

EXCLUSIONS AND LIMITATIONS

The following is a summary of services that are not covered.

1. Pre-existing conditions.
 - a. The Parties agree that medical treatment of illness or disease that existed prior to the date of coverage for the Enrollee is not covered under this agreement provided that the Enrollee was aware of such illness or disease. Enrollees are required to declare any known pre-existing conditions and failure to do so will terminate the contract without refund. Any declared pre-existing conditions will be communicated to the Medical Director of the AMC Center or AMC's Group Chief Medical Officer to determine any exclusion to the Health Services. On occasions and for those over 50 years of age the Medical Director of the AMC Center or AMC's Group Chief Medical Officer may request the enrollee to complete a short health questionnaire and/or attend an interview with an AMC Physician and undertake any appropriate tests free of charge.
 - b. If a condition is identified within the last 4 months of an existing plan and a recommendation is made for further treatment then the treatment must take place either before the expiry date of the plan; or if a new plan is purchased the treatment must be completed and finalized within four months from the purchase date of the new plan. The relevant date applying to the 4-month period is that of the recommendation for further treatment.
2. AMC shall not accept as members persons who have completed 70 years of age if they are not vocationally active and their employer does not cover their AMC membership. AMC may refuse, at its discretion, to continue, extend or renew membership to members who have completed 70 years of age if they are not vocationally active and their employer does not cover their AMC membership.
3. AMC reserves the right to require a member to consult an AMC physician prior to receiving covered services. The member agrees to authorize AMC to release and obtain medical records necessary in the administration of the program and to execute any documentation and releases needed to obtain these records.
4. The principal limitations and exclusions of the Health and Wellness Managed Care Plan are: **Health services are covered in full only if provided or arranged by an AMC physician.** Annual limits apply to certain services provided under the Health and Wellness Managed Care Plan and will be tailored to meet your specific needs by the AMC physician managing your healthcare plan.
5. Travel or transportation expenses are not covered except as specifically provided for in this Agreement. Services received in any other facility other than the AMC, and without AMC referent to another facility, are not covered under this Agreement.
6. The treatment and monitoring of the following groups of diseases is not covered under this Agreement:
 - a. Tuberculosis.
 - b. Diseases with complex therapeutic resistance as defined by AMC's specialist in Infectious Diseases.
 - c. Any treatments for malignant disease including surgery, oncological drugs, radiotherapy and any other treatment.
 - d. Renal failure and dialysis.
 - e. Any organ transplantation.
 - f. Stem cell therapy.
 - g. Any treatment for conditions of dementia and brain tissue atrophy.

7. The AMC Health and Wellness Managed Care Plan does not cover the costs related to:
 - a. Treatment of conditions requiring long term specialty care (such as extended care in a nursing home, hospice care, or home health care). Examples of non-covered treatment and conditions include, but are not limited to cancer treatment, open heart surgery, kidney dialysis, cirrhosis of the liver, organ transplantation, renal failure, and treatment for AIDS or AIDS related diseases.
 - b. Plastic, cosmetic, or reconstructive surgery unless medically indicated by an AMC physician.
 - c. Diagnosis or treatment of infertility or any form of artificial insemination, or abortion carried out for non-medical reasons.
 - d. Hearing aids, eyeglasses, frames, lens, contact lens, prosthetics or radial keratotomy.
 - e. Accidents, injuries, or diseases resulting from military service.
 - f. Accidents, injuries, or diseases resulting from drug and/or alcohol abuse.
 - g. Diagnosis and treatment of all groups of Hepatitis
 - h. Congenital diseases.
 - i. Pre-existing neo-plastic diseases or coronary diseases.
 - j. Dental care other than as stated in the Plan Structure section.
 - k. Investigative procedures or treatment that are considered to be Experimental by the AMC physician or Medical Director.
 - l. Consultations regarding psychological and psychiatric diagnosis, evaluation and treatment are excluded save an initial assessment consultation. Thereafter consultations and any further treatment will be charged at a price determined by American Medical Center.
 - m. Medical services, examinations, or consultations that are not authorized or performed by AMC and/or, in AMC's judgment, are not medically necessary.
 - n. Diagnosis and treatment for all documented sexually transmitted diseases, including HIV, syphilis, gonorrhoea, and chlamydia but not excluding other sexually transmitted diseases.
 - o. Any treatment of Covid-19 infection, or any other infectious disease which is declared as a pandemic by WHO, or is, or has been, subject to any legislative process by the national country in which this policy is issued.
 - p. AMC does not provide any cardiac stenting procedures.
 - q. Illnesses and conditions related to alcohol consumption
8. Hearing aids, eyeglasses or contact lenses, durable medical equipment or prosthetics are not covered except as specifically provided for under this Agreement. Surgery to correct myopia is excluded from this policy. Prosthetic, cosmetic, or orthodontics dentistry are not covered except as specifically provided for under this Agreement. Any diseases or conditions that, by law, must be treated in specific or designated facilities are not covered under this Agreement.
9. Malignant Disease – AMC undertakes to provide any diagnostic procedures for malignant disease, including biopsies of tissue and removal of tissue by open surgery. It further undertakes to provide a histological assessment of such material taken for diagnosis. AMC excludes any treatment for any malignant disease or disorder after the point of histological diagnosis.
10. Cardiac care.
 - a. AMC undertakes to provide outpatient emergency care including emergency angiography of coronary arteries caused by arteriosclerosis. Emergency is in this case defined as the need to have such procedures within 5 days from the referral of an AMC Physician to a Cardiologist. CT/MRI angiography and any enhanced angiographic procedure or imaging is not covered by this policy.
 - b. AMC undertakes to provide routine diagnosis and treatment of cardiac arrhythmias, including DC conversion and nodal ablation as recommended by an AMC Associate Specialist in Cardiology.
 - c. AMC undertakes to provide routine aftercare and on-going care after such procedures but excludes any further angiography or catheterization of coronary arteries and any imaging procedures upon the heart.