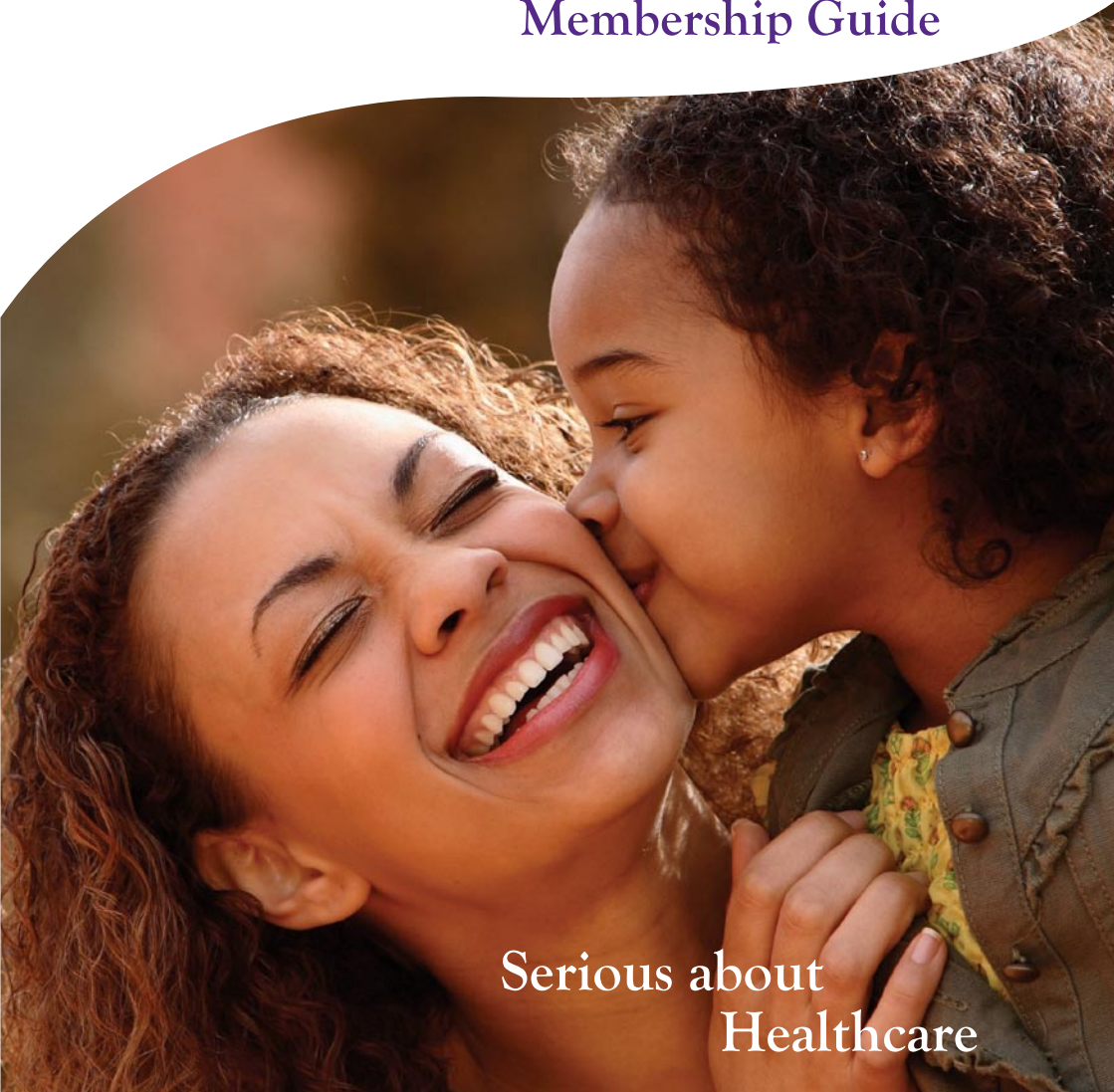




JWS Worldwide Healthcare

Membership Guide

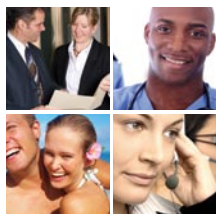


Serious about
Healthcare

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Note: Please see Section 8 - Definitions for a full explanation of words that appear in **bold** and which have a specific meaning that is relevant to **our** contract.



Section 1 - INTRODUCTION

Our contact details:-

Telephone: +254 (0)20 3750008
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Fax: +254 (0)20 3750062
Email: info@jwshealthcare.com
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J.W. Seagon & Co. Ltd
1st Floor, Mobil Plaza, Muthaiga
P.O. Box 16658 - 00620
Mobil Plaza, Nairobi, Kenya



Details of the **benefits** provided by the **JWS Worldwide Healthcare Plans** are shown under Section 2 of this membership guide. **Your certificate of insurance** shows the **plan** that **you** have selected, who is covered and any terms and conditions which may apply to **your** cover. Words written in **bold** are important and have a specific meaning. **You** will find these words defined in the Section 8 of this membership guide. **We** recommend that **you** read Section 4 very carefully as this Section contains the conditions and **treatments** which are not covered.



Section 6 also includes important information about premium payment, when **your** membership begins, when **you** should renew it and how **you** lodge a complaint.

We or the **assistance services** will provide the following services:

- 1 A 24-hour help line for medical emergencies;
- 2 Provide a membership card to every member which records **our** contact numbers and addresses and emergency contact nos. for **assistance services**;
- 3 Assist in finding suitable healthcare providers in **your** area;
- 4 Provide **hospital** guarantees;
- 5 **Pre-authorising** certain **claims**;
- 6 Negotiating direct settlement of **hospital** bills;
- 7 Providing an experienced international **claims** management team;
- 8 Processing **your claim** as quickly as possible.

Should **you** require further clarification about this membership guide, or **you** would like to notify **us** of any changes in **your** personal circumstances, please contact **us** at the contact details shown on this page and page 25.

For questions about how to make a **claim**, a specific **claim** query, finding a local **doctor** or **hospital** provider, please contact the **assistance services**.

Section 2 - BENEFITS

BENEFITS: WHAT WE COVER

There are conditions attached to claiming **benefit**, so please look carefully at **your benefit schedule** and notes on the following pages, along with the Definitions (Section 8). Together with **your certificate of insurance**, they define the **benefits** available to **you** and **your dependants** under this **plan**.

IMPORTANT NOTE

- 1 We cannot pay any **benefit** if **your plan** is not in force or the premiums are not paid up to date at the time **you** have **your treatment**
- 2 There is an **overall maximum benefit** for each **insured person** in each **certificate period**
- 3 We will work out the **benefit** in the same currency in which **your** premium is paid

BENEFITS: WHAT WE COVER

- 1 **Benefits** are limited to the usual **customary** and **reasonable** charges in the area where **treatment** is provided
- 2 Before **you** are admitted to **hospital** for planned **in-patient** and **day-patient treatment**, **you** must contact **us** at least five days earlier giving **us** details of the **treatment** together with details of the **hospital** and **specialist** and obtain **our** written agreement before **your treatment** commences
- 3 We can make reasonable requests for information or proof to support **your claim**. **You** must supply this information or proof of **claim**



BENEFIT SCHEDULES

Limits are shown in GBP & USD

	AFRICA PLAN
Area	1
Overall Maximum Benefit Limit	GBP/USD 250,000/450,000 Reasonable & customary charges Private room - En suite
In-patient & Day-patient Treatment	
Hospital Accommodation	Full Refund
Nursing care and drugs and dressings	Full Refund
Surgeons', anaesthetists' and physicians' fees	Full Refund
Surgical fees including anaesthesia and theatre charges and intensive care unit charges	Full Refund
MRI, CT and PET scans as an in-patient, day-patient or out-patient	Full Refund
Pathology, X-rays, diagnostic tests and physiotherapy	Full Refund
Complications of pregnancy - 12 month waiting period applies	Full Refund
Newborn Accommodation	Full Refund
Newborn - maximum 30 days in hospital	Full Refund
Routine maternity (12 month waiting period applies) in-patient and out-patient	Up to a maximum of 1,200/2,220*
Organ transplant (including related out-patient treatment).	Up to a maximum of 100,000/187,000*
Chronic conditions - treatment received as an in-patient or day-patient	Full Refund
Emergency in-patient dental treatment	Full Refund
In-patient psychiatric treatment (including as a day-patient) - two year waiting period applies	Limited to 30 days
Oncology - treatment received as an in-patient, day-patient or out-patient	Full Refund
Emergency treatment outside area of cover for a maximum trip period of 60 days	Maximum 60 days
HIV/AIDS - capital benefit after two years continuous membership	10,000/18,700
Prosthesis and appliances	Full Refund
Out-patient surgery	Up to a maximum of 500/900*
Emergency out-patient treatment	Up to a maximum of 500/900*

Out-patient Treatment - Overall Maximum Benefit	
Physicians' fees and prescription drugs and dressings	Up to a maximum of 500/900*
Specialist fees, diagnostic tests and vaccinations	}
Physiotherapy (prescribed by a specialist) & treatment by chiropractors, osteopaths & complementary therapists (homeopaths, acupuncturists & Chinese herbal practitioners) - maximum of 7 visits per year	
Accidental damage to teeth	}
Annual health check - 24 month waiting period applies	
Other Benefits	
Emergency medical evacuation & repatriation - if appropriate treatment is not available locally, to an appropriate facility in country of choice within area of cover . Includes the cost of return economy airfare for one person to accompany evacuated person	Full Refund
Compassionate emergency visit - cost of economy airline ticket for a close family member to visit the insured person who is hospitalised for a period exceeding 7 days outside their usual country of residence	Full Refund
Additional Travel Expenses following Evacuation:-	
a) Reasonable cost of travel to and from hospital appointments	a) Full Refund
b) Reasonable cost of travel for accompanying person to visit the insured person in hospital and reasonable cost of hotel accommodation (if applicable) whilst evacuated person is in hospital	b) Full Refund in respect of travel and up to a maximum of 90/160 per night in respect of accommodation not exceeding a maximum of 7 nights
c) Cost of accommodation up to a maximum of 7 per evacuation following discharge from hospital per insured person	c) Maximum 90/160 per night
d) Cost of economy airline ticket for insured person to return to country where evacuation occurred	d) Full Refund
Emergency transport to and from hospital by most appropriate means	Full Refund
Accommodation costs for one parent accompanying child under 17 years of age	Full Refund
Rehabilitation treatment	Full Refund up to 14 days following discharge from hospital
Home Nursing including hospice and palliative care immediately after in-patient treatment	Full Refund up to a maximum of 60 days
Repatriation of mortal remains or local burial	Up to a maximum of 2,500/4,700 in respect of repatriation of mortal remains and up to a maximum of 1,000/1,800 in respect of local burial costs

* Applies to a maximum annual limit per **insured person**

¹ Included as part of above annual maximum limit of £1,500/\$2,800

	VITALCARE
Area	1, 2 or 3 GBP/USD
Overall Maximum Benefit Limit	250,000/450,000 Reasonable & customary charges Private room - En Suite
In-patient & Day-patient Treatment	
Hospital accommodation	Full Refund
Nursing care and drugs and dressings	Full Refund
Surgeons', anaesthetists' and physicians' fees	Full Refund
Surgical fees including anaesthesia and theatre charges and intensive care unit charges	Full Refund
MRI, CT and PET scans as an in-patient , day-patient or out-patient	Full Refund
Pathology, X-rays, diagnostic tests and physiotherapy	Full Refund
Complications of pregnancy - 12 month waiting period applies	Full Refund
Newborn accommodation	Full Refund
Newborn - maximum 30 days in hospital	Full Refund
Routine maternity (12 month waiting period applies) - in-patient and out-patient	Not applicable
Organ transplant (including related out-patient treatment)	Up to a maximum of 100,000/187,500*
Chronic conditions - treatment received as an in-patient or day-patient	Limited to 30 days and treatment of acute phases only
Emergency in-patient dental treatment	Full Refund
In-Patient psychiatric treatment (including as a day-patient) - two year waiting period applies	Limited to 30 days
Oncology - treatment received as an in-patient , day-patient or out-patient	Full Refund
Emergency treatment outside area of cover for a maximum trip period of 60 days	Maximum 60 days
HIV/AIDS - capital benefit after two years continuous membership	15,000/28,050
Prosthesis and appliances	Full Refund
In-patient cash benefit (per night)	50/90 per night up to a maximum of 30 nights
Out-patient psychiatric treatment - two year waiting period applies	Not applicable
Out-patient surgery	Full Refund
Emergency out-patient treatment	Up to a maximum of 500/900*
Emergency out-patient dental treatment	Not applicable
Treatment for chronic conditions received as an out-patient	Not applicable

Out-patient Treatment - Overall Maximum Benefit	
Physicians' fees and prescription drugs and dressings	Not applicable
Specialist fees, diagnostic tests and vaccinations	Not applicable
Physiotherapy (prescribed by a specialist) and treatment by chiropractors, osteopaths and complementary therapists (homeopaths, acupuncturists and Chinese herbal practitioners) - maximum of 7 visits per year	Not applicable
Accidental damage to teeth	Not applicable
Annual health check - 24 month waiting period applies	Not applicable
Other Benefits	
Emergency medical evacuation & repatriation - if appropriate treatment is not available locally to an appropriate facility in country of choice within area of cover . Includes the cost of return economy airfare for one person to accompany evacuated person	Full Refund
Additional Travel Expenses following Evacuation:-	
a) Reasonable cost of travel to and from hospital appointments	a) Full Refund
b) Reasonable cost of travel for accompanying person to visit the insured person in hospital and reasonable cost of hotel accommodation (if applicable) whilst evacuated person is in hospital	b) Full Refund in respect of travel and up to a maximum of 90/160 per night in respect of accommodation not exceeding a maximum of 7 nights per evacuation
c) Cost of accommodation up to a maximum of 7 nights per evacuation following discharge from hospital per person	c) Maximum 90/160 per night
d) Cost of economy airline ticket for insured person to return to country where evacuation occurred	d) Full Refund
Emergency transport to and from hospital by most appropriate means	Full Refund
Accommodation costs for one parent accompanying child under 17 years of age	Full Refund
Rehabilitation treatment immediately following hospitalisation	Full Refund up to 14 days following discharge from hospital
Nursing at home including hospice and palliative care immediately after in-patient treatment	Full Refund up to a maximum of 60 days
Compassionate Emergency Visit - cost of return economy airline ticket for a close family member to visit the insured person who is hospitalised for a period exceeding 7 days outside their usual country of residence	Full Refund
Investigations into infertility (12 month waiting period to apply)	Not applicable
Repatriation of mortal remains or local burial	Up to a maximum of 2,500/4,500 in respect of repatriation of mortal remains and up to a maximum of 1,000/1,800 in respect of local burial costs

* Applies to a maximum annual limit per **insured person**

	EXTENSIVECARE
Area	1, 2 or 3 GBP/USD
Overall Maximum Benefit Limit	500,000/900,000 Reasonable & customary charges Private room – En Suite
In-patient & Day-patient Treatment	
Hospital accommodation	Full Refund
Nursing care and drugs and dressings	Full Refund
Surgeons', anaesthetists' and physicians' fees	Full Refund
Surgical fees including anaesthesia and theatre charges and intensive care unit charges	Full Refund
MRI, CT and PET scans as an in-patient, day-patient or out-patient	Full Refund
Pathology, X-rays, diagnostic tests and physiotherapy	Full Refund
Complications of pregnancy - 12 month waiting period applies	Full Refund
Newborn accommodation	Full Refund
Newborn - maximum 30 days in hospital	Full Refund
Routine maternity (12 month waiting period applies) - in-patient and out-patient	Up to a maximum of 2,500/4,500*
Organ transplant (including related out-patient treatment)	Up to a maximum of 100,000/187,500*
Chronic conditions - treatment received as an in-patient or day-patient	Limited to 30 days
Emergency in-patient dental treatment	Full Refund
In-Patient psychiatric treatment (including as a day-patient) - two year waiting period applies	Limited to 30 days
Oncology - treatment received as an in-patient , day-patient or out-patient	Full Refund
Emergency treatment outside area of cover for a maximum trip period of 60 days	Maximum 60 days
HIV/AIDS - capital benefit after two years continuous membership	15,000/28,050
Prosthesis and appliances	Full Refund
In-patient cash benefit (per night)	50/90 per night up to a maximum of 30 nights
Out-patient psychiatric treatment - two year waiting period applies	Not applicable
Out-patient surgery	Full Refund
Emergency out-patient treatment	Up to a maximum of 500/900*
Emergency out-patient dental treatment	Not applicable
Treatment for chronic conditions received as an out-patient	Full Refund

Out-patient Treatment - Overall Maximum Benefit	
Physicians' fees and prescription drugs and dressings	Up to a maximum of 500/900*
Specialist fees, diagnostic tests and vaccinations	} Up to an overall maximum benefit limit of 2,000/3,750 per insured person per year
Physiotherapy (prescribed by a specialist) and treatment by chiropractors, osteopaths and complementary therapists (homeopaths, acupuncturists and Chinese herbal practitioners) - maximum of 7 visits per year	
Accidental damage to teeth	} Not applicable
Annual health check - 24 months waiting period applies	Not applicable
Other Benefits	
Emergency medical evacuation & repatriation - if appropriate treatment is not available locally to an appropriate facility in country of choice within area of cover . Includes the cost of return economy airfare for one person to accompany evacuated person	Full Refund
Additional Travel Expenses following Evacuation:-	
a) Reasonable cost of travel to and from hospital appointments	a) Full Refund
b) Reasonable cost of travel for accompanying person to visit the insured person in hospital and reasonable cost of hotel accommodation (if applicable) whilst evacuated person is in hospital	b) Full Refund in respect of travel and up to a maximum of 90/160 per night in respect of accommodation not exceeding a maximum of 7 nights per evacuation
c) Cost of accommodation up to a maximum of 7 nights per evacuation following discharge from hospital per person	c) Maximum 90/160 per night
d) Cost of economy airline ticket for insured person to return to country where evacuation occurred	d) Full Refund
Emergency transport to and from hospital by most appropriate means	Full Refund
Accommodation costs for one parent accompanying child under 17 years of age	Full Refund
Rehabilitation treatment immediately following hospitalisation	Full Refund up to 14 days following discharge from hospital
Nursing at home including hospice and palliative care immediately after in-patient treatment	Full Refund up to a maximum of 60 days
Compassionate Emergency Visit - cost of return economy airline ticket for a close family member to visit the insured person who is hospitalised for a period exceeding 7 days outside their usual country of residence	Full Refund
Investigations into infertility (12 month waiting period to apply)	Not applicable
Repatriation of mortal remains or local burial	Up to a maximum of 2,500/4,500 in respect of repatriation of mortal remains and up to a maximum of 1,000/1,800 in respect of local burial costs

*Applies to a maximum annual limit per **insured person**

ULTRACARE

Area	1, 2 or 3 GBP/USD
Overall Maximum Benefit Limit	1,000,000/1,870,000 Reasonable & customary charges Private room - En Suite
In-patient & Day-patient Treatment	
Hospital accommodation	Full Refund
Nursing care and drugs and dressings	Full Refund
Surgeons', anaesthetists' and physicians' fees	Full Refund
Surgical fees including anaesthesia and theatre charges and intensive care unit charges	Full Refund
MRI, CT and PET scans as an in-patient, day-patient or out-patient	Full Refund
Pathology, X-rays, diagnostic tests and physiotherapy	Full Refund
Complications of pregnancy - 12 month waiting period applies	Full Refund
Newborn accommodation	Full Refund
Newborn - maximum 30 days in hospital	Full Refund
Routine maternity (12 month waiting period applies) - in-patient and out-patient	Up to a maximum of 7,500/14,000*
Organ transplant (including related out-patient treatment)	Full Refund
Chronic conditions - treatment received as an in-patient or day-patient	Full Refund
Emergency in-patient dental treatment	Full Refund
In-Patient psychiatric treatment (including as a day-patient) - two year waiting period applies	Limited to 30 days
Oncology - treatment received as an in-patient, day-patient or out-patient	Full Refund
Emergency treatment outside area of cover for a maximum trip period of 60 days	Maximum 60 days
HIV/AIDS - capital benefit after two years continuous membership	15,000/28,050
Prosthesis and appliances	Full Refund
In-patient cash benefit (per night)	50/90 per night up to a maximum of 30 nights
Out-patient psychiatric treatment - two year waiting period applies	Limited to 10 visits per year
Out-patient surgery	Full Refund
Emergency out-patient treatment	Up to a maximum of 1,000/1,800*
Emergency out-patient dental treatment	Up to a maximum of 500/900*
Treatment for chronic conditions received as an out-patient	Full Refund

Out-patient Treatment - Overall Maximum Benefit	
Physicians' fees and prescription drugs and dressings	Up to a maximum of 1,500/2,800*
Specialist fees, diagnostic tests and vaccinations	}
Physiotherapy (prescribed by a specialist) and treatment by chiropractors, osteopaths and complementary therapists (homeopaths, acupuncturists and Chinese herbal practitioners) – maximum of 7 visits per year	}
Accidental damage to teeth	}
Annual health check – 24 month waiting period applies	Up to a maximum of 250/450*
Other Benefits	
Emergency medical evacuation & repatriation - if appropriate treatment is not available locally to an appropriate facility in country of choice within area of cover. Includes the cost of return economy airfare for one person to accompany evacuated person	Full Refund
Additional Travel Expenses following Evacuation:-	
a) Reasonable cost of travel to and from hospital appointments	a) Full Refund
b) Reasonable cost of travel for accompanying person to visit the insured person in hospital and reasonable cost of hotel accommodation (if applicable) whilst evacuated person is in hospital	b) Full refund in respect of travel and up to a maximum of 90/160 per night in respect of accommodation not exceeding a maximum of 7 nights per evacuation
c) Cost of accommodation up to a maximum of 7 nights per evacuation following discharge from hospital per person	c) Maximum 90/160 per night
d) Cost of economy airline ticket for insured person to return to country where evacuation occurred	d) Full Refund
Emergency transport to and from hospital by most appropriate means	Full Refund
Accommodation costs for one parent accompanying child under 17 years of age	Full Refund
Rehabilitation treatment immediately following hospitalisation	Full Refund up to 14 days following discharge from hospital
Nursing at home including hospice and palliative care immediately after in-patient treatment	Full Refund up to a maximum of 60 days
Compassionate Emergency Visit – cost of return economy airline ticket for a close family member to visit the insured person who is hospitalised for a period exceeding 7 days outside their usual country of residence	Full Refund
Investigations into infertility (12 month waiting period to apply)	Up to a maximum of 2,000/3,750*
Repatriation of mortal remains or local burial	Up to a maximum of 5,000/9,000

* Applies to a maximum annual limit per insured person

Section 3 - EXPLANATION OF BENEFITS

3.1 Accommodation costs for one parent accompanying child under 17 years of age

If **your** child under 17 is hospitalised and covered under this **plan**, we will pay the **hospital** charges for **you** to stay in **hospital** with **your** child for the duration of **your** child's eligible **treatment** up to the maximum limit shown on **your** benefit schedule.

3.2 Additional Travel Expenses following Evacuation

Following a covered evacuation, we will pay for the following **benefits**:-

- 1 The reasonable cost of travel to and from **hospital** appointments when **treatment** is being received as a **day-patient**
- 2 The reasonable cost of travel for accompanying person (who must be named on the **Certificate of Insurance**) to visit the **insured person** in **hospital** and reasonable cost of hotel accommodation (if applicable) whilst evacuated person is in **hospital** up to a maximum cost of 90/160 per night for a maximum period of 7 nights where the **Insurer** deems this to be necessary
- 3 The cost of non-**hospital** accommodation up to a maximum cost of 90/160 per **insured person** per night per evacuation for a maximum period of 7 nights following discharge from **hospital** when the **insured person** must be under the care of a **specialist** to qualify for this **benefit**
- 4 The cost of an economy airline ticket for the evacuated person to return to their **usual country of residence** or the country from where the evacuation occurred

You must contact **us** for **pre-authorisation** in order to qualify for these **benefits**. Failure to notify **us** will result in **your claim** not being paid.



3.3 Capital Benefit if HIV/AIDS is diagnosed

We will pay **you** the one-off lump sum which is shown on **your benefit schedule**, if **you** are diagnosed with HIV/AIDS. Following **your** diagnosis, we will only pay for the cost of **treatment** as a direct result of an **accident** or injury.

If you have been diagnosed with HIV/AIDS, we will only pay for the cost of **treatment** as a direct result of an **accident** or injury.

You will only qualify for this **benefit** once and only when **you** have been a member of the **JWS Worldwide Healthcare Plan** for more than 24 continuous months.

3.4 Chronic Conditions (treatment of)

If this **benefit** is shown on **your benefit schedule**, we will pay for **in-patient**, **day-patient** and **out-patient treatment** of **chronic conditions** that are not **pre-existing medical conditions** up to the maximum limit shown on **your benefit schedule**.

You must contact **us** to obtain **pre-authorisation** before making any arrangements. Failure to notify **us** will result in **your claim** not being paid.

3.5 Chronic Medical Conditions (treatment of acute phase)

If this **benefit** is shown on **your benefit schedule**, we will pay for the stabilisation of **acute** phases of **chronic conditions** that are not **pre-existing medical conditions** provided in **our** opinion the **treatment** is likely to lead quickly to a complete recovery or to **you** being restored fully to **your** previous state of health without **you** having to continue to receive **treatment** up to maximum limit as stated on **your benefit schedule**.

3.6 Compassionate Emergency Visit

We will pay for the cost of one return economy airline ticket per year for a **close family member** to visit the **insured person** who is hospitalised whilst travelling outside their **home country** or **usual country of residence** for a period exceeding 7 days. If the insured person's condition is considered to be **life threatening** by the treating **physician**, then a **close family member** can visit the **insured person** immediately.

3.7 Complications of pregnancy

This **benefit** is only available if shown on **your benefit schedule**. The **benefit** is limited to the amount shown on **your benefit schedule**. This **benefit** is only available for pregnancies where the mother has been a continuous member for twelve months of a **JWS Worldwide Healthcare Plan**. There is no **maternity benefit** for **treatment** received during the first twelve months of cover.

Pregnancies and deliveries and all associated services are covered under the **routine maternity** or **complications of pregnancy benefit**. Pregnancies and childbirth will not be covered under the **hospital services** section or any other part of this **plan**. If the condition that complicates the pregnancy is excluded (for example a **pre-existing condition**), then the portion of the costs relating to that exclusion will not be covered.

3.8 CT, MRI and PET scans

We will pay for the cost of computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET) undertaken on the recommendation of **your doctor**.

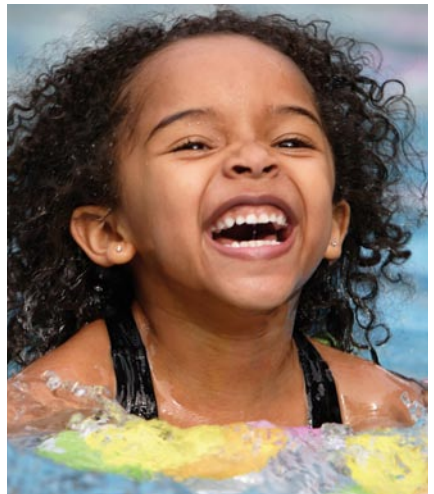
You must contact **us** to obtain **pre- authorisation** before making any arrangements. Failure to notify **us** will result in **your claim** not being paid.

3.9 Emergency in-patient dental treatment

We will pay for dental **treatment** received in a **hospital** to repair or replace healthy teeth lost or damaged after a serious **accident** if this **benefit** is shown on **your benefit schedule** up to the maximum limit shown on **your benefit schedule**.

We will also pay for **treatment** of irreversible bone disease involving the jaw(s) which require(s) a surgical operation either in a **hospital** or **dentist's** surgery and cannot be treated in any other way. We will also pay for the surgical removal of a complicated, buried or impacted tooth root.

You must contact **us** to obtain **pre- authorisation** before making any arrangements. Failure to notify **us** will result in **your claim** not being paid.



3.10 Emergency Medical Evacuation and

Repatriation

Means the cost of evacuation of an **insured person** in the event that the necessary facilities are not available locally, to the nearest appropriate medical facility in the **insured person's country of choice** within their chosen **area of cover**. **You** must contact the **assistance services** for **pre-authorisation** of this **benefit**. Failure to notify **us** will result in **your claim** not being paid. The **assistance services** will also be able to make the necessary arrangements. **We** will only cover **emergency medical evacuation** from a landmass. This **benefit** only applies to a covered **benefit** up to the maximum limit shown on **your benefit schedule**.

Excludes all **maternity** or childbirth costs apart from **complications of pregnancy** if this benefit is shown on **your benefit schedule**.

We will also pay for the cost of one other **insured person** to travel with the **insured person** as an escort if **medically necessary** or the cost of a return economy airfare for one person to accompany the evacuated person. **You** must contact the **assistance services** for **pre-authorisation** of this **benefit**. Failure to notify **us** will result in **your claim** not being paid.

If this **benefit** is shown on **your benefit schedule** and **you** have been evacuated, **we** will pay for **you** to return to **your home country** provided that **your home country** is located in **your chosen area of cover**.

3.11 Emergency out-patient dental treatment

We will pay for **treatment** received in a dental surgery or a **hospital** emergency room for the immediate relief of dental pain if this **benefit** is shown on **your benefit schedule** up to the maximum limit shown. **We** will pay for up to a maximum of three fillings per year, the temporary repair of crowns and to repair or replace healthy teeth lost or damaged in an accident. **Treatment** must be received within 48 hours of the **emergency**

event up to the maximum limit shown on **your benefit schedule**.

You must contact **us** to obtain **pre-authorisation** before making any arrangements. Failure to notify **us** will result in **your claim** not being paid.

3.12 Emergency out-patient treatment

We will pay for the cost of **treatment** received in a casualty ward or emergency room following an **accident** or sudden illness up to the maximum limit shown on **your benefit schedule**.

3.13 Emergency transport to and from hospital by most appropriate means

Means the **medically necessary** transportation of the **insured person** to a local **hospital** by road **ambulance** or other suitable mode of transport for the purposes of receiving **in-patient** or **day-patient treatment** which is covered by **your plan**.

Local **hospital** means one that is located in **your usual country of residence**.

You must contact **us** for **pre-authorisation** if the transportation is by means other than road **ambulance**. Failure to notify **us** will result in **your claim** not being paid.