

International Health Insurance

Insurance product information document

Product designed by APRIL International Care France, Groupama Gan Vie and Chubb European Group SE

Companies governed by the Insurance Code and subject to the supervision of the French Prudential Supervisory and Resolution Authority



Product: MyHealth International (Ref. NMHI26)

This document presents a summary of the main benefits and exclusions of the product. It does not consider your needs and specific requests. Please refer to the pre-contractual and contractual documents as the general conditions and member's guide to get comprehensive information. Details on reimbursement levels are available in the benefits table.

What is this type of insurance?

MyHealth International is a health insurance solution geared towards all types of long-term expatriates or travellers (more than 12 months). This policy offers a selection of cover levels and benefits. Then, the product can be adjusted to the expatriates' needs according to their cover desire and budget. This policy can be subscribed from the 1st€€, the 1stUS\$ or as a top-up to the Caisse des Français de l'Etranger (CFE).



What is insured?

Benefit amounts are subject to **upper limits** which indicated in the benefit table.

BENEFITS AND SERVICES SYSTEMATICALLY INCLUDED:

✓ HOSPITALISATION

Medical or surgical admission
Consultations, treatments, tests, pharmacy
Private room

✓ MEDICAL EVACUATION

Medical repatriation
Medical transport to the nearest suitable facility
Repatriation of mortal remains in the event of death

✓ FREE REIMBURSEMENT APP EASY CLAIM

✓ TELEHEALTH SERVICE

OPTIONALS BENEFITS:

✓ OUTPATIENT

Consultations and procedures by GPs and specialists
Nursing care and physiotherapy sessions
Radiology, pharmacy, laboratory tests
Preventive care (check-ups, screenings, nutrition)

✓ DENTAL AND OPTICAL

Lenses and frames
Contact lenses
Preventive, routine, and restorative dental care

✓ MATERNITY (available for Essential, Extensive and Elite plan only)

Childbirth-related expenses
Consultations, pharmacy, tests
Childbirth preparation sessions

OTHER BENEFITS AVAILABLE:

✓ COMPREHENSIVE ASSISTANCE AND PERSONAL LIABILITY (PRIVATE LIFE)

Presence of a family member, childcare, home assistance
Travel incidents, psychological support, repatriation in case of political unrest or natural disaster
Personal liability (private life)

Benefit preceded by a green check (✓) are systematically included in the policy according to the selected level of cover.



What is not insured?

- ✗ Treatment received outside the policy coverage period.
- ✗ Pre-existing medical conditions.
- ✗ Any expenses that are not medically necessary.
- ✗ Expenses considered unreasonable or unusual in the country in which they are incurred.
- ✗ Any treatment not prescribed by a qualified medical authority.



Are there any restrictions on cover?

MAIN EXCLUSIONS

! Exclusions applicable to all benefits:

Practice of dangerous sports (as defined in the Terms and Conditions), as well as any sport performed on a professional basis.
Consequences arising from the insured's alcohol consumption or intoxication.

! Exclusions applicable to Healthcare benefits:

Pre-existing conditions excluded at the time of application, including their consequences and any related complications;
Any medical or surgical expenses (and their consequences) that are not medically necessary or not prescribed by a qualified medical authority.

! Exclusions applicable to Assistance benefits:

Minor illnesses or injuries that can be treated locally and do not prevent the insured from continuing their journey;
Medical conditions that existed prior to departure and carry a risk of deterioration or recurrence.

! Exclusions applicable to Personal Liability benefits:

The use or operation of any motorised or animal-drawn vehicle.

MAIN RESTRICTIONS :

! Communes à toutes les garanties :

Certain benefits are subject to waiting periods, as detailed in the Terms and Conditions.
Certain benefits are subject to coverage limits or excesses, as outlined in the Table of benefits.
Some medical facilities may involve an out-of-pocket payment; the full list of these facilities is available in the Terms and Conditions.

! Healthcare benefits:

Some medical facilities may involve an out-of-pocket payment; the full list of these facilities is available in the Terms and Conditions.
Treatment requiring pre-approval (except in the event of an accident or medical emergency) provided without the insurer's authorisation. However, if the treatment is later deemed necessary by the insurer a 50% penalty will be applied to the reimbursement.

The full lists of exclusions and limitations are available in the Terms and Conditions.



Where am I covered?

- ✓ For the Healthcare Benefits and Basic Repatriation Assistance, the country of residence determines the coverage zone. However, coverage can be extended worldwide (see definition and details under the Benefits and Territorial Scope section of the Terms and Conditions). Benefits also apply in the event of an accident or medical emergency occurring outside the coverage zone, provided the stay does not exceed 60 consecutive days.
- ✓ For the Comprehensive Repatriation Assistance and Personal Liability benefits, cover applies worldwide (including the country of nationality) for the entire duration of the stay, except in excluded countries, as listed and defined in the Terms and Conditions.



What are my obligations?

Failing which, the insurance contract may be void or cover may be denied.

When applying for cover

I am required to pay the premium in accordance with the payment schedule defined in the policy.

I must complete the health questionnaire with the utmost accuracy.

I may reduce the amount of my premium by selecting an annual deductible or a co-payment level of 10%, 20%, or 30% of the expenses incurred.

I must be:

- between 16 and 60 years of age if my declared Country of residence abroad is one of the following: Brazil, Chile, China, Costa Rica, Hong Kong, Japan, Mexico, Singapore, Taiwan, Thailand, United Arab Emirates, United Kingdom, United States,
- between 10 and 74 years of age in all other countries.

The minimum age applies only to children insured under an individual policy. I may insure my children below the minimum age if I am also covered under the same policy.

As part of health expense coverage taken out as a top-up to the CFE I must also be affiliated with the CFE for the entire duration of the policy and, in this capacity, be covered under the CFE's health and maternity scheme.

During the policy period

I am required to provide all documents and supporting evidence necessary for the payment of benefits under the policy.

I must inform APRIL International Care France of any change in my personal circumstances, status, place of residence or professional activity.

I must notify APRIL International Care France of any other coverage taken out with a Social Security scheme, a supplementary medical insurance scheme, or private insurer.

In the event of a claim

I use the Easy Claim app or submit my reimbursement request electronically or by post (please refer to the Terms and Conditions for submission details).

I retain the original invoices for a period of two years.

I contact APRIL International Care France to obtain Pre-approval when required by the coverage or the situation.



When and how do I pay?

Premiums are payable in euro or US dollar:

- in full at the time of application, by payment card, PayPal, bank transfer, or SEPA direct debit (euro payments only),
- quarterly or semi-annually, by payment card, PayPal, or bank transfer (instalment fees may apply), or by SEPA direct debit (euro payments only)
- monthly, by SEPA direct debit (euro payments only).



When does the cover start and end?

Start of cover

Cover begins on the effective date indicated on the Insurance Certificate, subject to payment of the premium due.

End of cover

- in the event of non-payment of premiums;
 - if terminated by either party at the annual renewal date;
 - if I no longer meet the eligibility criteria;
 - on the day I permanently return to my country of nationality;
 - in the event of cancellation of my membership.
- A 14-day cooling-off period applies from the date the contract is concluded.

The MyHealth International policy is issued for a period of one year and is automatically renewed on its anniversary date unless terminated under the Terms and conditions of the policy.



How can I cancel the policy?

- If I cancel my stay, I must notify APRIL International Care France before the effective date and return the original Insurance Certificate.
- I may cancel my policy on its annual renewal date by sending a registered letter or an email, with at least 60 days' notice (or 30 days from receipt of the new Terms and Conditions).
- I may cancel the policy at any time after 12 months of cover, by sending a letter (standard or registered), an email, or via my Member portal.

MyHealth International is designed by:

- **APRIL International Care France**, an insurance intermediary registered with ORIAS under number 07 008 000 and governed by the French Insurance Code.
- **Groupama Gan Vie** (Health insurer), registered in Paris under number 340 427 616, 8-10 rue d'Astorg, 75383 Paris Cedex 8, FRANCE.
- **CHUBB European Group SE** (Assistance and Private Liability insurer), registered at Nanterre RCS under number 450 327 374. La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie.

