

# Summit

## Handbook (The details)

For plans starting on or after 1 August 2020

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# Before you join us

## 1 Introduction

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

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

- immediately end cover and stop paying **claims** under the **plan** (regardless of any permission **you** might have from any authority to continue cover), and /or
- declare your and your **dependants'** membership on the **plan** as being void as if it never existed or cancel it at such other point as **we** deem appropriate.

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

For more information on OFAC, visit [www.treasury.gov/resource-center/sanctions/Pages/default.aspx](http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx).

## 2 Eligibility

### Main participant

To be eligible for the **plan sponsor** to add **you** as a **main participant** 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 participant** to this **plan** within 30 days of the proposed **main participant** meeting the above criteria. At any other time, **we** will need to ask the proposed **main participant** questions in order to decide if **we** can include them and on what terms.

### Dependants

If a **main participant** wishes to include a **dependant** on their **plan**, they must be the **main participant'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 participant'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 participants** 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 participant** to this **plan**. **We** won't be able to add the proposed **main participant** until **we** receive all relevant information about them from the **plan sponsor**.

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

**We'll** send the **main participant**, **Participant ID cards** for each **participant**. Note that **we** may charge **you** or the **plan sponsor** an administration fee to replace any **plan documents** or **Participant ID card**. **You** can access your **Takaful certificate** and other **plan documents** through your **Health Hub**.

## 4 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

Takaful certificate. Your Takaful certificate 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 Takaful certificate) will apply.

## 5 Pre-existing medical conditions

### Moratorium

If your Takaful certificate 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 Takaful certificate):

- 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 Takaful certificate 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

proposal for your **plan** and your Takaful certificate doesn't show an exclusion for that **medical condition**.

## 6 Medical History Disregarded

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

## 6 Clinical policy bulletins

For information on how we classify certain **treatments** and services, visit [aetna.com/health-care-professionals/clinical-policy-bulletins.html](https://aetna.com/health-care-professionals/clinical-policy-bulletins.html). Our clinical policy bulletins (CPBs) are based on objective and credible sources, including scientific literature, guidelines, consensus statements and expert opinions. They're not a description of cover or confirmation that we cover these **treatments**, services or costs under your **plan**. If there's a discrepancy between a CPB and your plan, your **plan** terms will apply.

## 7 Help us prevent fraud

Fraud is a crime and health care fraud increases Takaful contributions 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 Takaful cover or a Takaful contribution 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 Takaful operator for the same **treatment** or service, or
- using somebody else's Takaful cover to get **treatment** or services.

## How you can help protect yourself and keep Takaful contributions 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 Takaful cover 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 +974-4404-1111, fax: +974-4443-0530 or email [ktg@alkhaleej.com](mailto:ktg@alkhaleej.com).

# While you're with us

## 8 Adding and removing dependants

Your **plan sponsor** must contact **us** to add each person who a **main participant** 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 **participant** 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 participant** will not need to complete a proposal 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 **participant**.

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

Once **we've** accepted a proposed **dependant**, **we'll** send the **main participant** the new Participant ID card and an updated Takaful Certificate.

## 9 Removing a participant

A **main participant** 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 participant** a revised Takaful Certificate.

The **plan sponsor** can remove **participants** 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 participant** 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 **participant** deletes or destroys his or her **Takaful certificates** and **Participant ID cards** on or by that **participant's end date**. If a **participant** the **plan sponsor** has removed obtains **treatment** after that **participant'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 **participant**.

## 10 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 **participants** delete or destroy his or her **Takaful certificates** and **Participants ID cards** on or by that **participant's end date**. If a **participant** obtains **treatment** after that **participant'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 **participant**.

## 11 Plan renewal

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

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

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

## 12 Claims

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

Inside Qatar, call **us** on 800-0108. If you're calling from outside Qatar, then call collect on +971-4-438-7602.

By fax on +971-4-428-7101.

Or by e-mail at [MEAServices@aetna.com](mailto:MEAServices@aetna.com).

**We** may record calls for monitoring and training purposes.

To call collect you must contact the telephone operator in the country you're calling from and ask to make a collect call to +971-4-438-7602. 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 six months of receiving the **treatment** or services. If you leave it longer, we may not be able to reimburse you.

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

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

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

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

## What you need to know when claiming

You must show your **Participant 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 **Participant ID** in all correspondence with us relating to your **claim**.

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

We can only pay **claims** to:

- you,

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

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

We may also request further tests or evaluations if we decide that a **medical condition** may be directly or indirectly related to a **medical condition** we do not cover you for. We may decline your **claim** if we don't have sufficient information to assess it. You must tell us about any negotiations or settlement discussions you enter into with any other party about any action or omission which leads to a **claim** under your **plan**. You mustn't agree to a settlement with any party without our prior written agreement.

## Requesting preauthorisation

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

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

- medical evacuation,
- **inpatient treatment** or **daycare treatment** admission,
- preparation or transportation of body or mortal remains,
- **psychiatric treatment**,
- prescription for more than three months' supply of drugs for the management of a **chronic medical condition**, 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 **Participant 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 **co-payment**. 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 Participant 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 co-payment shown on your Participant ID card, in your Benefits Schedule or on your Takaful certificate.

## 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](http://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 [MEAServices@aetna.com](mailto:MEAServices@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 six months) after the first treatment date.

## Ineligible claims

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

the same medical condition or related medical condition.

If we determine that a claim we've already approved is ineligible, we won't pay for the claim. If we've already paid any costs, you'll need to repay them to us within 14 days or we may withdraw any associated preauthorisation, cancel your plan and keep the Takaful contribution.

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 Takaful cover

If another Takaful operator covers an eligible claim under your plan, we'll deduct any payments you've received from the other Takaful operator (plus any excess or co-payment amounts under your other Takaful cover 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 Takaful operator) 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.

## Fraudulent claims

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

- declare your and your dependants' membership on the plan as being void as if it never existed or cancel it at such other point as we deem appropriate,
- notify the plan sponsor in accordance with section 10 of this Handbook,
- notify the relevant authorities and take further legal action against you as we deem appropriate,
- refuse to make payment either in whole or in part in respect of any false or fraudulent claim,
- seek to recover from you any payments we've already made in respect of the false or fraudulent claim in accordance with section 15 of this Handbook, and / or

- immediately stop paying claims regardless of eligibility.

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

## 13 Exclusions

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

Costs 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 **participant** 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.



# The extra bits

## 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.

## 14 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 **Summit plan** that must have the same **plan start date** as the **Summit 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 **Takaful certificate**.

---

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

---

**Benefit:** the cover provided by your **plan** and shown in your **Benefits Schedule**, subject to any conditions or exclusions in this document or shown on your **Takaful certificate**.

---

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

---

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

---

**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.

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**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 Takaful operator. 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.

---

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

---

**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 Takaful operator. 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 Takaful operator. Cover will still be governed by the **benefits**, terms and conditions of the **plan with us**.

---

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

---

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

---

**Deductible:** any co-payment, 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.

---

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**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 participant'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 Participant Proposal:** the 'Summit Group Participant Proposal' 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 participants' 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 Participant Proposal 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.

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**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 participant:** a person who we agree meets the 'main participant' 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 participants.

---

**Moratorium:** a waiting period of 24 months from either your date of joining or the date shown in the special terms section of your Takaful certificate 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.

---

**Participant:** a main participant or dependant who is named on the Takaful certificate.

---

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

---

**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 Takaful cover with the plan sponsor in relation to your 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 Participant Proposal (if applicable), the Takaful certificate, this Handbook, the Plan Sponsor Guide and the Benefits Schedule.

---

**Plan level:** the 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 Takaful certificate.

---

**Plan sponsor:** the entity that purchases a plan for participants.

---

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

---

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

---

**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.

---

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**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.

---

**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 Takaful certificate.

---

**Summit plan:** the primary health care plan.

---

---

**Takaful certificate:** a document that contains a summary of plan details, including dates of cover, participant information and any special terms that may apply.

---

**Takaful contribution:** the amount the plan sponsor has to pay for the Summit plan and any add-on plans.

---

**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 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:** Al Khaleej Takaful insurance.

---

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

---

## 15 Governing law, jurisdiction and language

The laws of Qatar govern your plan, and any disputes or claims arising from or connected to them. The courts of Qatar 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 Takaful contributions or benefits.

## 16 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:

Al Khaleej Takaful Insurance  
PO Box 4555  
Doha  
Qatar

Email: [ktg@alkhaleej.com](mailto:ktg@alkhaleej.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.

## 17 Data protection

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.

### 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  
Al Khaleej Takaful Insurance  
PO Box 4555  
Doha  
Qatar

**You** can find our full terms and conditions, and details of our privacy policy at [www.aetnainternational.com/en/about-us/legal-notice.html](http://www.aetnainternational.com/en/about-us/legal-notice.html).

## 18 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](http://www.treasury.gov/resourcecenter/sanctions/Pages/default.aspx).

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

## Area 1

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

## Area 2

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

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

## Area 3

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

China

## Area 4

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

Australia	Qatar	Emirates
Kuwait	Singapore	
New Zealand	United Arab	

## Area 5

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

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

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

## Area 6

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

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

## Area 7

Includes the countries and territories listed below only

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

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If coverage provided by this policy violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna and Al Khaleej 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](http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx).

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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 dependants, of the Individual Shared Responsibility Provision (individual mandate) of PPACA. Failure to maintain MEC can result in US tax exposure. You may wish to consult with your legal, tax or other professional advisor for further information. This is only applicable to certain eligible US taxpayers.

