



AMI ASSOCIATION

1st Euro Health Scheme

Summary of Benefits

As a member of the AMI Association, you have selected the "Health" cover that the Association has taken out with Allianz Vie under agreement number 080225/511 and Allianz IARD under agreement number 78 295 612. How the cover is applied and the details of the benefits to which you are entitled are set out in this leaflet.

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1/ General

Qualification – affiliation

Those who qualify are members of the AMI Association who are under 65 years of age and reside outside their country of origin.

The Member must, when joining, complete and sign the application form including a medical questionnaire validated by the Insurer. A medical examination, paid for by the Insurer, may be requested.

The Insurer reserves the right to make acceptance conditional upon the production of any additional information it considers necessary.

The Insured makes a commitment for himself/herself or any qualifying minors to be affiliated from the date of acceptance by the Insurer to December 31 of the current year. Membership is then renewed on January 1 of each year by tacit renewal for a period of twelve months, unless cancelled by one of the parties by registered mail not later than the preceding October 31.

The Members, and their beneficiaries as appropriate, become the "Insured" once accepted for cover.

Choice of formulas

The choice of formula is made by the Insured at the time of joining. It cannot be modified until membership is renewed.

The Insured can choose between the following formulas: Comfort, Excellence and Excellence Plus for the Packaged Expatriate Insurance plans, and Module 1 and Module 2 for the Customized Expatriate Insurance plans.

The Insured can also subscribe an annual deductible of 150 € or 300 € for the Module 1 and the Module 2.

Effect of cover

The Insurer takes responsibility to pay the expenses for each of the beneficiaries accepted for cover **after it has examined and accepted the medical questionnaire for all expenses**, subject to the payment of the first insurance premium installment, except the following, after the qualifying time set out below and beginning on the date of acceptance by the Insurer that appears on the application form:

- **Dental Prostheses: 6 months.**
- **Optical: 6 months.**
- **Spa Treatment: 6 months.**

However, the qualifying times do not apply if the Insured can give proof of equivalent coverage at the time of joining or, if cover is interrupted, in the context of the present agreement, for less than one month between two memberships.

Renunciation :

The Insured may renounce to the insurance contract within a period of 14 complete calendar days from the moment he/she is informed that the contract is signed, by sending a registered letter with acknowledgment of receipt to ACS, 153 rue de l'Université 75007 Paris, France. ACS will then reimburse, in full, the amount paid, within 30 days of receipt of his letter. If the insured requests the implementation of the guarantees during the period of renunciation, the right of renunciation is no longer applicable.

Duration of cover

Once accepted for Insurance and subject to the penalties specified by the Insurance code for false declarations, the Insured may not be barred provided that he fulfils the conditions for benefiting therefrom.

In all cases, cover ends:

For each Insured:

- in case of non-payment of the insurance premium in compliance with the corresponding provisions of the *Code des Assurances (Insurance code)*,
- on the last day of his/her period of membership,
- at the end of the calendar quarter following the date on which he/she ceases to belong to the AMI Association.
- on the 31st December of the year of his/her 70th birthday

For all those Insured:

- in the event of cancellation of this agreement.

The cessation (or suspension) of cover simultaneously results, for the Insured, in the removal of entitlement to the benefits for all the treatment and care that occurs from the date of cessation even if they began or were prescribed before that date.



2/ Definitions

The terms and expressions used in this agreement in italics and starting by a capital letter have the following meanings:

Accident: any unintentional bodily injury caused to the Insured, arising from abrupt, sudden and unexpected action with an external cause, to the exclusion of an acute or chronic illness.

Childbirth expenses: medical expenses (including double room) incurred for vaginal childbirth. Any complication, and private room, will be paid for by the "hospitalization" cover.

Consequential loss: Any financial loss that results from the loss of enjoyment of a right, the interruption of a service rendered by a person or by an item of personal property or immovable property, or the loss of a benefit, and that is the direct consequence of covered *Physical Injury or Material Loss*.

Dental prosthesis: prosthetic treatments, including crowns, inlays, onlays and implants, and all the necessary treatments, including the refund of the laboratory and component expenses.

Domicile: domicile means your main and usual place of residence in your country of origin.

Emergency: a term used in the event of an *Accident* or the beginning of a serious illness requiring immediate measures and medical treatment for the Insured or one of the Insured's dependents. Only medical treatment given by a doctor, generalist or specialist or *Hospitalization* occurring within twenty-four (24) hours of the direct cause of the emergency shall be considered conditions necessary for reimbursement.

Excess: The part of the insurance benefit that you pay.

Formal Hospital Admission:

- (i) For stays of at least 24 hours, Formal Hospital Admission is the formal acceptance by a hospital or other inpatient health care facility of a patient who is to be provided with a room, board as well as continuous nursing service in the hospital in which the patient resides at least overnight.
- (ii) For stays of less than 24 hours in case of *Surgical Procedures*, Formal Hospital Admission is the formal document indicating that the patient is provided with nursing services and a bed, despite the fact that s/he does not stay overnight.
- (iii) For stays of less than 24 hours in case of non-*Surgical Procedures*, Formal Hospital Admission is the formal document indicating that the patient has entered the hospital for less than 24 hours for chemotherapy, radiotherapy or dialyses treatment for less than 24 hours. The patient enters for treatment and leaves after treatment.

Hospitalization: refers to:

- (i) a stay for at least 24 hours for medical treatments or *Surgical Procedures* in a public or private *Hospital* due to an *Accident* or illness, provided that the insured receives a *Formal Hospital Admission*. In such a case are covered:
 - *Surgical Procedures* and corresponding accommodation costs,
 - medical and paramedical expenses provided in the context of hospitalization, and
 - the transportation of the patient between the patient's home or the site of the *Accident* and the closest hospital located in the same country.
- (ii) a stay of less than 24 hours, provided that the insured receives a *Formal Hospital Admission*, in case of:
 - *Surgical Procedures*
 - chemotherapy, radiotherapy or dialyses treatments.

Stays of less than 24 hours for emergency rooms visits which do not result in *Surgical Procedures* are deemed to be outpatient treatments and are not reimbursed as Hospitalization expenses.

Material loss: Any damage, destruction, deterioration, loss or disappearance of a thing or substance and any physical attack on an animal.



Medical auxiliaries: nurses, carers and other state-registered medical personnel.

Medical prosthesis: hearing aid, phonation aid (electronic larynx), wheelchair and personal mobility aid, artificial limb, ostomy product, hernia support, abdominal bandage, elastic support stockings or orthopaedic sole and any other medically prescribed apparatus.

Physical injury: any physical injury sustained by an individual and the distress resulting therefrom.

Spa treatment: medical treatment prescribed for a maximum of 21 days making use of mineral spring water and its derivatives. The establishment must provide its patients with regular medical supervision and monitoring.

Surgical procedures: acts carried out under general or local anaesthetic or the reaching of an organ to be treated after an incision are deemed to be surgical procedures.

3/ Health cover and benefits

Coverage zone

Medical expenses are repayable in the expatriation zone chosen by the Insured, as indicated in the application form.

However, during a stay of less than seven weeks in the country of origin or in a country outside the expatriation zone, only expenses arising from an *Accident* or an illness of an urgent nature as defined above under *Emergency* provided that the treatment has been given by a doctor, generalist or specialist, or that the *Hospitalization* was required as a direct cause of the *Emergency* and that it took place within 24 hours, shall be reimbursed.

In other cases, on express approval by the Insurer.

Illness – Surgery – Maternity cover

Only the benefits corresponding to the subscribed guarantees are covered. The list of these guarantees is indicated on the table attached to the present information booklet and varies according to the chosen formula.

Subject to the exclusions below, within the limits of the chosen formula and as indicated in the table of sums insured on the last page of this information leaflet, **medical expenses recognized by the sickness - maternity insurance of French social security and reimbursed by the latter for the same circumstances but within the maxima of the table of sums insured, except for prescribed contact lenses, are covered.**

Furthermore, requests for reimbursement will be honoured only if the Insurer considers the amount of the bills and the receipts supplied to be reasonable and within normal limits.

Otherwise, the Insurer reserves the right to reduce the amount of benefit.

Amount of benefit

The amount of benefit is determined for each expense item according to the terms indicated on the table of sums insured.

Reimbursements are paid up to the maxima indicated on the table of sums insured and up to the limit of the actual costs.

For the Modules 1 and 2, reimbursements are paid after deduction of the deductible if chosen by the Insured.

By actual costs one must understand normal and reasonable costs based on the tariffs currently charged by medical institutions and practitioners in the country or state concerned.

The benefits paid by the Insurer are in addition to those of any other Life and Accident insurance scheme from which the Insured may benefit personally.

By annual limit on must understand the limit per civil year.

Limitation to actual cost

In accordance with Article 9 of Act n° 89-1009 of December 31 1989 and Decree n° 90-769 of August 30 1990, reimbursements or payments covering expenses caused by an illness, maternity or an *Accident* shall not exceed the



amount of the expenses for which the Insured remains liable after the reimbursements of all kinds to which the Insured is entitled.

Similar cover taken out with several insurance organizations shall have an effect on the limit of each item of cover irrespective of when the cover was taken out.

In this limit, the beneficiary of the Agreement may obtain additional payment by sending details of the reimbursements made by the other organization(s).

For application of the aforementioned arrangements, the limitation of expenses for which the Insured is still liable is determined by the Insurer for each of the treatments or expense items.

Excluded benefits

It is understood and agreed that medical expenses not recognized by French social security are not covered in this agreement, except for prescribed contact lenses.

Furthermore, the risks and benefits listed below are also excluded even if they would have otherwise been reimbursed by the French "Sécurité Sociale".

It should be noted that this agreement does not cover:

- **treatments outside the geographic zone of expatriation as indicated in the application form, except for cases specified in the section on the zone of coverage,**
- **any form of experimental or unsupervised treatment that does not follow commonly accepted, customary or conventional medical practice, unless specific consent has been given by the Insurer,**
- **incidental expenses or comfort expenses in the case of *Hospitalization* (telephone, television, etc.),**
- **treatments for drug addiction or alcoholism,**
- **expenditure incurred on the acquisition of an organ (but not the organ itself),**
- **any operation or treatment relating to a sex change,**
- **aesthetic treatments, age-reducing treatments, slimming treatments,**
- **the checks, examinations, treatments and complications associated with sterility, sterilization, sexual dysfunction, contraception including the insertion or removal of contraceptive devices, the voluntary termination of pregnancy except in the case of a pregnancy termination that is medically necessary and complies with local legislation,**
- **any elective/voluntary surgery and/or plastic/cosmetic surgery,**
- ***Spa Treatments* outside French territory,**
- **transport and accommodation costs associated with *Spa Treatments*,**
- **consultations, treatments and complications associated with the loss of or implantation of hair unless the treatment is related to a hair loss caused by a serious illness,**
- **medical expenses associated with a stay at a thalassotherapy centre or fitness centre, rest home or recovery home even if this stay is medically prescribed, (except for reeducation centres immediately following a *Hospitalization*),**
- **external consultations in matters of psychotherapy, psychoanalysis and treatment,**
- **treatments to modify the refraction of an eye or the eyes (laser eye correction), including refractive keratotomy (KR) and photorefractive keratotomy (KPR),**
- **unprescribed medication, and commonly used non-medical products such as medical alcohol, absorbent cotton, suncreams, dental hygiene products, dressings, shampoos etc.**

4/ Formalities necessary when claiming medical expenses

Declaration

In the event of *Hospitalization*, the Insured may obtain a refund, in order to prevent making advance payments, by calling us on 00 33 (0) 1 77 68 01 60 (or e-mailing us at: hospim@medical-administrators.com).

For other expenses, the documents must be sent to:

**MAI – 37, rue Anatole France – 92300 Levallois-Perret – France – Telephone : 00 33 (0)1 77 68 01 60/
Email : contact@medical-administrators.com).**

In the event of illness: the detailed bills with prescriptions and medical expense claim forms including the stickers for reimbursement of medication costs.

In the event of *Hospitalization* (if a refund is not delivered): the paperwork providing proof of *Hospitalization*, bills, fees.



In the event of home confinement: a birth certificate of the child.

The Insurer may request any other additional supporting documentation it requires.

No copy, photocopy or duplicate invoice is accepted.

The following expenses require the prior authorization of the Insurer: any *Hospitalization*, confinement expenses, repatriation expenses.

In the event of *Hospitalization*, surgery, radiography or medical treatment, a medical certificate must be requested from us in advance. It will be returned to us after being completed by your doctor. Any failure to fulfil this obligation could result in a refund being refused.

The Insurer reserves the right to require any Insured person or beneficiaries to provide all the information necessary for the processing of their personal data and data relating to claims for reimbursement. The Insurer may therefore have access to their medical files with all the legal obligations of confidentiality attached thereto.

Any information supplied by the Insured or one of their beneficiaries that is incorrect, falsified, exaggerated or any fraudulent acts on their part shall be the direct responsibility of the Insured and shall give rise to the repayment of the monies unduly paid by the Insurer on the basis of such incorrect information.

5/ Assistance cover (if the option has been selected)

Repatriation assistance (if the option has been selected)

If you are in one of the situations listed below, we provide the services described, requiring no more than your telephone request (reverse charges accepted from abroad) or a telex, fax or telegram request. In all cases, the decision to provide assistance and the choice of the appropriate means shall lie exclusively with the Allianz IARD doctor, after making contact with the treating doctor at the location and, where necessary, the family of the beneficiary.

Only the medical interests of the beneficiary and compliance with the applicable health regulations shall be considered for deciding on the transport, the choice of the means used for transport and any place of *Hospitalization*.

In no cases will Allianz IARD become a substitute for local emergency services.

Repatriation or medical transport

If the Insured is ill or injured following a covered event and the Insured's state of health requires a transfer, we organize and pay for repatriation to:

- either the competent hospital closest to the Insured's place of expatriation
- either the competent hospital closest to the Insured's home in his country of origin
- either the Insured's home in his country of origin;

if the local medical infrastructure does not have the capacity to provide appropriate care.

Depending on the seriousness of the case, repatriation or transport is carried out under medical supervision, if necessary, by the most appropriate of the following means:

- special medical aircraft
- regular scheduled airline, train, sleeper train, ship, ambulance.

Accompaniment in case of repatriation or medical transport

Following your repatriation or medical transport, we organize and pay for the additional costs of transporting members of your family who are insured or a person insured under this agreement accompanying you if the tickets provided for their return to their country of origin cannot be used because of the repatriation.

Transport of the body in the event of death

We organize and pay for transport of the body from the place where the body has been placed in a coffin to the international airport closest to the home of the Insured.

We also pay the ancillary expenses necessary for transportation, including the cost of the coffin, making transport possible, up to the amount indicated in the table of sums insured.



Costs of the ceremony, accessories, burial or cremation remain the responsibility of the families.

We organize and pay for the additional costs of transporting members of your family who are insured or a person insured under this agreement accompanying you if the tickets provided for their return to their country of origin cannot be used because of the repatriation.

Return of the Insured after "consolidation" (when healing is complete)

Following your repatriation to your country of origin organized by Allianz IARD, if a medical authority determines that your state of health has consolidated and that it allows you to return to your country of expatriation, we pay for your transport to the international airport closest to your place of expatriation. We also pay for the transport of members of your family who are insured or of a person who is insured under this agreement and accompanying you.

Early return

If you have to interrupt your stay abroad because of one of the below mentioned events, we will pay for your additional transport costs and those of your insured family members* or those of a person insured under the present contract accompanying you, if your and their travel tickets provided for your return to your *Domicile* cannot be used because of this event.

The guarantee applies in case of one of the following events: A serious illness or a serious *Accident* resulting in a *Hospitalization* of more than 10 days, or the death of a family member* of the Insured.

We also take into charge the transport costs for the return of the Insured to his country of expatriation.

***Family members** : Family members are defined as spouse, children, brothers or sisters, father, mother, grandparents and grandchildren.

Special exclusions to personal assistance

In no circumstances can we be a substitute for local emergency services.

As well as the exclusions appearing in the section 7 entitled "General exclusions for all Health, Assistance and Public liability cover", we do not cover: convalescence and disorders (illness, *Accident*) being treated that are not yet consolidated on the date the journey begins, pre-existing conditions that are diagnosed and/or treated that have been the subject of *Hospitalization* in the six months prior to the request for assistance, journeys undertaken for the purpose of diagnosis and/or treatment, pregnancies except for unforeseen complications, and, in all cases, after the 32nd week of pregnancy, conditions resulting from the ingestion of alcohol, the use of drugs, narcotics and similar products that have not been medically prescribed, and the consequences of suicide attempts.

Your obligations in the event of a claim

For any request for assistance and refund of hospital expenses, you must contact us at any time of the day or night:

- by telephone from France: 01.45.16.43.81 or 01.45.16.77.18
 from abroad: 00.33.1.45.16.43.81 or 00.33.1.45.16.77.18
- by fax from France: 01.45.16.63.92 or 01.45.16.63.94
 from abroad: 00.33.1.45.16.63.92 or 00.33.1.45.16.63.94
- by e-mail: assistance@mutuaide.fr

and obtain our consent prior to taking any initiative or committing to any expenditure including medical costs.

When we have organized your transport or your repatriation, you must send us your initial tickets, since they become the property of Allianz IARD.

Applicable limits in the case of force majeure

We cannot be held liable for failures in the execution of the Assistance services resulting from cases of force majeure or the following events:

Civil or foreign wars, acknowledged political instability, popular movements, riots, acts of terrorism, reprisals, restrictions to the free circulation of people and goods, strikes, explosions, natural catastrophes, meltdown of atomic cores, nor delays in the execution of services resulting from the same causes.



6/ Public liability (if the option has been selected)

This Public liability cover takes effect only if there is a lack of, or as an addition to, any public liability insurance already existing and taken out by the Insured with any other company.

We cover the financial consequences of the public liability that you may incur with respect to, on the one hand, personal injury and/or *Material Loss* and, on the other hand, the *Consequential Loss*, caused accidentally to any person other than a person insured or a member of your family, that is your fault or the fault of persons, things or animals under your care, this being provided up to the amount, and with the deduction of an *Excess*, indicated in the table of sums insured.

Special exclusions to public liability cover

Besides the exclusions specified under the section "General exclusions for all Health, Assistance and Public liability cover", our cover does not apply to:

- **damage that you have caused or provoked intentionally,**
- **damage resulting from the use of land motor vehicles, sailing boats and motor boats, and flying apparatus,**
- **damage resulting from any job-related activity,**
- **the consequences of any material and/or personal injury claims affecting you personally and the members of your family and any other person qualifying as an Insured person under this agreement,**
- **consequential damage except when it is the direct consequence of accidental or *Material Loss* and/or personal injury that is covered,**
- **damage you caused due to a fire, explosion or flooding,**
- **damage resulting from the practice of air sports or hunting.**

Limits of our cover

Transaction – Acknowledgement of liability

You must not accept any acknowledgement of liability, or any transaction without our prior written consent.

However, simply the acknowledgement of the reality of certain facts is not considered an acknowledgement of liability, no more than the simple fact of having provided *Emergency* help to a victim when it is an act of assistance that anyone has a moral duty to perform.

You must advise us within five working days, except for Acts of God or of force majeure, of any event likely to render you publicly liable; if this deadline is not met and, as a result, we suffer loss, you risk the forfeiture of your cover.

Procedure

In the event of any legal action being made against you, we provide your defence and handle the trial for the deeds and loss falling within the cover provided by this agreement.

However, you may associate yourself with our action provided that you can provide proof of a specific interest that is not covered under this agreement.

The simple fact of paying for your own defence for protective reasons may in no circumstances be interpreted per se as an acknowledgement of cover and in no way implies that we accept the detrimental consequences of events that are not expressly covered by this agreement.

Even if you fail in your obligations after a claim, we are bound to indemnify the people to whom you are liable. We nevertheless retain, in this case, the right to take action against you for repayment of any monies that we may have paid or placed in downpayment on your behalf.

Legal proceedings

With respect to means of obtaining redress:

- before the civil, commercial or administrative courts, we are free to obtain redress under the present agreement,
- before the criminal courts, the means of redress may not be used without your consent,
- if the pending lawsuit before a criminal court relates only to civil interests, refusal to give your consent to use the planned means of redress gives us the right to claim an indemnity from you equal to the loss that we suffer as a result.

**Court costs**

We pay the court costs, the discharge costs and any other payment expenses. However, if you are sentenced to pay an amount greater than the cover limit, we each bear these costs proportional to our respective share in the sentence.

7/ General exclusions for all Health, Assistance and Public liability cover

The expenses incurred are not paid by the Insurer if they result from the following:

- **an illness or *Accident* due to the intentional act of the insured person, intentional mutilation or attempted suicide,**
- **criminal proceedings against the Insured**
- **the consequences of a civil or other war, insurrection, assassination attempt or popular movement,**
- **riot or strike, except if the Insured does not take an active part in the event,**
- **a claim resulting directly or indirectly from the meltdown of an atomic core, or any irradiation originating from ionizing radiation.**

The Insurer reserves the option to modify the cover in one or more specific territories subject to notifying the Subscriber 15 days in advance.

General exclusions specific to Assistance and Public Liability cover

We cannot take action when your requests for cover and benefits are the consequence of losses resulting from:

- **epidemics, natural catastrophes and pollution,**
- **alcoholism, drunkenness, the use of medications, drugs, narcotics that are not medically prescribed,**
- **any intentional act that may involve the cover of the agreement,**
- **duels, bets, crimes, brawls (except legitimate defence),**
- **the practice of the following sports: bobsleigh, skeleton, mountain climbing, competitive luge, air sports except for parascending and those resulting from participation in or training for official matches or competitions organized by a sporting federation,**
- **the absence of random**

8/ Limitation

In accordance with Article L 114-1 of the Insurance Code, all actions arising from these Agreements are subject to limitation from legal action for a period of two years from the event giving rise thereto. However, this period does not begin to run:

in the case of concealment, omission, false or inexact declaration on the risk being run, until the day on which the Insurer is notified thereof,

in the event of a claim, until the day on which those involved obtain knowledge thereof, if they can prove that they were unaware of it until then.

9/ Legal action

According to the Insurance code, the beneficiary grants subrogation to the Insurer to take any legal action against a liable third party.

10/ Basis of the insurance agreement

This agreement is governed by the Insurance code. The definition of the cover, the insurance rates and their rules of application take account of French Social Security legislative arrangements and regulations that are in effect on the date that the insurance agreement takes effect.



11/ Mediation

Your usual contacts are able to study in depth all your requests and complaints. If, after this review, the answers do not meet your expectations, you can submit your claim:

For ACS :

**ACS, Service réclamations,
153, rue de l'Université, 75007 Paris, France**

For Allianz :

**Allianz Vie - DIES - Service Relations Clientèle
Tour Neptune – 20 place de Seine 92086 La Défense Cedex, France**

For Allianz IARD :

**Service des relations avec les consommateurs
Allianz IARD
Immeuble Elysées La Défense
7, place du Dôme TSA 21017
92099 La Défense Cedex, France**

Finally, in case of total disagreement with one of the insurers with regards to his guarantees, the Insured has the right to appeal to the Mediator/ Ombudsman, the contact information of which are communicated to him/her by the concerned insurer, on simple request, and without any prejudice with regards to other ways of legal action.

The governing body of insurers is *the l'Autorité de Contrôle Prudentiel (ACP)* 61, rue Taitbout -75436 Paris Cedex 09, France.

The parties declare that they submit to French law.

CNIL (Commission Nationale de l'Informatique et les Libertés)

Personal data are processed in accordance with the Data Protection Act of 6 January 1978. Processing is necessary for managing the contract and its warranties. They are intended to the broker, the insurer, its agents and subcontractors, to reinsurers as well as professional organizations within the legal and regulatory provisions.

The subscriber has a right to access, to correct and to object information by sending an email to relationsconsommateurs@allianz.fr or by sending a letter to Allianz IARD - Service des relations avec les consommateurs – Immeuble Elysées La Défense - 7 place du Dôme – TSA 21017 – 92099 La Défense Cedex, France.

For any questions on this agreement, contact:

**ACS
153, rue de l'Université – 75007 Paris - France
Tél. 00 33 (0) 1 40 47 91 00
Fax. 00 33 (0) 1 40 47 61 90
e-mail : contact@acs-ami.com**



For your claims/refunds, for your repayment requests, contact:

M.A.I.
37, rue Anatole France – 92300 Levallois-Perret – France
Tél. 00 33 (0) 1 77 68 01 60
Fax. 00 33 (0) 1 77 68 01 68
e-mail : Contact@medical-administrators.com

In case of difference between the French and English versions of this summary of benefits, the French version shall prevail.

12/ Tables of sums insured

"Assistance and public liability" cover, if options have been selected

What is covered	Amount covered
Repatriation assistance	
• Repatriation or medical transport	Actual expenses
• Transport of the body in the event of death	
- Repatriation of the body	Actual expenses
- Funeral expenses requiring transport	€1500
- Repatriation of other family members	Ticket (one way only)
• Returning the Insured to the country of expatriation after "consolidation"	Ticket (one way only)
• Early return	Ticket (outbound/return)
Public liability	
• <i>Physical Injury, Material or Consequential Loss</i>	€4 500 000
• <i>Material and Consequential Loss only</i>	€150 000
<i>Excess per claim</i>	€150



"Health" cover – Packaged Expatriate Insurance Plans

Level of cover	Comfort	Excellence	Excellence Plus
Hospitalization (with prior consent)			
Maximum limit per beneficiary per year	€250 000	€500 000	€500 000
Medical <i>Hospitalization</i>	100% of actual expenses	100% of actual expenses	100% of actual expenses
Surgical <i>Hospitalization</i>	100% of actual expenses	100% of actual expenses	100% of actual expenses
<i>Hospitalization</i> ancillary expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Private room	100% of actual expenses limited to €50/day	100% of actual expenses limited to €100/day	100% of actual expenses limited to €150/day
Organ graft	100% of actual expenses	100% of actual expenses	100% of actual expenses
Psychiatry	100% of actual expenses limited to €1500/year	100% of actual expenses limited to €3000/year	100% of actual expenses limited to €3000/year
Accompanying bed for <i>Hospitalization</i> of a child under 16 years	100% of actual expenses limited to €25/day	100% of actual expenses limited to €50/day	100% of actual expenses limited to €60/day
Day surgery	100% of actual expenses	100% of actual expenses	100% of actual expenses
mandatory preoperative consultations (surgeon and anesthetist)	100% of actual expenses	100% of actual expenses	100% of actual expenses
Outpatient care following <i>Hospitalization</i> (90 days following <i>Hospitalization</i>)	100% of actual expenses limited to €1000/year	100% of actual expenses limited to €1000/year	100% of actual expenses
Home nursing	100% of actual expenses limited to €1000/year	100% of actual expenses limited to €2000/year	100% of actual expenses limited to €2500/year
Immediate physical therapy following <i>Hospitalization</i>	100% of actual expenses limited to €1000/year	100% of actual expenses limited to €2000/year	100% of actual expenses limited to €2500/year
Local <i>Emergency</i> transport by ambulance	100% of actual expenses	100% of actual expenses	100% of actual expenses
<i>Emergency</i> dental plastic surgery following an <i>Accident</i>	100% of actual expenses	100% of actual expenses	100% of actual expenses
<i>Emergency</i> treatment worldwide (trip of up to seven weeks)	100% of actual expenses	100% of actual expenses	100% of actual expenses
Routine medical expenses			
Generalist and specialist fees	80% of actual expenses limited to €50 per visit	90% of actual expenses limited to €100 per visit	100% of actual expenses limited to €120 per visit
Analyses, radiology, scans	80% of actual expenses	90% of actual expenses	100% of actual expenses
MRI (with prior consent)	80% of actual expenses	90% of actual expenses	100% of actual expenses
Prescribed medication and vaccines	80% of actual expenses	90% of actual expenses	100% of actual expenses
Prescribed <i>Medical Auxiliaries</i>	80% of actual expenses	90% of actual expenses	100% of actual expenses
Physiotherapy, chiropractor, osteopath, homeopath and acupuncturist (with prior consent)	80% of actual expenses limited to €50 per session and €500/year	90% of actual expenses limited to €50 per session and €1000/year	100% of actual expenses limited to €60 per session and €1200/year
Prescribed speech therapy and orthoptics (with prior consent)	80% of actual expenses limited to €50 per session and €500/year	90% of actual expenses limited to €50 per session and €1000/year	100% of actual expenses limited to €60 per session and €1200/year
Prescribed <i>Medical Protheses</i> (with prior consent)	80% of actual expenses limited to €1000/year	90% of actual expenses limited to €2000/year	100% of actual expenses limited to €2500/year
<i>Spa Treatments</i> in France (with prior consent)	Not covered	€25/day 20 days maximum	€25/day 20 days maximum
Optical			
Prescribed spectacle lenses, frames and contact lenses	80% of actual expenses limited to €150/year	90% of actual expenses limited to €300/year	100% of actual expenses limited to €450/year
Dental			
Maximum limit per beneficiary for 12 months of membership	€ 1 000	€ 2 000	€ 2 500
Dental care	80% of actual expenses	90% of actual expenses	100% of actual expenses limited to €1000/year
Orthodontics (child under 16 and with prior consent)	Not covered	90% of actual expenses limited to €500/year	100% of actual expenses limited to €600/year
<i>Dental Protheses</i> , including inlays, onlays, implants (with prior consent)	80% of actual expenses limited to €150/tooth	90% of actual expenses limited to €300/tooth	100% of actual expenses limited to €500/tooth
Maternity (with prior consent)	100% of actual expenses limited to €2000/year	100% of actual expenses limited to €4000/year	100% of actual expenses limited to €5000/year
<i>Childbirth Expenses</i>			
Health check	Not covered	100% of actual expenses limited to €300 one every three years	100% of actual expenses limited to €300 one every three years
Complete health check cover			



"Health" cover – Customized Expatriate Insurance Plans

Level of cover	Module 1	Module 2	
Hospitalization (with prior consent)			
Maximum limit per beneficiary per year	€500 000	€500 000	
Medical <i>Hospitalization</i>	100% of actual expenses	100% of actual expenses	
Surgical <i>Hospitalization</i>	100% of actual expenses	100% of actual expenses	
<i>Hospitalization</i> ancillary expenses	100% of actual expenses	100% of actual expenses	
Private room	100% of actual expenses limited to €100/day	100% of actual expenses limited to €100/day	
Organ graft	100% of actual expenses	100% of actual expenses	
Psychiatry	100% of actual expenses limited to €3000/year	100% of actual expenses limited to €3000/year	
Accompanying bed for <i>Hospitalization</i> of a child under 16 years	100% of actual expenses limited to €50/day	100% of actual expenses limited to €50/day	
Day surgery	100% of actual expenses	100% of actual expenses	
mandatory preoperative consultations (surgeon and anesthetist)	100% of actual expenses	100% of actual expenses	
Outpatient care following <i>Hospitalization</i> (90 days following <i>Hospitalization</i>)	100% of actual expenses limited to €1000/year	100% of actual expenses limited to €1000/year	
Home nursing	100% of actual expenses limited to €2000/year	100% of actual expenses limited to €2000/year	
Immediate physical therapy following <i>Hospitalization</i>	100% of actual expenses limited to €2000/year	100% of actual expenses limited to €2000/year	
Local <i>Emergency</i> transport by ambulance	100% of actual expenses	100% of actual expenses	
<i>Emergency</i> dental plastic surgery following an <i>Accident</i>	100% of actual expenses	100% of actual expenses	
<i>Emergency</i> treatment worldwide (trip of up to seven weeks)	100% of actual expenses	100% of actual expenses	
Routine medical expenses			
Generalist and specialist fees	Not covered	90% of actual expenses limited to €100 per visit	
Analyses, radiology, scans		90% of actual expenses	
MRI (with prior consent)		90% of actual expenses	
Prescribed medication and vaccines		90% of actual expenses	
Prescribed <i>Medical Auxiliaries</i>		90% of actual expenses	
Physiotherapy, chiropractor, osteopath, homeopath and acupuncturist (with prior consent)		90% of actual expenses limited to €50 per session and €1000/year	
Prescribed speech therapy and orthoptics (with prior consent)		90% of actual expenses limited to €50 per session and €1000/year	
Prescribed <i>Medical Protheses</i> (with prior consent)		90% of actual expenses limited to €2000/year	
<i>Spa Treatments</i> in France (with prior consent)		€25/day 20 days maximum	
Optical			
Prescribed spectacle lenses, frames and contact lenses			90% of actual expenses limited to €300/year
Dental			
Maximum limit per beneficiary for 12 months of membership			Not covered
Dental care			
Orthodontics			
<i>Dental Protheses</i> , including inlays, onlays, implants			
Maternity			
<i>Childbirth Expenses</i>			
Health check			
Complete health check cover			