

# Cornerstone Africa Benefits Schedule (US\$)

Effective 1 June, 2020

*Master Group Policy (TTc010408/01/TTc2020/Cornerstone Africa)*

## CONTENTS PAGE

Cover	2
Definitions	9
Exclusions	13
General Conditions	16
Complaint Procedures	21

## IMPORTANT

This policy is an annual contract between the Aetna Life & Casualty (*Bermuda*) Ltd. having a registered address in Hamilton, Bermuda (*hereinafter "insurer"*) and those members of Talent Trust named as insured persons in the Schedule of Cover. If you should find that the policy does not meet your needs, please return it within 30 days from the date of issue and provided you have not made a claim, we will refund your premium.

## OPERATION of COVER

This insurance provides 24-hr cover for the cure and relief of 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 be wholly and exclusively for the purpose of treatment.

## ELIGIBILITY

This insurance is available only to members of Talent Trust, to cover persons serving in vocational service. Once an insured person leaves vocational service, cover will cease.

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 annual 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 original date of entry that are subject to a 2-year moratorium, cosmetic treatment, sexually transmitted diseases, sterilisation and elective medical check-ups.

All benefits shown are per insured person, per period of cover (*unless specifically stated*) and will not be subject to any excess and coinsurance.

In order to ensure that members receive the best possible claims service, the procedures noted below should be followed in the event of treatment being required.

Please ensure your claim form is completed in full and returned within 90 days of the treatment date.

We reserve the right to deny any claim that is not submitted within 90 days of the treatment date. Claims may only be made for treatment given during a period of cover. The benefit will only be payable for expenditure incurred prior to expiry or termination.

## COVER

	Cornerstone Africa																
<p><b>Maximum Annual Aggregate Limit</b></p> <p>We will provide cover for inpatient treatment and related outpatient treatment for eligible medical conditions that first occur during any period of cover and where treatment is actually given during the current period of cover or where such medical conditions have occurred prior to the date of entry but have been declared to and accepted by us in writing. Outpatient treatment is not covered unless where specifically stated otherwise. 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>	US\$250,000 per insured person per period of cover																
<p><b>Area of Cover</b></p> <p>Africa: includes only the countries listed below.</p> <table border="0"> <tr> <td>Algeria</td> <td>Djibouti</td> <td>Madagascar</td> <td>Senegal</td> </tr> <tr> <td>Angola</td> <td>Egypt</td> <td>Malawi</td> <td>Seychelles</td> </tr> <tr> <td>Benin</td> <td>Equatorial Guinea</td> <td>Mali</td> <td>Sierra Leone</td> </tr> <tr> <td>Botswana</td> <td>Eritrea</td> <td>Mauritania</td> <td>Somalia</td> </tr> </table>	Algeria	Djibouti	Madagascar	Senegal	Angola	Egypt	Malawi	Seychelles	Benin	Equatorial Guinea	Mali	Sierra Leone	Botswana	Eritrea	Mauritania	Somalia	
Algeria	Djibouti	Madagascar	Senegal														
Angola	Egypt	Malawi	Seychelles														
Benin	Equatorial Guinea	Mali	Sierra Leone														
Botswana	Eritrea	Mauritania	Somalia														

				Cornerstone Africa
Burkina Faso	Ethiopia	Mauritius	South Africa	
Burundi	Gabon	Mayotte	South Sudan	
Cameroon	Gambia	Morocco	Swaziland	
Cape Verde	Ghana	Mozambique	Tanzania	
Central African Republic	Guinea	Namibia	Togo	
Chad	Guinea Bissau	Niger	Tunisia	
Comoros	Kenya	Nigeria	Uganda	
Congo(DRC)	Lesotho	Reunion	Western Sahara	
Congo-Brazzaville	Liberia	Rwanda	Zambia	
Cote d'Ivoire	Libya	Sao Tome and Principe	Zimbabwe	
<p><b>Pre-authorisation</b></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) Psychiatric treatment</li> <li>e) Home nursing charges</li> <li>f) Planned MRI, CT &amp; PET scans</li> </ul>				
<b>Inpatient, Day Patient, Emergency Care &amp; Diagnostics</b>				
<p><b>1. Inpatient Care, Reconstructive Surgery &amp; Rehabilitation</b></p> <p>Charges incurred for the treatment of a 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) Nursing by a qualified nurse.</li> </ul>				<p>Covered in full</p> <p>i) Limited to standard private room</p>

Cornerstone Africa	
<p>iv) Surgical procedure fees and operating theatre fees.</p> <p>v) Medical practitioner fees including surgeon, consultations, specialist and anaesthetist fees.</p> <p>vi) Diagnostic procedures including but not limited to pathology tests, ultrasound, x-rays, MRI, CT and PET scans.</p> <p>vii) Drugs, dressings, medicines and appliances prescribed by a medical practitioner or specialist, including traditional Chinese medicine.</p> <p>viii) 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.</p> <p>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.</p>	<p>ix) Limited to 120 days per medical condition</p>
<p><b>2. CT, PET &amp; MRI Scans</b></p> <p>Scans received as an inpatient, day patient or outpatient. Outpatient scans are coverable only when related to member's day patient or inpatient treatment.</p>	<p>Covered in full</p>
<p><b>3. Organ Transplant</b></p> <p>The organ transplants covered under this policy are: heart, heart/lung, lung, kidney, kidney/pancreas, liver, allogeneic bone marrow and autologous bone marrow.</p>	<p>Limited to US\$100,000 per lifetime</p>
<p><b>4. Hospital Cash</b></p> <p>Where the member receives treatment for an eligible medical condition as an inpatient and no costs are incurred for travel, accommodation and treatment, we will pay a cash benefit. To claim this benefit, the member should ask the hospital to sign and stamp his/her claim form. This benefit is not applicable to admissions into the accident and emergency facility of the hospital.</p>	<p>Limited to US\$50 per night for a maximum of 20 nights</p>
<p><b>5. Parental Accommodation</b></p> <p>Hospital accommodation costs of a parent or legal guardian staying with a member who is under 18 years of age and is admitted to hospital as an inpatient.</p>	<p>Covered in full</p>
<b>Psychiatric Illness</b>	
<p><b>6. Inpatient Psychiatric Treatment</b></p>	<p>Limited to US\$1,000 to a maximum of 30 days</p>

Cornerstone Africa	
<p>Treatment received in a registered psychiatric unit of a hospital. All benefits are conditional on pre-authorization from us and all treatment being administered under the control of a registered psychiatrist. Without our written confirmation prior to such treatment, we will not be liable to pay any benefit.</p> <p>Cover is extended to include one outpatient consultation with a medical practitioner (<i>pre-authorization not required</i>) and one outpatient consultation with a psychiatric specialist (<i>pre-authorization required</i>) only if these consultations lead directly to inpatient treatment.</p>	per period of cover
<b>Dental</b>	
<p><b>7. Accidental Damage to Teeth</b></p> <p>Treatment received in an accident and emergency ward of a hospital or dental clinic, within 10 days of incurring accidental damage to sound, natural teeth, except when the accidental damage has been caused through eating. Follow-up treatment is limited to one visit within 30 days following your initial treatment and must be pre-authorized by us.</p>	Limited to US\$500 per period of cover
<p><b>8. Surgical Extraction of Teeth</b></p> <p>The fees of a dental practitioner or maxillofacial surgeon and associated costs for treatment received as an inpatient or day patient for the removal of impacted, buried or unerupted teeth.</p>	Limited to US\$500 per period of cover
<b>Disease &amp; Chronic Condition Management</b>	
<p><b>9. Oncology</b></p> <p>All medically necessary treatment received for, or related to, the diagnosis of cancer when received as an inpatient, day patient or outpatient including palliative treatment.</p>	Covered in full
<p><b>10. Routine Management of Chronic Conditions</b></p> <p>Routine check-ups, drugs and dressings prescribed for management of the condition, hospital accommodation, nursing, renal dialysis, surgery and palliative treatment (<i>including outpatient treatment</i>) of chronic conditions (<i>excluding cancer</i>). Cover under this benefit applies to new chronic conditions arising from your commencement date, date of entry and from the effective date of this benefit, whichever is the later.</p>	Limited to US\$1,000 per insured person per period of cover
<p><b>11. Congenital Anomalies</b></p> <p>Inpatient, day patient or outpatient treatment of congenital anomalies that manifest after the member's cover commences with us, or that manifest in a dependant child born in the year prior to cover commencing.</p>	Limited to US\$50,000 per medical condition per lifetime
<p><b>12. Durable Medical Equipment, Prosthetic &amp; Orthotic Supplies (DMEPOS)</b></p> <p>The following benefits are covered if deemed medically necessary and related to day patient or inpatient treatment:</p>	Limited to US\$1,000 per medical condition

Cornerstone Africa	
<p>i) Durable medical equipment prescribed by a treating medical practitioner, which is necessary to deliver or facilitate the delivery of prescribed drugs and dressings.</p> <p>ii) Ancillary charges following treatment as an inpatient or day patient including the purchase or rental of crutches and costs associated with the initial purchase or rental of a wheelchair.</p> <p>iii) External prosthetics required following surgery, including braces and calipers, artificial eyes and the initial purchase and fitment of an artificial limb.</p> <p>iv) Orthotic supplies including insoles and orthotic supports.</p> <p>This benefit excludes provision, modifications and fitment of furniture or adaptations to the home.</p>	
<p><b>13. Convalescent Care</b></p> <p>Home healthcare services and supplies, including care by a registered or licensed nurse, physiotherapy when rendered by a licensed physiotherapist, medical supplies, drugs, and use of medical appliances immediately following inpatient or day patient treatment for a covered event. All services, supplies and treatments must be deemed medically necessary and ordered by a licensed physician.</p>	<p>Limited to 30 days per covered event</p>
<p><b>14. Home Nursing</b></p> <p>Nursing care given outside a hospital which is immediately received subsequent to treatment as an inpatient or day patient on the recommendation of a specialist. This must be provided by a qualified nurse and not provided for domestic reasons or convenience.</p>	<p>Limited to 30 days per medical condition</p>
<p><b>15. Hospice Care</b></p> <p>Accommodation and associated charges for the hospice care of a member upon diagnosis of a terminal illness under the recommendation and direction of a specialist and immediately following covered treatment received as an inpatient in a hospital. This benefit includes:</p> <p>Palliative treatment and other acute and chronic symptom management.</p> <p>Medical social services under the direction of a medical practitioner or specialist.</p> <p>Physiological and dietary counselling.</p> <p>Consultation or case management services by a medical practitioner or specialist.</p> <p>Part-time or intermittent qualified nurse services for up to eight hours in any one day for outpatient care.</p>	<p>Limited to US\$50.00 per day and a maximum of 10 days</p>
<b>Outpatient Treatment</b>	
<p><b>16. Outpatient Care</b></p> <p>Medical practitioner and specialist fees, surgical procedures, prescribed drugs and dressings for acute conditions, x-rays, pathology and other diagnostic tests and procedures and physiotherapy on referral by a medical practitioner/specialist.</p>	<p>Limited to US\$3,000 per admission for outpatient pre-operative tests up to 72 hours before inpatient or day patient treatment and</p>



**Cornerstone Africa**

<b>Mortal Remains</b>	
<p><b>21.</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.</p> <p>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:             <ol style="list-style-type: none"> <li>1. Arrange the funeral, or</li> <li>2. Attend the funeral.</li> </ol> </li> </ul>	Limited to US\$5,000 per insured person
<b>Mother &amp; Child</b>	
<p><b>22. Complications of Pregnancy</b></p> <p>Treatment of a medical condition arising during the antenatal stages of pregnancy, a medical condition arising during childbirth and one that requires a recognised obstetric procedure, and post natal check-ups required as a result of the complication of pregnancy for up to six weeks. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births are excluded from this benefit.</p> <p>This benefit is payable after the first 10 months from the commencement date or date of entry, whichever is the later.</p>	Covered in full
<p><b>23. New Born Care</b></p> <p>Inpatient treatment of an acute medical condition being suffered by a new born baby that manifests within 30 days following birth.</p>	Limited to US\$50,000 per insured person per period of cover and to a maximum of 90 days

Cornerstone Africa	
<p>Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births, are excluded from this benefit. In circumstances where a congenital anomaly occurs in a new born baby, cover will be excluded under this benefit and payable under Benefit 11 – Congenital Anomalies.</p> <p>Following the 30-day new born benefit period, excepting any medical conditions occurring or manifesting themselves during the 30-day period immediately following birth, the member’s dependant will be eligible for cover up to the full provision of this policy subject to written notification within 45 days of birth and all premiums being paid in full within 30 days of the due date. A declaration of health is required with respect to all dependants who are born following infertility treatment (<i>assisted conception</i>).</p>	hospital stay
<p><b>24. New Born Accommodation</b></p> <p>Hospital accommodation costs relating to a new born baby (<i>up to 16 weeks old</i>) to accompany its mother (<i>being a member</i>) whilst she is receiving treatment as an inpatient in hospital.</p>	Covered in full
<b>Wellness Check-Ups</b>	
<p><b>25. Well Child Care</b></p> <p>Cover for preventative care and testing to insured persons under the age of 6 years, including physical examinations, measurements, sensory screening, neuropsychiatric evaluation, development screening, as well as hereditary and metabolic screening at birth, immunizations, urine analysis, tuberculin tests and haematocrit, haemoglobin and other blood tests, including tests to screen for sickle haemoglobinopathy; all as recommended by a medical practitioner/specialist.</p>	Limited to US\$100 per insured person per period of cover

## DEFINITIONS

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

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

**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.

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

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

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

**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.

**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, check-ups, examinations or tests.

**Commencement Date:** The date shown on the Schedule of Cover on which the policy first came into effect. The time of the start of cover under this policy will be 00.01 am.

**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.

**Continuous Transfer Terms:** The acceptance by us of your original date of entry as shown by your current insurer will be applied to your policy with us. We will maintain your existing underwriting or special acceptance terms, as offered by your existing insurer, such as any moratoria or specific exclusions and your policy with us will be governed by the terms and conditions of our policy.

**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:** The country in which you have your habitual residence (*residing for a period of no less than 6 months per period of cover*) at the time this policy is first taken out or at each subsequent renewal date.

**Date of Entry:** The date shown on the Schedule of Cover on which an insured person was included under this policy.

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

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

**Dependants:** One spouse and/or unmarried children financially dependent who are not more than 18 years old and residing with the principal insured person, or not more than 26 years old if in full-time education, at the date of entry or any subsequent renewal date. All dependents must be named as insured persons in the Schedule of Cover.

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

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

**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.

**Expatriate:** Any persons living or working outside of the country for which they hold a passport, for a period exceeding 6 months per period of cover.

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

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

**Hospice:** A hospital or part of a hospital, or facility licensed as a hospice, which is devoted to the care of patients with progressive diseases, where curative treatment is no longer possible on an inpatient or domiciliary basis.

**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:** The persons eligible to receive coverage under this policy as named on the Schedule of Cover.

**Insurer:** Aetna Life & Casualty (*Bermuda*) Limited

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

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

**Midwife:** A person who, having been regularly admitted to a midwifery educational program, duly recognized in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery. A midwife may practise in hospitals, clinics, health units, domiciliary conditions or any other service.

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

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

**Outpatient:** An insured person who receives treatment at a recognised 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. This will be a 12-month period starting from the date of entry or any subsequent renewal date as applicable.

**Physiotherapist:** A person who is registered as a physiotherapist and licensed to practise in the country in which treatment is being given.

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

**Premature Birth:** A birth that takes place before 37 weeks of gestation has passed, counting from the first day of the last menstrual period.

**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 & 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/physician/specialist or government health department.

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

**Rehabilitation:** 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.

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

**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.

**Ward Room:** Accommodation in a private hospital where the patient is sharing the room with more than one other patient.

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

## EXCLUSIONS

**This policy does not cover expenses arising from:**

- 1) Any medical condition or related condition for which you have received treatment, taken medication, followed a special diet, had symptoms of, to the best of your knowledge existed or you sought advice for prior to your date of entry (*pre-existing medical condition*), except where such medical conditions have been declared to us and accepted in writing. After 2 years' continuous membership, any pre-existing medical conditions (*and related conditions*) will become eligible for benefit provided (*in respect of that condition*) you have not during that period:
  - a) consulted any medical practitioner or specialist for treatment or advice (*including check-ups except for non-prescribed wellness checks*)  
or
  - b) experienced further symptoms  
or
  - c) taken medication (*including drugs, medicines, special diets or injections*).
- 2)
  - a) Treatment of a medical condition which we, on advice or general advice, determine is palliative or is for a chronic medical condition except where as provided for under Benefit 10 – Routine Management of Chronic Conditions.
  - b) 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 except where as provided for under Benefit 10 – Routine Management of Chronic Conditions. 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 received in a hospital emergency room, which is not an emergency.
- 5) Treatment which we determine on general advice is either experimental or unproven.
- 6) Any congenital anomalies and birth injuries where symptoms exist or where advice has been sought prior to your date of entry except as provided for under Benefit 11 – Congenital Anomalies.

- 7) Hereditary medical conditions.
- 8) Routine physical examination by a medical practitioner, including gynaecological investigations, routine tests, new born neo-natal care, inoculations, vaccinations and preventative medicines except as provided for under Benefit 25 – Well Child Care.
- 9) Normal eye or hearing tests, non-medical/natural degenerative eye defects, including but not limited to, myopia, presbyopia, astigmatism and any corrective surgery for non-medical/natural degenerative sight or hearing defects.
- 10) Rehabilitation except as provided under Benefit 1 ix) – Rehabilitation.
- 11) Treatment received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or a hospital where the hospital has effectively become the insured person's home or permanent abode or where admission is arranged wholly or partly for domestic reasons.
- 12) Cosmetic treatment and any consequence thereof.
- 13) 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.
- 14) Alternative medicines including, but not limited to, optometrists, hypnotherapists, lactation examiners, chiropractors, osteopaths, homeopaths, acupuncturists and podiatrists.
- 15) Costs of providing, maintaining or fitting any external prostheses or appliance, including but not limited to, hearing and/or visual aids or other equipment, medical or otherwise except as is specified in Benefit 12 – Durable Medical Equipment, Prosthetic & Orthotic Supplies (*DMEPOS*).
- 16) Costs incurred in connection with locating a replacement organ or any costs incurred for removal of the organ from the donor, transportation costs of same and all associated administration costs.
- 17) Normal pregnancy and childbirth.
- 18) Voluntary caesarean section costs or medically necessary caesarean section costs due to any previous non-emergency caesarean sections undertaken, antenatal classes and midwifery costs.
- 19) Pregnancy terminations on non-medical grounds.
- 20) Complications of pregnancy costs arising within the first 10 months from the insured person's date of entry.
- 21) Treatment directly or indirectly arising from or required in connection with male and/or female birth control, infertility and/or fertility, contraception and sterilisation (*or its reversal*), or any consequence thereof.

- 22) Any form of assisted conception or any complications thereof including, but not limited to, premature or multiple births following assisted conception. A declaration of health is required in respect of all dependants who are born following assisted conception. We reserve the right to reject any application without giving any reason.
- 23) Treatment of impotence or any related condition or consequence thereof.
- 24) Treatment directly or indirectly associated with a sex change and any consequence thereof.
- 25) Venereal disease or any other sexually transmitted diseases or any related condition.
- 26) 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 root canal treatment, false teeth, denture, semi-precious and precious crowns/filling, any orthodontic treatment, or any related condition except as provided for under Benefit 8 – Surgical Extraction of Teeth and Benefit 7 – Accidental Damage to Teeth.
- 27) Costs in respect of a psychiatrist (*except as provided for under Benefit 6 – Inpatient Psychiatric Treatment*), psychotherapist, psychologist (*unless referred to by and under the direct control of a psychiatric physician under Benefit 6 – Inpatient Psychiatric Treatment*), family therapist or bereavement counsellor.
- 28) Treatment for learning difficulties, hyperactivity, attention deficit disorder, speech therapy and developmental, social or behavioural problems in children.
- 29) Treatment for alcoholism, drug or substance abuse or any addictive condition of any kind and any injury or illness arising directly or indirectly from such abuse or addiction.
- 30) Suicide or attempted suicide, bodily injury or illness, which is wilfully self-inflicted or due to negligent or reckless behaviour. Any injury sustained directly or indirectly as a result of the insured person acting illegally or committing or helping to commit a criminal offence.
- 31) 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 hire car.
- 32) Costs and expenses incurred where an insured person has travelled against medical advice.
- 33) Treatment received in connection with insomnia, sleep disorders, sleep apnoea, fatigue, jet lag, work related stress or any related condition
- 34) Dietary supplements and substances which are available naturally and that can be purchased without prescription, including but not limited to vitamins, minerals and organic substances.
- 35) Home visits by a medical practitioner, specialist or qualified nurse unless specifically agreed by us in writing prior to consultation.
- 36) Human Immunodeficiency Virus (*HIV*) and/or HIV related illness including Acquired Immune Deficiency Syndrome (*AIDS*) or AIDS Related Complex (*ARC*) and/or any mutant derivative or variations thereof, however caused.
- 37) 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) Motor vehicle activities when:
    - i) not wearing a seatbelt, if there is one present.
    - ii) not wearing a crash helmet as the driver or passenger of any motorcycle , motorised tri-cycle or quad-cycle.
    - iii) the driver does not have the license and insurance required by local law.
    - iv) not on a public road.
  - 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.

38) Benefits in respect of a new born is restricted to the limits under Benefit 23 – New Born Care for the first 30 days immediately following birth, Benefit 24 – New Born Accommodation, Benefit 25 – Well Child Care and Benefit 11 – Congenital Anomalies.

## 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 there is any other insurance covering any of the same benefits you must disclose or ensure that the relevant insured person discloses the same to us and we shall not be liable to pay or contribute more than our proper proportion. If it is found that you were repaid for all or some of those expenses by another source including any other insurance policy, we will have the right to a refund from you. Where necessary we retain the right to deduct such refund from any impending or future claim settlements or to cancel your policy void from the commencement date, without a refund of premium. Following payment of claim the member has a duty to disclose to us that such claim/s were paid by the aforementioned other insurance company and there are no outstanding liabilities resulting from the claim/s.

### 3) Transfers:

- a) Transfer from a group to an individual policy is subject to written approval from us. Terms of cover may be subject to variation.
- b) Transfer from any other similar private medical cover provided by any other insurer is subject to completion of a continuous transfer terms declaration form, submission of a copy of the expiring policy and subject to there being no break in cover. We reserve the right at all times to decline an application without giving any reason and/or to offer alternative terms.

### 4) Family/Dependant Cover:

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

### 5) Acceptance Clause:

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

### 6) Eligibility:

The policy is designed for expatriates. New applicants will be eligible for cover up until the age of 70. Individuals over the age of 70 are not eligible for cover unless the insured person's date of entry was prior to their 70th birthday.

*Under the terms of this policy, cover under this policy is not available to persons where their country of residence is outside the 'Area of Cover' stated on page 2, irrespective of their country of domicile. You will be required to transfer to one of our other product plans. Please contact Talent Trust for further details.*

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

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

## 8) Medical Evaluation:

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

## 9) Change of Risk:

The 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.

## 10) Policy Duration and Premiums:

- a) The cover is annual and the policy is renewable for successive 12-month periods, subject to the terms in force at that time and provided payment of the premium has been received by us.
- b) The premium payable may be changed by us from time to time. This policy will not be subject to any alteration in premium rates generally introduced until the next renewal date / review date.
- c) All premiums are payable in advance of any cover under this policy being provided.
- d) Your policy is an annual contract and you are responsible for the whole year's premium even if it is agreed that you may pay by instalments.

## 11) Government Taxes:

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

## 12) Break In Cover:

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

## 13) Children:

New born children will be accepted for cover (*subject to the limitations of Benefit 11 – Congenital Anomalies, Benefit 23 – New Born Care, Benefit 24 – New Born Accommodation and Benefit 25 – Well Child Care*) from birth. Acceptance of new born babies is subject to written notification within 45 days of birth and receipt of the full premium within a further 30 days following notification. Notification received after this period will result in children being accepted for cover from the date of such notification. Children who are financially dependent, not more than 18 years old, residing with the principal insured person or not more than the age of 26 in full-time education at the date of entry, or any subsequent renewal date will be accepted for cover as dependants.

Children will not be accepted for cover, unless on a policy with a legal parent or guardian and subject to the identical benefits applying to all parties.

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

#### 14) Alterations:

- a) We may alter the terms and conditions of this policy at any renewal date. A copy of the current policy terms will be sent to you at such time. You may cancel your policy within 30 days following any renewal date and provided you have not made a claim we will refund your premium. We will give you reasonable notice of such alterations. We will send details of such alterations to the address (*geographic or email*) we have for you. However, the alterations will take effect even if you do not receive them for any reason.
- b) No alteration or amendment to the policy terms will be valid unless it is in writing from us.

#### 15) Waiver:

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

#### 16) Your Rights of Termination:

You may cancel your policy by notifying us in writing within 30 days of the commencement date of your policy and, provided no claims have been made, we will arrange a full refund of any premiums paid. Otherwise you may only cancel your policy with effect from renewal date; in which case you should advise us in writing within 15 days of your renewal date or from the day you leave vocational service. If the policy is cancelled by you at any other time, and for whatever reason, there will be no return of premium.

#### 17) Our Right of Cancellation:

In the event of any non-payment of premium, we shall be entitled to cancel this policy. We may at our discretion reinstate the cover if the premium is subsequently paid, though terms of cover may be subject to variation. 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.

#### 18) 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.

## 19) Fraudulent/Unfounded Claims:

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

## 20) Liability:

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

## 21) Re-Assignment:

If there is more than one insured person over the age of 18 and the 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 and be responsible for paying the premium.

## 22) 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.

## 23) Currency:

The monetary limits stated in this policy 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.

## 24) Language:

This contract may only be completed in English.

## 25) 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 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 ongoing cover and member safety.

## 26) 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).

## 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