

International Health Insurance

Insurance product information document

Product conceived 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 : MHI Cov24)

This document presents a summary of the main benefits and exclusions of the product. It does not take into account 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. In particular, 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 travelers (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€/USD or as a top-up of the Caisse des Français à l'Étranger, the French Social Security or the Caisse Nationale de Santé luxembourgeoise.



What is insured?

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

BENEFITS SYSTEMATICALLY INCLUDED:

FOR THE EMERGENCY COVER:

- ✓ **HOSPITALISATION IN CASE OF ACCIDENT OR MEDICAL EMERGENCY AND BASIC REPATRIATION ASSISTANCE**

FOR BASIC, ESSENTIAL, COMFORT AND PREMIUM COVER:

- ✓ **HOSPITALISATION AND BASIC REPATRIATION ASSISTANCE**
Medical and surgical
Outpatient consultations, treatments, analysis
Hospital room

OPTIONALS BENEFITS AND SERVICES:

OUTPATIENT BENEFIT (this benefit is available from **BASIC** level)
Consultations and acts with general practitioners and specialists
Nursing and physiotherapists acts
Diagnostic tests, X-rays and pharmacy

OPTICAL AND DENTAL (this benefit is available from **BASIC** level and implies the outpatient benefit selection)
Frame and lenses
Contact lenses
Preventive and routine dental care


MATERNITY (this benefit is available from **ESSENTIAL** level and implies the outpatient benefit selection)
Childbirth fees
Consultation, pharmacy, examination
Pre and post-natal consultations

FREE REIMBURSEMENT APP EASY CLAIM AND TELECONSULTATION SERVICE

OTHER COVER AVAILABLE:


- COMPREHENSIVE REPATRIATION ASSISTANCE AND PERSONAL LIABILITY (PRIVATE CAPACITY)**
- DEATH AND TOTAL AND IRREVERSIBLE LOSS OF AUTONOMY LUMP SUM**
- INCOME REPLACEMENT DURING PERIODS OF SICK LEAVE FROM WORK** (available if a death lump sum is selected)

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



What is not insured?

- ✗ Preexisting conditions.
- ✗ Any costs incurred for treatment or procedures prescribed before the effective date of the plan or during the waiting periods
- ✗ Expenses not prescribed by a qualified Medical authority
- ✗ Any expenses which is not medically necessary



Are there any restrictions on cover?

MAIN EXCLUSIONS

- ! **Exclusions which apply to all cover:**
Practice of sport in a professional capacity;
Consequences of alcoholism or drunkenness on the part of the Insured.
- ! **Medical expenses cover:**
Previously declared conditions which were excluded at the time of enrolment in the plan;
Any medical and surgical expenses which is not medically required, (as well as their consequences) or not prescribed by a qualified Medical authority.
- ! **Repatriation assistance cover:**
Benign conditions or injuries which can be treated locally and that do not prevent the Insured from continuing their journey;
Illnesses which had been identified prior to departure and which were at risk of aggravation or relapse.
- ! **Personal liability (private capacity) cover:**
Driving any motorized or animal-drawn vehicle.

MAIN RESTRICTIONS:

- ! **Apply to all cover:**
Benefit amounts are subject to waiting periods which are detailed in the General conditions.
Benefit amounts are subject to upper limits which indicated in the benefit table.
- ! **Medical expenses cover:**
Treatments requiring prior agreement (except in the case of accident or medical emergency) provided without prior agreement from the insurer. However, if the care is recognized as necessary by the insurer, a deductible of 50% will be applied.

Exhaustive lists of exclusions and restrictions are located in the General conditions.



Where am I covered?

- ✓ For medical expenses and basic repatriation assistance: the main destination country determines the zone(s) where I will be covered. Nevertheless, I can extend my cover to a higher zone or worldwide. Benefits can be claimed in the event of an accident or medical emergency occurring during stays outside the cover zone for periods of less than 90 consecutive days.
- ✓ For comprehensive repatriation, personal liability (private capacity), death lump sum, total and irreversible loss of autonomy and income protection during periods of sick leave from work, benefits can be claimed for the entire duration of the stay anywhere in the world (including the country of nationality) with the exception of excluded countries.



What are my obligations?

- When taking out the insurance

I must pay the premium on the due dates specified in the plan. You can reduce your premiums by selecting the level of reimbursement at 90% or 80% of actual costs.

I must complete the health questionnaire as accurately as possible.

- between the age of 16 and 64 included for medical expenses, repatriation assistance and personal liability (private capacity) cover, if covered in zone 0, Thailand and Mexico,
- between the age of 10 and 70 included medical expenses, repatriation assistance and personal liability (private capacity) cover, if covered in zones 1 and 2 (excluding Mexico and Thailand),
- between the age of 10 and 74 included medical expenses, repatriation assistance and personal liability (private capacity) cover, if covered in zones 3, 4 and 5.

The minimum age for medical expenses, repatriation assistance and personal liability (private capacity) cover applies only to children insured alone on a policy. I can insure your children under these minimum ages if I am insured myself.

On the effective date of the plan I must be 18 years of age or more and up to age 65 for death & disability benefits.

- During the life of the plan

I must provide all the documents and evidence required for the payment of benefits under the plan.

I must inform APRIL International Care France if there are any changes to your personal circumstances, status, home address or employment.

I must notify APRIL International Care if I have cover from Social Security, a supplementary medical insurance scheme and/or any insurers.

- When making a claim

I can send claims for reimbursement electronically or by post (please refer to the general conditions for details).

I must keep original medical bills for a period of 2 years.

I must contact APRIL International Care to obtain prior agreement if required in a particular situation or for a particular benefit.



When and how do I pay?

Premiums are payable in euros and USD,

- in full when taking out the insurance by payment card, PayPal or bank transfer by SEPA direct debit (available only for payments in euros),
- quarterly or twice-yearly, by payment card, PayPal, bank transfer, (instalment charges may apply), SEPA direct debit (available only for payments in euros),
- monthly by SEPA direct debit (available only for payments in euros).



When does the cover start and end?

Cover begins

The date of enrolment corresponds to the benefits effective date, which You specified in Your application form, subject to the suspensive condition of payment of the Premium. This date is shown on your Membership certificate.

Cover comes to an end

- if I do not pay the premiums;
- if the plan is terminated by the insurer or by "l'Association des Assurés APRIL" on the annual renewal date;
- if I cancel my membership;
- when I no longer meet the conditions of insurance;
- on the day on which I return permanently to my country of nationality;
- on the last day shown on the membership certificate.

Membership of this plan is effective for a period of 12 months and is renewed automatically on the anniversary date unless the member states otherwise.



How do I cancel the contract?

- If my trip is cancelled, I must notify APRIL International before the effective date and return the originals of the membership certificate and where applicable the insurance card.
- I can cancel the membership of this plan on the annual renewal date (anniversary date of the plan) by registered letter or email giving 60 days' notice (or 30 days' notice following receipt of new conditions of cover).
- I can terminate this insurance plan at any time, after 12 months of membership by ordinary or registered mail, by email or via my Customer Zone.

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/Death & Disability insurer), registered in Paris under number 340 427 616, 8-10 rue d'Astorg, 75383 Paris Cedex 8, FRANCE
- **Chubb European Group SE** (Repatriation/Personal liability insurer), company governed by the Insurance Code and subject to the supervision of the French Prudential Supervisory and Resolution Authority (ACPR). Registered at Nanterre RCS under number 450 327 374. La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie