

Health insurance from the 1st Euro/Dollar



Insurance product information document

Insurer: AWP Health & Life S.A – French insurance company

Product: Business'Expat – Medical expenses – plans No. 080582/501; No 080582/502

This information document summarizes the key benefits of and exclusions from the plan. It does not take into account your specific needs and requirements. All of the information about this product can be found in the contractual and pre-contractual documents. Benefits marked with a green tick are included as standard with the plan.

What type of insurance is it?

This insurance product has been purchased by the PREVINTER Association, to which your employer belongs, on behalf of its members. It is designed to provide the Member company's employees of any nationality, and with expatriate status anywhere in the world, with the reimbursement of medical expenses from the 1st euro/dollar spent.



What is insured?

Benefit amounts are subject to upper limits which vary according to the package chosen and cannot be higher than expenses actually incurred.

Four packages are available under the plan:

- Quartz
- Pearl
- Sapphire
- Diamond

Two supplementary options can be purchased:

- Dental/Vision
- Maternity (the Maternity option must be purchased together with the Dental/Vision option)

Medical expenses covered:

- ✓ Medical and surgical hospitalization: drugs and medicines, daily hospital charge for hospitalizations in France, laboratory tests, etc.
- ✓ Routine outpatient care: consultations and visits, prescribed medication, homeopathy, etc.
- ✓ Preventive medicine: vaccines, health checks, etc.
- ✓ Dental: consultations with dentists and x-rays, dental care, dentures, etc.
- ✓ Maternity: pre and postnatal examinations, etc.
- ✓ Medically assisted reproduction: costs related to the search of infertility causes, to fertilization, etc.
- ✓ Vision: lenses, frames, contact lenses, etc.



What is not insured?

- ✗ Treatments outside the selected geographical coverage zone.
- ✗ Illnesses and accidents occurring prior to the date of purchase of the plan.
- ✗ Intentional acts by the Insured member.
- ✗ Personal incidental expenses in case of hospitalization.
- ✗ Any experimental treatment.
- ✗ Medication without a prescription and commonly used non-medicinal products.



Are there any restrictions on coverage?

- ! Coverage is provided with 4 levels of deductible, selected on enrollment in the plan:
 - no deductible,
 - €/ \$500,
 - €/ \$1,000,
 - €/ \$2,500.
- ! Prior approval is required for certain medical expenses:
 - Hospitalization,
 - Routine outpatient care,
 - Alternative medicine,
 - Dental care, etc.



In which countries are you covered?

- Zone 5: USA + Zones 1, 2, 3, 4
- Zone 4: Bahamas, Brazil, China, Hong Kong, Jersey, Saint Barthelemy, Saint Martin, Singapore, Switzerland, and United Kingdom + Zones 1, 2, 3
- Zone 3: Australia, Austria, Canada, French Polynesia, Greece, Ireland, Israel, Italy, Japan, Monaco, New Zealand, Portugal, Qatar, Russia, Saint Pierre and Miquelon, Spain, Taiwan, Turkey, United Arab Emirates and Vanuatu + Zones 1, 2
- Zone 2: Andorra, Angola, Argentina, Azerbaijan, Bahrain, Barbados, Belarus, Belgium, Bolivia, Bosnia and Herzegovina, Bulgaria, Chile, Colombia, Costa Rica, Croatia, Cyprus, Czech Republic, Denmark, Djibouti, Dominican Republic, Ecuador, Finland, France, Georgia, Germany, Guatemala, Hungary, Iceland, Kazakhstan, Kuwait, Latvia, Lebanon, Liechtenstein, Luxembourg, Malaysia, Mexico, Mozambique, Netherlands, Nigeria, Norway, Oman, Panama, Peru, Saudi Arabia, Slovakia, South Africa, Sweden, Thailand, Ukraine, Uruguay, Venezuela, Vietnam and Wallis and Futuna + Zone 1
- Zone 1: Worldwide excluding Zones 2 to 5



What are your obligations? Failure to fulfil these obligations may result in the insurance plan being rendered null and void or coverage being denied:

- **When you enroll in the plan:**
 - The insured member must complete and sign the application form
 - The member company must pay the full premium specified in the enrollment documents
- **During your membership of the plan:**

The insured member must inform the insurer of the following events:

 - changes in their circumstances: new address, new status with regard to French compulsory schemes for maternity and health insurance,
 - return to their country of residence or their home country,
 - payment of benefits by a Social Security scheme or any other similar supplementary insurance
- **In the event of a claim:**

The claim must be sent together with the supporting documents. The insured member must be able to provide the original supporting documents when requested.



When and how to make your payments?

- Premiums are payable in advance on the set due dates. They are paid directly by the Member Company, which is solely responsible for their payment. The payment should be made to PREVINTER.
- Premiums are payable in full by the Member Company for any month during which an insured member is enrolled in the plan, even if the member is enrolled only for part of that month.



When does your coverage begin and end?

- This plan is a group plan purchased by the PREVINTER Association. You must become a member of this association to be covered. Membership becomes effective on the date of issue of your certificate of enrollment for a period ending December 31st of the current year. It is then automatically renewed on each January 1st for a period of one year.



How can you terminate your plan?

Your plan must be terminated at the request of one of the parties by registered mail with proof of delivery (or by means of a statement for which a receipt is obtained), sent at least 3 months before the renewal date: termination takes effect on the following January 1st.

- The plan can also be terminated by the Insurer:
 - within three months of the date of the court decision declaring the receivership or compulsory liquidation of the Member company, and under the conditions provided for in Article L 113-6 of the French Insurance Code.
 - in the event of non-payment of premiums.
- When the plan is terminated, members can purchase one of the plans offered by the Insurer for death, incapacity-to-work or disability risks, under the conditions and at the rates in force, with no medical questionnaire or waiting period being applicable, provided that:
 - the application is made before the expiration of the termination notice period,
 - the requested benefits are no longer being provided as a result of the termination,
 - the new benefits are not of a higher level than the ones provided under this plan.