

Important changes to your policy

Effective from 1st November 2022, a number of changes will apply to your International Healthcare Plan. These changes, where applicable to your plan, will apply from the renewal date indicate on your Insurance Certificate.

Change in administrator

Previously, your International Healthcare Plan with us was administered by Aetna International. From 1st November 2022, the administrator of these plans will be Allianz Care.

Your plan selection, benefits and services will remain mostly the same, with some minor changes outlined further below.

To be clear about the changes that apply to your plan, it is important that you read this document with your Table of Benefits and Benefit Guide.

You will also be provided new instructions on how to access digital member services.

Key differences in terminology

- If you currently have an excess on your plan, note that this will now be called a 'deductible'.
- If you current have a co-insurance on your plan, note that this now be called a 'co-payment'
- Benefits that were on a 'per medical condition' basis will now be on a 'per claim (diagnosis) per year' basis

These are terminology changes; the excess (deductible), co-insurance (co-payment) and 'per medical condition' ('per claim (diagnosis) per year') benefits on your plan will continue working in the same way as before.

Main differences in policy terms and conditions

- If you had previously selected the 'USA elective treatment' option on your plan, in-patient and day-care treatment received outside the U.S. direct settlement network was subject to a limit and co-insurance. Upon renewal, your plan will be upgraded to 'Worldwide including US' cover, and network restrictions will no longer apply. Other policy terms and conditions still apply – please refer to your Benefit Guide.
- To be eligible for cover under the full benefits of the policy, **newborns** must be enrolled as a member within 4 weeks after birth and premiums must be paid in full within 30 days of the premium due date. Previously, acceptance of newborns was subject to written notification within 30 days of birth.

With the exception of babies born as a result of medically assisted reproduction, we will accept the baby without medical underwriting if any parent has been insured with us for a minimum of eight continuous months. If we have not covered any insured parent for a continuous period of at least eight months then:

- where you have a policy with moratorium, we'll confirm the date we agree to add the baby and a new moratorium will apply for him/her; or
- where your policy does not have a moratorium, we'll either cover the baby from the date on which you accept any terms we offer or decline to add the baby to your plan.

Please refer to your Benefit Guide for full details.

- If you had previously selected the 'Outpatient Direct Settlement Network - nil excess' option on your plan, on your new Out-patient Plan no deductible will apply regardless of whether the treatment was received in or out of network.

Accessing treatment

The process regarding accessing treatment and making claims will be slightly different upon your next renewal. You will find a complete description in the Benefit Guide – please find below a short summary for your convenience:

- **MyHealth Digital Services:** If you are not attending a direct settlement provider, you can pay the medical provider upfront and then claim eligible costs via MyHealth digital services (available as portal and mobile app).
- **Claiming deadline:** Your cover now offers an extended claims submission timeline whereby we will accept claims for processing up to six months after the end of the Insurance Year they refer to, as opposed to the current deadline of six months after the treatment date.
- **Medical provider network:** The list of medical providers that facilitate direct settlement with us may differ upon your renewal. We are expanding our provider network as we endeavour to make sure that access to key medical providers is available.

Contact us, we love to help!

If you need any assistance in understanding our cover with us, you'll find the contact details on your policy documents. Call us anytime, we will be happy to help.