



Benefits Schedule 2020 Canon Netherlands

This Benefits Schedule details the plan benefits available under the core Aevitae Summit plan. The plan sponsor may also be able to add and remove benefits, and increase or decrease benefit limits to enable them to custom-build a solution that's right for them and their business. Do you have questions? Please check www.aevitae.com or call us at 088 - 35 35 763. We are happy to help you!

Before you're treated

It's important you request our approval before you receive treatment for the following treatments and services:

- Medical evacuation
- Inpatient or daycare treatment admission
- Psychiatric treatment
- Prescription for more than three months' supply of drugs for a chronic medical condition
- Single treatment or service that costs more than 400 EUR or equivalent

If you're unable to ask for approval because it's an emergency, you or someone on your behalf must let us know about the emergency within 24 hours.

Your deductibles

Outpatient coinsurance

We'll apply your level of outpatient coinsurance, as shown on your Certificate of Insurance, to outpatient claims. Once the total amount of outpatient coinsurance you have paid in a plan year reaches the maximum amount, you won't have to pay any more outpatient coinsurance.

What's covered?

The benefits noted below are subject to the terms, conditions and exclusions contained in your plan documents. We'll only pay reasonable costs for claims for treatment and services that are benefits and are medically necessary. Reasonable costs are the average cost of treatment, expertise or services given by similar types of medical provider within the same country or geographical region, based on our knowledge, experience and reasonable opinion. The benefits detailed below are available within your chosen tier and Area of Cover:

1 Overall plan limit	Reimbursement
We'll pay reasonable costs for benefits up to the overall plan limit for each member in each plan year. Benefit limits shown as 'Paid in full' are subject to the overall plan limit for each member in each plan year.	Paid up to 4,000,000 EUR
<p>If you are a Hong Kong resident, costs for hospital accommodation, treatment and services in Hong Kong will only be paid up to the reasonable and customary rates associated with a semi-private dual occupancy room. This applies for all inpatient and daycare costs covered under:</p> <ul style="list-style-type: none"> 2 Inpatient and daycare treatment 3 Parent accommodation 5 Rehabilitation 6 Cancer care 8 Physiotherapy and complementary medicine 9 Psychiatric treatment 11 Congenital abnormalities 12 HIV or AIDS 13 Organ transplants 14 Terminal care 19 Dental treatment 22 Pregnancy and childbirth <p><i>i For non-Hong Kong residents, and Hong Kong residents receiving treatment outside of Hong Kong, we'll pay for hospital accommodation (including meals) up to the cost of a standard single room with a private bathroom.</i></p>	Not applicable

2 Inpatient and daycare treatment	Reimbursement
<p>Medical costs including intensive care, theatre, hospital accommodation, medical practitioners, specialists, anaesthetists, nursing, appliances and prescribed drugs and dressings.</p> <p>Kidney dialysis.</p> <p>MRI, PET and CT scans, X-rays, pathology and other diagnostic tests and procedures.</p> <p>Reconstructive surgery to restore natural function or appearance within 12 months of an accident or surgery.</p> <p>Speech and language therapy and occupational therapy as part of your inpatient treatment.</p> <p>Medical services of a nurse that would have been part of your inpatient or daycare treatment when these are received in your home instead of in hospital.</p>	Paid in full
<p>All inpatient treatment needed for acute medical conditions that begin before the member is eight days old, if the member was conceived by natural conception.</p> <p>Where we agree that parent accommodation is needed in relation to this benefit and would normally be paid under section 3 Parent accommodation, it will be paid under this section instead.</p>	Paid in full

3 Parent accommodation	Reimbursement
<p>Hospital accommodation costs for a parent or legal guardian to stay with the member if they're aged 17 or under and receiving inpatient treatment that we cover under 2 Inpatient and daycare treatment.</p>	Paid in full

4 Outpatient post-hospitalisation treatment	Reimbursement
<p>Outpatient treatment for 90 days after you're discharged following inpatient or daycare treatment for the same acute medical condition. This benefit covers medical practitioners' and specialists' fees, surgical procedures, prescribed drugs and dressings, MRI, PET and CT scans, X-rays, pathology and other diagnostic tests and procedures.</p>	Paid in full
<p><i>Your outpatient coinsurance applies, as shown on your Certificate of Insurance.</i></p>	Nil

5 Rehabilitation	Reimbursement
<p>This benefit is only available if:</p> <ul style="list-style-type: none"> • you've received inpatient treatment for three or more consecutive days for the same medical condition • you've stayed in hospital for three or more consecutive nights for the same medical condition • your inpatient treatment was covered under 2 Inpatient and daycare treatment • a medical practitioner or specialist has referred you for rehabilitation, and • your rehabilitation starts: <ul style="list-style-type: none"> - after you're discharged from hospital following your inpatient treatment, or; - when you're transferred to a rehabilitation unit following your inpatient treatment. <p>Your first session must be no more than 14 days after you're discharged or transferred.</p> <p>This benefit covers inpatient, daycare and outpatient physiotherapy, speech and language therapy and occupational therapy. We'll also pay for accommodation costs at the rehabilitation unit when medically necessary.</p> <p><i>i This section applies before any available benefit limit shown in 8 Physiotherapy and complementary medicine.</i></p>	<p>Paid in full up to 120 days after you have been discharged or transferred</p>
<p><i>i Your outpatient coinsurance applies, as shown on your Certificate of Insurance.</i></p>	<p>Nil</p>

6 Cancer care	Reimbursement
<p>All treatment for, or related to, a diagnosed cancer. This includes palliative treatment and care.</p>	<p>Paid in full</p>
<p><i>i Annual excess</i></p>	<p>Not applicable</p>

7 Outpatient treatment	Reimbursement
<p>Surgical procedures.</p>	<p>Paid in full</p>
<p>Outpatient pre-operative tests up to 72 hours before inpatient or daycare treatment covered under 2 Inpatient and daycare treatment.</p>	
<p>Medical practitioners' and specialists' fees, prescribed drugs and dressings, MRI scans, X-rays, pathology and diagnostic tests and procedures.</p>	
<p>Outpatient treatment for medical conditions that that are an emergency when the treatment is received in a hospital.</p>	
<p>Kidney dialysis.</p>	
<p>PET and CT scans.</p>	
<p><i>i Your outpatient coinsurance applies, as shown on your Certificate of Insurance.</i></p>	<p>Nil</p>

8 Physiotherapy and complementary medicine	Reimbursement
Physiotherapy as part of inpatient or daycare treatment.	Paid in full
<i>i Outpatient coinsurance doesn't apply</i>	
Post-hospitalisation outpatient physiotherapy. This benefit is available for 90 days after each inpatient or daycare admission.	Paid in full
Outpatient physiotherapy when a medical practitioner or specialist refers you.	
<i>i We reserve the right to seek further information from your medical practitioner or therapist if you received further treatment after you've completed six sessions.</i>	
Outpatient podiatry, osteopathic and chiropractic treatment when a medical practitioner or specialist refers you.	Paid in full
Outpatient traditional Chinese medicine, ayurvedic medicine, acupuncture and homeopathic treatment.	Paid up to 1,200 EUR
<i>i We reserve the right to seek further information from your therapist if you received further treatment after you've completed four sessions for any one medical condition.</i>	
<i>i Your outpatient coinsurance applies, as shown on your Certificate of Insurance.</i>	Nil

9 Psychiatric treatment	Reimbursement
Up to 30 days inpatient psychiatric treatment and psychotherapy in the plan year.	Paid in full
<i>i Outpatient coinsurance doesn't apply</i>	
Outpatient psychiatric treatment and psychotherapy.	Paid up to 8,000 EUR
<i>i Your outpatient coinsurance applies, as shown on your Certificate of Insurance.</i>	Nil

10 Durable medical equipment	Reimbursement
<p>We'll cover costs for:</p> <ul style="list-style-type: none"> • Items a medical practitioner or specialist prescribes which are needed to deliver prescribed drugs and apply dressings • Buying and fitting of devices or items medically necessary for treatment including spinal supports, orthopaedic braces and air cast boots • The rental or initial purchase of crutches or a wheelchair if medically necessary • The initial buying and fitting of external prostheses needed after surgery including artificial eyes and limbs • The buying and fitting of medically necessary orthotic supplies, including insoles and orthotic supports. <p>This benefit does not extend to sight or hearing aids, furniture or any modifications to your personal or work environment.</p> <p><i>i If the costs are related to a medical condition we cover under the following sections, we'll cover these within the benefit limits of that section:</i></p> <p>6 Cancer care 11 Congenital abnormalities 12 HIV or AIDS 13 Organ transplants 14 Terminal care 22 Pregnancy and childbirth 25 Emergency treatment outside your area of cover</p>	Paid up to 4,000 EUR
<i>i Your outpatient coinsurance applies, as shown on your Certificate of Insurance.</i>	Nil

11 Congenital abnormalities	Reimbursement
All treatment for diagnosed congenital abnormalities and any related medical conditions. This includes palliative treatment and care for a congenital abnormality or any related medical condition. <i>i We 'll cover costs for an organ transplant for congenital abnormalities and any related medical conditions under section 13 Organ transplants</i>	Paid up to a lifetime limit of 80,000 EUR
<i>i Your outpatient coinsurance applies, as shown on your Certificate of Insurance.</i>	Nil

12 HIV or AIDS	Reimbursement
All treatment, including palliative treatment and care, for diagnosed HIV or AIDS and all related medical conditions.	Paid up to a lifetime limit of 60,000 EUR
<i>i Your outpatient coinsurance applies, as shown on your Certificate of Insurance.</i>	Nil

13 Organ transplants	Reimbursement
Kidney, pancreas, liver, heart or lung transplants and any related treatment.	Paid in full
<i>i Your outpatient coinsurance applies, as shown on your Certificate of Insurance.</i>	Nil

14 Terminal care	Reimbursement
Palliative treatment and care for a medical condition which is diagnosed as terminal. <i>i If the costs are related to a medical condition we cover under the following sections, we'll cover these within the benefit limits of that section:</i> 6 Cancer care 11 Congenital abnormalities 12 HIV or AIDS	Paid in full
<i>i Your outpatient coinsurance applies, as shown on your Certificate of Insurance.</i>	Nil

15 Medical evacuation	Reimbursement
The costs to transport you to the nearest appropriate medical facility when your medical condition is an emergency and we agree appropriate treatment is not available locally. This benefit extends to the costs for emergency treatment you receive during the journey. If we have transported you outside your area of cover, we'll pay any related costs you incur in the country you're evacuated to under the sections of your Benefits Schedule that would normally apply when you're within your area of cover.	Paid in full
Economy class travel costs for you to go back to your choice of your country of residence, or your home country, after your emergency medical evacuation that was covered under this plan.	Paid in full

<p>Costs of one dependant or companion having to accompany you or to travel at the same time if they are not able to accompany you during the emergency medical evacuation that we cover. This benefit will only become available if your medical condition is critical or you're expected to stay in hospital for seven or more nights.</p> <p>For the duration of your evacuation and period of admission we'll cover:</p> <ul style="list-style-type: none"> • Costs for return economy class travel, including taxi transfers to and from the hotel on arrival and departure • A taxi from the hotel to the hospital, and back, once a day • Reasonable overnight accommodation costs including breakfast 	Paid in full
<p>The costs to transport you to appropriate medical facilities to receive treatment when your medical condition is not an emergency.</p> <p>We'll cover costs for return economy class travel to a location of your choice within your area of cover if:</p> <ul style="list-style-type: none"> • We agree appropriate treatment is not available locally, and • We agree appropriate treatment is available in your chosen location. <p>We'll also cover costs for airport taxi transfers.</p> <p>Cover is only available under this benefit if the treatment is covered under 2 Inpatient or daycare treatment, or 4 Outpatient post-hospitalisation treatment to 14 Terminal care.</p>	Not covered
<p>The costs to transport you to appropriate medical facilities for treatment related to your pregnancy if its not an emergency.</p> <p>We'll cover costs for return economy class travel to a location of your choice within your area of cover if:</p> <ul style="list-style-type: none"> • We agree appropriate treatment is not available locally, and • Wwe agree appropriate treatment is available in your chosen location. <p>We'll also cover costs for airport taxi transfers.You're limited to three return journeys for each pregnancy.</p> <p>Cover is only available under this benefit if the treatment is covered under 22 Pregnancy and childbirth and you have completed any waiting periods shown in section 22.</p>	Paid in full
<p><i>i You're not covered for air-sea rescue or any mountain rescue unless you suffer from a medical condition at a recognised ski or similar winter sports resort.</i></p>	

16 Local ambulance	Reimbursement
<p>Costs of the appropriate type of ambulance needed to transport you to the nearest available and appropriate local hospital because of an emergency or if treatment is medically necessary.</p> <p><i>i Cover is only available under this benefit if the treatment is covered under the following sections</i></p> <p>2 Inpatient and daycare treatment</p> <p>4 Outpatient post-hospitalisation treatment</p> <p>6 Cancer care</p> <p>7 Outpatient treatment</p> <p>9 Psychiatric treatment</p> <p>11 Congenital abnormalities</p> <p>12 HIV or AIDS</p> <p>13 Organ transplants</p> <p>14 Terminal care</p> <p>22 Pregnancy and childbirth</p>	Paid in full
<p><i>i You're not covered for air-sea rescue or any mountain rescue unless you suffer from a medical condition at a recognised ski or similar winter sports resort.</i></p>	

17 Mortal remains	Reimbursement
<p>If you die outside your home country, we'll cover reasonable costs:</p> <ul style="list-style-type: none"> To transport your body or mortal remains to your home country or your country of residence as directed by your next of kin or estate; or For your burial or cremation at the place of your death as directed by your next of kin or estate <p>In the event of your burial, we'll cover:</p> <ul style="list-style-type: none"> The cost of opening or reopening a grave; Any exclusive right of burial fee; and Burial costs. <p>In the event of your cremation, we'll cover:</p> <ul style="list-style-type: none"> The cost of any doctor's certificates; and Cremation costs, including the removal of any medical device before the cremation <p>This benefit does not extend to the purchase of a burial plot, or funeral costs, including, but not limited to, flowers and the funeral director's fees.</p> <p>If you die within your home country, we'll cover reasonable costs to transport your body to the place of your burial or cremation as directed by your next of kin or estate. This benefit does not extend to any costs related to your burial or cremation.</p>	<p>Paid in full</p>

18 Compassionate emergency visit	Reimbursement
<p>Costs you have to pay for one economy class return travel ticket from your area of cover for you to:</p> <ul style="list-style-type: none"> Visit a close family member if their medical condition is critical, or Attend their burial or cremation following their death. <p>We'll cover a maximum of one return journey in the plan year.</p>	<p>Paid in full</p>

19 Dental Treatment	Reimbursement
<p>Outpatient dental treatment for damage to natural teeth caused by an accident when:</p> <ul style="list-style-type: none"> Your dental condition is not an emergency The treatment can only be provided after you've received inpatient treatment related to the accident, and You receive treatment within 90 days after you're discharged from hospital for your related inpatient treatment. <p>This benefit includes the cost to supply and fit dental implants.</p>	<p>Paid in full</p>
<p>Outpatient dental treatment for damage to natural teeth caused by an accident, except when the damage is caused by eating. Cover is only available when your dental condition is not an emergency and you receive treatment for the accidental damage within 10 days of the accident. This benefit also includes one follow-up consultation within 30 days of the accident.</p>	<p>Paid up to 1,200 EUR</p>
<p><i>i Your outpatient coinsurance applies, as shown on your Certificate of Insurance.</i></p>	<p>Nil</p>

Routine outpatient dental treatment, including treatment for accidental damage to natural teeth when the damage is caused by eating. This benefit covers dental examinations, scraping, cleaning and polishing, X-rays, composite fillings and simple non-surgical extractions only.	Paid up to 800 EUR
Major restorative dental treatment, including treatment for accidental damage to natural teeth when the damage is caused by eating. This benefit covers: <ul style="list-style-type: none"> • Surgical extractions, including wisdom teeth • Root canal treatment • The cost to supply, fit and repair crowns, bridges and dentures • X-rays needed to support major restorative dental treatment • Gum treatment 	
Dental coinsurance	20%
Outpatient dental treatment when your dental condition is an emergency.	Not covered
Orthodontic treatment including: <ul style="list-style-type: none"> • Orthodontic examinations • Costs to supply, fit and repair orthodontic devices or items • X-rays needed to support orthodontic treatment • Surgical and non-surgical extractions needed as part of your orthodontic treatment 	Not covered
Orthodontic coinsurance	Not applicable
Dental implants including: <ul style="list-style-type: none"> • Dental examinations needed for dental implants • Costs to supply, fit and repair dental implants • X-rays needed to support the fitting or repair of dental implants 	Not covered
Dental implants coinsurance	Not applicable
<i>i Annual excess</i>	Not applicable

20 Optical care	Reimbursement
Prescription costs for: <ul style="list-style-type: none"> • Contact lenses • Spectacles • Spectacle lenses • Spectacle frames You're also covered for one consultation and sight examination for the signs or symptoms, or management of, natural or non-medical degenerative sight disorders. This includes, but isn't limited to, myopia, hypermetropia and astigmatism.	Paid up to 240 EUR
Optical coinsurance.	
<i>i Annual excess</i>	Not applicable

21 Wellness	Reimbursement
Members aged 18 or over: routine health checks including cancer screening, cardiovascular examinations, neurological examinations and vital sign tests.	Paid up to 800 EUR
Members aged 17 or under: routine health checks and vaccinations.	
One sight examination and one hearing examination in the plan year	Not covered

22 Pregnancy and childbirth For natural and assisted conception pregnancies	Reimbursement
<ul style="list-style-type: none"> • Antenatal checkups for an uncomplicated pregnancy (no more than 12 routine antenatal visits during each pregnancy and one routine 2D ultrasound scan in each trimester) • Antenatal vitamins • Delivery costs, nursing fees and hospital accommodation costs for uncomplicated childbirth • Postnatal checkups • Hospital accommodation costs for your newborn to stay with you for up to four nights immediately after his or her birth <p>We'll also pay the following routine costs for the newborn for the first 30 days after his or her birth, even if you do not add the newborn to your plan:</p> <ul style="list-style-type: none"> • One physical examination • Vitamin K, hepatitis B and BCG vaccinations • Screening tests for PKU, congenital hypothyroidism and G6PD • One hearing examination <p>This benefit also extends to the cost of elective circumcision for newborn males. Cover is available for up to 30 days from birth, and paid up to 400 EUR within the benefit limit shown.</p>	Paid up to 4,000 EUR
<p>Treatment for medical maternity complications during pregnancy or childbirth, if the pregnancy is the result of an assisted conception.</p> <p>We'll also cover the following routine costs for the newborn for the first 30 days after his or her birth, even if you do not add the newborn to your plan:</p> <ul style="list-style-type: none"> • Hospital accommodation costs for your newborn to stay with you immediately after a complicated childbirth • One physical examination • Vitamin K, hepatitis B and BCG vaccinations • Screening tests for PKU, congenital hypothyroidism and G6PD • One hearing examination 	Paid up to the benefit limit shown for Routine Maternity
Maternity coinsurance	Not applicable
<p>Treatment for medical maternity complications during pregnancy or childbirth, if the pregnancy is the result of natural conception.</p> <p>We'll also cover the following routine costs for the newborn for the first 30 days after his or her birth, even if you do not add the newborn to your plan:</p> <ul style="list-style-type: none"> • Hospital accommodation costs for your newborn to stay with you immediately after a complicated childbirth • One physical examination • Vitamin K, hepatitis B and BCG vaccinations • Screening tests for PKU, congenital hypothyroidism and G6PD • One hearing examination <p>This benefit also extends to the cost of elective circumcision for newborn males. Cover is available for up to 30 days from birth, and paid up to 400 EUR within the benefit limit shown.</p>	Paid in full
<p><i>i The benefit limits shown in this section apply for each pregnancy. Where a pregnancy spans more than one plan year, any benefit paid for treatment or services received in the plan year when the pregnancy began will be deducted from the benefit limit shown in the following plan year.</i></p>	
<p><i>i These benefits within this section do not extend to 3D or 4D ultrasound scans.</i></p>	
<p><i>i Annual excess</i></p>	Not applicable

23 Hormone replacement therapy	Reimbursement
Hormone replacement therapy for symptoms of the menopause.	Paid up to 400 EUR
<i>i Your outpatient coinsurance applies, as shown on your Certificate of Insurance.</i>	Nil

24 Hospital Cash	Reimbursement
<p>We'll pay you for each night you stay in a hospital for inpatient treatment:</p> <ul style="list-style-type: none"> • if the inpatient treatment and hospital accommodation you receive during your stay are provided free of charge, and • we would otherwise cover the treatment or services you receive during your stay under this plan. <p>We'll pay for a maximum of 20 nights in the plan year.</p>	100 EUR paid to you for each night
<i>i Your outpatient coinsurance applies, as shown on your Certificate of Insurance.</i>	Nil
<i>i Annual excess</i>	Not applicable

25 Emergency treatment outside area of cover	Reimbursement
Inpatient and daycare treatment when your medical condition is an emergency.	Paid up to 40,000 EUR
<i>i Outpatient coinsurance doesn't apply.</i>	
Outpatient treatment when your medical condition is an emergency.	Paid up to 400 EUR
<i>i Your outpatient coinsurance applies, as shown on your Certificate of Insurance.</i>	Nil
Costs of the appropriate type of ambulance needed to transport you to the nearest appropriate local hospital. This benefit is only available when your medical condition is an emergency.	Paid up to 400 EUR
<i>i We will only cover you if the emergency would be covered if you were within your area of cover.</i>	
If the emergency is due to pregnancy or childbirth and you're 26 weeks or more into your pregnancy, this benefit is only available if you have been outside your area of cover for no more than 14 days at your date of admission for emergency inpatient or daycare treatment or the date you receive emergency outpatient treatment. Travel must not be against the advice of a medical practitioner, specialist or nurse at any time during your pregnancy.	

26 Health care and waiting list mediation	Reimbursement
You have the right to mediation for health care if there is a unacceptably long waiting list for treatment by a health care provider who is allowed to provide the care according to the supplementary insurance policy. You can call upon our Medical Guarantee department for this health care mediation. You can also call upon this department for general questions about health care. Issues include finding a health care provider with specific expertise or needing help to find your way in the health care system. We will discuss what your options are.	Included

27 Outpatient direct billing	Reimbursement
<p>Direct billing helps cut out-of-pocket costs at the point of service</p> <p><i>If selected, outpatient costs for the following treatments can be settled directly with the provider:</i></p> <ul style="list-style-type: none"> 4 Outpatient post-hospitalisation treatment 5 Rehabilitation 6 Cancer care 7 Outpatient treatment 11 Congenital abnormalities 22 Pregnancy and childbirth 	<p>Included</p>