START' EXPAT MEMBER'S GUIDE

MSH INTERNATIONAL
GROUPE SIACI SAINT HONORE

on behalf of

asfe

INFORMATION BOOKLET AND GENERAL TERMS AND CONDITIONS

Keep this guide in a safe place!

You benefit from health insurance under the ASFE Start'Expat plan.
The first part of this guide describes the procedure for claiming reimbursements and provides clear and practical answers to any questions you may have.
The second part contains the General Terms and Conditions of your plan.

USEFUL TIPS

- Try, where possible, to use public sector or state-approved healthcare providers.
- Avoid giving any information in advance about the plan's level of coverage to avoid rates being automatically adjusted to the upper limit.
- Get a health check-up before you go abroad (make sure your vaccinations are up to date and get your teeth checked as a priority) and take a first aid kit with you. This type of preventive care is at your own expense.

Remember: treatments which have already started, pre-existing medical conditions, health check-ups and vaccines are not covered under your plan.

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START'EXPAT

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1 / ONLINE SERVICES TO MAKE YOUR LIFE EASIER

We provide you with a personalized and secure area on our website www.asfe-expat.com.
You can access this area at any time to:

- View and update your personal details (address, email, password, etc.)
- Print out your personalized insurance card
- Complete and print out your claims for the reimbursement of medical expenses
- Request precertification in case of hospitalization to avoid the need for a cash advance
- Review all the claims you have made during the life of your plan
- Print out your members' guide
- Visit the "Your Healthcare" section to:
    - Get travel information and healthcare advice: detailed health information for the country you're going to, essential vaccinations, etc.
    - Search for local doctors, hospitals, etc. anywhere in the world: get contact details for doctors and healthcare facilities, the languages spoken and the services available in the hospitals in the country and specialist field you're looking for.
- Access our quarterly newsletters
- Get contact details for our claims departments in your expatriation zone
- Leave us a message

When you log in for the first time, go to www.asfe-expat.com, Members' Area/"Get your login details".
Enter the required information and click on "send". Your login and password will be emailed directly to you. (The email address must be the one you provided when you purchased the insurance).
Once you have logged in, we strongly recommended you change your password in the "Your details" section.

USEFUL TIP

Remember to add or update your email address to the section "Your details" to sign up for:

- An email alert when we receive your online claim for reimbursement and when a new reimbursement has been processed
- An email when new services are introduced
- Quarterly newsletters for all the latest healthcare information

2 / YOUR HEALTHCARE REIMBURSEMENTS

The ASFE will cover your medical and hospital expenses up to €250,000 during your stay abroad in the event of an unforeseen illness or an accident.

An "**accident**" is any bodily injury not intended by the member, resulting exclusively from sudden and unexpected action by an external cause (sprains, fractures, etc.)

An "**unforeseen illness**" is any medically-certified deterioration in the state of health which is sudden and unexpected and requires surgery or medical treatment which cannot wait until you have returned or been repatriated to your country of origin.

We must receive your claims for reimbursement no later than 90 days following the date of your treatment.

❶ First pay for your treatment

All the claims for reimbursement you submit are stored online and can be viewed during your stay abroad in the Members' Area / "Your Reimbursements" / "Your Claims".
Please note: if you are hospitalized for more than 24 hours or if the cost of your treatment exceeds €/USD 400, please refer to the chapter "Avoiding the need for cash advances".

❷ Fill out your claim for reimbursement

Fill out the claim form directly on our site www.asfe-expat.com in the "Your Reimbursements" / "Fill out a Claim Form" section of the Members' Area.

Check your personal details (address and e-mail) and update them if necessary.

For each healthcare expense, you must provide:
- The date of treatment
- A description of the illness, injury and the treatment provided. A medical report is required to confirm it was a medical emergency.
- The country in which the treatment was provided
- The amount paid and the currency
- The name of the practitioner or facility

After completing this form, simply print it out and sign it.

❸ Send us your claim for reimbursement

Don't forget to enclose:
- The originals of the paid invoices
- The medical prescriptions
- The medical certificate issued by the doctor who treated you specifying the condition or the reason for the emergency consultation

These documents must show the patient's full name, the date of treatment and the name, address and telephone number of the practitioner, hospital, laboratory or pharmacist. Cash receipts are not sufficient and invoices that do not show all this information will not be accepted.

The list of documents required if the treatment was provided in France:
- for consultations: the original treatment form ("*feuille de soins*") together with the corresponding medical report
- for hospital treatment: the original invoice together with the receipt and corresponding medical report
- for pharmacy items: a prescription for the treatment or procedure together with the pharmacy price labels

If these are not provided, we will request additional documents which will delay the processing of your claim. Send all the documents to the claims department for your geographical zone (addresses on page 16 of this guide).
To find out which claims department you should use, log on to www.asfe-expat.com in the "Contact us"/ "Our contact details" section of the members' area.

SOME PRACTICAL ADVICE

- Keep photocopies of all your documents and be sure to send us the originals
- Try to group your claims to avoid reimbursements of small amounts
- You have 90 days to submit your claims for the reimbursement of medical expenses

❹ We process your reimbursement

You will receive your reimbursement via bank transfer in the currency and to the bank account of your choice. To avoid any transfers being rejected, it's important to provide us with your new details if you change your bank account.

USEFUL TIP

Send us your email address to receive an alert when a new reimbursement statement is available online: it's important to send us any updates or changes to your email address.

To see a breakdown of your reimbursement notices
Go to www.asfe-expat.com / Members' Area / "Your Reimbursements"/ "Your Reimbursement Notices". These statements are available for the entire duration of your stay abroad.

USEFUL TIP

If the currency of your bank account is different from the local currency where your account is held, you will have no bank charges to pay other than the usual account maintenance fees and any fees charged by intermediary banks.

If the currency of your account is different from the one in which you paid for your treatment, the exchange rate used to calculate your reimbursement is the rate issued by the United Nations on the last day of the month preceding the date of your treatment.

3 / AVOIDING THE NEED FOR CASH ADVANCES

To avoid the need for a cash advance, the ASFE offers a precertification service **if you are hospitalized for more than 24 hours or if the cost of your treatment exceeds €/USD 400.** This service is available worldwide provided it is accepted by the healthcare professional.

If you are hospitalized

We will settle your hospital charges directly with the hospital under the terms and conditions of your healthcare coverage. You will pay only the costs which are not covered by the insurance such as telephone and television. This procedure is very common in the United States and Asia where it is known as “precertification”.

USEFUL TIP

Be sure to show your ASFE card at the hospital. It will facilitate administrative procedures. It can also be downloaded in the members’ area.

Planned hospitalization

Contact us at least 10 days before your admission to hospital. We will make the necessary arrangements with the hospital and issue your precertification agreement under the terms of your plan.

USEFUL TIP

Fill out your precertification request directly in the members’ area in the “Your Reimbursements”/ “Precertification and Direct Payment Request” section.

In an emergency

- Go directly to the hospital.
- Show your ASFE card at the hospital admissions desk and ask them to contact the ASFE by telephone or email at precert@msh-intl.com within 72 hours of your admission. We will then issue them with your precertification agreement under the terms of your plan.

For treatment costs exceeding €/USD 400

You must first request prior approval from the ASFE teams. If it is accepted under the terms of your plan, we will settle your treatment costs directly. Please refer to page 9 of the following chapter for details of the procedure for requesting prior agreement.

Send all the documents to the claims department for your geographical zone (addresses on the last page of this brochure). To find out which claims department you should use, log on to www.asfe-expat.com in the “Contact us”/“Our contact details” section of the members’ area.

4 / ENSURING YOUR CLAIMS ARE ACCEPTED

Our cost-checking service

Medical expenses are reimbursed within the limits of "Usual, customary and reasonable costs".

This is because not only do healthcare rates vary from one country to another but also between two practitioners or facilities in the same country! For example, we know that some facilities can charge fees of up to 10 times more than other hospitals in the same town, while offering the same quality of service.

We have therefore produced a comparative chart of "Usual, customary and reasonable costs" based on the type of medical care and the country. On this basis and to help combat this type of practice, your reimbursements are therefore limited to "Usual, customary and reasonable costs" for the country in which the care was provided while maintaining the same quality of service. If you need assistance to ensure you don't exceed these limits, please feel free to contact us.

USEFUL TIP

Our team is available to provide you with medical advice. They can also advise you on a less expensive facility offering the same quality of service.
Details of the practitioners and hospitals in the country where you are located can be found in the members' area in the "Your Healthcare"/ "Find a Facility" section.

Prior approval

You must obtain prior approval from the ASFE before starting any treatment costing more than €/USD 400 or for the types of treatment listed below depending on the terms of your plan:

- Hospitalization (of any duration)
- Dental surgery (in the event of an accident or infection of the root)
- Stays in a medical facility following hospitalization
- Series of medical treatments involving more than 3 sessions

Obtaining prior approval is simple. Send us your treatment plan by mail, fax or email including the medical report from the prescribing doctor, any x-rays where required and/or an itemized estimate of costs.

- Once we have received your request, we will reply as quickly as possible with details of your conditions of reimbursement.
- If you wish, we can then make a direct payment to the hospital or practitioners where possible.

Further details can be found in the chapter "Avoiding the need for cash advances" on page 12.
You should send all the documents to the claims department for your geographical zone (addresses on the last page of this brochure).

USEFUL TIP

Written prior approval only covers treatment which starts within the following month and within the limits specified in the agreement.

Remember: If you do not request prior approval, coverage of your treatment under the plan may be denied.

5 / STAYING ABROAD AND PURCHASING A NEW PLAN

Simply log in to our site:
www.asfe-expat.com, then click on “Our solutions” / “Temporary stays abroad of up to 12 months” / “Get a quote”
If you are aged between 16 and 30, you can enroll in the plan up to 3 times in a row. From age 31, you can only enroll once.
All new enrollments are subject to the agreement of the insurer.

If, for example, you decide to stay abroad for a period of more than a year, we have solutions tailored to suit your circumstances. Our sales team would be pleased to discuss this with you:

- By email: contact@asfe-expat.com
- By telephone: +33 (0)1 44 20 48 77
- Or by visiting our website: www.asfe-expat.com

6 / QUESTIONS YOU MAY HAVE BEFORE GOING ABROAD

Is there anything I can do to put my mind at rest before I go abroad?
To make sure everything goes smoothly, it’s advisable to have a health check-up before you leave (make sure your vaccinations are up to date and get your teeth checked as a priority) and, if appropriate, have a medical examination where a certificate is issued to be sure of being able to practice all kinds of sports once you’re abroad.
It’s also advisable to give a friend or relative your insurance policy number and our contact details as well as your own address and phone number abroad.

What is my login/password for the website?
When you log in for the first time, go to www.asfe-expat.com, Members’ Area / “Get your login details”.
Enter the required information and click on “send”. Your login and password will be emailed directly to you.
Once you have logged in, we strongly recommended you change your password in the “Your Enrollment”/ “Your Details” section.

7 / QUESTIONS YOU MAY HAVE ONCE YOU'RE ABROAD

I've lost my personal insurance card. How do I get a new one?
You can print out a personalized copy from our website www.asfe-expat.com in the "Your Enrollment"/ "Insurance ID card" section of the members' area.

What sports are excluded from coverage?
Some high-risk sports (air sports, combat sports, etc.) may be excluded from your Start'Expat plan, as well as any sports which you practice on a professional basis or as part of a sports federation or club or competitions, championships or record attempts (see the health information booklet for your plan).

If I took out my Start'Expat plan for 12 months and come home after six months can I get a refund of my premium for the period of coverage I didn't use?
No, you signed up for coverage for a fixed period so you can't cut short your plan or claim a refund of the premium.

What is the annual cap on my healthcare coverage?
The total reimbursement amount is capped at €250,000 for the duration of your stay abroad (up to 12 months) for all medical care combined. (Medical assistance/repatriation is covered directly by the assistance provider and is unlimited).

Where can I find the names of qualified doctors, clinics and hospitals around the world?
Visit our website, www.asfe-expat.com in the "Your Healthcare"/ "Find a facility" section of your members' area: there you will find contact details for doctors and healthcare facilities and the languages spoken and services available in the hospitals in the country and specialist field you're looking for. This information is also available from our claims departments.

I'm not sure about the diagnosis or treatment I was given by my doctor or the hospital where I'm having my surgery. What should I do?
We have doctors working as part of our teams which means we can provide you with medical advice or refer you to a hospital or another practitioner. Simply send an email to medical@msh-intl.com, or contact your claims department.

If I need to go to the emergency department in my country of expatriation or in another country, what should I do?
You are covered worldwide and are free to choose the practitioner and medical facility you want. Your personalized insurance card contains all the numbers you'll need to contact us 24/7. Keep your card in a safe place and show it to the admissions department at the hospital. It will facilitate your administrative procedures.
Remember: this card is not a guarantee of direct payment, nor proof of insurance. For confirmation that your treatment is covered, you must contact us.

Can you make direct payments to a hospital or practitioner?
Yes, of course. Direct payments can be made for expenses exceeding €/USD 400 under the terms of your plan. To arrange this, contact our teams by phone (contact details on your ASFE card) or by email or fax stating the name of the hospital or practitioner, their address and telephone number or fill out our request for precertification form at http://www.asfe-expat.com in the "Your Reimbursements"/ "Precertification and Direct Payment Request" section of your members' area. We will take the necessary steps to pay your expenses directly, subject to this procedure being accepted by the service provider and under the terms of your plan.

What is the difference between prior approval and precertification?
Prior approval confirms our acceptance of your request for the reimbursement of the treatment even if it's not

enough to go ahead with the treatment. Precertification is a commitment from us to make a direct payment to the service provider.

When must I apply for prior approval?
The circumstances where prior approval is required are listed in the chapter "Ensuring your claim is accepted". You should also feel free to contact us if you have any doubts about the coverage of particular types of treatment (see section: My claims department). Our teams will give you a clear answer and let you know in advance if and to what extent the costs you are planning will be covered under your plan.

What happens if I didn't request prior approval for medical care over €/USD 400 or series of treatments?
In this case we may refuse to reimburse any of your costs so it's important to request prior approval. We'll reply within 72 hours of receipt of your fully-completed request.

What is the deadline for submitting a claim for reimbursement?
Claims for reimbursement must be received within a maximum of 90 days from the date of treatment. However, we strongly recommend you send us your claims within 3 months of the date of treatment and especially not to wait until you return home. If any documents are missing from your claim, it will be more difficult to get hold of them once you're back home.

If I submit a claim for reimbursement in a currency other than the currency of my bank account, what exchange rate will be applied?
If the currency of your bank account is different from the one used to pay your medical expenses, the exchange rate used to calculate your reimbursements is the one issued by the Compagnie Financière Edmond de Rothschild on the last day of the month preceding the date of your treatment.

Do I need to translate my documents into English/French or convert the currency for my claim to be processed?
No. We can process claims written in any language and manage your medical expenses in more than 150 currencies.

I don't understand or don't agree with the reimbursement I've received. Who should I contact?
We are here to answer your questions! Simply contact the claims department for your geographical zone (addresses on the last page of this brochure) and we'll provide you with all the details you need to settle any misunderstanding. You can also use the "Submit an inquiry" section in the members' area.

Do I need to submit a medical report every time I make a claim for treatment?
Yes. The medical report is required to process your claim.
More generally speaking, the medical report is also an official document which provides an overview of your medical care if any follow-up care is required from your usual doctor in your country of origin. If there are any after-effects of the treatment, the report constitutes proof of the medical treatment you received and is dated and signed by the practitioner in the country where it was carried out. If you're seeking compensation or if the practitioner has been negligent, the medical report enables you to take action.

For even more answers to your questions, visit our website www.asfe-expat.com.

8 / OUR CLAIMS DEPARTMENTS

NORTH AMERICA

ASFE/MSH
Suite 300, 999 - 8th Street S.W. Calgary, Alberta T2R 1N7 CANADA
Tel: +1 403 232 8545
Fax: +1 403 265 9425
adminamerica@asfe-expat.com

EUROPE

ASFE/MSH
23, allées de l'Europe
92587 Clichy cedex FRANCE
Tel: +33 (0)1 44 20 48 07
Fax: +33 (0)1 44 20 48 79
admineurope@asfe-expat.com

MIDDLE EAST AND AFRICA

ASFE/MSH
19th floor, One by Omnyat,
Business Bay,
P.O. BOX: 506537
Dubai - UAE
Tel: +971 4 365 1305
Fax: +971 4 363 7327
adminmea@asfe-expat.com

ASIA

ASFE / MSH
5/F, North Tower, Building 9, Lujiazui Software Park, Lane 91, E Shan Rd,
Shanghai – P.R. CHINA, 200127
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START'EXPAT
GENERAL TERMS AND CONDITIONS

CONTENTS OF THE GENERAL TERMS AND CONDITIONS

HEALTHCARE GENERAL TERMS AND CONDITIONS

Plan No. 900859 purchased by the ASFE (Association of Services for Expatriates – head office: Immeuble SEASON, 39 rue Mstislav Rostropovitch, 75815 Paris cedex 17) from AXA France Vie (a French limited company - société anonyme - with a capital of €487,725,073.50 - Paris Trade and Companies Register 310 499 959 – head office: 26, rue Drouot 75009 Paris – company governed by the French Insurance Code)

1 / BASIS AND PURPOSE OF THE PLAN

The purpose of this group insurance plan, which is governed by the French Insurance Code, is to provide ASFE members who are not covered by a Social Security scheme in France with coverage of medical expenses incurred as the result of an accident or unforeseen illness. The statements made by the ASFE and their Members form the basis of the plan which is purchased for a period of 1 to 12 months (or 24 months in the exclusive case of a Working Holiday Program in Canada).

2 / INSURED CATEGORY, CONDITIONS OF MEMBERSHIP AND ENROLLMENT PROCEDURES

You belong to the insurable group if you are an ASFE member aged between 16 and 65 at the time of enrollment and if you are living abroad for a period equal to or less than 1 year, or 24 months in the exclusive case of a Working Holiday Program in Canada.

In order for your application for membership to be considered, it must include:
- a completed and signed **application form**, by which you consent to the insurance, showing the requested effective date of the insurance - at the earliest the day following the online application for membership or receipt of your documents, and no later than 2 months following your application,
- the completed **health questionnaire** signed by the person to be insured,
- **a check in euros or authorization to take payment from a bank card** for the total amount of your premium,
- a copy of your **identity card or passport**,

to be sent to the Insurer via the ASFE.
The Insurer may request any additional medical evidence, consultations or examinations, at their own expense, to enable them to assess your state of health.
You have 45 days from receipt of the Insurer's request to provide the additional documents. On expiration of this period, the application for membership will be deemed to be null and void.

Certain professional activities (see current list below) are subject to prior approval from the insurer:
- occupations involving personal protection,
- occupations involving the protection of property,
- occupations with the purpose of teaching or practicing sports,
- any occupation requiring the use of weapons of any kind whatsoever,
- occupations requiring underground or underwater activity,
- occupations requiring the handling of explosives (including demining) or radioactive substances,
- occupations which lead to the taking part in a conflict (war, civil war, insurrection or riots), regardless of who is involved,
- occupations the purpose of which is to conduct public or private police investigations or gather confidential information,
- embassy staff.

IMPORTANT

The Insurer may deny membership, accept it subject to restrictions on benefits or with an additional premium. Your written agreement to the specific conditions of your membership is required for the implementation of the benefits. The specific conditions of membership are then listed on your certificate of enrollment. Details of the

restrictions on benefits will be sent to you directly by registered letter from the Insurer's medical advisor.

3 / CANCELLATION PERIOD

Even if you have signed the membership application form and paid the premium, you have the right to cancel your membership by registered letter with proof of delivery sent to the ASFE within 30 days of payment of this premium (Article L 132.5.1 of the French Insurance Code).

If you cancel during the 14 days following payment of the premium, the Insurer will refund you the full amount of the premium within a maximum period of 30 days of receipt of the registered letter.
After this period of 14 days, the Insurer will retain the portion of the premium corresponding to the period during which any coverage was in place.

4 / MISREPRESENTATION (Article L113.8 of the French Insurance Code)

Irrespective of the ordinary causes of nullity of the plan and the causes of reductions in compensation (Article L113.9 of the French Insurance Code) and subject to the provisions of **Article L132-26 of the French Insurance Code (incorrect age), the insurance plan is null and void in the event of concealment or intentional misrepresentation on the part of the Member, when such concealment or misrepresentation changes the subject of the risk or decreases the insurer's assessment of that risk, even if the risk which the Member concealed or distorted has no impact on the claim**.
The Insurer is then entitled to retain the premiums paid and to payment of all due premiums by way of damages.

5 / MEMBERS

Once your enrollment in the plan has been accepted by the Insurer, you become a Member.

Membership is evidenced by a certificate of enrollment issued by the ASFE and specifying:

- the effective date of enrollment and the end date of the plan,
- where applicable, a statement that you have been informed of the exclusions or restrictions on benefits.

6 / EFFECTIVE DATE – DURATION – RENEWAL OF MEMBERSHIP

If the application for membership is complete and has been accepted by the Insurer, membership takes effect on the later of the following two dates:

- on the date specified on the application form,
- on the day following receipt of the application form.

This effective date is specified on the certificate of enrollment.

IMPORTANT

The insurance is taken out for a fixed period specified on the application form when the plan is purchased. This period cannot be interrupted for any reason whatsoever.

This period must be 1 month, 2 months, 3 months, 4 months, 5 months, 6 months, 7 months, 8 months, 9 months, 10 months, 11 months or 12 months, or 24 months in the exclusive case of a Working Holiday Program in Canada.
At the end of this period, you may reapply for membership, subject to acceptance by the insurer, and up to a maximum of:

- 2 additional periods of membership for persons aged between 16 and 30 on the effective date of each additional period of membership,
- 1 additional period of membership for persons aged 31 and over on the effective date of the new period of membership.

Your benefits come to an end:
- on the day on which you cease to belong to the insurable group,
- if the premium is not paid in accordance with the procedure described below,
- on the date on which your membership comes to an end (set when the plan is purchased) and specified on the application form,
- on the date on which the contract between the ASFE and the Insurer is terminated.

In all cases, premiums must be paid in full up to the date of cessation of benefits and the period of membership cannot be reduced.

Once the plan has been terminated, it cannot under any circumstances continue to operate with respect to Members.

7 / DEFINITION OF GEOGRAPHICAL ZONES

Benefits apply in the countries of the coverage zone of the internship, assignment, study program or stay specified on the membership application form:
- **Zone A**: worldwide excluding the United States of America;
- **Zone B**: worldwide including the United States of America.

Benefits also apply to Zone A members during trips to the United States of America of less than thirty days in total, only in respect of expenses incurred following an accident during this trip or an unforeseen illness which begins during this trip. In this case supporting documentation such as travel tickets proving the length of your stay in the USA will be required.
Insurance purchased for travel to the United States of America is valid worldwide.

8 / CALCULATING THE PREMIUMS

Premium amounts are expressed in Euros and are based on the location of the stay, the duration of membership and the age of the member.

9 / PAYING THE PREMIUM

The premium is payable in full on enrollment in the plan by bank card or check.
In accordance with Article L.141-3 of the French Insurance Code, the Policyholder may exclude a Member from the group insurance plan if the member has not paid the premium.
Failure to pay the premium, in accordance with the French Insurance Code, will therefore result in exclusion from and non-implementation of the plan.

10 / ARBITRATION

In the event of any disagreements arising from the plan, the policyholder and the insurer agree, before resorting to the arbitration procedure described below, to put their case in writing and meet together in an attempt to settle the dispute amicably.

Any dispute which is not settled amicably within thirty days of the day when the first party to act puts its case in writing will be settled by an arbitration tribunal sitting in PARIS, composed of three arbitrators appointed as follows:
- the policyholder and the insurer each appoint an arbitrator within thirty days of the deadline specified above,
- the third arbitrator is appointed by the first two within thirty days of the appointment of the last one.

If an arbitrator is not appointed within the set timescales, the appointment will be made by the president of the Tribunal de Commerce in PARIS, in summary proceedings, as instructed by the first party to act. The

arbitration tribunal rules by a majority vote of its members, stating its reasons for the decision. The ruling is final and binding.

11 / LIMITATION PERIOD

Any legal action arising from the insurance plan is barred for the period following the loss which is specified under Articles L 114-1 and L 114-2 of the French Insurance Code.
On expiration of the period set by the French Insurance Code, the Contracting party, the Members, the beneficiaries and the Insurer no longer have any rights or obligations.

12 / COMPLAINTS

For information regarding the plan or any events arising from its application, the main point of contact is the agent, the ASFE, who should be approached in the first instance.

In the event of a dispute, it will be possible to send a letter to the AXA Customer Service Manager at the following address:

Direction Clientèle AXA
TSA 46 307
95901 Cergy Pontoise Cedex 9
France

If, following their intervention, the disagreement persists, it will be possible to request the opinion of the Ombudsman whose details will then be provided. Consulting the Ombudsman, who is independent of the Insurer, is free of charge. The Ombudsman will offer a reasoned view within 3 months of the day on which their opinion was sought. Their opinion is not binding on either the Insurer or the ASFE and each party retains the right to apply to the competent court.

13 / SCOPE OF BENEFITS

The plan provides coverage of the following costs:

// HOSPITAL MEDICINE

- room and board (including, where applicable, the cost of a standard semi-private room),
- surgical procedures, anesthesia – intensive care,
- operating room, where applicable,
- consultations,
- paramedical services,
- clinical laboratory services,
- procedures using ionizing radiation,
- pharmaceutical costs,
- post-operative costs as specified above prescribed by the practitioner who performed the surgery and incurred within 30 DAYS of leaving hospital,
- fixed hospital charge in case of hospitalization,
- cost of transportation by ambulance in connection with a hospital stay covered under this plan.

// HOSPITALIZATION OF LESS THAN 24 HOURS

Hospital stays of less than 24 hours with surgery are classed as hospitalization of at least 24 hours.
Chemotherapy is classed as hospitalization of less than 24 hours.

// ROUTINE OUTPATIENT MEDICINE

- consultations, home visits (excluding dentists),
- minor surgery and specialist procedures,
- paramedical services,
- diagnostic tests and laboratory work,
- radiology, medical imaging (MRI) and scans,
- prescription drugs.

// DENTAL – AS A RESULT OF AN ACCIDENT OR A DENTAL EMERGENCY NOT CAUSED BY THE POOR PRIOR CONDITION OF THE TEETH OR GUMS

A "**dental emergency**" is any infection of the roots which is likely to cause complications if not treated within 48 hours:

- consultations with and home visits from dentists
- dental treatment, excluding dentures and dental implants

// DENTURES AND OTHER PROSTHESES: FOLLOWING A REPORTED ACCIDENT ONLY
// VISION: LENSES AND FRAMES: FOLLOWING A REPORTED ACCIDENT ONLY

A "**reported accident**" is an accident for which a certificate has been issued by an authority that was present at the scene (police, fire service or ambulance/emergency rapid response unit). This certificate must include the following information: location, date, type of injury and the exact circumstances of the accident.

Medical procedures which are not listed in the French Social Security nomenclature are never covered.

Medical expenses which qualify for coverage must have been incurred:

- in the geographical zone of the country specified in the application form as defined under "Definition of geographical zones";
- for zone A members traveling to the United States of America for periods of less than thirty days in total, only expenses resulting from an accident or unforeseen illness occurring during this trip.

NB: Insurance purchased for travel to the United States of America is valid worldwide.

IMPORTANT

If hospitalization is not required, the only medical expenses to be reimbursed are those incurred in an emergency following an accident or unforeseen illness requiring surgery or medical treatment which cannot wait until the member has returned or has been repatriated to their country of origin.

If you are admitted to hospital, costs will be covered if the hospitalization is the result of:

- an accident,
- an unforeseen illness requiring medical or surgical treatment which cannot wait until you have returned or been repatriated to your country of origin.

An "unforeseen illness" is any deterioration in the state of health certified by a competent medical authority which is sudden and unexpected.

An "accident" is any bodily injury not intended by the Member, resulting exclusively from sudden and unexpected action by an external cause. Therefore, for the purposes of this plan, events which are wholly or partially caused by an illness (pathological cause) are not accidents.

The following expenses are never reimbursed: pregnancy and maternity-related expenses, spa therapies, and preventive medical procedures or check-ups (such as contraceptive monitoring, cholesterol screening, etc.), and any nervous or mental disorders.

Benefits will only be paid by the Insurer insofar as the expenses are reasonable and customary.

Pre-existing illnesses, meaning medical conditions which developed before you signed the Application form, will not be covered under the plan.

14 / CONDITIONS OF COVERAGE

The following expenses require prior approval:

- Series of medical treatments or procedures following an accident or an unforeseen illness where the number of sessions is greater than 3,
- Hospital stays of any duration,
- Dental surgery (in cases of accident or infection of the root),
- Stays in a medical center following a stay in hospital.

The ASFE must have received the request for prior approval 10 days before the treatment or procedure is carried out.

15 / SUPPORTING DOCUMENTS FOR THE PAYMENT OF CLAIMS

Within 90 days of the date of treatment, the Member must send all of the following documents to the Insurer:

- **the completed CLAIM FORM** (or the completed French Social Security treatment form, "FEUILLE DE SOINS" if the treatment was dispensed in France),
- **a medical certificate issued by the doctor**, specifying the condition or the reason for the emergency consultation,
- **the ORIGINALS of the PRACTITIONER'S FEES and PRESCRIPTIONS**, dated and paid and showing the first and last names of the person receiving the treatment, the type of illness, the nature and date of the visits and the treatment given. The prescriptions must clearly show the name and price of the drugs and specify the local currency,
- **the original statements** from any scheme from which the Insured member has received benefits, where applicable.

16 / AMOUNT OF BENEFITS

// HEALTHCARE BENEFITS SCHEDULE

You are reminded **that the only medical expenses to be reimbursed are those incurred in an emergency following an accident or an unforeseen illness requiring surgery or medical treatment which cannot wait until you have returned or been repatriated to your country of origin**. You will be asked to provide evidence of the emergency or the accident.

HEALTHCARE BENEFITS	Maximum amount (including taxes) per person, for the duration of the plan
AGGREGATE LIMIT ON HEALTHCARE BENEFITS (€)	**€250,000**
HOSPITAL MEDICINE	
Room and board (including, where applicable, the cost of a standard semi-private room)	Semi-private room: up to €100/day
Surgical procedures, anesthesia – intensive care	100% of actual costs
Operating room, where applicable	100% of actual costs
Consultations	100% of actual costs
Paramedical services	100% of actual costs
Clinical laboratory services	100% of actual costs
Procedures using ionizing radiation	100% of actual costs
Pharmaceutical costs	100% of actual costs
Post-operative costs, as specified above, prescribed by the practitioner who performed the surgery and incurred within 30 DAYS of leaving hospital	100% of actual costs
Fixed hospital charge in case of hospitalization	100% of actual costs
Cost of transportation by ambulance in connection with a hospital stay covered under this plan	100% of actual costs
HOSPITALISATION OF LESS THAN 24 HOURS	
Hospital stays of less than 24 hours with surgery are classed as hospitalization of at least 24 hours. Chemotherapy is classed as hospitalization of less than 24 hours.	100% of actual costs
ROUTINE OUTPATIENT MEDICINE	
Consultations and home visits (excluding dentists)	100% of actual costs (limited to €80/consultation from the 3rd visit)
Minor surgery and specialist procedures	100% of actual costs
Paramedical services	100% of actual costs
Diagnostic tests and laboratory work	100% of actual costs
Radiology, medical imaging (MRI) and scans if reimbursable	100% of actual costs
Prescription drugs if reimbursable by French Social Security (excluding non-medicinal products)	100% of actual costs, up to €3,000

DENTAL (a “dental emergency" is any infection of the roots which is likely to cause complications if not treated within 48 hours and which is not required due to the poor prior condition of the teeth or gums)	
Consultations with and home visits from dentists and dental treatment	100% of actual costs up to €350
DENTAL – ONLY FOLLOWING A REPORTED ACCIDENT	
Dentures and other prostheses	100% of actual costs up to €200
VISION – ONLY FOLLOWING A REPORTED ACCIDENT	
Lenses and frames	100% of actual costs up to €150

The Insurer reserves the right to request any additional supporting documents at the time of the insured event and during payment of the benefits.

The Member must also respond to any requests regarding the accident or unforeseen illness and, in particular, specify its nature, the date of its first medical diagnosis, etc.

The plan only covers reasonable medical expenses that are generally charged in the country in which the specific treatment has been received, in accordance with standard and generally accepted medical procedures.

Medical expenses deemed to be excessive, unreasonable or unusual considering the country in which they were incurred, will not be covered or the amount of benefits paid will be restricted.

In order to ensure the sustainability of your plan and to better control increases in healthcare expenditure, we strive to make our Members aware of the value of controlling medical expenses.

// PREVENTIVE MEASURES

- Make sure you get all the vaccinations recommended for your country of destination before you leave.
- Take a look at the medical information we provide at: www.asfe-expat.com, Members’ Area, Your Healthcare, including recommendations for preventing certain Illnesses (malaria, etc.).
- Get a pre-expatriation check-up for the whole family before you leave, as well as regular Health check-ups; some health concerns can be incompatible with certain climates. Remember, this benefit is not available under the plan.

// USEFUL TIPS TO HELP YOU CONTROL COSTS

- Try, where possible, to use public sector or state-approved healthcare providers.
- Avoid giving any information in advance about the plan’s level of coverage, especially to dentists and opticians, in order to avoid rates being automatically adjusted to the upper limit.
- Limit the number of visits to different practitioners for the same health concern.

// TOP-QUALITY MEDICAL SERVICES AT A “USUAL, CUSTOMARY AND REASONABLE COST”

- Healthcare costs vary greatly from country to country, and even between practitioners or medical facilities in the same town: some of them can charge up to 10 times more than others, while offering the same quality of Service.
- To help combat this type of practice, and based on our in-depth knowledge of local healthcare systems, we have produced a comparative chart of “Usual, customary and reasonable costs”. This is a scale of charges which we consider to be reasonable according to the type of medical care and the countries in question.
- Before seeking treatment, please feel free to contact our medical teams for details of “Usual, customary and reasonable costs” for a particular medical Service.

// USE THE MSH INTERNATIONAL MEDICAL NETWORK AS FAR AS POSSIBLE (PARTICULARLY IN THE UNITED STATES)

You are free to choose your healthcare provider but, by opting for the MSH INTERNATIONAL Medical network (accessible in the Members’ Area/‘Your Healthcare/Find a facility’), you can geo-locate the healthcare providers nearest to you and receive top-quality care anywhere in the world at reasonable rates.

That way, you will benefit from the best quality of care possible while minimizing the risk of exceeding the upper limits of your benefits.

17 / UPPER LIMITS OF BENEFITS

The reimbursement of or compensation for costs incurred as the result of an unforeseen illness or accident cannot exceed the level of costs payable by the Member following reimbursements of any kind to which they are entitled.

Benefits of the same type purchased from several insurers operate within the limits of each individual benefit, regardless of the date of purchase. Within these limits, the beneficiary of the plan or agreement may obtain compensation by contacting the organization of their choice.

18 / SUBROGATION

The insurer is subrogated, in respect of medical expenses and up to the level of the amounts they paid out, to the rights and actions which you may have or take against any third parties liable for the loss as specified under Article L122-12 of the French Insurance Code.

19 / COVERED AND EXCLUDED RISKS

In addition to the medical treatments which are not covered under the plan, the following are excluded from coverage:

- **Treatments and procedures which are not listed in the French Common Classification of Medical Treatments and Procedures (CCAM) as well as treatments and procedures which are not covered or for which this Classification does not specify a rate, with the exception of treatments and procedures which are covered under this plan,**
- **The portion of costs reimbursed or reimbursable by any benefits provider (e.g. Social Security) or under any other insurance plan,**
- **Treatment dispensed in a public hospital or medical facility which would be delivered free of charge if there were no plan in place,**
- **Treatment and hospitalization related to nervous breakdowns and more generally to psychic or neurotic disorders,**
- **The treatment of psychomotor disorders,**
- **Treatments or procedures performed by a person without the required qualifications,**
- **Any treatment which is not prescribed by a doctor or which has no value from a strictly medical point of view,**
- **Any medical or dental treatment which does not meet professional standards, and temporary dentures,**
- **Treatment for which the Member or the insured has not sought the required prior approval or where prior approval has been denied,**
- **Any surgical procedure which is not required by a medical emergency, unless prior approval has been obtained from the Insurer,**
- **Costs relating to cosmetic treatments (or equivalent) of any origin and of any kind, except in special cases (following an accident occurring during the period of insurance under this plan) for which prior approval has been issued in writing by the Insurer and subject to the conditions and limits stipulated by them,**
- **Costs incurred before the effective date of the plan and once it has come to an end,**
- **All commonly used non-medicinal products such as cotton wool, alcohol, sunscreen, toothpaste, dressings, soap, perfume, shampoo, etc.,**
- **Ancillary costs such as telephone and television during stays in hospital,**
- **The cost of accommodation and treatment in a rest home or convalescent home unless the stay follows a period of hospitalization of more than 30 days or a major surgical procedure (limited to 30 days),**
- **The cost of accommodation and treatment during a stay in a vocational rehabilitation center (or similar facility), when a state of temporary or permanent disability has been diagnosed. Such services are classed as home care even if they are prescribed by a doctor and delivered by providers with medical or paramedical status,**
- **Treatments for obesity, weight loss and anti-aging or any cosmetic treatments,**

- **Travel and hotel accommodation costs incurred in connection with treatment,**
- **Transportation costs other than by ambulance,**
- **Treatments deemed to be experimental,**
- **Podiatric treatment which is not required as the result of an accident or illness,**
- **Spa therapies or thalassotherapy,**
- **Detoxification therapies (alcoholism, drug dependency or similar),**
- **The cost of voluntary termination of pregnancy,**
- **Costs incurred as the result of accidents or illnesses caused intentionally by the Insured member or the dependent, and those resulting from suicide attempts or intentional self-inflicted injuries,**
- **Treatment relating to accidents or illnesses occurring prior to enrollment in the plan and/or not declared to the Insurer,**
- **Treatment relating to specific exclusions of which you were notified in the certificate of enrollment,**
- **Care provided in a nursing facility or retirement home and the costs resulting from personal assistance with daily activities, even if that person has been declared as being in a state of temporary or permanent disability. Such services are classed as home care even if they are prescribed by a doctor and delivered by providers with medical or paramedical status,**
- **Any pre-existing illnesses, meaning a medical condition which developed before the date of signature of your Application form of which you were aware, or of which you could have been aware before signing the Application form.**

Coverage of medical expenses deemed to be excessive, unreasonable or unusual considering the country in which they were incurred may be denied or limited.

The consequences of participation in any sporting competitions and training sessions as well as the practice of sports in a club or federation in a professional capacity are also excluded from all coverage.

SPECIAL CASES RELATING TO THE PRACTICE OF SPORTS

The practice of the sports listed below is wholly excluded from coverage:

- **Extreme sports:** bungee jumping, caving, extreme canoeing and kayaking (in rapids greater than Class V, rivers greater than Class II, on seas and oceans more than two nautical miles from land), sailing (transoceanic and single-handed navigation more than 20 nautical miles from shelter), base jumping and kite surfing.

The practice of the sports listed below is wholly excluded from coverage except introductions to these sports, for leisure purposes by way of "initiation", if it is supervised by a professional with the qualifications and skills required by the State, are covered with the exception of "extreme" sports.

- **Mountain sports:** mountaineering, climbing (excluding artificial holds without a safety rope), rock climbing, solo hiking above 3,000 meters, ski jumping, bobsleigh, skeleton, skiing (alpine, cross-country and snowboarding) off marked trails which are open to the public and canyoning
- **Air sports:** aerobatics, gliding, parachuting, microlighting, hang gliding, paragliding and skysurfing,
- **Water sports:** scuba diving, surfing and hydrospeeding
- **Motor sports:** motor racing, motorcycle racing or kart racing
- **Self-defense and combat sports.**