

INDIVIDUALS



SUMMARY OF BENEFITS
FIRST'EXPAT
IN THE USA

SUMMARY OF FIRST'EXPAT+ BENEFITS

In the USA

For Zone 5 (USA), it is not possible to only purchase the HOSPI basic benefit: insured members must at least enroll in the HEALTH package.



Hospitalization in the USA* (HOSPI)

HOSPI : Hospitalization + Standard assistance

LEVELS OF COVERAGE - IN THE USA	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
ANNUAL AGGREGATE LIMIT	\$1,250,000	\$2,000,000	\$6,250,000
<i>Co-payment, per hospitalization</i>	<i>\$400 out-of-network: \$800</i>	<i>\$200 out-of-network: \$400</i>	<i>\$100 out-of-network: \$200</i>
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**	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)

* 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.

Standard assistance (included with the Hospitalization benefits)

LEVELS OF COVERAGE - IN THE USA	QUARTZ ★	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
PERSONAL ASSISTANCE				
Emergency medical transport			Actual costs Worldwide	
Repatriation to the insured Party's Country of residence/Country of Posting or Expatriation			Actual costs Worldwide	
Repatriation of the body in case of death			Actual costs	
Coffin or urn costs			\$2,000w	
Identification of the body and death formalities			Round-trip ticket for air or train travel for 2 members of the family and coverage of costs of staying up to \$150 per day per person (maximum 2 days). Repatriation to the Country of Residence/Country of Posting or Expatriation or to the Country of Origin or Nationality	
Accompaniment of the deceased's body or urn			Round trip air or train ticket for one family member	



Routine healthcare in the USA (HEALTH)

HEALTH : Hospitalization + Standard assistance + Medical expenses

LEVELS OF COVERAGE - IN THE USA	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
<i>Co-payment, per treatment or procedure</i>	<i>\$35 / out-of-network: \$45</i>	<i>\$25 / out-of-network: \$35</i>	<i>\$15 / out-of-network: \$25</i>
CONSULTATIONS / TELECONSULTATIONS 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%
Speech therapy, orthoptics, occupational therapy and nursing care*	80% out-of-network: 60%	90 % hors réseau : 70 %	100 % hors réseau : 80 %
Physical therapy and physiotherapy*	100% out-of-network: 80% 35 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%

*No co-payments apply on those benefits



LEVELS OF COVERAGE - USA	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
PRESCRIBED DRUGS AND MEDICAL EQUIPMENT			
Prescription drugs	80% <i>out-of-network: 60%</i>	90% <i>out-of-network: 70%</i>	100% <i>out-of-network: 80%</i>
Contraceptives	80% <i>out-of-network: 60%</i> up to \$125 per year	90% <i>out-of-network: 70%</i> up to \$250 per year	100% <i>out-of-network: 80%</i> up to \$375 per year
Medical equipments (e.g. crutches)	80% <i>out-of-networks: 60%</i>	90% <i>out-of-network: 70%</i>	100% <i>out-of-network: 80%</i>
MENTAL HEALTH			
Psychiatry - <i>Waiting period of 12 months</i>	80% <i>out-of-network: 60%</i> 10 sessions <i>per year</i>	90% <i>out-of-network: 70%</i> 15 sessions <i>per year</i>	100% <i>out-of-network: 80%</i> 20 sessions <i>per year</i>
Consultations with psychologists, on prescription - <i>Waiting period of 12 months</i>	80% <i>out-of-network: 60%</i> 10 sessions <i>per year</i>	90% <i>out-of-network: 70%</i> 15 sessions <i>per year</i>	100% <i>out-of-network: 80%</i> 25 sessions <i>per year</i>
WELLBEING & WELLNESS			
Prescribed vaccinations and preventive treatments	80% <i>out-of-network: 60%</i>	90% <i>out-of-network: 70%</i>	100% <i>out-of-network: 80%</i>
Health check-up	80% <i>out-of-network: 60%</i> up to \$375 every 3 years	90% <i>out-of-network: 70%</i> up to \$625 every 3 years	100% <i>out-of-network: 80%</i> up to \$1,250 every 3 years
Preventive package (cervical screening, mammogram, prostate cancer screening, screening for skin cancer, etc.)	80% <i>out-of-network: 60%</i> up to \$625	90% <i>out-of-network: 70%</i> up to \$1000	100% <i>out-of-network: 80%</i>
Dietitian	not covered	90% <i>out-of-network: 70%</i> 2 sessions <i>per year</i>	100% <i>out-of-network: 80%</i> 3 sessions <i>per year</i>

Dental and vision (HEALTH+)*

HEALTH+ : Hospitalization + Standard assistance + Medical expenses + Optical + Dental

*Available only if the optional benefit HEALTH has been purchased.

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

YOUR BENEFITS

LEVELS OF COVERAGE - IN THE USA	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
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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%	80% out-of-network: 60%	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

Maternity (HEALTH+CHILD)*

HEALTH+CHILD : Hospitalization + Standard assistance + Medical expenses + Optical + Dental + Maternity

**Available only if the optional benefit HEALTH+ has been purchased.*

LEVELS OF COVERAGE - IN THE USA	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
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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	90% out-of-network: 70% up to \$10,000 per year
Childbirth complications	Limit for childbirth without complications doubled		
Fertility treatment <i>Waiting period of 12 months</i>	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)

Premium assistance (optional)

LEVELS OF COVERAGE - IN THE USA	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
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PERSONAL ASSISTANCE

Emergency medical transport	Actual costs Worldwide		
Repatriation to the Insured Party's Country of Residence/ Country of Posting or Expatriation or to the Country of Origin or Nationality	Actual costs Worldwide		
Repatriation of the body in case of death	Actual costs		
Coffin or urn costs	\$2,000		
Recognition of bodies and death formalities	Round-trip ticket for air or train travel for 2 members of the family and coverage of costs of staying up to \$150 per day per person (maximum 2 days). Repatriation to the Country of Residence/Country of Posting or Expatriation or to the Country of Origin or Nationality		

Accompaniment of the deceased's body or urn

Round trip air or train ticket for one family member

LEVELS OF COVERAGE - IN THE USA	
Repatriation of children under the age of 18 in the event of hospitalization and Organisation and coverage of the costs of the travel arrangements of a relative or an accompanying person where necessary	Return air or train ticket Round-trip ticket for air or train travel for one member of the family and coverage of costs of staying up to \$150 per day per person (maximum 2 days). Repatriation to the Country of Residence/Country of Posting or Expatriation or to the Country of Origin or Nationality
Presence with the hospitalized Insured Party	Round-trip ticket for air or train travel for two members of the family and coverage of costs of staying up to \$150 per day, capped at \$1,500.
Return of the Insured Party to his or her place of residence (within 2 months of repatriation)	Return ticket
Early return in the event of death or serious illness of a close relative	Round-trip ticket (max once per year for the same event)
Psychological Assistance	3 telephone interviews Claim occurring in any place worldwide

LEVELS OF COVERAGE - IN THE USA	
"PRIVATE LIFE" CIVIL LIABILITY	
All bodily injury, property damage and intangible damage	\$4,500,000 capped in the USA and Canada at \$1,500,000
Subject to the following sub-limits: :	
Food poisoning	\$1,500,000
All property damage combined	\$1,500,000
Combined consequential losses (Excess of €300 per Claim)	\$300,000
Legal expenses:	Outside the USA \$16000 USA \$30,000



CONTACT US

For answers to your questions
about your healthcare plan

TEL: +33 1 44 20 48 77

EMAIL: SALES@MSH-INTL.COM

WEBSITE: WWW.MSH-INTL.COM

FACEBOOK: [MSH](#)



MSH

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