

Aetna PioneerSM Handbook

The details

For plans starting on or after
1 January 2021

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Before you join us

1 Introduction

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

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

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

If coverage provided by your **plan** violates or will violate any United States (US), United Kingdom (UK), United Nations (UN), European Union (EU) or other applicable economic trade sanctions, **we** reserve the right to consider such coverage immediately invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Asset Control (OFAC) license.

If your **plan**, **you** or any of your **dependants** are directly or indirectly subject to any applicable economic trade sanctions, including sanctions against the country where **you** or any of your **dependants** normally live, **we** reserve the right to:

- immediately end cover and stop paying **claims** under your **plan** (regardless of any permission **you** might have from any authority to continue cover or pay **premiums**), and / or

- declare your **plan** as being void as if it never existed or cancel it at such other point as **we** deem appropriate.

In addition, funds (including, but not limited to, **premiums** and **claims** payments) may be blocked in accordance with applicable law.

For more information on OFAC, visit www.treasury.gov/resource-center/sanctions/Pages/default.aspx.

2 Eligibility and how to answer our questions

Our **plans** and **add-on plans** are available to people of most nationalities, depending on where they reside. Our **plans** are not available to citizens of the United States (US) who reside in the US. Please contact **us** if **you** need further information. If **you** are a US citizen and your chosen **area of cover** is Area 1, only Aetna Pioneer 5000+ is available to **you**.

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

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

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

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

Age

To be eligible for **our plans**, **you** must be at least 18 and no more than 79 years old on your **start date**. If

you add dependent children to your **plan**, they must be unmarried and either aged under 18 or aged 18 to 26 and in continuous full-time education at their **start date**. For the latter, **we** may ask **you** to send **us** proof from their educational facility.

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

How to answer our questions

In answer to any questions that **we** ask **you** in relation to your **application** for the **plan** (or in relation to the renewal of or changes to your **plan**), please take reasonable care to answer honestly and to the best of your (and your **dependant's**, where applicable) knowledge. If **you** do not answer the questions in this way, **we** may:

- void the relevant **member's** coverage under the **plan**, refuse all claims the relevant **member** has made under the **plan** and retain any premium paid in relation to that **member**,
- apply different terms to the relevant **member's** coverage under the **plan**, or
- reduce a **claim** payment due to the relevant **member** to reflect the different **premium** which **we** would have charged in relation to that **member**.

If **we** void the part of the **plan** which applies to **you**, **we** might be able to offer your **dependants** continued cover – please contact **us** for further details.

Cover in the US

Your **plan** is a non-US insurance product that does not comply with the US Patient Protection and Affordable Care Act (PPACA). As such, your **plan** may not qualify as minimum essential coverage (MEC) and therefore may not satisfy the requirements, if applicable to **you** and

your **dependants**, of the Individual Shared Responsibility Provision (individual mandate) of PPACA. Failure to maintain MEC can result in US tax exposure to **you**.

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

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

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

3 Plan currencies, premiums and ways to pay

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

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

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

Paying by card

Pay annually

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

Paying by direct debit

Pay annually, quarterly or monthly

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

Paying by bank transfer

Pay annually

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

Paying by cheque or banker's draft

Pay annually

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

Unpaid or late premiums

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

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

We have the right to discharge, at any time and at **our** discretion without further notice to **you**, any outstanding

debts **you** owe **us** (including a previous year's **premium**) from any other funds **we** receive from **you** or in connection with your **plan**. In the event **we** are required to do so, the appropriate proportion of the current year's **premium** will be treated as unpaid and outstanding.

4 Your plan start date and cooling off period

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

Cooling off period

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

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

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

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

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

5 Areas of cover

Cover is subject to legal or regulatory requirements, depending on your nationality and **country of residence**.

Area 1

Includes all of the countries and territories in the world, including all countries and territories in Areas 2, 3, 4, 5, 6 and 7, plus the US

Area 2

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

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

Area 3

Includes the country listed below and all countries and territories in Areas 4, 5, 6 and 7

China

Area 4

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

Australia	New Zealand	Singapore
Kuwait	Qatar	United Arab Emirates

Area 5

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

Åland Islands	Cayman Islands	Gibraltar
Albania	Channel Islands	Greece
Andorra	Chile	Greenland
Anguilla	Colombia	Grenada
Antigua & Barbuda	Costa Rica	Guadeloupe
Argentina	Croatia	Guatemala
Armenia	Curaçao	Guyana
Aruba	Cyprus	Haiti
Austria	Czech Republic	Honduras
Azerbaijan	Denmark	Hungary
Bahamas	Dominica	Iceland
Barbados	Dominican Republic	Ireland
Belarus	Ecuador	Isle of Man
Belgium	El Salvador	Italy
Belize	Estonia	Jamaica
Bermuda	Falkland Islands (Malvinas)	Kosovo
Bolivia	Faroe Islands	Latvia
Bonaire, Sint Eustatius & Saba	Finland	Liechtenstein
Bosnia & Herzegovina	France	Lithuania
Brazil	French Guiana	Luxembourg
Bulgaria	Georgia	Macedonia
	Germany	Malta
		Martinique

Mexico	Saint Barthélemy	Sweden
Moldova, Republic of	Saint Kitts & Nevis	Switzerland
Monaco	Saint Lucia	Trinidad & Tobago
Montenegro	Saint Martin	Turkey
Montserrat	Saint Vincent & the Grenadines	Turks & Caicos Islands
Netherlands	San Marino	Ukraine
Nicaragua	Serbia	United Kingdom
Norway	Sint Maarten	Uruguay
Panama	Slovakia	Vatican City
Paraguay	Slovenia	Venezuela
Peru	Spain	Virgin Islands, British
Poland	Suriname	Virgin Islands, US
Portugal	Svalbard & Jan Mayen	
Puerto Rico		
Romania		

Area 6

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

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

Area 7

Includes the countries and territories listed below only

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

If **you** and/or your **dependants** are working, residing or spending time in sanctioned countries or regions, please let **us** know immediately. Sanctioned countries and regions currently include Crimea (annexed region of Ukraine), Cuba, Iran, North Korea, Sudan (North) and Syria. This list is subject to change based on changes in financial sanctions regulations. In addition, there are other countries subject to less broad sanctions than the countries/regions listed here. For more information, visit www.treasury.gov/resource-center/sanctions/Pages/default.aspx.

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

6 Clinical policy bulletins

For information on how **we** classify certain **treatments** and services, visit aetna.com/health-care-professionals/clinical-policy-bulletins.html. Our clinical policy bulletins (CPBs) are based on objective and credible sources, including scientific literature, guidelines, consensus statements and expert opinions.

They're not a description of cover or confirmation that **we** cover these **treatments**, services or costs under your **plan**. If there's a discrepancy between a CPB and your **plan**, your **plan** terms will apply.

7 Help us prevent fraud

Fraud is a crime and health care fraud increases **premiums** for **our** customers. With your help, **we'll** do **our** utmost to detect and eliminate it.

Health care fraud includes:

- giving false or misleading information to get insurance or a **premium** reduction,
- claiming for **treatments** or services that **you** haven't received,
- altering or amending invoices or bills,
- giving a false diagnosis,
- claiming from more than one insurer for the same **treatment** or service,
- using somebody else's insurance to get **treatment** or services.

How you can help protect yourself and keep premiums down

There are simple steps **you** can take to protect yourself from health care fraud, including:

- comparing invoices with your records, checking dates are correct and that **you** received the **treatments** or services shown,
- asking questions if there's anything **you're** unsure about, don't understand, expect or recognise,
- keeping in touch with **us** when **you've** made a **claim**,
- letting **us** know if **you're** concerned your doctor is giving **you** unsuitable **treatment**,
- filling in claim forms carefully,
- looking after your insurance details and documents and keeping copies of any correspondence,
- making sure **you** understand any documents before **you** sign them,
- reporting suspected fraud to **us**.

We work closely with others to prevent fraud

We're committed to protecting **you** against fraud and also have statutory responsibilities to prevent **our** products from being used for financial crime. **We** work with other bodies such as international insurance bodies, international police, investigative agencies and government departments to do this.

If you suspect fraud

Contact **us** as soon as **you** can.

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

While you're with us

8 Making changes to your plan

Notifying us of changes

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

You must tell us immediately in writing about changes to the following and when such changes will take (or have taken) place:

- name or gender of a member,
- occupation of a member,
- address of a member, particularly if this is a change to the country in which a member lives, or
- any information given to us by you in relation to your application and/or any changes since.

After you tell us about a change, depending on the nature of the change, we may:

- charge you additional premium (including any applicable tax),
- change the relevant member's benefits,
- apply different terms to the relevant member's coverage under the plan,
- cancel the relevant member's coverage under the plan,
- send you a new Certificate of Insurance and a new Member ID card (or cards, if there are other members), or
- reassess or reject any related claim of the relevant member.

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

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

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

9 Adding and removing dependants

Adding a dependant

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

Start dates for added dependants

If, on the date you contact us to add a dependant, that dependant is less than 31 days old, the mother's pregnancy was the result of natural conception and we have covered one of the dependant's parents for a continuous period of at least 12 months, we'll add the dependant to your plan regardless of the dependant's health with effect from the dependant's date of birth.

There is no need to complete an application form.

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

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

To add any other dependant to your plan:

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

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

Removing a dependant

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

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

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

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

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

10 Transferring dependants onto your plan

If you'd like to transfer someone from another insurer to your plan, they'll need to complete a Continuous Transfer Terms (CTT) application form and send us the original Certificate of Insurance or other evidence from their previous insurer which shows:

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

If there's a break between the end date of their previous insurance plan and their application, we won't be able to offer a transfer on the same or similar terms as the previous plan.

If we accept the application, we may charge an increased premium. Their cover will begin on the date we receive

your acceptance of any special terms we've applied, or on a future date you request following your acceptance of those terms, and we have agreed.

11 Cancelling your plan

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

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

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

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

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

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

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

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

If you want to apply for a new plan after cancelling your existing plan, your premium and terms may change and

you'll lose any existing Healthy Behaviours Discount from your previous plan.

12 What happens if you die

If you die, the oldest dependant aged 18 or over on your plan can apply for continuation of cover for all dependants on your plan by sending us a signed application form within four weeks of the date of the planholder's death.

We will cancel the plan with effect from the date of your death, and subject to our agreement, we'll transfer the dependants under your plan to a new plan with the same level of cover and add-on plans as your plan, and the oldest dependant will be the planholder of the new plan. The start date of the new plan will be the first day after your death.

If the new planholder chooses to accept the terms we offer and the applicable terms at the first renewal, we will not charge premium for the first two consecutive years of the new plan, as long as:

- no additional members are added onto the new plan until the end of the first two consecutive plan years, unless we agree otherwise, and
- there are no changes to cover, including plan level, area of cover, optional benefits, deductible, tier or residential location, or add-on plans. Any changes to cover will be subject to our agreement and we may apply a premium.

We will issue a pro-rata refund in respect of all premium paid under the cancelled plan.

Unless we agree otherwise, if there are no dependants aged 18 or over left on your plan following your death, we will not offer continuation of cover and the plan will terminate immediately with effect from the date of your death. We'll issue a pro-rata refund of all premium paid under the cancelled plan.

In all cases:

- we must receive a certified copy of your death certificate before we agree any changes or issue any refunds.

Refunds will be paid to an appropriate account in accordance with all applicable laws, and

- any premiums outstanding for the period up until the date of your death must be settled; see section 3 Plan currencies, premiums and ways to pay – Unpaid or late premiums.

13 Claims

Should **you** have any questions concerning your **claim**, please contact **our** Member Services Team:

By telephone toll free on 0800-085-2596 or by landline on +44-20-3788-3288

By fax on +44-870-442-4377

Or by e-mail at EuropeServices@aetna.com

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

If **you** do not know the correct dialling code to use, **you** can refer to www.business.att.com/bt/access.jsp to find the number for the country **you** are dialling from. When prompted during the call please enter the access code 855-491-9150 and follow the instructions.

If **you** are calling from a country not included in the above link, then **you** can call collect or direct on +44-203-788-3288. To call collect **you** must contact the telephone operator in the country **you** are calling from and ask to make a collect call to +44-203-788-3288. The operator should then connect **you** to **our** international helpline at no charge to **you**.

What can you claim for?

We will only consider **claims** for **treatment** that aims to cure or substantially relieve your medical or dental condition.

The **treatment** must be provided by qualified medical or **dental practitioners**, specialists, nurses or therapists.

We will only consider **claims** for psychiatric **treatment** provided by psychiatrists or qualified and registered psychotherapists, and **we** will only consider physiotherapy, podiatry, osteopathic and chiropractic treatment when you are referred by a medical practitioner or specialist.

If the medical or **dental practitioners**, specialists, nurses or therapists refer **you** for further diagnostic tests and procedures or **treatment**, **you** must start **treatment** within 90 days of the referral date for **us** to consider your **claim**.

You must tell **us** about a **claim** within six months of receiving the **treatment** or services. If **you** leave it longer, **we** may not be able to reimburse **you**.

We'll only pay reasonable costs for **claims**. Reasonable costs are the average cost of **treatment**, expertise or services given by similar types of medical provider within the same country or geographical region, based on **our** knowledge and experience.

If **we** do not agree **inpatient treatment** is **medically necessary**, **we** will still consider cover for **outpatient** or **daycare treatment** costs for your **medical condition** in line with the terms and conditions of your **plan** if **we** agree this is **medically necessary**. This includes claims for **diagnostic tests and procedures**.

We'll pay for **hospital** accommodation (including meals) up to the cost of a standard single room with a private bathroom.

If **you** incur costs above the limits shown in your **Benefits Schedule** or **you** use a **visiting doctor** whose costs are higher than those of a medical facility's in-house doctor, **you'll** have to pay the difference.

What you need to know when claiming

We'll email **you** a **Member ID card** (or cards, if there are other **members**) when your **plan** starts. **You** must show your **Member ID card** to the medical provider when **you** go for **preauthorised inpatient treatment** or **daycare treatment** (please see the section called 'Requesting preauthorisation' below for more details). If **you're** entitled to **direct settlement**, **you** must show this card when getting **outpatient treatment** at a **direct settlement** facility.

You'll need to quote your **plan** number and **Member ID** in all correspondence with **us** relating to your **claim**.

Keep copies of the information about your **claim** for your own records. **We** won't be able to return any original **claim** documents to **you** after **we've** paid the **claim**.

We can only pay **claims** to:

- **you**,
- your **spouse**, partner or **child** over the age of 18 if they are insured on your **plan**, or
- the **provider**.

We may ask **you** for more information to help **us** process your **claim**, and **we** may ask a **specialist** or **medical practitioner** of our choice to examine **you**.

We may also request further tests or evaluations if **we** decide that a **medical condition** may be directly or indirectly related to a **medical condition** **we** do not cover **you** for. **We** may decline your claim if **we** don't have sufficient information to assess it.

You must tell **us** about any negotiations or settlement discussions **you** enter into with any other party about any action or omission which leads to a **claim** under your **plan**. **You** mustn't agree to a settlement with any party without **our** prior written agreement.

Requesting preauthorisation

Before **you** make a claim, please read your **Benefits Schedule** to make sure your **plan** covers the **treatment** **you** need.

You need to request **preauthorisation** before **you** receive any **treatment** or services, or incur any costs, if **you** want **us** to meet such costs in accordance with your **plan** for any of the following:

- medical evacuation,
- **inpatient treatment** or **daycare treatment** admission,
- preparation or transportation of body or mortal remains,
- **psychiatric treatment**,
- prescription for more than three months' supply of drugs for the management of a **chronic medical condition**,

- single **treatment** or service that costs more than 500 USD or its equivalent in another currency.

If it's not possible to request **preauthorisation** in an **emergency**, you must notify us of the **treatment** or services within 24 hours. If you fail to notify us, we may pay only a portion of an eligible **claim**.

We'll liaise with your medical provider during your **claim**. If necessary we'll provide you with a 'Release of medical information' form. You'll need to fill in this form to authorise your **medical practitioner** or **specialist** to release information to us about you under relevant data protection legislation.

If you have an eligible claim we'll issue a letter of guarantee of payment to your medical provider. We'll let you know as soon as possible if you have an ineligible **claim**.

When calling to request a **preauthorisation**, make sure you have your **Member ID card** to hand, your **medical practitioner** or **specialist's** name and the medical provider's name and telephone number. For **members** seeking **treatment** in the UK, helpful information about consultants and private hospitals is available on the website of the Private Healthcare Information Network www.phin.org.uk.

Inpatient, daycare and outpatient direct settlement

If you're admitted to a **hospital** which is in our **medical provider network** or you receive **daycare treatment**, we'll take care of your eligible **claims** for such **hospital bills**. You don't have to worry about paying large bills upfront. All you have to do is pay the relevant **excess** or **coinsurance**. If your **plan** benefits from **outpatient direct settlement** (which can be referred to as direct billing), we'll pay your eligible **outpatient** bills directly to any medical provider which is in our **medical provider network** so that you're not out of pocket. If the relevant medical provider is not in our **medical provider network**, we'll reimburse you for any eligible **claims** instead.

How to make a direct settlement claim on an outpatient basis

You must:

1. Check that we cover your **treatment** under your **plan**; if you're not sure, please contact us.
2. Visit a medical provider within our network for **outpatient treatment**.
3. Show your **Member ID card** to the relevant medical provider. The provider should then treat you and liaise with us to settle your **claim** (subject to point 4).
4. Pay any **excess** or **coinsurance** shown on your **Member ID card** or in your **Benefits Schedule**.

How to make a claim for outpatient treatment

You must:

1. See your **medical practitioner**, therapist or **specialist** in the usual way.
2. Ask your medical provider to complete the relevant section of the **claim** form which you can download from aetnainternational.com.
3. Pay your bill for the **treatment** you receive. Make sure you get an original itemised invoice and/or original receipt.

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

4. Or you can submit a **claim** online by completing the form and uploading scanned copies of any supporting documents to the 'Claims Centre' in the Health Hub.

You should send us these documents as soon as possible (and in any event no later than six months) after the first **treatment** date.

Ineligible claims

If you attend a **direct settlement hospital**, clinic or other medical facility in our **medical provider network** and we later determine that your **claim** is ineligible, we have the right to recover the full **claim** amount from you. If we pay a **claim**, it isn't an indication of our acceptance of liability for the **claim** or confirmation that we'll pay further costs for the same **medical condition** or **related medical condition**.

If we determine that a **claim** we've already approved is ineligible, we won't pay for the **claim**. If we've already paid any costs, you'll need to repay them to us within 14 days or we may withdraw any associated **preauthorisation**, cancel your **plan** and keep the **premium**. If you'd like us to reassess a **claim** we've rejected, you'll have to prove that the **claim** is covered under the **plan**.

Stay healthy to save

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

Exchange rate

If, acting reasonably, we determine that any central bank or relevant government or governmental authority imposes an artificial exchange rate (including without limitation an exchange rate which is inconsistent with the free market exchange rate) in relation to a relevant currency for any reason, we may in our sole discretion reimburse you for your valid **claims** incurred in that country in any manner we may reasonably decide. In making such determination we shall seek to ensure that we indemnify you for your

loss (subject to the terms and conditions of your policy) but do not unjustly enrich **you** as may have been the case had **we** applied such artificial exchange rate to pay **you** in the **plan** currency. **We** will reimburse **you** in (i) the applicable local currency, or (ii) if **you** do not have a bank account in such local currency, in the **plan** currency in an amount equal to the applicable Reasonable and Customary Charges. In either case, the reimbursement will be subject to the principle of indemnity **we** mention above.

Please contact your bank to find out if they will charge **you** to send or receive money, or to exchange currency. Any such bank charges or exchange rate fluctuations are not covered by your policy.

Other insurance

If another insurer covers an eligible **claim** under your **plan**, **we**'ll deduct any payments **you**'ve received from the other insurer (plus any **excess** or **coinsurance** amounts under your other insurance **plan**).

Claims against third parties

If **we** have paid money to **you** (or to a medical provider on your behalf) in accordance with this **plan**, and **you** are entitled to receive money from any other party (including another insurer) for the same **claim**, **we** have the right to proceed against such other party in your name and to recover from **you** the money **you** receive (or have received) from such other party, up to and including the amount that **we** have paid.

You must notify **us** immediately in writing if **you** pursue or intend to pursue another party for such **claim**. **We** shall then decide whether or not to exercise **our** right under this section.

You must cooperate with **us** if **we** exercise this right.

Unless **you** have **our** prior written consent, **you** must not admit liability or fault to, or agree to a settlement with, such other party.

Fraudulent claims

You, your **dependants** or any representative acting on your or any of your **dependants'** behalf must not submit false or fraudulent **claims**. Any failure to comply will give **us** the right to take all appropriate measures in accordance with applicable laws which may include, but will not be limited to, the right to:

- declare your policy void as if it never existed or cancel it at such other point as **we** deem appropriate, and not refund any **premium** to **you**,
- notify the relevant authorities and take further legal action against **you** as **we** deem appropriate,
- refuse to make payment either in whole or in part in respect of any false or fraudulent **claim**,
- seek to recover from **you** any payments **we**'ve already made in respect of the false or fraudulent **claim** in accordance with section 14 of this handbook, and / or
- immediately stop paying **claims** regardless of eligibility.

You acknowledge and agree that where **we** suspect that **you** or your **dependants** have submitted a false or fraudulent **claim**, **we** reserve the right to require that **you** or your **dependants** participate in such examinations, tests, check-ups or other medical investigations that **we** deem appropriate and to be carried out by a **medical professional** of **our** choice in order to establish whether a false or fraudulent **claim** has been submitted. **We** reserve the right to decline payment of **claims** until all such investigations have been concluded to **our** satisfaction.

14 Exclusions

Your **plan** doesn't cover **claims** for, arising from or connected to the exclusions in this section unless shown otherwise in your **Benefits Schedule** or **we**'ve agreed separately in writing, and **we**'ll seek to recover from **you** any payments **we**'ve made if **we** determine an exclusion applies to a **claim** **we** have already paid.

14.1 Acting against medical advice

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

14.2 Addictions and abuse

Treatment for alcohol, drug or substance abuse or any kind of addictive condition and any injury or illness associated with it. **We** define drug abuse as the use of any drug:

- in a manner or in quantities other than directed or prescribed by a **medical professional**,
or
- for any reason other than what it was prescribed for.

14.3 Administrative costs, fees and charges

- completing claims forms,
- completing or obtaining other documents,
- administration fees and surcharges,
- any registration fees,
- overdue invoice charges, or
- shipping, delivery and custom fees.

14.4 Altered and amended documents

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

14.5 Brain and learning disorders, and speech and voice problems

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

14.6 Cosmetic treatment

Cosmetic treatment.

14.7 Certain costs you've incurred

Costs you've incurred if:

- they exceed the relevant **Benefits Schedule** limit,
- you haven't completed the relevant waiting time shown in the **Benefits Schedule**, if applicable,
- they're less than your **excess** or **coinsurance**,
- your **plan** doesn't cover them, including associated costs such as loss of earnings as a result of a **medical condition**,
- you've incurred them outside your **area of cover**,
- you received **treatment** or services before the **start date** or after the **end date** of your **plan**.

14.8 False or fraudulent claims

False or fraudulent claims.

14.9 Gender reassignment

Costs directly or indirectly associated with gender reassignment.

14.10 Harvesting, storage and organ transplants

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

Costs of:

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

14.11 Illegal activities

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

14.12 Innocent bystanders

Conflict or civil unrest if, in our reasonable opinion,

- you're actively participating,
- you're a **member** of any armed force or security service, including personal protection,
- you've knowingly entered or remained in a location where there is **conflict or civil unrest**, or
- you've intentionally put yourself at risk of injury.

A natural disaster if, in our reasonable opinion:

- you've knowingly entered or remained in a location where there is a natural disaster, or
- you've intentionally put yourself at risk of injury.

Contamination or injury from any biological, chemical or nuclear materials, including combustion of nuclear fuel if, in our reasonable opinion:

- you've knowingly entered or remained in a location where there is contamination,
- you're a **member** of a biological, chemical or nuclear contamination cleaning crew of any kind, or
- you've intentionally put yourself at risk of contamination or injury.

14.13 Journeys and transportation

- any journey specifically made to receive **treatment**, unless you've requested preauthorisation and we've given our approval,
- non-**emergency** transportation, or
- costs for medical evacuation if a local situation makes it impossible, dangerous or not practical to enter or leave a specific location or country.

14.14 Professional sports and hazardous activities

Playing professional sports (i.e. any sport or sports for which you are paid as your main source of income),

or taking part in any of the hazardous activities below whether on a professional or recreational basis:

- Motor sports of any kind,
- Using a weapon or firearm,
- Mountaineering, potholing, spelunking or caving,
- Trekking at an altitude of more than 2,500 metres,
- Scuba or free diving, unless:
 - you are diving to a depth of less than 30 metres, and
 - you hold the appropriate PADI qualification or you are accompanied by a PADI qualified instructor.
- Off-piste winter sports,
- Arctic or Antarctic expeditions,
- Being the driver or passenger of any motorised vehicle, including but not limited to a motorcycle, motorised tri-cycle or quad-cycle:
 - not on a public road, or
 - on a public road, unless you are wearing a seatbelt, if there is one, and the driver (whether you or somebody else) has the licence and insurance required by law to drive the motorised vehicle.
- Being the driver or passenger of any motorcycle, motorised tri-cycle or quad-cycle, unless you are wearing a crash helmet.

14.15 Self-inflicted medical conditions

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

14.16 Reproduction and newborns

Costs of:

- contraception or sterilisation,
- **treatment** for sexual problems including impotence,
- fertility or infertility tests or **treatment**,
- assisted reproduction,

- surrogacy,
- pregnancy, childbirth and postnatal costs whether complicated or not, including termination of pregnancy on non-medical grounds, or
- any **inpatient treatment** for an **acute medical condition** that begins before the **member** is eight days old if the pregnancy was achieved by assisted conception.

14.17 Sight, hearing and dental

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

Orthodontic treatment which affects the structure, function, development or appearance of the teeth, upper or lower jaw or the oral cavity and dental implants.

14.18 Sleep

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

14.19 Treatment provision and referral

- **Treatment** you receive before your **start date** or that is ongoing at your **start date**.
- **Treatment** that **we** determine on **general advice** is experimental or not clinically proven.
- Drugs or dressings that:
 - the pharmaceutical regulator in your country of **treatment** doesn't recognise,
 - **you** obtain without prescription, or
 - a **medical practitioner** prescribes for a **medical condition** that's different to the one **you're** claiming for.
- Substances, personal products and dietary supplements including vitamins, minerals, mouthwash, toothpaste, antiseptic lozenges and sprays, shampoo, sunscreen, sanitiser, gloves, masks, visors, thermometers, children's food, baby supplies and infant formula given orally,

- A **medical professional** visiting **you** at home or in any non-clinical environment, unless **you've** requested preauthorisation and **we've** given **our** approval,
- **Treatment** in a spa, hydro spa, health farm or similar facility,
- **Treatment** at a nursing home or **hospital** that's become your permanent residence or where **you've** been admitted for domestic reasons,

Treatment given, or referrals made, by a **medical professional** who is your spouse, **partner**, child, parent or sibling, or self-prescribed **treatments** or referrals if **you're** a **medical professional**.

- Health education programmes and services including, but not limited to, family planning, antenatal classes and parenting classes.
- Nutritionist or dietitian consultations or services, unless **you've** requested **preauthorisation** and **we've** given **our** approval.

14.20 Underwriting terms

Moratorium

If your **Certificate of Insurance** shows that your underwriting terms are moratorium, this means your **claim** will not be paid if it's relating to a **pre-existing medical condition** should one or more of the following have applied within the 24-month period before your **date of joining** (or the date shown in the special terms section of your **Certificate of Insurance**):

- it could be reasonably foreseen that the **medical condition** would occur after your **start date**,
- the condition clearly showed itself,
- **you** had signs or symptoms of the condition,
- **you** asked for advice about the condition,
- **you** received **treatment** for the condition, or
- to the best of your knowledge, **you** were aware **you** had the condition.

Once **you've** completed a continuous 24-month period after your **date of joining** your **pre-existing medical condition**

may be covered provided **you've** not had symptoms, needed or received **treatment**, medication, a special diet or advice, or had any other indications of the condition.

Full Medical Underwriting

If your **Certificate of Insurance** shows that your **underwriting** terms are **full medical underwriting**, **we** will not pay a **claim** relating to a **medical condition** or symptom that **you** were aware of before your **date of joining** unless **you** told us about it on your **application** and your **Certificate of Insurance** doesn't show an exclusion for that **medical condition**.

14.21 Weight management

Any **treatment** for weight loss or weight problems including bariatric procedures, diet pills or supplements, health club memberships, diet programmes or residential eating disorder programmes.

14.22 Durable medical equipment

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

14.23 Medical evacuation and local ambulance

Air-sea rescue, or any mountain rescue unless it's for a **medical condition** you suffer at a recognised ski resort or similar winter sports resort.

14.24 Mortal remains

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

14.25 Quarantine and isolation

- unless it's **medically necessary** for **you** to be protected from **communicable diseases** due to your **medical condition**, or
- in any non-clinical environment for any reason.

Staying with us

15 How to renew your plan

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

Automatic renewal

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

Non-automatic renewal

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

The extra bits

16 Definitions

Wherever we use the words 'including', 'include', 'in particular', 'for example' or any similar expression, any following information is given as an example only, not a full list, and will not limit the sense of the words, description, definition, phrase or term before those words.

Accident: any involuntary or unexpected event resulting in a physical injury.

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

Acute episode: an unexpected adverse change to the usual state of your **chronic medical condition**, which may respond to **treatment** that aims to return you to your state of health before the event occurred.

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

Annual health assessment: an age and gender-appropriate health review package to screen for the presence of **medical conditions**, where the screening is not required due to signs or symptoms, or in relation to a diagnosed **medical condition**. The package may include medical advice, physical examinations, and/or tests and diagnostic procedures.

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

Application: either:

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

Area of cover: the geographic area or areas of the world in which you must receive **treatment** or services for your **plan** to apply. Your **area of cover** is shown on your **Certificate of Insurance**.

Assisted Conception: a pregnancy that is conceived following fertility **treatment**, including pregnancies conceived through Intrauterine Insemination, In Vitro Fertilisation (IVF) or any other Assisted Reproductive Technology, and pregnancies conceived within one month of using fertility medication.

Benefit: the cover provided by your **plan** and shown in your **Benefits Schedule**, subject to any conditions or exclusions in your Handbook or shown on your **Certificate of Insurance**.

Benefits Schedule: the document that details the benefits available under your **plan**.

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

Card: Visa, MasterCard or American Express.

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

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

- continues indefinitely and has no known cure,
- comes back or is likely to come back,
- is permanent,
- needs rehabilitation or special training for **you** to cope with it, or
- needs long-term monitoring including consultations, check-ups, examinations and tests.

Claim: your request for **us** to cover the costs of **treatment** or services under your **plan**.

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

Coinsurance: the percentage of costs shown in your Benefits Schedule that **you** have to pay towards an eligible claim.

Communicable diseases: medical conditions caused by the transmission of bacteria, viruses or other microorganisms.

Conflict or civil unrest: Any act of terrorism, war, invasion, foreign enemy hostility, mutiny, riot, strike, civil war, rebellion, revolution, insurrection or attempted overthrow of government, usurped power, martial law or state of siege. An act of terrorism is considered to be any act by a person, group or groups of people, including, but not limited to, the use or threat of force or violence, whether acting alone, on behalf of, or in conjunction with, any organisation or government. This includes, but is not limited to, acts intended to influence any government or cause fear to members of the public, whatever the reason.

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

Continuous Transfer Terms (CTT): continuation of the same **underwriting** terms, including any special exclusions, that applied with your previous insurer. **You** will not be subject to any new personal **underwriting** terms. Cover will still be governed by the **benefits**, terms and conditions of the **plan** with **us**. The **underwriting** terms with **us** can be **CTT previously MORI** or **CTT previously FMU**. See the 'Transferring dependants' section and the **CTT previously MORI** and **CTT previously FMU** definitions for more information.

Country(ies) of citizenship/nationality: any country where **you** are a citizen or a national and entitled to hold a passport.

Country of residence: the country **you** live in for most of the time, usually for a period of at least six months during a **plan year**.

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

CTT previously FMU: continuation of your **full medical underwriting** terms with a previous insurer. Cover will still be governed by the **benefits**, terms and conditions of the **plan** with **us**.

CTT previously MORI: continuation of your **moratorium start date** if **you** had **moratorium underwriting** terms with a previous insurer. Cover will still be governed by the **benefits**, terms and conditions of the **plan** with **us**.

Date of joining: the date when **you** first enrolled, or re-enrolled if there is a break in your cover.

Daycare: when **treatment** is received following admission to a **hospital bed** or **daycare unit**, a **medical professional** discharges **you** after the **treatment** and **you** do not stay overnight.

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

Dental: that which affects the teeth and gums.

Dental practitioner: a person who:

- has attained primary degrees in dentistry and/or dental surgery by attending a dental and/or medical school recognised by a relevant accredited professional body, and
- is licensed by the relevant authority to practice dentistry and/or dental surgery in the country where the treatment is given.

Dependant: the planholder's:

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

Diagnostic tests and procedures: any medically **necessary** test or examination to investigate the cause of your signs or symptoms.

Direct settlement: where **we** settle costs of **outpatient treatment** or services directly with a medical provider in the **medical provider network**.

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

End date: the last date we cover you under your plan.

Excess: an amount you must pay towards the cost of part, or all, of a covered claim or claims.

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

Foreseeable: a medical condition that, in our reasonable opinion, could be reasonably anticipated

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

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

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

In-house doctor: a medical practitioner who is employed by the hospital as a permanent member of staff and charges in line with that hospital's tariffs.

Inpatient: when treatment is received at a hospital and you need to stay in the hospital for one night or more.

Insurer: one of: Aetna 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 Group; Archipelago Life Insurance Limited; Bahrain National Life Assurance BSC; BaoViet Insurance Corporation; Muscat Life Assurance Company S.A.O.C.; Safety Insurance Public Company Limited; the Company for Cooperative Insurance (Tawuniya); or Warba Insurance Company (K.S.C).

Intrinsic value: the cash value of an item at the time of loss or damage as reasonably calculated by us, including appropriate deductions for wear and tear.

Lifetime limit: the total amount we'll pay for any eligible costs you incur during any time we cover you on any one or more plans with the same or equivalent benefits, even if there's a break in your cover.

Medical advice: any medical opinion, medical recommendation or information given by a medical professional.

Medical condition: any injury, illness or disease or signs or symptoms of injury, illness or disease.

Medically necessary: treatment that is prescribed by your medical practitioner, is in line with general advice, and in our reasonable opinion, is appropriate for your medical condition.

Medical practitioner: a person who:

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

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

Medical provider network: all of the medical providers with whom we have contracted healthcare arrangements for members.

Member: a person we agree to cover under the plan and who is named on the Certificate of Insurance.

Member ID card: a physical or virtual card we issue for each member, which provides basic plan details and contact information.

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

Moratorium: a waiting period of 24 months from either your date of joining or the date shown in the special terms section of your Certificate of Insurance that must have passed before claims for any pre-existing medical conditions may become eligible under the plan. This includes the underwriting term CTT previously Moratorium.

Natural disaster: fire, flood, storm, earthquake, tidal wave, volcanic activity or avalanche.

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

Non-communicable diseases: medical conditions that are not communicable diseases.

Nurse: a person who is qualified in nursing, currently practising and on the professional register of nursing in the country where you receive treatment.

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

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

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

Partner: a person who is in an established personal relationship with you and who lives with you, but is not married to you.

Personal effects: personal belongings, including clothing worn and baggage owned by you, that you take with you on your trip.

Personal representative: an individual who has authority to act on your behalf in relation to your **plan**, as a result of an authorisation from **you** in writing, a power of attorney or a document evidencing that he or she is the executor of your estate.

Plan: our contract of insurance with **you** as contained in your **plan documents**.

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

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

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

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

Plan start date: the first day of the **plan year**, as shown on your **Certificate of Insurance**.

Plan year: the period of cover from the **plan start date** to the day before the **plan renewal date**, as shown on your **Certificate of Insurance**.

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

Preauthorised: any **treatment**, services or costs that **we** approve in writing following **preauthorisation**.

Pre-existing medical condition: any **medical condition** or **related medical condition** **you** have before the **date of joining** that has any one or more of the following characteristics:

- was foreseeable,
 - clearly showed itself,
 - **you** had signs or symptoms of,
 - **you** asked for advice on,
 - **you** received **treatment** for, or
 - to the best of your knowledge, **you** were aware **you** had.
-

Premium: The amount **you** have to pay for your Aetna Pioneer **plan**.

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

Public transport: any paid and licensed type of transport.

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

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

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

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

Start date: the first day **we** cover you under the **plan** during the **plan year**, as shown on your **Certificate of Insurance**.

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

Therapist: a physiotherapist, podiatrist, osteopath, chiropractor, Chinese herbalist, ayurvedic practitioner, acupuncturist or homeopath who's qualified and licensed in the country they provide **treatment** in.

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

Trip: any journey or period of travel that does not exceed the duration shown on your Aetna Travel **plan Benefits Schedule**. This includes the dates of departure from, and return to, your **country of residence**.

Underwriting: the process by which **we** assess risk and determine the appropriate cost of cover.

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

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

You: **You** as a **member**, or your **personal representative**.

17 Governing law, jurisdiction and language

The laws of England and Wales govern your **plan** and any disputes or **claims** arising from or connected to them. 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**, its subject matter or formation.

Translated versions of your **plan documents** are for information only. If there are any wording or interpretation disputes or discrepancies, the English versions will apply.

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

If **we** deviate from specific **plan** terms at any time, it won't constitute a waiver of our right to comply with or enforce those terms at any other time. This includes the payment of **premium** or **benefits**.

18 Complaints and Financial Services Compensation Scheme

We strive to give **you** a first class service. If there's an occasion when **you** feel **we** haven't done this, **we** want to know.

Please contact **us** with your **plan** number, **claim** number (if applicable), contact details and as much detail as possible at:

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

Telephone: +44 (0) 1252 745 910

Email: AetnaInternationalComplaints&Appeals@aetna.com

We'll deal with your complaint fairly, promptly and in accordance with relevant regulation. When **we** receive a complaint, **we** aim to resolve it by the end of the next business day. But if this isn't possible, **we'll** acknowledge your complaint by the end of the next business day and give **you** regular updates until **we** resolve the complaint. **We'll** give **our** final response within eight weeks. If **you're** not satisfied with the outcome of your complaint, **you** may be able to refer it to the Financial Ombudsman Service within six months of **our** final response. **You** can contact the Financial Ombudsman Service at:

Financial Ombudsman Service
Exchange Tower
London E14 9SR
United Kingdom

From a UK landline: 0800 023 4567

From a UK mobile: 0300 123 9 123

From outside the UK: +44 20 7964 0500

Email: complaint.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

You can find full details of our complaints procedure at aetnainternational.com

Financial Services Compensation Scheme

The Financial Services Compensation Scheme (FSCS) covers **our** liabilities under your **plan**. **You** may be entitled to compensation by the scheme if **we** cannot meet **our** financial responsibilities under your **plan**. This depends on the type of health insurance and your claim circumstances. The FSCS covers 90% of any **claim** with no upper limit in relation to insurance advising and arranging.

If you want more information about the FSCS, **you** can find further details at www.fscs.org.uk or by writing to:

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

19 Data protection

Aetna Global Benefits (UK) Limited ('Aetna', 'we') is the data controller of personal data collected and processed for the purposes set out in this document. Aetna considers personal data or personal 'information' to be confidential. **We** protect the privacy of that information in accordance with applicable privacy laws and regulations, as well as our own company privacy policies.

These laws and regulations include, but are not limited to, the Health Insurance Portability and Accountability Act Privacy Rules (HIPAA Privacy Rules), the General Data Protection Regulation (GDPR), the UK Data Protection Act 2018 and any applicable EU member state legislation and derogations.

We will use your personal data to determine eligibility and provide a quotation to **you** or to your broker; onboarding **you** to the **plan**, process payments, premiums and **claims**; managing, administering and improving your policy; investigating and responding to complaints; contact **you** with information about your **plan** and for the purposes of providing healthcare or wellness advice; fraud prevention together with any other regulatory checks; establish, exercise or defend legal **claims** or rights and to protect, exercise and enforce **our** rights, property or safety.

Where your health data is used for any of the above **we** rely on the insurance condition provided under the UK Data Protection Act 2018, which means **we** don't need to acquire your consent for the processing.

We retain your personal data for as long as necessary to provide **you** the benefits under your insurance plan, until such time as any **claim** under the insurance policy is concluded, until the limitation for exercising any legal rights has expired or for compliance with any legal or regulatory requirements.

We may disclose information about you in various ways, including, but not limited to: health care operations, **treatment**, disclosure to other covered entities, **plan**

administration, research, business associates, industry regulation, law enforcement, legal proceedings and public welfare.

In all situations other than those described above, **we** will ask for your written authorization before using or disclosing information about **you**.

We will not send any personal data or health information outside the EEA unless the appropriate protections are in place, or unless there are emergency medical ground for doing so.

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

You have the right to access to your personal information, to request correction, erasure, restriction of processing, transfer of your information, and object to the processing of your personal data.

If **you** would like to exercise any of your rights relating to your personal data, or enquiry any further information, please contact **our** designated Data Protection Officer:

Data Protection Officer
50 Cannon Street,
London EC4N 6JJ
United Kingdom

Or

dpo@aetna.com

You can find our full terms and conditions and details of our privacy policy at **<https://www.aetnainternational.com/en/about-us/legal-notices.html>**

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Aetna does not provide care or guarantee access to health services. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional. Your plan documents contain a description of benefits, exclusions, limitations and conditions of coverage. For more information, refer to www.AetnaInternational.com.

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

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

