



## **Tanglin Trust School**

**Employee Group Medical Insurance Benefits**  
**01 September 2017 to 31 August 2018**

**aetna<sup>®</sup>**



**Tanglin Trust School**  
**Employee Group Medical Insurance Benefits 2017-2018**

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## 1. Introduction : Your Group Medical Insurance Coverage

This booklet provides the necessary information for Tanglin Trust School's employees & staff regarding their international group medical insurance scheme and benefit entitlement.

This is just a summary and is not meant to replace the actual policy wordings and insurance contract.

Policy Period: **01 September 2017 to 31 August 2018**

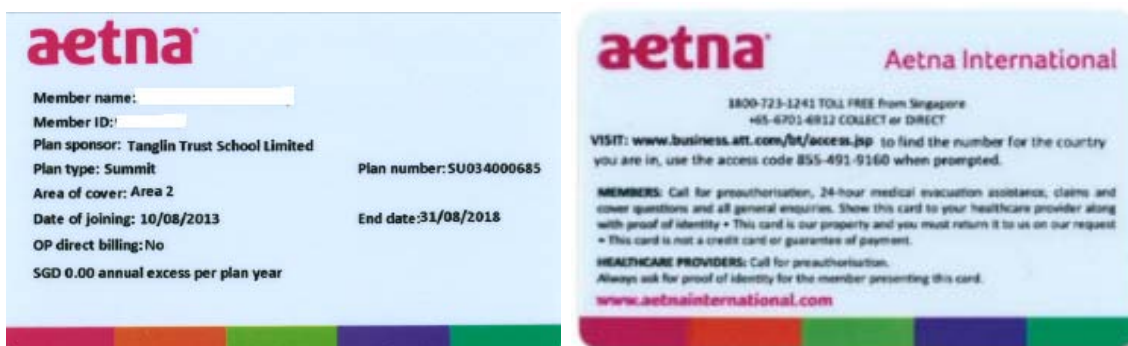
Policy Number: **SU034000684 (LE) /SU034000685 (OR)**

Insurance Provider: **aetna<sup>®</sup> Aetna Insurance Company Limited  
(Singapore Branch)**

Insurance Agent:  **PACIFIC PRIME Pacific Prime Singapore**  
Simplifying Health Insurance

Eligibility: All active and permanent employees (and their eligible dependents) of Tanglin Trust School will be covered under the International Group Medical Benefits Scheme

Insurance Card: Each new joiner or employee will be issued with an Aetna Insurance Card



*NOTE: The content reflected in this handbook is correct at the time of print and are subject to changes as needed.*

## 2. Benefits Overview

Insured by **Aetna Insurance Company Limited  
(Singapore Branch)**



Plan Name : **Summit 1750**

Area of Cover : **Worldwide excluding the USA**

Underwriting Terms : **Medical History Disregarded**

Overall Plan Limit : **SGD\$ 2,150,000**

### 2.1 Inpatient Coverage

Inpatient and daycare treatment	Paid in full
Parent accommodation	Paid in full
Inpatient treatment of acute conditions for newborn's up to eight days old (natural conception)	Paid up to a lifetime limit of \$187,500
Inpatient treatment of acute conditions for newborn's up to eight days old (assisted conception)	Not covered
Emergency inpatient and daycare treatment outside area of cover	Paid in full
Inpatient psychiatric treatment (up to 30 days)	Paid in full

### 2.2 Outpatient Coverage

Outpatient surgical procedures	Paid in full
Outpatient dental treatment for accidental damage following related hospitalisation (within 90 days of discharge)	Paid in full
Outpatient pre-operative tests (up to 72 hours ahead of inpatient/daycare treatment)	Paid up to \$1,250
PET & CT scans	Paid in full
Outpatient post-hospitalisation treatment (up to 90 days)	Paid in full
Physiotherapy (up to 90 days post hospitalization and outpatient basis – referral required)	Paid up to \$1,000
Outpatient complementary medicine: podiatry, osteopathy and chiropractor (referral required)	
Emergency outpatient treatment outside area of cover	Paid up to \$625



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### 2.3 Further Benefits

Emergency medical evacuation and repatriation, and local ambulance	Paid in full
Cancer care	Paid in full
red24 travel security services	AdviceLine
Durable medical equipment	Paid up to \$1,250
Singapore Government Restructured Hospitals (each night up to 20 nights)	\$150 paid for each night
Congenital abnormalities	Paid up to a lifetime limit of \$315,000
Pregnancy and childbirth (maternity)	\$18,750
Medical complications of maternity (assisted conception)	Covered under the above limit
Medical complications of maternity (natural conception)	Paid in full
Chronic condition and disease management	Included
HIV or AIDS	Paid up to \$12,500 per insured person per period of cover
Wellness	Paid up to \$125
Organ transplants: kidney, pancreas, liver, heart, lung	Paid in full
Hormone replacement therapy	\$625
Mortal remains	Paid in full

### **3. Policy Exclusions**

**E1** Costs incurred:

- That exceed a limit shown on your Benefits schedule
- If you have not completed the waiting period shown on your Benefits schedule
- If these are less than the value of any deductible that applies to your plan
- If no relevant benefit is included on your plan
- For a benefit not covered on your plan, even if cover was included in any previous plan year
- That may be associated with a claim, but are not covered under your plan. For example, loss of earnings as a result of a medical condition
- Outside your area of cover

**E2** Costs incurred for, or in relation to, any portion of treatment or services received before your start date or after your end date.

**E3** Medical evacuations if a local situation makes it impossible, dangerous or not practical to enter a specific location or country.

*False and fraudulent claims*

**E4** A false or fraudulent act you know about. If we have paid any part of the claim, we will recover the costs.

*Treatment provision and referral*

**E5** Treatment that we determine on general advice is unproven, experimental or investigational.

**E6** Drugs or dressings that:

- are not recognised by the pharmaceutical regulator in the country where treatment is provided,
- are obtained without prescription, or
- are prescribed for a medical condition that is different to the one that is being claimed for.

**E7** Dietary supplements, substances and personal products, including, but not limited to, vitamins, minerals, mouthwash, toothpaste, antiseptic lozenges and sprays, shampoo, sunscreen, children's food, baby supplies and infant formula given orally.

**E8** Home visits by a medical professional, unless specifically agreed by us prior to consultation.

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**E9** Treatment in a spa, hydro spa, health farm or similar facility, and treatment given at a nursing home, similar establishment or hospital, where the facility has become your home or permanent abode or where admission is arranged partly or entirely for domestic reasons.

**E10** Treatment given, or referrals made by, a medical professional or dental practitioner who is your spouse, partner, child, parent or sibling, and self-prescribed treatment or self-referral if you are a medical professional or dental practitioner.

**E11** Health education programmes and services, including, but not limited to, family planning, antenatal classes and parenting classes.

### *Administrative costs, fees and charges*

**E12** Costs of:

- Completing Claim forms
- Completing or obtaining any other documents
- Hospital administration fees
- Any registration fees

**E13** Charges incurred for the overdue payment of any invoice.

### *Cosmetic*

**E14** Cosmetic treatment. *Weight management*

**E15** Any treatment for weight loss or weight problems, including, but not limited to, bariatric procedures, diet pills or supplements, health club memberships, diet programmes and residential eating disorder programmes.

### *Reproduction and newborns*

**E16** Costs of:

- Contraception or sterilisation
- Treatment for sexual problems, including impotence, whatever the cause
- Fertility or infertility tests or treatment
- Assisted reproduction
- Surrogacy

### *Sleep*

**E17** Sleep apnoea, sleep-related breathing disorders, snoring and insomnia.

### *Sight, hearing and dental*

**E18** Myopia, hypermetropia, astigmatism, natural or non- medical degenerative sight or hearing disorders, aids to help with sight or hearing, contact lens solutions, eye drops, sunglasses and prescription sunglasses.

**E19** Orthodontic treatment and dental implants.

*Brain and learning disorders, and speech and voice problems*

**E20** Developmental disorders of the brain, learning disorders, learning difficulties, speech problems and voice problems.

*Harvesting, storage and organ transplants*

**E21** The harvesting or storage of umbilical cord blood stem cells, sperm, mature oocytes and embryos.

**E22** Costs of:

- locating a replacement organ,
- removing an organ from a donor,
- transporting an organ, and
- any associated administration.

*Addictions and abuse*

**E23** Treatment for alcohol, drug or substance abuse or any kind of addictive condition, and any injury or illness arising directly or indirectly from such abuse or addiction. Drug abuse is the use of any drug:

- in a manner or in quantities other than as directed or prescribed on medical authority, or
- for any reason other than that for which it was originally prescribed.

*Gender reassignment*

**E24** Treatment directly or indirectly associated with gender reassignment.

*Journeys and transportation*

**E25** Any journey made specifically for the purpose of receiving treatment, unless you have requested preauthorisation and we have given our approval.

**E26** Non-emergency transportation.

*Acting against medical advice*



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**E27** Any journey, activity, action or pursuit carried out against the advice of a medical professional.

*Professional sports and hazardous activities*

**E28** Playing professional sports, taking part in motor sports of any kind, using a weapon or firearm for any purpose, and the following hazardous activities:

- Mountaineering, potholing, spelunking and caving
- High-altitude trekking over 2,500 m
- Winter sports carried out off-piste
- Arctic or Antarctic expeditions

*Self-inflicted medical conditions*

**E29** Suicide, attempted suicide or any deliberate, self- inflicted medical condition.

*Illegal activities*

**E30** You acting illegally, or committing or helping to commit a criminal offence.

**E31** Any inpatient, day-care or outpatient treatment in a hospital, whether planned or not:

- when received before your start date, if the treatment is still ongoing at your start date, or
- that you were aware of at your start date,

unless you or the plan sponsor told us about it before your start date and cover has been agreed by us.

*Please refer to the Aetna policy for the full list and details of the exclusions.*

#### 4. Pre-authorization and GOP Procedures

Pre-authorization ensures that prior to incurring liability for major medical treatment, the member is covered by the policy and will be reimbursed up to the applicable limit.

For **elective/pre-planned hospital admission(s) in Singapore**, the insured can request for a **Guarantee of Payment (GOP)** from Aetna by providing a completed **Pre-authorization medical form** (see Appendix A) and email it to [AsiaPacServices@aetna.com](mailto:AsiaPacServices@aetna.com) at least **5 working days** prior to the date of admission.

Please note that if Aetna does not receive the completed forms within the stipulated time frame, the insured member may be required to settle his/her incurred medical expenses and submit a claim for evaluation.

***NOTE:** Additional documents may be requested for further assessment on a case by case basis. This includes but is not limited to a Referral Letter, Diagnostic test/report and/or other relevant documents such as Hospital Financial Counselling/Admission Forms.*

For **emergency Hospital admission(s) in Singapore**, Aetna will liaise with the hospital for the GOP once notified. The member or any representative can contact Aetna's International Helpline on **1 800 723 1241** (from Singapore) or **+44 203 788 3290** (Overseas) by providing below information:

- *patient's name and member number*
- *date of admission*
- *name of hospital or facility*
- *admitting symptoms or medical diagnosis if known*
- *treatment received so far or planned treatment(s)*
- *any other relevant information*

If the completed Pre-authorization Form is not received prior to discharge, the insured member will be required to settle the incurred hospital expenses and submit a claim for evaluation.

For cases wherein the GOP is not approved, the insured member will be also required to settle the incurred hospital expenses and submit a claim for evaluation.

## **5. Claims Procedure (Pay and Claim)**

For cases where a member needs to pay first for the medical services received, he/she can submit the claims to Aetna for reimbursement.

### Claim Form Submission

1. Complete one (1) **claim form** (see Appendix B) per medical condition.
2. It is advisable to bring the claim form with you when you visit the doctor.
3. Ask the treating doctor to complete Section 6 of the form (when claiming for advanced imaging such as CT scan or if a series of treatments are being recommended such as physiotherapy).
4. If claiming for a hospitalisation admission where a Guarantee of Payment (GOP) has not been sought, please submit a copy of the discharge summary.
5. Submit to Aetna together with the invoice or receipts and scan/email to [AsiaPacServices@aetna.com](mailto:AsiaPacServices@aetna.com).

### NOTES:

- Please submit claims **within 6 months from treatment date** but 'sooner the better'.
- When submitting a hospital bill, ensure the document is the "**Final Bill**" and issued showing complete patient's name. Interim Bill is not acceptable.
- When claiming for a hospitalisation, daycase or surgery, kindly submit a **discharge summary** or **surgery report**.
- **Referral letters** are required for **physiotherapy and complementary treatments** (podiatry, osteopathy, chiropractic).
- Aetna aim to finalize your claim within 10-15 working days subject to nature and complexity of your claim and submission of complete claim documents.
- Reimbursements can be done via **cheque** or **bank transfer** (in the currency of your choice).



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Please refer to the Frequently Asked Questions (FAQ) document (Appendix C) for further information.

## **6. Contact Details and Tanglin Pacific Prime Portal**

### **6.1 Contact Details**

#### **Pacific Prime Singapore**

##### **General Enquiries**

Email: [tanglin@pacificprime.com](mailto:tanglin@pacificprime.com)  
Tel: +65 6346 3781  
Fax: +65 6725 8041

China Square Central #09-02A  
18 Cross Street  
Singapore 048423

##### **Account Management**

###### **Mr Alexandre Jutant**

Email: [alexj@pacificprime.com](mailto:alexj@pacificprime.com)  
DID: +65 6713 5887  
Tel: +65 6536 6273

###### **Mr Olivier Zeller**

Email: [olivier@pacificprime.com](mailto:olivier@pacificprime.com)  
DID: +65 6713 5885  
Mobile: +65 8388 5200

##### **Claims Team**

Email: [sgclaims@pacificprime.com](mailto:sgclaims@pacificprime.com)  
Tel: +65 6346 3781 (option 3)

##### **Group Admin Team**

Email: [sggroupadmin@pacificprime.com](mailto:sggroupadmin@pacificprime.com)  
Tel: +65 6346 3781  
DID: +65 6713 5884

#### **Aetna Insurance Singapore**

##### **Aetna Claims & Pre-authorization Team**

Email: [AsiaPacServices@aetna.com](mailto:AsiaPacServices@aetna.com)  
Tel: 1 800 723 1241 (Local)  
+44 203 788 3290 (Overseas)

Website: <http://www.aetnainternational.com/>



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### **6.2 Tanglin Pacific Prime Portal**

Pacific Prime has created an online portal for members of the Tanglin international medical insurance plan for quick access to policy details and points of contact.

#### **How to Access the Portal**

You can access the website using the below web address and password:

<https://tanglin.pacificprime.com> | Password: tanglin

#### **What information Is Available on the Portal?**

The portal features include:

Contacts

Table of Benefits

Claims Procedures

Upload Claim

Downloadable Forms

Hospitals & Facilities

## Tanglin Trust School Cover by Pacific Prime

### Announcements

Notices from TTS



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### Support Team & Services

Support from Pacific Prime and TTS



[View](#)

### Menu

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[Announcements](#)

[Pacific Prime – TTS Support Team & Services](#)

[Table of Benefits](#)

[Hospitals & Facilities](#)

[Claims Procedures](#)

[Upload Claim](#)

### Your Benefits

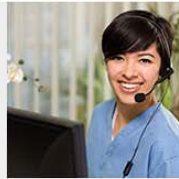
In-depth look at your available benefits



[View](#)

### Quick User Guide

How to make a claim with your insurance



[View](#)

### Downloadable Forms

[Policy Handbook](#)

[Claim Forms](#)

[Pre-Authorization Forms](#)

[Release of Medical Inform Form](#)

### Hospital List & Facilities

A list of the Hospitals Near You



[View](#)

# Preauthorisation medical form

Please complete clearly in **BLOCK CAPITALS**.

If you do not complete this form clearly and completely there will be a substantial delay to get preauthorisation.

## Member's information:

Member's name:										Date of birth (dd/mm/yyyy):									
Member ID:					Plan no:														
Primary phone no:										Secondary/mobile no:									
Email:																			

Please return as soon as possible to: [aomedicalteamhongkong@aetna.com](mailto:aomedicalteamhongkong@aetna.com)

## Provider information:

Name of facility:																			
Address of facility:																			
Town:					Postcode:					Country:									
Name of attending doctor:										Provider contact name:									
Phone:										Fax:									
Email:																			

## Medical condition – to be completed by attending doctor (all fields are mandatory)

Please send any supporting medical documentation with this completed form.

Diagnosis:																			
Please advise if: Chronic <input type="checkbox"/> Yes <input type="checkbox"/> No Congenital <input type="checkbox"/> Yes <input type="checkbox"/> No																			
Underlying cause:																			
First consultation date (dd/mm/yyyy):										Symptoms/signs from (dd/mm/yyyy):									
Has this or any similar condition existed previously? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes please attach details)																			
Related illness:																			
Proposed treatment/procedure:																			
Admit as: <input type="checkbox"/> Inpatient <input type="checkbox"/> Daypatient <input type="checkbox"/> Outpatient																			
Admission date (dd/mm/yyyy):										Estimated length of stay:									

### Cost estimate (to be completed by all relevant parties)

Surgeon's fee:	Ward round fee per day:	Anaesthetist's fee:
Room rate:	Class of room:	Package cost (if any):
Hospital charges:	Other cost:	
Total cost:		

### Declaration

I declare that to the best of my knowledge and belief the statements made on this form are true and complete.

Attending doctor's name:	
Signature:	Date (dd/mm/yyyy):

### Financial Sanctions Exclusions

If coverage provided by this policy violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit [www.treasury.gov/resource-center/sanctions/Pages/default.aspx](http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx).

Policies issued in Singapore are issued by Aetna Insurance Company Limited (Singapore Branch), registered address: 112 Robinson Road, #09-01 Robinson 112, Singapore 068902, Company Registration No. T08FC7304L. Policies are administered by Aetna Global Benefits (UK) Limited (Singapore Branch), Company Registration No. T08FC7305G, on behalf of the insurer. Policies issued outside of Singapore but within the Asia Pacific Region are issued by Aetna Insurance Company Limited (Singapore Branch), registered address: 112 Robinson Road, #09-01 Robinson 112, Singapore 068902, Company Registration No. T08FC7304L, or by Aetna Insurance Company Limited, registered in England (Company Registration No. 05956141), and administered by Aetna Global Benefits (UK) Limited (Singapore Branch), registered address: 112 Robinson Road, #09-01 Robinson 112, Singapore 068902, Company Registration No. T08FC7305G.

Important: This is a non-US insurance product that does not comply with the US Patient Protection and Affordable Care Act (PPACA). This product may not qualify as minimum essential coverage (MEC), and therefore may not satisfy the requirements, if applicable to you and your dependants, of the Individual Shared Responsibility Provision (individual mandate) of PPACA. Failure to maintain MEC can result in US tax exposure. You may wish to consult with your legal, tax or other professional advisor for further information. This is only applicable to certain eligible US taxpayers





**\* Section 3: Claim details**

Is this claim for a general wellness checkup?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If 'Yes', Section 6 does not need to be completed.	
Is this claim for optical care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If 'Yes', Section 6 does not need to be completed. Refer to the instructions on the last two pages of this form for the documents you need to submit.	
Is this claim for a repeat prescription for an existing medical condition we have reimbursed you before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If 'Yes', Section 6 does not need to be completed and you must provide the relevant claim number: _____	
Is this a new claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If 'Yes', complete the following and refer to 'How to: complete this form' for further advice.	
What symptoms did the patient have which needed treatment? _____ _____				
Confirm the medical condition or diagnosis if known: _____				
Is this a claim for hospital cash benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If 'Yes', Section 6 must be completed by the medical practitioner or specialist. Once completed, please send us the original admission and discharge form from the hospital where the treatment was provided together with this Claim form.				
If 'No', provide the breakdown of the invoices being submitted with this claim:				
<b>Country of treatment</b>	<b>Date of treatment</b> (dd/mm/yyyy)	<b>Invoice date</b> (dd/mm/yyyy)	<b>Invoice reference</b>	<b>Invoice amount</b> (including currency)
<b>Use a separate sheet if you need more space.</b>				Total number of invoices:
Does the patient have another insurance plan or policy that covers medical costs? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If 'Yes', provide the other insurer's details including the name of the insurer, the insurer's address and the patient's plan or policy number with that insurer: _____ _____				
Is the claim as a result of an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If 'Yes', provide the circumstances of the accident including how it happened, the location, the time and the date, using a separate sheet if you need more space: _____ _____				
If the patient has suffered an injury as the result of an accident, are they claiming from a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If 'Yes', provide the other insurer's details including the name and the plan number below: _____ _____				

**\*Section 4: Declaration – the Declaration must be signed by the patient or the main member if the patient is a dependant under the age of 18**

I declare that, to the best of my knowledge, all the information provided on this Claim form is truthful and correct. I understand that Aetna will rely on the information provided as such. I agree and accept that this declaration gives Aetna, and its appointed representatives, the right to request past, present, and future medical information in relation to this claim, or any other claim related to the member/covered individual, from any third party, including providers and medical practitioners. I declare and agree that personal information may be collected, held, disclosed, or transferred (worldwide) to any organisation within the Aetna group, its suppliers, providers and any affiliates.	
Patient's/main member's signature:	Date (dd/mm/yyyy)

Please read carefully the disclaimers at the end of the form.  
Please retain a copy for your records.





## How to complete this form

One form must be completed for each patient, for each medical condition treated.

Assessment of the claim may be delayed if the patient/main member and the patient's medical practitioner, specialist or therapist do not complete all the necessary sections of this form.

Sections 1 to 5 must be completed by the patient, or the main member on behalf of the patient if the patient is a dependant under the age of 18.

Section 6 must be completed by the patient's medical practitioner, specialist or therapist unless the claim is for:

- a repeat prescription for medication to treat a chronic medical condition and we have previously approved and paid claims for the same medication to treat the same chronic medical condition.
- optical care; in this instance you need to send us the optometric prescription and the itemised invoice for the prescription spectacle lenses, prescription spectacle frames and prescription contact lenses, or
- a general wellness checkup.

For any other type of claim, we understand that it may not always be possible to have Section 6 completed by the medical practitioner, specialist or therapist. In such circumstances, we will process the claim if the invoices and receipts for the treatment costs incurred contain all of the following:

- diagnosis of the medical condition treated
- treatment date
- type of treatment, and
- the medical provider's official stamp

We may need to contact the patient's medical practitioner, specialist or therapist for more medical information in order for us to process the claim under the terms and conditions of the policy. We will tell you if we need to do this.

**A quick guide on how to submit your claim. For detailed information, please refer to the "Your guide to making a claim" section in your Claims Procedures.**

Send us the claim within 180 days of the first treatment date. You must send the following items to make sure that we can process your claim:

- the fully completed Claim form
- the original itemised invoice
- the original receipt. We do not accept credit card statements as proof of payment
- a copy of the prescription if you are claiming for medication
- a copy of the investigative tests results where relevant (e.g. blood tests, x-rays, ultrasound, MRI / CT scan/ PET scan, audiometry, etc.)
- a copy of the physiotherapy or alternative treatment (chiropractic, osteopathic, homeopathic, etc.) referral by the medical practitioner or specialist if you are claiming for physiotherapy or alternative treatment costs, and
- copy of the admission and discharge reports where relevant for inpatient or daycare admissions.

### Important information

Please remember these important points when completing your Claim form.

#### Section 3 – Claim details

If the patient has another insurance plan or policy that covers him/her for medical costs, we will need to know the details as it may affect the amount we pay in respect of their claim.

#### Section 4 –Declaration

If the declaration has not been read and signed, we will not be able to process the claim.

#### Section 5 – Payment details

- If you are not personally seeking reimbursement we will pay the treatment provider directly, as long as the payment instructions are shown clearly on the invoice.
- If you are personally seeking reimbursement, we will only issue payment to:
  - the patient if they are 18 or over
  - the plan holder if the patient is under 18 and is a dependant under the plan, or
  - the parent or legal guardian named as the primary member, if the patient is under 18

(Continued)

## How to complete this form (continued)

- Ensure that you are able to receive payment in the method and currency you have requested.
- We reserve the right to pass on any payment charges incurred by us for cancelling the original payment due to inaccurate information submitted to us.
- We will not be responsible for any payment shortfall due to exchange rate fluctuations and/or recipient bank service charges. Please contact your bank for further details.
- If you do not give us the sort code/routing code, BIC/SWIFT code and/or IBAN number, you may incur additional bank charges and it will result in a delay in us paying your claim. You can find the payment information on your bank statement.
- Payment by foreign draft or cheque in certain currencies can result in long delays. These delays are beyond our control. We will not pay any bank charges incurred in encashing a foreign draft or cheque. We strongly recommend that, wherever possible, you choose to be reimbursed by bank transfer as this is the quickest and safest method of payment.
- We can make payment in most readily traded currencies and to most countries. In the event that we are unable to make payment in the currency or to the country you have specified, we will contact you to confirm an alternative currency. If you do not specify a payment currency, we will pay your claim in the base currency of your plan. For the current list of applicable currencies and countries please refer to our website.
- We cannot issue non-QAR foreign drafts or cheques to members/providers with bank accounts based in Qatar as the banks will not allow those to be encashed.
- Your bank may ask you to complete additional paperwork before they can release our payment to you. This may delay your receipt of the payment and is outside our control.
- Whenever coverage provided by any insurance policy is in violation of any US, UN or EU economic or trade sanctions, such coverage shall be null and void. For example, Aetna companies cannot pay for health care services provided in a country under sanction by the United States unless permitted under a written Office of Foreign Assets 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)

We know you may have questions and we're always here to help. You can call us any time on the phone number listed on the back of your Member ID Card.

You can also send us a secure e-mail by logging in to [www.aetnainternational.com](http://www.aetnainternational.com) and clicking 'Contact us'.

You can scan your claims to us, rather than post them. It is important that any claim you send to us is done either by scan or originals, but not both.

## Send your claim to

- By post:  
**Aetna Global Benefits Limited (Singapore Branch)**  
**112 Robinson Road**  
**#09-01 Robinson 112**  
**Singapore, 068902**  
**Singapore**
- For the quickest and most convenient way of submitting your claim, please register for the secure member website at [www.aetnainternational.com](http://www.aetnainternational.com) and submit your claim online.
- Send your claim via e-mail with copies of your receipts and all required documents from your medical practitioner, as explained above, to: [AsiaPacServices@aetna.com](mailto:AsiaPacServices@aetna.com)

## Contact us.

- For claim related queries please contact our 24 hour Member Services helpline at: Free from Singapore 1-800-723-1241  
Collect or Direct +44-203-788-3290

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Please retain a copy for your records.

## **Tanglin Trust School Hospitalisation Insurance - FAQ**

### **1. Pacific Prime and Aetna – who does what?**

Pacific Prime is Tanglin Trust School's insurance broker. We assist with day to day queries throughout the policy year on claims, benefits and general administration of the policy (e.g. addition of dependents). PP can also be used as escalation point for any servicing issues. Aetna is the insurer for your medical insurance policy, Aetna pays your claims and guarantees your treatments. Aetna can be contacted 24/7 in case of emergencies.

### **2. How do I contact Aetna for any policy or claim queries in Singapore and internationally?**

You can contact Aetna using the contacts listed below:

- **24-hour member hotline:**  
1800-723-1241 (toll-free from Singapore)  
+65-6701-6912 (Collect or Direct)
  
- **Member inbox:**  
Email Member Services [AsiaPacServices@Aetna.com](mailto:AsiaPacServices@Aetna.com)

### **3. If I spot an error on my personal details, how do I rectify this?**

Inform your HR to ensure the details are recorded correctly; HR in turn will inform Pacific Prime who will subsequently inform Aetna.

### **4. Are there any treatments for which I have to pay first and seek reimbursement?**

All Out-patient treatment (pre and post hospitalization), Advanced Imaging (CT & PET scans) and Maternity treatment requires you to pay first and seek reimbursement.

### **5. When do I have to obtain pre-authorization and how do I do this?**

- In-patient or daycare treatment admission
- Medical evacuations
- In-patient psychiatric treatment
- Out-patient surgery

Ask your doctor to complete the **Pre-authorization Medical Form** and email to [AsiaPacServices@Aetna.com](mailto:AsiaPacServices@Aetna.com) together with any available supporting documents (e.g. admission report or doctor's memo). The form is available for download on the member portal.

**6. How far in advance of treatment should I obtain pre-authorization and how long does it take for Aetna to provide this?**

As soon as you are aware of your treatment dates, please submit it for pre-authorization. The normal non-emergency pre-authorization takes around 5 days.

**7. What should I do in the case of an emergency?**

Contact **Aetna's member services hotline** and press 1; this will route your call to Aetna's Medical Services Team to assist you with the emergency process:

We require the following information:

- Full name
- DOB
- Member ID
- Contact details
- Name of the hospital you're being admitted to
- Reason for admission or brief description of your symptoms

**8. Are the procedures for emergency treatment different outside of Singapore?**

No, the procedure is the same. However, you could utilize Call Collect through the Phone Operator in the country that you are in to reverse the IDD call charges to Aetna.

**9. How do I obtain pre-approval when I am travelling to my home country for treatment?**

For elective and planned treatment in your home country (excluding USA), please refer to Question 5.

**10. We are expecting a new member of the family. Can I add my baby onto the plan?**

Yes, your newborn baby can be enrolled under the policy. Please note that you must inform your HR **within 30 days** from birth to request the addition onto the policy.

**11. If I leave Tanglin Trust School, can I transfer to an individual Aetna plan?**

Yes, however, terms and conditions would apply. Please contact Aetna for further details.



**12. What kind of treatments are not covered under the Aetna plan?**

- Regular outpatient GP and Specialist consultations and lab tests (excluding pre-and post-hospitalization)
- Treatments not deemed as medically necessary
- Cosmetic treatments and weight (Loss) treatments
- Alcoholism and drug abuse treatments
- Suicidal or self-inflicted injuries
- Injuries due to illegal/criminal offences
- Playing professional sports
- Dental and orthodontic treatments
- Optical and vision care
- Out-patient MRI scans
- Where travel is against medical advice
- Sleep apnoea or sleep-related breathing disorders
- Developmental disorders of the brain, learning disorders & difficulties or speech & language problems
- Planned treatment in the USA

This is a summary, please refer to the Member Handbook for full details.

**13. Where can I purchase additional insurance to include benefits such as Dental, Travel, Home or Motor Insurance?**

Pacific Prime can assist with your individual insurance needs, please contact us via email at [tanglin@pacificprime.com](mailto:tanglin@pacificprime.com)

**14. Where can I find all relevant information about my policy benefits and contact points?****General Enquiries:**

Alexandre Jutant  
+65 6713 5887

[Tanglin@pacificprime.com](mailto:Tanglin@pacificprime.com)

**Escalations:**

Olivier Zeller  
Director

+65 6713 5885

[olivier@pacificprime.com](mailto:olivier@pacificprime.com)

**Claims Hotline:**

Fiza Karim

Client Services Officer

+65 6346 3781 (dial 3)

**Claims Escalations:**

Mari Galvez

Operations Manager

+65 6713 5882

[Tanglin@pacificprime.com](mailto:Tanglin@pacificprime.com)

For access to your policy documentation, contact details and information, please log onto <https://tanglin.pacificprime.com/> with the password **tanglin**