Aetna Global Benefits®
WorldTraveler[SM]
International Business Travel Plan

GP-299440

Aetna Life & Casualty (Bermuda) Ltd.

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(Defines the Terms Shown In Bold Type In the Text Of This Document.)

Your Group Coverage Plan

This Plan is underwritten by the Aetna Life & Casualty (Bermuda) Ltd., of Hamilton, Bermuda (called Aetna Bermuda). The benefits and main points of the group contract for persons covered under this Plan are set forth in this Booklet. They are effective only while you are covered under the group contract.

If you become covered, this Booklet will replace and supersede all Booklets issued to you by Aetna Global Benefits under the group contract.

Booklet Base: 3

Issue Date: January 1, 2008

The Effective Date of the Group Policy is August 1, 2004.

The Revised Effective Date of your Group Policy is January 1, 2008.

Your Plan Effective Date is the date your Member Employer joins the Plan. See your Member Employer for details.

"This is an electronic version of the Booklet on file with your Employer and Aetna Life & Casualty (Bermuda), Ltd. In case of a discrepancy between this electronic version and the group insurance contract issued by Aetna Life & Casualty (Bermuda), Ltd., or in case of any legal action, the terms set forth by such group insurance contract will prevail. To obtain a printed copy of this Booklet, please contact your Employer."

Health Expense Coverage

This plan covers expenses associated with **Urgent** and **Emergency Care.** Please refer to the definition of these terms found in the Glossary section of this document.

Health Expense Coverage is expense-incurred coverage only and not coverage for the disease or injury itself. This means that Aetna will pay benefits only for expenses incurred while this coverage is in force. No benefits are payable for health expenses incurred before coverage has commenced or after coverage has terminated; even if the expenses were incurred as a result of an accident, injury or disease which occurred, commenced or existed while coverage was in force. An expense for a service or supply is incurred on the date the service or supply is furnished.

When a single charge is made for a series of services, each service will bear a pro rata share of the expense. The pro rata share will be determined by Aetna. Only that pro rata share of the expense will be considered to have been an expense incurred on the date of such service.

Aetna assumes no responsibility for the outcome of any covered services or supplies. Aetna makes no express or implied warranties concerning the outcome of any covered services or supplies.

Medical Expense Coverage

It does not provide benefits covering expenses incurred for all medical care. There are exclusions and stated maximum benefit amounts. These are all described in this Booklet.

The Summary of Coverage outlines the Payment Percentages that apply to the Covered Medical Expenses described below.

Covered Medical Expenses

They are the expenses for certain **Hospital** and other medical services and supplies. They must be for the treatment of an **Injury** or disease.

Here is a list of Covered Medical Expenses.

Hospital Expenses

Inpatient Hospital Expenses

Charges made by a **Hospital** for giving **Board and Room** and other **Hospital** services and supplies to a person who is confined as a full-time inpatient.

Not included is any charge for daily **Board and Room** in a private room over the **Semiprivate Room Rate**.

Outpatient Hospital Expenses

Charges made by a **Hospital** for **Hospital** services and supplies which are given to a person who is not confined as a full-time inpatient.

Other Medical Expenses

- Charges made by a **Physician**.
- Charges for the following:

Drugs and medicines, which by law, need a **Physician's** prescription.

Professional ambulance service including "air ambulance", if necessary, to transport a person from the place where he or she is injured or stricken by disease to the first **Hospital** where treatment is given.

Air ambulance is defined as a vehicle medically equipped to transport ill or injured persons that:

is licensed by local, county, or state regulations, and/or

has attendants who are fully trained in **Emergency Care**, such as Emergency Medical Technician (EMT) or paramedics.

However, no other expenses in connection with air travel are included.

Explanation of Some Important Plan Provisions

Calendar Year Plan Maximum Benefit

This Plan has a Calendar Year Plan Maximum Benefit. The Calendar Year Plan Maximum applies regardless of the number of **Business Trips** or **Business Sojourn** incurred during the calendar year. The Calendar Year Plan Maximum is the maximum amount payable for all incurred expenses for a **Business Trip** or **Business Sojourn** by a person in a calendar year.

General Exclusions

General Exclusions Applicable to Health Expense Coverage

Coverage is not provided for the following expenses:

- Those for services and supplies not **Necessary**, as determined by Aetna, for the diagnosis, care, or treatment of the disease or **Injury** involved. This applies even if they are prescribed, recommended, or approved by the person's attending **Physician** or **Dentist**.
- Those for care, treatment, services, or supplies that are not prescribed, recommended, or approved by the person's attending **Physician** or **Dentist**.
- Those for or in connection with services or supplies that are, as determined by Aetna, to be experimental or investigational. A drug, a device, a procedure, or treatment will be determined to be experimental or investigational if:

  there are insufficient outcomes data available from controlled clinical trials published in the peer reviewed literature to substantiate its safety and effectiveness for the disease or **Injury** involved; or

  if required by the FDA, approval has not been granted for marketing; or

  a recognized national medical or dental society or regulatory agency has determined, in writing, that it is experimental, investigational, or for research purposes; or

  the written protocol or protocols used by the treating facility, or the protocol or protocols of any other facility studying substantially the same drug, device, procedure, or treatment, or the written informed consent used by the treating facility or by another facility studying the same drug, device, procedure, or treatment states that it is experimental, investigational, or for research purposes.

  However, this exclusion will not apply with respect to services or supplies (other than drugs) received in connection with a disease; if Aetna determines that:

  the disease can be expected to cause death within one year, in the absence of effective treatment; and

  the care or treatment is effective for that disease or shows promise of being effective for that disease as demonstrated by scientific data. In making this determination Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved.

  Also, this exclusion will not apply with respect to drugs that:

  have been granted treatment investigational new drug (IND) or Group c/treatment IND status; or

  are being studied at the Phase III level in a national clinical trial sponsored by the National Cancer Institute;

  if Aetna determines that available scientific evidence demonstrates that the drug is effective or shows promise of being effective for the disease.
- Those for or related to services, treatment, education testing, or training related to learning disabilities or developmental delays.
- Those for care furnished mainly to provide a surrounding free from exposure that can worsen the person's disease or **Injury**.
- Those for Therapy Administration or related to the following types of treatment: primal therapy; rolfing; psychodrama; megavitamin therapy; bioenergetic therapy; vision perception training; or carbon dioxide therapy.

- Those losses due to or arising from participation in interscholastic or professional and/or non-professional club sports or sports event or participation in mountaineering or rockclimbing necessitating the use of guide ropes, potholing, ballooning, motor racing, speed contests, skydiving, hang gliding, parachuting, spelunking, heliskiing, extreme skiing or bungee cord jumping, deep sea diving utilizing hard helmet with air hose attachments, racing of any kind other than on foot and all professional sports unless otherwise agreed in writing by Aetna Global Benefits prior to the dates of travel.
- Those losses due to or arising from a motor vehicle **Accident** if the covered person operated the vehicle without a proper license in the jurisdiction where the **Accident** occurred.
- Those losses due to riding in any aircraft except one licensed for the transportation of passengers.
- Those for inpatient or outpatient treatment of **Mental Disorders**.
- Those services or supplies made by a convalescent facility.
- Those for home medical services and supplies that are prescribed by the doctor, provided through a health care agency, and used as an alternative to confinement in a **Hospital** or convalescent facility.
- Those for care furnished to a person for hospice care when given as part of a hospice care program.
- Those for treatment of covered health care providers who specialize in the mental health care field and who receive treatment as a part of their training in that field.
- Those that are made only because there is health coverage.
- Those that a covered person is not legally obliged to pay.
- Those, as determined by Aetna, to be for **Custodial Care**.
- To the extent allowed by the law of the jurisdiction where the group contract is delivered, those for services and supplies:

  Furnished, paid for, or for which benefits are provided or required by reason of the past or present service of any person in the armed forces of a government.

  Furnished, paid for, or for which benefits are provided or required under any law of a government other than a national. (This exclusion will not apply to "no fault" auto insurance if it: is required by law; is provided on other than a group basis; and is included in the definition of Other Plan in the section entitled Effect of Benefits Under Other Plans Not Including Medicare. In addition, this exclusion will not apply to: a plan established by government for its own employees or their dependents; or Medicaid.)
- Those for or related to any eye surgery mainly to correct refractive errors.
- Those for treatment to the teeth, including, but not limited to, gums, jaw or structures directly supporting the teeth, including surgical extraction of teeth, temporomandibular joint (TMJ) dysfunction, orthodontia or skeletal irregularities or one or both jaws including orthognathia and mandibular retrognathia. This exclusion does not apply to injuries to sound, natural teeth when it is the direct result of a covered **Injury.**
- Those for education, special education, or job training whether or not given in a facility that also provides medical or psychiatric treatment.
- Those resulting from an intentionally self-inflicted injury, suicide or attempted suicide, whether the covered person is sane or insane.
- Those for or arising from the influence of alcohol or intoxicants or the use of drugs.
- Those for therapy, supplies, or counseling for sexual dysfunctions or inadequacies that do not have a physiological or organic basis.
- Those for or related to sex change surgery or to any treatment of gender identity disorders.
- Those related to sexually transmittable diseases. (This exclusion does not apply to HIV, AIDS, ARC or any derivative or variation.)

- Those for or related to artificial insemination, in vitro fertilization, or embryo transfer procedures, except to the extent coverage for such procedures is specifically provided in your Booklet.
- Those for a routine physical or other examination when there are no objective indications of impairment of normal health, including routine maternity expenses.
- Those for or in connection with marriage, family, child, career, social adjustment, pastoral, or financial counseling.
- Those for acupuncture therapy. Not excluded is acupuncture when it is performed by a **Physician** as a form of anesthesia in connection with surgery that is covered under this Plan.
- Those for or in connection with speech therapy. This exclusion does not apply to charges for speech therapy that is expected to restore speech to a person who has lost existing speech function (the ability to express thoughts, speak words, and form sentences) as the result of a disease or **Injury**.
- Those for plastic surgery, reconstructive surgery, cosmetic surgery, bariatric or other services and supplies which improve, alter, or enhance appearance, whether or not for psychological or emotional reasons; except to the extent needed to:

  Repair an **Injury**.

- Those for a voluntary sterilization procedure or the reversal of a sterilization procedure.
- Any covered expense for those individuals traveling against the advice of a **Physician**, on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
- Those for medical services, treatment or supplies the covered person receives in his **Home Country**.
- Those for or in connection with treatment of a Spinal Disorder.
- Those for or in connection to Hearing Loss.
- Those expenses incurred for Durable Medical Equipment.
- Expenses incurred for Second Surgical Opinions.

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

These excluded charges will not be used when figuring benefits.

The law of the jurisdiction where a person lives when a claim occurs may prohibit some benefits. If so, they will not be paid.

Effect of Benefits Under Other Plans

Other Plans Not Including Medicare

Some persons have health coverage in addition to coverage under this Plan. When this is the case, the benefits from "other plans" will be taken into account. This may mean a reduction in benefits under this Plan. The combined benefits will not be more than the expenses recognized under these plans.

In a calendar year, this Plan will pay:

- its regular benefits in full; or
- a reduced amount of benefits. To figure this amount, subtract **B**. from **A**. below:

  A. 100% of "Allowable Expenses" incurred by the person for whom claim is made.
  B. The benefits payable by the "other plans". (Some plans may provide benefits in the form of services rather than cash payments. If this is the case, the cash value will be used.)

"Allowable Expenses" means any **necessary** and reasonable health expense, part or all of which is covered under any of the plans covering the person for whom claim is made. Not included is any expense listed in General Exclusions.

To find out whether Aetna will reduce its regular benefits, the order in which the various plans will pay benefits must be figured. This will be done as follows:

1. A plan with no rules for coordination with other benefits will be deemed to pay its benefits before a plan which contains such rules.
2. A plan which covers a person other than as a dependent will be deemed to pay its benefits before a plan which covers the person as a dependent.
3. Except in the case of a dependent child whose parents are divorced or separated: the plan which covers the person as a dependent of a person whose birthday comes first in a calendar year will be primary to the plan which covers the person as a dependent of a person whose birthday comes later in that calendar year. If the other plan does not have this provision regarding birthdays, then the rule set forth in that plan will determine the order of benefits.
4. In the case of a dependent child whose parents are divorced or separated:

   a. If there is a court decree which should establish financial responsibility for the medical, dental or other health care expenses with respect to the child, the benefits of a plan which covers the child as a dependent of the parent with such financial responsibility shall be determined before the benefits of any other plan which covers the child as a dependent child.
   b. If there is not such a court decree:

      If the parent with custody of the child has not remarried, the benefits of a plan which covers the child as a dependent of the parent with custody of the child will be determined before the benefits of a plan which covers the child as a dependent of the parent without custody.

If the parent with custody of the child has remarried, the benefits of a plan which covers the child as a dependent of the parent with custody shall be determined before the benefits of a plan which covers that child as a dependent of the stepparent. The benefits of a plan which covers that child as a dependent of the stepparent will be determined before the benefits of a plan which covers that child as a dependent of the parent without custody.

5. If 1, 2, 3 and 4 above do not establish an order of payment, the plan under which the person has been covered for the longest will be deemed to pay its benefits first; except that:

   The benefits of a plan which covers the person on whose expenses claim is based as a:

   - laid-off or retired employee; or
   - the dependent of such person;

   shall be determined after the benefits of any other plan which covers such person as:

   - an employee who is not laid-off or retired; or
   - a dependent of such person.

   If the other plan does not have a provision:

   - regarding laid-off or retired employees; and
   - as a result, each plan determines its benefits after the other;

   then the above paragraph will not apply.

In order to administer this provision, Aetna can release or obtain data. Aetna can also make or recover payments.

Other Plan

This means any other plan of health expense coverage under:

- Group insurance.
- Any other type of coverage for persons in a group. This includes plans that are insured and those that are not, or any other insurance policy or any plan sponsored, underwritten, subsidized, or otherwise provided for, by, or through a government or instrumentality of a nation.
- No-fault auto insurance required by law and provided on other than a group basis. Only the level of benefits required by the law will be counted.

General Information About Your Coverage

Termination of Coverage

Coverage under this Plan terminates at the first to occur of:

- When employment ceases.
- When the group contract terminates as to the coverage.
- When you are no longer in an Eligible Class.
- When you fail to make any required contribution.
- The date you exceed the 180 consecutive day maximum per **Business Trip** or **Business Sojourn**.
- The date you return from a **Business Trip** or **Business Sojourn**.

Your Employer will notify Aetna of the date your employment ceases for the purposes of termination of coverage under this Plan.

Physical Examinations

Aetna will have the right and opportunity to have a **Physician** or **Dentist** of its choice examine any person for whom certification or benefits have been requested. This will be done at all reasonable times while certification or a claim for benefits is pending or under review. This will be done at Aetna's expense.

Legal Action

Legal action cannot be taken against Aetna before 60 days after the date full proof of loss is sent to the Aetna. No legal action may be taken against Aetna after 3 years the date of proof is due.

Additional Provisions

The following additional provisions apply to your coverage.

- In the event of a misstatement of any fact affecting your coverage under this Plan, the true facts will be used to determine the coverage in force.

This document describes the main features of this Plan. Additional provisions are described elsewhere in the group contract. If you have any questions about the terms of this Plan or about the proper payment of benefits, you may obtain more information from your Employer or contact Aetna Global Benefits Member Services in Tampa, Florida (U.S.A).

Your Employer hopes to continue this Plan indefinitely but, as with all group Plans, this Plan may be changed or discontinued with respect to all or any class of employees.

Assignments

Coverage may not be assigned.

Recovery of Overpayment

If a benefit payment is made by Aetna, to or on behalf of any person, which exceeds the benefit amount such person is entitled to receive in accordance with the terms of the group contract, Aetna has the right:

- to require the return of the overpayment on request; or
- to reduce by the amount of the overpayment, any future benefit payment made to or on behalf of that person or another person in his or her family.

Such right does not affect any other right of recovery Aetna may have with respect to such overpayment.
A claim must be submitted to Aetna in writing. It must give proof of the nature and extent of the loss. Your Employer has claim forms.

Reporting of Claims

All claims should be reported promptly. The deadline for filing a claim for any benefits is 60 days after the date of the loss causing the claim.

If, through no fault of your own, you are not able to meet the deadline for filing a claim, your claim will still be accepted if you file as soon as possible, but no later than one year after the date of the loss causing the claim.

Payment of Benefits

All other benefits are payable to you. However, Aetna has the right to pay any health benefits to the service provider. This will be done unless you have told Aetna otherwise by the time you file the claim.

Aetna may pay up to $ 1,000 of any other benefit to any of your relatives whom it believes fairly entitled to it. This can be done if the benefit is payable to you and you are a minor or not able to give a valid release. It can also be done if a benefit is payable to your estate.

Records of Expenses

Keep complete records of the expenses of each person. They will be required when a claim is made.

Very important are:

Names of **Physicians**, **Dentists** and others who furnish services.
Dates expenses are incurred.
Copies of all bills and receipts.

Glossary

The following definitions of certain words and phrases will help you understand the benefits to which the definitions apply. Some definitions which apply only to a specific benefit appear in the benefit section. If a definition appears in a benefit section and also appears in the Glossary, the definition in the benefit section will apply in lieu of the definition in the Glossary.

Accident (Accidental)

This means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an **Injury**. The **Accident** must occur while the covered person is insured under the Policy and during the **Business Trip** or **Business Sojourn**.

Board and Room Charges

Charges made by an institution for board and room and other **Necessary** services and supplies. They must be regularly made at a daily or weekly rate.

Business Sojourn

This means leisure travel in conjunction with business travel. The leisure travel can be directly before, during or after a **Business Trip.**

Business Trip

This means the period, which cannot be more than 180 consecutive days for any one trip, during which the covered person is traveling on business outside their **Home Country** and which is authorized by the Employer.

Custodial Care

This means services and supplies furnished to a person mainly to help him or her in the activities of daily life. This includes board and room and other institutional care. The person does not have to be disabled. Such services and supplies are custodial care without regard to:

- by whom they are prescribed; or
- by whom they are recommended; or
- by whom or by which they are performed.

Dentist

This means a legally qualified dentist. Also, a **Physician** who is licensed to do the dental work he or she performs.

Durable Medical and Surgical Equipment

This means no more than one item of equipment for the same or similar purpose, and the accessories needed to operate it, that is:

- made to withstand prolonged use;
- made for and mainly used in the treatment of a disease or **Injury**;
- suited for use in the home;
- not normally of use to persons who do not have a disease or **Injury**;
- not for use in altering air quality or temperature;
- not for exercise or training.

Not included is equipment such as: whirlpools; portable whirlpool pumps; sauna baths; massage devices; overbed tables; elevators; communication aids; vision aids; and telephone alert systems.

Emergency Care

This means the treatment given in a **Hospital's** emergency room to evaluate and treat medical conditions of a recent onset and severity, including, but not limited to, severe pain, which would lead a prudent layperson possessing an average knowledge of medicine and health, to believe that his or her condition, **Sickness**, or **Injury** is of such a nature that failure to get immediate medical care could result in:

- placing the person's health in serious jeopardy; or
- serious impairment to bodily function; or
- serious dysfunction of a body part or organ; or
- in the case of a pregnant woman, serious jeopardy to the health of the fetus.

Emergency Condition

This means a recent and severe medical condition, including, but not limited to, severe pain, which would lead a prudent layperson possessing an average knowledge of medicine and health, to believe that his or her condition, **Sickness**, or **Injury** is of such a nature that failure to get immediate medical care could result in:

- placing the person's health in serious jeopardy; or
- serious impairment to bodily function; or
- serious dysfunction of a body part or organ; or
- in the case of a pregnant woman, serious jeopardy to the health of the fetus.

Home Country

This means the covered person's country of residence and/or domicile.

Hospital

This is a place that:

- Mainly provides inpatient facilities for the surgical and medical diagnosis, treatment, and care of injured and sick persons.
- Is supervised by a staff of **Physicians**.
- Provides 24 hour a day nursing service.
- Is not mainly a place for rest, for the aged, for drug addicts, for alcoholics, or a nursing home.
- Makes charges.

Injury

This means bodily **Injury** caused directly by an **Accident**. It must be independent of all other causes and occur while the covered person is insured under the Policy. A **Sickness** is not an **Injury**. A bacterial infection that occurs through an **Accidental** wound or from a medical or surgical treatment of a **Sickness** is an **Injury**. All injuries sustained in any one **Accident** are considered to be one **Injury**.

Mental Disorder

This is a disease commonly understood to be a mental disorder whether or not it has a physiological or organic basis and for which treatment is generally provided by or under the direction of a mental health professional such as a psychiatrist, a psychologist or a psychiatric social worker.

A mental disorder includes; but is not limited to:

- Alcoholism and drug abuse.
- Schizophrenia.
- Bipolar disorder.
- Pervasive Mental Developmental Disorder (Autism).
- Panic disorder.
- Major depressive disorder.
- Psychotic depression.
- Obsessive compulsive disorder.

Necessary

A service or supply furnished by a particular provider is necessary if Aetna determines that it is appropriate for the diagnosis, the care or the treatment of the disease or **Injury** involved.

To be appropriate, the service or supply must:

- be care or treatment, as likely to produce a significant positive outcome as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the disease or **Injury** involved and the person's overall health condition;
- be a diagnostic procedure, indicated by the health status of the person and be as likely to result in information that could affect the course of treatment as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the disease or **Injury** involved and the person's overall health condition; and
- as to diagnosis, care and treatment be no more costly (taking into account all health expenses incurred in connection with the service or supply) than any alternative service or supply to meet the above tests.

In determining if a service or supply is appropriate under the circumstances, Aetna will take into consideration:

- information provided on the affected person's health status;
- reports in peer reviewed medical literature;
- reports and guidelines published by nationally recognized healthcare organizations that include supporting scientific data;
- generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care or treatment;
- the opinion of health professionals in the generally recognized health specialty involved; and
- any other relevant information brought to Aetna's attention.

In no event will the following services or supplies be considered to be necessary:

- those that do not require the technical skills of a medical, a mental health or a dental professional; or
- those furnished mainly for the personal comfort or convenience of the person, any person who cares for him or her, any person who is part of his or her family, any healthcare provider or healthcare facility; or
- those furnished solely because the person is an inpatient on any day on which the person's disease or **Injury** could safely and adequately be diagnosed or treated while not confined; or
- those furnished solely because of the setting if the service or supply could safely and adequately be furnished in a **Physician's** or a **Dentist's** office or other less costly setting.

Physician

This means a legally qualified **Physician**.

Semiprivate Rate
This is the charge for **Board and Room** which an institution applies to the most beds in its semiprivate rooms with 2 or more beds. If there are no such rooms, Aetna will figure the rate. It will be the rate most commonly charged by similar institutions in the same geographic area.

Sickness
This means sudden and unexpected onset of illness or disease treated by a **Physician**.

Urgent Care
Care for conditions or services that are non-preventative or non-routine, and needed in order to prevent the serious deterioration of a member's health following an unforeseen illness, injury or condition. Urgent care includes conditions that could not be adequately managed without immediate care or treatment, but do not require the level of care provided in the emergency room.

Urgent Condition
This means a sudden illness; injury; or condition; that:

- is severe enough to require prompt medical attention to avoid serious deterioration of the covered person's health;
- includes a condition which would subject the covered person to severe pain that could not be adequately managed without urgent care or treatment;
- does not require the level of care provided in the emergency room of a **hospital**; and
- requires immediate outpatient medical care that cannot be postponed until the covered person's **physician** becomes reasonably available.