



International Healthcare Plan Policy booklet

Effective date: Policies issued from 1 April 2015

www.aetnainternational.com/sites/americanexpress

Introduction	2
Summary of cover	3
Important information	4
Policy information	4
FCA information	4
Definitions	5
Policy cover	9
Exclusions	12
General conditions	14
Product options	17
Complaints procedure	18
Claims procedure	19
Claim details	22
Emergency details	22

Thank you for choosing American Express, in partnership with Aetna Global Benefits (AGB), to provide your International Healthcare Plan

The International Healthcare Plan has been specifically designed to provide access to quality medical care when you live and work away from your country of nationality.

When you need assistance, one phone call to our multi-lingual staff from anywhere in the world will instantly set us working to give you the help you need.

All the helpline numbers are listed on the back page of this policy booklet.

Summary of cover

The International Healthcare Plan gives you cover 24 hours a day, 365 days a year, wherever you are in the world. The plan is made up of three flexible options — Major Medical, Lifestyle and Lifestyle Plus, giving you the opportunity to tailor your cover, according to your individual needs.

Benefits	Major Medical	Lifestyle	Lifestyle Plus
Standard excess	Nil	£50 or €/\$80	£50 or €/\$80
Maximum benefit per insured person per period of cover	£1,000,000 or €/\$1,600,000	£1,000,000 or €/\$1,600,000	£1,000,000 or €/\$1,600,000
In-patient and day-patient cover	Full refund	Full refund	Full refund
Oncology	Full refund	Full refund	Full refund
Evacuation and repatriation to country of choice	Full refund	Full refund	Full refund
Blood care foundation	Full refund	Full refund	Full refund
Out-patient care	Subject to limits	Full refund	Full refund
Primary care	Subject to limits	Full refund	Full refund
Home nursing	Subject to limits	Subject to limits	Subject to limits
Routine management of chronic conditions	No cover	Subject to limits	Subject to limits
Routine dental	No cover	No cover	Subject to limits
Major restorative dental	No cover	No cover	Subject to limits
Pregnancy and childbirth	No cover	No cover	Subject to limits
Additional option			
USA elective treatment	Optional	Optional	Optional

ALL limits and excesses expressed in \$ shall in all instances mean US\$.

It is the responsibility of the policyholder to continually review your policy in order to ensure that the plan selected continues to meet your needs and requirements.

Important information you should read

A policy schedule will be issued to you upon acceptance of your application form. You should read this schedule carefully, along with this policy booklet for details of what is and is not covered and the conditions of cover.

You need to ensure that the policy meets your needs and is suitable for the type of health cover you require.

Only this policy booklet gives full details of all terms and conditions, how much you can claim and how your claim will be handled.

If you are in any doubt, please contact us.

If this insurance does not meet your needs, we will cancel your policy providing you return it to us within 15 days of issue and you have not submitted a claim.

Any premium you have paid will be refunded in full.

The law applicable to this policy shall be specified in the certificate of insurance. If no law is specified, then the policy shall be construed according to the laws of the Republic of Ireland, and shall be subject to the non-exclusive jurisdiction of the courts of the Republic of Ireland.

Policy information

AGB will provide the insurance benefits as described in this policy booklet during the period of insurance, within the geographic areas, subject to the limits of cover and all other terms, conditions and exclusions contained in this policy booklet, and following payment of the appropriate premium for the level of cover chosen.

Signed



Liagh Miller

For and on behalf of Aetna Global Benefits (Europe) Limited.

Aetna Health Insurance Company of Europe Limited,
Alexandra House, The Sweepstakes, Dublin, Republic of Ireland.

Registration number 448763.

Licensed and regulated by Central Bank of Ireland.

FCA information

American Express Insurance Services Europe Limited (AEISEL)
Registered Office: Dept 333, 1 John Street, Brighton BN88 1NH, UK.

Company Number: 05048826.

Authorised and regulated by the Financial Conduct Authority (Registered No. 311684).

Aetna Global Benefits (Europe) Limited.

Registered Address: 1st Floor, 69 Park, Lane, Croydon, Surrey, CR9 1BG, United Kingdom.

Registered in England & Wales. Registered No. 04548434.
FCA Registered No. 310030. An Aetna Company. Authorised and Regulated by the Financial Conduct Authority.

Full details can be found on the FCA's register by visiting www.fca.org.uk/register

or

telephone the FCA on 0800 111 6768 or +44 20 7066 1000 (outside of UK).

In return for intermediating this product, AEISEL will receive commission and will not charge a fee.

Your policy will be governed by English Law and will be interpreted in line with that law.

This **policy** is underwritten by Aetna Health Insurance Company of Europe Limited, Alexandra House, The Sweepstakes, Ballsbridge, Dublin 4. In the unlikely event that Aetna Health Insurance Company of Europe Limited becomes insolvent and is unable to pay the Benefits under **your policy**, **you** are protected by the Financial Services Compensation Scheme (FSCS). The first £2,000 of any claim is protected in full. For amounts above this the FSCS will ensure that **policyholders** are compensated to 90% of the value that their **policy** would have paid. Further information about the operation of the scheme is available on the FSCS website www.fscs.org.uk.

Definitions

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

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

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

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

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

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

BCF: BCF as used in this booklet means The Blood Care Foundation, a charity registered and subject to the laws of England and Wales.

Benefits: The insurance coverage provided by this policy and any extensions or restrictions shown in the policy schedule or in any endorsements (if applicable).

Blood: Blood as used in this Agreement means Blood and resuscitation fluids.

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

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

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

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

Commencement date: The date shown on the group policy, on which the policy first came into effect.

Congenital anomaly: Any genetic, physical or (bio)chemical defect, disease or malformation (except hereditary medical conditions), which is due to an influence during gestation up to birth, and which may or may not be obvious at birth.

Continuous transfer terms: The acceptance by us of your original date of entry as shown by your current policy will be applied to your policy with us. We will maintain your existing underwriting or special acceptance terms, as offered by your existing policy, such as any moratoria or specific exclusions and your policy with us will be governed by the terms and conditions of our policy. Any transfer will be subject to no enhanced benefits being provided. We reserve the right at all times to decline a continuous transfer terms request without giving any reason or impose/include additional exclusions.

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

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

Date of entry: The date shown on the policy schedule on which an insured person was included under this policy.

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

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

Dependants: One spouse or adult partner and/or unmarried children who are not more than 18 years old and residing with you, or 23 years old if in full-time education, at the date of entry or any subsequent renewal date/review date.

(The term partner shall mean husband, wife or the person permanently living with you in a similar relationship. All dependants must be named as insured persons in the policy schedule.

Direct settlement network/provider network (Only available in certain countries): The medical providers where **you** are able to obtain **treatment** for valid **medical conditions** and where the expenses will be settled directly by **us**. **You** are still responsible for any **coinsurance** or **excess** applicable to **your policy**, which must be settled directly with the medical providers at the time of **treatment**.

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

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

Elective: Planned **treatment** that is **medical necessary**, but which is not required in an **emergency**.

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

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

Excess: The amount payable by an **insured person** in respect of expenses incurred for each **medical condition** before any **benefits** are paid under the **policy**, as specified in **your policy schedule**.

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

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

Geographic area: For premium calculation purposes, **we** have specified regions ("the **geographic areas**"). The **geographic area** which will apply to **you** will be advised by **us** based on **your country of residence** at **your date of entry** or any subsequent **renewal date/review date** of this **policy** provided the other conditions relating to that **geographic area** are also fulfilled.

Hereditary: Transmitted from parents to offspring; inherited and which presents symptoms at birth.

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

In-patient: An **insured person** who stays in a **hospital** bed and is admitted for one or more nights solely to receive **treatment**.

Insured person/you/your: The **policyholder** and/or the dependants named on the **policy schedule**.

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

Medical condition: Any injury, illness or disease, including psychiatric illness.

Medical practitioner: A person who has attained primary degrees in medicine or surgery by attending a medical school recognised by the World Health Organisation and who is licensed by the relevant authority to practice medicine in the country where the **treatment** is given

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

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

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

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

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

Period of cover: The period for which **you** will be covered by this **policy** as set out in the **policy schedule**. This will be a 12 month period starting from the **date of entry** or any subsequent **renewal date/review date** as applicable.

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

Policyholder: The person or company named as **policyholder** in the **policy schedule**.

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

Private room: Single occupancy accommodation in a private hospital.

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

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

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

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

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

Review date: The anniversary of the **commencement date** of the **policy** where cover is provided on a monthly basis. The **review date** will be the date on which any changes to the **policy** terms or premium rates become effective for the forthcoming review period.

Semi-private room: Dual occupancy accommodation in a private **hospital**.

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

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

Underwriters: Aetna Health Insurance Company of Europe Limited, Alexandra House, The Sweepstakes, Ballsbridge, Dublin 4.

We/our/us: Aetna Global Benefits (AGB) on behalf of Underwriters as detailed in **your policy schedule**.

Policy Cover

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

The following **benefits** are covered under this **policy**, up to a maximum of £1,000,000 or €/\$1,600,000 per **insured person** per **period of cover**. We will provide **benefits** for the following subject to the level of cover chosen and the **benefits** detailed in your **policy schedule**. Any **benefits** listed below which do not appear in your **policy schedule** are not covered. All costs incurred must be **medically necessary** and subject to **reasonable and customary charges**.

We cover the costs for:

1. Medical practitioner and specialist fees

- i) **Medical practitioner** fees including consultations;
- ii) **Specialist** fees as an **in-patient, day-patient** or **out-patient**;
- iii) Diagnostic and surgical procedures as an **in-patient, day-patient** or **out-patient**, including pathology, X-rays, MRI and CT Scans;
- iv) Anesthetist fees;
- v) Physiotherapy on referral by a **medical practitioner** is restricted to 10 sessions per **medical condition**, after which it must be further reviewed by a **specialist**. A medical report will be required for **out-patient** physiotherapy after 10 sessions. A referral letter/report must be submitted with the first claim for such **treatment**;
- vi) **Treatment** administered by registered chiropractors, osteopaths, homeopaths, podiatrists and acupuncturists when given under the direct control of and following referral by a **medical practitioner** or **specialist**;
- vii) Traditional Chinese medicine administered by a traditional Chinese practitioner, registered in the relevant country in which they practice, up to 10 sessions per **period of cover** to a maximum of £20, €/\$30 per session. (Limited to recognised traditional Chinese practitioners registered to practice within the country in which they are resident).

2. Hospital charges

Accommodation, limited to a standard **private room** and associated charges, including admittance to the intensive care unit as an **in-patient** or **day-patient** and charges for nursing by a **qualified nurse**, theatre fees and other charges incurred for the **treatment** of a **medical condition**.

3. Home nursing

Nursing care given outside a **hospital** which is immediately received subsequent to **treatment** as an **in-patient** or **day-patient** on the recommendation of a **specialist** and must be provided by a **qualified nurse**. Limited to 30 days per **medical condition**.

All **treatment** under this **benefit** is conditional upon pre-authorization from us. Without our written confirmation prior to such **treatment** we will not be liable to pay any **benefit**.

4. Prescribed drugs and dressings

Drugs and dressings medicines and **appliances** prescribed by a **medical practitioner** or **specialist**.

5. Reconstructive surgery

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

6. Psychiatric illness

- i) **Out-patient treatment**, including **specialist** consultations. Limited to £3,150, €/\$5,000 per **period of cover**;
- ii) **In-patient treatment** in a recognised psychiatric unit of a **hospital**, limited to 30 days per **period of cover**;

All **treatment** under this **benefit** must be pre-authorized by us and must at all times be administered under the direct control of a registered psychiatrist. Without our written confirmation prior to such **treatment**. We will not be liable to pay any **benefit**. However, the initial consultation with a **medical practitioner** (not a psychiatric **specialist**), which results in a psychiatric referral is covered without the requirement for pre-authorization.

7. AIDS

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

Expenses are limited to pre and post diagnosis consultations, routine check-ups for this condition, **drugs and dressings** (except experimental or those unproven), **hospital** accommodation and nursing fees. Cover is provided up to £6,250, €/\$10,000 per **insured person** per **period of cover**.

8. Accidental damage to teeth

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

9. Complications of pregnancy

Treatment of a **medical condition** which arises during the antenatal stages of pregnancy, or a **medical condition** which arises during childbirth and requires a recognised obstetric procedure.

Benefit is payable where the date of conception is after the first 12 months from the **commencement date** or your **date of entry**, whichever is the later.

10. New born care

In-patient treatment of an **acute medical condition** being suffered by a **new born** baby which manifests itself within 30 days following birth. **Benefit** is limited to €6,250, €/\$10,000 and to a maximum of 30 days **hospital** stay. Following the 30 day **new born benefit** period, excepting any **medical conditions** occurring or manifesting themselves during the 30 day period immediately following birth, your **dependant** will be eligible for cover up to the full provision of this **policy**. Cover is subject to the child being included under their parent(s) **policy** and all premiums due being paid in full.

11. Parent accommodation

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

12. New born accommodation

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

13. Hormone replacement therapy

Medical practitioner or **specialist** consultations and the cost of prescribed tablets, implants or patches for a maximum of 18 months per **medical condition**, when **treatment** is for the female menopause which has been induced artificially and/or through early onset (by early onset we mean prior to age 40 years).

14. Emergency transportation

Emergency transportation costs to and from **hospitals** by the most appropriate transport method when considered **medically necessary** by a **medical practitioner** or **specialist**.

15. Evacuation

Evacuation costs of an **insured person** in the event of **emergency treatment** not being readily available at the place of the incident, to the nearest appropriate medical facility, your **country of residence**, your **country of nationality** or the country of your choice, for the purpose of admission to **hospital** as an **in-patient** or **day-patient** (excluding all maternity or childbirth costs, except for

Benefit 9 – Complications of pregnancy). **Evacuation** is subject to written agreement from **us** prior to travel and certified instructions from the attending **medical practitioner** or **specialist** including confirmation that the required **treatment** is unavailable in the place of incident.

Extended to cover the costs for one other person to travel with the **insured person**, as escort, if **medically necessary**. Our medical advisors will decide the most appropriate method of transportation for the **evacuation** and the most appropriate **hospital** to which you will be evacuated.

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

The option to travel to the **country of residence**, **country of nationality** or country of your choice is not operative where travel is against the **advice** of our medical advisors or where the nominated country does not have the appropriate facility to treat the **medical condition**. (Please note that exclusion 31 applies unless you have purchased the USA **elective treatment** option (option 4) as detailed in your **policy schedule**).

16. Additional travel expenses (following evacuation)

Reasonable travel costs:

- i) To and from medical appointments when **treatment** is being received as a **day-patient**;
- ii) For an accompanying person to travel to and from the **hospital** to visit the **insured person** following admission as an **in-patient**;
- iii) Up to €95, €/\$150 per day, per person for non-**hospital** accommodation only for immediate pre and post **hospital** admission periods provided that the **insured person** is under the care of a **specialist**;
Up to €3,000, €/\$5,000 per person, per **evacuation**;
- iv) Economy class airline ticket to return the **insured person** and one other person who has travelled as an escort to the **country of residence** or to the country where **evacuation** occurred.

17. Mortal remains

In the event of death from an eligible **medical condition**:

- i) Costs of transportation of body or ashes of an **insured person** to his/her **country of nationality** or **country of residence**;
or
- ii) Burial or cremation costs at the place of death in accordance with reasonable and customary practice.
Up to €5,300, €/\$8,500 per **insured person**.

18. Hospital cash benefit

Where **you** receive **treatment** for an eligible **medical condition** as an **in-patient** and no costs are incurred for accommodation and **treatment**, we will pay an **in-patient cash benefit** of £75, €/\$125 per night up to a maximum of 20 nights.

To claim this **benefit** please ask the **hospital** to sign and stamp your claim form.

This **benefit** is not applicable to admissions into the **accident and emergency** facility of the **hospital**.

19. Organ transplant

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

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

20. Rehabilitation

Admission to a recognised **rehabilitation** unit of a **hospital** following **treatment** for a **medical condition** where the **insured person** was confined to a **hospital** as an **in-patient** for at least three consecutive days, and where a **specialist** confirms in writing that **rehabilitation** is required.

Admission to a **rehabilitation** unit must be made within 14 days of discharge from **hospital**.

Such **treatment** should be under the supervision and control of a **specialist** and would cover:

- i) Use of special **treatment** rooms
- ii) Physical therapy fees
- iii) Speech therapy fees
- iii) Other services usually given by a **rehabilitation** unit including **qualified nurse** care but not including private or special nursing or **specialist** services

Limited to 120 days per **medical condition**.

21. Ancillary expenses

The purchase or rental of crutches or wheelchairs following **treatment** as an **in-patient** or **day-patient**. Cover is limited to £625 or €/\$1,000 per **medical condition**.

22. Direct settlement network

Where **you** have purchased the £50,€/\$80 **excess** option, cover under this option provides nil **excess benefits** for **out-patient treatment** received within the **direct settlement network**. **Out-patient treatment** received outside of the **direct settlement network** will be subject to £50, €/\$80 **excess** applicable to each new **medical condition**. (Available in selected countries only).

23. Blood Care Foundation

The purpose of the Blood Care Foundation is to ensure the availability to **insured persons** of screened **blood**, and sterile equipment, in **emergency** situations anywhere in the world where such supplies are not readily available. **Blood** for **elective** surgery is normally excluded. However, BCF would be prepared to accept any request. Each case will be judged individually.

Exclusions

This policy does not cover expenses arising from:

1. Any **medical condition** or **related condition** for which you have received **treatment**, had symptoms of, to the best of your knowledge existed or you sought **advice** for prior to your **date of entry** (pre-existing **medical condition**), except where such **medical conditions** have been declared to us and accepted in writing. After two years' continuous membership, any pre-existing **medical conditions** (and **related conditions**) will become eligible for **benefit** provided (in respect of that condition) you have not during that period:
 - a. consulted any **medical practitioner** or **specialist** for **treatment** or **advice** (including check ups) or
 - b. experienced further symptoms or
 - c. taken medication (including drugs, medicines, special diets or injections)
2. **Treatment** of a **medical condition** which we, on **advice** or **general advice**, determine is **palliative treatment** or a **chronic medical condition**.

We will, however, pay for the stabilisation of **acute** exacerbations of **chronic medical conditions** that are not pre-existing **medical conditions**.

This exclusion does not apply to Benefit 7 – AIDS.
3. **Chronic** supportive **treatment** of renal failure, including dialysis. We will, however, pay for the cost of renal dialysis incurred:
 - a. immediately pre and post operatively
 - b. in connection with **acute** secondary failure when dialysis is part of intensive care
4. **Treatment**, which we determine on **general advice** is either experimental or unproven.
5. Birth injuries, **congenital anomalies**, genetic deformities or diseases, **hereditary medical conditions**.
6. Routine physical examination by a **medical practitioner**, including gynaecological investigations, normal hearing tests, routine tests, **new born** neo-natal care, inoculations, vaccinations and preventative medicines.
7. Normal eye tests, non-medical/natural degenerative eye defects, including, but not limited to myopia, presbyopia and astigmatism and any corrective surgery for non-medical/natural degenerative sight defects.
8. **Rehabilitation** except as provided under Benefit 20 of the policy.
9. **Treatment** received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or a **hospital** where the **hospital** has effectively become the **insured person's** home or permanent abode or where admission is arranged wholly or partly for domestic reasons.
10. **Cosmetic treatment**, and any consequence thereof.
11. **Treatment** for weight loss or weight problems whether or not preceding or as a consequence of a psychiatric condition associated **treatment** costs consequent of cosmetic surgery or arising as a result of an eating disorder or weight problem.
12. Alternative medicines including, but not limited to, optometrists, hypnotherapists and lactation examiners. Cover is extended to include chiropractors, osteopaths, homeopaths, acupuncturists, podiatrists and registered traditional Chinese practitioners, as provided for in Benefit 1, vi) and vii).
13. Costs of providing, maintaining or fitting any external prostheses or Appliance, hearing and/or visual aids, or other equipment, medical or otherwise except as is specified in Benefit 21 – Ancillary Expenses.
14. Costs incurred in connection with locating a replacement organ or any costs incurred for removal of the organ from the donor, transportation costs of same and all associated administration costs.
15. Any second or subsequent medical opinions from a **medical practitioner** or **specialist** for the same condition unless it has been authorised by us in writing.
16. Normal pregnancy and childbirth.
17. Voluntary caesarean section costs or **medically necessary** caesarean section costs due to any previous non-emergency caesarean sections undertaken.
18. Pregnancy terminations on non medical grounds, antenatal classes, midwifery costs when not associated with delivery.
19. Complications of pregnancy costs arising where the date of conception is within the first twelve months from the **commencement date** or **date of entry**, whichever is the later.
20. **Treatment** directly or indirectly arising from or required in connection with male and female birth control, infertility and/or fertility and sterilisation (or its reversal).
21. Any form of assisted conception or any complications thereof including, but not limited to, premature or multiple births following assisted conception.

A declaration of health is required in respect of all **dependants** who are born following assisted conception. We reserve the right to reject any application without giving any reason.
22. **Treatment** of impotence or any **related condition** or consequence thereof.
23. **Treatment** directly or indirectly associated with a sex change and any consequence thereof.
24. Venereal disease or any other sexually transmitted diseases or any **related condition**.
25. Routine or restorative dental **treatment**, whether or not performed by a **medical practitioner** or **dental practitioner** or a **specialist** or an oral and maxillofacial surgeon.
26. Orthodontic **treatment**, gingivitis, and periodontitis or any **related condition**.

- 27.** Costs in respect of a psychotherapist, psychologist, (unless referred to by and under the direct control of a psychiatric physician under Benefit 6 of this **policy**), family therapist or bereavement counsellor.
- 28.** **Treatment** for learning difficulties, hyperactivity, attention deficit disorder, speech therapy and developmental, social or behavioural problems in children.
- 29.** **Treatment** for alcoholism, drug or substance abuse or any addictive condition of any kind and any injury or illness arising directly or indirectly from such abuse or addiction.
- 30.** Suicide, attempted suicide or willful **bodily injury** or illness.
- 31.** Behaviour, which in **our** opinion, is negligent or reckless.
- 32.** Any injury sustained directly or indirectly as a result of the **insured person** committing or helping to commit a criminal offence.
- 33.** Travel and accommodation costs unless specifically agreed by **us** in writing prior to travel. No travel and accommodation costs are payable where **treatment** is obtained solely as an **out-patient**, including the costs of a hire car.
- 34.** Costs and expenses incurred where an **insured person** has travelled against medical **advice**.
- 35.** **Elective treatment** in the United States of America. However, **accident** and **emergency treatment** is covered in full where the **treatment** is given immediately in the **accident** and **emergency** unit of a **hospital**, unless they have pre-existing **medical conditions**, or where symptoms existed prior to travel. In the event of **accident** and **emergency treatment** being required in the USA **you** should contact **us** or **our** 24 hour International Member Service Centre either before or as soon as possible after admission to the **accident** and **emergency** unit of the **hospital**. Complications of pregnancy and/or childbirth are not deemed to be **accident** and **emergency treatment** for the purposes of this **policy**.

Additionally **benefit** is payable for medical expenses which arise as a result of an **emergency**, which do not require **you** to seek **treatment** in the **accident** and **emergency** unit of a **hospital** whilst **you** are temporarily travelling in the United States of America and where the **medical condition** did not exist prior to travel. **Benefit** is limited to £315, €//\$500 per **insured person** and an **excess** of £50, €//\$80 per **medical condition**.

- 36.** **Treatment** and expenses directly or indirectly arising from or required as a consequence of: war, invasion, acts of foreign enemy hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege or attempted overthrow of government or any **act of terrorism**, unless the **insured person** sustains **bodily injury** whilst an innocent bystander only up to a maximum amount £30,000, €//\$50,000 per **insured person** per incident.
- 37.** **Treatment** directly or indirectly arising from or required as a result of chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel, asbestosis or any **related condition**.
- 38.** Regardless of any contributory clause(s), this insurance does not cover **treatment** of a **medical condition** which is in any way caused or contributed to by an **act of terrorism** involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.
If **we** allege that by reason of this exclusion any claim is not covered by this insurance the burden of proving the contrary shall be upon **you**.
- 39.** **Treatment** for sleep related breathing disorders, including snoring, fatigue, jet lag or work related stress or any **related condition**.
- 40.** Dietary supplements and substances which are available naturally, including but not limited to vitamins, minerals and organic substances.
- 41.** Home visits by a **medical practitioner, specialist** or **qualified nurse** unless specifically agreed by **us** in writing prior to consultation.
- 42.** The **excess** amount as shown in **your policy schedule** will be deducted from all eligible medical expenses in respect of each new **medical condition**.

General Conditions

1. Policy

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

2. Contribution

If there is any other insurance covering any of the same benefits you must disclose or ensure that the relevant insured person discloses the same to us and we shall not be liable to pay or contribute more than our proper proportion. If it is found that you were repaid for all or some of those expenses by another source including any other insurance policy, we will have the right to a refund from you. Where necessary we retain the right to deduct such refund from any impending or future claim settlements or to cancel your policy void from the commencement date, without a refund of premium.

3. Transfers

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

4. Family/dependant cover

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

5. Acceptance clause

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

6. Eligibility

The policy is designed for expatriates. Local nationals can only be considered subject to our approval. New applicants will be eligible for cover up until the age of 65. Individuals over the age of 65 are not eligible for cover unless the insured person's date of entry was prior to their 65th birthday. For compulsory group schemes all employees and their dependants must be enrolled within 30 days of eligibility. All employees and their dependants must be deleted within 30 days from when their employment ceased. Any employee or their dependant not enrolled within 30 days of eligibility will be subject to individual underwriting.

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

If the USA becomes your country of residence during the policy year we will not be able to offer you continued cover at your renewal date/review date.

7. Compliance with policy terms and conditions

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

8. Medical evaluation

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

9. Change of risk

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

10. Policy duration and premiums

- a. The policy is in force for the period of cover noted in your policy schedule and is renewable subject to the terms provided at the time of each renewal date/review date.
- b. The premium payable may be changed by us from time to time. If you move to a higher age band, the premium will increase at the next renewal date/review date as applicable. However, this policy will not be subject to any alteration of premium rates generally introduced until the next renewal date/review date.
- c. All premiums are payable in advance of any cover under this policy being provided.

11. Government taxes

To reflect any change in insurance premium tax or other government levies, **we** may alter the terms and conditions of this **policy** at any **renewal date/review date**. A copy of the current **policy** terms will be sent to **you** at such time.

12. Break in cover

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

13. Children

New born children will be accepted for cover (subject to the limitations of Benefit 10) from birth. Acceptance of **new born** babies is subject to written notification within 30 days of birth and receipt of the relevant premium within a further 30 days following notification.

Children who are not more than 18 years old residing with **you**, or 23 years old if in full-time education, at the **date of entry** or at any subsequent **renewal date/review date** will be accepted for cover as **your dependants**. Children will not be accepted for cover, unless on a **policy** with a legal parent or guardian and subject to the identical **benefits** applying to all parties.

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

14. Alterations

- a. **We** may alter the terms and conditions of this **policy** at any **renewal date/review date**. A copy of the current **policy** terms will be sent to **you** at such time. **You** may cancel **your policy** within 15 days following any **renewal date/review date** and provided **you** have not made a claim **we** will refund **your** premium. **We** will give **you** reasonable notice of such alterations. **We** will send details of such alterations to the address **we** have for **you**. However, the alterations will take effect even if **you** do not receive them for any reason;
- b. No alteration or amendment to the **policy** terms will be valid unless it is in writing from **us**.

15. Waiver

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

16. Your right of cancellation

You may cancel **your policy** by notifying **us** in writing within 15 days of the **commencement date** of **your policy** and, provided no claims have been made, **we** will arrange a full refund of any premiums paid. Otherwise **you** may only cancel **your policy** with effect from the **renewal date/review date**; in which case **you** should advise **us** in writing within 15 days of **your renewal date/review date**.

If the **policy** is cancelled by **you** at any other time, and for whatever reason, there will be no return of premium.

17. Our right of cancellation

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

- a. misled **us** by misstatement
- b. knowingly claimed **benefits** for any purpose other than as are provided for under this **policy**
- c. agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to **our** detriment
- d. otherwise failed to observe the terms and conditions of this **policy** or failed to act with utmost good faith

18. Applicable law

The law applicable to this **policy** shall be specified in the **certificate of insurance**. If no law is specified, then the **policy** shall be construed according to the laws of England, and shall be subject to the non-exclusive jurisdiction of the courts of England and Wales.

19. Fraudulent/unfounded claims

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

20. Liability

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

21. Re-assignment

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

22. Third parties

The only parties to this contract are the **policyholder** and **us**. No other person, including any **insured person**, has any right to enforce this **policy** or any part of it.

23. Subrogation

We retain all rights of subrogation. Other than with **our** written consent **you** have no entitlement to admit liability for any eventuality or give promise of any undertaking which is binding upon **you**, **your dependants** or any other person named in the **policy**.

24. Currency

The monetary limits applicable to **your policy** will be expressed in the same currency as **your** premium. Claims paid in a local currency will be converted at the rate of exchange quoted on www.oanda.com at the time **we** assess the claim.

25. Language

This contract may only be completed in English.

The law applicable to this **policy** shall be specified in the **certificate of insurance**. If no law is specified, then the **policy** shall be construed according to the laws of England, and shall be subject to the non-exclusive jurisdiction of the courts of England and Wales.

Product Options

The following endorsements only apply if they are specifically noted in your policy schedule.

OPTION 1 – MAJOR MEDICAL

Cover under this policy is limited to provide treatment in respect of in-patient and day-patient treatment only. Cover also provides full refund for oncology, CT and MRI scans, out-patient surgery and organ transplantation wheresoever the services are performed, subject always to the services being medically necessary and being no more than Reasonable and Customary Charges. Cover is also extended to provide out-patient consultative and diagnostic costs prior to treatment as an in-patient or day-patient and for follow up costs, for up to 60 days following discharge from hospital, up to a maximum of £1,000, €/\$1,700 for each new medical condition.

Where this option is chosen options 2 and 3 are not available.

Where this option is chosen, Benefit 22 is not available.

Where an insured person has previously elected to take this option, and they elect to take an alternative option at any subsequent renewal date/review date, any out-patient costs associated with treatment of an existing medical condition will be excluded.

OPTION 2 – LIFESTYLE

(Not available if option 1 has been purchased)

Cover under this policy extends to include the following benefits:

Chronic conditions

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

Expenses are limited to routine check-ups associated with the chronic medical condition, drugs and dressings prescribed for management of the medical condition, renal dialysis (where applicable), nursing, surgery and palliative treatment.

Cover is provided up to a maximum of £9,375, €/\$15,000 per insured person per period of cover

For this benefit only exclusions 2,3 and 42 are deleted.

Extended home nursing

Cover under this policy in respect of Benefit 3 Home Nursing is extended to provide cover up to 28 weeks per medical condition.

OPTION 3 – LIFESTYLE PLUS

(Not available if option 1 has been purchased)

As well as the benefits of option 2 – Lifestyle, cover under this policy is further extended to include the following benefits:

Dental 1 – Routine

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

Examinations, tooth cleaning, normal compound fillings, simple or nonsurgical extractions.

Benefit is limited to £435, €/\$700 for each insured person in each Period of Cover with a coinsurance of 25%.

Costs incurred within six months from the commencement date of this option or your date of entry, whichever is the later, are excluded.

For this benefit only exclusions 1, 25 and 42 are deleted.

Dental 2 – Major restorative

Fees of a dental practitioner and associated costs for the following specified procedures:

- Removal of impacted, buried or unerupted teeth;
- Removal of roots, removal of solid odontomes;
- Apicectomy, new or repair of bridge work, new or repair of crowns;
- Root canal treatment, new or repair of upper or lower dentures.

Benefit is limited to £945, €/\$1,500 in aggregate to Dental 1 – Routine, for each insured person for each period of cover, with a coinsurance of 25%.

Costs incurred within the first nine months from the commencement date of this option or your date of entry, whichever is the later, are excluded.

For this benefit only exclusions 1, 25 and 42 are deleted.

Routine pregnancy and childbirth

Costs associated with normal pregnancy and childbirth and any related condition incurred where the date of conception is after the first 12 months from the commencement date of this benefit or the date of entry, whichever is the later.

Benefits are limited to childbirth, check-ups (pre-natal and immediately post-natal) and delivery costs.

All costs relating to complications of pregnancy and/or childbirth following assisted conception will be limited to this benefit.

Benefit is limited to £6,250, €/\$10,000 for each pregnancy, with coinsurance of 20% (10% when opting for a semi-private room in Hong Kong or 10% when utilising a maternity package in a pre-approved provider facility).

For this benefit only exclusions 16, 17 and 42 are deleted.

OPTION 4 – USA ELECTIVE TREATMENT

Cover under this **policy** is extended to provide Elective **treatment** in the United States of America.

Costs will be reimbursed on a full refund basis, subject to the level of **excess** shown in **your policy schedule**, where **in-patient** or **day-patient treatment** is received within **our** Provider Network, or where **out-patient treatment** is provided. **In-patient** or **day-patient treatment** received outside **our** Provider Network will be subject to 50% **coinsurance** and an annual maximum of £625,000, €/\$1,000,000 per **insured person** per **period of cover**. All planned **in-patient** or **day-patient** cover must be notified to **us** prior to commencement of **treatment**.

For this **benefit** only exclusion 35 is deleted.

Complaints Procedure

We endeavor to meet **our** customers' expectations at all times. We understand that from time to time complaints may arise. **Our** complaints handling procedures are based on the rules prescribed by the UK Financial Conduct Authority and **our** aim is to resolve any complaints that **we** receive both fairly and promptly.

Who should I contact with a complaint?

Complaints Resolution Team

Aetna Health Insurance Company of Europe Ltd

Alexandra House

The Sweepstakes

Ballsbridge

Dublin 4

Republic of Ireland

TF: +1 866 320 4023*

Collect: +1 813 775 0244

Email: AetnaInternationalComplaints&Appeals@aetna.com

*International toll free numbers require an access code.

Please refer to the website www.att.com/business_traveler to locate the number for the country from which you are dialing.

What should I do if I am not satisfied with how my complaint is being handled?

We would ask you write to:

The Manager — Sales and Service

American Express Insurance Executive Office

Dept 333

1 John Street

Brighton BN88 1NH

United Kingdom

Summary of our complaints handling procedures

Your complaint will:

- be acknowledged promptly, confirming who will be responsible for investigating **your** complaint
- be investigated competently, efficiently and impartially, ensuring that we keep **you** informed on progress
- be assessed fairly, consistently and promptly, ensuring that we keep **you** informed on progress

Where **your** complaint relates to the services provided by another firm **we** shall advise you of this and forward **your** complaint to the other firm for resolution.

Where **we** and another firm are jointly responsible for **your** complaint **we** shall ensure that **you** are informed of this and each company will contact **you** directly in relation to the complaint for which it is responsible.

Within 20 working days, **you** should receive either a letter giving the status of **your** complaint or a final response detailing the outcome of the investigation and, if you purchased your cover in a country where such a service is available, offering **you** the right to refer **your** complaint to an Ombudsman Service should **you** remain dissatisfied.

UK Policyholders — Financial Ombudsman Service:

Web site:

www.financial-ombudsman.org.uk

Telephone:

0800 023 4567 (fixed line)

0300 123 9 123 (collect)

+44 20 7964 0500 (outside the UK)

Claims Procedure

Important

At the member level, cover is not provided for any medical In order to ensure that **you** receive the best possible claims service the procedures noted below should be followed in the event of **treatment** being required by **you** or one of **your dependants**.

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

MEDICAL HELPLINE

All **insured persons** have access to **our** International Member Service Centre, which is available 24 hours a day, 365 days a year and is staffed by multi-lingual operators who can arrange admission to **hospital**, ambulance transfers and air Evacuation where necessary. To obtain medical assistance, please use the International Member Service Centre, number nearest to **you** as shown on **your** AGB Membership Card. **You** will need to provide **your** name, reference number, telephone and/or fax number, location and **medical condition**. In any given situation, if **you** are unsure what to do, contact the International Member Service Centre.

Out-patient treatment

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

1. Outside the USA

Out-patient services and **treatment** received outside the USA are required to be paid by **you** at the time of **treatment**. After paying for **your treatment** **you** must submit a claim form to **us** to be processed. To ensure prompt settlement of these expenses, please make sure to take **your** claim form with **you** in order for it to be completed by the treating **general practitioner, specialist or dental practitioner**.

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

Providing all relevant information is submitted to support **your** claim, **we** will reimburse **you** accordingly by the payment method of **your** choice. Please clearly state **your** preferred payment method on **your** claim form. Where this is by bank transfer clearly state the name of **your** bank, account number and SWIFT (or IBAN) code. Provided all required information is present, eligible claims will be reimbursed in 15 days.

Out-patient treatment within the direct settlement network/ network provider

For those in the relevant participating countries, **we** have arranged a **direct settlement/provider network**, enabling **you** to obtain **out-patient treatment** at a wide number of selected medical centres where all eligible **treatment** charges will be paid directly by **us**.

When seeking **out-patient treatment** at any of the participating centres (please refer to the AGB Provider Network List), it is important that **you** present **your** personal AGB Membership Card to the medical centre before **your treatment** begins in order to ensure that **you** are not asked to settle any **treatment** costs yourself.

- Present **your** AGB Membership Card to the medical centre when **you** arrive.
- Have a second form of identification available should it be required by the reception staff.
- Check the claim form that the medical centre will provide after **your treatment** and sign it to confirm that **you** have received the **treatment** stated.
- Settle any charges made by the medical centre, which relate to either items not covered or ineligible **treatment** that **you** may have received. If **your medical practitioner** needs to refer **you** to a **specialist** (physiotherapy, chiropractic, osteopathic or any other **specialist treatment**), please ensure that **you** are given a referral letter.

IMPORTANT: Please remember that **your** AGB Membership Card should not be used to obtain any **treatment** which falls under the exclusions of **your policy**.

2. Inside the USA

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

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

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

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

Day-patient treatment and in-patient treatment

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

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

1. Outside the USA

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

Release of Medical Information Form

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

Pre-certification medical form

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

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

Pre-authorisation

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

- Planned **in-patient** or **day-patient** treatment (hospitalisation)
- Any pregnancy or childbirth **treatment**
- Planned surgery
- **Evacuation**
- Second medical opinions

- Psychiatric **treatment** – **in-patient**, **day-patient**, and **out-patient**
- Home nursing charges
- Planned MRI and CT Scans

Evacuations are supervised by **your** **medical practitioner** or **specialist** at the place of incident and by **our** International Member Service Centre and must be agreed by **us** before Evacuation takes place.

Referral from a medical practitioner

We will require a doctor's referral to be included whenever filing a claim for the following treatments:

- Physiotherapy (**medical practitioner** referral accepted)
- **Medical practitioner** or **specialist** referral required
- Chiropractic **treatment**
- Acupuncture **treatment**
- Osteopathic **treatment**
- Homeopathic **treatment**
- Podiatric **treatment**

Claim form

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

- The first page of the claim form has been completed in full by **you** for each **medical condition** treated. The declaration must be signed by the **insured person** and dated to enable the claim to be validated.
- **You** attach to **your** claim form the original paid receipts and any other documents pertaining to the claim (or other proof of payment) for all **treatment** for which **you** are making a claim.
- Where **your** **treatment** has been provided by a registered physiotherapist, chiropractor, osteopath, homeopath, podiatrist or acupuncturist, please ensure that **you** attach to **your** claim form a copy of the referral letter that was provided by **your** **medical practitioner**.
- Where applicable laboratory tests results and/or X-rays were provided, please include the test results with **your** claim.
- For all claims under £125 or €/\$200 per **medical condition**, **you** need only complete sections A, B and C and return **your** claim form with the original receipt(s) showing the diagnosis and a full breakdown of costs for each condition being claimed for. ALL sections MUST be completed in full for hospitalisation claims and all claims over £125 or €/\$200.

A referral letter from **your specialist** should be attached when **you** are claiming for diagnostic tests.

Please note that any charges that may be made by an attending **medical practitioner** for completing **your** claim form are not eligible for reimbursement under the terms and conditions of the **policy** and **you** will be responsible for settling these costs.

Where it is not possible to have the claim form completed by the **medical practitioner, specialist or dental practitioner, we** will accept the claim for assessment provided **your** receipt(s) for **treatment** include the date of service, the diagnosis of **your medical condition**, the **treatment** provided, the amount charged and the stamp of the facility concerned. To ensure prompt settlement of any eligible claims please ensure that **you** submit all necessary documents at the time of the claim. **We** accept copies of original receipts to initiate the claim process and to facilitate the assessment of **your** claim (i.e. if **you** submit claims via fax or email), however **we** require that **you** send the originals before any claims payment is made by **us**. All claims should be submitted by mail to the claims centre nearest to **your country of residence**.

General claims information

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

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

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

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

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

2. Inside the USA

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

Treatment received within the provider network will be billed to **us** directly. **Our** claims department will determine what portion of the invoice is applied to **your excess** and any **coinsurance** applicable and which portion is payable by **us**. **We** will send **you** and the provider copies of the explanation of **benefits** (EOB)/claims statement detailing how the bill was settled and what amount **you** are responsible for. **We** will notify **you** as soon as possible if the **medical condition** or **treatment** required is not covered under the terms of **your policy**.

USA PROVIDER NETWORK

We have made arrangements with many provider networks in the USA which, when you receive treatment at these facilities, will mean that your costs for treatment can be settled directly by **us**. **You** can find the provider network facilities in your area by logging into our secure member site at <https://int.aetnainternational.com/members/login.do>. Click on the link "Find healthcare" located under Member services and then "Health DocFind" under U.S. Destinations. From there **you** can perform a search by address, name, specialty, and/or tax ID number. If **you** are unable to find details of **your** preferred provider from this search facility or have any problems with the search engine, please contact **your** local AGB office for assistance.

Claim Details

All Claim Forms should be sent to:

1st Floor, 69 Park Lane

Croydon CR9 1BG

United Kingdom

TF +1 866 320 4023*

Collect +1 813 775 0244

TF Fax +1 866 320 4024*

E EuropeServices@aetna.com

* International toll free number requires an access code. Please refer to the website www.att.com/business_traveler to locate the number for the country from which you are dialling. If your country is not listed, please call collect on +1 813 775 0244.

Emergency Details

All Claim Forms should be sent to:

Please contact one of the following offices:

For residents of Middle East, Africa and Indian sub-continent

LONDON

T: +44 (0) 208 762 8129

For residents of Far East and Pacific Rim

HONG KONG

T: +852 2970 3045

JAKARTA

T: +62 21 7591 2847

Stay connected to Aetna International

Visit www.aetnainternational.com

Follow www.twitter.com/AetnaGlobal

Like www.facebook.com/AetnaInternational

American Express Insurance Services Europe Limited. Registered in England & Wales. Company No.05148826, 76 Buckingham Palace Road, London, SW1W 9AX. Authorised and Regulated by the Financial Conduct Authority.

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

Policies issued in Europe are issued and underwritten or reinsured by Aetna Insurance Company Limited, dual regulated by the Prudential Regulatory Authority (UK) and the Financial Conduct Authority (UK), and administered by Aetna Global Benefits (Europe) Limited, regulated by the Financial Conduct Authority (310030). Registered in England & Wales. Registered No. 04548434.

Aetna does not provide care or guarantee access to health services. Not all health services are covered. Health information programmes provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of cover. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna International plans, refer to www.aetnainternational.com.

Whenever coverage provided by any insurance policy is in violation of any U.S, U.N or EU economic or trade sanctions, such coverage shall be null and void. For example, Aetna companies cannot pay for health care services provided in a country under sanction by the United States unless permitted under a written Office of Foreign Asset Control (OFAC) license. Learn more on the US Treasury's website at: www.treasury.gov/resource-center/sanctions.

www.aetnainternational.com

©2015 Aetna Inc.
46.05.302.1-AEC (4/15)

aetna®

