

# Outreach Benefits Schedule (US\$)

Effective 1 May, 2017

Master Group Policy (TTc010408/01/TTc2017/Outreach)

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## IMPORTANT

This policy is a contract between the Aetna Life & Casualty (*Bermuda*) Ltd. having a registered address in Hamilton, Bermuda (*hereinafter "insurer"*) and those members of Talent Trust Outreach program named as insured persons in the Schedule of Cover. Please carefully read your Schedule of Cover to ensure that all the details shown are accurate and correct. If this is not the case, please notify Talent Trust Consultants immediately.

## OPERATION of COVER

This insurance provides 24-hr worldwide cover for the cure and relief of short-term acute medical conditions by a specialist or medical practitioner unless where is otherwise specified. You must at all times take reasonable precautions to prevent accidents or illness and shall comply with recommended vaccination schedules and/or take appropriate malarial and other drug prophylaxis. All expenditure for which benefit is claimed must be reasonable and customary and be necessarily incurred and for medical claims, the expenditure must be wholly and exclusively for the purpose of treatment.

## ELIGIBILITY

This insurance is available only to members of Talent Trust Consultants, to cover persons serving in vocational service.

In the table below, we have displayed the benefits applicable to your cover.

To help you understand your cover, certain words and phrases have specific meanings, and are defined in your policy documentation.

The following benefits are subject to the maximum aggregate limit and the sums insured indicated in this benefits schedule, the applicable medical underwriting, the member’s certificate of insurance and our general conditions and exclusions.

General exclusions include: alcohol, drug or solvent abuse, pre-existing medical conditions that pre-date the member’s commencement date, cosmetic treatment, sexually transmitted diseases, and sterilisation.

All benefits shown are per insured person, per period of cover (*unless specifically stated*). The policy excess applies to all benefits and will differ depending on whether your claim is incurred inside or outside the USA.

## COVER

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<p>We will provide cover for the treatment of acute medical conditions that did not pre-exist during the period of cover. All costs incurred must be medically necessary and subject to reasonable and customary charges, based on the average treatment costs applicable to the region in which the treatment was received, as determined by us. Inpatient accommodation costs are for a standard private room unless we have opted to apply an alternative bed limit.</p>	
<p><b>Area of Cover for Plan 1, Plan 2 and Plan 3 of the Outreach program</b></p> <p>Plan 1 – Worldwide, excluding the USA and member’s country of residence            Plan 2 – Worldwide, allowing up to 65% of the time to be spent in the USA or member’s country of residence            Plan 3 – Worldwide, including the USA and member’s country of residence</p> <p>Please Note: Plan 2 and Plan 3 exclude coverage in a member’s home state in the USA.</p>	
<p><b>Policy Excess</b></p> <p>Policy Excess: Your schedule of cover will show the amount of excess you will be obliged to pay before receiving any benefits under this policy. The excess amount you are liable for will differ depending on whether your claim is incurred inside or outside the USA. Each insured person is liable for the first US\$50 of each claim outside the USA and US\$100 of each claim incurred inside the USA.</p> <p>In the event of any occurrence giving rise to claims under more than one section of the policy, only one excess of US\$50 (<i>US\$100 within the USA</i>) for each claiming insured person shall be deducted from the total amount of the claim.</p> <p>The following items will require pre-authorisation:</p> <ul style="list-style-type: none"> <li>a) Planned inpatient or day patient treatment (<i>hospitalisation</i>)</li> <li>b) Planned surgery</li> <li>c) Evacuation</li> <li>d) Home nursing charges</li> <li>e) Planned inpatient, day patient or outpatient MRI, CT &amp; PET scans</li> </ul> <p><b>Application of Limits:</b></p> <p>Any overall benefit limits (<i>monetary limit, etc.</i>) will be applied after the application of any excess.</p>	

**MEDICAL & ADDITIONAL EXPENSES**

<p><b>Should an insured person suffer accidental bodily injury or illness (<i>including compulsory quarantine</i>) during the period of cover, we will pay for :</b></p>	<p>Age below 70: US\$1,500,000 per person per period of cover</p> <p>Age 70 to 79: US\$100,000 per person per period of cover</p> <p>Age 80 or over: US\$50,000 per person per period of cover</p>
<p><b>1. Day Patient &amp; Inpatient Care</b> Charges incurred for the treatment of an acute medical condition, including stabilisation of an acute exacerbation of a chronic condition that did not pre-exist, when treatment is received as an inpatient or day patient including:</p> <ul style="list-style-type: none"> <li>i) Hospital accommodation and associated charges</li> <li>ii) Admittance to the intensive care unit</li> <li>iii) Charges for nursing by a qualified nurse, theatre fees and other charges including nursing home</li> <li>iv) Medical practitioner fees including consultations, specialist fees and anaesthetist fees</li> <li>v) Diagnostic procedures including but not limited to pathology tests, ultrasound, x-rays, MRI, CT and PET scans</li> <li>vi) Reconstructive surgery (<i>including outpatient treatment</i>) to restore natural function or appearance required as a result of an accident or illness occurring during the period of cover and where treatment takes place within 12 months of the insured event occurring but not later than 6 months from the expiry of the period of cover</li> <li>vii) Drugs, dressings, medicines and appliances prescribed by a medical practitioner or specialist, including traditional Chinese medicine</li> <li>viii) Physiotherapy, massage and manipulative treatment</li> <li>ix) Rehabilitation (<i>including outpatient treatment</i>) in a recognised rehabilitation unit of a hospital subsequent to inpatient treatment lasting 3 days or more. The rehabilitation must take place within 14 days of discharge from the inpatient admission and must be recommended and under the direct control of a medical practitioner. Treatment includes the use of special treatment rooms, physical and/or speech therapy fees, and other services usually given by a rehabilitation unit including qualified nurse care but not including private or special nursing or specialist services.</li> </ul>	<ul style="list-style-type: none"> <li>i) Limited to standard private room</li> <li>ix) Limited to 120 days per medical condition</li> </ul>
<p><b>2. Outpatient Care</b> Medical practitioner, specialist, consultant and nursing fees, diagnostic and surgical procedures including pathology, x-rays, drugs and dressings, appliances prescribed by a medical practitioner or specialist as well as MRI , CT , PET scans, physiotherapy, traditional Chinese medicine, massage and manipulative treatment.</p>	<p>Covered in full</p>
<p><b>3. Emergency Dental Treatment</b> This benefit is payable for dental treatment that arise from an emergency (<i>including accidental damage to sound, natural teeth not caused through eating</i>) that is received in an accident and emergency ward of a hospital or dental clinic, within 10 days of the occurrence of the emergency. Follow-up treatment is limited to one visit within 30 days following your initial treatment and must be pre-authorized by us.</p>	<p>Limited to US\$750 per period of cover</p>
<p><b>4. Reasonable Additional Treatment &amp; Accommodation Charges for up to 6 months after the expiry of the period of insurance</b> This benefit would apply to an insured person whose cover has expired but because of a medical emergency for an eligible condition during the period of cover, he needs medical treatment in the overseas location until he is fit to return to his country of residence.</p>	
<p><b>5. Ambulance Charges</b> Ambulance transportation costs to, from and between hospital(s) when considered medically necessary by a medical practitioner or specialist.</p>	<p>Covered in full</p>

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<p><b>6. Surgical &amp; Medical Requisites</b> Charges incurred for a surgery including surgeon fees, surgical procedure fees, operating theatre fees, anaesthetist fees and related medical expenses.</p>	Covered in full
<p><b>7. Ophthalmic Fees</b> Charges incurred for the diagnosis and treatment of diseases and disorders of the eye excluding non-medical/natural degenerative eye defects.</p>	Covered in full
<p><b>8. Mortal Remains</b> In the event of death from an eligible medical condition: transportation of the body of a member or his/her ashes to the country of domicile or country of residence or burial or cremation costs at the place of death in accordance with reasonable and customary practice. Necessary burial or cremation fees including</p> <ul style="list-style-type: none"> <li>- The cost of reopening a grave and burial costs, or</li> <li>- The cost of opening a new grave and burial costs, including any exclusive right of burial fee, or</li> <li>- In the case of cremation: <ol style="list-style-type: none"> <li>1. The cremation fee</li> <li>2. The cost of any doctor's certificates</li> <li>3. The cost of removing a pacemaker or other medical device which must be removed before the cremation</li> </ol> </li> </ul> <p>but not including costs related to other funeral expenses, such as:</p> <ul style="list-style-type: none"> <li>- Funeral director's fees</li> <li>- Flowers</li> <li>- The cost of any documents needed for the release of the money, savings and property of the deceased</li> <li>- The necessary cost of a return journey for you to either arrange the funeral or attend the funeral.</li> </ul>	Limited to US\$15,000 per insured person
<p><b>9. Evacuation</b> Evacuation of a member in the event of an emergency, where treatment is not readily available at the place of the incident, to the nearest appropriate medical facility as determined by us, by the most appropriate method of transportation as determined by us, for the purpose of admission to hospital as an inpatient or day patient. Evacuation is subject to written agreement from us, prior to travel and certified instructions to us from the attending medical practitioner or specialist including confirmation that the required treatment is unavailable at the place of incident. This benefit excludes all maternity and childbirth costs and any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts.</p>	Limited to US\$5,000,000
<p><b>10. Evacuation &amp; Additional Travel Expenses</b> Reasonable travel costs</p> <ol style="list-style-type: none"> <li>i) Evacuation costs including the costs of one other person to travel with the member as an escort, if medically necessary.</li> <li>ii) Travel to and from medical appointments when treatment is being received as a day patient.</li> <li>iii) For an accompanying person to travel to and from the hospital to visit the member following admission as an inpatient.</li> <li>iv) Economy class airline tickets to return the member and the escort to the country of residence, country of domicile or to the country where evacuation occurred.</li> <li>v) Non-hospital accommodation for the member and the escort for immediate pre- and post-hospital admission periods provided that the member is under the care of a specialist.</li> </ol>	<p>Limited to US\$2,500 per person per evacuation</p> <p>v) Limited to US\$80 per person per day <i>(subject to the overall benefit limit of US\$2,500 above)</i></p>
<p><b>11. Hospital Benefit</b> In addition to the hospital charges incurred by the insured person we shall pay US\$25 for each complete day up to a maximum of US\$500 in all that the insured person spends as an inpatient in a hospital outside the usual country of residence as a result of illness or injury constituting a claim under this insurance.</p>	US\$25 for each complete day up to a maximum of US\$500

**12. Life and Accidental Death and Dismemberment (AD&D):**

To pay compensation in accordance with the following Schedule of Benefits in the event of the insured person sustaining any bodily injury as herein defined:

Schedule of Benefits	Compensation
a) Death	or)
b) Permanent total loss of sight of one or two eyes	or) US\$20,000
c) Loss of one or two limbs	or)

Limited to US\$20,000 per person per occurrence

**EXCLUSIONS APPLICABLE TO SECTION : MEDICAL & ADDITIONAL EXPENSES**

This policy does not cover expenses arising from:

- 1) Any medical condition or related condition for which you have:
  - a) consulted any medical practitioner or specialist for treatment or advice *(including checkups except for non-prescribed wellness checks)* or
  - b) experienced symptoms or
  - c) taken medication *(including drugs, medicines, special diets or injections)* or to the best of your knowledge existed prior to the commencement date.
- 2) Treatment of a medical condition which we, on advice or general advice, determine is palliative or is for a chronic medical condition. We will, however, pay for the stabilisation of acute exacerbations of chronic medical conditions that are not pre-existing medical conditions.
- 3) Chronic supportive treatment of renal failure, including dialysis. We will, however, pay for the cost of renal dialysis incurred:
  - a) immediately pre and post-operatively
  - b) in connection with acute secondary failure when dialysis is part of intensive care.
- 4) Treatment, which we determine on general advice, is either experimental or unproven.
- 5) Hereditary medical condition(s).
- 6) Congenital anomalies.
- 7) Preventive medicines, routine tests and physical examinations by a medical practitioner, including gynaecological investigations and normal hearing tests.
- 8) Non-medical/natural degenerative eye defects, including but not limited to, myopia, presbyopia and astigmatism and any corrective surgery for non-medical/natural degenerative sight defects. Normal eye tests are not covered.
- 9) Rehabilitation except as provided under Benefit 1 ix) – Rehabilitation.
- 10) Treatment received in health spas, nature cure clinics, spas and similar establishments or private beds registered as a nursing home attached to such establishments, or a hospital where the hospital has effectively become the member's home or permanent abode or where admission is arranged wholly or partly for domestic reasons.
- 11) Cosmetic treatment, and any consequence thereof.
- 12) Treatment for weight loss or weight problems whether or not preceding or as a consequence of a psychiatric condition and any associated treatment costs consequent of cosmetic surgery or arising as a result of an eating disorder or weight problem, including any required psychiatric treatment where the psychiatric condition is a related condition to the eating disorder.

- 13) Alternative therapy, including, but not limited to, hypnotherapists and lactation examiners.
- 14) Costs incurred in connection with locating a replacement organ or any costs incurred for removal of the organ from the donor, transportation costs of the same and all associated administrative costs.
- 15) Pregnancy and childbirth.
- 16) Treatment directly or indirectly arising from (*or required in connection with*) male and female birth control, sterilisation (*or its reversal*), infertility treatment (*assisted conception*) and any complications of pregnancy costs resulting from infertility treatment (*assisted conception*).
- 17) Treatment of impotence or any related condition or consequence thereof.
- 18) Treatment directly or indirectly associated with a sex change and any consequence thereof.
- 19) Aids, venereal disease or any other sexually transmitted diseases or any related condition.
- 20) Costs in respect of a psychotherapist or psychologist, a family therapist or bereavement counselor.
- 21) Treatment of psychiatric, psycho-geriatric or mental illness or conditions of any kind and any related conditions.
- 22) Treatment for learning difficulties, hyperactivity, attention deficit disorder, speech therapy and developmental, social or behavioural problems in children.
- 23) Treatment for alcoholism, drug or substance abuse or any addictive condition of any kind and any injury or illness arising directly or indirectly from such abuse or addiction.
- 24) Suicide or attempted suicide, bodily injuries or illness, which is willfully self-inflicted or due to negligent or reckless behaviour.
- 25) Any injury sustained directly or indirectly as a result of the member acting illegally or committing or helping to commit a criminal offence.
- 26) Costs and expenses incurred where a member has travelled against medical advice.
- 27) Evacuation expenses (*unless pre-authorized by us*). Air rescue, sea rescue or mountain rescue costs (*unless incurred at recognised ski or similar winter sports resorts*).
- 28) Travel and accommodation costs unless specifically agreed by us in writing prior to travel. No travel and accommodation costs are payable where treatment is obtained solely as an outpatient, including the costs of a hired car.
- 29) Treatment received in connection with insomnia, sleep disorders, sleep apnoea, fatigue, jet lag, work-related stress or any related condition.
- 30) Dietary supplements and substances that are available naturally and that can be purchased without prescription, including, but not limited to, vitamins, minerals and organic substances.
- 31) Home visits by a medical practitioner, specialist or qualified nurse.
- 32) Treatment received in a hospital emergency room, which is not an emergency.
- 33) External prostheses, including their maintenance and fitting, any hearing and/or visual aids or other equipment, medical or otherwise.
- 34) Hazardous activities which mean:
  - a) Bungee jumping
  - b) Flying (*including hot air ballooning, hang-gliding, gliding and micro-lighting*) other than as a fare-paying passenger in a licensed passenger aircraft
  - c) Motor rallies or competitions
  - d) Motorcycling (*including motor tri-cycling, and motor quadri-cycling*) where as the rider or as a passenger:
    - i) on a common public road unless you are wearing a crash helmet and the rider has the appropriate license to do so.
    - ii) not on a public highway.
  - e) Mountaineering, abseiling or rock climbing requiring the use of ropes and/or guides
  - f) Parachuting, para-sailing or para-scending

- g) Pot-holing
- h) Any professional sporting activity
- i) Racing of any type other than on foot or while swimming
- j) Kite board sailing
- k) The use of any bobsleighs, luge or skeletons
- l) Off-piste skiing, glacier skiing, ski-jumping, ski-flying, ski-bobbing, ski-acrobatics, ski-stunting and heli-skiing
- m) Participating in any form of ice hockey
- n) Scuba diving to a depth of greater than 30 metres

If in doubt, please check with Talent Trust Consultants.

- 35) All benefits are excluded from this policy unless they appear on your benefits schedule.
- 36) Self-treatment, or treatment provided by a direct family member. This includes, but is not limited to, prescribed medication, diagnostic tests and surgical procedures.
- 37) Routine or restorative dental treatment, whether or not performed by a medical practitioner or dental practitioner or a specialist or an oral and maxillofacial surgeon, including but not limited to, false teeth, denture, semi-precious and precious crowns/filling, any orthodontic treatment, periodontitis, gingivitis or any related condition.
- 38) The first US\$50 of each claim for each insured person outside of the USA and US\$100 of each claim for each insured person incurred inside the USA.
- 39) The cost of continuing regular treatment for any condition in respect of which advice or medication is being followed at the commencement of the period of insurance hereon.
- 40) Any expenses incurred more than 6 months after the expiry of the period of insurance or after the insured person is fit to return to the usual country of residence whichever is the earlier.
- 41) Expenses not approved by us.

**TRAVEL BENEFITS**

**Section A – Cancellation and Curtailment**

Should an insured person have to cancel their trip before the commencement date or curtail it by returning home before its completion for any of the following reasons, we will pay any irrecoverable payments (*whether paid or contracted to be paid*) for travel and accommodation up to US\$1,500 and for any reasonable extra payments which have to be made for travel and accommodation for return to usual country of residence which are insured as a direct result of:

- 1) the death or accidental bodily injury or illness or compulsory quarantine or redundancy (*providing that such redundancy qualifies for payment under any Redundancy Payments Acts of the usual Country of Residence*) or marital breakdown to the extent of formal legal procedures having been commenced or summoning to jury service or witness attendance in a court of the usual country of residence or unavoidable requirement to be present in the usual country of residence for service in any military or civil emergency service or major damage or burglary at the home or the place of business of an insured person or other member of the party, or the person(s) with whom the insured person intends to reside at the holiday or journey destination.
- 2) the death, accidental bodily injury or illness, of a near relative (*meaning any relative including fiancée*) or business associate of the person concerned to whom the occurrence of such event necessitates the presence of the insured person in the usual country of residence for the remaining part of the trip and will prohibit the re-commencing of the trip, or
- 3) Delay of more than 24 hours or outright cancellation due to accident, avalanche, bomb scare, criminal action, earthquake, fire, flood, hijack, landslide, industrial action, mechanical breakdown, riot or civil commotion, strike, act of terrorism, of air, sea or rail services on which the insured person held a reservation for travel, causing cancellation of the journey and if travel is by public transport services, adverse weather conditions, provided that none of

Limited to US\$1,500 per person per occurrence

these had started or been forecast before the original reservations were made.

4) unexpected epidemic or pandemic outbreak of infectious disease at the destination of an insured person's trip (*as declared by World Health Organisation*) that occurred after the purchase of this policy or after the booking of the trip whichever is later.

**NB:** Claims for curtailment of all-in package holidays or journeys will be paid by us on a proportionate basis, the commencement of the curtailment period shall be dated from arrival back in the usual country of residence.

**Section B – Luggage, Clothing or Personal Effects**  
 We shall reimburse the insured person for loss of luggage, clothing or personal effects up to a total amount of US\$1,000 in all.  
 For comparable items replacing a lost or damaged article, we will pay for the replacement cost providing that the article was less than 2 years old at the time and that the evidence of the original purchase is provided.  
 For articles of 2 years old or more, or if the article is not actually replaced, or evidence cannot be produced as to its age, payment will be based on the value of the article at the time of loss or the cost of repair. Our liability for any one insured article shall be limited to US\$500 and for the purpose of the insurance, the value of a pair or a set of articles shall be limited to US\$500.

We will also pay up to US\$150 for the replacement of lost or destroyed business papers for which the insured person is responsible.

We will in addition pay up to US\$2,000 in respect of loss of a notebook computer and up to US\$300 for the loss of a camera or musical instrument. In the event of loss or damage under this section the insured person shall take all reasonable steps to recover any lost property.

**Section C – Personal Money**  
 We shall reimburse the insured person up to the amount of US\$500 for loss of cash, bank or currency notes, traveller's cheques, passports, green cards, petrol coupons and travel tickets, including reasonable expenses incurred as a result of loss.  
 Cover will be effective for currency and travelers cheques from the time of collection from bank or travel agent, or for 3 days before commencement of journey or commencement date of your policy, whichever is later and up to 2 days after the completion of the journey or such time of conversion or encashment whichever is the earlier.

US\$1,000 per person per occurrence (*limited to US\$500 per insured article*)

Limited to US\$500 per person per occurrence

**EXCLUSIONS APPLICABLE TO SECTIONS A – C : TRAVEL BENEFITS**

In respect of these benefits, and in addition to the main terms and conditions of coverage under this policy, we shall also not be liable for:

- 1) Claims arising from any condition or set of circumstances known to the insured person at the time of effecting this insurance where such condition or set of circumstances could reasonably have been expected to give rise to cancellation of the journey or trip.
- 2) Any claims arising directly or indirectly from the cancellation or curtailment of travel arrangements in any way caused or contributed to by or on the order of any government, public or local authority including but not limited to any civil or federal aviation authority.
- 3) Damage due to moth, vermin, wear, tear and gradual deterioration.
- 4) Loss of cash, bank or currency notes, traveller's cheques, prepaid petrol coupons and travel tickets except as provided for under section C – Personal Money of the Extended Travel Benefit.
- 5) Loss arising from confiscation or detention by customs or other authority.
- 6) Property otherwise insured other than baggage and personal effects covered under a motor policy.
- 7) Loss of jewellery and valuables whilst in the custody of a carrier.
- 8) Loss of baggage or personal effects left unattended unless in a locked hotel room, apartment, holiday residence or motor vehicle, but in the case of motor vehicles we shall not be liable for property left overnight unless the vehicle is contained in a secure garage.
- 9) Any luggage loss whilst in the custody of a carrier unless such loss is reported to the carrier within 24 hours and a report obtained.
- 10) The first US\$50 of each claim for each insured person outside of the USA and US\$100 of each claim for each insured person incurred inside the USA.
- 11) Claims for losses/theft not reported to the police within 24 hours of discovery and police statement obtained.



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12) Shortages due to error, omission or depreciation in value. 13) Property insured hereunder whilst in the custody of a carrier.	
<b>PRODUCT OPTIONS</b>	
The following endorsement only applies if it is specifically noted in your Schedule of Cover.  <b>Endorsement Number 001 - Follow-me Home:</b> This option extends the section: Medical and Additional Expenses in the event that it is medically necessary that the insured person is evacuated to his/her country of domicile or country of residence ( <i>being the nearest country with appropriate medical facilities to the place of incident</i> ).	Limited to US\$50,000 or 30 days( <i>whichever comes first</i> )

## DEFINITIONS

To help you understand your coverage the following words and phrases used anywhere within the policy have a specific meaning, which are set out in this section.

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

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

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

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

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

**Bodily Injury:** Injury which is caused solely by an accident which results in the insured person's dismemberment, disablement or other physical injury within twelve calendar months from the date of the accident by which such injury is caused.

**Cancellation:** Travel and accommodation expenses paid or contracted to be paid by you in respect of your trip.

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

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

**Commencement Date:** The date shown in the Schedule of Cover on which cover under this policy commences.

**Congenital Anomaly:** A genetic, physical or (*bio*) chemical defect, disease or malformation, which may either be hereditary/familial or due to an influence during gestation up to birth, and which may or may not be obvious at birth.

**Country of Domicile:** For the purpose of this policy, this will be the country in which you were born and/or hold a passport for.

**Country of Residence:** For the purpose of this policy, this will be the country in which you are habitually resident.

**Curtailment:** Travel costs necessary to return you to your country of residence before the booked return date.

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

**Emergency:** A sudden, serious and unforeseen acute medical condition or injury requiring immediate medical care and is such that if a person does not get care quickly, death or serious health problems may occur.

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

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

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

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

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

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

**Insured Person/You/Your:** A person named as an insured person on the Schedule of Cover.

**Insurer:** Aetna Life and Casualty (*Bermuda*) Limited.

**Loss of Limb:** Means loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle and includes permanent total and irrecoverable loss of use of a hand, arm or leg.

**Medical Condition:** Any injury, illness or disease excluding psychiatric illness.

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

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

**Near Relative:** Spouse, child, brother, sister, parents, parents-in-law, sister-in-law, brother-in-law and fiancé.

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

**Outpatient:** An insured person who receives treatment at a recognized medical facility, but is not admitted to a hospital bed as an inpatient or day patient.

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

**Period of Cover:** The period of cover set out in the Schedule of Cover.

**Policy:** The Insurance cover effected under the Master Policy with Talent Trust Consultants and as provided to you as detailed in this document

**Preferred Provider Network:** The insurer's network of medical providers in the USA where you must obtain all treatment for valid medical conditions, which have been approved and accepted by us in advance. Please note: you are still responsible for any excess applicable, which must be settled directly with the medical providers at the time of treatment.

**Principal Insured:** The main insured person named as such within the Schedule of Cover.

**Private Room:** Single occupancy accommodation in a private hospital.

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

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

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

**Rehabilitation:** Treatment of an insured person who had suffered a debilitating medical condition with the purpose of restoring him/her as much as medically necessary or practically able to the original position prior to such medical condition occurring.

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

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

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

**We/Our/Us:** Aetna Global Benefits (AGB) and /or Talent Trust Consultants *(as appropriate)* on behalf of the Insurer.

**Winter Sports:** Cover excludes ski and ski bob racing in international or national events, services or inter-services championships or heats or officially organized practice or training for these events, ski-jumping, ice hockey, or the use of skeletons or bob sleighs.

## GENERAL CONDITIONS

### 1) Policy:

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

### 2) Contribution:

If you, or any dependant named on your policy, are entitled to claim from any other insurance policy for any of the costs, charges or fees for which you are insured under this contract, you must disclose the same to us and we shall not be liable to pay or contribute more than our rateable proportion.

### 3) Acceptance Clause:

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

### 4) Compliance with Policy Terms and Conditions:

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

### 5) Medical Evaluation:

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

### 6) Change of Risk:

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

### 7) Policy Duration and Premiums:

- a) This policy is in force for the period of cover noted in your Schedule of Cover.
- b) All premiums are payable in advance of any cover under this policy being provided.

### 8) Children:

Children aged 16 years or younger at the commencement date will be accepted for cover on a policy with a legal parent or guardian.

**9) Waiver:**

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

**10) Your Rights of Termination:**

After the commencement date, this policy, or any cover included, may only be terminated by the policyholder, as to all or any class of its members, by written notice to Talent Trust Consultants not later than the amended stop date of cover and return of premium for any unused cover would be subject to Talent Trust Consultants' discretion.

**11) Our Right of Cancellation:**

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

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

Any refund of premium shall be at our discretion.

**12) Applicable Law:**

The law applicable to the policy, the policy schedule or to any and all causes of action arising out of, in connection with, or relating to the policy or to the policy schedule shall be the substantive laws of Bermuda, without regard or application of the conflict of laws rules of that jurisdiction.

**13) Fraudulent/Unfounded Claims:**

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

**14) Liability:**

Our liability shall cease immediately upon termination of the policy for whatever reason.

**15) Re-Assignment:**

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

**16) Subrogation:**

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

**17) Currency:**

The monetary limits stated in this certificate and the premium shall be in US dollars. For services outside of the territorial limits of the USA, the exchange rate used to determine the amount of US dollars to be paid is the exchange rate effective for the date the claims expense was incurred as quoted in the Financial Times Guide to World Currencies.

**18) Language:**

This contract may only be completed in English.

**19) Conflict or Civil Unrest, Chemical or Radioactivity Contamination:**

Treatment and expenses directly or indirectly arising from or required as a consequence of conflict or civil unrest, chemical or radioactivity contamination from any chemical and nuclear material or from the combustion of nuclear fuel or any related condition are covered by this policy provided the member:

- a) Is not an active participant in any conflict or civil unrest
- b) Is not involved in any illegal activities which directly or indirectly lead to injury or illness
- c) Does not knowingly enter or remain in a country, region or location where there is a conflict, civil unrest, natural disaster, chemical, nuclear or radioactive contamination
- d) Does not intentionally put him/herself at risk of illness or injury resulting from conflict, civil unrest, natural disaster, chemical, nuclear or radioactive contamination.

e) Is not a member of any armed forces, security services including personal protection, chemical, nuclear or radioactive contamination cleaning crews of any kind or type (*including governmental workers or private teams*)

Based on the information provided at inception or renewal Aetna will assess the current, future or developing risk exposure of members located in high risk areas and will notify the policyholder of any actions, limitations, exclusions or premium loadings required to ensure on-going cover and member safety.

#### **20) U.S. Economic or Trade Sanctions:**

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

**21)** We are not responsible for any claims arising from the tour operator, airline or other company, firm or person either becoming insolvent, or being unable to fulfill any part of their obligation.

**22)** Notwithstanding anything contained herein to the contrary, in the event of any occurrence giving rise to claims under more than one section of the policy only one excess of US\$50(*US\$100 within the USA*) for each claiming insured person shall be deducted from the total amount of the claim.

## **COMPLAINT PROCEDURES**

### ***If you wish to make a complaint***

*Write to:*

*Aetna Global Benefits Limited*

*P.O. Box 6380*

*Dubai*

*United Arab Emirates*

*Telephone: +971 4 438 7600*

*Fax: +971 4 428 7101*

Email: [aetnainternationalcomplaints&appeals@aetna.com](mailto:aetnainternationalcomplaints&appeals@aetna.com)

### **Summary of our complaint handling procedures**

Complaints and Appeals will:

- Be acknowledged promptly confirming who will be responsible for the investigation of your complaint and how it will be conducted
- Be investigated competently, efficiently and impartially ensuring that we provide updates on progress
- Be assessed fairly, consistently and promptly
- Be responded to within eight weeks; you will receive either a letter explaining the status of your complaint or a final response outlining the determination of the investigation