



## Aetna Membership Handbook Group Health Insurance

Aetna Health Insurance (Thailand) Public Company Limited

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[aetna.co.th](http://aetna.co.th)

# Contents

Benefits and Coverage for Aetna Members	<b>2</b>
• Inpatient Treatment (IPD)	
• Outpatient Treatment (OPD)	
Medical Treatment Services	<b>4</b>
Claim Reimbursement	<b>6</b>
• Medical Expense Claim	
• Personal Accident Claim	
• Submission of Claim Form	
• Reception of Claim Payment	
• Recommendation for Claim Reimbursement	
Surgical Schedule	<b>8</b>
Exclusions	<b>13</b>
Approval and Termination of Membership	<b>16</b>
Customer Services	<b>17</b>
Aetna E-Service	<b>18</b>

# Benefits and Coverage for Aetna Members

## **Inpatient Treatment (IPD) (admitted to hospital as inpatient for no less than 6 consecutive hours)**

### **1. Room and Board including Fees for Nursing Services**

- Non-intensive care room : Aetna will pay out benefits according to the actual amount payable but not exceeding the maximum benefit specified in the Policy Schedule.
- Intensive Care Unit: Aetna will pay out benefits according to the actual amount payable but not exceeding the maximum benefit specified in the Policy Schedule, with a maximum limit of 15 days per an injury or sickness per disability.

### **2. Hospital General Expenses**

Aetna will pay out benefits according to the actual amount payable but not exceeding the maximum benefit specified in the Policy Schedule for the following examples:

- Fees and charges for medicines and blood
- Fees and charges for operating room, laboratory test and X-ray
- Fees for medical equipment and supplies (All types of medical supply 1 and 3, except for Defibrillator or Pacemaker)
- Medical expenses for anesthesia and anesthesia administration
- Surgery's consultation fees in case of non-surgery
- Medical fees associated with a follow-up treatment on an outpatient basis within 30 days after discharge from a hospital
- Home medication after discharge from a hospital (to use not more than 14 days)
- Ambulance bill in an emergency case
- Fees for emergency medical services on an outpatient basis within 24 hours after the accident, including costs of follow-up treatment provided within 15 days after the initial treatment. Aetna membership card can only be used for the first time; in case of follow-up treatment, members are required to make an advance payment for medical expenses and submit all relevant documents to Aetna for further claim reimbursement.

### **3. Surgeon's fees and Surgery's consultation fees in case of surgery**

- 3.1 **Surgical treatment - actual charge :** Aetna will pay out benefits according to the actual amount payable but not exceeding the maximum benefit specified in the Policy Schedule.
- 3.2 **Surgical treatment - per schedule :** Aetna will pay out benefits according to the actual amount payable but not exceeding the maximum benefit specified in the Surgical Schedule.

- 4. Physician's hospital visit fee :** Aetna will pay out benefits according to the actual amount payable but not exceeding the maximum benefit specified in the Policy Schedule.

**Outpatient Treatment (OPD) (if any)**

For outpatient treatment, Aetna will pay out benefits according to the actual amount payable but not exceeding the maximum benefit specified in the Policy Schedule.

**Remarks**

- This document is not part of the insurance policy. Please refer to the general terms, conditions and exclusions in the insurance policy.
- Aetna members can find the exclusions in the insurance policy or check with your HR Department.

# Medical Treatment Services

Aetna members will be provided 24-hour worldwide coverage. Medical treatments are available at more than 400 network hospitals and clinics throughout Thailand without any advanced payment, provided a valid Aetna membership card is presented prior to treatment.

## **For medical treatment obtained from Aetna's network hospitals or clinics**

- Check the list of Aetna's network hospitals and clinics in the website [aetna.co.th](http://aetna.co.th) to select a certain network hospital or clinic at your convenience
- Show your Aetna membership card, together with the national identification card or any other references issued by the government agency, to your selected network hospital or clinic's staff
- If the medical expense exceeds the agreed coverage amount specified in terms and conditions of your insurance policy, you will be required to pay the excess amount from your network hospital or clinic.
- Aetna may request additional documents to support your health coverage. You may be requested to make an advance payment and submit all relevant documents to Aetna for further claim reimbursement.

## **For medical treatment not obtained from Aetna's network hospitals or clinics**

It is compulsory for all Aetna members to make an advance payment for medical expenses and submit all relevant documents to Aetna for further claim reimbursement.

## **Pre-arrangement Service**

### **1. Diagnostic tests as PET Scan, MRI, CT Scan, Echocardiogram or Exercise Stress Test (EST)**

- Members must inform the hospital or clinic's staff to coordinate with Aetna or contact Aetna Call Center to clearly verify the scope of coverage and benefits prior to receiving the above diagnostic tests.
- If the diagnostic test is required according to the medical necessity and medical standards, Aetna will provide you the coverage under the scope of "Inpatient Hospitalization Benefits : Hospital General Expenses".
- If you don't acquire Aetna's approval prior to receiving the above diagnostic tests, Aetna reserves the right to provide you the coverage and/or provide the coverage only under the scope of "Outpatient Benefits (OPD)" (if any).

### **2. Costs for the following treatments or procedures (for a member not admitted to a hospital as an inpatient)**

- 1) Extracorporeal Shock Wave Lithotripsy (ESWL)
- 2) Coronary Angiogram/Cardiac Catheterization
- 3) Extra Capsular Cataract Extraction with Intra Ocular Lens

- 4) Laparoscopy
- 5) Endoscopy
- 6) Sinus Operations
- 7) Injection Sclerotherapy or Rubber Band Ligation
- 8) Excision of breast mass
- 9) Bone Biopsy
- 10) Tissue Biopsy
- 11) Finger or Toe Amputation
- 12) Closed Reduction
- 13) Liver Puncture/Liver Aspiration
- 14) Bone Marrow Aspiration
- 15) Lumbar Puncture
- 16) Thoracentesis/Pleuracentesis/Thoracic Aspiration/Thoracic Paracentesis
- 17) Abdominal Paracentesis/Abdominal Tapping
- 18) Curettage, Dilatation and Curettage, Fractional Curettage
- 19) Colposcopy, Loop Diathermy
- 20) Marsupialization of Bartholin's Cyst
- 21) Gamma Knife Radiosurgery

Aetna will pay out benefits according to the actual amount payable but not exceeding the maximum surgical benefit specified in the Surgical Schedule (if any) or not exceeding the maximum benefit specified in the Policy Schedule, whichever is less.

- Members must inform the hospital or clinic's staff to coordinate with Aetna or contact Aetna Call Center to clearly verify the scope of coverage and benefits prior to receiving the above medical treatments.
- If the treatment is required according to the medical necessity and medical standards, Aetna will provide you the coverage under the scope of "Inpatient Hospitalization Benefits (IPD)".
- If you don't acquire Aetna's approval prior to receiving the above medical treatments, Aetna reserves the right to provide you the coverage.

**For medical treatment in Aetna's network hospitals or clinics as an inpatient**

- **If the doctor has approved the date of your discharge from the hospital :**  
Aetna will approve your eligibility to receive the coverage and benefits within 30 minutes after receiving all documents from the hospital.
- **Official working hours for discharge from the hospital :** 8.00-20.00 hrs. If you are discharged from the hospital outside the official working hours, you are required to make an advance payment for medical expenses and submit all relevant documents to Aetna for further claim reimbursement.

# Claim Reimbursement

## Medical Expense Claim (in case that members make an advance payment for medical expenses)

The required documents are described below:

- **For outpatient treatment (OPD)**
  - Original receipt specifying all medical expenses, such as treatment, medicine, physician's fee, and laboratory fee
  - Medical report containing materials symptoms, diagnosis and treatments- In case of skincare treatment, a responsible physician is required to indicate the name of illness and types of medications used for medical treatment.
  - Copy of Aetna membership card and claim form (can be downloaded from [aetna.co.th](http://aetna.co.th))
- **For inpatient treatment (IPD)**
  - Original receipt specifying all medical expenses and a summary of expenses
  - Medical report containing materials symptoms, diagnosis and treatments
  - Copy of Aetna membership card and claim form (can be downloaded from [aetna.co.th](http://aetna.co.th))

## Personal Accident Claim

**1. For any personal accident claim in the event of death,** the following documents are required to make a claim:

- **Deceased person**
  - Completed claim form of the Company
  - Death certificate
  - Copy of the autopsy report, certified by an authority issuing the report
  - Copy of a police blotter, certified by a police officer in charge
  - Copy of the national identification card and house registration indicating the "deceased" status of the Insured Person
  - Other documents requested by the Company (if any)
- **Beneficiary**
  - Copy of the beneficiary form (certified true copy)
  - Copy of the national identification and house registration (certified true copy)
  - Copy of the marriage registration certificate (if any) (certified true copy)
  - Copy of the birth certificate in case that a beneficiary is deemed minor (certified true copy)
  - Other documents requested by the Company (if any)

**2. For any personal accident claim in the event of dismemberment or permanent disability,** the following documents are required to make a claim :

- Completed claim form of the Company
- Physician's report certifying the permanent disability or dismemberment
- Other documents requested by the Company (if any)

**Submission of Claim Form**

A Aetna member could submit a claim form in 2 submission channels.

- In-person at Aetna headquarter or Aetna branches available nationwide
- Registered postal mail addressed to:

**Claim Department**

Aetna Health Insurance (Thailand) Public Company Limited

98 Sathorn Square Office Tower, 14<sup>th</sup>-15<sup>th</sup> Floor, North Sathorn Road

Silom, Bangrak, Bangkok 10500

**Remarks**

- You are required to submit required documents related to your claim reimbursement within a period of 30 days following the date of medical treatment or the date of discharge from hospital or the date of accident.
- If a claim reimbursement is delayed for more than 30 days, you are required to prepare a document specifying the reason(s) for the delay to be attached to the above mentioned documents.
- Please submit the related documents for making your claim reimbursement in the form of registered postal mail or EMS to prevent possible loss.
- Aetna will not be able to proceed with any assessment on your claim reimbursement if you are unable to submit us an original receipt showing actual medical expenses.

**Reception of Claim Payment**

You can specify your convenient channel to receive claim payments in the medical claim form that can be downloaded from [aetna.co.th](http://aetna.co.th) :

- Claim payment made via a cashier's check issued by a local bank
- Claim payment made by transferring the amount of money to your bank account with the attachment of a bank account copy



If you submit the complete set of documents required for the claim reimbursement, Aetna will approve the claim payment without request for additional documents and will pay the claim within 15 working days.

### **Recommendation for Claim Reimbursement**

- Claim will be paid under the scope of terms, conditions and table of benefits specified in your health insurance policy, which shall include terms of agreement in the amendment of contractual provisions that remain effective during your treatment in a hospital.
- Aetna shall be responsible for medical expenses and other costs incurred from medical treatments under your approved coverage only.
- Aetna shall approve the claim payment when you have paid the insurance premium accurately.
- Aetna shall reserve the right not to approve any claim payment for you or your dependents if any breach of agreement is found in any contractual provisions or terms and conditions stated in the health insurance policy, e.g., the loss of an original receipt or the illness occurs before the purchase of the insurance policy.
- If you possess excessive medical expenses not included in the coverage and you haven't paid that amount of expenses directly to your selected network hospital or clinic or Aetna has previously granted the coverage for your illness, but has subsequently discovered that the illness is ineligible for the coverage, Aetna may submit an invoice of expenses to you. If you are unable to pay the amount mentioned in the invoice within the specified time period, you may be suspended from using a Aetna membership card in having medical treatment services in your preferred network hospitals or clinics.
- Aetna members can find terms and conditions and the table of benefits in the insurance policy or please contact Aetna Call Center.

**SURGICAL SCHEDULE**  
(Per Surgical Schedule)

<b>Description of Surgical Operation</b>	<b>% of maximum benefits</b>
<b>ABDOMEN</b>	
Appendectomy	50.00
Resection of bowel	75.00
Resection of stomach	75.00
Gastro-enterostomy	62.50
Removal of gall-bladder	75.00
Cutting into abdominal cavity for diagnosis, treatment or removal of one or more organs therein except as otherwise herein provided	50.00
Two or more surgical procedures performed through the same abdominal incision will be considered as one operation	
<b>ABSCESS</b>	
Incision of superficial abscess, boil or furuncle, one or more	5.00
Treatment of carbuncle or abscess requiring hospitalization, one or more	12.50
<b>AMPUTATION</b>	
Fingers or toes, each	7.50
<b>OF</b>	
Hand, forearm or foot at ankle	25.00
Leg, arm or thigh	37.50
Thigh at hip	75.00
<b>BREAST</b>	
Amputation of one or both, radical with resection into axilla	75.00
Amputation of one or both, simple	37.50
<b>CHEST</b>	
Complete thoracoplasty	100.00
Removal of lung or portion of lung	75.00
Cutting into thoracic cavity for diagnosis, or treatment of Organs therein, tapping excepted	25.00
Removal of pus, tapping excepted	12.50
Artificial Pneumothorax	12.50
Refills-each but not more than six	2.50
Bronchoscopy Diagnostic	12.50
Operative, excluding biopsy	25.00
<b>HEART</b>	
Cardiac surgery, cardiovascular surgery, cardiac valve surgery	100.00
<b>EAR</b>	
Cutting ear drum	5.00
Myringotomy with tube drainage	20.00
Mastoidectomy radical one side, Tympano Plasty	50.00
Mastoidectomy radical both sides	62.50
Fenestration one or both sides	100.00
<b>ESOPHAGUS</b>	
Operation for stricture	37.50
Use of gastroscope	12.50
<b>EYE</b>	
Removal of foreign body, from Cornea	2.50
Detached retina multiple fusions	100.00
Cataract, Retinal treatment by laser	50.00
Glaucoma	31.25
Removal of eyeball, Ocular muscle surgery	31.25
Removal of pterygium	15.00
Probing of lacrimal passage	12.50

	Probing of lacrimal passage with insertion of tube or stent	15.00
	Nasolacrimal duct surgery	31.25
	Incision of style or chalazion	5.00
<b>FRACTURES</b>	Treatment of Simple Collar bone, shoulder blade, or forearm, one bone	15.00
	Coccyx, tarsals, metatarsals or os calcis	10.00
	Thigh	37.50
	Upper arm or leg, one bone	25.00
	Fingers or toes, each or rib	5.00
	Forearm two bones, knee cap, or pelvis, not requiring traction	20.00
	Leg, two bones	30.00
	Jaw, lower Facial bone	17.50
	Carpals, metacarpals, nose, ribs two or more or sternum	7.50
	Pelvis, requiring traction	31.25
	Vertebrae, transverse processes, each	6.25
	Vertebrae, compression fracture, one or more	37.50
	Wrist	11.25
<b>COMPOUND</b>	For a compound fracture increase the above benefits	50.00
<b>OPEN</b>	For a fracture requiring an open operation including bone grafting or bone splicing, increase the above benefit 100% except that the maximum benefit shall not exceed	100.00
<b>GENITO- URINARY</b>	Removal of kidney	75.00
	Fixation of kidney	75.00
<b>TRACT</b>	Removal of tumors or stones in kidney, ureter, or bladder by Cutting operation	62.50
	By cauterization of endoscopic means, ESWL	20.00
	Stricture of urethra open operation	30.00
	Intra-urethral cutting operation	15.00
	Prostrate entire removal by open operation-complete procedure	75.00
	Partial removal by endoscopic means	25.00
	By other cutting operation	50.00
	Orchidectomy or epididymectomy	25.00
	Hydrocele or varicocele	12.50
	Circumcision	12.50
	Hysterectomy, radical for cancer	75.00
	Abdominal operation for extra-uterine pregnancy	50.00
	Hysterectomy with complete removal of tubes and ovaries, with or without appendectomy	62.50
	Curettage or cauterization of cervix non-puerperal	10.00
	Dilations and curettage, non-puerperal	12.50
	Repair of perineal or vaginal laceration, not immediately post partum, including cystocele and rectocele	37.50
	Removal of fibroid tumors without abdominal approach, Transvaginal hysterectomy	20.00

<b>GOITRE</b>	Total & subtotal thyroidectomy	75.00
	Thyroid lobectomy	37.50
<b>HERNIA</b>	Injection treatment, complete course	
	- Single hernia	18.75
	- Double hernia	25.00
	Radical operation, including injection treatment for cure of	
	- Single hernia	37.50
	- Double hernia	50.00
<b>JOINTS AND DISLOCATIONS</b>	Incision into joint for disease and disorder, except as herein otherwise provided and except tapping	12.50
	Incision into shoulder, elbow, hip knee joint, tapping excepted	37.50
	Excision, fixation by cutting operation, disarticulation or arthroplasty on shoulder, hip or spine	75.00
	Knee, elbow, wrist, or ankle	37.50
	Dislocation of fingers or toes, each	5.00
	Shoulder, or elbow, wrist or ankle	15.00
	Lower jaw	6.25
	Hip or knee (cap excepted)	20.00
	Knee cap	5.00
	Tenolysis	12.50
	For a dislocation requiring an open operation the maximum benefit for such dislocation shall be twice the applicable amount listed above	
<b>NOSE</b>	Antrum puncture	2.50
	Intranasal sinus operation	17.50
	Extranasal sinus operation	37.50
	Polypus, removal one or more	5.00
	Submucous resection	25.00
	Turbinectomy	7.50
<b>PARACENTESIS</b>	Tapping of Abdomen, Trachlostomy, Insertion of central venous, Catherter and open cannulation of vein	12.50
	Chest or bladder, catheterization excepted	7.50
	Ear drum, hydrocele, joints or spine	5.00
<b>RECTUM</b>	Radical resection for malignancy, all stages including colostomy	100.00
	Hemorrhoids, external only, excision complete procedure	7.50
	Hemorrhoids, internal or internal and external including prolapsed rectum total for excision or complete injection treatment	20.00
	Fistula in ano	17.50
	Fissure in ano	5.00
	Other cutting operations on rectum	17.50
	Sigmoidoscope & Colonoscope	12.50
<b>SKULL</b>	Cutting into cranial cavity, trephining and tapping excepted	100.00
	Removal of bone traphining or decompression	31.25

<b>THROAT</b>	Tonsillectomy or tonsillectomy and adenoidectomy	25.00
	Use of Laryngoscope for diagnosis	5.00
<b>TUMORS</b>	Surgical removal of Malignant tumors except those of the mucous membrane, skin and subcutaneous tissue	50.00
	Malignant tumors of the mucous membrane, skin and subcutaneous tissue	25.00
	Polonidal sinus or cyst, cutting operation	25.00
	Benign tumors of the testicle or breast	20.00
	Ganglion	3.75
	Warts or moles	2.50
	Benign tumors, one or more, except as otherwise herein provided,	
	- Requiring hospital residence	12.50
	- Not requiring Hospital residence	5.00
	In the case of X-Ray or radium treatment for any of the above listed tumors, the maximum benefit payable for the entire course of treatment including surgical removal shall be that provided for its surgical removal.	
<b>VEINS</b>	Varicose-Complete procedure on all veins Cutting operation or injection treatment, one leg	20.00
	Cutting operation or injection treatment, two legs	30.00

If surgery performed is not listed on the foregoing schedule, the Company reserves the right to apply a surgical fee which is equivalent to the surgical fee rate for similar vital surgery for a similar serious ailment, which shall be set as a standard against which the Company compares to calculate the payment for the said surgery.

**Remark**

- For the benefits for surgical treatment fees : actual charge, Aetna will not use the Surgical Schedule for reference.

## Exclusions

Aetna will not provide the coverage for certain exclusions specified in the health insurance policy as following and please refer to the exclusions in your insurance policy.

1. Pre-existing conditions, congenital abnormalities, growth development abnormalities, and genetic disorders.
2. Any cosmetic surgery or beautification treatment including treatment of acne, freckles, dandruff, weight reduction and weight gain, hair loss. Reconstructive surgery is also excluded unless injury is sustained as a result of an accident.
3. Services in connection with infertility, pregnancy, childbirth, abortion or miscarriage, or any causes related to pregnancy, sterilization or investigation of sterilization
4. AIDS, related or sexually transmitted diseases (STD)
5. Treatment to relieve symptoms commonly associated with aging, menopause or precocious puberty, sexual dysfunction or sex change.
6. Health check ups, convalescent care including rest cures and rehabilitation. Any treatment, drugs or medical supplies which are not related to the diagnosis; and diagnosis which is not related to the injury or illness or not according to the medical necessity and normal standard.
7. Eye examination and eyesight corrective surgery including lasik and other expenses associated with eyesight correction.
8. Treatment or surgery relating to dental or gum e.g. denture, crowns and bridges, root canal treatment, filling, orthodontic, scaling, extraction, root implant, excepting for remedying an accidental injury, but not including the cost for denture, crowns and bridges, root canal treatment or root implant.
9. Medical treatment related to alcoholism, cigarette addition, drug or other addicted substance.
10. Medical treatment related to the nervous disorders, mental disorder, anxiety, psychiatric problems, personality disorder, autism, stress, eating disorder.
11. Medical treatment which is in a trial stage or experiment, associated with disease or symptoms of sleep apnea, sleeping disorder, treatment to stop snoring.
12. Any inoculations or vaccinations, except rabies vaccine needed after an animal attack or tetanus shots needed after an accident or injury.
13. Any medical treatment that is not conventional treatment, including alternative treatment.
14. Any medical treatment given by a medical practitioner who is the parent, spouse or child of the covered person. The covered person who is a registered medical practitioner may not be reimbursed for any self - administered treatment.

15. Suicide or suicide attempt, self-inflicted injury or attempt of self-inflicted injury whether being his/her own action or allow others to perform while insane or not. This also includes the accident to the covered person due to consuming, drinking, or injection of toxic substance into the body or drug overdose.
16. Any loss or injury arising from the action of the covered person whilst under the influence of alcohol, addictive drugs, narcotic drugs to the extent of being unable to control one's mind. The term "under the influence of alcohol" in case of having a blood test refers to a blood/alcohol level of 150% mg and over.
17. Injury while the covered person is taking part in a brawl or taking part in inciting a brawl.
18. Injury while the covered person is committing a felony or while the covered person is being arrested, under arrest or escaping the arrest
19. Injury while the covered person is taking part in dangerous sports or activities including racing of all kinds including car, boat and horse racing, racing of water and snow skiing, including jet-ski, skating, boxing, parachuting jumping (except for the purpose of life saving), boarding or traveling in a hot air balloon, gliding, bungee jumping, diving with oxygen tank and breathing equipment under water.
20. Injury while the covered person is boarding or traveling in an aircraft which has no license for carrying passengers or does not operate as a commercial aircraft.
21. Injury while the covered person is piloting or working on board as an employee of an airline.
22. Injury while the covered person serves as a soldier, police, or a volunteer and participates in war or crime suppression.
23. War (whether declared or not), invasion, acts of foreign enemies, civil war, revolution, insurrection, civil commotion, popular rising against the government, riot, strike.
24. Terrorism
25. Ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
26. The radioactive toxic explosive or other hazardous property of any explosive nuclear assembly or nuclear component thereof.
27. Drug, treatment, or diagnosis which is not related to the symptoms, injury or sickness as stated in the physician's report.
28. Defibrillators or pacemaker
29. Artificial aids, durable medical device i.e., hearing aids, eyeglasses, contact lens, breathing aid device, oxygen generated device, vital signs monitoring device (pulse, blood pressure, temperature), supporting device i.e. crutches, wheelchairs, artificial organ i.e. prostheses' lens
30. Special nursing care
31. Bone marrow transplant, Organ transplant, and Renal dialysis

**Specific exclusions (only applied to the Insuring Agreement for Personal Accident) (in case of purchasing additional benefits)**

The insurance under this section will not cover

**1. Any loss or damage arising from or in consequence of :**

- 1.1 Parasitic infection, except for infection or tetanus or rabies that is caused by Accident-related wounds
- 1.2 Medical treatment or surgical treatment except any necessary treatment for the Injury which is covered under this insuring agreement and such treatment is conducted within the time specified in this insuring agreement
- 1.3 Miscarriage
- 1.4 Dental treatment or root canal treatment, except a treatment conducted within seven days from the date of Accident
- 1.5 Replacement of, or new sets of dentures, dental crowns, prosthodontics;
- 1.6 Food poisoning
- 1.7 Back pain as a result of disc herniation, spondylolisthesis, degenerative disc disease, spondylosis, defect or pars interarticularis injury (spondylolysis), except for a fracture or dislocation of the spinal cord as a result of an accident.

**2. Any loss or damage which occurs while a Covered Person:**

- 2.1 is riding a motorcycle, whether as a rider or passenger
- 2.2 is boarding, is on board, or is leaving an aircraft which is not duly licensed to carry passengers and is not a commercial aircraft
- 2.3 is piloting or acting as a crew member on duty in any aircraft
- 2.4 is taking part in a brawl or taking part in inciting a brawl
- 2.5 is committing a felony, being arrested or escaping from arrest
- 2.6 is serving as a soldier, police or volunteer, and participating in war operation or crime oppression and if that operation takes more than 30 days, the premium will be refunded for the time the operation starts until the operation ends, and the insuring agreement will remain in force until the expiration of the period of insurance specified in the Policy Schedule.

**Remark**

- Aetna extends the benefits for personal accident with 50% of sum assured in the event of any loss or damage arising from, or in consequence of, an accident occurring while riding a motorcycle, whether as a rider or passenger.
- The exclusions specified above are considered for general coverage only, please refer to the exclusions in your health insurance policy.



# Approval and Termination of Membership

## Approval of Membership

Your membership will officially be effective from the date determined by Aetna or your working organization.

## Termination of Membership

The termination of your membership and/or your dependents shall be declared in a written notification or letter by Aetna or your working organization.

## Automatic Termination of Membership

- Agreements between Aetna and your working organization have been terminated.
- Your working organization has failed to proceed with the renewal of the insurance policy.
- Your working organization has failed to proceed with the payment of insurance premiums.

Aetna shall reserve the right to terminate the membership of the insured person if it is discovered that the insured person has deliberately concealed the information or led Aetna to misunderstand or to hinder Aetna's acknowledgment, intentionally or unintentionally, and the false delivery or concealment of such information shall have a direct impact on the following requirements.

- Consideration of underwriting
- Consideration of claim payment
- Calculation of insurance premiums

# Customer Services

Aetna is committed to deliver customer service excellence and create the highest satisfaction for all valued members, with fast and reliable services developed by professional working teams.

## **Aetna Call Center**

- Tel: 0 2232 8666 / 24 hours (everyday)
- Fax: 0 2230 6556
- Email: [csc@aetna.co.th](mailto:csc@aetna.co.th)

## **Aetna Complaint Unit**

- Tel: 0 2232 8666 / 24 hours (everyday)
- Fax: 0 2230 6556
- Email: [acu@aetna.co.th](mailto:acu@aetna.co.th)

Aetna Complaint Unit provides a wide range of comprehensive solutions for all health insurance issues, varying in claim reimbursement, after-sale services, and several other complaints and suggestions on healthcare and health insurance for greater service improvement.

## **Sales Department**

- Tel: 0 2677 0000 press 1 (automatic) and  
0 2232 8555 press 1 or 2 (automatic)  
(Monday – Friday, 08:30 – 17:30 hrs., except national public holidays)

## **Policy Renewal Department**

- Tel: 0 2677 0055
- Fax: 0 2230 6512
- Email: [aetnacustomerloyalty@aetna.co.th](mailto:aetnacustomerloyalty@aetna.co.th)  
(Monday – Friday, 08:30 – 17:30 hrs., except national public holidays)

# Aetna E-Service

Aetna E-Service is developed to assist all Aetna members in obtaining the benefits of coverage and quality health insurance and healthcare services available via Aetna member's mobile phone or email including "Aetna SMS", "E-Claim Statement", and online application "My Aetna".

## 1. Aetna SMS

Aetna SMS provides the delivery of messages via Aetna members' mobile phones registered at Aetna Call Center. The company will send an SMS to its members to confirm the benefits of coverage for medical expenses in case of being admitted to a network hospital or clinic as well as inform the claim assessment result in case that an advance payment has been made both via the issue of a cashier's check or the transfer of money to members' bank accounts.

## 2. E-Claim Statement

E-Claim Statement offers a variety of notification services via email, particularly the approval of claim reimbursement for medical expenses in case that an advance payment has been made. Aetna members will receive a message to confirm the approval of claim reimbursement via the E-Claim Statement on the date that the claim reimbursement has been approved while members can keep the related documents for further reference as well as preventing the loss or damage of the documents.

## 3. My Aetna

My Aetna is a brand-new mobile application developed to help Aetna members search for the required information anywhere and anytime. The online application can be downloaded from the App Store available on IOS, and Google Play on Android, in which a Aetna member is required to register with the insurance policy registration number to check or update his/ her personal information, claim reimbursement and outpatient benefits (OPD) (if any) as well as seek the name list of network hospitals and clinics situated within the distance of 10 kilometers with a map displayed. The member can also contact Aetna via email immediately.





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