

International health insurance



Insurance product information document

Insurer: Groupama Gan Vie, 8-10 rue d'Astorg - 75383 Paris Cedex 08, France.

This company, which is registered in France with the Paris Trade and Companies Register under number 340 427 616 and governed by the French Insurance Code, is licensed and supervised by the French Prudential Supervision and Resolution Authority (ACPR).

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 information about this product can be found in the contractual and pre-contractual documents, such as the Information Booklet serving as the General Terms and Conditions.

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?

Reimbursements of healthcare expenses are subject to annual 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.

When this upper limit is reached, any costs incurred over and above this limit will not be covered.

BENEFITS WHICH ARE ALWAYS PROVIDED

Hospitalization

- ✓ Hospitalization: room and board, emergency hospitalization, specialist consultations and treatments and procedures, prescribed medication, prostheses, oncology, psychiatric treatments and care, etc.

OPTIONAL BENEFITS

- **Routine healthcare:**
Consultations with general practitioners and specialists, prescribed medication, physical therapy, osteopathy and chiropractic, psychiatry, vaccinations, health checks, etc.
- **Dental and Vision care:**
Routine dental care, dentures and dental implants, surgery, orthodontics, etc.
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.

SERVICES WHICH ARE ALWAYS PROVIDED

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

Benefits preceded by a check mark ✓ are included as standard in the plan.



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.
- ✗ Any medical or surgical expenditure not prescribed by a qualified medical authority.
- ✗ 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?

MAIN EXCLUSIONS

- ! Pre-existing medical conditions not declared or not covered at the time of membership.
- ! Medication without a prescription
- ! Voluntary termination of pregnancy except for insured members in Switzerland who have purchased the Health+Child pack with a Pearl, Sapphire or Diamond level of coverage.
- ! Costs deemed to be excessive, unreasonable or unusual considering the country in which they were incurred.
- ! 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.

MAIN RESTRICTIONS

- ! Certain benefits are subject to waiting periods indicated in the Information Booklet serving as the General Terms and Conditions.
- ! Certain benefits are subject to upper limits and/or prior approval, as shown in the benefits schedule.

The full list of exclusions is available in the General Terms and Conditions.



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 (except for excluded countries*), for Emergency care only (only if this care is required as the result of an accident or a sudden and unexpected unforeseen illness), during occasional stays of less than 60 consecutive days.

*see the Information Booklet serving as the General Terms and Conditions.



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, inform the insurer of any change in your circumstances (change of address, occupation, family composition, etc.).
- In the event of a claim: send the insurer your claims for reimbursement within a maximum of 24 months of the date of treatment for healthcare costs.



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. You have 14 calendar days to cancel your membership either from the date of membership or from the date on which your Certificate of enrollment is sent out if later, without having to justify your 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:
 - At any time, after a waiting period of 1 continuous year of coverage starting from the date of membership. Termination will take effect on the 1st or 15th of the month following the date of receipt of the termination letter together with an official supporting document and will not be effective before a minimum notice period of 1 month.
 - 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.

First'Expat+ is a product of:

- **MSH - DIOT-SIACI Group**- Insurance and reinsurance brokerage company. RCS Paris 352 807 549, 39 rue Mstislav Rostropovitch, 75017 Paris, FRANCE.
- **Groupama Gan Vie** (Health insurer), RCS Paris 340 427 616, 8-10 rue d'Astorg, 75383 Paris Cedex 8, FRANCE.

MSH - DIOT-SIACI Group - Insurance and Reinsurance Brokerage Company. Registered office: 39, rue Mstislav Rostropovitch - 75017 Paris - France. A French joint stock company (société par actions simplifiée) - Capital: €2,500,000 - Registered with the Paris Trade and Companies Register under number 352 807 549 - APE 6622 Z - Intra-Community VAT identification number: FR 78 352 807 549. Registered with ORIAS under number 07 002 751 (orias.fr) - Regulated by the French Prudential Supervision and Resolution Authority (Autorité de Contrôle Prudenciel et de Résolution) - 4, place de Budapest - CS 92459 - 75436 Paris Cedex 09 - France.

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