

Questions and Answers

INTERNATIONAL HEALTHCARE PLAN

Q Am I eligible for cover?

A Provided you live or work outside of the country for which you are a passport holder and are under the age of 65 you are eligible to join the Plan.

Additionally, in certain territories we are able to provide cover for local nationals. Please contact the AGB Member Service Centre for confirmation of the countries acceptable to our underwriters.

Q Can my family members also be covered?

A Yes. Your spouse or adult partner, (whether or not of the same sex), who is permanently living with you can be included as a dependant. Also, unmarried children under the age of 18 if living with you, or 23 if in full time education are eligible for cover.

Q Will I need to have a medical examination to join the plan?

A No, you only need to complete a medical declaration. On occasions we may ask for a medical report from your doctor, if you declare conditions about which we need more information to underwrite your application fairly and accurately.

Q Will I be covered for any illnesses or injuries I have had before joining the plan?

A Cover for all pre-existing conditions are excluded during the first two years of membership. After this period, should an eligible medical condition reoccur, provided You have been free of any symptoms, treatment or advice for a continuous period of two years since joining the Plan, then future costs will be covered subject to the terms of your policy.

Q Am I covered if I travel away from my area of residence?

A Yes. Whether you are travelling on holiday or business, you are covered worldwide. Cover in the USA is restricted to accident and emergency treatment only, unless you have purchased the USA elective treatment additional option.

Q Can I seek Treatment anywhere in the world?

A Yes. Our standard cover allows you to have treatment anywhere in the world, in the hospital of your choice, except for elective treatment in the USA. If You wish to extend your cover to provide elective treatment in the USA, You will need to purchase the additional option. Travelling expenses will only be covered under the evacuation benefit if treatment is not available or appropriate locally.

Q Am I covered for winter/water sports?

A Yes. The Plan will also provide for rescue services from the place of incident to hospital.

Q How quickly can I be covered?

A As soon as we receive your completed Application Form (fax or original), we can confirm immediate cover, pending receipt of the premium.

You can also join on-line at www.worldwidehealthplan.com. If you wish to be covered immediately please call our sales team on +44 (0)870 460 9924.

Q What happens if I change my mind and wish to cancel the Policy?

A You have a period of 15 days from the commencement date of your policy to review your cover. If you decide to cancel and no claims have been made, we will arrange a full refund of any premium paid, provided we receive your written authority to cancel within that period.

Q How is the Policy Excess applied?

A The policy excess is the amount for which you are responsible. It is applied to each new medical condition and is deducted by AGB Claims Service on settlement of the claim.

Q How do I know that I am covered before receiving Treatment?

A For planned admission to hospital it is advisable to contact the AGB Member Service Centre to establish whether the treatment is covered under the policy. Settlement can be made directly to the hospital. Full details of the claims procedures are available in the Policy Booklet.

Q Can I change the level of cover during the Policy term?

A No. The level of cover can only be changed at your renewal date/review date. You must ensure that clear instructions are provided for any changes of benefit you require.

Q Am I able to obtain forms and information on-line?

A The majority of our literature, including claim forms and product details can be found on-line at: www.worldwidehealthplan.com

Q Is Psychiatric Treatment covered?

A Yes, within the limits of the plan you select. However, for claims to be eligible you must follow the guidelines in the Policy Booklet (policy Cover – section 6).

This includes the pre-authorization of all claims except the initial consultation with a medical practitioner that results in a psychiatric referral.

Q Is Chiropractics/ Osteopathy covered?

A Treatment by a Chiropractor/Osteopath MUST be referred by a specialist (i.e. Orthopaedic Doctor) only. A referral cannot be obtained retroactively. Coverage is limited to 10 sessions in aggregate.

Q Is physiotherapy covered?

A Yes. However, ALL claims for physiotherapy must be accompanied by a referral from a medical practitioner. Cover is restricted to 10 sessions of physiotherapy, after which it must be reviewed by a specialist. A medical report is required after 10 sessions.

www.worldwidehealthplan.com

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Aetna does not provide care or guarantee access to health services. Not all health services are covered. Health information programmes provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of cover.

