



FIRST' EXPAT +
YOUR TAILOR-MADE
INTERNATIONAL HEALTH
INSURANCE



WHO ARE WE?

OUR MISSION

For more than 40 years, MSH INTERNATIONAL has been designing and managing international health insurance solutions for globally-mobile individuals: expatriate employees and freelancers, young adults living abroad (internships, studies or working holiday visas), active seniors, etc.

Our mission is to provide solutions for all expatriates worldwide by offering coverage of healthcare, life & income protection, medical assistance/repatriation and third party liability.



5th global player

+400,000 members

92% customer satisfaction

KEY FIGURES

Available

24/7

2,000 companies covered

SOLUTIONS FOR INDIVIDUALS AND COMPANIES

With its comprehensive range of tailor-made solutions, MSH INTERNATIONAL is able to meet the specific needs of Individuals, as well as Companies and Organizations, by reflecting their diversity: Micro-businesses and SMEs, Mid-cap companies, Multinationals, International Organizations and NGOs.

**MSH INTERNATIONAL
VALUES**



As a specialist in international health insurance, MSH INTERNATIONAL strives to be your true local healthcare partner abroad. Four core values characterize our commitment to provide you with the level of service you deserve, day after day.



PROXIMITY

4 regional head offices in Paris, Toronto, Dubai and Shanghai

17 local offices in Calgary, Toronto, Paris, Lyon, Hamburg, Geneva, Luxembourg, Dubai, Abu Dhabi, Riyadh, Jeddah, Shanghai, Beijing, Guangzhou, Chengdu, Singapore, Shenzhen

A medical network of
94,700 healthcare providers worldwide and
1,000,000 in North America



FLEXIBILITY

- SOLUTIONS FOR INDIVIDUALS**
- Temporary stays (from 1 to 12 months)
 - Long-term expatriation with coverage as of the 1st €/€ (at least 12 months)
 - Long-term expatriation with coverage complementary to the CFE scheme (at least 12 months)

- SOLUTIONS FOR COMPANIES & INTERNATIONAL ORGANIZATIONS**
- Health
 - Life & Income protection
 - Repatriation Assistance
 - Moving Insurance
 - Personal Third-Party Liability
 - Pension plans



DIVERSITY

More than **40** languages spoken

More than **60** nationalities

Reimbursements in more than **150** currencies



EMPATHY

93% of individual members satisfied

91% of corporate members satisfied

Certified **ISO 9001**

Practical services **online**

INTERNATIONAL HEALTH INSURANCE FROM MSH INTERNATIONAL, IT'S SO SIMPLE!

01 /

Choose your level of international healthcare benefits to cover you for:



HOSPITAL CARE



ROUTINE HEALTHCARE
doctors' visits, prescription drugs, scans, x-rays etc.

PEARL PACKAGE	SAPPHIRE PACKAGE	DIAMOND PACKAGE
<p>generous coverage</p> <p>EXAMPLE</p> <p>reimbursement of your consultations up to 80% UCR</p>	<p>first-level premium coverage</p> <p>EXAMPLE</p> <p>reimbursement of your consultations up to 90% UCR</p>	<p>total peace of mind</p> <p>EXAMPLE</p> <p>reimbursement of your consultations at 100% UCR</p>
<p>ANNUAL LIMIT ON BENEFITS</p> <p>\$1,000,000</p>	<p>ANNUAL LIMIT ON BENEFITS</p> <p>\$2,000,000</p>	<p>ANNUAL LIMIT ON BENEFITS</p> <p>\$3,000,000</p>

02 /

In addition, if you want to benefit from extended coverage, you can choose from the following options:

All of the options can be taken out individually except for Maternity which must be purchased along with the Dental/Vision Option.



DENTAL/VISION



MATERNITY



MEDICAL ASSISTANCE/REPATRIATION



LIFE AND INCOME PROTECTION

03 /

If you want to reduce the amount of your premiums, you can choose a deductible from the amounts available:

- \$500
- \$1,000
- \$2,500
- \$5,000

RECOMMENDED LEVELS OF COVERAGE

CHOOSE THE LEVEL OF COVERAGE BEST SUITED TO YOUR COUNTRY OF EXPATRIATION.

You are free - if you wish - to select a different formula than the one normally recommended for your main country of residence, as shown below.

NORTH AMERICA / CENTRAL AMERICA / SOUTH AMERICA



PACKAGE

PEARL

**COUNTRIES WHERE HEALTHCARE COSTS
ARE REASONABLE:**

Argentina, Barbados, Bolivia, Chile, Colombia,
Costa Rica, Ecuador, Guatemala, Mexico, Peru...

SAPPHIRE

**COUNTRIES WHERE HEALTHCARE COSTS
CAN BE HIGH:**

Bahamas, Canada.

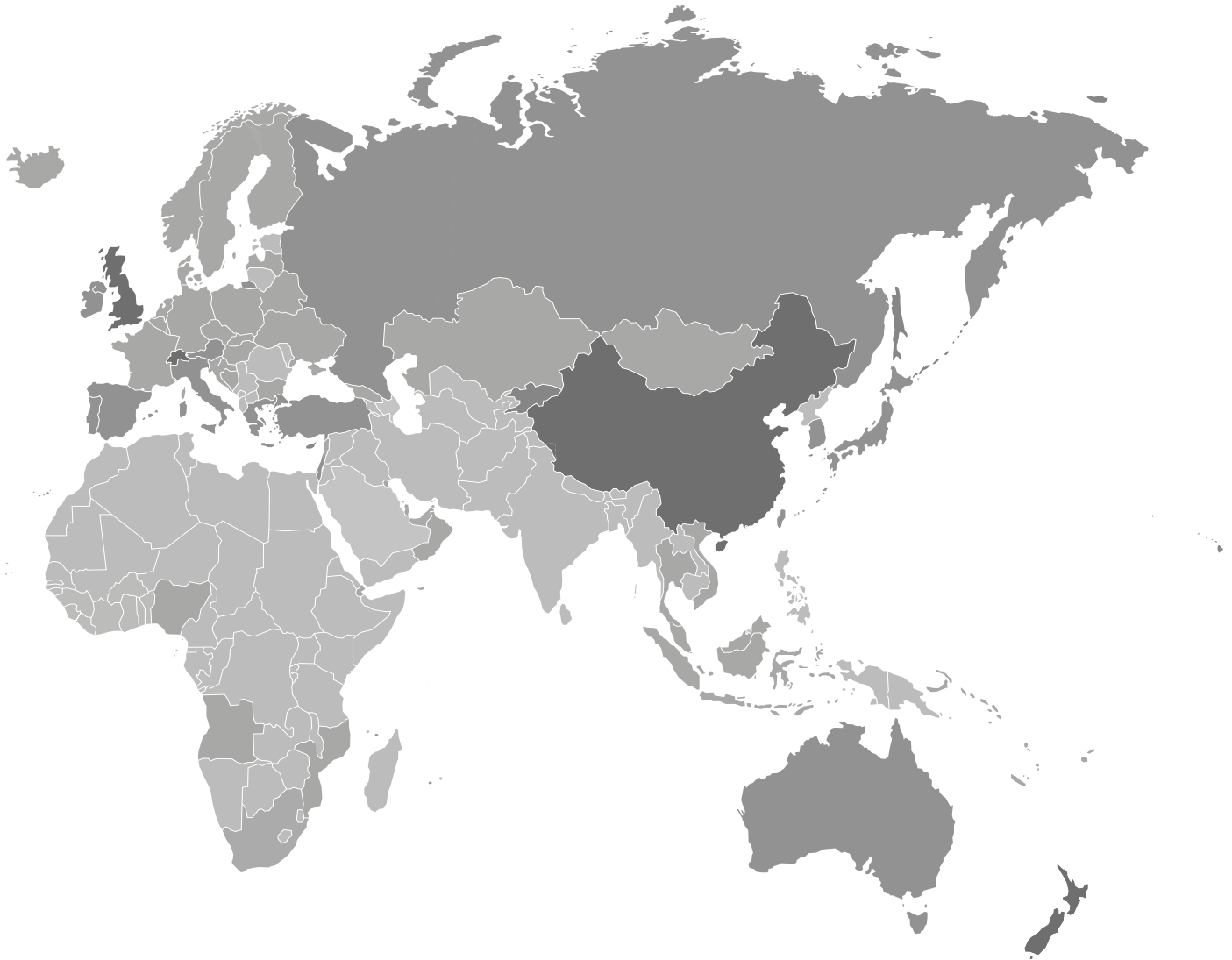
DIAMOND

**COUNTRIES WHERE HEALTHCARE COSTS
CAN BE VERY HIGH:**

Brazil, United States

RECOMMENDED LEVELS OF COVERAGE (CONTINUED)

EUROPE / ASIA / AFRICA / OCEANIA



PACKAGE

PEARL

COUNTRIES WHERE HEALTHCARE COSTS ARE REASONABLE:

Belgium, France, Indonesia, Lebanon, Luxembourg, Malaysia, Netherlands, Sweden...

DIAMOND

COUNTRIES WHERE HEALTHCARE COSTS CAN BE VERY HIGH:

China, Hong-Kong, Singapore, Switzerland, United Kingdom.

SAPPHIRE

COUNTRIES WHERE HEALTHCARE COSTS CAN BE HIGH:

Australia, Austria, Greece, Ireland, Israel, Italy, Japan, Monaco, Portugal, Russia, Taiwan...

YOUR HEALTHCARE BENEFITS IN DETAIL: HOSPITALIZATION



PRIMARY HEALTHCARE BENEFIT **HEALTH:** HOSPITALIZATION + ROUTINE HEALTHCARE **IN THE USA.**

The following benefits, from page 9 to 13, will apply to all your healthcare in the USA.
Some other benefits will apply for your healthcare outside the USA (see page 14 to 18).

A CHOICE OF 3 LEVELS OF COVERAGE	PEARL		SAPPHIRE		DIAMOND	
AGGREGATE LIMIT ON HEALTHCARE BENEFITS in \$	\$1,000,000		\$2,000,000		\$3,000,000	
	In network	Out-of-network	In network	Out-of-network	In network	Out-of-network
Out of pocket maximum per insurance year	\$4,000	\$6,000	\$2,000	\$4,000	\$0	\$3,000
Co-payment, per hospitalization	\$400	\$800	\$200	\$400	\$100	\$200
HOSPITALIZATION	Based on usual, customary and reasonable costs (UCR) as determined by us, per Member and per Insurance year.					

No Waiting period for Hospitalization benefit with the exception of Psychiatric treatment and care (12 months)

	Private Room (and lower standard), 80% UCR	Private Room (and lower standard), 60% UCR	Private Room (and lower standard), 90% UCR	Private Room (and lower standard), 70% UCR	Private Room (and lower standard), 100% UCR	Private Room (and lower standard), 80% UCR
Hospital room covered						
Room and board fees for a parent staying in hospital with a dependent child under the age of 18	80% UCR up to \$500	60% UCR up to \$500	90% UCR up to \$875	70% UCR up to \$875	100% UCR	80% UCR
Outpatient hospitalization (including outpatient surgery)	80% UCR	60% UCR	90% UCR	70% UCR	100% UCR	80% UCR
Intensive care	80% UCR	60% UCR	90% UCR	70% UCR	100% UCR	80% UCR
Surgical procedures including fees, operating room and anesthesia	80% UCR	60% UCR	90% UCR	70% UCR	100% UCR	80% UCR
Consultations with general practitioners and specialists, including specialist procedures	80% UCR	60% UCR	90% UCR	70% UCR	100% UCR	80% UCR
Emergency dental and vision care with hospitalization	80% UCR	60% UCR	90% UCR	70% UCR	100% UCR	80% UCR
Laboratory tests, MRI, x-rays, scans and tomography	80% UCR	60% UCR	90% UCR	70% UCR	100% UCR	80% UCR
Prescription drugs	80% UCR	60% UCR	90% UCR	70% UCR	100% UCR	80% UCR
Renal dialysis	80% UCR	60% UCR	90% UCR	70% UCR	100% UCR	80% UCR
Oncology (treatment of cancer)	80% UCR	60% UCR	90% UCR	70% UCR	100% UCR	80% UCR
Treatment of AIDS	80% UCR	60% UCR	90% UCR	70% UCR	100% UCR	80% UCR

YOUR HEALTHCARE BENEFITS IN DETAIL: HOSPITALIZATION (CONTINUED)



PRIMARY HEALTHCARE BENEFIT **HEALTH:** HOSPITALIZATION + ROUTINE HEALTHCARE **IN THE USA.**

LEVELS OF COVERAGE	PEARL		SAPPHIRE		DIAMOND	
	In network	Out-of-network	In network	Out-of-network	In network	Out-of-network
Out of pocket maximum per insurance year	\$4,000	\$6,000	\$2,000	\$4,000	\$0	\$3,000
Co-payment, per hospitalization	\$400	\$800	\$200	\$400	\$100	\$200
Prostheses / internal surgical and medical devices	80% UCR	60% UCR	90% UCR	70% UCR	100% UCR	80% UCR
Prostheses / external surgical and medical devices (for each Prosthesis and limited to 2 Prostheses)	80% UCR up to \$2,250	60% UCR up to \$2,250	90% UCR up to \$3,100	70% UCR up to \$3,100	100% UCR	80% UCR
Palliative care*	80% UCR up to \$19,000	60% UCR up to \$19,000	90% UCR up to \$31,000	70% UCR up to \$31,000	100% UCR	80% UCR
Organ transplant (room, care and hospitalization fees)	80% UCR	60% UCR	90% UCR	70% UCR	100% UCR	80% UCR
Medical expenses for an organ transplant* (medical and transportation expenses, including the ones for the organ donor)	80% UCR up to \$3,800	60% UCR up to \$3,800	90% UCR up to \$5,600	70% UCR up to \$5,600	100% UCR up to \$7,500	80% UCR up to \$7,500
Physiotherapy/physical therapy, chiropractic and osteopathy*	80% UCR up to \$3,100 per year	60% UCR up to \$3,100 per year	90% UCR up to \$6,200 per year	70% UCR up to \$6,200 per year	100% UCR	80% UCR
Psychiatric treatment and care* (Waiting period of 12 months)	80% UCR up to \$4,400 (limited to 10 days per year)	60% UCR up to \$4,400 (limited to 10 days per year)	90% UCR up to \$8,750 (limited to 20 days per year)	70% UCR up to \$8,750 (limited to 20 days per year)	100% UCR (limited to 30 days per year)	80% UCR (limited to 30 days per year)
Newborn care. The limits and benefits listed on the right apply from the 1st to the 90 th day of the child's life in respect of medical expenses if he or she has been enrolled in the plan.*	80% UCR up to \$75,000	60% UCR up to \$75,000	90% UCR up to \$155,000	70% UCR up to \$155,000	100% UCR	80% UCR

CARE FOLLOWING COVERED HOSPITALIZATION

Home hospitalization (on prescription)*	80% UCR up to \$1,900 per year	60% UCR up to \$1,900 per year	90% UCR, up to 20 days per year	70% UCR, up to 20 days per year	100% UCR, up to 30 days per year	80% UCR, up to 30 days per year
Reconstructive surgery following an accident occurring during the period of coverage*	80% UCR	60% UCR	90% UCR	70% UCR	100% UCR	80% UCR
Immediate rehabilitation following a stay in hospital and commenced within 30 days of hospitalization*	80% UCR up to 20 days per year	60% UCR up to 20 days per year	90% UCR up to 30 days per year	70% UCR up to 30 days per year	100% UCR up to 30 days per year	80% UCR up to 30 days per year

ASSISTANCE INCLUDED WITH HOSPITALIZATION BENEFITS

Medical evacuation: local transfer by ambulance or air ambulance to the nearest hospital*	Covered
Medical assistance*	Covered

* No co-payments apply on those benefits

YOUR HEALTHCARE BENEFITS IN DETAIL: ROUTINE HEALTHCARE



PRIMARY HEALTHCARE BENEFIT **HEALTH:** HOSPITALIZATION + ROUTINE HEALTHCARE **IN THE USA.**

ROUTINE HEALTHCARE	Based on usual, customary and reasonable costs as determined by us, per Member and per Insurance year.					
LEVELS OF COVERAGE	PEARL		SAPPHIRE		DIAMOND	
AGGREGATE LIMIT ON ROUTINE HEALTHCARE in \$	\$38,000		\$62,000		No limit	
	In network	Out-of-network	In network	Out-of-network	In network	Out-of-network
Co-payment, per consultation only	\$35	\$ 45	\$25	\$35	\$15	\$25
Consultations with general practitioners and specialists (other than dentists, ophthalmologists and psychiatrists) and specialist procedures	80% UCR	60% UCR	90% UCR	70% UCR	100% UCR	80% UCR
Emergency dental and vision care without hospitalization*	Not covered	Not covered	90% UCR	70% UCR	100% UCR	80% UCR
Prescribed sessions of speech therapy, orthoptics, occupational therapy and nursing care*	80% UCR	60% UCR	90% UCR	70% UCR	100% UCR	80% UCR
Physical therapy, osteopathy and chiropractic <u>on</u> prescription*	80% UCR up to 15 sessions per year	60% UCR up to 15 sessions per year	90% UCR up to 25 sessions per year	70% UCR up to 25 sessions per year	100% UCR up to 30 sessions per year	80% UCR up to 30 sessions per year
Physical therapy, osteopathy and chiropractic <u>without</u> a prescription (the limit on benefits applies to all sessions combined)*	80% UCR up to 10 sessions	60% UCR up to 10 sessions	90% UCR up to 20 sessions	70% UCR up to 20 sessions	100% UCR up to 30 sessions	80% UCR up to 30 sessions
Homeopathy, acupuncture and traditional Chinese medicine (the limit on benefits applies to all sessions combined)*	80% UCR up to 5 sessions per year	60% UCR up to 5 sessions per year	90% UCR up to 7 sessions per year	70% UCR up to 7 sessions per year	100% UCR up to 10 sessions per year	80% UCR up to 10 sessions per year
Laboratory tests, MRI, x-rays, scans, tomography and physical diagnostic examinations on an outpatient basis*	80% UCR	60% UCR	90% UCR	70% UCR	100% UCR	80% UCR
Prescription drugs	80% UCR	60% UCR	90% UCR	70% UCR	100% UCR	80% UCR
Psychiatry (Waiting period of 12 months)	80% UCR Maximum of 10 con- sultations per year	60% UCR Maximum of 10 con- sultations per year	90% UCR Maximum of 15 con- sultations per year	70% UCR Maximum of 15 con- sultations per year	100% UCR Maximum of 20 con- sultations per year	80% UCR, Maximum of 20 con- sultations per year
Prescribed medical equipment	80% UCR	60% UCR	90% UCR	70% UCR	100% UCR	80% UCR

* No co-payments apply on those benefits

YOUR HEALTHCARE BENEFITS IN DETAIL: PREVENTIVE CARE



PRIMARY HEALTHCARE BENEFIT **HEALTH:** HOSPITALIZATION + ROUTINE HEALTHCARE **IN THE USA.**

LEVELS OF COVERAGE	PEARL		SAPPHIRE		DIAMOND	
	In network	Out-of-network	In network	Out-of-network	In network	Out-of-network
Co-payment, per consultation only	\$35	\$45	\$25	\$35	\$15	\$25

WELLBEING & WELLNESS

Vaccinations and preventive treatments prescribed for adults (for people aged 20 and over)	80% UCR	60% UCR	90% UCR	70% UCR	100% UCR	80% UCR
Vaccinations and preventive treatments prescribed for children (under the age of 20)	80% UCR	60% UCR	90% UCR	70% UCR	100% UCR	80% UCR
Physical routine exam	80% UCR up to \$190 every 3 years	60% UCR up to \$190 every 3 years	90% UCR up to \$625 every 3 years	70% UCR up to \$625 every 3 years	100% UCR up to \$1,250 every 3 years	80% UCR up to \$1,250 every 3 years
Preventive Package covering all the procedures listed below:	80% UCR up to \$625	60% UCR up to \$625	90% UCR up to \$1,000	70% UCR up to \$1,000	100% UCR	80% UCR
Cervical screening (1 per year)	included					
Mammogram for women aged 45 and over (every 2 years)	included					
Prostate cancer screening, for men aged 45 and over (every year)	included					
Screening for oral cancer (every 5 years)	included					
Screening for skin cancer (every 5 years)	included					
Colonoscopy, from age 50 (every 5 years)	included					
Annual screening for fecal occult blood	included					
Bone density test, for women aged 45 and over (every 5 years)	included					
Dietitian	Not covered	Not covered	90% UCR, max 2 sessions per year	70% UCR, max 2 sessions per year	100% UCR, 3 sessions per year	80% UCR, 3 sessions per year
Nicotine replacement	80% UCR \$60 per year	60% UCR \$60 per year	90% UCR \$90 per year	70% UCR \$90 per year	100% UCR \$125 per year	80% UCR \$125 per year

YOUR HEALTHCARE BENEFITS IN DETAIL: AVAILABLE OPTIONS



OPTIONAL BENEFIT **HEALTH+ (DENTAL + VISION)**

Available if the **PRIMARY HEALTHCARE BENEFIT HEALTH** has been purchased

LEVELS OF COVERAGE	PEARL		SAPPHIRE		DIAMOND	
	In network	Out-of-network	In network	Out-of-network	In network	Out-of-network
Co-payment, per consultation only	\$35	\$45	\$25	\$35	\$15	\$25
DENTAL	Based on usual, customary and reasonable costs as determined by us, per Member and per Insurance year.					
Waiting periods: 3 months for dental care and Periodontics, 6 months for dentures, dental implants and bone grafts, dental surgery, 12 months for Orthodontics						
Annual aggregate limit on dental benefits in \$ for the procedures listed below (excluding Orthodontics which has its own limit)	80% UCR up to \$500 per tooth and \$1,900 per year	60% UCR up to \$500 per tooth and \$1,900 per year	90% UCR up to \$625 per tooth and \$2,500 per year	70% UCR up to \$625 per tooth and \$2,500 per year	100% UCR up to \$750 per tooth and \$4,400 per year	80% UCR up to \$750 per tooth and \$4,400 per year
Routine dental care, dentures and dental implants, dental surgery, periodontics	80% UCR	60% UCR	90% UCR	70% UCR	100% UCR	80% UCR
Orthodontics up to the age 16	80% UCR up to \$1,000 per year for 3 years	60% UCR up to \$1,000 per year for 3 years	90% UCR up to \$1,500 per year for 3 years	70% UCR up to \$1,500 per year for 3 years	100% UCR up to \$1,900 per year for 3 years	80% UCR up to \$1,900 per year for 3 years
VISION Waiting period: 6 months	Based on usual, customary and reasonable costs as determined by us, per Member and per Insurance year					
Lenses and frames, limited to one pair every 2 years	80% UCR up to \$310	60% UCR up to \$310	90% UCR up to \$500	70% UCR up to \$500	100% UCR up to \$750	80% UCR up to \$750
Cost of surgical treatments for visual corrections (myopia, hyperopia, astigmatism and keratoconus)	Not covered		Level of coverage and limit shared with 'Lenses and frames' benefit			
Corrective contact lenses including disposable lenses	80% UCR up to \$250 per year	60% UCR up to \$250 per year	90% UCR up to \$375 per year	70% UCR up to \$375 per year	100% UCR up to \$500 per year	80% UCR up to \$500 per year
Consultations with ophthalmologists or optometrists	80% UCR, limited to one consultation per year	60% UCR, limited to one consultation per year	90% UCR, limited to one consultation per year	70% UCR, limited to one consultation per year	100% UCR, limited to one consultation per year	80% UCR, limited to one consultation per year



OPTIONAL BENEFIT **HEALTH+ CHILD (MATERNITY)**

Available if the **OPTIONAL BENEFIT: DENTAL AND VISION** has been purchased

LEVELS OF COVERAGE	PEARL		SAPPHIRE		DIAMOND	
	In network	Out-of-network	In network	Out-of-network	In network	Out-of-network
Co-payment, per consultation only	\$35	\$45	\$25	\$35	\$15	\$25
MATERNITY	Based on usual, customary and reasonable costs as determined by us, per Member and per Insurance year					
Waiting period : 10 months for Maternity, 12 months for Sterility treatment						
Childbirth preparation classes, prenatal and postnatal care received by the mother and immediate care of newborns	80% UCR up to \$6,250 per year	60% UCR up to \$6,250 per year	90% UCR up to \$10,000 per year	70% UCR up to \$10,000 per year	100% UCR up to \$13,800 per year	80% UCR up to \$13,800 per year
Childbirth without complications (single or multiple births)	Limit above doubled					
Childbirth complications	Limit above doubled					
Sterility treatment Waiting period: 12 months	80% UCR up to \$1,100 per attempt (limited to \$4,400 for the entire life of the plan)	60% UCR up to \$1,100 per attempt (limited to \$4,400 for the entire life of the plan)	90% UCR up to \$1,500 per attempt (limited to \$6,000 for the entire life of the plan)	70% UCR up to \$1,500 per attempt (limited to \$6,000 for the entire life of the plan)	100% UCR up to \$1,900 per attempt (limited to \$7,600 for the entire life of the plan)	80% UCR up to \$1,900 per attempt (limited to \$7,600 for the entire life of the plan)

YOUR HEALTHCARE BENEFITS IN DETAIL: HOSPITALIZATION



PRIMARY HEALTHCARE BENEFIT **HEALTH:** HOSPITALIZATION + ROUTINE HEALTHCARE **OUTSIDE USA.**

You subscribed a plan in Zone 5. This means you have a worldwide coverage. All the following benefits, from page 14 to 18, will apply for your healthcare worldwide outside USA.

For your benefits applying within the USA, please refer to pages 9 to 13.

A CHOICE OF 3 LEVELS OF COVERAGE	PEARL	SAPPHIRE	DIAMOND
AGGREGATE LIMIT ON HEALTHCARE BENEFITS in \$	\$1,000,000	\$2,000,000	\$3,000,000

HOSPITALIZATION	Based on usual, customary and reasonable costs as determined by us, per Member and per Insurance year.		
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No Waiting period for Hospitalization benefit with the exception of Psychiatric treatment and care (12 months)

	PEARL	SAPPHIRE	DIAMOND
Hospital room covered	Private room (and lower standard), up to \$190 per day	Private room (and lower standard), up to \$310 per day	Private room (and lower standard), up to 100%
Room and board fees for a parent staying in hospital with a dependent child under the age of 18	Up to \$500 per year	Up to \$875 per year	100%
Outpatient hospitalization (including outpatient surgery)	100%	100%	100%
Intensive care	100%	100%	100%
Surgical procedures including fees, operating room and anesthesia	100%	100%	100%
Consultations with general practitioners and specialists, including specialist procedures	100%	100%	100%
Emergency dental and vision care with hospitalization	100%	100%	100%
Laboratory tests, MRI, x-rays, scans and tomography	100%	100%	100%
Prescription drugs	100%	100%	100%
Renal dialysis	100%	100%	100%
Oncology (treatment of cancer)	100%	100%	100%
Treatment of AIDS	100%	100%	100%

YOUR HEALTHCARE BENEFITS IN DETAIL: HOSPITALIZATION (CONTINUED)



PRIMARY HEALTHCARE BENEFIT **HEALTH:** HOSPITALIZATION + ROUTINE HEALTHCARE **OUTSIDE USA.**

LEVELS OF COVERAGE	PEARL	SAPPHIRE	DIAMOND
Prostheses / internal surgical and medical devices	100%	100%	100%
Prostheses / external surgical and medical devices (for each Prosthesis and limited to 2 Prostheses)	100% up to \$2,250	100% up to \$3,100	100%
Palliative care	100% up to \$19,000	100% up to \$31,000	100%
Organ transplant (room, care and hospitalization fees)	100%	100%	100%
Medical expenses for an organ transplant (medical and transportation expenses, including the ones for the organ donor)	100% up to \$3,800 per transplant	100% up to \$5,600 per transplant	100% up to \$7,500 per transplant
Physiotherapy/physical therapy, chiropractic and osteopathy	100% up to \$3,100 per year	100% up to \$6,200 per year	100%
Psychiatric treatment and care (Waiting period of 12 months)	100% up to \$4,400 (limited to 10 days per year)	100% up to \$8,750 (limited to 20 days per year)	100% (limited to 30 days per year)
Newborn care. The limits and benefits listed on the right apply from the 1st to the 90 th day of the child's life in respect of medical expenses if he or she has been enrolled in the plan.	100% up to \$75,000 per year	100% up to \$155,000 per year	100%

CARE FOLLOWING COVERED HOSPITALIZATION

Home hospitalization (on prescription)	100% up to \$1,900 per year	100%, up to 20 days/year	100%, up to 30 days/year
Reconstructive surgery following an accident occurring during the period of coverage	100%	100%	100%
Immediate rehabilitation following a stay in hospital and commenced within 30 days of hospitalization	100% up to 20 days per year	100% up to 30 days per year	100% up to 30 days per year

ASSISTANCE INCLUDED WITH HOSPITALIZATION BENEFITS

Medical evacuation: local transfer by ambulance or air ambulance to the nearest hospital	Provided by Europ Assistance
Medical assistance	Liaising between Europ Assistance doctors and local doctors, or your treating doctor

YOUR HEALTHCARE BENEFITS IN DETAIL: ROUTINE HEALTHCARE



PRIMARY HEALTHCARE BENEFIT **HEALTH:** HOSPITALIZATION + ROUTINE HEALTHCARE **OUTSIDE USA.**

ROUTINE HEALTHCARE	Based on usual, customary and reasonable costs as determined by us, per Member and per Insurance year.		
LEVELS OF COVERAGE	PEARL	SAPPHIRE	DIAMOND
AGGREGATE LIMIT ON ROUTINE HEALTHCARE in \$	\$38,000	\$62,000	No limit
Consultations with general practitioners and specialists (other than dentists, ophthalmologists and psychiatrists) and specialist procedures	100% up to \$160 per procedure or consultation	100% up to \$225 per procedure or consultation	100%
Emergency dental and vision care without hospitalization	Not covered	\$625 per year	\$950 per year
Prescribed sessions of speech therapy, orthoptics, occupational therapy and nursing care	100% up to \$1,900 per year	100% up to \$2,500 per year	100%
Physical therapy, osteopathy and chiropractic <u>on</u> prescription	100% up to \$2,500 per year, up to 15 sessions per year	100% up to \$4,400 per year, up to 20 sessions per year	100% up to 30 sessions per year
Physical therapy, osteopathy and chiropractic <u>without</u> a prescription (the limit on benefits applies to all sessions combined)	100% up to 10 sessions, with a maximum of \$125 per session	100% up to 20 sessions, with a maximum of \$190 per session	100% up to 30 sessions
Homeopathy, acupuncture and traditional Chinese medicine (the limit on benefits applies to all sessions combined)	100% up to 5 sessions, with a maximum of \$125 per session	100% up to 7 sessions, with a maximum of \$190 per session	100% up to 10 sessions
Laboratory tests, MRI, x-rays, scans, tomography and physical diagnostic examinations on an outpatient basis	100% up to \$4,400 per year	100% up to \$9,400 per year	100%
Prescription drugs	100% up to \$5,600 per year	100% up to \$9,400 per year	100%
Prescription drugs for chronic diseases	100% up to \$9,400 per year, with a lifetime limit of \$63,000	100% up to \$12,500 per year, with a lifetime limit of \$94,000	100%
Psychiatry (Waiting period of 12 months)	Maximum of 10 sessions per year	Maximum of 15 sessions per year	Maximum of 20 sessions per year
Prescribed medical equipment	100% up to \$1,900 per year	100% up to \$3,100 per year	100% up to \$5,000 per year

YOUR HEALTHCARE BENEFITS IN DETAIL: PREVENTIVE CARE



PRIMARY HEALTHCARE BENEFIT **HEALTH:** HOSPITALIZATION + ROUTINE HEALTHCARE **OUTSIDE USA.**

LEVELS OF COVERAGE	PEARL	SAPPHIRE	DIAMOND
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WELLBEING & WELLNESS

Vaccinations and preventive treatments prescribed for adults (for people aged 20 and over)	100% up to \$440 per year	100% up to \$625 per year	100%
Vaccinations and preventive treatments prescribed for children (under the age of 20)	100%	100%	100%
Physical routine exam	100% up to \$190 every 3 years	100% up to \$625 every 3 years	100% up to \$1,250 every 3 years
Preventive Package covering all the procedures listed below:	100% up to \$625	100% up to \$1,000	100%
Cervical screening (1 per year)	included		
Mammogram for women aged 45 and over (every 2 years)	included		
Prostate cancer screening, for men aged 45 and over (every year)	included		
Screening for oral cancer (every 5 years)	included		
Screening for skin cancer (every 5 years)	included		
Colonoscopy, from age 50 (every 5 years)	included		
Annual screening for fecal occult blood	included		
Bone density test, for women aged 45 and over (every 5 years)	included		
Dietitian	Not covered	2 sessions per year, up to \$190 per consultation	3 sessions per year, up to \$250 per consultation
Nicotine replacement	\$60 per year	\$90 per year	\$125 per year

YOUR HEALTHCARE BENEFITS IN DETAIL: AVAILABLE OPTIONS (excluding USA)



OPTIONAL BENEFIT **HEALTH+ (DENTAL + VISION)**

Available if the **PRIMARY HEALTHCARE BENEFIT HEALTH** has been purchased

LEVELS OF COVERAGE	PEARL	SAPPHIRE	DIAMOND
DENTAL	Based on usual, customary and reasonable costs as determined by us, per Member and per Insurance year.		

Waiting periods: 3 months for dental care and Periodontics, 6 months for dentures, dental implants and bone grafts, dental surgery, 12 months for Orthodontics

Annual aggregate limit on dental benefits for the procedures listed below (excluding Orthodontics which has its own limit)	100% up to \$500 per tooth and \$1,900 per year	100% up to \$625 per tooth and \$2,500 per year	100% up to \$750 per tooth and \$4,400 per year
Routine dental care, dentures and dental implants, dental surgery, periodontics	Covered	Covered	Covered
Orthodontics up to the age 16	100% up to \$1,000 per year for 3 years	100% up to \$1,500 per year for 3 years	100% up to \$1,900 per year for 3 years

VISION Waiting period: 6 months	Based on usual, customary and reasonable costs as determined by us, per Member and per Insurance year		
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Lenses and frames, limited to one pair every 2 years	100% up to \$310	100% up to \$500	100% up to \$750
Cost of surgical treatments for visual corrections (myopia, hyperopia, astigmatism and keratoconus)	Not covered		
Corrective contact lenses including disposable lenses	100% up to \$250 per year	100% up to \$375 per year	100% up to \$500 per year
Consultations with ophthalmologists or optometrists	1 per year, limited at \$160	1 per year, limited at \$225 per year	1 per year at 100%



OPTIONAL BENEFIT **HEALTH+ CHILD (MATERNITY)**

Available if the **OPTIONAL BENEFIT: DENTAL AND VISION** has been purchased

MATERNITY	Based on usual, customary and reasonable costs as determined by us, per Member and per Insurance year		
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Waiting period : 10 months for Maternity, 12 months for Sterility treatment

LEVELS OF COVERAGE	PEARL	SAPPHIRE	DIAMOND
Childbirth preparation classes, prenatal and postnatal care received by the mother and immediate care of newborns	Up to \$6,250 per year	Up to \$10,000 per year	Up to \$13,800 per year
Childbirth without complications (single or multiple births)			
Childbirth complications	Limit for childbirth without complications doubled	Limit for childbirth without complications doubled	Limit for childbirth without complications doubled
Sterility treatment Waiting period: 12 months	100% up to \$1,100 per attempt (limited to \$4,400 lifetime limit)	100% up to \$1,500 per attempt (limited to \$6,000 lifetime limit)	100% up to \$1,900 per attempt (limited to \$7,600 lifetime limit)

THIRD-PARTY LIABILITY AND LEGAL ASSISTANCE (INCLUDED)



BENEFITS INCLUDED AS STANDARD WITH YOUR HEALTHCARE COVERAGE: LEGAL ASSISTANCE AND PERSONAL THIRD-PARTY LIABILITY

PERSONAL THIRD-PARTY LIABILITY	PEARL	SAPPHIRE	DIAMOND
Bodily injury	\$3,000,000 per claim and per insurance year with a deductible of \$300 per claim		
Material damage	Up to \$1,500,000 per claim and per insurance year with a deductible of \$300 per claim		
Consequential financial loss	Up to \$300,000 per claim and per insurance year with a deductible of \$300 per claim		
Defense/Remedy (excluding expatriates in the USA)	\$16,000		
Defense/Remedy (expatriates in the USA)	\$30,000		
LEGAL ASSISTANCE	PEARL	SAPPHIRE	DIAMOND
Legal and tax information	Yes		
Intervention in case of a dispute with a third party or public body			
Assistance in case of loss or theft of means of payment			
Accompanying children under 6 or dependent persons			
Advance of bail bond up to \$20,000			
Assistance and advance of funds in case of overbooking			

ASSISTANCE / REPATRIATION BENEFITS IN DETAIL: AVAILABLE AS AN OPTION



OPTIONAL BENEFIT: MEDICAL ASSISTANCE AND REPATRIATION

These benefits are per member and per insurance year (unless otherwise indicated).
It is only a summary of benefits offered.
You can consult all the benefits in the General Terms and Conditions.

PERSONAL ASSISTANCE IN THE EVENT OF ILLNESS OR INJURY	Based on actual costs
Extension of stay of the Insured member or an insured companion	Hotel \$190 per night (max. \$1,900)
OR Return of an insured companion	Return ticket
OR Hospital visit	Round-trip ticket + \$190 per night (max.\$1,900)
Accompanying children under the age of 18	Round-trip ticket + \$190 per night (max. 2 nights)
Return to the place of residence	Return ticket
Early return in the event of Hospitalization of a family member	Round-trip ticket (max 1 per year/insured member)
Second medical opinion	Assistance with organization
Psychological support	See general terms and conditions
ASSISTANCE ON RETURNING HOME FOLLOWING REPATRIATION (FRANCE ONLY)	Based on actual costs
Childcare	Round-trip tickets
Home help	10 hours
Care of pets (dogs/cats)	Transportation + boarding \$195
Hospital comforts: television rental	\$100
ADVANCE OF HOSPITAL CHARGES	Within the limits of the healthcare plan
ASSISTANCE IN THE EVENT OF DEATH	Based on actual costs
Transportation of the body	Actual costs
Cost of a coffin or urn	\$2,500
Identification of the body and death formalities	2 round-trip tickets and hotel \$190 per night per person (max. 2 nights)
Early return in the event of a family member's death	Round-trip ticket
Return of an insured companion	Return ticket
TRAVEL ASSISTANCE	Based on actual costs
Early return in the event of loss or damage to your Place of residence	Return ticket
Early return or transportation to a secure zone in the event of an Attack or a Natural Disaster	Return ticket or round-trip ticket to/from a secure zone
Transmission of urgent messages	Delivery charges
Delivery of medication	Delivery charges
Assistance in the event of the theft, loss or destruction of identity documents or means of payment	See general terms and conditions
Health and travel information	Information
Assistance with unplanned changes to travel plans	Organization
Mountain, sea and desert search and rescue costs	\$18,750
Access to "123 Classez", the Europ Assistance data vaulting service	Free subscription to the website

INTERNATIONAL LIFE & DISABILITY INSURANCE FROM MSH INTERNATIONAL, IT'S SO SIMPLE!

The life & disability benefits provided under your plan have been designed to support you through life's difficult times: sick leave from work, loss of autonomy, death... These benefits allow you to maintain your standard of living and protect your loved ones from financial hardship.

01 /

BASIC COVERAGE: **DEATH/PERMANENT TOTAL DISABILITY BENEFIT**

The sudden loss of a loved one, following an accident or illness, is, unfortunately, often accompanied by financial difficulties. In the event of death or Permanent Total Disability, your designated beneficiary (or beneficiaries) will receive the lump sum specified by you in your enrollment form.

Choose your level of Death/Permanent Total Disability benefit (All Causes). This is the only compulsory Life & Disability benefit you need to select in order to access the other optional benefits.

This lump sum can be of any amount between **\$30,000** and **\$1,200,000** (in multiples of \$30,000).

You can also opt to double this lump sum in case of Accident.

02 /

OPTIONAL: **DISABILITY BENEFIT (ALL CAUSES)**

Your **Disability Benefit (All Causes)** is a cash payment which is paid as a lump sum if you are disabled and if the degree of disability is greater than 33% according to the scale set out in the plan.

This lump sum can be of any amount between **\$30,000** and **\$1,200,000** (in multiples of **\$30,000**) and can not exceed the level of the Death lump sum already selected.

OPTIONAL: **INCOME PROTECTION**

In case of temporary total incapacity to work, your level of income may fall sharply. **Our income Protection benefit allows you to maintain your standard of living** and honor your financial commitments by paying you a daily allowance.

This daily allowance will replace **70% of your income**.

There are two types of benefits which can be taken out individually.

Short-term disability: you will be covered from the 1st day in the event of sick leave from work due to hospitalization or accident, and from the 7th day in the event of illness.

Payment of this allowance will end on the day on which you completely recover from the accident or illness but no later than after expiration of a period of time chosen by the insured member: **30 days, 60 days** or **180 days**.

Long-term disability: this allowance can supplement the Short-term disability benefit but is not compulsory. Therefore the benefit can be purchased even if you have not opted for the Short-term disability benefit. This benefit will be paid after expiration of a total and uninterrupted period of sick leave from work known as the "waiting period", which can be chosen from these options: **30 days, 60 days, or 180 days**, for a maximum duration of 1,095 days of sick leave.

OUR ANSWERS TO YOUR FREQUENTLY ASKED QUESTIONS

HOW DO I TAKE OUT THE INSURANCE?

Go to the “**Get a quote**” section of the website at www.msh-intl.com. Once you have identified the plan which meets your needs, click on **ENROLL ONLINE** and follow the instructions.
Feel free to use the online support to help you find the solution that best suits your situation. For further information, contact us directly by email at contact@asfe-expat.com or by telephone on **+33 (0) 1 44 20 48 77**.

WHO CAN APPLY?

ASFE plans are available to adults under the age of 66, and anyone under the age of 71 in paid employment, who wishes to benefit from individual or family healthcare/life & disability protection when residing outside of their home country.

I SOMETIMES HAVE TO TRAVEL OUTSIDE MY CHOSEN PRICING ZONE. WHAT WILL HAPPEN TO MY HEALTHCARE COVERAGE?

If you're traveling in a lower pricing zone than the one you selected, you'll be covered exactly as you are in your country of expatriation. If you're traveling in a higher pricing zone, you'll be covered only for accidents and illnesses in an emergency.

I WOULD LIKE TO OPT FOR A MORE EXPENSIVE PRICING ZONE THAN THE ONE FOR MY COUNTRY OF EXPATRIATION: IS THAT POSSIBLE?

Yes. If you wish to opt for a more expensive pricing zone than the one for your country of expatriation, and so benefit from a wider choice of destinations where you can be treated, it's possible to select any superior pricing zone.

I WOULD LIKE TO CHANGE MY LEVEL OF COVERAGE WHILE THE PLAN IS ACTIVE: IS THAT POSSIBLE?

On the anniversary date of your plan, you can increase or decrease your level of coverage only once for the entire duration of your plan (by changing your healthcare package, adding or removing an option or a deductible etc.) However, once this change has been approved, you will not be able to change your level of coverage again.

DO WAITING PERIODS APPLY TO YOUR PLANS?

For hospital treatment and routine medical care (such as, for example, seeing a doctor, buying medication etc.), there is no waiting period: you'll be covered as soon as your application for coverage is approved, except for psychiatric care where there is a 12-month waiting period.

If you have selected the “Health +” or “Health+Child” options, waiting periods may apply and these are shown previously in the benefits schedule.

IS IT NECESSARY TO MAKE CASH ADVANCES?

In the event of hospitalization or medical expenses over €/\$400, we pay the hospital or healthcare facility on a direct basis, avoiding you to pay upfront for your medical costs. For outpatient care (consultations, prescription drugs, etc.), you need to pay for your medical costs first and then to send us your bills and supporting documents in order to receive reimbursement after receipt of your claim file.

I WAS PREVIOUSLY COVERED UNDER ANOTHER PLAN. CAN THE WAITING PERIODS IN YOUR PLANS BE WAIVED?

Yes. If you were previously covered under a plan with an equivalent level of coverage in respect of benefits provided, reimbursement rates and coverage limits, the waiting periods for dental and vision benefits will be waived. The waiting period for Maternity, however, will remain in place.

HOW LONG BEFORE I GO ABROAD SHOULD I TAKE OUT THE INSURANCE?

We advise you to submit your application as early as possible to make sure it's processed promptly. The earliest you can enroll is three months before going abroad and no later than two days before the required date.

WHEN DOES MY COVERAGE TAKE EFFECT?

MSH INTERNATIONAL can register your enrollment at the earliest on the day following receipt of your application, subject to your medical questionnaire being approved and us having received all the necessary enrollment documents, including your payment.

WHAT IS THE MINIMUM ENROLLMENT PERIOD?

Plans are taken out for a minimum period of 6 months. The plan is then automatically renewed for one year on the anniversary of its effective date.

HOW DO I PAY MY PREMIUMS?

You can pay your premiums:

- in euros by SEPA CORE direct debit from an account in France, by check or credit card (online payments via our secure website or by telephone with one of our administrators),
- in US dollars by wire transfer or credit card.

Please note that, when you take out the insurance, the first payment must be made by check in euros or by credit card in euros or US dollars.

I HAVE SOME OTHER QUESTIONS: WHO SHOULD I CONTACT?

Please feel free to contact our sales team on **+33 (0)1 44 20 48 77** (Worldwide) or **+1 403 705 0174** (North America) or your **local insurance** professional who will be pleased to assist!

**WHAT YOU CAN EXPECT
FROM US**



We know that healthcare procedures are more complex for people living abroad, so we provide a whole range of practical services to help you manage your healthcare day after day.

MEMBERS' AREA



Submit your claims online by scanning and attaching your bills

Check your reimbursements

Fill out a precertification request

Request a certificate of insurance or a new insurance card

Access our global network of healthcare professionals approved by MSH INTERNATIONAL

MANAGING YOUR CLAIMS FOR REIMBURSEMENT



Administration services available 24/7, certified ISO 9001

Direct precertification in case of hospitalization

Direct billing for all medical treatments in the USA

Medical second opinions from our 20 doctors

A multilingual and multicultural team at your service (60 nationalities and 40 languages spoken)

Reimbursements in more than 150 currencies

YOUR MSH MOBILE APPLICATION



Geolocate nearby healthcare professionals wherever you are in the world

Check your reimbursements online

Plan your medical appointments using the health directory

Access your healthcare data at any time via the personalized health records

Submit your claims by taking a picture of your medical supporting documentation

WELCOME PACKAGE



Your certificate of insurance

Your insurance card

Members' guide

General conditions

Your login and password for the Members' Area

ACCESSING THE MSH MEDICAL NETWORK



Find an MSH-approved hospital near your place of residence

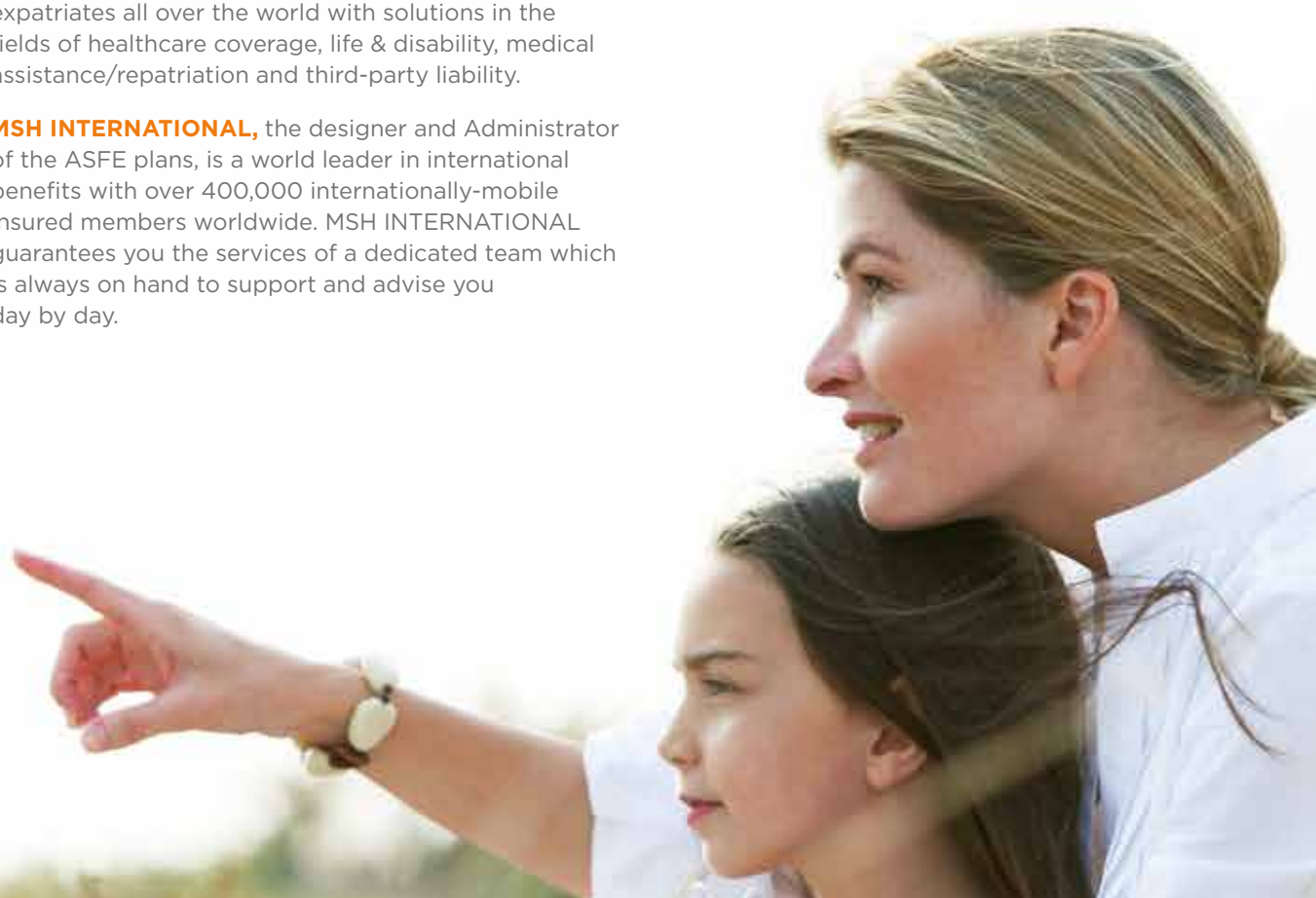
Geolocate healthcare professionals belonging to the MSH medical network in your area

Get information on the country's healthcare system

Access specific advice on prevention

ASFE, the Association of Services For Expatriates, was created in 1992 and is governed by the French law of 1901 on associations. Its purpose is to provide expatriates all over the world with solutions in the fields of healthcare coverage, life & disability, medical assistance/repatriation and third-party liability.

MSH INTERNATIONAL, the designer and Administrator of the ASFE plans, is a world leader in international benefits with over 400,000 internationally-mobile insured members worldwide. MSH INTERNATIONAL guarantees you the services of a dedicated team which is always on hand to support and advise you day by day.



MSH INTERNATIONAL HEALTH INSURANCE. FOR YOU. WHEREVER. WHENEVER

YOUR CONTACTS

For further information or to apply for coverage, you can reach us using the contact details below :

- Telephone: +33 (0)1 44 20 48 77
- E-mail: contact@asfe-expat.com
- Website: www.msh-intl.com
- LinkedIn: MSH INTERNATIONAL

YOUR INSURANCE ADVISOR