

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



AMEX International Healthcare Plan **Benefits schedule**

Effective 1 April 2015

Your flexible global healthcare benefits

In the table below, we have displayed the **benefits** applicable to **your cover**.

To help you understand **your cover**, the words and phrases that are in bold in **your policy documentation** have specific meanings, and are defined in the AMEX Member Handbook.

The following **benefits** are covered under this policy up to the maximum aggregate limit subject to the **benefit** limits in this schedule, the applicable medical underwriting, the **member's certificate of insurance** and our general conditions and exclusions.

General exclusions include: alcohol, drug or solvent abuse, **chronic medical conditions** that pre-date the **member's original date of entry**, cosmetic **treatment**, sexually transmitted diseases, sterilisation and **elective** medical checkups.

All **benefits** shown are per **insured person**, per **period of cover** (unless specifically stated), and the selected **policy excess** applies to all **benefits** on a per **medical condition** basis (unless specifically stated).

	Major Medical	Lifestyle	Lifestyle Plus
Maximum Annual Aggregate Limit	€1,000,000 or €//\$1,600,000		
INPATIENT, DAY PATIENT, EMERGENCY CARE AND DIAGNOSTICS			
Inpatient care Hospital accommodation, drugs and dressings , surgeon and anaesthetist fees, theatre charges, intensive care unit and pathology.	Covered in full		
Hospital cash benefit When treatment is received as an inpatient for an eligible medical condition for a maximum of 20 nights and no costs are incurred for accommodation and/or treatment . This benefit is not applicable to accident and emergency admissions.	€75 or €//\$125 per night		
Parent accommodation Hospital accommodation costs in respect of a parent or legal guardian staying with an insured person who is under 18 years of age and is admitted to a hospital as an inpatient .	Covered in full		
Reconstructive surgery Reconstructive surgery following an accident or following surgery for an eligible medical condition .	Covered in full		
CT & MRI Scans received as an inpatient , day patient , or outpatient and pre-authorised by us.	Covered in full		
Organ transplant	Covered in full		
Inpatient psychiatric In a registered psychiatric unit of a hospital . All benefits are conditional upon pre-authorisation and all treatment being administered under the direct control of a registered psychiatrist.	Covered in full (up to 30 days)		
Accidental damage to teeth Treatment received in an emergency room in a hospital within seven days of incurring accidental damage caused to sound, natural teeth.	Full Refund, when treatment is received as an inpatient only	Covered in full	

	Major Medical	Lifestyle	Lifestyle Plus
DISEASE AND CHRONIC CONDITION MANAGEMENT			
Oncology Treatment given for cancer received as an inpatient, day patient, or outpatient .	Covered in full		
Chronic conditions Routine check-ups, drugs and dressings prescribed for management of the condition, hospital accommodation , nursing, surgery and palliative treatment for chronic conditions .	No cover	Up to €9,375 or €/\$15,000 (Nil Excess)	
AIDS Medical expenses which arise from or are in any way related to Human Immunodeficiency Virus (HIV) and/or HIV related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) and/or any mutant derivative or variation thereof.	Up to €6,250 or €/\$10,000		
Hormone replacement therapy Medical practitioner or specialist consultation and the cost of prescribed tablets, implants or patches, when treatment is prescribed for the female menopause which has been induced artificially and/or through early onset (by early onset we mean prior to age 40 years).	No cover	Covered in full up to 18 months per condition	
OUTPATIENT AND ALTERNATIVE TREATMENTS			
Outpatient charges including i. Medical practitioner fees including consultations. ii. Specialist fees. iii. Diagnostic procedures. iv. Physiotherapy on referral by a medical practitioner . v. Prescribed drugs and dressings .	Up to €1,000 or €/\$1,700 per Medical condition prior to hospitalisation and up to 60 days immediately following hospitalisation in aggregate	Covered in full	
vi. Treatment administered by registered chiropractors, osteopaths, homeopaths and acupuncturists on referral by a medical practitioner or specialist .	No Cover	Covered in full up to 10 sessions in aggregate	
Outpatient surgery	Covered in full		
Ancillary charges The purchase or rental of crutches or wheelchairs following treatment as inpatient or day patient .	Up to €625 or €/\$1,000 per medical condition		
Outpatient psychiatric treatment Including specialist consultations. All benefits are conditional upon pre-authorisation from us and all treatment must be administered under the direct control of a registered psychiatrist.	No cover	Up to €3,125 or €/\$5,000	
Home nursing Immediately following hospital discharge on the recommendation of a specialist and must be provided by a qualified nurse. All treatment under this benefit must be pre-authorised by us .	Covered in full up to 30 days per medical condition	Covered in full up to 28 weeks per medical condition	
Traditional Chinese or Ayurvedic medicine Administered by a traditional Chinese practitioner, registered to practice in China.	No cover	Up to a maximum of €20 or €/\$30 per session and to a maximum of 10 sessions	

EVACUATION AND TRANSPORTATION

Evacuation

Evacuation of an **insured person** in the event of an **emergency**, where treatment is not readily available at the place of the incident, to the nearest appropriate facility, for the purpose of admission to **hospital** as an **inpatient** or **day patient**. Extended to cover the costs for one other person to travel with the **insured person** as an escort.

Covered in full

Additional travel expenses (following evacuation)

Reasonable travel costs:

- i. to and from medical appointments when **treatment** is being received as a **day patient**.
- ii. for an accompanying person to travel to and from the **hospital** to visit the **insured person** following admission as an **inpatient**.
- iii. economy class airline ticket to return the **insured person** and one other person who has travelled as an escort to the **country of residence**, or to the country from where **evacuation** occurred.
- iv. non-**hospital** accommodation for immediate pre- and post- **hospital** admission periods provided that the **insured person** is under the care of a **specialist**.

Covered in full

Up to €95 or €/ \$150 per person per day and €3,000 or €/ \$5,000 per person, per **evacuation**

Mortal remains

- i. Transportation of a body or ashes to the **country of nationality** or **country of Residence**, or
- ii. Burial or cremation costs at the place of death.

Up to €5,300 or €/ \$8,500

Emergency transportation

Emergency transportation costs to and from **hospitals** by the most appropriate form of transport.

Covered in full

MOTHER AND CHILD

Newborn cover

Inpatient treatment of an **acute medical condition** and any associated costs which presents symptoms at birth or which manifests itself within 30 days following birth.

Up to €6,250 or €/ \$10,000 and to a maximum of 30 days **hospital stay**

Newborn accommodation

Hospital accommodation costs relating to a newborn baby (up to 16 weeks old) to accompany its mother (being an **insured person**) whilst she is receiving **treatment** as an **inpatient** in a **hospital**

Covered in full

	Major Medical	Lifestyle	Lifestyle Plus
<p>Complications of pregnancy</p> <p>Treatment of a medical condition which arises during the antenatal stages of pregnancy, or a medical condition which arises during childbirth and requires a recognised obstetric procedure.</p>	Covered in full (subject to a waiting period)*		
<p>Pregnancy and childbirth</p> <p>Costs associated with normal pregnancy and childbirth, pre- and post- natal check-ups and delivery costs.</p>	No cover	Up to €6,250 or €/\$10,000 subject to 20% coinsurance (10% for Hong Kong residents selecting semi-private room or when utilising a maternity package in a pre-approved provider facility). Subject to a waiting period.* (Nil excess)	
DENTAL			
<p>Routine dental treatment</p> <p>Examinations, tooth cleaning, normal compound fillings, simple or non-surgical extractions incurred after six months from the commencement date of this benefit or your date of entry, whichever is the later.</p>	No cover	Up to €435 or €/\$700 and subject to 25% coinsurance (Nil excess)	
<p>Major restorative dental treatment</p> <p>Removal of impacted, buried or unerrupted teeth, removal of roots, removal of solid odontomes, apicetomy, new or repair of bridge work, new or repair of crowns, root canal treatment, new or repair of upper or lower dentures incurred after nine months from commencement date of this benefit or your date of entry, whichever is the later.</p>	No cover	Up to €945 or €/\$1,500** and subject to 25% coinsurance (Nil excess)	
GENERAL BENEFITS			
<p>Direct settlement network</p> <p>Cover under this policy provides nil excess benefits for outpatient treatment received within the direct settlement network.</p> <p>Outpatient treatment received outside of the direct settlement network and other inpatient and day patient treatment will be subject to €50 or \$80 excess applicable to each new medical condition.</p>	Not Applicable	Covered in full***	
<p>Blood Care Foundation</p> <p>The purpose of the blood care foundation is to ensure the availability of screened blood and sterile equipment, in emergency situations anywhere in the world where such supplies are not readily available.</p>	Covered in full		

*Please refer to the policy booklet.

**In aggregate to routine dental.

***Only available in certain countries. Please contact your local Aetna International office.

	Major Medical	Lifestyle	Lifestyle Plus
EXCESS OPTIONS			
Standard (€)	Nil		50
Options (€)	625 or 3,000		Nil; 30, 50 or 150
Standard (€/\$)	Nil		80
Options (€/\$)	1,000 or 5,000		Nil; 50, 150 or 250
ADDITIONAL OPTIONS			
USA elective treatment	No cover		Optional
<p>Costs will be reimbursed on a full refund basis, where inpatient or day patient treatment is received within our provider network or for any outpatient treatment. Inpatient or day patient treatment received outside our provider network will be subject to a 50% coinsurance and an annual maximum of £625,000 or €/\$1,000,000.</p>			

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