



**SanitasExpat**  
EXPERTS IN HEALTH INSURANCE

## PLAN DESCRIPTION

### MAS SALUD, MAS SALUD PLUS, MAS SALUD OPTIMA

Sanitas Mas Salud is a brand new product launched in 2013! This plan provides complete, high quality cover while giving you access to all the facilities and specialists within the Sanitas network. It also comes packed with our new Dental 21 cover giving you access to all of our Millenium Dental Centres plus all the regular centres within the Sanitas Network.

Mas Salud comes with 3 types of payment options (**Mas Salud**, **Plus**, **Optima**) to suit your pocket and needs. All three plans have the same cover, only difference is premiums and co-payment charges which you will find on the last page point 10. Co-payments are charged every three months and are based on services/individual tests used. If you don't use any services you'll receive no extra charges.

## COVER

### 1. PRIMARY CARE

- General Medicine (GP).
- Paediatrics – care of children until the y are 15 after they can use a GP.
- Nurse care service: Includes healthcare at the healthcare centre and at home.
- Emergencies: These include healthcare provided in permanent emergency centres.
- Clinical Analyses.
- Transfer of sick person by ambulance- performed by land.
- Preventive medical check-ups.
- Basic Diagnosis tests and procedures, ( Ex analysis and general radiology)

## **2. MEDICAL CARE PROVIDED BY SPECIALISTS**

- Specialist medical care, including outpatient surgery
- Genetic studies: Comprises only those necessary for diagnosis and/or prescription of treatment of affected and symptomatic patients.
- Additional methods of diagnoses. Radiology, CT scanner, electrocardiogram
- Ultrasound, allergy tests.
- Functional tests.
- Cobalt therapy, chemotherapy, rehabilitation,
- Obstetric-Gynaecological Nursing (Midwifery)- Care provided by a midwife will be available only for hospital-based child delivery
- Speech and Language Therapy: It is included only when related with organic processes, to a maximum of 6 months a year per Insured.
- Podiatry (Chiropody exclusively).

## **3. HOSPITAL CARE**

- Hospitalisation.
- Surgical intervention.
- Intensive Care Unit.
- Childbirth.
- Clinical Psychology.
- Single room with bathroom as well as all the expenses arising from hospitalisation.
- Accommodation, meals, medication.
- Bed for companion.
- For all specialities: medical fees, costs arising from surgery.

## **4. DENTAL COVER**

- More than 30 services included in your policy: consultations, cleaning, diagnostic tests, fluoridation etc.
- Discounts of up to 21% Dental pricing is set within the Sanitas network, so that you know the fees you are paying in advance.
- Access to the exclusive Millennium Dental Centres: These centres are equipped with the latest technology and all dental specialties and diagnostic tests are available under one roof.
- Modern treatments using state of the art technology, at your service: All the benefits of a quality dental plan provided by the leading medical insurer in Spain

## 5. WAITING PERIODS \*

- Vital Emergencies: IMMEDIATE ( possible death within 24h)
- Outpatient surgery: 3 months
- High technology diagnostic tests: 6 months (ex MRI, PET).
- Psychology: 6 months.
- Childbirth: 8 months.
- Hospitalisation, including inpatients, day patients 10 months.
- Radiotherapy, chemotherapy, cobalt therapy, radioactive isotopes, linear accelerator, cancer, magnetic resonance, nuclear medicine, bone densitometry, lithotripsy, digital arteriography, radio-neurosurgery and prostate hyperthermia services: 10 months.
- Bariatric treatment: 60 months.

**\*If transferring from another insurance company in Spain and have been with that insurer for more than a year, by providing a copy of your particular conditions and last receipt of the premium with them, Sanitas will eliminate all waiting periods,**

## 6. WORLDWIDE EMERGENCY HEALTHCARE.

- Emergency overseas travel assistance: In collaboration with Europ Assistance, up to a maximum of €12,000 per person, per claim.
- Covers expenses from doctors, surgeons, hospitals and/or clinics outside Spain as a result of medical attention received abroad, derived from an illness or accident occurring abroad.
  - Doctors' fees.
  - Drugs prescribed by a doctor or surgeon.
  - emergency dentistry fees, excluding endodontics, aesthetic reconstructions from earlier treatments, oral cleaning, prosthesis, crowns and implants, these are covered by the previous amount up to a maximum of €241 per Insured.
  - Hospitalisation costs.
  - Costs for ambulance services requested by a doctor for a local journey.

## 7. MEDICAL ASSOCIATES

**Available online in [sanitas.es](https://www.sanitas.es) and also in the Sanitas APP**

## 8. EXCLUSIONS

The cover excludes, although we know that there remain competitiveness and that remains a complete healthcare product:

- Health care provided at Social Security clinics.
- Hospitalisation for problems of a social nature.
- Healthcare derived from chronic alcoholism, drug addiction or intoxication due to abuse.
- Water and home birth.
- Voluntary interruption of pregnancy.
- Alternative medicine.
- Bariatric surgery in morbid obesity.
- All surgical techniques using laser, except ophthalmic photocoagulation, clinical vascular surgery, ENT.
- Surgery relating to Parkinson's and Epilepsy Surgery.
- Vaccines and autovaccinations of all types.

## 9. CANCELLATION

Contracts are annual and if you wish to cancel you will need to send a letter requesting cancellation one month prior to renewal of your policy.

## 10. CO-PAYMENT CHARGE

These charges are sent to your bank trimestral together with the premium, breakdown of these charges are available either asking us for it or logging into your own sanitas.es private client area.

**Mas Salud - Co-payment charges (N/A) All services**

**Mas Salud PLUS - Co-payment charges (annual allowance)**

0 - 6 SERVICES	0€/service
7- 10 SERVICES	4€/service
11-15 SERVICES	7€/service
15 + SERVICES	10€/service
Pack frequent use ( ex. Physiotherapy 10 sessions)	12 €/ pack

*e.g. if you use the policy 8 times (consultations) the excess would be 6 x 0€ (0€) + 2 x 4€ (8€) a total of 8€ (applies per person per year).*

**Mas Salud OPTIMA - Co-payment charges (annual allowance)**

0 - 3 SERVICES	4€/service
4- 10 SERVICES	7€/service
11-15 SERVICES	10€/service
15 + SERVICES	15€/service
Advance diagnosis tests	12€/service
Pack frequent use ( ex. Physiotherapy 10 sessions)	20 €/ pack
Emergency:	8€/service

**11. SUPPLEMENTS AVAILABLE****BLUA: NEW DIGITAL PRODUCT**

Video consultations for more than 12 specialities, emergency line 24 hours through video chat, personal trainer, nutrition programme, medial assessment, home blood tests, and pharmacy module included,

Premium 20€ for individual policies and 40€ for two or more insured in the policy.

- **Family Assistance:**

Qualified help for unforeseen events such as hospitalization or sickness at home: Providing support for basic housework, care of dependents, home delivery of medicines, etc. *2€ per person / month.*

- **Pharmacy:**

50% refund medication bills. Up to € 200 a year for each insured *4€ per person / month.*

- **USA Cover.**

Access to key professionals and hospitals in the US, through United Healthcare, covering 100% of medical expenses, with a limit of 30.000€ : *1.5€ per person / month.*

- **Reimbursement Gynaecologist Paediatrician.**

Access to consultation of any gynaecologist, obstetrician or paediatrician, *outside of the Sanitas medical network* by reimbursement of 60% of the bills relating to costs of consultations, limited to € 100 per visit, *10€ per person / month.*

- **Work and traffic accidents :**

*1.5€ / per month / per person (these are normally covered by the car insurance in Spain or work contract)*

- **For optical cover:**

The coverage of this supplement includes reimbursement 50% for: ► prescription contact lenses ► Graduated lenses; the waiting period for this is 6 months, before you can claim. You go to any optician in town and pay for the invoice then claim the reimbursement. 5.50€/month

- **Dental cover:**

Its 10, 70€ per person / monthly, not possible to be individually contracted, is 40- 50 services included and 40-50% discounts with respect to the market price.

**Alternative medicine:** 50% reimbursement in consultation for homeopathy and acupuncture, up to 400€ per insured per year. Has 6 months waiting period and its 6.00€/ per month per person.

SERVICES 2016	2016 DEDUCTIBLES
<b>PREVENTATIVE DENTISTRY</b>	
General consultation: screening and diagnosis	inc
Topical fluoridation	8,00 €
Dental cleaning	inc
Treatment for tooth sensitivity	17,50 €
Sealant of fissures	17,50 €
Emergency consultation	inc
<b>ORAL SURGERY</b>	
<b>EXTRACTIONS</b>	
Extraction (single tooth)	inc
Non-molar tooth extraction including periapical cysts *	inc
Third molar extraction (wisdom tooth) not included *	inc
Third molar extraction (wisdom tooth) including periapical cysts*	inc
Root extraction	inc
Extraction by sectioning	inc
Postoperative check-up (including suture removal)	inc
<b>MINOR SURGERY</b>	
Frenectomy (lingual or labial frenulum)	55,90 €
Mucocoele removal	55,50 €
Periapical cyst removal or extraction	73,50 €
Gum abscess drainage	26,50 €
Apicectomy	82,90 €
<b>PRE- PROSTHESIS SURGERY</b>	
Vestibuloplasty (per quadrant)	129,50 €
Alveolar ridge adjustment (per quadrant)	129,50 €
Torus removal (per quadrant)	129,50 €
<b>ORTHODONTIC SURGERY</b>	
Orthodontic fenestration (per tooth)	95,90 €
<b>RESTORATIVE DENTISTRY</b>	
Filling	41,50 €
Reconstruction	52,90 €
Direct pulp capping	16,90 €
Indirect pulp capping	10,90 €
Temporary filling	17,50 €
<b>ENDODONTICS</b>	
Symptomatic treatment consultation (opening, instrumentation, drainage)	19,00 €
Retro obturation material (MTA)	97,90 €
Single root endodontic treatment	90,90 €
Dual root endodontic treatment	125,50 €
Multi-root endodontic treatment	171,50 €
Fiberglass or carbon post	57,50 €
Single root endodontic re-treatment	110,50 €
Dual root endodontic re-treatment	144,90 €
Multi-root endodontic re-treatment	190,90 €
<b>COSMETIC DENTISTRY</b>	
<b>WHITENING</b>	
Teeth whitening with splints for home use (per treatment)	253,00 €
Photoactivated tooth whitening (per treatment)	322,00 €
Photoactivated tooth whitening (per tooth and session)	61,50 €
Mixed teeth whitening – photoactivation + splint (per treatment)	402,50 €
<b>COSMETIC RECONSTRUCTION</b>	
Porcelain veneer	246,00 €
Injected veneer	270,90 €

SERVICES 2016	2016 DEDUCTIBLES
Zirconia veneer	307,90 €
Composite veneer	126,50 €
Composite veneer reconstruction (per tooth)	59,50 €
Intraoral porcelain repair (per tooth)	76,50 €
<b>PAEDIATRIC DENTISTRY (children under 15)</b>	
Consultation	inc
Oral health	inc
Intraoral x-ray	inc
Topical fluorination	8,00 €
Sealant of fissures	17,50 €
Dental cleaning	inc
Primary tooth extraction	inc
Primary tooth filling	41,50 €
Pulpotomy without reconstruction	51,90 €
Pulpectomy without reconstruction	86,50 €
Pre-formed metal crown	61,50 €
Apexification (full treatment)	74,50 €
Fixed space maintainer	86,50 €
Removable space maintainer	103,50 €
Removal of bridge/crown/space maintainer (per tooth)	13,50 €
Occlusion guide or stop (per tooth)	46,00 €
Oral screen	51,90 €
Dental re-implant	47,90 €
<b>PROSTHESES</b>	
Assembly and study of semi-adjustable articulator	49,50 €
Occlusion analysis	inc
Customisation	17,50 €
Diagnostic wax-up (per tooth)	28,90 €
<b>FIXED PROSTHESES</b>	
Removal of bridge/crown/space maintainer (per tooth)	13,50 €
Insert	147,90 €
Temporary resin crown	28,90 €
Crown or bridge unit over tooth	283,50 €
Cosmetic crown or bridge unit over tooth	393,90 €
Precious material supplement	SPC
Single root castable abutment	92,50 €
Multi-root castable abutment	111,00 €
Maryland support (unit)	74,50 €
Attachments	147,90 €
Rebonding	11,50 €
<b>REMOVABLE PROSTHESES</b>	
Removable acrylic (1-3 teeth)	209,50 €
Removable acrylic (4-6 teeth)	286,50 €
Removable acrylic (6+ teeth)	332,50 €
Hypoallergenic resin supplement (per arch)	44,90 €
Repair	40,50 €
Repair (rebasing) (per apparatus)	69,00 €
Repair (retainer addition)	47,50 €
Metal reinforcement	33,50 €
Repair (tooth added to removable acrylic)	46,00 €
Temporary full set (one arch, upper or lower)	322,00 €
Permanent set with metal reinforcement	454,50 €

SERVICES 2016	2016 DEDUCTIBLES
Lingual plate (per tooth)	56,50 €
Lingual plate (base structure)	215,90 €
Flexible removable (1-3 teeth) (Flexite, Valplast, etc.)	456,50 €
Flexible removable (4-6 teeth) (Flexite, Valplast, etc.)	483,00 €
Flexible removable (6+ teeth) (Flexite, Valplast, etc.)	522,00 €
Ceramic shoulder or neck (per tooth)	34,50 €
<b>PERIODONTICS</b>	
Periodontal assessment (periodontal chart) (per arch)	20,00 €
Periodontal x-ray series	inc
Root planing and scaling (per tooth) (curettage)	10,50 €
Root planing and scaling (per quadrant) (curettage)	56,00 €
Periodontal splinting (per tooth)	44,90 €
Gingivectomy (per quadrant)	28,50 €
Flap surgery (per tooth)	33,50 €
Regeneration with biomaterials (per 0.5 gr. unit)	201,50 €
Membrane (unit)	246,00 €
Crown lengthening	149,50 €
Apical flap repositioning (per quadrant)	227,90 €
Free gingival graft	149,50 €
Connective tissue graft	339,50 €
Periodontal maintenance	34,50 €
<b>ORTHODONTICS<sup>(1)</sup></b>	
Initial consultation	inc
Examination and diagnosis for personalised treatment plan	74,50 €
Orthodontic x-ray exam	inc
<b>TREATMENT FOR FIXED APPLIANCES</b>	
<b>METAL BRACES</b>	
Dental arch treatment (one arch)	2.025,50 €
Dental arch treatment (both arches)	2.254,00 €
<b>CERAMIC BRACES</b>	
Dental arch treatment (one arch)	2.744,50 €
Dental arch treatment (both arches)	2.990,50 €
<b>SAPPHIRE BRACES</b>	
Dental arch treatment (one arch)	2.932,50 €
Dental arch treatment (both arches)	3.427,00 €
<b>SELF-LIGATING BRACES</b>	
Dental arch treatment (one arch)	2.806,00 €
Dental arch treatment (both arches)	3.113,90 €
<b>COSMETIC SELF-LIGATING BRACES</b>	
<b>PARTIALLY CERAMIC SELF-LIGATING BRACES</b>	
Dental arch treatment (one arch)	3.036,00 €
Dental arch treatment (both arches)	3.343,90 €
<b>FULLY CERAMIC SELF-LIGATING BRACES</b>	
Dental arch treatment (one arch)	4.025,00 €
Dental arch treatment (both arches)	4.482,00 €
<b>TREATMENT FOR REMOVABLE APPLIANCES</b>	
<b>INVISILINE</b>	
Up to 12 months of treatment (both arches)	3.691,50 €
More than 12 months of treatment (both arches)	4.922,00 €
<b>TREATMENT FOR REMOVABLE OR FIXED APPLIANCES</b>	
<b>INTERCEPTIVE TREATMENT</b>	
Up to 12 months of treatment	1.322,50 €
Up to 18 months of treatment	1.907,50 €
<b>ANCILLARY TREATMENTS</b>	
Consultation in latency period	25,00 €
Replacement apparatus due to breakage or loss	143,90 €
Apparatus repair due to breakage	40,50 €
Orthodontic microscrew	172,50 €
1 <sup>st</sup> replacement of metal braces	inc
2 <sup>nd</sup> replacement of metal braces (unit)	2,50 €
1 <sup>st</sup> replacement of ceramic braces	inc

SERVICES 2016	2016 DEDUCTIBLES
2 <sup>nd</sup> replacement of ceramic braces (unit)	5,90 €
1 <sup>st</sup> replacement of sapphire braces	inc
2 <sup>nd</sup> replacement of sapphire (unit)	11,50 €
1 <sup>st</sup> replacement of self-ligating braces	inc
2 <sup>nd</sup> replacement of self-ligating braces (unit)	9,50 €
1 <sup>st</sup> replacement of cosmetic self-ligating braces	inc
2 <sup>nd</sup> replacement of cosmetic self-ligating braces (unit)	13,90 €
Retainer with splint (conclusion of treatment) (per arch)	147,90 €
Retainer with lingual bar (conclusion of treatment) (per arch)	113,90 €
Orthodontic mouth guard (for treatments conducted at the same clinic)	inc
<b>IMPLANTS</b>	
Implant study	64,00 €
Implant maintenance for Milenium-guaranteed treatments	inc
<b>IMPLANT SURGERY</b>	
Osseointegrated implant (unit)	691,50 €
Closed sinus lift	74,50 €
Open sinus lift	215,90 €
Regeneration with biomaterials (per 0.5 gr. unit)	201,50 €
Regeneration with biomaterials (block graft)	557,90 €
Membrane (unit)	246,00 €
X-ray splint (one arch)	55,50 €
<b>GUIDED SURGERY</b>	
Guided implant surgery study	345,00 €
Guided implant surgery supplement (unit)	172,50 €
Guided surgery x-ray splint	575,00 €
Guided surgery surgical splint	977,50 €
<b>PROSTHESES OVER IMPLANTS</b>	
Crown over implant	343,90 €
Cosmetic crown over implant	401,50 €
Temporary crown over implant	155,50 €
Temporary crown for immediate loading	230,00 €
Titanium abutment (per tooth)	247,50 €
Zirconia abutment over implant (per tooth)	362,50 €
Implant overdentures (per apparatus)	492,50 €
Hybrid prosthesis (per arch)	2.065,50 €
Metal finishing: supra- and meso-structure (unit)	111,00 €
Precious material supplement	SPC
Prosthetic attachment (permanent teeth)	247,50 €
Prosthetic attachment for immediate loading	247,50 €
Locator (unit)	552,00 €
Micro-milled bar (1-5 implants)	2.587,50 €
Micro-milled bar (6+ implants)	2.932,50 €
Ackerman-type clips (per implant)	143,90 €
Attachment over implant (includes anchors)	215,90 €
<b>RADIOLOGY</b>	
Periapical/bitewing/occlusal radiography	inc
Lateral cranium x-ray	inc
Orthopantomography (panoramic)	inc
Cephalometry	inc
Photographs and slides	inc
CAT scan (dental)	inc
Radiological study for orthodontics	inc
<b>TEMPEROMANDIBULAR JOINT PATHOLOGY</b>	
Assembly and study of semi-adjustable articulator	49,50 €
Occlusion analysis	inc
Customisation	17,50 €
Muscle relaxation splint (Michigan-type - complex) (first adjustment included)	264,50 €
Stabilisation splint (simple) (first adjustment included)	172,50 €
Splint adjustment	37,50 €

Inc: Services included in insurance coverage, without payment of deductible / SBP: according to supplier scale / SPC: according to price and quote.

(1) Prices for all orthodontic procedures apply per patient and completed treatment. The price does not include subsequent revisions.

Depending on the specific terms of the policy, these services may require a co-payment.

\* Included teeth are those teeth which once developed do not fully emerge in the mouth, remaining totally or partially within the bone, covered or not by the gums.

Not included teeth are those teeth which once developed are located inside the mouth in a normal or abnormal position.



# Europ Assistance

## WHAT IS IT?

It is an additional supplement to your Policy, providing you with emergency coverage abroad in the event of illness or accident.

## WHAT SERVICES ARE INCLUDED?

### 1. Medical costs

Under the agreement entered into with EUROP ASSISTANCE, Sanitas, S.A. warrants to the Insured and the rest of Beneficiaries under the policy, throughout the term of effect of the policy, healthcare overseas, up to a limit of €10,000 per person per claim, for medical costs (physicians, surgeons and hospitals/clinics) arising outside Spain, whether provided by that Entity's own or partnered resources, or provided by physicians and hospitals unrelated to the Entity.

In any of those events, and following the procedure specified in **paragraph 16 "Use of Services"**, it is necessary that the Insured notify **Europ Assistance** that he/she requires healthcare. Authorization from that entity is required prior to provision so that the costs thus accrued can be assumed and/or authorized by that Company.

If the loss event is not previously notified by the beneficiary or a person authorized by him/her, and the care is therefore not provided with prior authorization from Europ Assistance, the latter and the Insurer are released from their obligation to pay or incur cost in any form.

In life emergency circumstances as defined in the General Terms and Conditions of the Healthcare Policy to which this supplement

is an appendix, the Insured must notify the Insurer within 72 hours of the provision of the care for the purpose of conducting appropriate follow-up and, as the case may be, to transfer the Insured to one of the centres approved by the Insurer, provided that the Insured's clinical situation so permits. The Insured must describe the loss event within 7 days from its occurrence in accordance with the insurance agreement in effect and prevailing laws and regulations.

### What is included?

Costs of doctors, surgeons, hospitals and/or clinics that arise outside Spanish territory from care received abroad as a result of an illness or accident that occurred abroad.

- doctors' fees
- drugs prescribed by a doctor or surgeon
- dental expenses considered emergencies, **excluding endodontics, aesthetic reconstructions of previous treatments, oral cleaning, prostheses, caps and implants** are still covered within the previous amount up to a maximum of €241 per Insured
- hospitalisation costs
- costs for ambulance services requested by a doctor for a local journey

### What is not included?

- **doctors' fees abroad under €3**
- **costs incurred for diagnosis or treatment of a physiological state (e.g., pregnancy) or an illness that was known about before the trip began, unless it is a clear or unforeseeable complication; treatments arranged in Spain;**

pregnancy costs incurred after the first 150 days.

- costs of glasses, contact lenses, crutches and prostheses in general
- direct or indirect consequences of the nucleo transmutation of the atom, and radiation caused by the artificial acceleration of atomic particles.
- consequences arising from war, insurrections, uprisings, earthquakes, floods or volcanic eruptions
- assistance or aid due to participation in any kind of competitive motor event (race or rally).

#### Limits

€10,000 per person and claim.

### 2. Extended hotel stay for an accompanying person due to hospitalisation of the Insured

When the Insured has to be hospitalised because of a doctor's orders and in line with the **EUROP ASSISTANCE** medical service, the Company shall pay the expenses arising from the necessary extension of his or her companion's hotel stay, so long as the companion is also insured, **up to a maximum of €60 per day for a maximum of ten (10) days.**

### 3. Transport of ill or injured persons

#### What is included?

In the event of illness of the Insured or accident with injuries resulting from the same during the life of the contract, **EUROP ASSISTANCE** shall arrange a transfer under medical observation, in line with the seriousness of the same, via:

- air ambulance (aircraft)
- air ambulance (helicopter)
- scheduled flight
- first-class sleeper train

- ambulance - or sledge if injured on a ski slope

Only medical requirements in accordance with the **EUROP ASSISTANCE** medical service shall be taken into account when choosing the means of transport and the hospital to which the Insured is admitted.

#### What is not included?

- complaints or injuries that can be treated on site which do not prevent the trip from continuing
- mental and chronic illnesses causing alterations in the Insured's health
- relapses and convalescence for unhealed conditions or those being treated at the time the trip began
- pregnancies, although clear or unforeseeable complications in the first 150 days are covered.

### 4. Family member's travel and stay to accompany the Insured in hospital

If during the trip the Insured should be hospitalised for more than five (5) days and no direct family member is with him or her, **EUROP ASSISTANCE** shall make a regular-flight, return plane ticket (economy class) or train ticket (first class) available to a companion with regular place of residence in Spain. **EUROP ASSISTANCE** must assume the cost of hotel accommodation, **up to €60 per day for a maximum of five (5) days.**

### 5. Transport in the event of death

In the event of the death of the Insured, **EUROP ASSISTANCE** shall organise and meet the expenses for the transfer of the coffin to the place of burial in the country of his or her usual place of residence, as well as the minimum compulsory coffin expenses, embalming costs and administrative formalities. **EUROP**

**ASSISTANCE shall not meet funeral or burial expenses.** Where applicable and following a request from the Beneficiaries, EUROPE ASSISTANCE shall meet the costs of incineration in the place of death and transportation of the ashes to the place of burial in the country of his or her usual place of residence. **EUROPE ASSISTANCE will not meet funeral or burial expenses**

#### **6. Early return of insured accompanying relatives**

If the Insured is transferred by reason of death under the cover "Transfer in Event of Death", and this circumstance prevents accompanying insured family members from returning to their homes by the means planned originally, **EUROPE ASSISTANCE** will bear the cost of their travel to their permanent place of residence in Spain. **Maximum two adults and children under the age of 14.**

#### **7. Accompanying children.**

If, during the term of the contract, Insured persons travelling with disabled persons or children under 14 years of age cannot look after them due to sudden illness or accident covered by the Policy, **EUROPE ASSISTANCE** shall arrange and cover the costs of outbound and inbound travel of a person residing in Spain named by the Insured or his/her family, or an **EUROPE ASSISTANCE** stewardess to accompany children on their return to their habitual residence in Spain as fast as possible.

#### **8. Search and retrieval of luggage and personal belongings.**

If the Insured has his/her luggage delayed or lost, **EUROPE ASSISTANCE** shall help in its search and retrieval, advising on how to file the corresponding formal complaint. If the luggage is retrieved, **EUROPE ASSISTANCE** shall send it to the Insured's habitual residence in Spain, providing the

presence of the owner is not required for its recovery.

#### **9. Dispatch of documents and personal belongings overseas.**

**EUROPE ASSISTANCE** shall organise and pay the postage of essential items for the journey which have been left at home (contact lenses, prosthetics, spectacles, credit cards, driving licence, ID card and passport). This service extends to posting the same items home if they have been left behind on the journey or recovered after theft.

**EUROPE ASSISTANCE shall only organise the dispatch and postage for parcels weighing no more than 10 kilogrammes.**

#### **10. Advance of Funds.**

**EUROPE ASSISTANCE** shall advance funds of up to €1,500 to the Insured, when required. **EUROPE ASSISTANCE shall require some kind of special guarantee ensuring the Insured's repayment of the advance. In any event, the amounts advanced shall be returned to EUROPE ASSISTANCE within a maximum period of thirty (30) days.**

#### **11. Legal advice**

If the Insured is incarcerated or prosecuted as a result of a traffic accident, **EUROPE ASSISTANCE shall pay up to €1,500** for lawyer and attorney fees incurred from legal assistance provided. **If this service is covered by the Motor Insurance Policy, it shall be considered an advance and EUROPE ASSISTANCE shall reserve the right to request a special guarantee from the Insured to ensure payment of the advance.**

## 12. Advance of the amount for bail demanded abroad

If the Insured is prosecuted or incarcerated in the country in which it arises, **EUROP ASSISTANCE** shall issue an advance equal to the amount of bail demanded by the local authorities **to a maximum of €10,000**.

**EUROP ASSISTANCE** reserves the right to request a special guarantee from the Insured to ensure repayment of the advance. In any event, the amounts advanced shall be returned to **EUROP ASSISTANCE** within a maximum period of two (2) months.

## 13. Dispatch of medication

### What is included?

If the Insured needs a medicine prescribed by a doctor and cannot acquire it in the place where he or she is holidaying, **EUROP ASSISTANCE** shall locate it and send it to him or her by the fastest means and in compliance with local laws.

### What is not included?

**Cases where the medicine is no longer manufactured and is unavailable in the regular distribution channels in Spain are excluded. The Insured must repay EUROP ASSISTANCE the price of the medicine upon presentation of the bill.**

## 14 Transmission of urgent messages (relating to covers)

**EUROP ASSISTANCE** shall, through a 24-hour service, accept and transmit urgent messages from the Insured, so long as they have no other means of making them reach their destination and so long as they are a consequence of a guarantee covered by the contract.

## 15. Time frame

This supplement only covers trips up to a **maximum of ninety (90) consecutive days**.

## 16. Use of services

This supplement is attached to the Insured's Health Insurance Policy and is not valid if not accompanied by the same. The General Terms and Conditions of the Healthcare Policy apply to all covers and services in this supplement.

Entitlement to use the services under this Travel Assistance supplement is subject to the Insured being current with his/her obligations as before the Insurer. Before using any of the included services, the Insured must first call the overseas assistance telephone number appearing on the reverse of the Sanitas card (you may reverse the charges if you wish, at any time of day, all year round).

If the loss event is not previously notified, and the assistance is therefore not provided with prior authorization from **EUROP ASSISTANCE**, the latter and the Insurer are released from their obligation to pay any manner of cost or indemnity. The only exception is necessary healthcare for life emergencies as defined in the General Terms and Conditions of the Healthcare Policy to which this supplement is an appendix. The Insured must use any practicable means to notify the Insurer within 72 hours of the provision of the care for the purpose of conducting appropriate follow-up and, as the case may be, to transfer the Insured to one of the centres approved by the Insurer, provided that the Insured's clinical situation so permits. The Insured must describe the loss event in writing within 7 days from its occurrence in accordance with the insurance agreement