Get to know your benefits

Summit Handbook

For plans with a start date on or after 1 August 2017

Visit www.aetnainternational.com
Welcome, now that you’re an Aetna International participant, it’s time to get to know your benefits. This Handbook will help make it easy.

Introduction ................................................. 4
About the plan .................................................. 4
Participant eligibility ......................................... 4
Plan benefits and currency .................................. 4
Joining the plan ............................................... 5
Adding dependants ............................................ 5
Leaving the plan ............................................... 5
Making plan changes ......................................... 5
Plan cancellation and suspension ........................ 6
Clinical Policy Bulletins ..................................... 6
Plan terms, conditions and exclusions ................. 6
Plan terms ...................................................... 6
Conditions ..................................................... 7
Exclusions ..................................................... 8
Extra plan terms, conditions and exclusions
for Aetna Travel and Aetna Personal Accident
add-on plans .................................................. 10
Data Protection ................................................. 14
Complaints ..................................................... 15
Help us manage fraud ........................................ 15
Definitions ..................................................... 15
Areas of cover guide ......................................... 20
Explore the benefits of being a participant

What to do right now

Your benefits are designed to connect you with expansive global resources that put you in control of your health. **It starts with choice, comfort, care and an unwavering commitment to keep you at the centre of everything we do.**

Get connected

**Secure Participant Website**

Now is a good time to register for the Secure Participant Website. The site gives you the tools you’ll need to manage your health **benefits.** You can register in just a few steps by visiting [www.aetnainternational.com](http://www.aetnainternational.com) and clicking “Secure login” under the “Aetna Member” section. You’ll need to enter your name, date of birth, and your participant ID number.

**You can use the website to:**
- Submit and track claims
- Find nearby doctors and hospitals
- Browse a library of health topics
- View your plan documents

**International Mobile Assistant**

If you have a smartphone, you can also download helpful apps, such as our International Mobile Assistant, which makes it easy to manage your benefits on the go. You can search ‘Aetna’ in the iTunes or Google Play store to get started.

Get support for balanced living

Staying on top of the demands of work, family and finances can be challenging. It’s important to recognise when situations create an unhealthy amount of stress. Before any work or life issue becomes a larger problem, you can turn to our Employee Assistance Programme for help.

This programme gives you access to confidential counselling with behavioural health experts in over 200 countries. We’ve designed this programme to support what matters most to us – your total well-being.

Get ready for your next doctor visit

You may need to obtain prior approval (**preauthorisation**) for certain types of **treatment.** In these instances, it’s important to start the process early to prevent delays or denial of your claims.

**Here are some of the treatments that require preauthorisation:**
- Medical evacuation
- Inpatient or daycare treatment admission
- Compassionate emergency visit
- Preparation or transportation of body or mortal remains
- Psychiatric treatment
- Prescription for more than three months’ supply of drugs for the management of a **chronic medical condition**
- Single treatment or service that costs more than USD 500 or equivalent

All **preauthorisations** must be requested before **treatment** or services are received or costs are incurred. If it is not possible to request **preauthorisation** for an **emergency**, please be sure to notify us within the first 24 hours.

You can find full details in your **Claims procedures** or in the Claims Centre of the Secure Member Website.

**Your Participant ID Card**

The **Participant ID Card** is your key to quality healthcare. Make sure to keep the card in a safe place – you’ll be asked to present it whenever you receive healthcare treatment.

You may also need to have it handy when registering for the Secure Member Website or calling Member Services.

Ready to learn more about your benefits? Keep reading to find all the details you need.
Introduction

This Handbook, together with your Benefits schedule, explains what is, and is not, covered under the Summit plan and any of the following add-on plans that have been chosen for you:

- Travel
- Personal Accident

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

If you have any questions about the information in the plan documentation or any questions you think it does not answer, please contact us and we will be more than happy to help.

Some words and phrases used in this Handbook, your Benefits schedule and your Claims procedures have specific meanings. We have highlighted them in bold print and defined them in the 'Definitions' section of this Handbook.

A plan is our contract of Takaful cover with the planholder, providing cover as detailed in the plan documentation. In order to fully understand a plan, these documents must be read together.

We can change any of the following at the beginning of each plan year:

- Conditions, exclusions and any other terms in this Handbook
- Takaful contributions and any discounts or surcharges

We will tell the plan sponsor about any changes before the plan renewal date.

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

About the plan

Participant eligibility

The Summit plans and add-on plans are available to people of most nationalities, depending on where they reside. We cannot cover people subject to certain sanctions or people residing in certain sanctioned locations. Our plans are not available to citizens of the United States (US) who reside in the US. Please contact us if you need further information.

Plans may not meet specific visa requirements. Cover may also be illegal under local laws. It is the plan sponsor’s responsibility to ensure that any plans chosen meet your needs.

If you are a citizen of the US and spend or plan to spend any time in the US during a plan year please refer to plan term P10 in this Handbook.

You must be a participant continuously under the Summit plan and any add-on plans.

If you will be aged over 65 at your plan start date, you will be subject to medical underwriting and must answer some medical questions for us to consider your eligibility for cover. Once accepted by us, no further medical underwriting will be applied whilst you remain a continuous, eligible, insured participant.

To be eligible for this plan, main participants must be:

- an employee of the plan sponsor,
- at least 18 years old, and
- eligible due to their position within the plan sponsor’s organisation.

All dependant children on a plan must be unmarried.

Dependant children aged 18 to 26 must be in continuous full-time education at their start date. If a dependant child does not meet these conditions then they cannot be covered under the plan. Please contact us for alternative cover options.

Add-on plans are only valid when the Summit plan is in force. Please contact your plan administrator to get full details of what is available to you.

The maximum age at entry for the Travel plan is 79. Each main participant can be covered:

- without their dependants, or
- with all of their dependants who are also included on the Summit plan.

The minimum age at entry for the Personal Accident plan is 18. The maximum age at entry is 79. Each main participant can be covered:

- without their dependants, or
- with any of their dependants, aged 18 and over, who are also included on their Summit plan.

The main participant and their dependants must have the same plan level. The Personal Accident plan provides cover for managerial, clerical and administrative occupations only. See condition CPA1 for more information.

Additional eligibility criteria apply to some plans. These are shown in your Benefits schedule where applicable.

We may provide cover under our plans with any special terms that we may set. Any special terms will be shown on the Takaful certificate.

Plan benefits and currency

The plan sponsor has chosen the plan level and benefits, including any add-on plans that are available to you. Summit plans and any add-on plans are provided on the basis of an employer-paid annual contract only.

The plan sponsor has chosen the currency of your Summit plan from the currencies available. They chose this at proposal or renewal and it will apply throughout the entire
plan year. Any add-on plans that have been chosen are in the same currency as the Summit plan.

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

Joining the plan

Your plan administrator must contact us to add you to the Summit plan and any add-on plans that are available to you. All material facts about you must be given to us and you cannot be added until we agree to cover you. We must be told about any treatment you have planned or are aware of; see £35 in the ‘Exclusions’ section for more information.

You must be added to the plan within 30 days of becoming eligible for cover. You may have to complete a Group participant proposal. We will not backdate cover under any circumstances.

Your start date will be advised to you by your plan administrator once we have agreed to cover you.

If you are added to a Travel plan or Personal Accident plan, cover will begin on the same date as the Summit plan. We will send Participant ID Cards for you and each of your dependants covered under the Summit plan. Any other documents you need, including Takaful certificates, will either be available online through the Secure Member Website or sent in a printed participant pack.

Adding dependants

Your plan administrator must contact us to add your dependant to the Summit plan and any add-on plans that are available to them. All material facts about your dependant must be given to us and they cannot be added until we agree to cover them. We must be told about any treatment your dependant has planned or are aware of; see £35 in the ‘Exclusions’ section for more information.

Dependants must be added to the plan within 30 days of becoming eligible for cover. You and your dependant may have to complete a Group participant proposal. See the ‘Participant eligibility’ section for more information.

Dependants must have the same plan level, area of cover, optional benefits and deductibles as their main participant.

If your dependant is a newborn child and they are being added before they are 31 days old, we will not exclude pre-existing medical conditions under the Summit plan and their date of joining will be their date of birth. This means that no underwriting terms will be applied and exclusion E2 will not apply.

We will not backdate cover under any circumstances.

Your dependant’s start date will be advised to you by your plan administrator once we have agreed to cover them.

If your dependant is added to a Travel plan or Personal Accident plan, cover will begin on the same day as the Summit plan.

We will send a Participant ID Card for your dependant. Any other documents, including a revised Takaful certificate, will either be available online through the Secure Member Website or sent in a printed participant pack.

Leaving the plan

With our agreement the plan sponsor may remove participants from a plan after the plan start date. If you are removed from a plan, your end date will be the date that we receive the request, or a future date the plan sponsor has given.

You must leave the plan if you are no longer eligible for cover, see the ‘Participant eligibility’ section for more information. If you wish to remove a dependant please contact your plan administrator.

If a main participant is removed from a plan, all of their dependants will also be removed.

If you leave a Summit plan you will also be removed from any add-on plans. Your end date on any add-on plans will be the same as your end date on the Summit plan.

Takaful contributions may change in line with any agreed requests.

When you leave any plan, you must return your Takaful certificate to your plan administrator. You must also return your Participant ID Card if you leave the Summit plan.

We will send a revised Takaful certificate if a dependant has been removed.

If you are leaving the Summit plan, you may apply for an individual plan. Please contact your plan administrator or us to discuss the options available to you.

Making plan changes

The following cannot be changed during the plan year:

- The plan level of any Summit plan or Personal Accident plan
- Optional benefits on any Summit plan
- Deductibles on any Summit plan
- The currency of any plan
- The terms contained in this Handbook

Add-on plans cannot be added during the plan year. With our agreement the plan sponsor can add them at the next plan renewal date. Please contact your plan administrator for more information.

If a main participant changes address, they must tell the plan administrator. If the new address is in a different country, we will terminate your cover. Please contact your plan administrator for information about alternative cover that may be available to you.

If a main participant needs to change their area of cover on the Summit plan, they must tell the plan administrator. We will need to know the reason for the change in circumstances. With our agreement this change can be made at any time during the plan year. We will make this change from the date the plan administrator tells us or any future date they have given.
Plan terms, conditions and exclusions

Plan terms

The Summit plan and the Travel plan are governed by the plan terms shown below. Some of these plan terms also apply to the Personal Accident plan, see the ‘Plan terms for Personal Accident’ section for details.

Extra plan terms also apply to the Travel and Personal Accident add-on plans, see ‘Extra plan terms, conditions and exclusions for Travel and Personal Accident add-on plans’.

Claims will only be paid in line with the plan terms that apply.

Altered and amended documents

P1 We reserve the right to reject or disregard any invoice, Claim form, medical report or other document that has been altered or amended.

Replacing and reissuing plan documents

P2 We can charge you an administration fee to replace or reissue any plan documentation or Participant ID Card.

Waiver

P3 If we deviate from specific terms of the plan at any time, it will not constitute a waiver of our right to apply or insist upon compliance with those specific terms at any other time. This applies if the circumstances are the same or different. This includes, but is not limited to, the payment of Takaful contributions or benefits.

Plan governance and language

P4 The plan documentation, including add-on plans, and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) are governed by and shall be construed in accordance with the laws of Qatar. The courts of Qatar shall have exclusive jurisdiction to settle any dispute or claim arising out of or in connection with the plan documentation, including add-on plans, or its subject matter or formation (including non-contractual disputes and claims).

P5 If we issue translated versions of any of our documents, these are for information only. In the case of any dispute or discrepancy of wording or interpretation, the Arabic version will apply.

Third party negotiations

P6 We must be told about any negotiations or settlement discussions that you enter into, or are entered into on your behalf, with any other party about any action which leads to a claim under a plan. A settlement must not be agreed to with any party before we give our written agreement.

Hospital accommodation

P7 Hospital accommodation will be paid up to the cost of a standard single room with a private bathroom. This will include your hospital meals.
**Medical examinations**

P8 We have the right to instruct a specialist of our choice to examine you as often as we feel is necessary to support a claim. We also have the right to ask for further tests and or evaluation where we have decided that a medical condition you have claimed for may be directly or indirectly related to an excluded medical condition.

**Lifetime limits**

P9 If you move to a plan where a lifetime limit applies to a benefit, any amount previously paid under the same or equivalent benefit on any one or more other plans will be deducted from the current lifetime limit on the benefit. This applies:
- regardless of any previous benefit limit, and
- whether or not there has been a break in your cover.

**Citizens of the United States of America**

P10 If you are a citizen of the United States (US), your area of cover is Area 1 and, you will spend more than 180 days in the US during the plan year, we reserve the right to immediately cancel your cover. In this circumstance, you be required to buy an ACA compliant plan or face US tax penalties.

**Rights of action against us**

P11 If you want to take legal action against us in respect of a plan, you must do so within three years from the date the relevant event took place, subject to the applicable laws.

**Subrogation**

P12 If you

(i) receive, or

(ii) are entitled to receive,

any payment from any other party or from any other Takaful cover in respect of an injury, illness or medical condition, we have the right:
- In the case of (i), to recover from you all amounts we have paid and may pay to you, or on your behalf under this plan as a result of the same such injury, illness or medical condition, up to and including the full amount received by you from such other party or other Takaful operator
- In the case of (ii), to proceed against such other party or other Takaful operator on your behalf and in your name by way of subrogation

You shall fully cooperate with us if we exercise our right of subrogation pursuant to the above.

You shall notify us immediately if you:
- give notice to any party of the your intention to pursue or investigate, or
- pursue or investigate,

a claim to recover damages in respect of any injury, illness or medical condition sustained by you as a result of such other party’s action or omission. On receipt of any such notice, we may elect in our sole discretion to exercise our right of subrogation pursuant to the above.

Other than with our prior written consent, you shall not:
- admit liability or fault; or
- agree to a settlement with any party in relation to any dispute relating to the above or the plan.

We will have the sole authority and discretion to resolve all disputes regarding the interpretation of this provision.

**Contribution**

P13 If any other Takaful cover covers a valid claim under the plan, including any reciprocal health Takaful cover arrangements, we shall deduct any payments received or to be received by you from such other Takaful operator(s) for such claim from any amount payable to you by us under the plan, after:
- you have paid any deductibles applicable on such other Takaful cover, and
- you have paid any deductibles on the plan.

**Conditions**

The Summit plan and the Travel plan are governed by the conditions shown below. Some of these conditions also apply to the Personal Accident plan, see the ‘Conditions for Personal Accident’ section for details.

Extra conditions also apply to the Travel and Personal Accident add-on plans, see ‘Extra plan terms, conditions and exclusions for Travel and Personal Accident add-on plans’.

Claims will only be paid if you meet all of the conditions that apply.

**Material facts**

C1 The plan administrator must tell us all material facts before we accept a proposal, make changes to a plan or renew a plan. The plan administrator must check that any material facts are correct. You must check that any material facts about you are correct. If there is any doubt about whether a fact is material, for your own protection, the plan administrator should tell us. Where applicable the 24-month moratorium will still apply even if the plan administrator tells us about any pre-existing medical conditions you may have.

If we find out that the plan administrator has not told us about all material facts we can cancel the plan or apply different terms to the plan.

C2 The plan administrator must tell us immediately in writing about any change that affects information given in connection with the proposal for a plan, including information about you.

After we have been told about a change:
- We have the right to reassess your cover if it is a change to important information about you. We may apply new terms to your cover
- We have the right to reassess the plan if the change
to important information is about the plan sponsor or affects all or part of the plan. We may apply new terms to the plan, or cancel the plan.

If there is a change in risk that the plan administrator has not told us about, your cover may be cancelled, the plan may be cancelled, or any related claim may be reduced or rejected.

Preauthorisation and timely claim filing

C3 If a benefit needs preauthorisation as shown on your Benefits schedule, you or your personal representative must request preauthorisation before treatment or services are received or costs are incurred. Once you or your personal representative have received our approval, we will settle all covered costs directly with the providers.

If you or your personal representative do not receive our approval before costs are incurred, we will only approve the costs we would have paid if we had been involved and given our approval.

C4 You or your personal representative should tell us about a claim no later than:

- 180 days after the date of treatment or services received, if it relates to your Summit medical plan
- 31 days after your trip has ended if it relates to your Travel plan
- 31 days after the disablement, or your death, if it relates to your Personal Accident plan

If a claim is not received within the period shown, we reserve the right to reject such claim subject to the applicable laws.

Treatment provision and referral

C5 All treatment must be given with the aim to cure or substantially relieve medical conditions.

C6 Treatment must be given by medical practitioners, specialists, nurses or therapists. All psychiatric treatment and psychotherapy must be given by medical practitioners, psychiatrists or qualified and registered psychotherapists or psychoanalysts.

C7 If your medical practitioner or specialist refers you for further diagnostic tests and procedures or treatment, we may not pay your claim if you do not undergo the diagnostic tests and procedures, or start treatment, within 90 days of the referral date.

C8 Physiotherapy, podiatry, osteopathic and chiropractic treatment must be referred by a medical practitioner or specialist.

Innocent bystanders

C9 Where a benefit is available on your plan, we will cover costs arising from or connected with:

- conflict or civil unrest if, in our reasonable opinion:
  - you are not actively participating,
  - you are not a participant of any armed force or security service, including personal protection,
  - you have not knowingly entered or remained in a location where there is conflict or civil unrest, and

- you have not intentionally put yourself at risk of injury.

- a natural disaster if, in our reasonable opinion:
  - you have not knowingly entered or remained in a location where there is a natural disaster, and
  - you have not intentionally put yourself at risk of injury.

- contamination or injury from any biological, chemical or nuclear materials, including combustion of nuclear fuel if, in our reasonable opinion:
  - you have not knowingly entered or remained in a location where there is contamination,
  - you are not a participant of a biological, chemical or nuclear contamination cleaning crew of any kind, and
  - you do not intentionally put yourself at risk of contamination or injury.

Reasonable costs

C10 Only reasonable costs will be paid for claims. Reasonable costs are the average cost of treatment, expertise or services given by similar types of provider:

- within the same country or geographical region, and
- based on our knowledge and experience.

C11 If a visiting doctor instead of an in-house doctor treats you, in a hospital, clinic or any other facility where direct billing or cashless arrangements are in place, only reasonable costs will be paid. You will have to pay the difference if the visiting doctor’s costs are not reasonable and not in line with the in-house doctor’s costs.

Ineligible claims

C12 If you attend a hospital, clinic or any other facility where direct billing or cashless arrangements are in place, and we subsequently determine that your claim is an ineligible claim, we have the right to recover the full amount of the claim. Payment of any claim is not an indication of our acceptance of liability for the claim or confirmation that further costs for the same medical condition or any related medical condition will be met.

C13 If we receive new information that shows a claim we have already approved is ineligible, no costs will be paid. If any costs have already been paid, we will recover the costs and no further costs will be paid. Any approval we have given during the preauthorisation process may also be withdrawn. After we have given notice that you must repay any costs, this must be done within 14 days, failing which, we reserve the right to cancel the plan, subject to applicable laws.

C14 If you would like us to re-assess a claim we have rejected under a plan for any reason, you will have to prove that the claim is covered under the plan.

Exclusions

The Summit plan does not cover claims for, arising from or connected with the following exclusions unless shown on your Benefits schedule, or agreed by us in writing.

Some of these exclusions apply to the Travel and Personal Accident add-on plans. Extra exclusions also apply to these plans. See the ‘Extra plan terms, conditions and exclusions
for Travel and Personal Accident add-on plans’ section for details.

Underwriting terms

E1 This exclusion applies if your underwriting terms are moratorium or CTT previously moratorium, as shown on your Takaful certificate. See exclusion E2 if your underwriting terms are FMU or CTT previously FMU, as exclusion E1 does not apply to these underwriting terms. Exclusions E1 and E2 do not apply if your underwriting terms are MHD.

A pre-existing medical condition or related medical condition that, within a 24-month period before the date of joining or the date shown on the special terms section of your Takaful certificate, has one or more of the following characteristics:

- Was foreseeable
- Clearly showed itself
- You had signs or symptoms of
- You asked for advice about
- You received treatment for
- To the best of your knowledge, you were aware you had

Pre-existing medical conditions or related medical conditions may be covered after you have had 24 months’ continuous cover under the plan and within that time you have not:

- experienced symptoms,
- asked for advice, or
- needed or received treatment, medication, or a special diet.

If you have:

- experienced symptoms,
- asked for advice, or
- needed or received treatment, medication, or a special diet,
then you will have to wait until you have completed a continuous 24-month period when none of these apply to you. Pre-existing medical conditions or related medical conditions may then be covered. This is the rolling part of the moratorium.

E1 This exclusion applies if your underwriting terms are moratorium or CTT previously moratorium, as shown on your Takaful certificate. See exclusion E2 if your underwriting terms are FMU or CTT previously FMU, as exclusion E1 does not apply to these underwriting terms. Exclusions E1 and E2 do not apply if your underwriting terms are MHD.

A medical condition or symptom that you were aware of before your start date unless we were given all the information we asked for and we have not specifically excluded the medical condition or symptom as shown on your Takaful certificate.

Plan and benefit availability and limitations

E3 Costs incurred:

- That exceed a limit shown on your Benefits schedule
- If you have not completed the waiting period shown on

your Benefits schedule

- If these are less than the value of any deductible that applies to your plan
- If no relevant benefit is included on your plan
- For a benefit not covered on your plan, even if cover was included in any previous plan year
- That may be associated with a claim, but are not covered under your plan. For example, loss of earnings as a result of a medical condition
- Outside your area of cover

E4 Costs incurred for, or in relation to, any portion of treatment or services received before your start date or after your end date.

E5 Medical evacuations if a local situation makes it impossible, dangerous or not practical to enter a specific location or country.

False and fraudulent claims

E6 A false or fraudulent act you know about. If we have paid any part of the claim, we will recover the costs.

Treatment provision and referral

E7 Treatment that we determine on general advice is unproven, experimental or investigational.

E8 Drugs or dressings that:

- are not recognised by the pharmaceutical regulator in the country where treatment is provided,
- are obtained without prescription, or
- are prescribed for a medical condition that is different to the one that is being claimed for.

E9 Dietary supplements, substances and personal products, including, but not limited to, vitamins, minerals, mouthwash, toothpaste, antiseptic lozenges and sprays, shampoo, sunscreen, children’s food, baby supplies and infant formula given orally.

E10 Home visits by a medical professional, unless specifically agreed by us prior to consultation.

E11 Treatment in a spa, hydro spa, health farm or similar facility, and treatment given at a nursing home, similar establishment or hospital, where the facility has become your home or permanent abode or where admission is arranged partly or entirely for domestic reasons.

E12 Treatment given, or referrals made by, a medical professional or dental practitioner who is your spouse, partner, child, parent or sibling, and self-prescribed treatment or self-referral if you are a medical professional or dental practitioner.

E13 Health education programmes and services, including, but not limited to, family planning, antenatal classes and parenting classes.

Administrative costs, fees and charges

E14 Costs of:

- Completing Claim forms
- Completing or obtaining any other documents
• Hospital administration fees
• Any registration fees

E15 Charges incurred for the overdue payment of any invoice.

Cosmetic

E16 Cosmetic treatment.

Weight management

E17 Any treatment for weight loss or weight problems, including, but not limited to, bariatric procedures, diet pills or supplements, health club participations, diet programmes and residential eating disorder programmes.

Reproduction and newborns

E18 Costs of:
• Contraception or sterilisation
• Treatment for sexual problems, including impotence, whatever the cause
• Fertility or infertility tests or treatment
• Assisted reproduction
• Surrogacy

E19 Pregnancy, childbirth and postnatal costs, whether complicated or not, including termination of pregnancy.

E20 Any inpatient treatment needed for an acute medical condition that begins before an insured participant is eight days old if the mother’s pregnancy was the result of assisted conception.

Sleep

E21 Sleep apnoea, sleep-related breathing disorders, snoring and insomnia.

Sight, hearing and dental

E22 Myopia, hypermetropia, astigmatism, natural or non-medical degenerative sight or hearing disorders, aids to help with sight or hearing, contact lens solutions, eye drops, sunglasses and prescription sunglasses.

E23 Orthodontic treatment and dental implants.

Brain and learning disorders, and speech and voice problems

E24 Developmental disorders of the brain, learning disorders, learning difficulties, speech problems and voice problems.

Harvesting, storage and organ transplants

E25 The harvesting or storage of umbilical cord blood stem cells, sperm, mature oocytes and embryos.

E26 Costs of:
• locating a replacement organ,
• removing an organ from a donor,
• transporting an organ, and
• any associated administration.

Addictions and abuse

E27 Treatment for alcohol, drug or substance abuse or any kind of addictive condition, and any injury or illness arising directly or indirectly from such abuse or addiction. Drug abuse is the use of any drug:
• in a manner or in quantities other than as directed or prescribed on medical authority, or
• for any reason other than that for which it was originally prescribed.

Gender reassignment

E28 Treatment directly or indirectly associated with gender reassignment.

Journeys and transportation

E29 Any journey made specifically for the purpose of receiving treatment, unless you have requested preauthorisation and we have given our approval.

E30 Non-emergency transportation.

Acting against medical advice

E31 Any journey, activity, action or pursuit carried out against the advice of a medical professional.

Professional sports and hazardous activities

E32 Playing professional sports, taking part in motor sports of any kind, using a weapon or firearm for any purpose, and the following hazardous activities:
• Mountaineering, potholing, spelunking and caving
• High-altitude trekking over 2,500 m
• Winter sports carried out off-piste
• Arctic or Antarctic expeditions

Self-inflicted medical conditions

E33 Suicide, attempted suicide or any deliberate, self-inflicted medical condition.

Illegal activities

E34 You acting illegally, or committing or helping to commit a criminal offence.

E35 Any inpatient, daycare or outpatient treatment in a hospital, whether planned or not:
• when received before your start date, if the treatment is still ongoing at your start date, or
• that you were aware of at your start date, unless you or the plan sponsor told us about it before your start date and cover has been agreed by us.

Extra plan terms, conditions and exclusions for Travel and Personal Accident add-on plans

Plan terms for Travel

The Travel plan is governed by all of the plan terms in the ‘Plan terms’ section and the extra plan terms below. Claims will only be paid in line with these plan terms.

PT1 We have the right to move you from one hospital to another or arrange to move you to a different location. We will do this if, in our opinion or that of the attending medical practitioner, you can be moved safely to continue treatment.
Plan terms for Personal Accident

The Personal Accident plan is governed by all of the plan terms in the ‘Plan terms’ section and the extra plan terms below. Claims will only be paid in line with these plan terms.

PPA1 Cover is not provided for sickness or disease.

PPA2 If you suffer one or more permanent total or permanent partial disablements within 12 months of an accident, you will only be paid up to the benefit limits shown on the Benefits schedule that applied in the plan year when you had the accident. No payment will be made for any more than the overall limit shown on the Benefits schedule.

PPA3 You will not be paid more than the overall plan limit shown in the Benefits schedule, for any one or more accidents.

PPA4 If you have an existing medical condition and suffer a bodily injury because of an accident, we will ask an independent specialist to assess if your existing medical condition has contributed to your disability after the accident, or if your disability after the accident has made your existing medical condition worse. We will decide the difference between your existing medical condition and the disability suffered after the accident and pay any claim based on this difference. This will be expressed as a percentage and applied to the appropriate benefit.

PPA5 If you die within 12 months of an accident, payment will only be made up to the benefit limit shown on the Benefits schedule that applied in the plan year when you had the accident. Payment will be made in line with the instructions we receive from your personal representative. If you die before any disablement benefit is paid, only the accidental death benefit will be paid. If any disablement benefit has already been paid under the plan for any accident that happened in the same plan year, the amount paid for the accidental death benefit will be reduced by the value of any claims already paid.

No payment will be made for any more than the overall limit shown on your Benefits schedule.

PPA6 If the total value of claims made by multiple participants on the same Personal Accident plan exceeds the accumulation limit shown on the Benefits schedule, the amount paid for each claim will be reduced proportionately based on the amount each participant is due, up to the accumulation limit.

Conditions for Travel

The Travel plan is governed by all of the conditions in the ‘Conditions’ section and the extra conditions below. Claims will only be paid under the plan if you meet all of these conditions.

CT1 If you have to change your original plans for returning home and this will incur additional costs, you must tell us before any costs are incurred. It may affect your claim if you do not tell us.

CT2 When making a claim for a missed departure you must have planned to arrive at your departure point before the earliest scheduled check-in time and give us a written report from the carrier at the point of departure, the police or the relevant public transport authority, confirming the delay and stating its cause.

CT3 When making a claim for a delayed departure or delayed baggage, you must provide us with a written report from your airline or other carrier giving the details.

CT4 You must take care of your property at all times and take all practical steps to recover any property that is lost or stolen. It may affect your claim if you do not do this.

CT5 Any theft, suspected theft or loss must be reported to the local police within 24 hours of discovery and supported by a police report.

CT6 Any loss of, or damage to, your property during your journey with an airline or other carrier, whether or not your property is checked in:
• must be reported to the airline or carrier immediately upon discovering the loss or damage, and
• must be supported by a written report from them.

CT7 You must keep any damaged property that you want to claim for. If we ask you to send it to us, you must do so at your own expense. If a claim is paid for the full value of any item, it will become our property.

CT8 We may discharge any of our legal responsibilities under this plan by replacing or repairing any property that is lost or damaged.

CT9 When making a claim because your transport was hijacked, you must provide us with a police report giving the details.

CT10 If the total cost of one or more claims for a trip exceeds the original cost of the trip, we will not pay any more than the original cost of the trip.

Conditions for Personal Accident

The Personal Accident plan is governed by conditions C1, C2, C4, C9, C12, C13 and C14 in the ‘Conditions’ section and the extra conditions below. Claims will only be paid under the plan if you meet all of these conditions.

CPA1 We provide cover for managerial, clerical and administrative occupations only. If your occupation puts you at greater risk of a bodily injury caused by an accident, the planholder or your plan administrator must tell us. We will tell them if we agree to cover you and let them know any extra Takaful contribution that will apply.

CPA2 You or your personal representative must tell us as soon as possible about any accident that causes or may cause a claim.

CPA3 You must make all medical records, notes and correspondence we need available to us and any medical advisor we have appointed.

CPA4 For any claim to be considered for loss of sight of one eye, the degree of sight after correction must be 3/60 or less on the Snellen Scale, seeing at 3 feet what you should see at 60 feet, or an equivalent scale.
For any claim to be considered for loss of sight of both eyes, you must be diagnosed as blind on the authority of a fully qualified ophthalmic specialist.

**Exclusions for Travel**

Section 1 of the Travel plan does not cover claims for, arising from or connected with exclusions E3, E4, E5, E6, E7, E8, E9, E10, E11, E12, E13, E14, E15, E16, E17, E18, E20, E21, E22, E23, E24, E25, E26, E27, E28, E29, E30, E31, E32, E33 and E34 listed in the ‘Exclusions’ section and the extra exclusions below.

**ET1** Trips made for the specific purpose of receiving treatment.

**ET2** A medical condition that, within the 24-month period before the date your trip is booked, or your date of joining as shown on your Takaful certificate, whichever is later, has one or more of the following characteristics:

- Clearly showed itself
- You had signs or symptoms of
- You asked for advice about
- You received treatment for
- To the best of your knowledge, you were aware you had

**ET3** A pregnancy when:

- You are travelling against medical advice
- You are 26 weeks or more into your pregnancy when you start your trip
- You are 34 weeks or more in to your pregnancy, unless:
  - you started your trip before you were 26 weeks or more into your pregnancy, and
  - you planned to complete your trip before the end of week 33 of your pregnancy but, in our reasonable opinion, were unable to do so due to unforeseen circumstances beyond your control.
- There have been complications relating to your pregnancy before your trip
- It is a multiple pregnancy
- The pregnancy is the result of an assisted conception

**ET4** Any treatment that, in our reasonable opinion, is not immediately necessary and can wait until you return to your country of residence.

Sections 2 to 9 of the Travel plan do not cover claims for, arising from or connected with exclusions E3, E4, E6, E12, E14, E15, E21, E22, E24, E26, E27, E31, E32, E33 and E34 listed in the ‘Exclusions’ section, ET2 and the extra exclusions below.

**ET5** Leaving your baggage, unless checked in and in the custody of your airline or other carrier:

- with a person you have not previously met,
- in a public place where it can be taken without your knowledge, or
- at a distance from which you cannot prevent it from being taken.

**ET6** An aircraft or sea vessel being withdrawn from service, whether temporary or otherwise, on the recommendation of a relevant port authority, the civil aviation authority or any similar organisation.

**ET7** Strike or industrial action taking place, or publicly declared on, or before, the date your trip is booked.

**ET8** Expenses payable by, or to, your travel agent, tour operator, accommodation provider, airline or other carrier or provider.

**ET9** Neglect, or failure to act, by the travel agent, tour operator, accommodation provider, airline or other carrier or provider.

**ET10** Proceedings taken against a travel agent, tour operator, accommodation provider, airline or other carrier or provider.

**ET11** Any person, organisation or company becoming insolvent, or being unable or unwilling to fulfil any part of their obligation to you.

**ET12** Any costs you have to pay for visas needed in connection with your trip.

**ET13** Any costs you would, in our reasonable opinion, normally have to pay in connection with your trip.

**ET14** Shortages due to:

- loss of value, including, but not limited to, loss of value due to wear and tear,
- error or omission, including, but not limited to, incorrect or incomplete bookings, or
- exchange, including, but not limited to, switching hotels or travel arrangements.

**ET15** Changes in exchange rates.

**ET16** Government regulations or acts and currency restrictions.

**ET17** Loss, damage or expense, as a result of travelling to an area that the government of your country of residence, or the government of your home country, has advised against travelling to.

**ET18** Cancellation or curtailment of your trip if you knew that you may have to cancel or cut short your trip at your date of joining the plan or when booking the trip, whichever is later.

**ET19** You deciding not to travel, not enjoying your trip, or not travelling because you could not afford it.

**ET20** Cancellation due to an act of terrorism or the threat of an act of terrorism, unless the government of your country of residence or your home country has advised against travelling to the area.

**ET21** Failure to tell your travel agent, tour operator, accommodation provider, airline or other carrier or provider as soon as you know that you need to cancel your travel arrangements.
ET22 Unused accommodation, activities or travel arrangements, or any administration costs that your travel agent, tour operator, accommodation provider, airline or other carrier or provider charges for refunds in relation to these.

ET23 Extra charges made by your travel agent, tour operator, accommodation provider, airline or other carrier or provider.

Sections 6, 7, 8 and 9 of the Travel plan also do not cover claims for, arising from or connected with the extra exclusions below.

ET24 Loss or theft of any one or more of the following that are not personally carried by you, unless they were checked in and in the custody of your airline or other carrier, secured in the locked boot or locked glove compartment of a vehicle, or held in a safety deposit box or safe that is not in your room or apartment:

- Cash, traveller’s cheques, and postal or money orders
- Travel documents, including passports
- Photographic, audio, video, computer and electrical equipment of any kind
- Mobile phones, spectacles and sunglasses
- Binoculars and telescopes
- Musical instruments
- Antiques, fine art, furs, leather goods and animal skins
- Watches, jewellery, and any items made of, or containing, gold, silver, precious metals, or precious or semi-precious stones

ET25 Costs due to:

- Damage caused by moth, vermin, atmospheric conditions or climatic conditions
- Damage caused by any process of cleaning, repair or restoration
- Damage caused by leaking powder or fluid carried within your baggage
- Wear and tear, or gradual deterioration
- Mechanical or electrical breakdown of your property

ET26 Any extra value an item had because it formed part of a pair or set.

ET27 Loss due to customs or any other authority legally taking or destroying your property.

ET28 Loss of, or damage to, contact or corneal lenses.

ET29 Damage to clothing or sports equipment when in use.

ET30 Breakage of fragile items, including, but not limited to china, glass and sculptures.

ET31 Loss of, or damage to, stamps, documents, deeds, manuscripts or securities of any kind.

ET32 Loss of, or damage to, goods, samples or tools hired or held in trust by you, that you do not own.

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Exclusions for Personal Accident

The Personal Accident plan does not cover claims for, arising from or connected with exclusions E3, E6, E12, E14, E15, E27, E29, E30, E31, E32, E33 and E34 listed in the ‘Exclusions’ section and the extra exclusions below.

EPA1 Any accident that happens before your start date or after your end date.

EPA2 Engaging in occupations which, in our reasonable opinion, are manual or dangerous occupations.

EPA3 Aviation other than as a fare-paying passenger in a fully-certified passenger-carrying aircraft, flown in the course of licensed operation by licensed crew for the transportation of passengers.
**Data Protection**

We are committed to protecting your personal data and privacy. Any personal information that we collect will be kept confidential and will be processed in accordance with the relevant legislation and guidelines, and our own strict internal policy.

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

Your information may also be used for fraud prevention and audit purposes. If you give us false or inaccurate information and we suspect fraud, we will record this. We may pass such information to law enforcement or other legal agencies, governmental or judicial bodies, or to regulators.

Your medical information will only be disclosed to those involved with your treatment or care, including your medical practitioner, or their agents. If you ask us to, we will also send your medical information to any person or organisation that may be responsible for meeting your treatment expenses, or their agents. Your information may be discussed with your agent or broker if you have requested the broker to assist you in handling your claims and you have authorised us to provide them with such medical information.

If you want us to disclose your medical information to another individual or next of kin, you must tell us. In exceptional emergency situations, and in accordance with medical confidentiality guidelines and relevant law, we may be required to disclose such information to relatives, family members or other third parties.

We may, from time to time, provide you with marketing information about our products and services and those of any associated companies which may be of interest to you. You will be given an opportunity to tell us if you do not wish to receive such information.

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

**Complaints**

We strive to give you a first-class service. However, if there is an occasion when you feel we have not done this we want to know.

Please contact us at:
Al Khaleej Takaful Insurance
PO Box 4555
Doha
Qatar
Telephone: +974–4404–1111
Fax: +974–4443–0530
E-mail: ktg@alkhaleej.com

When you contact us it will help if you give us your plan number and claim number, if this applies. Please also provide as much information as you can about your complaint, as well as your full contact details.

We will deal with your complaint fairly, promptly and in accordance with relevant regulation.

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

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

**Help us manage fraud**

**Fraud, let’s beat it together**

Fraud is a crime and healthcare fraud increases Takaful contributions for our customers. This is why, with your help, we will do our utmost to detect and eliminate it.

Fraud is the dishonest intent to get financial gain from, or cause a financial loss to a person or party through false representation, failing to disclose information or abuse of position.

There are many examples of fraud, some of these are:

- Giving false or misleading information in order to obtain Takaful cover or a reduction in Takaful contribution
- Claiming for treatments or services not received
- Altering or amending invoices or any other documents
- Deliberately failing to disclose previous medical history when required
- Giving a false diagnosis
- Claiming from more than one Takaful operator for the same treatment or service
- Using somebody else’s Takaful cover to obtain treatments or services

We are committed to protecting you against fraud and we also have statutory responsibilities to prevent our products from being used as a vehicle for financial crime.

Maladministration, including innocent and careless overcharging for treatments and services, also raises the cost of medical Takaful cover.

Some examples of maladministration include:

- Billing twice for the same service
- Incorrect billing for treatments or services
- Providing unnecessary treatments or services

**How you can help to protect yourself and keep Takaful contributions down**

There are simple steps you can take to protect yourself. Some of these are:

- Compare invoices with your records. Check the dates are correct and the treatments or services were actually provided to you
Ask questions if there is anything you are unsure of, do not understand, expect or recognise.

Keep in close contact with us if you have made a claim.

Let us know if you are concerned that your medical practitioner is providing treatment that is not necessary for you.

Carefully fill in any Claim forms. Ask us if there is anything you are unsure of or do not understand.

Look after your Takaful cover details and documentation.

Make sure you understand any documentation before you sign it.

Keep copies of any documentation and correspondence.

Report suspected fraud to us.

We work closely with others to prevent fraud.

We work with Aetna to prevent and detect fraud. We are committed to protecting you against fraud and we also have statutory responsibilities to prevent our products from being used as a vehicle for financial crime. In addition to our strict controls to deter, prevent, detect and investigate fraud, we also work with other Takaful cover providers to give you the best service we can. Other providers we work with are:

- International Insurance bodies
- International Police and Investigative agencies
- Government departments

If you suspect fraud

Please contact us at:

Fraud and Investigation e-mail: ktg@alkhaleej.com
Fraud and Investigation Confidential telephone line: +974–4404–1111 Fax: +974–4443–0530

Definitions

Accident – any involuntary or unexpected event resulting in a bodily injury.

Act of terrorism – an act by any person, group or groups of people, including, but not limited to, the use or threat of force or violence, whether acting alone, on behalf of, or in conjunction with, any organisation or government. This includes, but is not limited to, acts intended to influence any government or cause fear to members of the public, whatever the reason.

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

Acute episode – an unexpected, adverse, change to the usual state of a participant’s chronic medical condition, which responds to treatment that aims to return them to their state of health before the event occurred.

Add-on plan – a plan available in addition to the Summit plan, that must have the same plan start date as the Summit plan.

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

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

Area of cover – the geographic area of the world in which a participant’s plan applies. This is shown on their Takaful certificate.

Benefit – cover provided by a plan, and any extensions or restrictions shown in the Handbook, Takaful certificate or Benefits schedule.

Benefits schedule – the document that details the benefits available under a plan.

Bodily injury – any physical harm to a participant.

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

- Continues indefinitely and has no known cure
- Comes back or is likely to come back
- Is permanent
- Needs rehabilitation or special training for a participant to cope with it
- Needs long-term monitoring, including consultations, checkups, examinations and tests

Claims procedures – the document that explains how to make a claim under a plan.

Conflict or civil unrest – any act of terrorism, war, invasion, foreign enemy hostility (whether or not war is declared), mutiny, riot, strike, civil war, rebellion, revolution, insurrection or attempted overthrow of government, usurped power, martial law or state of siege.

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

Continuous Transfer Terms (CTT) – continuation of the same underwriting terms, including any special exclusions, that applied with a previous Takaful operator. The underwriting terms with us can be C TT previously moratorium or C TT previously FMU. Participants will not be subject to any new personal underwriting terms. Cover will still be governed by the benefits, terms and conditions of the plan with us. See the ‘Transfers’ or ‘Group participant transfers’ section and the C TT previously moratorium and C TT previously FMU definitions for more information.

Co-payment – a percentage of costs a participant must pay towards a covered claim.

Country of nationality – any country for which a participant holds a valid passport.

Country of residence – the country a participant lives in for most of the time, usually for a period of at least six months during a plan year.

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

CTT previously FMU – continuation of a participant’s full medical underwriting terms with a previous Takaful operator. They will not be subject to any new personal underwriting terms. Cover will still be governed by the benefits, terms and conditions of the plan with us, including exclusion E2. Exclusion E1 will not apply.

CTT previously moratorium – continuation of a participant’s moratorium start date if they had moratorium underwriting terms with a previous Takaful operator. They will not be subject to any new personal underwriting terms. Cover will still be governed by the benefits, terms and conditions of the plan with us, including exclusion E1. Exclusion E2 will not apply.

Date of joining – the date when a participant first enrolled or re-enrolled if there is a break in their cover.

Daycare – where treatment is received at a hospital or daycare unit, medical supervision is needed for four or more hours for recovery and the participant does not stay overnight.

Deductible – any co-payment, excess or reasonable and customary deduction that applies to a plan.

Dental – that which affects the teeth and gums.

Dependant – a main participant’s:
- Spouse
- Unmarried child, stepchild or legally adopted child under the age of 18
- Unmarried child, stepchild or legally adopted child aged 18 to 26 who is in continuous full-time education. We may need written proof from the educational facility where they are enrolled.

Diagnostic tests and procedures – any medically necessary test or examination to investigate the cause of a participant’s signs or symptoms.

Direct billing – where we settle costs of outpatient treatment or services directly with a provider in the network.

Eligible – the costs for treatment or services that qualify under the plan, as described in the plan documentation.

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

End date – the last day a participant has cover under a plan.

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

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

Full Medical Underwriting (FMU) – the process that we use to assess a participant’s medical history and decide the special terms we offer them. Cover will still be governed by the benefits, terms and conditions of the plan with us except for exclusion E1.

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

Group formation proposal – the document entitled ‘Summit Group plan proposal’ which must be completed and signed by the plan sponsor to agree to the terms of the plan plus any supporting information given in connection with it.

Group participant proposal – the document entitled ‘Summit Group participant proposal’ which must be completed and signed by the participant to agree to the terms of the plan plus any supporting information given in connection with it.

Home country – the country a participant is from as given to us on their Proposal.

Hospital – an establishment that is licensed to provide inpatient, daycare and outpatient medical and surgical treatment in accordance with the laws of the country in which it is situated.
Ineligible – the costs for treatment or services that do not qualify under the plan, as described in the plan documentation.

In-house doctor – a doctor who is employed by the hospital, is considered a permanent member of staff and charges in line with hospital tariffs.

Inpatient – where treatment is received at a hospital and, based on advice, the participant needs to stay in a bed for one or more nights.

Intrinsic value – the actual cash value of an item at the time of loss or damage, including appropriate deductions for wear and tear.

Lifetime limit – the total amount that will be paid for any eligible claim for costs incurred during any time a participant is covered on any one or more plans with the same or equivalent benefit, even if there is a break in their cover. See plan term P9 for more information.

Main participant – a participant who is employed by the plan sponsor, or has an affiliation or similar legal relationship with them, which we agree meets the eligibility criteria.

Material fact – information which you have given us which is, in our reasonable opinion, likely to influence us in our assessment, acceptance or renewal of your participation in the plan, or in making any changes to the plan. This includes but is not limited to your responses to our questions about yourself, your lifestyle, your health or your medical conditions.

Medical condition – any signs or symptoms, injury, illness or disease.

Medical History Disregarded (MHD) – we will cover a participant’s pre-existing medical conditions, subject to the benefits, terms and conditions of the plan. Exclusions E1 and E2 will not apply.

Medical necessity, medically necessary – treatment that is prescribed by a participant’s medical practitioner or attending specialist, is in line with general advice, and in our reasonable opinion, is appropriate for their medical condition.

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

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

Moratorium – a waiting period of 24 months from a participant’s date of joining, or the date shown in the special terms on their Takaful certificate, that must have passed before claims for pre-existing medical conditions or related medical conditions may become eligible. See exclusion E1 for more information.

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

Network – all of the providers with whom there are healthcare arrangements for our participants.

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

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

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

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

Participant – a person we have agreed to cover under a plan as named on the Takaful certificate.

Participant ID Card – a card we issue for each participant, which provides basic plan details and contact information.

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

Plan – our contract of Takaful cover (made up of all of the documents which form the plan documentation) with the plan sponsor, which takes effect on the plan start date.

Plan administrator – the person who acts as the plan coordinator on behalf of the plan sponsor, as chosen by the plan sponsor.

Plan documentation – Group formation proposal(s), Takaful certificates, Plan sponsor guide(s), Handbook(s), Benefits schedule(s), final participation census, Group participant proposals (if these apply), Group participant declarations (if these apply) and Claims procedures.

Plan level – the plan sponsor’s choice of Summit plan or Personal Accident plan from the range available.

Plan renewal date – the date when a new plan year is due to begin, as shown on a Takaful certificate.

Plan sponsor – the entity that purchases a plan for eligible main participants, and their eligible dependants where agreed.

Plan start date – the first day of each plan year, as shown on a Takaful certificate.

Plan year – the period of cover from the plan start date to the day before the plan renewal date, as shown on a Takaful certificate. This is usually a period of 12 months.

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

Preauthorised – any treatment, services or costs that we approve as a result of preauthorisation.
Pre-existing – any medical condition or related medical condition that, in our reasonable opinion, has any one or more of the following characteristics:

• Was foreseeable
• Clearly showed itself
• A participant had signs or symptoms of
• A participant asked for advice about
• A participant received treatment for
• To the best of a participant’s knowledge, they were aware they had

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

Public transport – any paid and licensed type of transport.

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

Routine health check – diagnostic tests or procedures where no signs or symptoms are present, and they are not received in relation to a diagnosed medical condition. This includes any cancer screening a participant receives after they have been in remission for more than five years.

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

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

Start date – the first day a participant has cover under a plan during a plan year, as shown on their Takaful certificate.

Takaful certificate – a document that provides plan details, including dates of cover, participant information and any special terms that may apply.

Terminal – the end stages of a medical condition where life expectancy is considered to be days or weeks and only palliative treatment and care is given.

Therapist – a physiotherapist, podiatrist, osteopath, chiropractor, Chinese herbalist, ayurvedic practitioner, acupuncturist or homeopath, who is qualified and licensed in the country where the treatment is given.

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

Trip – any journey or period of travel that does not exceed the duration shown on a participant’s Travel plan Benefits schedule. This includes the dates of departure from, and return to, a participant’s country of residence.

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

We/our/us – Al Khaleej Takaful Insurance.

You/your/yourself – you as a participant.
### Areas of cover guide

#### Area 1
Includes all countries in Areas 2, 3, 4, 5, 6 and 7 plus the United States of America (US).

#### Area 2
Includes the countries listed below and all countries in Areas 3, 4, 5, 6 and 7.

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

#### Area 3
Includes China and all countries shown in Areas 4, 5, 6 and 7.

#### Area 4
Includes the countries listed below and all countries in Areas 5, 6 and 7.

<table>
<thead>
<tr>
<th>Australia</th>
<th>New Zealand</th>
<th>Singapore</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kuwait</td>
<td>Qatar</td>
<td>United Arab Emirates (UAE)</td>
</tr>
</tbody>
</table>

#### Area 5
Includes the countries listed below and all countries in Areas 6 and 7.

<table>
<thead>
<tr>
<th>Åland Islands</th>
<th>Belize</th>
<th>Curaçao</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albania</td>
<td>Bermuda</td>
<td>Cyprus</td>
</tr>
<tr>
<td>Andorra</td>
<td>Bolivia</td>
<td>Czech Republic</td>
</tr>
<tr>
<td>Anguilla</td>
<td>Bonaire, Sint Eustatius and Saba</td>
<td>Denmark</td>
</tr>
<tr>
<td>Antigua and Barbuda</td>
<td>Bosnia and Herzegovina</td>
<td>Dominica</td>
</tr>
<tr>
<td>Argentina</td>
<td>Brazil</td>
<td>Dominican Republic</td>
</tr>
<tr>
<td>Armenia</td>
<td>Bulgaria</td>
<td>Ecuador</td>
</tr>
<tr>
<td>Aruba</td>
<td>Cayman Islands</td>
<td>El Salvador</td>
</tr>
<tr>
<td>Austria</td>
<td>Channel Islands (Jersey, Guernsey, Alderney, Herm, Jethou, Lihou and Sark)</td>
<td>Estonia</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>Chile</td>
<td>Falkland Islands (Malvinas)</td>
</tr>
<tr>
<td>Bahamas</td>
<td>Colombia</td>
<td>Faroe Islands</td>
</tr>
<tr>
<td>Barbados</td>
<td>Costa Rica</td>
<td>Finland</td>
</tr>
<tr>
<td>Belarus</td>
<td>Croatia</td>
<td>France</td>
</tr>
<tr>
<td>Belgium</td>
<td></td>
<td>French Guiana</td>
</tr>
<tr>
<td>Area 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes the countries listed below and all countries in Area 7.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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