

INDIVIDUALS



# OVERVIEW OF BENEFITS

**FIRST'Expat+ / RELAIS'Expat+**  
worldwide excluding USA

# OVERVIEW OF BENEFITS

## FIRST'EXPAT+ / RELAIS'EXPAT+

### Outside the USA

#### Hospitalization (HOSPI)

HOSPI : Hospitalization + Medical evacuation

LEVELS OF COVERAGE - OUTSIDE THE USA	QUARTZ ★	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
<b>ANNUAL AGGREGATE LIMIT</b>	€500,000 or \$625,000	€1,000,000 or \$1,250,000	€1,600,000 or \$2,000,000	€3,000,000 or \$3,750,000
Hospital room covered	Private room €100 / \$125 per day	Private room €150 / \$190 per day	Private room €250 / \$310 per day	Private room up to 100%
Emergency hospitalization <b>within the selected zone of coverage</b>	100%	100%	100%	100%
Emergency hospitalization <b>outside the selected zone of coverage</b> (for trips of less than 60 consecutive days)	100%	100%	100%	100%
Intensive care	100%	100%	100%	100%
Palliative care	€10,000 / \$12,500	€15,000 / \$19,000	€25,000 / \$31,000	100%
Surgical procedures	100%	100%	100%	100%
Laboratory tests, MRI, x-rays, scans, tomography	100%	100%	100%	100%
Emergency dental care with hospitalization	100%	100%	100%	100%
Oncology (treatment of cancer)	100%	100%	100%	100%
<b>Internal</b> surgical and medical prostheses and devices	100%	100%	100%	100%
<b>External</b> surgical and medical prostheses and devices (for each prosthesis and limited to 2 prostheses)	€1,200 / \$1,500	€1,800 / \$2,250	€2,500 / \$3,100	100%
Psychiatric treatment and care <i>Waiting period of 12 months</i>	Not covered	€3,500 / \$4,400 (up to 10 days per year)	€7,000 / \$8,750 (up to 20 days per year)	100% (up to 30 days per year)
Care following covered hospitalization	Home hospitalization: not covered Rehabilitation: 20 days per year	Home hospitalization: €1,500 / \$1,900 per year Rehabilitation: 30 days per year	Home hospitalization: 20 days per year Rehabilitation: 40 days per year	Home hospitalization: 30 days per year Rehabilitation: 50 days per year
Medical assistance and evacuation provided by Europ Assistance	Liaising with Europ Assistance doctors Local transfer by ambulance - air ambulance to the nearest hospital			

*You are covered in the event of hospitalization outside your country of expatriation and your zone of coverage under certain conditions, up to 60 consecutive days and within the limit of 90 days per year. See your notice for more information.*

#### Routine healthcare (HEALTH)

HEALTH: Hospitalization + Medical evacuation + Medical expenses + Personal third-party liability + Legal assistance

LEVELS OF COVERAGE - OUTSIDE THE USA	QUARTZ ★	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
<b>CONSULTATIONS AND EXAMINATIONS</b>				
Consultations with general practitioners and specialists (other than dentists and psychiatrists) and specialist procedures	€80 / \$100 per procedure or consultation	€130 / \$160 per procedure or consultation	€180 / \$225 per procedure or consultation	100%
Emergency dental care without hospitalization	€200 / \$250 per year	€300 / \$375 per year	€500 / \$625 per year	€750 / \$950 per year
Psychiatry - <i>Waiting period of 12 months</i>	5 sessions per year	10 sessions per year	15 sessions per year	20 sessions per year
Speech therapy, orthoptics, occupational therapy and nursing care	€500 / \$625 per year	€1,500 / \$1,900 per year	€2,000 / \$2,500 per year	100% up to 52 sessions per year
Physical therapy and physiotherapy	€1,000 / \$1,250 per year, up to 12 sessions per year	€2,000 / \$2,500 per year, up to 17 sessions per year	€3,500 / \$4,400 per year, up to 22 sessions per year	100% up to 32 sessions per year
Osteopathy and chiropractic	10 sessions, with a maximum of €50 / \$60 per session	15 sessions, with a maximum of €100 / \$125 per session	25 sessions, with a maximum of €150 / \$190 per session	100% up to 35 sessions
Homeopathy, acupuncture and traditional Chinese medicine	3 sessions with a maximum of €50 / \$60 per session	5 sessions with a maximum of €100 / \$125 per session	7 sessions with a maximum of €150 / \$190 per session	100% up to 10 sessions
Laboratory tests, MRI, x-rays and diagnostic examinations	€2,000 / \$2,500 per year	€3,500 / \$4,400 per year	€7,500 / \$9,400 per year	100%
<b>PRESCRIBED DRUGS AND MEDICAL EQUIPMENT</b>				
Prescription drugs	€3,000 / \$3,800 per year	€9,000 / \$11,200 per year	€15,000 / \$18,800 per year	100%
Contraceptives	€80 / \$100 per year	€100 / \$125 per year	€200 / \$250 per year	€300 / \$375 per year
Medical equipment (e.g. crutches)	€1,000 / \$1,250 per year	€1,500 / \$1,900 per year	€2,500 / \$3,100 per year	€4,000 / \$5,000 per year
Prescription drugs for chronic diseases <i>Waiting period of 12 months</i> <i>The limit for prescription drugs can be used during the waiting period.</i>	€10,000 / \$12,600 per year, limited to €50,000 / \$63,000 for the entire life of the plan	€15,000 / \$18,800 per year, limited to €75,000 / \$94,000 for the entire life of the plan	€20,000 / \$25,000 per year, limited to €100,000 / \$126,000 for the entire life of the plan	100%
<b>WELLBEING &amp; WELLNESS</b>				
Prescribed vaccinations and preventive treatments	Adults: €200 / \$250 per year Under the age of 20: 100%	Adults: €350 / \$440 per year Under the age of 20: 100%	Adults: €500 / \$625 per year Under the age of 20: 100%	100%
Health check-up	Not covered	€150 / \$190 every 3 years	€500 / \$625 every 3 years	€1,000 / \$1,250 every 3 years
Preventive package (cervical screening, mammogram, prostate cancer screening, screening for skin cancer, etc.)	Not covered	€500 / \$625	€800 / \$1,000	100%
Dietitian	Not covered	Not covered	2 sessions per year, up to €150 / \$190 per consultation	3 sessions per year, up to €200 / \$250 per consultation

## Personal third-party liability

LEVELS OF COVERAGE - OUTSIDE THE USA	QUARTZ ★	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★★
Bodily injury	€/\$3,000,000 per claim and per insurance year with a deductible of €/\$300 per claim			
Material damage	€/\$1,500,000 per claim and per insurance year with a deductible of €/\$300 per claim			
Consequential financial loss	€/\$300,000 per claim and per insurance year with a deductible of €/\$300 per claim			
Defense/Remedy	€/\$16,000 excluding expatriates in the USA €/\$30,000 in the USA			

## Legal assistance

LEVELS OF COVERAGE - OUTSIDE THE USA	QUARTZ ★	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★★
Legal and tax information, intervention in case of a dispute with a third party or public body, assistance in case of loss or theft of means of payment, assistance and advance of funds in case of overbooking	Covered			
Advance of bail bond	€16,000 / \$20,000			

## Dental and vision (HEALTH+)\*

**HEALTH+: Hospitalization + Medical evacuation + Medical expenses + Optical + Dental**  
Available only if the optional benefit HEALTH has been purchased.

LEVELS OF COVERAGE - OUTSIDE THE USA	QUARTZ ★	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★★
<b>DENTAL</b>				
<i>Waiting periods: 3 months for dental care and periodontics, 6 months for dentures, dental implants, bone grafts and dental surgery, 12 months for orthodontics</i>				
<b>ANNUAL AGGREGATE LIMIT ON DENTAL BENEFITS (EXCLUDING ORTHODONTICS)</b>	€1,000 / \$1,250 up to €250 / \$310 per tooth	€1,500 / \$1,900 up to €400 / \$500 per tooth	€2,000 / \$2,500 up to €500 / \$625 per tooth	€3,500 / \$4,400 up to €600 / \$750 per tooth
Routine dental care, dentures and dental implants, dental surgery, periodontics	Covered (excluding periodontics)	Covered	Covered	Covered
Orthodontics up to the age of 16	€400 / \$500 per year for 3 years	€800 / \$1,000 per year for 3 years	€1,200 / \$1,500 per year for 3 years	€1,500 / \$1,900 per year for 3 years

LEVELS OF COVERAGE - OUTSIDE THE USA	QUARTZ ★	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★★
<b>VISION</b>				
<i>Waiting period: 6 months</i>				
Lenses and frames, limited to one pair every 2 years Cost of surgical treatments for visual corrections (myopia, hyperopia, astigmatism and keratoconus)	€100 / \$125	€250 / \$310	€400 / \$500	€600 / \$750
Corrective contact lenses including disposable lenses	€100 / \$125 per year	€200 / \$250 per year	€300 / \$375 per year	€400 / \$500 per year

## Maternity (HEALTH+CHILD)\*

**HEALTH+CHILD: Hospitalization + Medical expenses + Optical + Dental + Maternity**  
Available only if the optional benefit HEALTH+ has been purchased.

LEVELS OF COVERAGE - OUTSIDE THE USA	QUARTZ ★	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★★
<i>Waiting periods: 10 months for maternity, 12 months for fertility treatment</i>				
Childbirth preparation classes, prenatal and postnatal care received by the mother and immediate care of newborns Childbirth without complications (single or multiple births)	€3,500 / \$4,400 per year	€5,000 / \$6,250 per year	€8,000 / \$10,000 per year	€11,000 / \$13,800 per year
Childbirth complications	Limit for childbirth without complications doubled			
Fertility treatment <i>Waiting period of 12 months</i>	Not covered	€900 / \$1,100 per attempt (with a lifetime limit of €3,600 / \$4,400)	€1,200 / \$1,500 per attempt (with a lifetime limit of €4,800 / \$6,000)	€1,500 / \$1,900 per attempt (with a lifetime limit of €6,000 / \$7,600)

## Medical assistance and repatriation

LEVELS OF COVERAGE - OUTSIDE THE USA	QUARTZ ★	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★★
Accident or illness of the member	Extension of stay of the insured member or an insured companion, return to the place of residence, early return in the event of hospitalization of a family member, second medical opinion and psychological support			
Assistance on returning home following repatriation (France)	Childcare, home help, hospital comforts			
Advance of hospital charges	Within the limits of the healthcare plan			
Travel assistance	Early return in the event of loss or damage to your place of residence, early return or transportation to a secure zone in the event of an attack or a natural disaster, delivery of medication, assistance in the event of the theft, loss or destruction of identity documents or means of payment, mountain, sea and desert search and rescue costs			
Assistance in the event of death	Transportation of the body, cost of a coffin, early return in the event of a family member's death			

*Medical expenses are based on actual costs, within the limit of usual, customary and reasonable costs as determined by us, per member and per insurance year.*



# CONTACT US

For answers to your questions  
about your healthcare plan

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