

Quality health plans & benefits  
Healthier living  
Financial well-being  
Intelligent solutions



## Don't forget to pack peace of mind

### Aetna WorldTraveler<sup>SM</sup>

Aetna WorldTraveler is an international business travel plan that provides you with emergency and urgent medical benefits and assistance during your business trip. It also offers something just as important — peace of mind. Our tools and resources will help you prepare for your trip and obtain important health-related information during your travels. Best of all, these resources are available whenever and wherever you need them.

#### Quick tips for using your plan

- Show your WorldTraveler ID card every time you access emergency and urgent care internationally. On most occasions, it will prevent you from having to pay full medical costs up front.
- When submitting a WorldTraveler claim, be sure to send an itemized bill with your claim form to help expedite reimbursement.

#### Help is just a few clicks away


The Aetna International secure member website provides a one-stop location for tools and resources to help you manage your health and wellness while away from home. While online, you can search for international doctors and hospitals, review country-specific health and security information, and obtain translations for medical terms in multiple languages.

#### Using your WorldTraveler plan is easy.

##### Step 1

Carry your member ID card at all times and present it upon accessing care.

##### Step 2

To seek urgent care during your trip, search for a local health care provider online at .

If you require emergency medical attention, seek care and then contact our International Member Service Center for additional assistance.

##### Step 3

To submit a claim for reimbursement, fill out the Aetna WorldTraveler claim form found on the Aetna International secure member website in the Forms section.

# We have the prescription for a healthy business trip

## Emergency medical evacuation and repatriation

Assistance with a variety of emergency situations, including medical evacuations, medical transportation coordination and emergency medications.

## Medical assistance

While away, you can rest assured knowing that you will have 24/7 access to medical provider referrals, facilitation of hospital payments, case monitoring, medical record transfers and preferred access to Western medicine clinics. With a direct-settlement community of over 100,000 providers located worldwide, we've got you covered should you need medical attention during your trip.

## Travel and personal assistance

Help with pre-trip planning, embassy and consular information, replacement of lost or stolen travel documents, translation services and legal referrals.

## Online resources

We have a variety of online tools and resources to help you manage your health care and your WorldTraveler plan. To access these convenient tools, register for the Aetna International secure member website:

1. Go to [redacted]
2. Click **Member** under **Secure login**.

3. Click the **Login/Register** button under **Members on U.S. based plans and WorldTraveler plans** to begin.
4. Click the **Register for online access** button on the right hand side of the page and select **WorldTraveler Member** from the drop-down box.
5. Enter your personal information and Control-Suffix-Account number that is printed on the front of your ID card.
6. Enter the Registration Key that is printed below your ID card.
7. Click **Register** and follow the instructions to complete your registration.

## Contact us 24 hours a day/7 days a week

Phone: 1-877-668-4444 (Toll-Free)

[redacted] (Collect)

Fax: 1-800-444-4444 (Toll-Free)

1-800-444-4444 (Collect)

Emergency Evacuation Assistance:

[redacted] (International Toll-Free)


[redacted] (Collect)

www.aetna.com

For questions or general inquiries, contact the International Member Service Center at the contact information listed under "Member Service" on the back of your WorldTraveler ID card.

For emergency evacuation assistance services, dial the "Emergency Evacuation Assistance" telephone number listed on the back of your WorldTraveler ID card.

## Here is your Aetna WorldTraveler ID Card

 NAP <b>Aetna WorldTraveler™</b> INTERNATIONAL TOLL-FREE Member Service: [redacted] Emergency Evacuation Assistance: [redacted] Present this card when accessing care. Orthodox Health Plans [redacted]	<b>Aetna International</b> MEDICAL EMERGENCY ASSISTANCE WORLDWIDE  <b>MEMBER SERVICE:</b> Phone: [redacted] (International Toll-Free) [redacted] (Collect) Fax: [redacted] (Collect) [redacted] (International Toll-Free)  <b>EMERGENCY EVACUATION ASSISTANCE:</b> Phone: [redacted] (International Toll-Free) [redacted] (Collect)	<p>Aetna WorldTraveler is administered by Aetna Life &amp; Casualty (Bermuda) Ltd. While coverage remains in force, members are entitled for the duration of their business trip to benefits under the plan, subject to its exclusions and limitations.</p> <p>Providers: This card does not guarantee coverage. Verify member eligibility by calling the Aetna International Member Service Center.</p> <p>Members: Submit benefit reimbursement requests via fax or mail to: [redacted] [redacted] [redacted]</p>
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Please keep this with you at all times during your international business travel.

Registration Key: [redacted]

WorldTraveler is a limited-benefit supplemental short-term medical travel insurance plan. This plan does not comply with the Affordable Care Act's consumer protection provisions and cannot be used to satisfy minimum essential coverage or any other coverage requirements. Coverage for the WorldTraveler product is offered through Aetna Life & Casualty (Bermuda) Ltd.

Health Information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Aetna does not provide care or guarantee access to health services. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna International, refer to [www.aetnainternational.com](http://www.aetnainternational.com).

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**WorldTraveler<sup>SM</sup> for  
Orthodox Health Plans (Control# [REDACTED])  
Administered by Aetna International  
Effective Date: January 1, 2014**

INTERNATIONAL BUSINESS TRAVEL PLAN: PREMIER PLUS	
<b>TYPE OF COVERAGE</b>	
Business Travel and Business Sojourn (leisure travel in conjunction with a business trip)	
<b>BUSINESS TRAVEL REQUIREMENTS</b>	
Travel outside home country (maximum of 180 consecutive days for any one Business Trip with no more than 270 travel days in a 12 month period). If country of residence and/or domicile is the United States or any U.S. Territory/Protectorate, travel between any combination of the 50 United States and U.S. Territories/Protectorates is considered traveling within home country.	
<b>ELIGIBILITY PROVISION</b>	
Employee	Regular full-time employees under age 75 of an employer participating in this plan.
Dependent	Wife or husband (includes domestic partners); unmarried children who are age 26 or under.
<b>PLAN FEATURES</b>	
Individual Deductible	None
Calendar Year Plan Maximum	\$300,000
Emergency Assistance Services Maximum	\$250,000 per calendar year (separate from calendar year plan maximum)
Private Room Limit	The institution's semiprivate rate
<b>PLAN PAYMENT PERCENTAGES</b>	
Hospital Services	100%
Physician Services	100%
Outpatient Prescription Drugs	100%
Other Medical Expenses	100%
<b>MEDICAL EXPENSES NOT COVERED</b>	
Some examples of expenses that are not covered by Aetna International WorldTraveler include*: <ul style="list-style-type: none"><li>• Routine Care, such as Routine Wellness, Physical Exams and Gynecological Exams</li><li>• Routine Maternity Expenses</li><li>• Non-Emergency Mental Health and Substance Abuse Expenses</li><li>• Second Surgical Opinion</li><li>• Home Health Care or Custodial Services</li></ul>	
*Please note that Aetna International will provide a coverage certificate for our members during the plan installation process that includes a complete list of coverage exclusions.	
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT</b>	
Option 2	\$100,000
<b>SERVICES AND PROGRAMS</b>	
Aetna International Customer Service (Toll-free: 1-877-838-2262 or Collect: [REDACTED]) Fax: [REDACTED] or [REDACTED] Wire Transfers and Foreign Currency Benefit Payments Basic On-Line Global Health and Travel Information ( <a href="http://www.aetna.com">http://www.aetna.com</a> )	

*This plan covers doctor visits, prescription drug coverage, and inpatient hospital expenses for urgent and emergency care. In addition, WorldTraveler provides coverage for emergency medical evacuations and repatriation while on a business trip. This plan does not comply with the Affordable Care Act's consumer protection provisions and cannot be used to satisfy minimum essential coverage or any other coverage requirements. Coverage for the WorldTraveler product is offered through Aetna Life & Casualty (Bermuda) Ltd.*

*Note: This is not evidence of coverage. You must enroll and be accepted for coverage with the Coverage Administrator before the benefits described in this document will be effective. In case of a discrepancy between the Plan Documents, and this document, the Plan Documents will determine the Plan of Benefits. As used herein, the term "Plan Documents" includes, but is not limited to, the Booklet, Summary of Benefits and any Booklet Amendments/Riders. For further details refer to your Plan Documents.*



# AI WorldTraveler<sup>SM</sup> Claim Form

☐ Medical ☐ Pharmacy

Aetna International  
**Please also complete Page 2 of this form.**

Please mail or fax completed Claim Form with itemized bills and receipts. A separate Claim Form is needed for each family member. Please tape small receipts on a full size sheet of paper.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
USA

Telephone: +1 \_\_\_\_\_ (outside the USA, via AT&T + access)  
+1 \_\_\_\_\_ direct or collect outside the USA)  
Facsimile: +1 \_\_\_\_\_ (outside the USA, via AT&T + access)  
+1 \_\_\_\_\_ inside the USA)  
E-mail: \_\_\_\_\_

## 1. Employee Information

Employer Name/Group Number: \_\_\_\_\_ Orthodox Health Plans

Employee's Name \_\_\_\_\_  
(First Name, Middle Initial, Last Name/Surname)

Identification Number

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(Aetna assigned upon receipt of initial claim, or refer to the Explanation of Benefits (EOBs) from previous AI WorldTraveler claim submissions.)

Employee's Birthdate (mm/dd/yyyy)

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Gender ☐ Male ☐ Female

Street

City

Country

State/Province

Postal/ZIP Code

Employee's Telephone Number (Include Country Code)

Employee's Home Country

Dates of Travel

Employee's Primary E-Mail Address

(E-mail addresses are strongly encouraged in the event additional information is needed to process your claim.)

## 2. Patient Information

Patient's Name (First Name, Middle Initial, Last Name/Surname)

Relationship: ☐ Self ☐ Spouse ☐ Child ☐ Other

Patient's Birthdate (mm/dd/yyyy)

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Gender ☐ Male ☐ Female

## 3. Summary of Medical and Pharmacy Services (Please include diagnosis or reason for treatment for each service received.)

Dates of Service (mm/dd/yyyy)	Provider's (physician, clinic, hospital, pharmacy) Name and Address (If the Provider's name and address is on receipts, write "see receipts")	Description of Service/ Name of Medication/ Drug/Device (If hospital, indicate inpatient or outpatient)	Diagnosis (Reason for visit)	City/State/ Province/Country of Claim	Currency of Claim	Total Charge

## 4. Claim Information

If Yes is answered to either question below, c and d in this section must be completed.

a. Is the claim related to a work related accident or condition? ☐ Yes ☐ No

b. Is the claim related to an accidental injury? ☐ Yes ☐ No

c. Accident Date (mm/dd/yyyy)

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Time \_\_\_\_\_ ☐ AM ☐ PM

d. Description of Accident (How and Where)

Use the information provided below to send any applicable reimbursement payment to: ☐ Employee ☐ Provider

Use the information provided below to send any applicable reimbursement payment to: ☐ Employee ☐ Provider

Requested Reimbursement Method	Country/Currency Type for Reimbursement (i.e., Great Britain / Pounds) If the currency you have elected is not available for the method requested, we will default reimbursement to US\$.
<input type="checkbox"/> Funds Transfer (Preferred) The most efficient method of receiving your benefits reimbursement is via Funds Transfer. Please check with your bank for help with providing the appropriate instructions to AI.	
<input type="checkbox"/> Check	(Complete the Country/Currency and go to Section 8.)

**Primary Bank** –The following information is required if you have elected Funds Transfer as your preferred method for reimbursements. AI will transfer funds to your bank at no cost to you; however, we encourage you to check with your bank to determine any additional fees your bank may charge you for receiving Funds Transfer(s).

Bank Account Number \_\_\_\_\_

Name of Accountholder (As it appears on the Bank Statement) \_\_\_\_\_

Bank Identification Code/Routing Number \_\_\_\_\_

☐ S.W.I.F.T./BIC Code (wire only)   ☐ CHIPS UID   ☐ Federal ABA   ☐ Bank Sort ID   ☐ IBAN   ☐ Other

Bank Name \_\_\_\_\_

Bank Address (Include Country) \_\_\_\_\_

Bank Telephone Number (Include Country Code) \_\_\_\_\_

Are any family members' expenses covered by another health plan/scheme, Medicare, or any U.S. Federal, U.S. State, National, Social government plan? ☐ Yes ☐ No If "Yes," please complete information below.

Name and Relationship of the Family Member \_\_\_\_\_

(First Name, Middle Initial, Last Name/Surname)

Family Members Birthdate (mm/dd/yyyy) 

		/			/				
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 Gender ☐ Male ☐ Female

Name of other Insurance Company or Type of Insurance

**For All Electronic Deposits:** I hereby authorize Aetna Life & Casualty (Bermuda) Ltd., Aetna Life Insurance Company, and any of their affiliated companies ("Aetna") and/or their dedicated Agents to make payments of any benefits payable to me and/or my dependents, by crediting such payments to my account at the bank or financial institution named on this form. I agree to notify Aetna in writing of any changes relating to the information provided on this form or withdrawal of this authorization. I agree that if, for any reason, unearned benefit payments are deposited into my account, I will immediately repay the full amount of any such payments. I further agree that if I do not immediately repay such payments, I will personally be liable for all costs of collection (including reasonable attorney's fees and the maximum interest permitted by law).

**Medical and Pharmacy Authorization. Must be signed and Dated:** I authorize all physicians, other health professionals, pharmacies/pharmacists, hospitals and health care institutions to provide Aetna and any independent parties acting on Aetna's behalf or with whom Aetna has contracted, information concerning health care, advice, treatment or supplies provided to the Patient (including that related to mental illness and/or AIDS/ARC/HIV). This information will be used for the purposes of evaluating and administering claims. Aetna may provide the employer named on this form with any benefit calculation used in the payment of this claim for the purpose of reviewing the experience and operation of the policy/contract. This authorization is valid for the term of the policy or contract under which a claim is submitted. I know I have a right to receive a copy of this authorization upon request and agree that a copy of this authorization is as valid as the original.

**Warning:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to claim was provided by the applicant.

*You may elect to use an electronic form of signature on this claim form confirming your verification and declaration to the details given above. For the avoidance of doubt such electronic signature will be valid and binding as if you had provided your original signature. We may rely on such electronic signature as a binding verification and declaration confirming that the information above is accurate and not misleading in all respects.*

Patient's or Authorized Person's Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_