

**Secretariat**

4 October 2005

English only

Information circular*

To: Staff members and retired staff members residing outside the United States of America who participate in the Aetna Headquarters health insurance programme

From: The Controller

Subject: **New claims administration service from Aetna for medical services rendered outside the United States of America**

1. The present circular announces new administrative services available to staff members and retired staff members who participate in the Aetna Headquarters medical insurance programme and whose principal residence and mailing addresses are outside the United States. Annex 11 to the circular on Headquarters insurance released in May 2005 (ST/IC/2005/27) advised that these new services would become available later in 2005.

2. The new services are designed to reduce claim processing times and provide improved member service accessibility, responsiveness and information with respect to medical services rendered outside the United States. These new services will become effective on 1 October 2005. In addition to claim processing services, additional information and member support services are also provided, as described in the annexes to the present circular.

Provider of services

3. An Aetna subsidiary, Aetna Global Benefits, is the provider of the new services.

Eligibility and enrolment for Aetna Global Benefits services

4. Active and retired staff who participate in the Aetna Headquarters medical insurance programme will be eligible for Aetna Global Benefits services provided:

- Their principal residence and mailing addresses are outside the United States or
- They are on mission assignment or some other contract of six months or more at a duty station outside the United States.

If you are eligible for the Aetna Global Benefits services, you and your covered dependants will be enrolled for them automatically. Please see annexes I and II for details.

* The present circular will be in effect until further notice.



Description of Aetna Global Benefits services

5. A description of the new services and information on how to use them is contained in annexes III through VIII. Please study these annexes carefully.

New insurance identification cards

6. Eligible staff members and retired staff members will automatically be enrolled for Aetna Global Benefits services and you will receive a new insurance identification card (see annex VII). A new card is necessary because the Aetna Global Benefits account number for the United Nations differs from the Aetna account number. The Aetna Global Benefits account number is 620538 and will be reflected on the new identification card. Your own insurance identification number will not change. It is expected that Aetna Global Benefits will send the new cards to you at your mailing address after 20 September.

Effect on your benefits

7. Your enrolment for Aetna Global Benefits services does not affect the Aetna programme benefits to which you and your family members are entitled. The change affects administrative services only.

8. When you are enrolled in Aetna Global Benefits and receive care outside the United States, covered expenses are reimbursed at the "out-of-network" level. Within the United States, you are entitled to choose the services of an Aetna network provider and be reimbursed at the "in-network" level. These are the same programme provisions that apply for the existing Aetna programme. Therefore, whether you remain enrolled with Aetna or are enrolled for Aetna Global Benefits services, your benefits are not affected.

Effect on cost

9. The new Aetna Global Benefits are provided at no cost to staff members and retired staff members of the United Nations.

Annex I

Aetna Global Benefits eligibility and enrolment

1. The United Nations will automatically establish Aetna Global Benefits services for staff and retired staff who meet the general requirements set out in paragraph 4 of the present circular. More specifically, the United Nations will identify eligibility for Aetna Global Benefits based on the insurance participation and duty station for active staff and on the insurance participation and mailing address for retired staff. Those determinations will be made using the information that is presently recorded in the relevant personnel system, the Integrated Management Information Service (IMIS) or Systems, Applications, Products in Data Processing (SAP) for United Nations Children's Fund (UNICEF).
2. These services will have effect from 1 October 2005.
3. This is an enrolment process that does not require any action on the part of the staff members or retired staff members involved.
4. Dependants enrolled under the Aetna health insurance of the eligible staff member or retired staff member will also be included automatically.
5. Staff members and retired staff members who do not meet the eligibility criteria for Aetna Global Benefits are not eligible for the new services. Members who are not eligible for Aetna Global Benefits services retain their present Aetna services.
6. A chart that summarizes Aetna Global Benefits eligibility is attached as annex II. Note that for participants in the Headquarters Aetna health insurance programme, eligibility for Aetna Global Benefits depends on the duty station of the staff member or the mailing address of the retired staff member. The residence of family members covered as dependants has no bearing on eligibility for Aetna Global Benefits.
7. All Aetna Global Benefits programme correspondence (identification cards, explanations of benefits, reimbursement checks and any other materials) will continue to be sent to the mailing address on record for you in the personnel system.

Annex II

Eligibility for Aetna Global Benefits services

| <i>Enrolled in Headquarters Aetna health insurance and:</i> | | | |
|---|--|---|--|
| | <i>Duty station or mailing address in United States?</i> | <i>Duty station or mailing address outside United States?</i> | <i>Eligible for Aetna Global Benefits?</i> |
| Subscriber* | | yes | yes |
| Family members | | yes | yes |
| Subscriber* | | yes | yes |
| Family members | yes | | yes |
| Subscriber* | yes | | no |
| Family members | yes | | no |
| Subscriber* | yes | | no |
| Family members | | yes | no |

* The term "subscriber" refers to staff members or retired staff members. If the family includes two staff members or retired staff members, "subscriber" refers to the individual enrolled as the staff member for insurance, i.e., having the higher compensation. Whether the duty station or mailing address is the applicable Aetna Global Benefits eligibility criterion depends on whether the subscriber is active or retired.

Annex III

Description of services provided by Aetna Global Benefits

1. An international service centre in Tampa, Florida, United States of America: the international service centre is organized specifically to provide member services for Aetna-insured individuals who live outside the United States. The international service centre staff is knowledgeable on the subject of international health care, is multilingual and multinational and represents on-site fluency in 12 languages — including all six of the United Nations working languages. Aetna's regular service centre will continue to serve United States-based United Nations staff and retired staff.
2. Toll-free telephone access to member service, 7 days a week, 24 hours a day, 365 days a year.
3. Admission, on a direct-pay basis, to international hospitals with which Aetna Global Benefits has negotiated such arrangements: the current list of such hospitals contains more than 600 hospitals internationally and more hospitals are being added. When a hospital has accepted a direct-pay arrangement with Aetna Global Benefits, an upfront deposit upon admission is not needed and the bill does not become due upon discharge, except for the deductible and any co-insurance that may be required. For physicians' services, the bill must be settled locally, as at present, and then remitted to Aetna Global Benefits for reimbursement. [Note: If you do not wish to use an Aetna Global Benefits-contracted provider, you may always seek medical services from another facility or medical professional of your choice. If the particular provider of medical services is not one of the Aetna Global Benefits-contracted providers, direct-pay assistance may not be available.]
4. Expedited reimbursements for international claims. The international service centre has maintained a performance level of 80 per cent of all international claims processed in 14 days or less. Note that this statistic does not count mail time to and from the service centre.
5. Reimbursement available in a variety of international currencies: see annex IV for details.
6. Accessibility: the Aetna Global Benefits international service centre can be reached in any of the following ways:

By telephone:

Toll-free +1 800-231-7729

Direct +1 813-775-0190 (Aetna Global Benefits accepts collect calls)

By fax:

Toll-free +1 800-475-8751

Direct +1 813-775-0625

By e-mail:

agbservice@aetna.com

By Internet:

www.aetna.com/agb

By mail:

Aetna Global Benefits, P.O. Box 30258, Tampa, Florida 33630-3258, USA

By overnight express delivery service:

Aetna Global Benefits, 4630 Woodland Corporate Boulevard, Tampa, Florida 33614,
USA

Annex IV

How to file Aetna Global Benefits claims and obtain reimbursement

1. If the provider of your services is a direct pay provider, the provider will normally file the claim on your behalf, directly with Aetna Global Benefits. It may be helpful to bring a completed Aetna Global Benefits "Medical Benefits Request", or claim form, to your appointment. If so, be sure to sign the "Assignment of Benefits" section on the form (this signature permits Aetna Global Benefits to send reimbursement to the provider and is integral to the direct-billing agreement). Note that the hospital or physician may have their own claim forms they prefer to use and Aetna Global Benefits accepts such forms. If there are questions, the provider may contact Aetna Global Benefits directly.
 2. You may initiate a direct pay claim, if you prefer. To do so, go to the Aetna Global Benefits website, click on "Find a Physician or Hospital", then "International Direct Pay Hospitals" and "Submit a Request". Follow the directions to fill out and submit the web-based form. Alternatively, you may call the international service centre. Aetna Global Benefits will then contact the direct pay provider.
 3. When you are submitting a claim yourself, a completed claim form should accompany each submission. It is essential that you include the providers' itemized bills or receipts that include the diagnosis (nature of illness or reason for treatment), the procedures or services performed, the dates of service and the amounts charged. Paid receipts alone, if they do not include the essential information stated above, are not sufficient.
 4. Claims may be submitted to Aetna Global Benefits by mail, overnight delivery service, or fax, at the addresses given in annex III. An Aetna Global Benefits claim form is attached as annex VIII. Downloadable forms are also available at the AGB website (www.aetna.com/agb), and at the United Nations insurance website (www.un.org/insurance).
- Aetna Global Benefits advises that faxing a claim form is the fastest submission method and results in faster overall turn-around time and claim reimbursement. If you choose to submit claims by fax, please take care to (a) ensure your itemized bills and provider receipts are copied onto letter-sized paper and that the copies are legible; (b) write your Aetna Global Benefits identification number on each page that you fax (note that when your "I.D. Number" is requested, this always refers to the identification number that is shown on your Aetna Global Benefits identification card immediately above your name); and (c) include a cover page that gives the date, total number of pages in your fax and your personal contact information (telephone and fax numbers and mail address).
5. You may inquire into the status of any claim by sending an e-mail to the Aetna Global Benefits international service centre at agbservice@aetna.com. You may also check claim status online by using Aetna Navigator. To register for Aetna Navigator, simply click on the "Navigator" link that is found at the Aetna Global Benefits website and follow the step-by-step instructions to register.
 6. Aetna Global Benefits standard reimbursement is in United States dollars. Reimbursement in a non-United States currency can be made at your request,

provided the currency in which you request reimbursement is on Aetna Global Benefits' list of approximately 100 non-United States currencies and reimbursement can be made via wire transfer to the bank that you specify on the Aetna Global Benefits benefits request form. Your bank's wire charges are your responsibility if you choose this mode of reimbursement. For more information, contact the international service centre.

7. Please remember that United Nations medical programmes require that the insurance company receive all claims for reimbursement of covered medical services no later than two years after the date of the service.

Annex V

Informed Health Line

1. The Informed Health Line is included in the overall Aetna Global Benefits service package provided for eligible United Nations staff, retired staff and their covered dependants.
2. The Informed Health Line offers 24-hour, toll-free telephone access to general health information provided by qualified, United States-based professionals. This information might assist you, for example, to better understand a particular medical condition or the kinds of treatment that may normally be prescribed for a particular medical condition. This knowledge can then prepare you to comply more effectively with the physician's instructions and help your care be as effective as possible. Note that the Informed Health Line is designed to provide you with general information intended only to help you be a more knowledgeable patient. The Informed Health Line does not provide medical advice; for such advice, you must rely on the medical professional of your choice.
3. Some examples of Informed Health Line services include:
 - Answering questions about general health concerns
 - Providing information about preventive health-care strategies or chronic conditions
 - Discussing options for seeking medical attention
 - Helping you prepare for a doctor's appointment
4. The Informed Health Line is located at the international service centre in Tampa, United States, and can be reached using the same telephone numbers as shown in annex III.

Annex VI

Using the Aetna Global Benefits website

1. Aetna Global Benefits maintains a website (www.aetna.com/agb) that provides access to information and functions provided by Aetna Global Benefits. In order to use these features, you must first register at the Aetna Global Benefits website.
2. To register for the Aetna Global Benefits website, go to the website address given above and click on "Members". Then, using your member identification number (the number found on the front of your Aetna Global Benefits identification card above your name) follow the step-by-step instructions to register. If you have questions, please contact the Aetna Global Benefits international service centre for assistance.
3. Please note that Aetna offers a second website, Aetna Navigator. There is a link on the Aetna Global Benefits website to Aetna Navigator. If you register for Aetna Navigator, you will then need only use your Navigator user identification and password to access either of these two websites.
4. To register for Aetna Navigator, go to <http://www.aetna.com/index.htm>, click on "Log In", on the right-hand side of the page, for Navigator and follow the registration steps. You can also click on the Navigator link at the Aetna Global Benefits website and follow the step-by-step instructions there.
5. It is recommended, if you have access to the Internet, that you register at both the Aetna Navigator and Aetna Global Benefits websites as soon as possible after 1 October 2005. This will afford you access to all the resources Aetna provides at both websites. For example:
 - Among the many other functions contained within Aetna Navigator, you may inquire into the status of your Aetna Global Benefits claims.
 - A complete, current list of worldwide providers with which Aetna has negotiated direct pay agreements can be found at the Aetna Global Benefits website. This list is continually updated with new additions as they are negotiated.
6. If you have Internet access, you may consult the information on these websites at any time, from your home or office. Using the Internet allows much faster and generally more convenient access to the information and services.
7. If you do not have Internet access, you will still be able to obtain equivalent information and services by calling the Aetna Global Benefits international service centre for assistance.

Annex VII

Sample Aetna Global Benefits insurance identification card

| | | |
|--------------------------------|----------------|--|
| X Aetna™ | PPO | Aetna Global Benefits® |
| | NAP | |
| XYZ SAMPLE CUSTOMER | | SEE REVERSE SIDE FOR IMPORTANT INFORMATION |
| GRP: 2992XX-XX-XXX | | |
| ID W1111 11111 01 | RX | |
| JOHN X SAMPLE | | |
| | COPAYS | |
| O/V \$10.00 | | |
| MEMBER SERVICES OR ELIGIBILITY | 1-800-231-7729 | TOLL FREE |
| FAX BENEFIT REQUESTS TO | 1-813-775-0190 | COLLECT |
| | 1-800-475-8751 | FAX |
| PAYOR NUMBER 60054 0049 | | |

www.aetna.com/aqb/members.htm

BIN# 610502

This Group Health Benefits Plan is administered by Aetna Life & Casualty (Bermuda) Ltd. While coverage remains in force, members are entitled to benefits under the applicable plan, subject to exclusions and limitations.

Providers: This card does not guarantee coverage. Verify member eligibility by calling our office using AT&T Global Toll Free Access at 1-800-231-7729.

Members: Precertification of U.S.A. hospitalization is required to receive full benefits. U.S.A. Emergency admissions must be certified within 48 hours. Submit Benefit Reimbursement Requests by AT&T Global Toll Free Fax to 1-800-475-8751 or mail to:

AETNA GLOBAL BENEFITS USA
P.O. BOX 30258
TAMPA FL 33630-3258



| | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Employee's Name _____ <i>(First Name, Middle Initial, Last Name/Surname)</i> | | | | | | | | | | | | | |
| 5. Summary of Reimbursement – Only one requested method of reimbursement and currency will be honored per claim form request. (Unless otherwise indicated, reimbursements will be made payable to the party to which the payment is sent and will be issued via US\$ checks.) | | | | | | | | | | | | | |
| Send Payment To: <input type="checkbox"/> Employee <input type="checkbox"/> Provider Requested Reimbursement Method: | | | | | | | | | | | | | |
| Method | Country/Currency Type for Reimbursement (i.e., Great Britain / Pounds) | | | | | | | | | | | | |
| <input type="checkbox"/> Wire | | | | | | | | | | | | | |
| <input type="checkbox"/> Check | | | | | | | | | | | | | |
| <input type="checkbox"/> Electronic Funds Transfer (EFT) | Available as follows: | | | | | | | | | | | | |
| | <input type="checkbox"/> Austria – Euro <input type="checkbox"/> Germany – Euro <input type="checkbox"/> Norway – NOK (Krone) <input type="checkbox"/> Belgium – Euro <input type="checkbox"/> Great Britain – GBP (Pound) <input type="checkbox"/> Portugal – Euro <input type="checkbox"/> Canada CAD (Dollar) <input type="checkbox"/> Greece – Euro <input type="checkbox"/> Spain – Euro <input type="checkbox"/> Denmark – DKK (Krone) <input type="checkbox"/> Ireland – Euro <input type="checkbox"/> Sweden – SEK (Krona) <input type="checkbox"/> Finland – Euro <input type="checkbox"/> Italy – Euro <input type="checkbox"/> Switzerland – CHF (Franc) <input type="checkbox"/> France – Euro <input type="checkbox"/> Netherlands – Euro <input type="checkbox"/> United States – US\$ (Dollar) | | | | | | | | | | | | |
| If you elected to be reimbursed in an U.S. dollar check, skip to Section 7. All other reimbursement methods, continue with Sections 5 and 6. Please check one of the following (as applicable): | | | | | | | | | | | | | |
| <input type="checkbox"/> Use the Recurring Reimbursement Election (RRE) information currently on file. <input type="checkbox"/> Use the banking information provided in Section 6 below and the Reimbursement information provided above to establish an RRE. <input type="checkbox"/> Update the current RRE information on file with the information provided in Section 5 above and/or Section 6 below. <input type="checkbox"/> Use the banking information provided in Section 6 below and the Reimbursement information provided above only for this Benefit Request. | | | | | | | | | | | | | |
| 6. Bank Information (Bank information can be obtained by contacting your banking institution.) | | | | | | | | | | | | | |
| Primary Bank – Required if wire transfer or EFT, as available, is your preferred reimbursement method as specified in Section 5. (AGB can wire or EFT reimbursements to your bank at no cost. However, we encourage you to check with your bank to determine the fee your bank may charge you for these transaction(s).) | | | | | | | | | | | | | |
| Bank Information is for <input type="checkbox"/> Employee <input type="checkbox"/> Provider | | | | | | | | | | | | | |
| Bank Name _____ | | | | | | | | | | | | | |
| Bank Identification Code/Routing Number _____ | Bank ID Code Type _____ | | | | | | | | | | | | |
| <input type="checkbox"/> S.W.I.F.T./BIC Code <input type="checkbox"/> CHIPS UID <input type="checkbox"/> Federal ABA <input type="checkbox"/> Bank Sort ID | Bank Account Number _____ | | | | | | | | | | | | |
| Name of Accountholder (As it appears on the Bank Statement) _____ | | | | | | | | | | | | | |
| Bank Address (Include Country) _____ | | | | | | | | | | | | | |
| Bank Telephone Number (Include Country Code) _____ | | | | | | | | | | | | | |
| 7. Other Health Coverage/Scheme | | | | | | | | | | | | | |
| Are any family members' expenses covered by another health plan/scheme, Medicare, or any U.S. Federal, U.S. State, National, Social government plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please complete information below. | | | | | | | | | | | | | |
| Name and Relationship of the Family Member _____ <i>(First Name, Middle Initial, Last Name/Surname)</i> | | | | | | | | | | | | | |
| Family Members Birthdate (mm/dd/yyyy) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | | | | | | | | | | | |
| Name of other Insurance Company or Type of Insurance _____ | | | | | | | | | | | | | |
| 8. Authorization (Required) | | | | | | | | | | | | | |
| 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 Authorization. Must be signed and dated: I authorize all physicians, other health professionals, 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 names 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. | | | | | | | | | | | | | |
| Patient's or Authorized Person's Signature _____ | Date (mm/dd/yyyy) _____ | | | | | | | | | | | | |

Please Retain A Copy For Your Records