INDIVIDUALS

OVERVIEW OF BENEFITS

FIRST'EXPAT+ / RELAIS'EXPAT+

IN THE USA

MSH INTERNATIONAL

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OVERVIEW OF BENEFITS
FIRST'EXPAT+ / RELAIS'EXPAT+
IN THE USA

HOSPITALIZATION IN THE USA*

LEVELS OF COVERAGE - IN THE USA	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
ANNUAL AGGREGATE LIMIT	$1,000,000	$2,000,000	$3,000,000
Co-payment, per hospitalization	$400 *out-of-network: $800*	$200 *out-of-network: $400*	$0 *out-of-network: $200*
Private room	80% *out-of-network: 60%*	90% *out-of-network: 70%*	100% *out-of-network: 80%*
Outpatient hospitalization (including outpatient surgery)	80% *out-of-network: 60%*	90% *out-of-network: 70%*	100% *out-of-network: 80%*
Intensive care	80% *out-of-network: 60%*	90% *out-of-network: 70%*	100% *out-of-network: 80%*
Surgical procedures	80% *out-of-network: 60%*	90% *out-of-network: 70%*	100% *out-of-network: 80%*
Emergency dental care with hospitalization	80% *out-of-network: 60%*	90% *out-of-network: 70%*	100% *out-of-network: 80%*
Laboratory tests, MRI, x-rays, drugs, internal prostheses	80% *out-of-network: 60%*	90% *out-of-network: 70%*	100% *out-of-network: 80%*
Oncology (treatment of cancer)	80% *out-of-network: 60%*	90% *out-of-network: 70%*	100% *out-of-network: 80%*
Treatment of AIDS	80% *out-of-network: 60%*	90% *out-of-network: 70%*	100% *out-of-network: 80%*
External surgical and medical prostheses and devices (for each prosthesis and limited to 2 prostheses)	80% up to $2,250 *out-of-network: 60% up to $2,250*	90% up to $3,100 *out-of-network: 70% up to $3,100*	100% *out-of-network: 80%*
Palliative care**	80% up to $19,000 *out-of-network: 60% up to $19,000*	90% up to $31,000 *out-of-network: 70% up to $31,000*	100% *out-of-network: 80%*
Psychiatric treatment and care** *Waiting period of 12 months*	80% up to $4,400 *out-of-network: 60% up to $4,400* (limited to 10 days per year)	90% up to $8,750 *out-of-network: 70% up to $8,750* (limited to 20 days per year)	100% *out-of-network: 80%* (limited to 30 days per year)
Medical evacuation and assistance provided by Europ Assistance	Liaising with Europ Assistance doctors Local transfer by ambulance - air ambulance to the nearest hospital		

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

*** No co-payments apply on those benefits.*

ROUTINE HEALTHCARE IN THE USA

LEVELS OF COVERAGE - IN THE USA	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
ANNUAL AGGREGATE LIMIT	$38,000	$62,000	$3,000,000
Co-payment, per treatment or procedure	*$35 / out-of-network: $45*	*$25 / out-of-network: $35*	*$15 / out-of-network: $25*
CONSULTATIONS AND EXAMINATIONS			
Consultations with general practitioners and specialists (other than dentists and psychiatrists) and specialist procedures	80% *out-of-network: 60%*	90% *out-of-network: 70%*	100% *out-of-network: 80%*
Emergency dental care without hospitalization*	80% *out-of-network: 60%*	90% *out-of-network: 70%*	100% *out-of-network: 80%*
Psychiatry - ***Waiting period of 12 months***	80% *out-of-network: 60%* 10 sessions per year	90% *out-of-network: 70%* 15 sessions per year	100% *out-of-network: 80%* 20 sessions per year
Speech therapy, orthoptics, occupational therapy and nursing care*	80% *out-of-network: 60%*	90% *out-of-network: 70%*	100% *out-of-network: 80%*
Physical therapy and physiotherapy*	80% *out-of-network: 60%* 17 sessions per year	90% *out-of-network: 70%* 22 sessions per year	100% *out-of-network: 80%* 32 sessions per year
Osteopathy and chiropractic*	80% *out-of-network: 60%* 15 sessions per year	90% *out-of-network: 70%* 25 sessions per year	100% *out-of-network: 80%* 35 sessions per year
Homeopathy, acupuncture and traditional Chinese medicine*	80% *out-of-network: 60%* 5 sessions per year	90% *out-of-network: 70%* 7 sessions per year	100% *out-of-network: 80%* 10 sessions per year
Laboratory tests, MRI, x-rays and diagnostic examinations	80% *out-of-network: 60%*	90% *out-of-network: 70%*	100% *out-of-network: 80%*
PRESCRIBED DRUGS AND MEDICAL EQUIPMENT			
Prescription drugs	80% *out-of-network: 60%*	90% *out-of-network: 70%*	100% *out-of-network: 80%*
Contraceptives	80% *out-of-network: 60%* up to $125 per year	90% *out-of-network: 70%* up to $250 per year	100% *out-of-network: 80%* up to $375 per year
Medical equipment (e.g. crutches)	80% *out-of-network: 60%*	90% *out-of-network: 70%*	100% *out-of-network: 80%*
WELLBEING & WELLNESS			
Prescribed vaccinations and preventive treatments	80% *out-of-network: 60%*	90% *out-of-network: 70%*	100% *out-of-network: 80%*
Health check-up	80% *out-of-network: 60%* up to $190 every 3 years	90% *out-of-network: 70%* up to $625 every 3 years	100% *out-of-network: 80%* up to $1,250 every 3 years
Preventive package (cervical screening, mammogram, prostate cancer screening, screening for skin cancer, etc.)	80% *out-of-network: 60%* up to $625	90% *out-of-network: 70%* up to $1,000	100% *out-of-network: 80%*
Dietitian	not covered	90% *out-of-network: 70%* 2 sessions per year	100% *out-of-network: 80%* 3 sessions per year

**No co-payments apply on those benefits.*

THIRD-PARTY LIABILITY IN THE USA

LEVELS OF COVERAGE - IN THE USA	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	$30,000		

LEGAL ASSISTANCE IN THE USA

LEVELS OF COVERAGE - IN THE USA	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 Escort service for children under six and dependent persons	Covered		
Advance of bail bond	up to $20,000		

OPTIONAL BENEFIT: DENTAL/VISION (HEALTH+)*

**Based on actual costs, within the limit of usual, customary and reasonable costs as determined by us, per Member and per Insurance year.*

LEVELS OF COVERAGE - IN THE USA	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
Co-payment, per treatment or procedure	***$35 / out-of-network: $45***	***$25 / out-of-network: $35***	***$15 / out-of-network: $25***
VISION			
Waiting period: 6 months			
Lenses and frames, limited to one pair every 2 years Cost of surgical treatments for visual corrections (myopia, hyperopia, astigmatism and keratoconus)	80% *out-of-network: 60%* up to $310	90% *out-of-network: 70%* up to $500	100% *out-of-network: 80%* up to $750
Corrective contact lenses including disposable lenses	80% *out-of-network: 60%* up to $250 per year	90% *out-of-network: 70%* up to $375 per year	100% *out-of-network: 80%* up to $500 per year

LEVELS OF COVERAGE - IN THE USA	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
DENTAL			
Waiting periods: 3 months for dental care and periodontics, 6 months for dentures, dental implants, bone grafts and dental surgery, 12 months for orthodontics			
ANNUAL AGGREGATE LIMIT ON DENTAL BENEFITS (EXCLUDING ORTHODONTICS)	**$1,900** up to $500 per tooth	**$2,500** up to $625 per tooth	**$4,400** up to $750 per tooth
Routine dental care, dentures and dental implants, dental surgery, periodontics	80% *out-of-network: 60%*	90% *out-of-network: 70%*	100% *out-of-network: 80%*
Orthodontics up to the age of 16, for 3 years	80% *out-of-network: 60%* up to $1,000	90% *out-of-network: 70%* up to $1,500	100% *out-of-network: 80%* up to $1,900

OPTIONAL BENEFIT: MATERNITY (HEALTH+ CHILD)*

Available only if the optional benefit* **Health+ *(dental + vision) has been purchased.*

LEVELS OF COVERAGE - IN THE USA	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
Waiting periods: 10 months for maternity, 12 months for fertility treatment			
Childbirth preparation classes, prenatal and postnatal care received by the mother and immediate care of newborns Childbirth without complications (single or multiple births)	80% *out-of-network: 60%* up to $6,250 per year	90% *out-of-network: 70%* up to $10,000 per year	100% *out-of-network: 80%* up to $13,800 per year
Childbirth complications	Limit for childbirth without complications doubled		
Fertility treatment ***Waiting period of 12 months***	80% *out-of-network: 60%* $1,100 per attempt (with a lifetime limit of $4,400)	90% *out-of-network: 70%* $1,500 per attempt (with a lifetime limit of $6,000)	100% *out-of-network: 80%* $1,900 per attempt (with a lifetime limit of $7,600)

MEDICAL ASSISTANCE/REPATRIATION

LEVELS OF COVERAGE - IN THE USA	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		

CONTACT US

FOR ANSWERS TO YOUR QUESTIONS ABOUT YOUR HEALTHCARE PLAN

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