who is employed by the plan sponsor, or has an affiliation or similar legal relationship with them, which we agree meets the eligibility criteria.

**Material fact** – information which you have given us which is, in our reasonable opinion, likely to influence us in our assessment, acceptance or renewal of your membership of the plan, or in making any changes to the plan. This includes but is not limited to your responses to our questions about yourself, your lifestyle, your health or your medical conditions.

**Medical condition** – any signs or symptoms, injury, illness or disease.

**Medical History Disregarded (MHD)** – we will cover a member's pre-existing medical conditions, subject to the benefits, terms and conditions of the plan. Exclusions E1 and E2 will not apply.

**Medical necessity, medically necessary** – treatment that is prescribed by a member's medical practitioner or attending specialist, is in line with general advice, and in our reasonable opinion, is appropriate for their medical condition.

**Medical practitioner** – a person who:

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

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

**Member** – a person we have agreed to cover under a plan as named on the Certificate of insurance.

**Member ID Card** – a card we issue for each member, which provides basic plan details and contact information.

**Moratorium** – a waiting period of 24 months from a member's date of joining, or the date shown in the special terms on their Certificate of insurance, that must have passed before claims for pre-existing medical conditions or related medical conditions may become eligible. See exclusion E1 for more information.

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

**Network** – all of the providers with whom there are healthcare arrangements for our members.

**Nurse** – a person who is qualified in nursing, currently practising and on the professional register of nursing in the country where the treatment is given.

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

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

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

**Partner** – a person who is in an established personal relationship with the main member, but is not married to the main member.

**Personal effects** – personal belongings, including clothing worn and baggage owned by a member, that they take with them on their trip.

**Plan** – our contract of insurance (made up of all of the documents which form the plan documentation) with the plan sponsor, which takes effect on the plan start date.

**Plan administrator** – the person who acts as the plan coordinator on behalf of the plan sponsor, as chosen by the plan sponsor.

**Plan documentation** – Group formation application(s), Certificates of insurance, Plan sponsor guide(s), Handbook(s), Benefits schedule(s), final membership census, Group member applications (if these apply), Group member declarations (if these apply) and Claims procedures.

**Plan level** – the plan sponsor's choice of Aetna Summit plan or Aetna Personal Accident plan from the range available.

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

**Plan sponsor** – the entity that purchases a plan for eligible main members, and their eligible dependants where agreed.

**Plan start date** – the first day of each plan year, as shown on a Certificate of insurance.

**Plan year** – the period of cover from the plan start date to the day before the plan renewal date, as shown on a Certificate of insurance. This is usually a period of 12 months.

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

**Preauthorised** – any treatment, services or costs that we approve as a result of preauthorisation.

**Pre-existing** – any medical condition or related medical condition that, in our reasonable opinion, has any one or more of the following characteristics:

- Was foreseeable
- Clearly showed itself
- A member had signs or symptoms of
- A member asked for advice about
- A member received treatment for
- To the best of a member's knowledge, they were aware they had

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

**Public transport** – any paid and licensed type of transport.

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

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

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

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

**Start date** – the first day a member has cover under a plan during a plan year, as shown on their Certificate of insurance.

**Terminal** – the end stages of a medical condition where life expectancy is considered to be days or weeks and only palliative treatment and care is given.

**Therapist** – a physiotherapist, podiatrist, osteopath, chiropractor, Chinese herbalist, ayurvedic practitioner, acupuncturist or homeopath, who is qualified and licensed in the country where the treatment is given.

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

**Trip** – any journey or period of travel that does not exceed the duration shown on a member's Aetna Travel plan Benefits schedule. This includes the dates of departure from, and return to, a member's country of residence.

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

**We/our/us** – Archipelago Insurance Limited.

**You/your/yourself** – you as a member.



## Areas of cover guide

### Area 1

Includes all countries in Areas 2, 3, 4, 5, 6 and 7 plus the United States of America (US).

### Area 2

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

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

### Area 3

Includes China and all countries shown in Areas 4, 5, 6 and 7.

### Area 4

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

Australia	New Zealand	Singapore
Kuwait	Qatar	United Arab Emirates (UAE)

### Area 5

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

Åland Islands	Belize	Curaçao
Albania	Bermuda	Cyprus
Andorra	Bolivia	Czech Republic
Anguilla	Bonaire, Sint Eustatius and Saba	Denmark
Antigua and Barbuda	Bosnia and Herzegovina	Dominica
Argentina	Brazil	Dominican Republic
Armenia	Bulgaria	Ecuador
Aruba	Cayman Islands	El Salvador
Austria	Channel Islands (Jersey, Guernsey, Alderney, Herm, Jethou, Lihou and Sark)	Estonia
Azerbaijan	Chile	Falkland Islands (Malvinas)
Bahamas	Colombia	Faroe Islands
Barbados	Costa Rica	Finland
Belarus	Croatia	France
Belgium		French Guiana

Georgia	Macedonia	Saint Vincent and the Grenadines
Germany	Malta	San Marino
Gibraltar	Martinique	Serbia
Greece	Mexico	Sint Maarten
Greenland	Moldova, Republic of	Slovakia
Grenada	Monaco	Slovenia
Guadeloupe	Montenegro	Spain
Guatemala	Montserrat	Suriname
Guyana	Netherlands	Svalbard and Jan Mayen
Haiti	Nicaragua	Sweden
Honduras	Norway	Switzerland
Hungary	Panama	Trinidad and Tobago
Iceland	Paraguay	Turkey
Ireland	Peru	Turks and Caicos Islands
Isle of Man	Poland	Ukraine*
Italy	Portugal	United Kingdom
Jamaica	Puerto Rico	Uruguay
Kosovo	Romania	Vatican City
Latvia	Saint Barthélemy	Venezuela
Liechtenstein	Saint Kitts and Nevis	Virgin Islands, British
Lithuania	Saint Lucia	Virgin Islands, U.S.
Luxembourg	Saint Martin	

## Area 6

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

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

## Area 7

Africa: includes only the countries listed below.

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

We request all clients provide a disclosure or updated disclosure of any **members** or **dependants** located in sanctioned countries. Sanctioned countries include Crimea (Annexed Region of Ukraine), Cuba, Iran, North Korea, Sudan (North) and Syria\*. If **you** and/or **your dependants** are working, residing or spending time in sanctioned countries or regions, please let us know immediately.

\* The above list is subject to change based on changes in financial sanctions regulations. In addition, there are other countries subject to less broad sanctions than the countries/region listed here. For more information, visit [www.treasury.gov/resource-center/sanctions/Pages/default.aspx](http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx).

We reserve the right to modify its products, services, rates and fees, in response to legislation, regulation or requests of government authorities resulting in material changes to **plan benefits** and to recoup any material fees, costs, assessments, or taxes due to changes in the law even if no **benefit** or **plan** changes are mandated.

Please see the 'Introduction' section of this Handbook for more information about financial sanctions.



# Stay connected to Aetna International

Visit [www.aetnainternational.com](http://www.aetnainternational.com)

Follow [www.twitter.com/AetnaIntl](http://www.twitter.com/AetnaIntl)

Like [www.facebook.com/AetnaInternational](http://www.facebook.com/AetnaInternational)

Aetna® is a trademark of Aetna Inc. and is protected throughout the world by trademark registrations and treaties.

Archipelago Insurance Limited does not provide care or guarantee access to health services. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Information is believed to be accurate as of the production date; however, it is subject to change. For more information, refer to [www.AetnaInternational.com](http://www.AetnaInternational.com).

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

All plans are underwritten by Archipelago Insurance Limited and administered by Aetna Global Benefits (UK) Limited, registered in England (Company Registration No. 03554885), which is authorised and regulated by the Financial Conduct Authority (Firm Reference No. 312279). Registered at 50 Cannon Street, London, EC4N 6JJ, United Kingdom. Archipelago Insurance Limited is licensed by Labuan FSA, Company No. LL09355, Licence No. IS2013136. Registered office address: Unit 3A – 25, Labuan Times Square, U0350, Jalan Merdeka, 87007 F.T. Labuan, Malaysia.

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

[www.aetnainternational.com](http://www.aetnainternational.com)

©2016 Aetna Inc.  
M054-1E-011016

**aetna**®

