

International health insurance

Insurance product information document



Insurer: Groupama Gan Vie – Insurance company registered in France and governed by the French Insurance Code – Paris Trade and Companies Register number 340 427 616

Product: First'Expat+

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 contractual and pre-contractual information about the product can be found in the Information Booklet serving as the General Terms and Conditions of the plan.

What type of insurance is it?

The First'Expat+ plan is designed to reimburse from the first €/€ all or part of the medical expenses incurred by plan members living abroad.



What is insured?

Benefit amounts are subject to upper limits which vary according to the level of coverage chosen and are shown in the benefits schedule. They cannot be higher than expenses actually incurred and you may have to make a contribution to costs.

There is also a maximum overall benefit amount per year and per plan member depending on the level of coverage chosen. This upper limit is shown in the benefits schedule. When this upper limit is reached, any costs incurred over and above this limit will not be covered.

BENEFITS WHICH ARE ALWAYS PROVIDED

- ✓ Hospitalization: room and board, emergency hospitalization, specialist consultations and treatments and procedures, prescribed medication, prostheses, oncology, psychiatric treatments and care, etc.
- ✓ Routine healthcare: consultations with general practitioners and specialists, prescribed medication, physical therapy, osteopathy and chiropractic, psychiatry, vaccinations, health checks, etc.
- ✓ Personal Third-Party Liability
- ✓ Legal Assistance
- ✓ Medical evacuation

OPTIONAL BENEFITS

- Dental: routine dental care, dentures and dental implants, surgery, orthodontics, etc.
- Vision care: lenses and frames, surgical correction of vision, contact lenses, etc.
- Maternity: maternity and childbirth preparation classes, pre and postnatal care received by the mother, etc.
- Assistance/Repatriation: early return in the event of the hospitalization/death of a family member, second medical opinion, psychological support and early return in the event of loss or damage to the place of residence, etc.

SERVICES WHICH ARE ALWAYS PROVIDED

- ✓ Mobile application
- ✓ Members' area
- ✓ Medical network



What is not insured?

- ✗ Costs incurred before the effective date of the plan and after coverage has come to an end
- ✗ Costs which were paid by another insurance company, a person, an organization or a public scheme
- ✗ Additional expenses with no direct medical purpose such as charges for telephone, television, internet access, newspapers, taxi fares, meals for visitors, etc.
- ✗ Treatments and stays in health resorts, fitness centers, convalescent homes or nursing homes, spas and thermal treatment centers, ... and other similar establishments which are not recognized as Hospitals
- ✗ The cost of cosmetic, esthetic or reconstruction treatments unless this treatment is linked to the restoration of a physical feature or function following an accident or surgery
- ✗ The care, treatment and consequences of attempted suicide or self-inflicted injuries or illnesses, or the use of narcotics without a medical prescription



Are there any exclusions from coverage? (= conditions or costs which are not covered under the plan)

- ! Pre-existing medical conditions
- ! Medication without a prescription
- ! Voluntary termination of pregnancy
- ! Any medical or surgical expenditure not prescribed by a qualified medical authority
- ! Costs deemed to be excessive, unreasonable or unusual considering the country in which they were incurred
- ! Psychomotor therapy
- ! Gestational surrogacy, meaning all treatments directly related to the use of a surrogate mother whether the Insured member is the surrogate mother or the intended parent

Groupama Gan Vie

A French 'société anonyme' with a capital of 1,371,100,605 euros Paris Trade and Companies Register 340 427 616 - APE 6511 Z Tel: +33 (0)1.44.56.77.77. src-collectives@ggvie.fr
Head office: 8-10 rue d'Astorg - 75383 Paris Cedex 08 France

Company governed by the French Insurance Code and subject to the French Prudential Supervision and Resolution Authority (ACPR) - 61 rue Taitbout - 75009 Paris France



Where are you covered?

- In the selected coverage zone and other lower zones (details can be found in the General Terms and Conditions of the plan)
- Worldwide, for Emergency care only, during occasional stays of less than 60 consecutive days (only if this care is required as the result of an accident or a sudden and unexpected unforeseen illness)



What are your obligations?

Failure to fulfil these obligations may result in coverage being reduced or denied

- When you enroll in the plan: complete the application form and the medical questionnaire provided by the insurer accurately and honestly and sign both documents, provide all the requested supporting documents and pay the premium (or premium installment) specified in the plan.
- During your membership of the plan: provide all the supporting documents required for the payment of benefits under the plan, send the insurer your claims for reimbursement within a maximum of 2 years following the date of treatment, inform the insurer of any changes in your circumstances (change of address, occupation, family composition, etc.).



When and how to make your payments?

- Premiums are payable monthly, quarterly, bi-annually or annually, in euros or US dollars.
- You can make your payments online (by bank card), by direct debit (from a bank account in France or Monaco only) or by bank or postal check.



When does your coverage begin and end?

- Membership becomes effective on the date shown on the Certificate of enrollment and no earlier than the 1st or 15th of the month following notification of acceptance of membership. The plan member has 14 calendar days to cancel their membership from the date on which their Certificate of enrollment is sent out without having to justify their reasons or being subject to penalties.
- The plan is purchased for a period of one year and is automatically renewed on each anniversary date for successive periods of one year, unless it is terminated by one of the parties.



How can you terminate your plan?

- You can terminate the plan:
 - During the course of the year, on the 1st or 15th of the month following the date of receipt of the letter of termination together with an official supporting document (giving at least one month's notice)
 - At the end of the fixed term shown on the Certificate of enrollment or at the end of the period covered by the last premium paid if the member requests termination of their membership of the plan by letter sent to MSH International with 2 months' notice.
 - If there are any changes in your personal or professional circumstances which have a direct influence on the covered risks.

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