

Aetna Pioneer

Handbook (The details)

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For plans starting on or after 1 July 2019

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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 this policy violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic 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.

2 Eligibility and material facts

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 or 4, 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**.

Material facts

You must tell **us** all **material facts** and check that they are correct before **we** accept an **application**, make changes to your **plan** or renew it. If **you're** not sure whether a fact is material, please ask **us**. **Moratorium** cover will still apply even if **you** tell **us** about any **pre-existing medical conditions you** might have.

You must let **us** know in writing immediately if any **material facts** change. For example, if **you** change your name, occupation or address. **We** may apply new terms to the **plan**, void or cancel it and/or reduce or reject any related claims, based on your new **material facts**.

Voiding your plan

We'll void your **plan** from its **start date**, renewal date or change date, if **you**:

- deliberately or recklessly give **us** inaccurate or incomplete **material facts**, or
- don't take reasonable care to give **us** accurate and complete **material facts** and **we** wouldn't have covered **you** had **we** known about the **material facts**.

If **we** void your **plan**, **we** can continue to offer your **dependants** cover if:

- a **dependant** who is 18 years old or more writes to **us** to appoint themselves as the new **planholder**, or
- **you** write to **us** to appoint a parent or legal guardian to act as the new **planholder**. The new **planholder** will manage the **plan** but **we** won't cover the person.

You must appoint a new **planholder** within seven days of **us** telling **you** that **we've** voided your **plan**, otherwise **we'll** cancel the entire **plan** from the void date.

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 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'll cancel your **plan** if **we** don't receive payment 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).

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

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

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	Bonaire, Sint Eustatius & Saba	Ecuador
Albania	Bosnia & Herzegovina	El Salvador
Andorra	Brazil	Estonia
Anguilla	Bulgaria	Falkland Islands (Malvinas)
Antigua & Barbuda	Cayman Islands	Faroe Islands
Argentina	Channel Islands	Finland
Armenia	Chile	France
Aruba	Colombia	French Guiana
Austria	Costa Rica	Georgia
Azerbaijan	Croatia	Germany
Bahamas	Curaçao	Gibraltar
Barbados	Cyprus	Greece
Belarus	Czech Republic	Greenland
Belgium	Denmark	Grenada
Belize	Dominica	Guadeloupe
Bermuda	Dominican Republic	Guatemala
Bolivia		Guyana

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

Area 6

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

Afghanistan	Iran	Malaysia
Bahrain	Iraq	Maldives
Bangladesh	Japan	Mongolia
Bhutan	Jordan	Myanmar
Brunei	Kazakhstan	Nepal
Cambodia	Kyrgyzstan	Oman
India	Laos	Pakistan
Indonesia	Lebanon	Palau

Palestine, State of	South Korea	Turkmenistan
Papua New Guinea	Sri Lanka	Uzbekistan
Philippines	Taiwan	Vietnam
Saudi Arabia	Tajikistan	Yemen
	Thailand	

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	Seychelles
Cameroon	Lesotho	Sierra Leone
Cape Verde	Liberia	Somalia
Central African Republic	Libya	South Africa
Chad	Madagascar	South Sudan
Comoros	Malawi	Sudan
Congo (DRC)	Mali	Swaziland
Congo-Brazzaville	Mauritania	Tanzania
Côte D'Ivoire	Mauritius	Togo
Djibouti	Mayotte	Tunisia
Egypt	Morocco	Uganda
Equatorial Guinea	Mozambique	Western Sahara
Eritrea	Namibia	Zambia
Ethiopia	Niger	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.

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While you're with us

8 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.

9 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.

10 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 or HKD equivalent 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**.

11 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.

12 Claims

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

By telephone on +852-3017-4294

By fax on +852-2866-2555

Or by e-mail at AsiaPacServices@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 855-491-9160 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 +852-3017-4294. To call collect **you** must contact the telephone operator in the country **you** are calling from and ask to make a collect call to +852-3017-4294. The operator should then connect **you** to **our** international helpline at no charge to **you**.

What can you claim for?

Only qualified **medical practitioners**, **specialists**, **nurses** or therapists with the aim of curing or substantially relieving your **medical condition** must treat **you**. Only psychiatrists or qualified and registered psychotherapists or psychoanalysts may give **you** psychiatric **treatment**, and only a **medical practitioner** or **specialist** can refer **you** for physiotherapy, podiatry, osteopathic and chiropractic **treatment**.

If the **medical 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 be able to pay your costs.

You must tell **us** about a **claim** within 180 days 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.

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 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.

If **we** give **you** **preauthorisation**, **we'll** settle all eligible claims

directly with your medical provider. If **we** are unable to settle your eligible **claims** directly, **we** will reimburse **you** instead.

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](https://www.aetnainternational.com).
3. Pay your bill for the **treatment** you receive. Make sure you get an original itemised invoice and/or original receipt.
4. Complete one claim form for each **medical condition**. Send your claim form to us at AsiaPacServices@aetna.com along with scanned copies of any supporting documents.
5. 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.

13 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**.

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,
- hospital administration fees,
- any registration fees, or
- overdue invoice charges.

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

Treatment 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 evacuations if a local situation makes it impossible, dangerous or not practical to enter 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, 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 unproven, experimental or investigational.
- 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, children's food, baby supplies and infant formula given orally.
- Home visits by a medical professional.
- **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.

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.



Staying with us

14 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

15 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**.

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**.

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.

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: treatment **you** receive when **you** are admitted to a **hospital** or **daycare** unit, 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.

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.

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

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 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: 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 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.

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.

16 Governing law, jurisdiction and language

The laws of Hong Kong govern your plan and any disputes or claims arising from or connected to them. The courts of Hong Kong 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.

17 Complaints

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 Insurance (Hong Kong) Limited
Suite 401-403
Berkshire House
25 Westlands Road
Quarry Bay
Hong Kong

Telephone: +852-3071-5022
Toll free fax: +852-2866-2555

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.

18 Data protection

The words 'Aetna' and 'other Aetna entities' mean Aetna Insurance Company Limited and include other Aetna International Inc. group companies.

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

When carrying out your instructions, processing and administering claims, we may transfer your personal data

to other Aetna entities and/or third parties acting on our behalf. However, we'll ensure that any third parties protect your personal data in accordance with our strict code of security and only use the data in accordance with our instructions.

Fraud

We may also use your information to detect and prevent fraud and will pass any false or inaccurate information on to other Aetna entities, agents or others so that they may do the same. They may pass information they hold about you to us so that we can do the same. We may also disclose your information if we're required to do so by law enforcement or other legal agencies, governmental or judicial bodies, or to our regulators under proper authority.

Medical information

We'll only disclose your medical information to those involved with your treatment or care, including your medical practitioner. If you ask us to, we'll also send your medical information to any person or organisation responsible for meeting your treatment expenses, or their agents. We may discuss your information with your agent or broker if you've asked your broker to help handle your claims and you've authorised us to provide them with such medical information.

We won't 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 writing. In exceptional emergency situations, and in accordance with medical confidentiality guidelines and relevant law, we may be required to disclose information to relatives, family members or other third parties.

Marketing

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. We'll give you an opportunity to tell us if you don't want to receive this information.

To help us make sure that your personal information remains accurate and up-to-date, please tell us about any changes when they happen.

You can ask to see the personal information we hold about you. There may be a charge for this.

Please write to:

The Data Protection Officer
Aetna Insurance (Hong Kong) Limited
Suite 401-403
Berkshire House
25 Westlands Road
Quarry Bay
Hong Kong.

NAVIGATOR
Insurance Brokers Ltd.

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Fax (852) 2530 2535 59-67 Bonham Strand West
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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 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.

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