Quality health plans & benefits
Healthier living
Financial well-being
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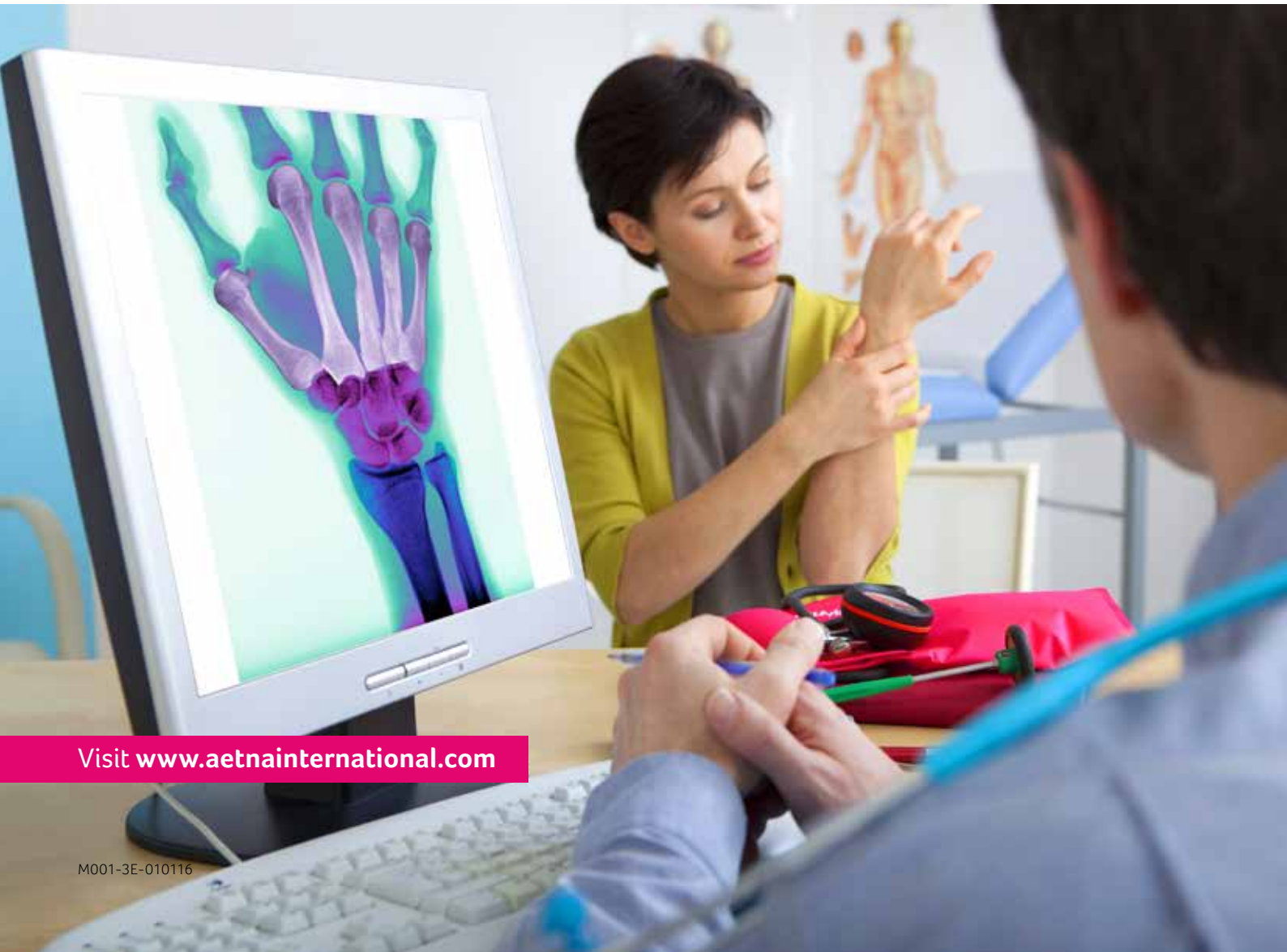
aetna®

Get to know your benefits

Aetna Pioneer℠ Handbook

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



Visit **www.aetnainternational.com**

M001-3E-010116

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

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 on the path to better health

Challenge **yourself** to live healthier with **our** Healthy Behaviours Discount. If **you** are a **member** of an Aetna Pioneer 4000, 5000, or 5000+ **plan**, **you** can take advantage of this programme by logging in to **your** Secure Member Website. All **you** need to do is take the online Health Assessment to understand **your** risks and get a personalised action plan to help **you** make lasting positive changes.

If **your plan** stays claim-free for more than a year, **you** can earn a discount of up to 25% on **your** renewal premium.

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 health care. Make sure to keep the card in a safe place – **you'll** be asked to present it whenever **you** receive health care **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 Pioneer **plan** and any of the following **add-on plans** that have been chosen:

- Aetna Maternity
- Aetna Travel
- Aetna Personal Accident

This Handbook will also give **you** important information about managing these **plans**.

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

Please spend some time reading carefully through the **plan documentation** to make sure that **you** are completely satisfied with the cover **we** are providing and that it meets **your** needs. 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 **planholder** 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**.

Taking out and managing your plan

Eligibility

The Aetna Pioneer **plans** and **add-on plans** are available to people of most nationalities, depending on where they reside. **Our plans** are not available to citizens of the United States (US) who reside in the US. Please contact **us** if **you** need further information. **Plans** may not meet specific visa requirements. Cover may also be illegal under local laws. It is the **planholder's** responsibility to ensure that any **plans** chosen meet **your** needs.

The minimum age of a **planholder** is 18. **You** cannot be older than 79 at **your start date**. 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**.

The **planholder** and their **dependants** must have the same **plan level**, **area of cover**, optional **benefits**, and **deductibles**.

Add-on plans are only valid when the Aetna Pioneer **plan** is in force.

The Aetna Maternity **plan** is only available with the same **area of cover** as the Aetna Pioneer **plan**. The **plan** is only available to female **planholders**, spouses or **partners**, and the minimum age at entry is 18. The maximum age at entry is 44. Once **you** have reached the age of 46 during **your plan year**, **your** Aetna Maternity **plan** will not be renewed.

The Aetna Travel **plan** can cover:

- The **planholder** only
- The **planholder**, and all of the **dependants** who are also included on their Aetna Pioneer **plan**

The minimum age at entry for the Aetna Personal Accident **plan** is 18. The maximum age at entry is 79. This **plan** can cover:

- The **planholder** only
- The **planholder**, and any **dependants** aged 18 and over who are also included on their Aetna Pioneer **plan**

The **planholder** 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 Application** and **Benefits schedule** where applicable.

We can refuse cover on any of **our plans** for any reason. **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 currency

The **planholder** must choose the currency of **your** Aetna Pioneer **plan** from the currencies available, as shown on the **Application**. They must choose this at application or renewal and it will apply throughout the entire **plan year**. Any **add-on plans** that have been chosen must be in the same currency as the Aetna Pioneer **plan**.

All premiums must be paid in the same currency as the **plans**.

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

Plan start date

If **your** underwriting terms are **moratorium**, with **our** agreement **your** Aetna Pioneer **plan**, and **your** Aetna Maternity **plan** if this has been chosen, will begin:

- as soon as **we** receive the **Application**, or
- on a future date the **planholder** has given and **we** have agreed.

If **your** underwriting terms are **Full Medical Underwriting (FMU)**, **your** Aetna Pioneer **plan**, and **your** Aetna Maternity **plan** if this has been chosen, will begin as soon as **we** receive the **planholder's** acceptance of the special terms offered in the quotation.

If **your** underwriting terms are **Continuous Transfer Terms (CTT)**, as long as there is no break in cover, with **our** agreement **your** Aetna Pioneer **plan**, and **your** Aetna Maternity **plan** if this has been chosen, will begin:

- as soon as **we** receive the **planholder's** acceptance of the special terms offered in the quotation, or
- on a future date the **planholder** has given and **we** have agreed.

We will tell the **planholder** the **plan start date** in writing.

The **plan start date** of the Aetna Travel and the Aetna Personal Accident **add-on plans**, if these have been chosen, will also be the same as the **plan start date** of the Aetna Pioneer **plan**.

We will not backdate cover under any circumstances. All **plans** will continue for 12 months until the next **plan renewal date**.

The premiums and **benefits** applied to a **plan** will be those in force at the **plan start date**.

We will send **Member ID Cards** for all **members**. If **you** have cover under the Aetna Maternity **plan** and **direct billing** has been chosen, **your Member ID Card** may show 'Maternity: N/A'. This means that **your** waiting period on the Aetna Maternity **plan** is still in force and **you** will not be able to access **direct billing** for **outpatient** maternity **treatment**. Please see **your** Aetna Maternity **Benefits schedule** for more information on waiting periods.

Cooling-off period

If **you** feel a **plan** does not meet **your** needs, the **planholder** may cancel it. The **planholder** must tell **us** in writing within 15 days of receiving the **Benefits schedule**, **Certificate of insurance** and Handbook, or the **date of joining**, whichever is later. The **planholder** must return the **Certificate of insurance** when they cancel the **plan**. All **Member ID Cards** must also be returned if the Aetna Pioneer **plan** is cancelled.

As long as no claims have been made by any **member** on the **plan**, the premium received will be refunded in full.

If any claims have been made, no refund will be due and the premium will be payable in full.

If the Aetna Pioneer **plan** is cancelled, any **add-on plans** will also be cancelled.

Premiums can only be refunded to the account they were originally paid from. The **planholder** will be responsible for:

- Any shortfall as a result of exchange rate differences
- Any associated bank charges

If the **planholder** decides to cancel a **plan** after the 15-day period, the cancellation will be governed by the 'Cancellation' section in this Handbook.

Healthy Behaviours Discount

We will give a Healthy Behaviours Discount on Aetna Pioneer 4000, 5000 and 5000+ **plan** renewal premiums as long as:

- the **planholder** fills in the online Health Assessment within 90 days of the **plan start date**, and
- none of the **members** on the Aetna Pioneer 4000, 5000 or 5000+ **plan** have had any claims paid during the **plan year**.

The **planholder** can find the online Health Assessment by logging onto the Secure Member Website at **www.aetnainternational.com**. If they have not already registered on the Secure Member Website, they can do this now. The **planholder** must follow the steps below and then fill in the Health Assessment.

1. Click on 'Health and wellness resources', select 'Health Assessment' and follow the link on the next page
2. Select a language, region and country
3. When asked for a six-digit number, enter: 777777
4. When asked for a Login Identifier or Username, enter the **planholder's Member** ID as shown on their **Member ID Card**

The value of the Healthy Behaviours Discount is based on the amount of time the Aetna Pioneer 4000, 5000 or 5000+ **plan** has been claim-free. If the **plan** has been claim-free:

- For less than one **plan year**, there will be no discount at renewal
- For one **plan year**, there will be a 5% discount at renewal
- For two **plan years**, there will be a 10% discount at renewal
- For three **plan years**, there will be a 15% discount at renewal
- For four **plan years**, there will be a 20% discount at renewal
- For five or more **plan years**, there will be a 25% discount at renewal

The maximum Healthy Behaviours Discount is 25%. If any **member** has any claims paid during a **plan year**, the discount will be lost until the Aetna Pioneer 4000, 5000 or 5000+ **plan** has been claim-free for at least one **plan year**.

Any claims made for the Wellness or **Hospital** cash **benefits** will not affect the Healthy Behaviours Discount. These **benefits** are shown on **your Benefits schedule**.

If a claim relating to a previous **plan year** is made after **we** have given a Healthy Behaviours Discount, the full

premium will be due for the **plan year** to which the discount was given. **We** will also recalculate the amount of Healthy Behaviours Discount that applies to the following **plan years.** Any additional premiums that become due as a result of this will be charged.

The Healthy Behaviours Discount is not available when renewing from, or onto, any other Aetna Pioneer **plan level**.

The Healthy Behaviours Discount does not apply to the premiums of any **add-on plans**.

Adding dependants

With **our** agreement the **planholder** may add **dependants** to the Aetna Pioneer **plan** after the **plan start date**. If the underwriting terms are:

- **Moratorium**, the **planholder** must make the request in writing
- **Full Medical Underwriting (FMU)**, the **planholder** must fill in an **Application**, including any relevant additional medical questionnaires
- **Continuous Transfer Terms (CTT)**, see the 'Transfers' section for information on how to apply

With **our** agreement the **planholder** may also add **dependants** to any **add-on plans** at the same time they are added to the Aetna Pioneer **plan**. The **planholder** must request this in writing.

If the **dependant** is a newborn child and they are being added before they are 31 days old, see the 'Adding newborn children' section for more information.

When making a request to add **dependants**, the **planholder** must tell **us** all **material facts**. See condition C1 for more information.

If the **dependant's** underwriting terms are **moratorium**, with **our** agreement cover on the Aetna Pioneer **plan**, and the Aetna Maternity **plan** if this has been chosen, will begin:

- as soon as **we** receive the request, or
- on a future date the **planholder** has given and **we** have agreed.

If the **dependant's** underwriting terms are **FMU**, cover on the Aetna Pioneer **plan**, and the Aetna Maternity **plan** if this has been chosen, will begin as soon as **we** receive the **planholder's** acceptance of the special terms offered in the quotation.

If the **dependant's** underwriting terms are **CTT**, as long as there is no break in cover, with **our** agreement cover on the Aetna Pioneer **plan**, and the Aetna Maternity **plan** if this has been chosen, will begin:

- as soon as **we** receive the **planholder's** acceptance of the special terms offered in the quotation, or
- on a future date the **planholder** has given and **we** have agreed.

Cover under the Aetna Travel **plan** and the Aetna Personal Accident **plan**, if these have been chosen, will begin on the same day as the Aetna Pioneer **plan**.

We will not backdate cover under any circumstances.

Premiums may change in line with any agreed requests.

When adding **dependants**, **we** will send a new **Member ID Card** and a revised **Certificate of insurance**.

Adding newborn children

With **our** agreement the **planholder** may add newborn children as **dependants** during the **plan year**. When making a request the **planholder** must tell **us** all **material facts**. See condition C1 for more information.

If the **planholder** applies in writing before the newborn child is 31 days old, no **Application** for the newborn child will need to be completed; **we** will not exclude **pre-existing medical conditions** on the newborn child's cover under the Aetna Pioneer **plan** and their **date of joining** will be their date of birth. This means that exclusions E1 and E2 will not apply.

If the **planholder** applies after the newborn child is 30 days old, underwriting terms will apply and an **Application** will have to be completed. See the 'Adding dependants' section for more information.

We will not backdate cover for any requests received by **us** after the newborn child is 30 days old.

Premiums may change in line with any agreed requests.

When adding newborn children, **we** will send a new **Member ID Card**, and a revised **Certificate of insurance**.

Removing dependants

With **our** agreement the **planholder** may remove a **dependant** from a **plan** after the **plan start date**. The **planholder** must make the request in writing. The **dependant's end date** will be the date that **we** receive the request, or a future date the **planholder** has given.

The **planholder** must also confirm in writing if there are any claims to be made by any **member** on the **plan** for **treatment** or services received, or costs incurred, on or before the **dependant's end date**.

- If no claims have been made, or will be made, for any **member** on the **plan**, a pro-rata refund will be issued.
- If no claims have been paid, but any **member** on the **plan** has made claims that **we** have not yet approved, or has claims to be made, **we** will not approve or pay these costs unless all premiums have been received for the entire **plan year**. A pro-rata refund will be issued if the **planholder** confirms in writing that they do not want **us** to approve the claim.

• If no claims have been paid, but any **member** on the **plan** has made claims that **we** have approved, the **planholder** must confirm in writing:

  - whether any costs have been incurred; and if so
  - whether the **planholder** will pay these costs or the **planholder** expects **us** to pay the claim.

The claim will only be paid when all premiums have been received for the entire **plan year**. A pro-rata refund will only

be issued if the **planholder** pays these costs, or no costs have been incurred.

- If any **member** on the **plan** has made any claims that **we** have approved and paid, no refund will be issued and all premiums must be paid for the entire **plan year**.

If a **dependant** is removed from an Aetna Pioneer **plan** they will also be removed from any **add-on plans**. Their **end date** on any **add-on plans** will be the same as their **end date** on the Aetna Pioneer **plan**.

Premiums may change in line with any agreed requests.

If **dependants** are removed from more than one **plan**, any pro-rata refund or outstanding premium due on each **plan** will be combined.

If any refund is due, this can only be refunded to the account it was originally paid from. The **planholder** will be responsible for:

- Any shortfall as a result of exchange rate differences
- Any associated bank charges

When removing any **dependants** from a **plan**, the **planholder** must return the **Certificate of insurance**. If a **dependant** is being removed from an Aetna Pioneer **plan** or Aetna Maternity **plan**, the **planholder** must also return the **dependant's Member ID Card**.

We will send a revised **Certificate of insurance** to reflect any change made.

Transfers

If a new person wants to transfer cover from another insurer to apply for **CTT** underwriting terms with **us**, an **Application** for **CTT** must be filled in, and **we** will need an original certificate of insurance from their previous insurer, which shows:

- their original start date with that insurer,
- their underwriting terms, and
- any special terms that may have applied.

If there is a break in cover between the end date of the previous insurance **plan** and the application to **us**, **we** will not offer a transfer of previous underwriting terms.

If **we** accept the **Application we** may charge an increased premium. Cover will begin as soon as **we** receive the **planholder's** acceptance of any special terms offered in the quotation or on a future date they have given and **we** have agreed, as long as there is no break in cover.

Our plan terms, conditions and **benefits** may be different to those of the previous insurer.

Making plan changes

When making any request for changes to a **plan**, including **add-on plans**, the **planholder** must tell **us** all **material facts**. See condition C1 for more information.

If **you** change **your** address the **planholder** must tell **us** in writing. If **your** new address is in a different country, **we** will consider this to be **your country of residence** unless the **planholder** tells **us** otherwise.

If the **planholder** wants to change the **area of cover** on the Aetna Pioneer **plan**, and the Aetna Maternity **plan** if this has been chosen, they must tell **us** in writing giving 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 **planholder** tells **us** or any future date they have given.

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.

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

- The **plan level** of any Aetna Pioneer **plan**, Aetna Maternity **plan** or Aetna Personal Accident **plan**
- Optional **benefits** on any Aetna Pioneer **plan**
- **Deductibles** on any Aetna Pioneer **plan** or Aetna Maternity **plan**
- How often the premiums are paid on any Aetna Pioneer **plan** or Aetna Maternity **plan**
- The currency of any **plan**

With **our** agreement these changes can be made at the next **plan renewal date**. The **planholder** must request the changes in writing before the **plan renewal date**. The **planholder** must tell **us** all **material facts** when making a change. See condition C1 for more information. Premiums, taxes and **benefit** limits may change in line with any agreed requests.

Add-on plans cannot be added during the **plan year**. With **our** agreement these can be included from the next **plan renewal date**. The **planholder** must apply in writing before the **plan renewal date**. The **planholder** must tell **us** all **material facts** when making an application. See condition C1 for more information.

Death

If the **planholder** dies **we** will offer their **dependants** continued cover if **we** receive a signed **Application** from them within four weeks of the date of death.

If the **planholder's dependants** do not want to continue cover, they must tell **us** in writing and **we** will cancel the **plan**. As long as no claims have been made and accepted by **us**, a pro-rata refund will be issued in line with the instructions received from the **planholder's** personal representative. If **we** have accepted a claim, no refund will be paid.

We will ask to see a certified copy of the death certificate before any refund is issued.

If **we** cancel the **plan**, the **dependants** will have to apply for a new **plan** if they want cover to recommence. Cover will be subject to **our** acceptance and may have new terms. **We** will charge the premiums in force at that time. Any existing Healthy Behaviours Discount will be lost.

Premiums

Each **plan** is a yearly contract. Cover under the **plan** is subject to **our** receipt of all premiums (together with any applicable taxes) on or before the premium due dates, as shown on the invoice or quotation.

The **planholder** must choose how often **your** Aetna Pioneer **plan** premiums are paid from the payment options available for that **plan level**. They must choose this at application or renewal and it will apply throughout the entire **plan year**. Aetna Maternity **plan** premiums can be paid every year or as often as the Aetna Pioneer **plan** premium is paid. Aetna Travel and Aetna Personal Accident **add-on plan** premiums can only be paid yearly.

The **planholder** is responsible for paying all premiums. Premiums must be paid in the same currency as **your plans**. The premium will be returned if payment is received in a different currency to the currency of **your plans**. The **planholder** will be responsible for:

- Any shortfall as a result of exchange rate differences
- Any associated bank charges

We must receive all premiums, including any taxes that apply, on or before the premium due dates.

If premiums are not paid by the **planholder**, the **planholder** must send **us** a letter to authorise the payment before **we** will accept it. Please contact **us** for details.

Ways to pay

Premiums must be paid in the same currency as **your plans**.

For yearly payments, premiums can be paid by:

- Card
- Direct debit
- Bank transfer
- Cheque or banker's draft

For payments made every month or every three months, premiums can be paid by:

- Card
- Direct debit

Card

To pay by **card**:

- Contact **us** by e-mail or telephone
- Fill in, and fax or post, the **Card** authority

Please do not send **card** details by e-mail. E-mail and internet messages cannot be guaranteed to be completely secure, as personal information can be intercepted, lost or stolen. **Card** details sent by e-mail will not be processed.

Filling in the **Card** authority gives authorisation for the relevant amount to be collected from the named account on or around a premium due date. This also gives authorisation to collect renewal premiums until written instructions are received from the **planholder** to change the method of payment.

The **planholder** will be told in writing if, for any reason, premiums cannot be collected. Attempts to collect the premium will continue unless the **planholder** gives alternative instructions. This may mean that more than one premium needs to be collected on the next collection date. See the 'Unpaid or late premiums' section for more information.

The **planholder** is responsible for providing up-to-date **card** details. The **planholder** must advise any changes to the **card** details to make sure that any premiums can be collected.

Direct debit

Direct debits can only be accepted from UK bank accounts for **plans** in GB pounds. Filling in the Direct debit mandate gives authorisation for the relevant amount to be collected from the named account on or around a premium due date. This also gives authorisation to collect renewal premiums until written instructions are received from the **planholder** to change the method of payment.

The **planholder** will be told in writing if, for any reason, premiums cannot be collected. Attempts to collect the premium will continue unless the **planholder** gives alternative instructions. This may mean that more than one premium needs to be collected on the next collection date. See the 'Unpaid or late premiums' section for more information.

The **planholder** is responsible for providing up-to-date account details. The **planholder** must advise any changes to the details to make sure that any premiums can be collected.

Bank transfers, cheques and banker's drafts

See the **Application** or renewal quotation for payment details. When making a payment, the **planholder** must give their full name and the quotation number or Aetna Pioneer **plan** number as the reference.

Unpaid or late premiums

The **planholder** must make sure premiums are paid on or before the due date. **We** will tell the **planholder**, in writing, if payments are not made on time.

We will not approve or pay any claims until the payments are up-to-date.

We will cancel a **plan** if payment is not received within 30 days of the premium due date. If **we** cancel a **plan**, the **planholder** will have to apply for a new **plan** if they want cover to recommence. Cover will be subject to **our** acceptance and may have new terms. **We** will charge the premiums in force at that time. Any existing Healthy Behaviours Discount will be lost.

Renewal

With **our** agreement the **planholder** may renew the Aetna Pioneer **plan** and any **add-on plans** each year.

We may change the definitions, **benefits**, conditions and exclusions that apply to the Aetna Pioneer **plan** and any **add-on plans**. Any changes will be sent to the **planholder** together with the renewal quotation at least six weeks before the **plan renewal date**.

The Aetna Pioneer **plan** and **add-on plan** premiums are subject to change at renewal. Aetna Pioneer **plan** renewal premiums will include any Healthy Behaviours Discount that has been earned. See the 'Healthy Behaviours Discount' section for more information.

All cover is subject to **our** eligibility criteria. See the 'Eligibility' section for more information.

If a child is no longer eligible as a **dependant** at the **plan renewal date**, with **our** agreement they can apply to have their own Aetna Pioneer **plan** and **add-on plans** by filling in an **Application**. As long as there is no break in their cover with **us**, their **date of joining** will stay the same. Their application will be governed by the definitions, **benefits**, conditions and exclusions in force at their new **plan start date**.

How to renew your plan

The **planholder** must tell **us** all **material facts** before the **plan renewal date**. See condition C1 for more information.

If the **planholder** wants to renew, they must tell **us** in writing before the **plan renewal date**.

Renewal premiums must be paid on or before the **plan renewal date**. If premiums are paid by instalments, the first payment must be paid on or before the **plan renewal date**.

If there is a break in cover for any reason, the **planholder** will have to apply for a new **plan** if they want cover to recommence. Cover will be subject to **our** acceptance and may have new terms. **We** will charge the premiums in force at that time. Any existing Healthy Behaviours Discount will be lost.

The **planholder** may not need to tell **us** in writing that they want to renew if premiums are paid by **card** or direct debit, see the 'Automatic renewal' section for details.

Automatic renewal

If the premiums are paid by **card** or direct debit, **we** will automatically renew the Aetna Pioneer **plan** and any **add-on plans**, unless **we** tell the **planholder** otherwise. Renewal premiums will be taken from the named account as long as the payment details are still valid at the **plan renewal date**.

If the **card** details provided previously are not valid for at least three months after the **plan renewal date**, then new **card** details must be provided. To pay by **card**:

- Contact us by e-mail or telephone
- Fill in, and fax or post, the **Card** authority

The **planholder** must tell **us** all **material facts** before the **plan renewal date**. See condition C1 for more information.

If the **planholder** does not want to renew the **plan** they must tell **us** in writing before the **plan renewal date**.

Cancelling your plan

Please see the 'Cooling-off period' section if a **plan** is being cancelled within 15 days of receiving the **Benefits schedule**, **Certificate of insurance** and Handbook, or the **date of joining**, whichever is later.

If the **planholder** is cancelling a **plan** at any other time, they must confirm in writing if there are any claims to be made by any **member** on the **plan**. The last day of cover will be the date that **we** receive the written confirmation, or on a future date given to **us**.

- If no claims have been made, or will be made, for any **member** on the **plan**, a pro-rata refund will be issued.
- If no claims have been paid, but any **member** on the **plan** has made claims that **we** have not yet approved, or has claims to be made, **we** will not approve or pay these costs unless all premiums have been received for the entire **plan year**. A pro-rata refund will be issued if the **planholder** confirms in writing that they do not want **us** to approve the claim.
- If no claims have been paid, but any **member** on the **plan** has made claims that **we** have approved, the **planholder** must confirm in writing:
  - whether any costs have been incurred; and if so
  - whether the **planholder** will pay these costs or the **planholder** expects **us** to pay the claim.

The claim will only be paid when all premiums have been received for the entire **plan year**. A pro-rata refund will only be issued if the **planholder** pays these costs, or no costs have been incurred.

- If any **member** on the **plan** has made any claims that **we** have approved and paid, no refund will be issued and all premiums must be paid for the entire **plan year**.

If the Aetna Pioneer **plan** is cancelled, any **add-on plans** will also be cancelled. The last day of cover on any **add-on plans** will be the same as the last day of cover on the Aetna Pioneer **plan**.

All premiums must be paid for the entire **plan year**. No refund will be issued when any **plan** is cancelled.

No claims will be paid on a **plan** after it has been cancelled.

An administration fee of USD 170, GBP 100 or EUR 150 will be charged for cancelling **your** Aetna Pioneer **plan**, depending on the currency of **your plan**. **We** reserve the right to make an additional charge if **we** incur any further or unexpected costs as a result of the cancellation.

If more than one **plan** is cancelled, any pro-rata refund or outstanding premium due on each **plan** will be combined.

If any refund is due, this can only be refunded to the account it was originally paid from. The **planholder** will be responsible for:

- any shortfall as a result of exchange rate differences; and
- any associated bank charges.

The **planholder** must return the **Certificate of insurance** when they cancel a **plan**. They must also return all **Member**

ID Cards if the Aetna Pioneer **plan** or Aetna Maternity **plan** are cancelled.

If the **planholder** wants to apply for a new **plan** after cancelling the **plan**, cover will be subject to **our** acceptance and may have new terms. **We** will charge the premiums in force at that time. Any Healthy Behaviours Discount will be lost.

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**.

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 **your plan**. This Handbook, together with **your Benefits schedule** and **Certificate of insurance**, explains what is, and is not, covered under **your plan**. **Your 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 **your plan**, the terms of **your 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 Pioneer **plan** and the Aetna Maternity and Aetna Travel **add-on plans** 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 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 England and Wales. The courts of England and Wales shall have exclusive jurisdiction to settle 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).

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 **your area of cover** is Area 1 and **you** are a citizen of the United States of America (US), **we** will cancel **your** cover if **you** have spent more than 90 days in the US in any one **plan year**.

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 the **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**.

Insurer

P14 For the avoidance of doubt, the **plan** does not constitute or form part of any offer or solicitation or invitation to sell by, or any co-branding or any offer or solicitation or invitation to co-brand with, any **insurer** to provide any regulated services or products in any country in which such **insurer** is not authorised or licensed to provide such regulated services or products.

Healthy Behaviours Discount

P15 If an **eligible** claim is submitted at any time and it relates to a **plan year** for which a Healthy Behaviours Discount was previously given, the value of the Healthy Behaviours Discount must be returned before **your** claim can be paid.

Conditions

The Aetna Pioneer **plan** and the Aetna Maternity and Aetna Travel **add-on plans** 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 **planholder** must tell **us** all **material facts** before **we** accept an application, make changes to a **plan** or renew a **plan**. The **planholder** 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 **planholder** should tell **us**. Where applicable the 24-month **moratorium** will still apply even if the **planholder** tells **us** about any **pre-existing medical conditions you** may have.

We will avoid the part of the **plan** which provides **benefits** to **you** as the **planholder** or as a **dependant** (treat it as if it had not existed) from the **plan start date**, **plan renewal date**, or the date of any changes that were made to the **plan**, if **you**, or the **planholder** on **your** behalf if **you** are a **dependant**:

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

If **we** avoid the part of the **plan** which applies to the **planholder**, **we** will offer their **dependants** continued cover if a new **planholder** is appointed as follows:

- If any of the **dependants** are 18 years or over, they must write to **us** to appoint one of them as the new **planholder** to manage the **plan**
- If all of the **dependants** are under 18, the **planholder** must write to **us** to appoint a parent or legal guardian to act as the new **planholder**. The new **planholder** will manage the **plan**, but will not have cover under the **plan**

The **plan** will be suspended until a new **planholder** is appointed. If a new **planholder** is not appointed within seven days of the date **we** notify removal of the **planholder**, **we** will cancel the entire **plan** from the date of the removal of the **planholder**.

We may refuse to pay all or part of any claim **you** make if **you** as the **planholder** or as a **dependant**, or the **planholder** on **your** behalf if **you** are a **dependant**:

- did not take reasonable care to give **us** accurate and complete **material facts**, and
- **we** would have provided cover to **you** on different terms under the **plan** had **we** known about the **material facts**.

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

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

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

C2 The **planholder** must tell **us** immediately in writing about any change that affects information given in connection with the application for cover under 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 **planholder** 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 **planholder** 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** Aetna Pioneer medical or Aetna Pioneer Maternity **plan**
- 31 days after **your trip** has ended if it relates to **your** Aetna Travel **plan**
- 31 days after the disablement, or **your** death, if it relates to **your** Aetna 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 Pioneer **plan** and Aetna Maternity **plan** do 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 to these underwriting terms. Exclusions E1 and E2 do 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 in the **Application** 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:

- ocating 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.

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

The words 'Aetna' and 'other Aetna entities' mean Aetna Global Benefits (UK) Limited and include any other Aetna International Inc. group company as the context requires.

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 UK Data Protection Act 1998, medical confidentiality guidelines, other related legislation 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.

We may, in carrying out **your** instructions, processing and administering claims, transfer **your** personal data to other Aetna entities and/or third parties acting on **our** behalf inside or outside the European Union where there may be less stringent data protection laws. However, wherever it is held and processed, **your** personal data will be protected by a strict code of security which **we** and any third parties working on **our** behalf are subject to. **Your** personal data will only be used in accordance with **our** instructions.

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 other Aetna entities or agents or others as permitted by law so that they may do the same. They may pass information held by them about **you** to **us** so that **we** may do the same. **We** may also disclose **your** information if **we** are required to do so by law enforcement or other legal agencies, governmental or judicial bodies, or to **our** regulators under proper authority.

In order to assess the terms of **your** insurance cover, including specific medical exclusions, or to administer claims, **we** may collect medical information which the UK Data Protection Act defines as 'sensitive' information. **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.

We will not disclose **your** medical information to any other individual without **your** explicit consent. 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 Aetna, 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.

You have the right to see personal information about you held by us. There may be a charge for this.

Please write to:
The Compliance Officer
Aetna Insurance Company Limited
25 Templer Avenue
IQ Farnborough
Farnborough
Hampshire
GU14 6FE
United Kingdom

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

Telephone: **+44-(0)1252-745-910**

E-mail: **AetnaInternationalComplaints&Appeals@aetna.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.

When we receive a complaint, we aim to resolve it by the end of the next business day. Sometimes this may not be possible. If this is the case, we will acknowledge the complaint within five business days and provide regular updates until the complaint is resolved. We will give our final response within eight weeks.

If you are not satisfied with the outcome of your complaint, you may be able to refer it to The Financial Ombudsman Service. This must be done within six months of receiving our final response. Their details are below:

The Financial Ombudsman Service
Exchange Tower
London
E14 9SR
United Kingdom

Telephone from a UK landline: **0800-023-4567**

Telephone from a UK mobile: **0300-123-9-123**

Telephone from outside the UK: **+44-20-7964-0500**

E-mail: **complaint.info@financial-ombudsman.org.uk**

Website: **www.financial-ombudsman.org.uk**

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

Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if we cannot meet our financial responsibilities. This depends on the type of business and the circumstances of your claim. Insurance advising and arranging is covered for 90% of the claim, with no upper limit. If you want more information about the Financial Services Compensation Scheme you can find further details on the FSCS website at: www.fscs.org.uk or write to:

Financial Services Compensation Scheme
10th floor, Beaufort House
15 St Botolph Street
London
EC3A 7QU
United Kingdom

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 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: **fraudgovernance@aetna.com**

Fraud and Investigation Confidential telephone line: **+44-(0)1252-896-383**

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 Pioneer **plan**, that must have the same **plan start date** as the Aetna Pioneer **plan**.

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

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

Application – either:

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

Area of cover – the geographic area 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**.

Card – Visa, MasterCard or American Express.

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 **planholder's**:

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

Diagnostic tests and procedures – any medically necessary test or examination to investigate the cause of 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.

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.

Insurer – one of: Aetna Insurance Company Limited; Aetna Insurance Company Limited (Singapore branch); Aetna Insurance (Singapore) Pte. Ltd; Aetna Life & Casualty (Bermuda) Limited; Al Ain Ahlia Insurance Company; Al Khaleej Takaful Company; Archipelago Life Insurance Limited; Bahrain National Life Assurance BSC; BaoViet Insurance Corporation; Muscat Life Assurance Company S.A.O.C.; PT Asuransi Central Asia; Starr International Insurance (Asia) Limited; Safety Insurance Public Company Limited; Starr International Insurance Philippines Branch; the Company for Cooperative Insurance (Tawuniya); or Warba Insurance Company (K.s.c).

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.

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 **planholder**, but is not married to the **planholder**.

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

Plan – the contract of insurance (made up of all of the documents which form the **plan documentation**) between the **planholder** and the **insurer** named on the **Certificate of insurance**, which takes effect on the **plan start date**.

Plan documentation – Application, Certificate of **insurance**, Handbook, **Benefits schedule** and **Claims procedures**.

Plan level – **your** choice of Aetna Pioneer **plan** or Aetna Personal Accident **plan** from the range available.

Planholder – the person **we** have issued a **plan** to, as named on the **Certificate of insurance**.

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

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

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

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
Kuwait
New Zealand
Qatar
Singapore
United Arab Emirates (UAE)

Area 5

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

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

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

Area 6

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

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

Area 7

Africa: includes only the countries listed below.

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

Aetna requests 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**.

Aetna reserves 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.

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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 http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx.

Notice to United Kingdom residents: In the UK, Aetna Insurance Company Limited (FRN 458505) has issued and approved this communication.

Notice to all: Please visit **www.aetnainternational.com/ai/en/about-us/legal/regional-entities** for more information, including a list of relevant entities permitted to carry on or administer insurance business in their respective jurisdictions.

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.

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