

| LEVELS OF COVERAGE | QUARTZ | PEARL | SAPPHIRE | DIAMOND |
|--|--|--|--|--|
| Aggregate limit on healthcare benefits | €/\$ 500,000 | €/\$ 1,000,000 | €/\$ 1,500,000 | €/\$ 2,500,000 |
| HOSPITALIZATION | | | | |
| Hospital room covered | Semi-private room (and lower standards) up to €/\$ 150 per day | Private room (and lower standard) up to €/\$ 200 per day | Private room (and lower standard) up to €/\$ 300 per day | Private room (and lower standard) up to 100% |
| Room and board fees for a parent staying in hospital with a dependent child under the age of 18 | Up to €/\$ 350 per year | Up to €/\$ 500 per year | Up to €/\$ 800 per year | 100% |
| Outpatient hospitalization (including outpatient surgery) | 100% | 100% | 100% | 100% |
| Emergency hospitalization within selected coverage zone | 100% | 100% | 100% | 100% |
| Emergency hospitalization within another Coverage zone, for trips of less than 60 consecutive days with an aggregate limit of 90 days per insurance year | 100% up to 60 days per year | 100% up to 60 days per year | 100% up to 60 days per year | 100% up to 60 days per year |
| Intensive care | 100% | 100% | 100% | 100% |
| Surgical procedures including fees, operating room and anesthesia | 100% | 100% | 100% | 100% |
| Consultations with general practitioners and specialists, including specialist procedures | 100% | 100% | 100% | 100% |
| Emergency dental and vision care with hospitalization | 100% | 100% | 100% | 100% |
| Laboratory tests, MRI, x-rays, scans and tomography | 100% | 100% | 100% | 100% |
| Prescription drugs | 100% | 100% | 100% | 100% |
| Renal dialysis | 100% | 100% | 100% | 100% |
| Oncology (treatment of cancer) | 100% | 100% | 100% | 100% |
| Treatment of AIDS | 100% | 100% | 100% | 100% |
| Prostheses / internal surgical and medical devices | 100% | 100% | 100% | 100% |
| Prostheses / external surgical and medical devices (for each Prosthesis and limited to 2 Prostheses) | 100% up to €/\$ 1,500 | 100% up to €/\$ 2,300 | 100% up to €/\$ 3,000 | 100% |
| Palliative care | 100% up to €/\$ 12,500 | 100% up to €/\$ 20,000 | 100% up to €/\$ 30,000 | 100% |
| Organ transplant (room, care and hospitalization fees) | 100% | 100% | 100% | 100% |
| Medical expenses for an organ transplant (medical and transportation expenses, including the ones for the organ donor) | Not covered | 100% up to €/\$ 3,500 per transplant | 100% up to €/\$ 5,000 per transplant | 100% up to €/\$ 7,000 per transplant |
| Physiotherapy/physical therapy, chiropractic and osteopathy | 100% up to €/\$ 1,300 per year | 100% up to €/\$ 3,000 per year | 100% up to €/\$ 6,000 per year | 100% |
| Psychiatric treatment and care | Not covered | 100% up to €/\$ 4,500 (limited to 10 days per year) | 100% up to | 100% (limited to 30 days per year) |
| CARE FOLLOWING COVERED HOSPITALIZATION | | . , | . , | |
| Home hospitalization (on prescription) | Not covered | 100% up to €/\$ 2,000 per year | 100% up to 20 days per year | 100% up to 30 days per year |
| Reconstructive surgery following an accident occurring during the period of coverage | 100% | 100% | 100% | 100% |
| Immediate rehabilitation following a stay in hospital and commenced within 30 days of hospitalization | 100% up to 20 days per year | 100% up to 20 days per year | 100% up to 30 days per year | 100% up to 30 days per year |
| ASSISTANCE INCLUDED WITH HOSPITALIZATION BENI | EFITS | | | |
| Medical evacuation: local transfer by ambulance or air ambulance to the nearest hospital | Provided by Europ Assistance | | | |
| Medical assistance | Liaising between Europ Assistance doctors and local doctors, or your treating doctor | | | |



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| ROUTINE HEALTHCARE | | | | |
| Consultations with general practitioners and specialists (other than dentists, ophthalmologists and psychiatrists) and specialist procedures | 100% up to €/\$ 100 per procedure or consultation | 100% up to €/\$ 150 per procedure or consultation | 100% up to €/\$ 200 per procedure or consultation | 100% |
| Emergency dental and vision care without hospitalization | Not covered | Not covered | Up to €/\$ 600 per year | Up to €/\$ 1,000 per year |
| Prescribed sessions of speech therapy, orthoptics, occupational therapy and nursing care | Up to €/\$ 600 per year | Up to €/\$ 2,000 per year | Up to €/\$ 2,500 per year | 100% |
| Physical therapy, osteopathy and chiropractic on prescription | 100% up to €/\$ 1,300 per year, up to 10 sessions per year | 100% up to €/\$ 2,500 per year, up to 15 sessions per year | 100% up to €/\$ 4,500 per year, up to 20 sessions per year | 100% up to 30 sessions per year |
| Physical therapy, osteopathy and chiropractic <u>without</u> a prescription (the limit on benefits applies to all sessions combined) | 100% up to 5 sessions, with a maximum of €/\$ 60 per session | 100% up to 10 sessions, with a maximum of €/\$ 130 per session | 100% up to 20 sessions, with a maximum of €/\$ 200 per session | 100% up to 30 sessions per year |
| Homeopathy, acupuncture and traditional Chinese medicine (the limit on benefits applies to all sessions combined) | 100% up to 5 sessions, with a maximum of €/\$ 60 per session | 100% up to 10 sessions, with a maximum of €/\$ 130 per session | 100% up to 15 sessions, with a maximum of €/\$ 200 per session | 100% up to 20 sessions per year |
| Laboratory tests, MRI, x-rays, scans, tomography and physical diagnostic examinations on an outpatient basis | 100% up to €/\$ 2,500 per year | 100% up to €/\$ 4,500 per year | 100% up to €/\$ 9,500 per year | 100% |
| Prescription drugs | 100% up to €/\$ 2,000 per year | 100% up to €/\$ 5,000 per year | 100% up to €/\$ 10,000 per year | 100% |
| Prescription drugs for chronic diseases | 100% up to €/\$ 6,000 per year, with a lifetime limit of €/\$ 36,000 | 100% up to €/\$ 10,000 per year, with a lifetime limit of €/\$ 60,000 | 100% up to €/\$ 15,000 per year, with a lifetime limit of €/\$ 90,000 | 100% |
| Psychiatry (waiting period of 12 months) | Maximum of 5 sessions per year | Maximum of 10 sessions per year | Maximum of 15 sessions per year | Maximum of 20 sessions per year |
| Prescribed medical equipment | 100% up to €/\$ 1,300 per year | 100% up to €/\$ 2,000 per year | 100% up to €/\$ 3,000 per year | 100% up to €/\$ 5,000 per year |
| WELLBEING & WELLNESS | | | | |
| Vaccinations and preventive treatments prescribed for adults (for people aged 20 and over) | 100% up to €/\$ 200 per year | 100% up to €/\$ 400 per year | 100% up to €/\$ 600 per year | 100% |
| Vaccinations and preventive treatments prescribed for children (under the age of 20) | 100% | 100% | 100% | 100% |
| Physical routine exam (included pre-expatriation health check-up) | Not covered | 100% up to €/\$ 300 every 3 years | 100% up to €/\$ 600 every 2 years | 100% up to €/\$ 1,200 per year |
| Preventive Package covering all the procedures listed below: | Not covered | 100% up to €/\$ 600 | 100% up to €/\$ 1,000 | 100% |
| Cervical screening (1 per year) | Not covered | | Included | |
| Mammogram for women aged 45 and over (every 2 years) | Not covered | Included | | |
| Prostate cancer screening, for men aged 45 and over (every year) | Not covered | Included | | |
| Screening for oral and skin cancer (every 5 years) | Not covered | Included | | |
| Colonoscopy, from age 50 (every 5 years) | Not covered | Included | | |
| Annual screening for fecal occult blood | Not covered | | Included | |
| Bone density test, for women aged 45 and over (every 5 years) | Not covered | Included | | |
| Dietitian | Not covered | Not covered | 2 sessions per year, up to €/\$ 200 per consultation | 3 sessions per year, up to €/\$ 250 per consultation |
| Nicotine replacement | Not covered | €/\$ 60 per year | €/\$ 90 per year | €/\$ 120 per year |
| | | | | |



Table of Dental/Vision benefits (optional)

| LEVELS OF COVERAGE | QUARTZ | PEARL | SAPPHIRE | DIAMOND |
|--|---|--|--|--|
| DENTAL | | | | |
| Routine dental care, dentures and dental implants, dental surgery, periodontics | 100% up to €/\$ 300 per tooth and €/\$ 1,200 per year | 100% up to €/\$ 500 per tooth and €/\$ 2,000 per year | 100% up to €/\$ 600 per tooth and €/\$ 2,400 per year | 100% up to €/\$ 750 per tooth and €/\$ 4,000 per year |
| Orthodontics up to the age 16 | Not covered | 100% up to €/\$ 1,000 per year for 3 years | 100% up to €/\$ 1,500 per year for 3 years | 100% up to €/\$ 2,000 per year for 3 years |
| VISION | | | | |
| Lenses and frames, corrective contact lenses including disposable lenses, limited to one pair every 2 years, and cost of surgical treatments for visual corrections (myopia, hyperopia, astigmatism and keratoconus) | 100% up to €/\$ 200 | 100% up to €/\$ 350 | 100% up to €/\$ 500 | 100% up to €/\$ 750 |
| Consultations with ophthalmologists | 100% up to €/\$ 100 | 100% up to €/\$ 150 | 100% up to €/\$ 200 | 100% |



Table of Maternity benefits (optional)

| LEVELS OF COVERAGE | QUARTZ | PEARL | SAPPHIRE | DIAMOND |
|---|--|--|--|--|
| MATERNITY | | | | |
| Childbirth preparation classes, prenatal and postnatal care received by the mother and immediate care of newborns | 100% up to €/\$ 4,000 | 100% up to €/\$ 6,000 per year | 100% up to €/\$ 10,000 per year | 100% |
| Childbirth without complications (single or multiple births) | per year | | | |
| Childbirth complications | Limit for childbirth without complications doubled | Limit for childbirth without complications doubled | 100% | 100% |
| Sterility treatment | Not covered | 100% up to €/\$ 1,000 per attempt (limited to €/\$ 4,000 lifetime limit) | 100% up to €/\$ 1,500 per attempt (limited to €/\$ 6,000 lifetime limit) | 100% up to €/\$ 2,000 per attempt (limited to €/\$ 8,000 lifetime limit) |



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|---|---|
| PERSONAL THIRD-PARTY LIABILITY | |
| Bodily injury | €/\$ 3,000,000 per claim and per insurance year with a deductible of €/\$ 300 per claim |
| Material damage | Up to €/\$ 1,500,000 per claim and per insurance year with a deductible of €/\$ 300 per claim |
| Consequential financial loss | Up to €/\$ 300,000 per claim and per insurance year with a deductible of €/\$ 300 per claim |
| Defense/Remedy (excluding expatriates in the USA) | €/\$ 16,000 |
| Defense/Remedy (expatriates in the USA) | €/\$ 30,000 |
| RENTAL CIVIL LIABILITY | |
| Material damage | €/\$ 3,000,000 per claim and per insurance year with a deductible of €/\$ 300 per claim |
| Consequential financial loss | Up to €/\$ 300,000 per claim and per insurance year with a deductible of €/\$ 300 per claim |
| Loss of rent | Up to €/\$ 150,000 per claim and per insurance year with a deductible of €/\$ 300 per claim |
| LEGAL ASSISTANCE | |
| Legal and tax information | Yes |
| Intervention in case of a dispute with a third party or public body | Yes |
| Assistance in case of loss or theft of means of payment | Yes |
| Accompanying children under 6 or dependent persons | Yes |
| Advance of bail bond up to €/\$ 16,000 | Yes |
| Assistance and advance of funds in case of overbooking | Yes |



| LEVELS OF COVERAGE | QUARTZ / PEARL / SAPPHIRE / DIAMOND |
|---|--|
| PERSONAL ASSISTANCE IN THE EVENT OF ILLNESS OR INJUR | Υ |
| Medical information and emergency recommendations (hospitals, clinics, etc.) | Information |
| Medical liaison | Liaising with the local doctor |
| Extension of stay of the Insured member or an insured companion | Hotel €/\$ 150 per night (max. €/\$1,500) |
| Return of an insured companion | Return ticket |
| Hospital visit | Round-trip ticket + €/\$150 per night (max €/\$ 1,500) |
| Accompanying children under the age of 18 | . Organization and coverage of the trip for a family member or a hostess: Round-trip ticket . Accommodation: Hotel €/\$ 150 per night (max 2 nights) |
| Return to the place of residence (within two months of repatriation) | Return ticket |
| Early return in the event of Hospitalization of a family member | Round-trip ticket (max 1 per year/insured member) |
| Second medical opinion | Assistance with organization |
| Psychological support in case of Accident, Assault or attempted assault, death of a family member, attack or Natural Disaster | 3 telephone conversations |
| ASSISTANCE ON RETURNING HOME FOLLOWING REPATRIATION | DN (France only) |
| Childcare | Round-trip tickets |
| Home help | 10 hours |
| Care of pets (dogs/cats) | Transportation + boarding €/\$ 155 |
| Hospital comforts: television rental | €/80 |
| ADVANCE OF HOSPITAL CHARGES | |
| Advance of hospital charges | Within the limits of the healthcare plan |
| ASSISTANCE IN THE EVENT OF DEATH | |
| Transportation of the body | Actual costs |
| Cost of a coffin or urn | €/\$ 2,000 |
| Identification of the body and death formalities | 2 round-trip tickets and hotel €\$ 190 per night per person (max 2 nights) |
| Early return in the event of a family member's death | Round-trip ticket |
| Return of an insured companion | Return ticket |
| TRAVEL ASSISTANCE | |
| Early return in the event of loss or damage to your Place of residence | Return ticket |
| Early return or transportation to a secure zone in the event of an Attack | Return ticket or round-trip ticket to/from a secure zone |
| Early return or transportation to a secure zone in the event of a Natural Disaster | Return ticket or round-trip ticket to/from a secure zone |
| Transmission of urgent messages | Delivery charges |
| Delivery of medication Assistance in the event of the theft, loss or destruction of identity documents | Delivery charges |
| or means of payment: | |
| - Information on formalities | Information |
| - Advance of funds - Accommodation | €/\$ 2,300 €/\$ 150 per night (max €/\$1,500) |
| Health and travel information | Information |
| Assistance with unplanned changes to travel plans | Organization |
| Mountain, sea and desert search and rescue costs | €/\$ 15,000 Included |
| Access to "123 Classez", the Europ Assistance data vaulting service LUGGAGE AND PERSONAL EFFECTS | included |
| EUGGAGE AND PERGUNAL EITEUTS— | €/\$ 2,000 |
| Theft or total or partial destruction or loss during transportation by a carrier | Limits for certain items: 50% of the benefit amount Deductible for damage to suitcases: €/\$ 25 Deductible applicable to laptop computers: 10% |
| Compensation for delays in delivery of luggage | Fixed amount of €/\$ 300 |
| Cost of replacing identity documents only in case of theft TRAVEL INCIDENTS | € /\$ 150 |
| | |
| Flight delay leading to a missed connection, for technical reasons or due to weather conditions | Payment of a fixed amount of €/\$ 300 |