

Aetna Summit

Handbook (The details)

For plans starting on or after 1 August 2019

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Visit aetnainternational.com
Call +852-3017-4294
Email AsiaPacServices@aetna.com

Before you join us

1 Introduction

Your **plan documents** detail what **we** do and don't cover under your **plan**, as well as giving you important information about the terms and conditions of your **plan**. Please read this information carefully to make sure you're completely satisfied with the cover **we're** providing. If you have any questions, please contact **us** and **we'll** be more than happy to help.

We don't guarantee that your **plan** meets personal tax requirements and/or the visa and/or social health care requirements of the country **you're** residing in. It's your **plan sponsor's** responsibility to ensure that any **plan** it chooses meets your needs.

If your **area of cover** is Area 1, **you're** a citizen of the United States (US) and you spend more than 183 days in aggregate in the US in any one **plan year**. (i) **we** may cancel your cover, and (ii) **you** may be required to buy an ACA compliant **plan** or face US tax penalties.

If coverage provided by your **plan** 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/resourcecenter/sanctions/Pages/default.aspx.

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

2 Eligibility

Main member

To be eligible for the **plan sponsor** to add **you** as a **main member** to this **plan**, **you** must:

- be an **employee** of the **plan sponsor**, or if **we** agree, an **employee** of a company that is part of the same corporate group as the **plan sponsor**;
- be a certain level of seniority or be in a certain location that the **plan sponsor** has chosen and that **we** have agreed, if the **plan sponsor** does not want to include all **employees** on its **plan**;
- be aged 18-64 inclusive at your **date of joining**. If **you're** aged over 64 at your **date of joining you** may also be eligible; **we** will need to ask **you** some medical questions in order to decide if **we** can include **you** and on what terms; and
- not be a citizen of the US who resides in the US.

Your **plan sponsor** may add a **main member** to this **plan** within 30 days of the proposed **main member** meeting the above criteria. At any other time, **we** will need to ask the proposed **main member** questions in order to decide if **we** can include them and on what terms.

Dependants

If a **main member** wishes to include a **dependant** on their **plan**, they must be the **main member's**:

- Spouse or **partner**;
- Unmarried child, stepchild or legally adopted child under the age of 18; or
- 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.

Your **plan sponsor** may add a **dependant** to your **plan** at any time. However, **we** may need to ask them some questions in order to decide if **we** can include them and on what terms if:

- **you** want to add them more than 30 days after the relevant **main member's start date**;
- for a child, **you** want to add them more than 30 days after their birth or legal adoption; or
- for a spouse or **partner**, they are aged over 64 at their proposed **date of joining**.

We'll apply the same **benefits** to **main members** and their **dependants** on your **plan**, subject to legal or regulatory requirements.

Add-on plans

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

3 Joining the plan

Your **plan sponsor** must contact **us** to add a **main member** to this **plan**. **We** won't be able to add the proposed **main member** until **we** receive all relevant information about them from the **plan sponsor**.

Your **plan sponsor** will tell the **main member** their future **start date**, which will also be shown on the **main member's Certificate of Insurance**. **We're** unable to backdate any cover.

We'll send the **main member Member ID cards** for each **member**. Note that **we** may charge **you** or the **plan sponsor** an administration fee to replace any **plan documents** or **Member ID card**. **You** can access your **Certificate of Insurance** and other **plan documents** through your **Health Hub**.

4 Provider access

We have two provider access options; Open Access and Hong Kong Elite.

The plan sponsor has selected a provider access option for your Aetna Summit plan. This option will apply throughout the plan year.

If your chosen option is Hong Kong Elite, this will be shown on your Certificate of Insurance and Member ID card. For more information on provider access, please see below or contact us if you have any further questions.

Open access

Gives you access to any medical provider of your choice within your area of cover.

Hong Kong Elite

• Within Hong Kong

Outpatient network

Gives you access to medical professionals under Quality Healthcare Medical Services (QHMS) and Dr Vio & Partners². If you're referred by a panel medical professional to a speciality that is not available within the panels, direct billing will be arranged by the panel.

This provider access condition applies to all treatment related benefits except for dental treatment, complementary and Traditional Chinese medicine, optical care and wellness.

Inpatient network

Gives you access to all hospitals where medical treatments are provided by a medical professional under QHMS and Dr Vio & Partners. The panels will facilitate the issuance of Guarantee of payment to the hospital on behalf of Aetna for all inpatient or daycare treatment under the care of the panel medical professional.

All outpatient and inpatient treatment under QHMS and Dr Vio & Partners Panel must be received on a direct billing basis. We won't be able to consider any claims that you pay directly to the medical providers within the Hong Kong Elite access option.

If you receive treatment from any government hospitals managed by Hong Kong Hospital Authority, this provider access condition will not apply. However, you'll need to pay for treatment first and then seek reimbursement from us. Your claim will be assessed under the terms and conditions of your plan when we receive it.

If your medical condition is an emergency and you receive treatment at the Accident and Emergency department of a hospital you can access any medical provider of your choice.

• Outside Hong Kong

Gives you access to any medical provider of your choice within your area of cover.

When receiving treatment within any Provider Access option, you or your personal representative must still request preauthorisation in line with the details given in your Benefits Schedule and in the 'Claims' section of this Handbook.

Please refer to the following URLs for the full list of physicians under the two panels:

www.qhms.com/home/index.aspx?lang=en

www.drvio.com.hk User Name: Viodoctors,

Password: uptodate

5 Plan benefits and currencies

The plan sponsor has chosen your plan level and benefits, including any add-on plans, details of which you can find in this Handbook, the relevant Benefits Schedule(s) and your Certificate of Insurance. Your Certificate of Insurance will also show any special terms applicable to you.

If your Benefits Schedule(s) shows more than one currency, the benefit limits shown in the same currency as your plan (set out in your Certificate of Insurance) will apply.

6 Pre-existing medical conditions

Moratorium

If your Certificate of Insurance shows that your underwriting terms are moratorium or CTT previously MORI, 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 we may cover your pre-existing medical condition 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 or CTT previously FMU, 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 during the application for your plan and your Certificate of Insurance doesn't show an exclusion for that medical condition.

Medical History Disregarded

We will cover your pre-existing medical conditions, subject to the benefits, terms and conditions of your plan.

7 Clinical policy bulletins

For information on how we classify certain treatments and services, visit aetna.com/health-care-professionals/clinicalpolicy-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.

8 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, or
- 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, and
- 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, regulatory bodies, legal agencies, and government departments to do this.

If you suspect fraud

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

While you're with us

9 Adding and removing dependants

Your plan sponsor must contact us to add each person who a main member wishes to include on their plan as a **dependant** (and who we agree meets the 'dependant' eligibility criteria described in this Handbook). We won't be able to add them until we receive all relevant documents and information about them that we request.

Cover will start on the future date we agree with your plan sponsor.

If on the date the plan sponsor contacts us to add a proposed member as a **dependant**, they're less than 31 days old, the mother's pregnancy was the result of natural conception and we have covered one of their parents for a continuous period of at least 12 months, we'll add them as a **dependant** to your plan with effect from their date of birth, regardless of their health. The plan sponsor and/or the main member will not need to complete an application form, and it is the plan sponsor's responsibility to disclose to us any material circumstance that would influence our judgement as to whether to add the proposed member.

The terms of the main member's plan will apply to the added **dependant**.

Once we've accepted a proposed **dependant**, we'll send the main member the new Member ID Card and an updated Certificate of Insurance.

10 Removing a member

A main member should contact their plan sponsor in advance to request the removal of a **dependant** from your plan, we'll remove the **dependant** on the future date the plan sponsor requests, and we'll send the main member a revised Certificate of Insurance.

The plan sponsor can remove members from your plan at any time.

We can remove you from your plan and notify your plan sponsor if:

- you no longer meet the eligibility criteria set out in the eligibility section of this Handbook; or
- you make a false or fraudulent claim.

If the plan sponsor, or we, remove a main member from the plan, we will also remove all of their dependants. The plan sponsor will let you know if they, or we, are planning to remove you and what your end date will be.

The plan sponsor is responsible for ensuring that the removed member deletes or destroys his or her Certificates of Insurance and Member ID cards on or by that member's end date. If a member the plan sponsor has removed obtains treatment after that member's end date that we've paid for, we have the right to recover the full amount of the claim from the plan sponsor or that member.

11 Plan cancellation

Your plan sponsor will let you know if they are planning to cancel your plan and what your end date will be.

You won't be able to make a claim for any costs incurred after the end date.

The plan sponsor is responsible for ensuring that all members delete or destroy his or her Certificates of Insurance and Member ID cards on or by that member's end date. If a member obtains treatment after that member's end date that we've paid for, we have the right to recover the full amount of the claim from the plan sponsor or that member.

12 Plan renewal

This plan is an annual contract. If your plan sponsor renews your plan we'll send the main member the new

plan documents and Member ID card which will apply from the plan renewal date.

If a main member's child is no longer eligible as a dependant at the plan renewal date, that child can apply for their own Aetna individual plan. As long as there is no break in their cover with us, we may continue the terms of their previous plan.

13 Claims

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

By telephone toll free on 3017-4294 or by landline on +852-3017-4294.

By fax on +852-2866-2555.

Or by e-mail at AsiaPacServices@aetna.com.

We may record calls for monitoring and training purposes.

If you don't 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're dialling from. When prompted during the call, please enter the access code 855-491-9160 and follow the instructions.

If you're 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're 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** instead, you'll have to pay the difference.

What you need to know when claiming

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**, or
- 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 the 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 **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 **medical provider 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**, in your **Benefits Schedule** or on your **Certificate of Insurance**.

How to make a claim for outpatient treatment

You must:

1. See your **medical practitioner, therapist or specialist** in the usual way.
 2. Ask your medical provider to complete the relevant section of the claim form which you can download from aetnainternational.com.
 3. Pay your bill for the **treatment** you receive. Make sure you get an original itemised invoice and/or original receipt.
 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 documents.
 5. Or you can submit a **claim** online by completing the form and uploading scanned copies of any 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 180 days) 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**.

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 **plan**) 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 your **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 prior written consent, you must not admit liability or fault to, or agree to a settlement with, such other party.

14 Exclusions

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

13.1 Acting against medical advice

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

13.2 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.

13.3 Administrative costs, fees and charges

- completing claims forms,
- completing or obtaining other documents,
- **hospital** administration fees,
- any registration fees, or
- overdue invoice charges.

13.4 Altered and amended documents

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

13.5 Brain and learning disorders, and speech and voice problems

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

13.6 Cosmetic treatment

Cosmetic treatment.

13.7 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**.

13.8 False and fraudulent claims

False or fraudulent claims.

13.9 Gender reassignment

Treatment directly or indirectly associated with gender reassignment.

13.10 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.

13.11 Illegal activities

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

13.12 Active participant

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.

13.13 Journeys and transportation

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

13.14 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 and 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 and 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.

13.15 Self-inflicted medical conditions

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

13.16 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.

13.17 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.

13.18 Sleep

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

13.19 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.

13.20 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.

13.21 Durable medical equipment

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

13.22 Medical evacuations 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.

13.23 Mortal remains

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

The extra bits

15 Definitions

Where we use bold words in your plan documents, they have the meaning set out below.

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 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.

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**.

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

Aetna Summit plan: the primary health care plan.

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

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 this document 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**.

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, checkups, 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.

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 your **plan**.

Dental: that which affects the teeth and gums.

Dependant: a person who we agree meets the 'dependant' eligibility criteria described in of the eligibility section of this Handbook and who we have added to your **plan**.

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.

Employee: a person who has entered into or works under a contract of employment (whether express or implied). This does not include (i) a person who has entered into a commercial arrangement to do or personally perform any work or services and where the circumstances do not give rise to an employment relationship; or (ii) a person who is self-employed but enters into contracts to perform work or services.

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 (FMU): the process we use to assess a member's medical history and decide the special terms we offer them. Cover will still be governed by the **benefits**, terms and conditions of your **plan** with us.

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.

Group Member Application: the 'Aetna Summit Group member application' which you must complete, if we require it, and sign to agree to the terms of the **plan**, plus any supporting information.

Health Hub: a members' online platform to find care, submit and track claims and view your **plan** details.

Home country: the country you're from, as given on your Group Member Application or notified by you or the **plan** sponsor to us.

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.

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.

Main member: a person who we agree meets the 'main member' eligibility criteria set out in the eligibility section of this Handbook and who we add to the **plan**.

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.

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

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 health care arrangements for our members.

Member: a main member or dependant 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.

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 you can make claims for any pre-existing medical conditions under the plan.

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

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

Plan: our contract of insurance with the plan sponsor in relation to your Aetna Summit plan and any add-on plan(s) as contained in your plan documents, unless otherwise defined in your Benefits Schedule.

Plan documents: the Group Member Application (if applicable), the Certificate of Insurance, this Handbook, the Plan Sponsor Guide and the Benefits Schedule.

Plan level: the Aetna Summit plan or add-on plan that the plan sponsor has chosen from the range available.

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

Plan sponsor: the entity that purchases a plan for members.

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 the plan sponsor has to pay for the Aetna Summit plan and any add-on plans.

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 being given.

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

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

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

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

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

We/our/us: Aetna Insurance (Hong Kong) Limited

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 **premiums** or **benefits**.

17 Complaints

We strive to give **you** a first class experience. If there's ever a time 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
Email: AetnaInternationalComplaints&Appeals@aetna.com

We'll consider 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. 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** offer **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're committed to protecting your personal data and privacy. **We'll** keep any personal information confidential and process it in accordance with the relevant legislation and guidelines and **our** own strict internal policy.

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 instructions, processing and administering **claims**, **we** may transfer personal data to other Aetna entities and/or third parties acting on **our** behalf. However, **we'll** ensure that any third parties protect 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** for those very same reasons. **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

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

19 Areas of cover

This is the geographic area or areas of the world in which you must receive treatment or services for your plan to apply.

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 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/resourcecenter/sanctions/Pages/default.aspx.

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	Fiji
Antarctica	French Polynesia
Bouvet Island	French Southern Territories
British Indian Ocean Territory	Guam
Canada	Heard Island & McDonald Islands
Christmas Island	Hong Kong
Cocos (Keeling) Islands	Israel
Cook Islands	Kiribati
East Timor	Macau

Marshall Islands
Micronesia, Federated States of Nauru
New Caledonia
Niue
Norfolk Island

Åland Islands
Albania
Andorra
Anguilla
Antigua & Barbuda
Argentina
Armenia
Aruba
Austria

Bosnia & Herzegovina
Brazil
Bulgaria
Cayman Islands
Channel Islands
Chile
Colombia
Costa Rica
Croatia

Northern Mariana Islands
Pitcairn
Russian Federation
Saint Helena, Ascension & Tristan da Cunha

Saint Pierre & Miquelon
Samoa
Solomon Islands
South Georgia & the South Sandwich Islands
Tokelau
Tonga
Tuvalu
United States
Minor Outlying Islands
Vanuatu
Wallis & Futuna

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
Kuwait
Qatar

Singapore
United Arab Emirates

Area 5

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

Azerbaijan
Bahamas
Barbados
Belarus
Belgium
Belize
Bermuda
Bolivia
Bonaire, Sint Eustatius & Saba

Curaçao	Isle of Man	Saint Lucia
Cyprus	Italy	Saint Martin
Czech Republic	Jamaica	Saint Vincent & the Grenadines
Denmark	Kosovo	San Marino
Dominica	Latvia	Serbia
Dominican Republic	Liechtenstein	Sint Maarten
Ecuador	Lithuania	Slovakia
El Salvador	Luxembourg	Slovenia
Estonia	Macedonia	Spain
Falkland Islands (Malvinas)	Malta	Suriname
Faroe Islands	Martinique	Svalbard & Jan Mayen
Finland	Mexico	Sweden
France	Moldova, Republic of	Switzerland
French Guiana	Monaco	Trinidad & Tobago
Georgia	Montenegro	Turkey
Germany	Montserrat	Turks & Caicos Islands
Gibraltar	Netherlands	Ukraine
Greece	Nicaragua	United Kingdom
Greenland	Norway	Uruguay
Grenada	Panama	Vatican City
Guadeloupe	Paraguay	Venezuela
Guatemala	Peru	Virgin Islands, British
Guyana	Poland	Virgin Islands, US
Haiti	Portugal	
Honduras	Puerto Rico	
Hungary	Romania	
Iceland	Saint Barthélemy	
Ireland	Saint Kitts & Nevis	

Area 6

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

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

Area 7

Includes the countries and territories listed below only

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

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

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

Policies are issued and underwritten by Aetna Insurance (Hong Kong) Limited, an Aetna Company, registered address Suite 401-403, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong.

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



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