

TABLE OF BENEFITS - ELITE HEALTHCARE PLAN
From 1 January 2018

AFRICA
WELLNESS
SOLUTIONS

DEVELOPED IN **AFRICA**,
PROTECTING YOU **GLOBALLY**

WHATEVER YOU DO
DO IT WELL

Underwritten by:

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Africa Wellness Solutions

Table of benefits – Elite Healthcare Plan

Item 1 – Overall Maximum Benefit	Programme		
	Essential	Balanced	Best
What is covered			
This is the maximum amount of money we will pay in respect of all benefits available under the selected programme to each insured person in each period of insurance. All benefits are payable to each insured person in each period of insurance unless otherwise stated. Benefit provisions where the limit is 'Full Cover' are collectively subject to the overall maximum benefit applying.	\$1,000,000 €900,000 £600,000	\$1,500,000 €1,350,000 £900,000	\$2,000,000 €1,800,000 £1,200,000
What is not covered	We will not pay for any costs which exceed the overall maximum benefit and/or individual benefit limits of any item for the programme selected.		

Item 2 – In patient and Day Care Treatment benefits	Programme		
	Essential	Balanced	Best
What is covered			
a) The cost of hospital accommodation in a standard ensuite room, nursing, operating theatre fees, high dependency/intensive care/coronary care unit, special nursing fees, surgeons' fees, anaesthetists' fees, consultants' fees, physician fees, diagnostic procedures (including X-rays), pathology, MRI/CT/PET scans, physiotherapy and prescribed drugs and medicines.	Full cover	Full cover	Full cover
b) Prosthetic implants and appliances.	Full cover	Full cover	Full cover
c) Hospital accommodation costs for one insured person to stay with an insured child dependant, who is under age 19, and being admitted to hospital as an inpatient for medical treatment covered by this policy.	Full cover	Full cover	Full cover
d) Accommodation for a child under 8 weeks old to stay with the mother (who must be an insured person), who is admitted to hospital as an inpatient for medical treatment covered by the policy.	Full cover	Full cover	Full cover
IN-PATIENT PSYCHIATRIC COVERAGE			
e) The cost of hospital accommodation in a standard ensuite room in a registered psychiatric unit for a psychiatric illness including: consultant psychiatrist's fees; diagnostic procedures; and prescribed drugs and medicines. Cover is limited to a total of 30 nights inpatient treatment in each period of insurance.	Full cover	Full cover	Full cover
DAY CARE PSYCHIATRIC COVERAGE			
f) The cost of hospital accommodation in a standard ensuite room in a registered psychiatric unit for a psychiatric illness including: consultant psychiatrist's fees; diagnostic procedures; and prescribed drugs and medicines. Cover is limited to a total of 4 separate day admissions in each period of insurance. (24 month wait period applies)	\$4,500 €4,050 £2,750	\$4,500 €4,050 £2,750	\$8,000 €7,200 £5,000
Please note that any claim under this item needs to be prior agreed by us otherwise a 25% co-insurance will apply.			
g) Medical treatment for a premature baby when received during the first 2 months following birth (including birth defects and congenital anomalies). Please note that no cover is available for continuing treatment after expiry of the initial 2 months period other than for new and unrelated medical conditions.	Full Cover	Full Cover	Full Cover
CONGENITAL ABNORMALITIES			
h) Congenital abnormalities not discovered at birth but which can subsequently be corrected with surgery.	Lifetime limit \$100,000 €90,000 £60,000	Lifetime limit \$100,000 €90,000 £60,000	Lifetime limit \$100,000 €90,000 £60,000
Please note that any claim under this item needs to be prior agreed by us otherwise a 25% co-insurance will apply.			
i) Nursing-at-home where prescribed as being medically necessary immediately following a period of inpatient treatment covered by this policy. All such nursing must be provided by a qualified nurse and be under the supervision and direction of a physician.	\$6,000 €5,400 £3,600	\$6,000 €5,400 £3,600	\$6,000 €5,400 £3,600
j) Rehabilitation including speech therapy, received on an inpatient basis in a recognised rehabilitation unit, where under the supervision and direction of a physician. This benefit is limited to a maximum of 13 weeks during each period of insurance.	\$820 €750 £500	\$1,500 €1,350 £900	\$3,000 €2,700 £1,800
Please note that any claim under this item needs to be prior agreed by us otherwise a 25% co-insurance will apply.			

What is covered	Essential	Balanced	Best
CHRONIC TREATMENT BENEFIT k) Inpatient and day care medical treatment of a chronic condition for acute, routine management and/or palliative treatment, including treatment of a medical condition associated, related to or as a consequence of a chronic medical condition.	Full Cover	Full Cover	Full Cover
PALLIATIVE TREATMENT l) Accommodation in a hospice for palliative treatment for an insured person who has been given a terminal prognosis. The benefit is limited to a maximum of 14 nights in each period of insurance. Please note that any claim under this item needs to be prior agreed by us otherwise a 25% co-insurance will apply.	Lifetime limit \$25,000 €22,500 £15,000	Lifetime limit \$25,000 €22,500 £15,000	Lifetime limit \$25,000 €22,500 £15,000
KIDNEY DIALYSIS m) We will pay the costs of inpatient, day patient and outpatient kidney dialysis which is administered at a legally registered dialysis centre and which is not related to a pre-existing condition. Please note that any claim under this item for an admission to hospital needs to be prior agreed by us otherwise a 25% co-insurance will apply.	Up to a maximum of \$60,000 / €54,000 / £37,500	Up to a maximum of \$60,000 / €54,000 / £37,500	Up to a maximum of \$60,000 / €54,000 / £37,500
CANCER CARE BENEFIT n) From the date an insured person is diagnosed as suffering from cancer, whether it is in its acute, chronic or terminal stage, all and any treatment received thereafter on an inpatient, daycare, or outpatient basis involving: consultations, diagnostic tests, scans, investigations, prescribed drugs and dressings, chemotherapy, radiotherapy, stem cell transplants (from either bone marrow or blood), routine management and palliative treatments; will be assessed and paid for under this item. Eligible costs incurred up until the point of diagnosis are not assessed under this item of your policy. Please note that any claim under this item for an admission to hospital needs to be prior agreed by us otherwise a 25% co-insurance will apply.	Full Cover	Full Cover	Full Cover
ORGAN IMPLANTATION BENEFIT o) Costs directly related to the implantation of the following natural human organs: kidney, liver, heart, lung and skin grafts (where medically necessary and not for cosmetic purposes). Please note that any claim under this item needs to be prior agreed by us otherwise a 25% co-insurance will apply.	\$187,500 €170,000 £115,000	\$187,500 €170,000 £115,000	\$400,000 €360,000 £250,000
What is not covered			
a) Treatment for a premature baby where the baby has not been added to this policy within 30 days of birth. b) Rehabilitation unless: it forms an integral part of medical treatment, received as an inpatient; is under the control or supervision of a physician; and is undertaken in a recognised rehabilitation unit. c) Medical treatment for a medical condition that has qualified under one of the following benefit items: Item 4 Pregnancy and Childbirth Benefits Item 5 Infertility Item 6 Lifetime Benefits Please refer to the relevant item for details of these specific benefits.			
Day Care Psychiatric Coverage We will not pay claims for day patient psychiatric treatment received within the 24 month period following the insured person's date of entry.			
Chronic Treatment Treatment of a chronic medical condition which was diagnosed and pre-existed the insured person's date of entry, unless otherwise agreed by the insurer in writing at the date of entry.			
Organ Implantation a) The costs associated with locating a replacement organ or any costs incurred for the removal of the organ from the donor, the transportation costs of the organ and all associated administration costs. b) Costs associated with the procurement and/or implantation of an artificial and/or non-human organ. c) Medical treatment associated with cryopreservation, implantation or reimplantation of living cells or living tissues whether autologous or provided by a donor.			

Item 3 - Out-Patient Treatment Benefits	Programme		
	Essential	Balanced	Best
What is covered			
An overall maximum benefit limit applies to outpatient treatment benefits designated *, per insured person, per period of insurance.	As per individual limits below	\$12,000 €10,800 £7,500	\$13,600 €12,200 £8,500
a) i) The services of a physician and/or consultant including: diagnostic tests; investigations, X-rays, pathology, histology, physiotherapy.	No Cover	Full Cover*	Full Cover*
a) ii) Minor surgery in a doctors' clinic/consulting rooms.	Full Cover	Full Cover	Full Cover
b) MRI, CT, PET Scans	Full Cover	Full Cover	Full Cover
c) Pre and post hospitalisation related to eligible inpatient treatments (up to a maximum period of 60 days after hospital discharge)	Up to a maximum of \$2,000 €1,800 £1,200 per medical condition	Full Cover	Full Cover
d) Prescribed drugs, medicines, slings, supports, bandages and malaria preventive medicine	No Cover	\$1500* €1,350* £900*	\$1,600* €1,450* £1000*
e) The cost of hiring mobility aids including: walking sticks or frames; wheelchairs; and crutches.	\$820 €750 £500	\$1,350* €1,200* £750*	\$1,600* €1,450* £1,000*
COMPLEMENTARY TREATMENT			
f) Chiropractic, Homeopathy, Osteopathy, Acupuncture, Ayurvedic, Herbal and Chinese Medicines, provided by a licensed practitioner, including prescribed drugs and medicines.	No Cover	\$1000* €900* £600*	\$1,280* €1,150* £800*
g) Podiatry and chiropody provided by a licensed practitioner including prescribed drugs and medicines.	No Cover	No Cover	\$160* €150* £100*
h) Routine and preventative vaccinations for an insured child up to age 10 including consultation charges to administer the vaccine.	No Cover	\$300* €270* £180*	\$400* €360* £250*
i) Treatment of a mental illness, psychiatric and psychological disorders including consultations and prescribed drugs and medicines, subject to a primary physician referral. This benefit is subject to a 50% co-insurance.	No Cover	\$4,500* €4,050* £2,750*	\$4,500* €4,050* £2,750*
j) Paediatric Wellness Benefit, consultations and check-ups for a child up to the age of 24 months when carried out by a Paediatrician.	No Cover	\$150* €130* £90*	\$150* €130* £90*
k) Outpatient treatment which requires immediate medical attention which is received in the Accident and Emergency Unit of a Hospital.	\$1000 €900 £600	Full Cover*	Full Cover*
CHRONIC TREATMENT BENEFIT			
l) Outpatient medical treatment of a chronic condition for acute, routine management and/ or palliative treatment. Cover includes all consultations and pathology related treatments provided and given for treatment and monitoring of the chronic condition (excluding scans).	No Cover	Full Cover*	Full Cover*
Please refer to the relevant item for details of the following benefits: Item 2 In-Patient and Day Care Treatment Item 4 Pregnancy and Childbirth Benefits Item 5 Infertility Item 6 Lifetime Benefits			

Item 4 – Pregnancy and Childbirth Benefits	Programme		
	Essential	Balanced	Best
What is covered			
a) The costs of normal pregnancy and childbirth including: all pre-natal care; delivery costs; hospital accommodation for the newborn, immediately following birth; and postnatal care for the mother.	No Cover	\$9,500 €8,500 £6,000	\$12,800 €11,500 £8,000
b) Contribution towards the initial paediatric check-up for the newborn.	No Cover	Up to a maximum of \$240/€220/£150 included within (a) above.	Up to a maximum of \$360/€330/£200 included within (a) above.
c) The costs of 'Complications of Pregnancy and Childbirth' including: all pre-natal care; delivery costs; hospital accommodation for the newborn immediately following birth; and post-natal care for the mother.	Full Cover	Full Cover	Full Cover
<p>Please note that all benefits under this item are payable:</p> <ul style="list-style-type: none"> • After the expectant mother has been covered under this policy for 10 consecutive months. • On a 'per year' basis. <p>Benefits a) and b) above are also applicable in the case of delivery by elective caesarean section or a planned home birth.</p> <p>For the purposes of this policy, 'Complications of Pregnancy and Childbirth' will only be deemed to include the following: Toxaemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole, ante and post-partum haemorrhage, retained placenta membrane, stillbirths, miscarriage, medically necessary caesarean sections and medically necessary abortions.</p> <p>Please note that any claim under this item for an admission to hospital needs to be prior agreed by us otherwise a 25% co-insurance will apply.</p>			
What is not covered			
<p>a) Any costs incurred within the initial 10 months from the date of entry of an insured person. For the sake of clarity, conception may take place during this initial period but our liability will only commence for eligible costs incurred after the 10 months period has expired.</p> <p>b) Terminations of pregnancy on non-medical grounds.</p> <p>c) Ante-natal classes and midwifery costs when not directly associated with the childbirth delivery.</p> <p>d) Complications which may arise during, or as a result of a planned home birth delivery.</p> <p>e) Treatment consequent from the well-baby examination, unless the newborn is added to this policy as an insured person.</p>			

Item 5 – Infertility	Programme		
	Essential	Balanced	Best
What is covered			
Investigations into the medical cause of your infertility. Benefit is only payable if you are both members of the AWS plans and when your specialist believes there are symptoms and/or evidence to suggest a medical cause. Please note that any claim under this item for an admission to hospital needs to be prior agreed by us otherwise a 25% co-insurance will apply.	No Cover	Up to a maximum of \$20,000 €18,000 £12,000	Up to a maximum of \$20,000 €18,000 £12,000
What is not covered			
We will not pay claims for treatment received within the 24 month period following the insured person's date of entry.			

Item 6 – Lifetime Benefits	Programme		
	Essential	Balanced	Best
What is covered			
a) Medical treatment for HIV and AIDS including related diseases where contracted as a direct result of a blood transfusion received after the insured person's date of entry. This benefit is only available after 2 consecutive years cover under this policy. The lifetime limit applies to this benefit.	\$32,000 €29,000 £20,000	\$32,000 €29,000 £20,000	\$32,000 €29,000 £20,000
b) Medical treatment for HIV and AIDS when contracted by any means other than from a blood transfusion. This benefit is only available after 2 consecutive years cover under this policy. The lifetime limit applies to this benefit.	\$7,500 €6,750 £4,650	\$7,500 €6,750 £4,650	\$7,500 €6,750 £4,650
<p>Please note that:</p> <ul style="list-style-type: none"> - a lifetime limit also applies to congenital abnormalities (Item 2h) and palliative treatment (Item 2l); - any claim under this item needs to be pre-authorized by us otherwise a 25% co-insurance will apply 			

Item 7 – Cash Benefits	Programme		
	Essential	Balanced	Best
What is covered			
<p>a) Hospital cash benefit payable where inpatient treatment has been received free of any charge within the provision of a State run national health service for which no claim is made/paid under any other item of this policy.</p> <p>This benefit is payable on a 'per night' basis up to a maximum total number of 30 nights in each period of insurance.</p>	\$160 €150 £100	\$160 €150 £100	\$160 €150 £100
<p>b) Maternity cash benefit payable on the birth of each child. Payment of this benefit is subject to the child being born at least 10 months after the mother's date of entry. The benefit is only payable where no claim for pregnancy and/ or childbirth has been made / paid against any other item of this policy.</p> <p>Please note that notification of the addition of a newborn does not constitute formal claim submission to this benefit.</p>	No Cover	\$820 €750 £500	\$1,600 €1,500 £1,000
<p>c) Convalescence cash benefit payable for each complete week of confinement to home (excluding the first 7 days) on the instruction of the treating consultant, immediately following a period of inpatient hospital treatment for a medical condition covered by this policy. The benefit is payable up to a total maximum period of 4 weeks in each period of insurance.</p> <p>Please note that any selected deductible does not apply to claims under this item.</p>	No Cover	\$820 €750 £500	\$820 €750 £500

Item 8 – Emergency Dental Benefits	Programme		
	Essential	Balanced	Best
What is covered			
<p>a) Accidental Damage to Teeth Dental Treatment received in a dental surgery or in an accident or emergency room of a hospital as a direct result of an accident or extra-oral impact which causes injury to sound, natural teeth and where treatment is received within 90 days of the accident occurring. Benefit covers treatment received immediately following the accident to provide assessment of damage and the provision of pain relief, where required and restorative and remedial dental work, including new and repairs to porcelain crowns and bridgework, dental extractions and fillings.</p>	\$9,500 €8,500 £6,000	\$9,500 €8,500 £6,000	\$9,500 €8,500 £6,000
<p>b) Emergency inpatient dental treatment and treatment of irreversible bone disease involving the jaw(s) which require a surgical operation in a hospital or dentist's surgery which cannot be treated in any other way.</p>	Full Cover	Full Cover	Full Cover
<p>c) Extraction of buried, impacted or un-erupted wisdom or other teeth on an inpatient, day care or outpatient basis.</p> <p>Please note that any claim under this item for an admission to hospital needs to be prior agreed by us otherwise a 25% co-insurance will apply.</p>	Full Cover	Full Cover	Full Cover
What is not covered			
<p>a) Emergency dental treatment where:</p> <ul style="list-style-type: none"> • the injury was caused by eating or drinking anything, even if it contained a foreign body; • the damage was caused by normal wear and tear; • the damage was caused by tooth-brushing or any other oral hygiene procedure; • the injury was caused by any means other than extra-oral impact. <p>b) The cost of precious metals in any dental procedure.</p> <p>c) Gingivitis, periodontitis, or gum disease of any kind.</p> <p>d) Treatment of bone disease when related to gum disease or damage or treatment for or arising from disorders of the tempo-mandibular joint.</p> <p>e) Dental procedures other than those stated in the benefit narrative.</p>			

Item 9 – Optical Benefits	Programme		
	Essential	Balanced	Best
What is covered			
a) One annual vision/eye test.	No Cover	\$150 €130 £90	\$240 €220 £150
b) Contribution towards glasses or contact lenses where prescribed by an ophthalmologist or optician.	No Cover	\$150 €130 £90	\$240 €220 £150
What is not covered			
a) Contact lenses supplied for cosmetic purposes only. b) Sunglasses of any kind, including prescription sunglasses.			

Item 10 – Audiology Benefits	Programme		
	Essential	Balanced	Best
What is covered			
a) One annual hearing test.	No Cover	No Cover	\$240 €220 £150
b) Contribution towards a hearing aid where prescribed by an audiologist/ENT consultant.	No Cover	No Cover	\$240 €220 £150

Item 11 – Wellness Benefits	Programme		
	Essential	Balanced	Best
What is covered			
a) Wellness screening including: Cancer screening as follows: cervical smears, mammograms and prostate/colon/testicular screening. AND Testing for: body temperature, pulse, blood pressure, respiration, full blood count, fasting blood sugar, lipid (fats) profile, kidney function panel, liver function panel and thyroid panel.	No Cover	\$480 €430 £300	\$480 €430 £300
b) Vaccinations and immunisations that are directly related to overseas travel requirements and preventative inoculations.	No Cover	\$300 €270 £180	\$400 €360 £250
What is not covered			
In respect of the cover for: • 'Wellness screening', we will not pay claims for treatment received within the 6 months period following an insured person's date of entry.			

Item 12 – Emergency Medical Transfer & Evacuation Benefits	Programme		
	Essential	Balanced	Best
What is covered			
a) The costs of transporting the insured person to the nearest suitable hospital in either their country of residence or a nearby country and returning the insured person to their country of residence after treatment by the most appropriate form of transport (including road ambulance).	Full Cover	Full Cover	Full Cover
b) The costs of a medical escort where necessary to accompany the insured person during transportation.	Full Cover	Full Cover	Full Cover
c) Reasonable travelling costs of a friend or close relative, to accompany the insured person during transportation. The friend or close relative must have been travelling with the insured person at the time of the event necessitating transportation.	Full Cover	Full Cover	Full Cover
d) Overnight accommodation costs for the accompanying friend or close relative, to stay with or near, the insured person while hospitalised. The amounts stated are on a 'per night' basis up to a maximum of 15 nights for each new and separate event.	\$170 €150 £100	\$170 €150 £100	\$240 €220 £150
e) Medical referral assistance services including the provision of basic medical advice by telephone and assistance in replacing essential prescription drugs.	Full Cover	Full Cover	Full Cover
Please note that any claim under this item needs to be prior agreed by us otherwise a 25% co-insurance will apply. Please note that any selected deductible does not apply to claims under this item.			
What is not covered			
Please see Item 14 for information on what is not covered under this item.			

Item 13 – Additional Transportation Benefits	Programme		
	Essential	Balanced	Best
What is covered			
a) Where the insured person needs an emergency medical transfer/evacuation but does not have an accompanying friend or close relative, we will arrange and pay for one return trip, based on an economy class fare, for a friend or close relative to travel to the location where the insured person is hospitalised and contribute towards accommodation expenses for the friend or relative up to a maximum of 10 days.	\$2,000 €1,800 £1,200	\$2,000 €1,800 £1,200	\$2,000 €1,800 £1,200
b) Transportation of mortal remains following death. In the event of the death of an insured person while outside their home country, we will provide one of the following services, according to the wishes of the deceased or next-of-kin:			
i) Transportation of the deceased's mortal remains to the deceased's home country including a contribution towards the costs of a coffin.	Up to a maximum of \$12,000 / €10,800 / £7,200 including: \$500 €450 £300	Up to a maximum of \$12,000 / €10,800 / £7,200 including: \$580 €520 £350	Up to a maximum of \$12,000 / €10,800 / £7,200 including: \$660 €600 £400
OR			
ii) Cremation costs in the country where death occurred and transportation of the urn to the deceased's country of residence or home country.	\$500 €450 £300	\$660 €600 £400	\$820 €750 £500
OR			
iii) Local burial in the country where death occurred (other than the home country).	\$1,600 €1,500 £1,000	\$2,400 €2,200 £1,500	\$3,200 €2,900 £2,000
c) If an insured person has to return to their home country because a close relative under age 75 has had an accident and as a result, has either died or been hospitalised and is in a life threatening condition, we will pay for one first class return rail fare or economy class return air fare and accommodation expenses up to 10 nights, to enable the insured person to travel back to and stay in their home country.	\$2,400 €2,200 £1,500	\$4,000 €3,600 £2,500	Full Cover
Please note that any claim under this item needs to be prior agreed by us otherwise a 25% co-insurance will apply. Please note that any selected deductible does not apply to claims under this item.			
What is not covered			
Please see Item 14 for information on what is not covered under this item.			

Item 14 – Elective Medical Transfer Benefits	Programme		
What is covered	Essential	Balanced	Best
<p>If the insured person needs to undergo a major surgical intervention, we will arrange and pay for the insured person's transfer by economy class travel, on a regular scheduled airline (with medical escort if necessary), to the insured person's elected country. Where economy class travel is inappropriate for medical reasons, we will consider an upgrade dependent upon each specific case and our decision shall be final. We will also pay for the economy class ticket for one friend or family relative to travel with the insured person.</p>	Full Cover	Full Cover	Full Cover
<p>Please note that any claim under this item needs to be prior agreed by us otherwise a 50% co-insurance will apply. Please note that any selected deductible does not apply to claims under this item.</p>			
What is not covered			
<p>In respect of Items 12, 13 and 14</p> <ul style="list-style-type: none"> a) Any subsequent transfer costs arising as a result of the same medical condition, once we have returned the insured person to their country of residence b) Travel and accommodation costs unless specifically agreed by us and confirmed, in writing, prior to the date of travel. c) Evacuation costs where the insured person is not being admitted to a hospital for medical treatment, or where costs have not been approved by us prior to travel commencing. d) The transfer of a pregnant woman to hospital for routine childbirth, unless it is necessary due to medical complications. e) Any additional travelling costs incurred by the nominated close relative or friend, if it is necessary for us to arrange for the insured person to be transferred to a second hospital within the same country. f) Burial and cremation costs do not include the cost of a religious practitioner, floral tributes, musical provision, hire of funeral vehicles or food and beverages. g) Any costs incurred where the insured person has died in their home country. h) Transfer costs to any elected country which is not able to provide adequate medical treatment, for the insured person's medical condition. i) Care of an unaccompanied child or children in the event of an emergency medical transfer or evacuation or a scheduled major surgical intervention. j) Transportation of mortal remains where death has occurred directly or indirectly as a result of a medical condition, treatment or accident, not covered under this policy. 			

Item 15 – Out of Area of Cover	Programme		
What is covered	Essential	Balanced	Best
<p>Cover for accident and emergency treatment outside of your chosen geographical area of cover (worldwide including the USA). Up to a maximum trip duration of 60 days.</p>	Full Cover	Full Cover	Full Cover

Item 16 – Dental Benefit ONE (Included automatically for Best Worldwide excluding USA and optional for all other plans)	Programme		
	Essential	Balanced	Best
What is covered			
a) Routine Dental Treatment One annual check-up, one annual visit to the hygienist, extractions (other than wisdom teeth), X-rays, moulds, fillings using amalgams or composite materials and treatment for the relief of an infection including: prescribed antibiotics and temporary fillings. Please note that any claim under this item is subject to a 20% co-insurance.	\$1,600 €1,500 £1,000	\$1,600 €1,500 £1,000	\$1,600 €1,500 £1,000
b) Major Dental Treatment Root canal treatment; new, or repairs to porcelain crowns; new, or repairs to bridgework, treatment of pericorontis and apicoectomy. Please note that any claim under this item is subject to a 30% co-insurance will apply.	\$3,200 €2,900 £2,000	\$3,200 €2,900 £2,000	\$3,200 €2,900 £2,000
c) Orthodontic work for insured children under age 19. Please note that any claim under this item is subject to a 50% co-insurance will apply.	\$1,600 €1,500 £1,000	\$1,600 €1,500 £1,000	\$1,600 €1,500 £1,000
What is not covered			
a) The cost of precious metals in any dental procedure. b) Gingivitis, periodontosis, or gum disease of any kind. c) Dental procedures other than those stated in the benefit narrative. d) For Essential, Balanced and Best (Africa & India) programmes, in respect of the cover for: • 'Routine Dental Treatment', and 'Major Dental Treatment' we will not pay claims for treatment received within the 9 month period following an insured person's date of entry or purchase of this optional benefit, whichever is the latter. • 'Orthodontic work', we will not pay claims for: i) treatment received within the 9 month period following an insured person's date of entry or purchase of this optional benefit whichever is the latter; ii) any insured person who was age 19 and over on the date of treatment.			

Item 17 – Optional Dental Benefit TWO	Programme		
	Essential	Balanced	Best
What is covered			
a) Routine Dental Treatment One annual check-up, one annual visit to the hygienist, extractions (other than wisdom teeth), X-rays, moulds, fillings using amalgams or composite materials and treatment for the relief of an infection including: prescribed antibiotics and temporary fillings. Please note that any claim under this item is subject to a 20% co-insurance.	NA	\$500 €450 £300	\$500 €450 £300
b) Major Dental Treatment Root canal treatment; new, or repairs to porcelain crowns; new, or repairs to bridgework, treatment of pericorontis and apicoectomy. Please note that any claim under this item is subject to a 30% co-insurance.	NA	\$900 €810 £540	\$900 €810 £540
c) Orthodontic work for insured children under age 19. Please note that any claim under this item is subject to a 50% co-insurance will apply.	NA	\$800 €720 £480	\$800 €720 £480
What is not covered			
a) The cost of precious metals in any dental procedure. b) Gingivitis, periodontosis, or gum disease of any kind. c) Dental procedures other than those stated in the benefit narrative. d) In respect of the cover for: • 'Routine Dental Treatment' and 'Major Dental Treatment' we will not pay claims for treatment received within the 9 month period following an insured person's date of entry or purchase of this optional benefit, whichever is the latter. • 'Orthodontic work', we will not pay claims for: i) treatment received within the 9 month period following an insured person's date of entry or purchase of this optional benefit whichever is the latter; ii) any insured person who was age 19 and over on the date of treatment.			

Item 18 – Optional Dental and Optical Benefit (for the Essential programme only)	Programme		
	Essential	Balanced	Best
What is covered			
a) Routine Dental Treatment One annual check-up, one annual visit to the hygienist, extractions (other than wisdom teeth), X-rays, moulds, fillings using amalgams or composite materials and treatment for the relief of an infection including: prescribed antibiotics and temporary fillings. Please note that any claim under this item is subject to a 20% co-insurance.	\$500 €450 £300	NA	NA
b) Major Dental Treatment Root canal treatment; new, or repairs to porcelain crowns; new, or repairs to bridgework, treatment of periodontitis and apicoectomy. Please note that any claim under this item is subject to a 30% co-insurance.	\$900 €810 £540	NA	NA
c) Orthodontic work for insured children under age 19. Please note that any claim under this item is subject to a 50% co-insurance.	\$800 €720 £480	NA	NA
d) One annual vision/eye test , contribution towards glasses or contact lenses (where prescribed by an ophthalmologist or optician), replacement of frames after 2 years. Please note that any claim under this item is subject to a 20% co-insurance.	\$100 €90 £60	NA	NA
What is not covered			
Dental benefits a) The cost of precious metals in any dental procedure. b) Gingivitis, periodontitis, or gum disease of any kind. c) Dental procedures other than those stated in the benefit narrative. d) In respect of the cover for: • 'Routine Dental Treatment' and 'Major Dental Treatment' we will not pay claims for treatment received within the 9 month period following an insured person's date of entry or purchase of this optional benefit, whichever is the latter. • 'Orthodontic work', we will not pay claims for: i) treatment received within the 9 month period following an insured person's date of entry or purchase of this optional benefit whichever is the latter; ii) any insured person who was age 19 and over on the date of treatment.			
Optical benefits i) Contact lenses supplied for cosmetic purposes only. ii) Sunglasses of any kind, including prescription sunglasses.			

Benefit Level Choice	
Geographical Areas	Area 1: Cover in Africa and India Area 2: Worldwide excluding USA
Denomination of Benefits	The choice of having the benefits denominated in either: Great British Pounds, US Dollars or Euros.
Deductible	The AWS Elite Plan has a nil deductible as standard on all three programmes. However, there is the option to reduce the premium of Essential programmes only by selecting an annual deductible per person of: \$240 / €220 / £150; \$720 / €650 / £450; \$1,440 / €1,300 / £900; \$3,200 / €2,900 / £2,000; \$10,000 / €9,000 / £6,700.

For your notes

To find out more about Africa Wellness Solutions

Call JW Seagon on **+254 709 455 300**

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