

Benefits schedule

MyHealth International

Healthcare and Medical evacuation benefits

Important:

Benefits are stated per Insurance year and per insured person, unless otherwise specified in the table of benefits.

Medical expenses are covered within the limits of expenses incurred and the Usual Reasonable and Customary costs (UCR) charged in the country where the treatment is provided. To maintain sustainable levels of cover and premiums, we closely monitor the rates charged by healthcare professionals and ensure they are in line with typical pricing in that area. We provide you with a network of healthcare professionals who charge Reasonable and Customary costs.

All treatments exceeding €/US\$2,000, repeated procedures, and those listed in the Table of benefits are subject to Pre-approval. Please send us your request at least 5 days before the planned treatment date. Failure to comply with these conditions will result in a penalty which will be applied to your reimbursement

Your healthcare network in case of hospitalisation:

With MyHealth International, the plan you will select gives you access to a specific network of healthcare providers. This is design to ensure you receive the best quality of care at agreed rates. All healthcare facilities within our networks are carefully audited by our medical teams to meet high standards of quality and safety.

When preparing for hospitalisation, please ensure that the hospital belongs to the tier corresponding to your plan, so that your expenses will be covered at 100%, subject to the policy's coverage limits.

Outside this network (except in cases of medical emergency or duly justified exceptional circumstances), a co-payment of 40% will be applied to the reimbursement of your invoice.

This measure is designed to direct you towards reliable healthcare providers to ensure cost control and consistently high-quality care wherever you are in the world.

If you have selected an annual deductible:

You will pay any costs incurred up to the amount of the Deductible you selected. The Deductible applies per Insurance year and per Insured, for all selected medical expenses benefits.

If You choose the Explore plan or a Deductible, you will not be able to use the Caremark card (pharmacy direct billing in United States).

Co-payment options of 30%, 20% and 10%:

The Outpatient care benefits (including Preventive Care) are offered with 100% reimbursement of actual costs. However, you may choose to be covered at 70%, 80%, or 90% of actual costs for these benefits. These co-payment options do not apply to the Hospitalisation, Optical – Dental, and Maternity benefits, which always provide 100% coverage of actual costs.

	Explore	Essential	Extensive	Elite
Overall Limit	€/US\$500,000	€/US\$1,500,000	Countries listed*: €/US\$2,000,000 Rest of the world: unlimited	Countries listed*: €/US\$4,000,000 Rest of the world: unlimited
Hospitalisation** (Inpatient or Day-patient)				
Hospital Services or Day-patient treatment surgery > Intensive Care Unit charges > All Inpatient Treatment ordered by a Doctor > Diagnostic tests and medicines > Doctor, Surgeon, nursing and Anaesthetist Fees	100%	100%	100%	100%
Hospital Room Type When an insured spends at least one night as an inpatient in a hospital	Semi private room	Private room	Private room	Private room
Advanced Medical Imaging (MRI, CT and PET scans) As part of Inpatient or Day-patient	€/US\$10,000	€/US\$15,000	€/US\$20,000	100%
Parental Accommodation When an insured child aged under 18 years is an Inpatient	Not covered	100%	100%	100%
Local Road Ambulance Road ambulance services to and/or from the hospital in case of hospitalisation	100%	100%	100%	100%
Internal Prostheses, Medical Aids and Devices Which are required intra-operatively	100%	100%	100%	100%

* For treatment received in China, Hong Kong, Japan, Singapore, United States.

** All hospitalisations are subject to prior approval. A 50% penalty will be applied in case of failure to comply with this requirement before admission.

Emergency Dental Treatment To restore or repair sound natural teeth within 14 days of accident
Emergency medical treatment outside the area of cover
Home hospitalisation
Pre and post Hospital treatments
Pre-Hospital Treatment Consultations and treatment received within 30 days prior to receiving Inpatient or Day-patient treatment
Post Hospital Treatment Consultations and treatment received within 90 days of receiving Inpatient treatment
Rehabilitation treatment Treatment started within 3 months following hospitalisation, aimed at restoring health and mobility
External Prostheses, Medical Aids and Devices Which are medically required following Inpatient Care, Day-patient Treatment or Accident and Emergency Room Treatment
Conditions management
Oncology, Cancer Treatment, Chemotherapy and Radiotherapy Consultations, diagnostics and treatment received under Inpatient, Day-patient or Outpatient treatment

Explore	Essential	Extensive	Elite
100%	100%	100%	100%
€/US\$75,000 Up to 60 days	€/US\$150,000 Up to 60 days	€/US\$300,000 Up to 60 days	100% Up to 60 days
100%	100%	100%	100%
€/US\$3,000	€/US\$5,000	100%	100%
€/US\$5,000	€/US\$7,000	100%	100%
Up to 20 days	Up to 20 days	Up to 30 days	Up to 60 days
80% Up to \$/€2,500	80%	90%	100%
100%	100%	100%	100%

<p>Cancer related appliances and counselling > Includes wigs / headbands and mastectomy bras for cancer patients > Counselling with registered psychologist, counsellor</p>
<p>Cancer preventive surgery (12 months waiting period***)</p>
<p>Organ, Bone Marrow Transplant and Stem Cell Treatment For kidney, heart, heart-lung, liver, bone marrow and stem cell. Acquisition and donor costs are excluded. Inpatient only</p>
<p>Kidney Dialysis Treatment received as an Inpatient or as Day-patient treatment</p>
<p>HIV/AIDS Benefit Treatment received as an Inpatient or as Day-patient treatment</p>
<p>Hospice or Palliative treatment Lifetime limit</p>
<p>Congenital Conditions Lifetime Limit and up to the limit of the plan selected</p>
<p>Psychiatric care Hospital treatment of mental and nervous conditions Inpatient only</p>
<p>Complications of pregnancy (12 months waiting period***) Complications that arise during the pre-natal stages of pregnancy</p>

Explore	Essential	Extensive	Elite
Not covered	Not covered	€/US\$250	€/US\$400
Not covered	Not covered	Not covered	€/US\$25,000
100%	100%	100%	100%
100%	100%	100%	100%
100%	100%	100%	100%
€/US\$25,000	€/US\$40,000	100%	100%
€/US\$50,000	€/US\$100,000	100%	100%
Not covered	Not covered	€/US\$8,000 max 15 days	Up to 30 days
Not covered	100%	100%	100%

*** Waiting period waived if you previously held equivalent or superior cover, terminated less than one month ago, upon presentation of a cancellation certificate

	Explore	Essential	Extensive	Elite
Medical Evacuation benefits				
Emergency Medical Evacuation or Repatriation costs In case of Emergency, where local facilities are inadequate: transfer to the nearest suitable medical facility or Home country	100%	100%	100%	100%
Travel costs for an Accompanying Person in case of Medical Evacuation One way economy air ticket or first class train ticket	100%	100%	100%	100%
Travel cost of other Plan Members in case of Medical Repatriation One way economy air ticket or first class train ticket	100%	100%	100%	100%
Repatriation of mortal remains Where death occurs outside the Home Country	100%	100%	100%	100%
Cost of a Transport Coffin Where death occurs outside the Home Country, repatriation of the body by air	€/US\$1.500	€/US\$1.500	€/US\$1.500	€/US\$1.500

	Explore	Essential	Extensive	Elite
Outpatient				
Overall Limit	€/US\$3,000	Unlimited	Unlimited	Unlimited
TeleHealth In partnership with Teladoc	Unlimited	Unlimited	Unlimited	Unlimited
Doctor fees > General Practitioners > Specialists	100% Up to the annual limit	€/US\$2,500	€/US\$8,000	100%
Drugs and Dressings When prescribed by a Doctor and up to the cost of the generic equivalent where available	100% Up to the annual limit	€/US\$2,000 Limit doubled in case of chronic illness	€/US\$6,000 Limit doubled in case of chronic illness	100%
Hormone Therapy To relieve the symptoms of premature menopause and when medically prescribed	Not covered	Not covered	€/US\$250	€/US\$500
Lab, diagnostic tests and scans (X-Rays, MRI, CT and PET Scans) when prescribed by a Doctor	100% Up to the annual limit	€/US\$5,000	100%	100%
Outpatient Mental Health Treatment Consultation with psychiatrists, psychologists and psychotherapists	Up to 3 calls when comprehensive assistance is selected	€/US\$500 max 7 sessions	€/US\$1,200 max 10 sessions	€/US\$4,000 max 20 sessions
Complementary Therapies Physiotherapy, Orthoptist, chiropodist/podiatrist, speech therapist, language therapist, occupational therapist	Max 5 sessions	€/US\$1,000 max 10 sessions	€/US\$1,500 max 15 sessions	100%
Alternative medicine Osteopath, Chiropractor, Homeopath, Ethiopath, Acupuncture, Traditional Chinese Medicine, Hypnotherapist	Not covered	€/US\$500	€/US\$1,000	€/US\$4,000
Nursing at Home When medically necessary and medically prescribed	Max 30 days	€/US\$2,000 max 30 days	€/US\$6,000 max 60 days	100% max 120 days
Medical appliances and mobility aids Purchase or rental of external devices and prostheses including hearing aids when prescribed by a Doctor	Not covered	€/US\$2,000	€/US\$3,500	€/US\$5,000

	Explore	Essential	Extensive	Elite
Prevention				
Adults preventive screening as follows: > Mammography for women aged 40 and above > Pap smear for women aged 19 and above > Prostate screening for men aged 40 and above > Bowel cancer screening for women or men aged 45 and above	100%	100%	100%	100%
Medical checkup packages Medical and hearing checkup packages or standalone tests or scans in the absence of a diagnosis	Not covered	€/US\$200	€/US\$800	€/US\$2,000
Child health screening > evaluating medical history, physical and development assessment, school entry health check, hearing check and or diabetic screening > Age 3 and below: max 2 tests per year > Age 4 to 15: max 1 test per year	Not covered	€/US\$200	€/US\$800	100%
Vaccinations Childhood, mandatory vaccinations, travel-related vaccinations	100%	100%	100%	100%
Nutrition Consultations with dieticians or nutritionists	Not covered	Not covered	€/US\$150	max 5 sessions
Over-the-counter (OTC) drugs contraception, vitamins, smoking cessation drugs, non-prescription pharmacy	Not covered	€/US\$50	€/US\$100	€/US\$150
Genetic testing (12 months waiting period***) When medically prescribed and in the event of a hereditary predisposition to cancer	Not covered	Not covered	Not covered	€/US\$1,500
Health or Fitness App Reimbursement for one digital Health or Fitness App of your choice	Not covered	Not covered	Not covered	€/US\$50

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	Explore	Essential	Extensive	Elite
Maternity**** (12 to 24 months waiting period***)				
Routine Pregnancy and Childbirth (12 months waiting period***) > Childbirth fees > Homebirth > Pre- & post-natal care including Physician consultation fees, diagnostic, tests, medicines, vitamins and drugs, licensed midwifery and certified doula services, > Pre-natal classes (held by a doctor and midwife) > Neonatal Screening > Elective caesarean section	Not covered	€/US\$4,000 per pregnancy	€/US\$8,000 per pregnancy	€/US\$12,000 per pregnancy
Complications of Childbirth (12 months waiting period***) > Emergency caesarean section > Medically necessary caesarean section	Not covered	€/US\$8,000 per pregnancy	€/US\$12,000 per pregnancy	€/US\$24,000 per pregnancy
Infertility treatment (24 months waiting period***) > Drugs, hormone treatment, testing > In vitro fertilisation, artificial insemination Max 4 attempts, lifetime limit	Not covered	Not covered	€/US\$1,500 per attempt	€/US\$2,500 per attempt

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**** Subject to Pre-approval.

	Explore	Essential	Extensive	Elite
Dental (3 to 6 months waiting period***)				
Upper limit	€/US\$800	€/US\$1,000	€/US\$2,000 for the first 2 years, boost to €/US\$3,000 from 3 rd year	€/US\$4,000 for the first 2 years, boost to €/US\$5,000 from 3 rd year
Routine Dental Treatment (3 months waiting period***) > Two dental check-ups or examinations per insurance year > X-Rays > Scale-and-Polish Cleaning > Simple Fillings > Surgical Services, Extractions, Root Canal Treatments > Treatment of tooth decay, periodontics, endodontics	80%	80%	100%	100%
Major Dental Treatment (6 months waiting period***) including dentures, crowns, bridges, inlays, and implants	80%	80%	100%	100%
Orthodontics (3 months waiting period***) treatment must begin before age 16	Not covered	Not covered	€/US\$1,200	€/US\$1,700
Optical (6 months waiting period***)				
Optical Care Eyesight examination and visual aids (frame, glasses and lenses) - one frame every two years	Not covered	€/US\$200	€/US\$300	€/US\$450
Laser treatment for vision correction (myopia, hypermetropia and astigmatism)	Not covered	Not covered	€/US\$300	€/US\$1,000

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Optional benefits

Enhance your cover in case of repatriation with the [Full Repatriation Assistance option](#). You'll also benefit from [Personal Liability cover](#) for any financial consequences of damage for which you are held liable – giving you greater peace of mind!

	Limits
Comprehensive Assistance benefits (optional)	
Accident or Illness Supplementary Expenses	
Repatriation to country of residence following treatment One way economy air ticket or first class train ticket	100%
Accommodation Costs in case of an immediate return journey Following discharge from a Hospitalisation stay for more than six days	€/US\$150 per night, max 7 nights
Compassionate Visit Where the member is admitted to hospital for more than six days, presence of a family member > Travel costs: round-trip economy air ticket or first class train ticket > Living expenses	> 100% > €/US\$100 per night, max 10 nights
Search and Rescue Costs Where an accident occurs and requires the deployment of specialised teams including the deployment of a helicopter	€/US\$5,000 per person max €/US\$15,000 per event
Drugs Unavailable Locally Search and delivery of medication	100%
Childcare Costs Where the member is hospitalised, care of minor children Max 20 hours	€/US\$500
Pet sitter Costs In the event of members repatriation	€/US\$500

	Limits
Comprehensive Assistance benefits (optional)	
Household Support Services Where the member is hospitalised, care of minor children Max 10 hours	€/US\$250
Supplementary Assistance Services in case of Death	
Travel costs of Insured Family Members in the event of the repatriation of mortal remains One way economy air ticket or first class train ticket	100%
Presence of a friend or relative to accompany the return of the deceased > Travel costs: Round-trip economy air ticket or first class train ticket > Accommodations costs	> 100% > €/US\$50 per night, max 4 nights
Crisis and Distressing Situation Assistance Programme	
Support in the event of an Act of Terrorism or sabotage or an Attack or Assault Repatriation of all members	100%
Emergency Political or Natural disaster Evacuation One way economy air ticket or first class train ticket	€/US\$1,500
Urgent Messages Assistance in relaying urgent messages to family or relevant contacts	100%
Compassionate Home Travel > In the even of the death of a close family member > Where a close family member is hospitalised for more than five days Round-trip economy air ticket or first class train ticket	100%
Legal Assistance In the event of an unintentional legal infraction abroad	€/US\$1,500 per event
Advance of Bail In the event of an unintentional legal infraction abroad	€/US\$15,000 per event

	Limits
Comprehensive Assistance benefits (optional)	
Psychological Support Up to 3 sessions	Support via phone with qualified clinical psychologists
Support for Translation of Official Documents Translation of legal or administrative documents in your native language	€/US\$500
Forced Stay Abroad due to Force Majeure Living and accommodation costs	€/US\$100 per night, max 14 nights
Flight delay, cancellation or denied boarding	€/US\$300
Missed connection	€/US\$300
Trip cancellation cover in case of repatriation Expenses such as administrative costs, visa, insurance..	€/US\$250 per day, max €/US\$5,000
Loss, damage or destruction of luggage	€/US\$1,000
Loss or theft of personal belongings and official documents Support	
Emergency cash advance abroad	€/US\$1,000
Replacement ticket abroad One way economy air ticket or first class train ticket	€/US\$1,000
Theft of mobile devices as a result of assault or mugging Laptop, Smartphone, Tablet	€/US\$500

	Limits
Private liability (optional)	
Bodily injury, material damage and consequential financial loss	€/US\$7,500,000 per event
Including	
Material damage and consequential financial loss Excess of €/US\$150 per claim	€/US\$750,000 per event
Damage Including fire, explosion and water damage to property which the member has leased or borrowed for the organisation of family ceremonies Excess of €/US\$150 per claim	€/US\$150,000 per event



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This product is conceived and managed by APRIL International Care France and insured by Groupama Gan Vie (for the medical expenses) and Chubb European Group SE (for the repatriation assistance cover and the personal liability).

