

# International Health Insurance

Insurance product information document

Product designed by APRIL International Care France and Axéria Prévoyance



Product: MyHealth France (Ref: MHF Cov)

L'assurance en plus facile.

This information document summarises the key benefits of and exclusions from the product. It does not take into account your specific needs and requirements. Full details of this product can be found in the pre-contractual and contractual documents such as the general conditions and the members' guide. Details of levels of reimbursement will be shown in the benefits schedule.

## What type of insurance is it?

MyHealth France is a health insurance solution designed for expatriates residing in France. It provides cover as a top-up to French Social Security. This plan offers a choice of 5 different levels of cover, four of which meet the criteria for **state-approved health insurance**. This means that this solution is tailored to the needs of expatriates according to the type of cover they require and their budget.

### What is insured?

Benefit amounts are subject to **upper limits** which are shown in the benefits schedule:

#### **BENEFITS WHICH ARE ALWAYS PROVIDED:**

##### **LEVEL 1 PACKAGE:**

###### **HOSPITALISATION**

Medical or surgical, home hospitalisation and maternity  
Private room  
Patient transportation covered by the Mandatory Scheme  
Staying with a child under the age of 12

##### **LEVEL 2, LEVEL 3, LEVEL 4 AND LEVEL 5 PACKAGES (meet the criteria for state-approved health insurance):**

###### **HOSPITALISATION**

Medical or surgical, home hospitalisation and maternity  
Private room  
Patient transportation covered by the Mandatory Scheme  
Staying with a child under the age of 12

###### **OUTPATIENT CARE**

Medical fees: Consultations/Visits - GPs and specialists  
Specialist treatments and procedures, surgery and medical techniques  
Radiology and medicines reimbursed by the Mandatory Scheme  
Medical auxiliaries and diagnostic tests  
Spa therapies covered by the Mandatory Scheme

###### **VISION CARE**

Lenses and frames including "100% santé" basket  
Contact lenses which are accepted and reimbursed by the Mandatory Scheme

###### **DENTAL**

Treatment and dentures from the "100% Santé" basket  
Orthodontics and dentures covered by the Mandatory Scheme

###### **HEARING AIDS**

Devices from the "100% santé" basket

###### **OTHER BENEFITS**

Unforeseen medical expenses incurred abroad and reimbursed by the Mandatory Scheme  
Appliances, orthopaedics

#### **SERVICES WHICH ARE ALWAYS PROVIDED:**

###### **FREE DIRECT BILLING CARD**

Benefits preceded by a green tick ( ✓ ) are always included in the plan depending on the package selected.

### What is not insured?

- ✗ Private rooms and the cost of staying with a patient in a psychiatric hospital
- ✗ Cures of any kind (unless included in the benefits schedule), cosmetic treatment and thalassotherapy
- ✗ Stays in specialist care facilities, medical-social facilities and residential care for dependent seniors

### Are there any exclusions from cover?

#### **KEY EXCLUSIONS**

##### **LEVEL 1 package (does not meet the criteria for state-approved health insurance):**

Stays in hospitals and equivalent facilities for dependent seniors and long-stay facilities.

##### **LEVEL 2, LEVEL 3, LEVEL 4 and LEVEL 5 packages (meet the criteria for state-approved health insurance):**

Any costs which are not reimbursed by the Mandatory Scheme;

The statutory flat-rate contribution to costs and any Excess applied to medical care remain payable by the insured.

#### **KEY RESTRICTIONS:**

##### **Applicable to all cover:**

Certain benefits are subject to upper limits as shown in the benefits schedule.

##### **LEVEL 2, LEVEL 3, LEVEL 4 and LEVEL 5 packages:**

By consulting a doctor who has not signed up to a 'DPTAM' controlled pricing system, you may be reimbursed at a lower rate.

##### **Vision care:** one pair of glasses every 2 years from the date of the previous purchase. Early replacement of the glasses is possible under the terms of state-approved health insurance plans known in French as "contrats responsables" and "contrats solidaires".

##### **Hearing aids:** renewable every 4 years from the date of the previous purchase.

##### **Dentures** which are not from the "100% santé" basket: the total amount of cover is capped.

Full lists of exclusions and restrictions can be found in the general conditions.



### Where am I covered?

- ✓ You are covered for a year at a time in France.
- ✓ Benefits can also be claimed during temporary stays of up to 90 consecutive days worldwide in cases of unexpected illness, as well as in your country of Nationality, if you are covered by your Mandatory Scheme.



### What are my obligations?

**Failure to fulfil these obligations may result in your insurance contract being rendered null and void or your cover being denied**

#### When taking out the insurance

- You must pay the premium on the due dates specified in the plan.
- You must be enrolled in a French Mandatory Scheme.

#### During the life of the plan

- You must provide all the documents and evidence required for the payment of benefits under the plan.
- You must inform the insurer if there are any changes in your personal circumstances, status, home address or employment.
- You must notify APRIL International Care France if you have cover from any other French Social Security organisations, supplementary medical insurance providers and/or insurers.

#### When making a claim

- You must send your claim for reimbursement by post (please refer to the general conditions for details).
- You must keep the original invoices for a period of 2 years.



### When and how to pay the premiums?

The premium is payable in euros:

- in full when you take out the insurance by bank card or SEPA direct debit
- monthly by SEPA direct debit



### When does the cover begin and end?

#### Cover begins

On the effective date shown on the membership certificate and at the earliest on the 16<sup>th</sup> of the month or 1<sup>st</sup> of the month following receipt of the Application form subject to payment of the corresponding Premium.

#### Cover comes to an end

- if the Member cancels the plan at the annual renewal date of 31/12;
- if the premiums are not paid;
- if the agreement is cancelled by the insurer or the Association des Assurés APRIL at the annual renewal date;
- when you no longer meet the conditions of insurance;
- when you are no longer living as an expatriate in France;
- if you make any false statements;
- it is possible to cancel the contract within 14 days of receipt of your Membership certificate.

MyHealth France is an open-ended contract. At the annual renewal date of 31/12, the contract will be automatically renewed on 1<sup>st</sup> January of each year unless the member requests otherwise.



### How do I cancel the insurance?

- You can cancel this insurance contract if you are no longer living as an expatriate in France, on presentation of an official document confirming this (for example a certificate showing that you are no longer covered by the French Mandatory Scheme).
- You can cancel this contract on the annual renewal date (at 31/12) by registered letter, by email or in the online Customer Zone with 60 days' notice (or 30 days following receipt of new conditions of cover).

### MyHealth France is designed by:

- **APRIL International Care France**, an insurance intermediary registered with ORIAS under number 07 008 000 and governed by the French Insurance Code.
- **Axéria Prévoyance** (a Health insurer), an insurance company registered in France with the trade and companies register in Lyon under number 350 261 129 and governed by the French Insurance Code.