

MEMBER



MEMBER'S GUIDE
to your healthcare plan



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A DEDICATED TEAM FOR A PERSONALIZED FOCUS

A dedicated team for a personalized focus.

Your claims department is available 24/7 to answer any questions you may have.

North & South America
Suite 300, 999-8th Street S.W.
Calgary, Alberta T2R 1N7
Canada
Tel: +1403 537 5565
Fax: +1403 265 9425
indivamerica@msh-intl.com

Europe
23 allées de l'Europe
92587 Clichy Cedex France
Tel: +33 (0)1 44 20 82 10
Fax: +33 (0)1 44 20 48 79
indiveurope@msh-intl.com

Africa
Immeuble Azur Work Space
42, rue Platon
Zone d'activité Khaireddine
Lac 3 - Tunis Tunisia
Tel: +216 31 38 45 75
admineurope@msh-intl.com

Middle East
119th Floor, One by Omnyat
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P.O. BOX : 506537 Dubai
United Arab Emirates
Tel: +971 4 365 1331
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indivmea@msh-intl.com

Asia-Pacific
5/F, North Tower, Building 9
Lujiazui Software Park, Lane
91, E Shan Road, Shanghai
P.R. China 200127
Tel: +86 21 6187 0596
Fax: +86 21 6160 0153
indivasia@msh-intl.com

IMPORTANT

This map helps you locate your nearest claims department. In case of doubt, go to the "Contact Us" section of your Members' Area at www.msh-intl.com or on the MSH International mobile application. If you call your claims department out of opening hours, you will automatically be redirected to an available advisor from another claims department.

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YOUR LOGIN DETAILS TO ACCESS YOUR ONLINE SERVICES

These login details allow you to access both your Members' Area and the mobile app.

▶ HOW TO GET YOUR LOGIN DETAILS?

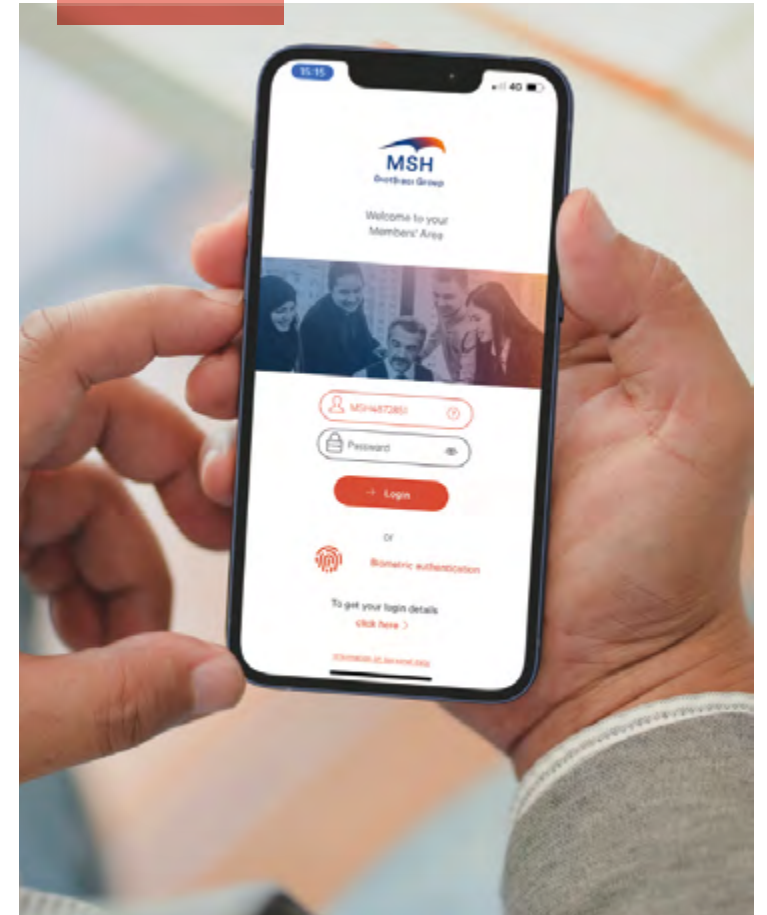
- Go to the Members' Area at www.msh-intl.com by clicking on "Login / Member". On the authentication page, click on "Get your login details".
- Or go to your mobile app.

For security reasons, **your login and password** will be sent in **two separate emails**.



GOOD TO KNOW

After receiving your login, go to your **Members' Area** under "**Your Enrollment / Your Details**" to personalize your password.



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YOUR CERTIFICATE OF INSURANCE

This document proves that you are covered under a health insurance plan.

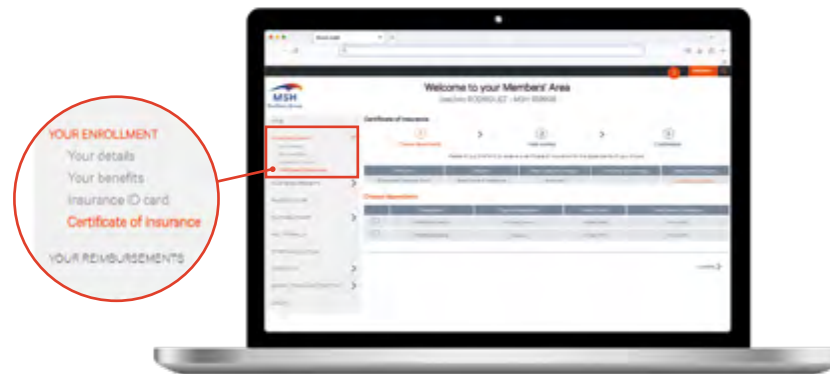
It shows:

- ✓ the name of the insured member and their dependents (if any) and the effective date of the plan,
- ✓ the number and type of plan taken out,
- ✓ the plan's insurer and the benefits,
- ✓ the selected zone of coverage.

▶ WHERE TO FIND YOUR CERTIFICATE?

Your certificate of insurance was emailed to you when you enrolled.

You can also download it in your **Members' Area**, under **"Your Enrollment"**.



GOOD TO KNOW

We can send you another copy of this document if you have lost it.

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YOUR INSURANCE CARD

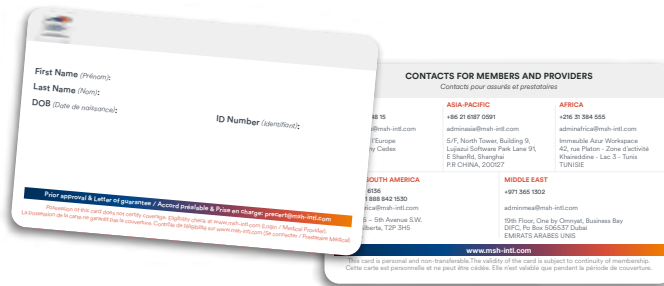
An electronic version of your card is available for you and each of your dependents (if any) **on your MSH International mobile app**.

You can also print it via your **Members' Area**, under **"Your Enrollment"** by clicking on the card icon.

▶ WHAT IS THE PURPOSE OF THE INSURANCE CARD?

Your insurance card contains all the contact information you require. Make sure you always have it with you and use it as identification when contacting MSH International or upon admission to a hospital.

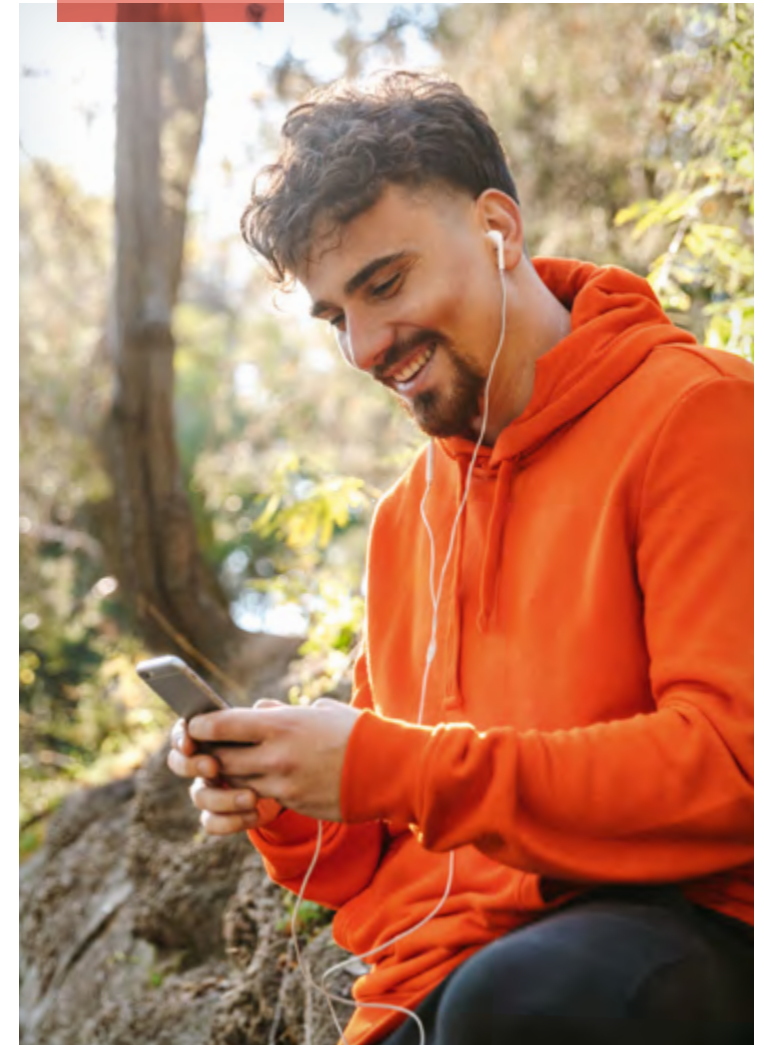
It enables the healthcare provider to contact us to set up direct billing arrangements and to avoid you having to pay your medical expenses upfront.



▶ YOU ARE COVERED UNDER A PLAN AS A TOP-UP TO THE CFE?

In France, you are entitled to a Carte Vitale for expatriates. Show your Carte Vitale to benefit from the direct billing and the NOEMIE data exchange system.

For medical expenses incurred abroad, MSH pays the MSH and CFE portion of costs at the same time via the MSH online areas.



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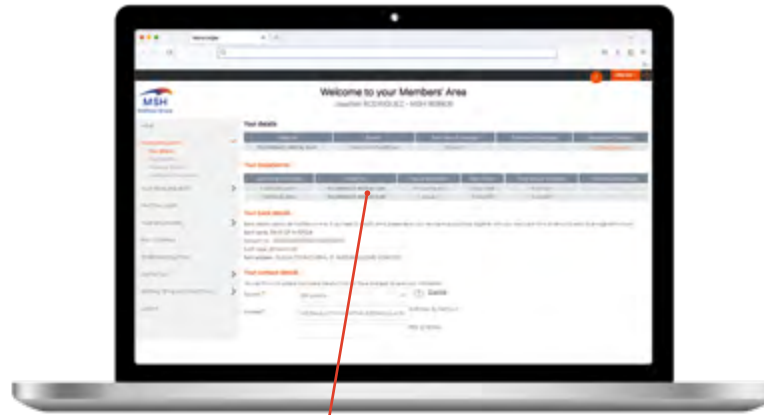
▶ YOUR PLAN

YOUR ZONE OF COVERAGE

When you enrolled in the plan, you selected a zone of coverage according to your country of expatriation (zones 1 to 4). **Under your plan, you are covered in all the countries included in the selected zone and in lower zones.**

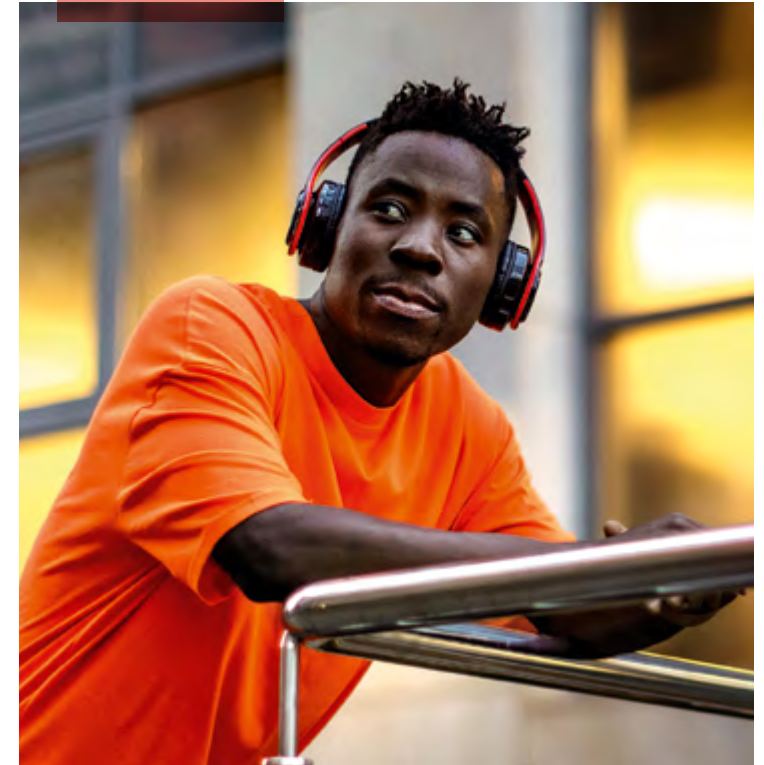
▶ YOUR ZONE OF COVERAGE

You are covered for stays of less than 7 weeks outside the chosen zone of coverage for the costs resulting from an accident or an illness of an emergency nature only (see information notice). Your zone of coverage is shown in your policy number available in your **Members' Area**, under **"Your Details"**.



First name	Policy No.	Type of dependent	Date of
JEZ Joachim	POL009054WZ3	Principal insured	09-Dec
GUEZ Elena	POL009054CZ3	Spouse	01-Dec

Your zone of coverage is zone 3, so you are covered also for zones 2 and 1.



TO FIND OUT MORE

View our [map](#) to get more information on the different zones of coverage.

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YOUR BENEFITS

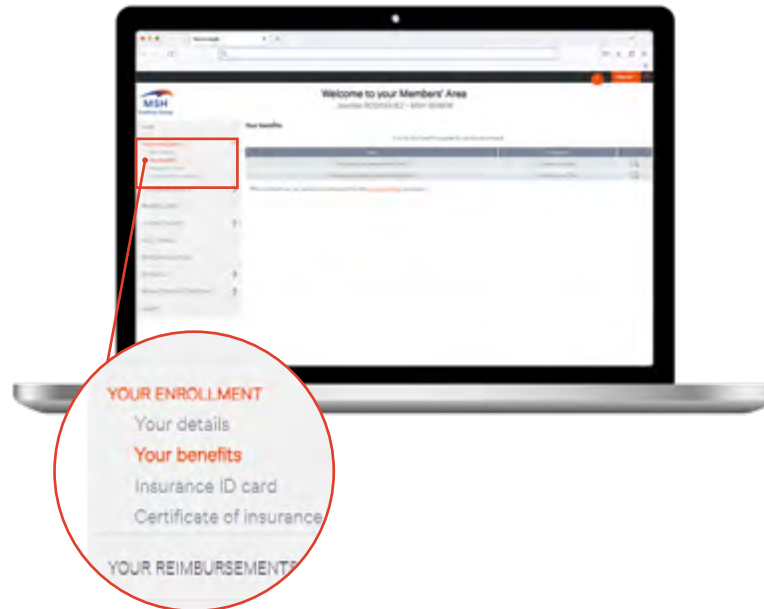
Your upper limits of coverage depend on what you have chosen when you enrolled in the plan. You can find this information on your certificate of insurance and your certificate of enrollment.

▶ VIEW YOUR BENEFITS

The general terms and conditions detail your benefits.

They are available in your **Members' Area**, under **"Your Benefits"**.

If you are unsure of the amount of reimbursement provided for your healthcare, you can request a prior approval before receiving the treatment. We will confirm whether it is covered and provide you with the reimbursement amount.



TO FIND OUT MORE

See **"Limit co-payment: prior approvals"**.

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YOUR MEDICAL EVACUATION BENEFIT

 *In case of emergency, please contact the local emergency services before taking any action.*

Local ambulance transportation is covered under the healthcare coverage. However, please contact Tokio Marine Assistance before incurring any expenses related to a medical evacuation or repatriation. The doctors of Tokio Marine Assistance will make sure you receive appropriate care and will organize your medical transportation if needed.

These benefits are automatically included in your coverage. The following services are also provided:

- ✓ Visit of a family member in the event of hospitalization (transportation, hotel),
- ✓ Travel ticket for the person accompanying you during the repatriation/medical transportation,
- ✓ Travel ticket in case of early return, listening and psychological support:

See Assistance/Third Party Liability/Personal Accident insurance information guide.

USEFUL INFORMATION

Contact Tokio Marine Assistance:

✓ **By phone:**

- from France: 05 86 85 01 15
- from abroad: (+33) 5 86 85 01 15

✓ **By email:**

- Assistance: ops@vyv-ia.com
- Precertification: authorization@vyv-ia.com

And provide:

- ✓ Your first and last names.
- ✓ The telephone number you are calling from or where you can be reached.
- ✓ The reference of your plan: Indigo Expat FR025648TT
- ✓ The name, location and telephone number of the healthcare facility where you are receiving care and the name of the local doctor.

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HOW TO MANAGE YOUR PLAN

You and your dependents are covered on the effective date of your plan.

This plan is **automatically renewed on each anniversary date**. You are covered until you decide to change or terminate your plan, subject to payment of premiums.

▶ TO ADD A DEPENDENT



- **Newborn** (except for multiple births and children adopted and placed in foster care): covered from birth without medical formalities, provided that the Insurer is informed within four weeks of the birth and that one of the foster parents has been covered by the Insurer for at least six consecutive months.
- **Any other dependents** (child, spouse): at any time under the usual enrollment conditions (medical questionnaire, age limit, etc.).

▶ TO CHANGE YOUR LEVEL OF COVERAGE



Changes to the plan (zone of coverage, options, deductible, currency, package, level of coverage) can only be made once during the life of the plan and must be carried out on the plan's anniversary date.

Should you have any questions, please feel free to contact your broker at: +33 1 53 16 31 60.

▶ TO TERMINATE YOUR PLAN:



- **At any time after a minimum period of 12 months of coverage, in the following cases:**
 - With 1-month's notice, in compliance with the French law No. 2019-733 on infra-annual termination of July 14, 2019,
 - move to a country excluded by the plan,
 - return to your country of nationality.
- **Termination will be effective on the 1st or 15th of the month following receipt of the termination request.** In all cases, an official supporting document is required (see Health Information notice).

Should you have any questions, **please feel free to contact your broker at:**



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HOW TO SUBMIT YOUR CLAIMS

▶ VIA YOUR MEMBERS' AREA:



Log in to your Members' Area at www.msh-intl.com and go to the "Your Reimbursements" section.

For claims:

- ✓ **up to €1,000** (or equivalent amount), proof of payment may be required. You can directly upload your scanned supporting documents (medical/prescription drugs fees, medical prescriptions and/or medical reports, invoices from physicians and other healthcare professionals, proof of payment, etc.).
- ✓ **exceeding €1,000** (or equivalent amount), a stamped receipted invoice and other supporting documents may be required. You need to fill out the form online, print it, sign it and send it by mail to your claims department together with the original supporting document.

You can declare several treatments and/or different members on the same claim form. A summary of your claim will be sent to you by email.

▶ VIA THE MOBILE APP:



Go to the "New Claim" section.

Declare one medical expense at a time, **within the limit of €1,000** (or equivalent amount). **Proof of payment may be required.** You can then upload your supporting documents or directly take a picture from your smartphone. A summary of your claim will be sent to you by email.

IMPORTANT

According to the general rules on civil standard of proof, the insured member must provide supporting documents for each claim. For this purpose, MSH International has the right to request any proof of payment to reimburse the amounts due.

The list of the supporting documents to be sent together with your claims is available under "FAQs".

In the event of accident or medical emergency, please check the corresponding box when completing your claim form.

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LIMIT CO-PAYMENT: PRIOR APPROVALS

The request for prior approval enables you to find out if your treatment is covered and how much you will be reimbursed.

If you do not request prior approval, reimbursements under your plan may be reduced or even rejected. Only treatments covered by your plan may be subject to a prior approval request.

▶ TREATMENTS AND PROCEDURES REQUIRING PRIOR APPROVAL

- ✓ hospitalization,
- ✓ prescribed sessions for physical therapy, speech therapy, orthoptics and occupational therapy,
- ✓ maternity (if option purchased),
- ✓ pregnancy and childbirth complications (if option purchased).

▶ HOW TO OBTAIN PRIOR APPROVAL?

You can contact your claims department or fill out an online request in your Members' Area, under **“Contact Us / Submit an inquiry / 4. Your prior approval requests”**.

We will review your request and answer within 72 hours.



GOOD TO KNOW

Medical emergencies are never subject to the prior approval procedure. However, you will need to provide a medical report after receiving the treatment in order to be reimbursed or for the provider to be paid.

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APPLICATION OF UPPER LIMITS OF COVERAGE

▶ UPPER LIMITS OF COVERAGE



When you enrolled in the plan, you opted for a package:

- ✓ Indigo Expat WeCare (1st euro)
- ✓ Indigo Expat OnePack (as a top-up to the CFE)

Each level of coverage has its own annual aggregate limit, i.e. a maximum amount for reimbursement of your healthcare per member and per insurance year.

Certain benefits have special limits which are expressed as a value, a number of days or a number of services or sessions per member and per insurance year.

Your upper limit of coverage is shown on the information notice that you received when you enrolled in the plan, which is also available in your Members' Area.



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PRECERTIFICATION AGREEMENT: MSH PAYS FOR YOUR MEDICAL EXPENSES

The request for precertification agreement prior to your treatment enables you to benefit from the direct billing system within the limit of your coverage: MSH International settles your bills directly with the healthcare professional or the medical facility without you having to make a cash advance.

You can request a precertification agreement for: **Maternity | Hospitalization | Costly treatments | Series of treatments** (such as physical therapy sessions).

▶ PLANNED HOSPITALIZATION AND OUTPATIENT SURGERY



Fill out your request in your **Members' Area**, under **"Your reimbursements / Letter of guarantee and direct payment request"**, at least 10 days before your admission.

Do not forget to attach your supporting documents (treatment plan, medical report, estimate of costs, etc.).

You can also send your request by email to precert@msh-intl.com.

We will make the necessary arrangements with the hospital and confirm your precertification agreement within 72 hours.

What is the difference between prior approval and precertification agreement?

See the answer in the **"FAQs"** section.

▶ MEDICAL EMERGENCIES



Go directly to the hospital or contact the emergency services. Show your insurance card (available in the mobile app) at the admissions desk and ask them to call us as soon as possible, but no later than 72 hours after your admission.

We will immediately issue our precertification agreement and follow your case.



▶ MATERNITY – IF OPTION PURCHASED



Before the end of the 3rd month, contact your claims department to declare your pregnancy and inform us of your expected delivery date. Once your pregnancy has been declared, you will be contacted by our medical team who will assist you and help you find the best facilities.

Two months before the due date, fill out your precertification request in your Members' Area under **"Your reimbursements / Letter of guarantee and direct payment request"**. You can also send your request by email to precert@msh-intl.com.

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YOUR MEMBERS' AREA

▶ GET YOUR LOGIN DETAILS

Go to www.msh-intl.com and click on "Login". When you first access your Members' Area, click on "Get your login details".

For more information on your first login, we recommend that you read the "Your login details" section of this guide.



▶ ACCESS ALL YOUR SERVICES AND PRACTICAL INFORMATION IN YOUR MEMBERS' AREA

- ✓ Submit a claim for reimbursement and request a precertification agreement
- ✓ Manage your personal information: mailing address, email address, bank details
- ✓ Get information on your benefits: summary of benefits, general terms and conditions
- ✓ Download your supporting documents: insurance card and certificate of insurance
- ✓ Check the progress of your claims in real time
- ✓ Find a nearby physician or healthcare facility belonging to the MSH International network
- ✓ Contact us should you have any questions



GOOD TO KNOW

Your login details are the same for the mobile app and the Members' Area.

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YOUR MOBILE APPLICATION

▶ DOWNLOAD YOUR MOBILE APP ON THE APP STORE OR GOOGLE PLAY

When you first access your Mobile App, click on **“Get your login details”**.

For more information on your first login, we recommend that you read the **“Your login details”** section of this guide.

▶ YOUR REIMBURSEMENTS AND YOUR HEALTHCARE AT YOUR FINGERTIPS

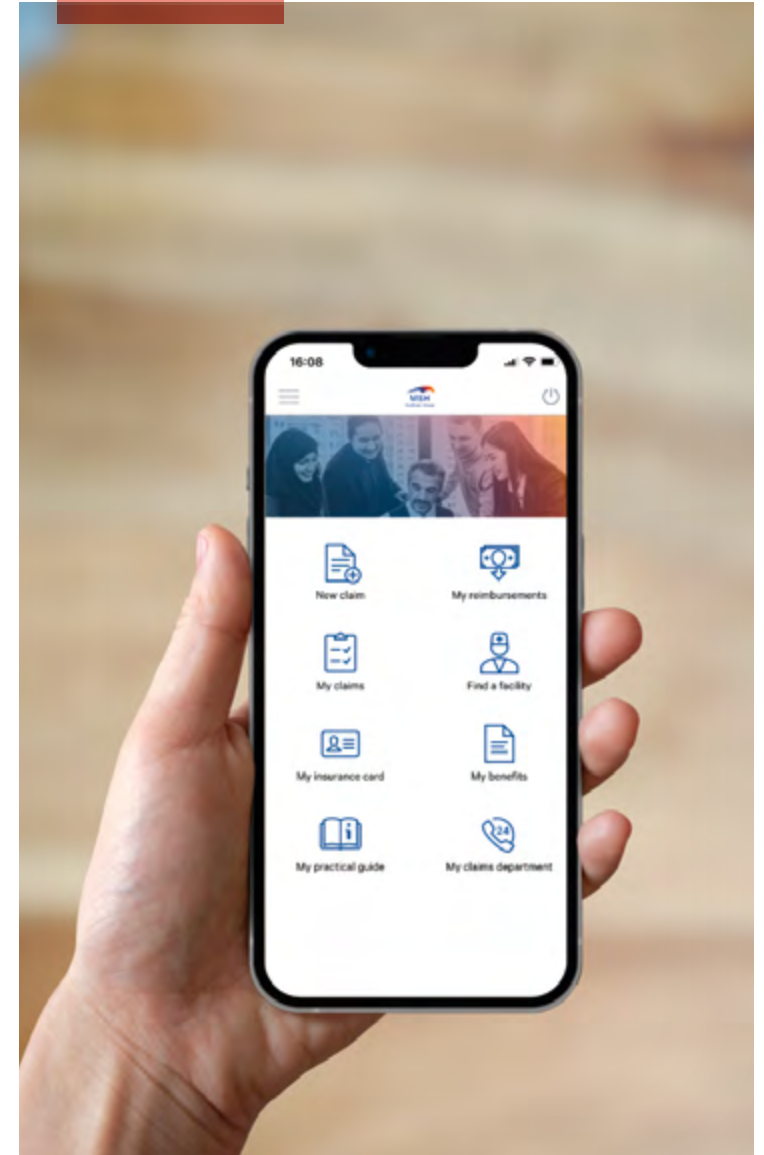
The MSH International mobile app has been designed to make your healthcare procedures easier:

- ✓ Submit your claims for invoices up to €1000 and attach a picture of your supporting documents.
- ✓ Access your insurance card.
- ✓ View your reimbursements in real time: access all your claims, check their progress and get notifications when you receive a reimbursement.
- ✓ Geolocate nearby healthcare professionals belonging to the MSH International medical network: in-network healthcare professionals are indicated by the letter “R”.
- ✓ Get information on the local healthcare system and emergency numbers.



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Your login details are the same for the mobile app and the Members' Area.



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YOUR MEDICAL NETWORK

To access experienced health professionals and medical facilities charging reasonable fees, we recommend that you use the MSH International medical network.



▶ A HIGH-QUALITY MEDICAL NETWORK

Healthcare providers which belong to the MSH International medical network accept direct payment and provide you with quality services at reasonable or preferential rates.

▶ GEOLOCATION



Healthcare providers belonging to the MSH International can be geolocated. To do so, view the list of in-network providers in the **MSH Mobile App** or in your **Members' Area** under **"Your healthcare / Find a facility"**

Contact our medical advisors so they can help you choose the provider that best suits your needs.



GOOD TO KNOW

All the providers of the MSH International medical network have been selected for the quality of their services.

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ROLE OF THE MSH MEDICAL TEAM

Thanks to our network of healthcare providers, you benefit from quality services all around the world at reasonable and customary or preferential rates.

▶ ROLE OF THE MEDICAL ADVISORS

Our MSH medical advisors and nurses are on hand to:

- ✓ provide you with a **second medical opinion** if you are unsure of the diagnosis you have been given,
- ✓ **give you an explanation** of the treatment recommended by your practitioner,
- ✓ **help you choose** practitioners or medical facilities which charge fees under or near your upper reimbursement limits.

▶ HOW TO CONTACT MSH INTERNATIONAL MEDICAL ADVISORS



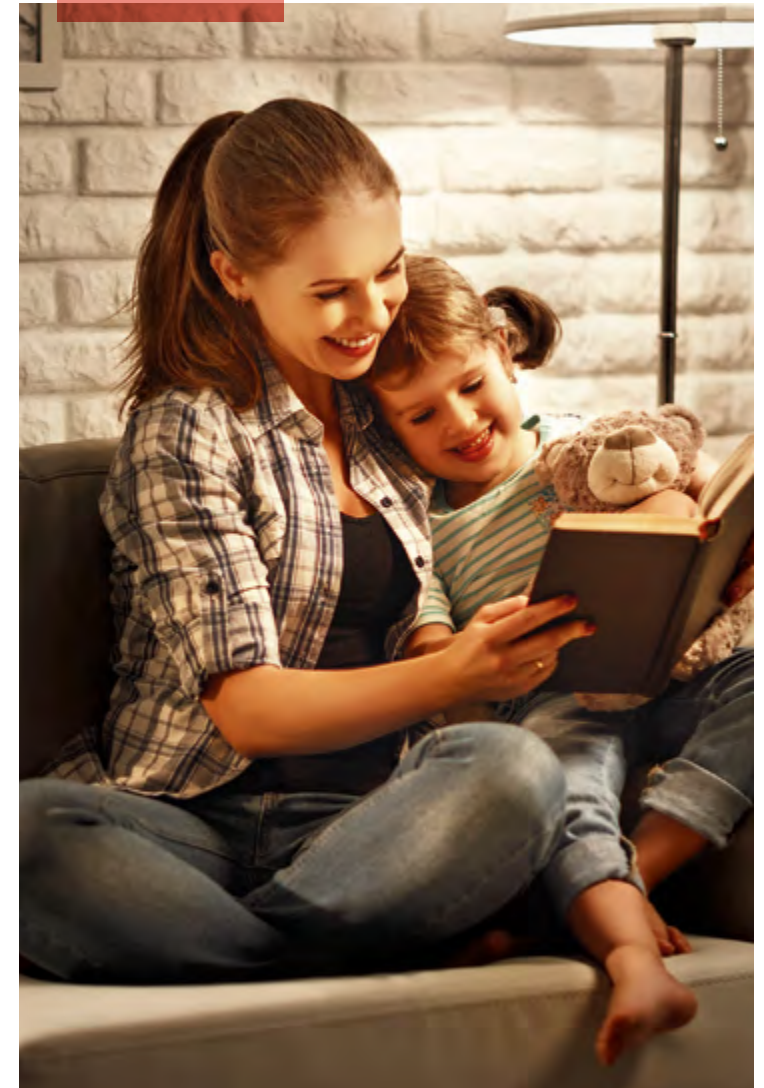
You can contact them via your secure Members' Area, under "**Contact Us / Submit an inquiry / 7. Medical inquiry for our medical staff**".

Only our medical teams (medical advisors and nurses) have access to these messages.



GOOD TO KNOW

View the list of in-network professionals in the MSH Mobile App or in your Members' Area, or contact our medical advisors so that they can help you choose the provider that best suits your needs.



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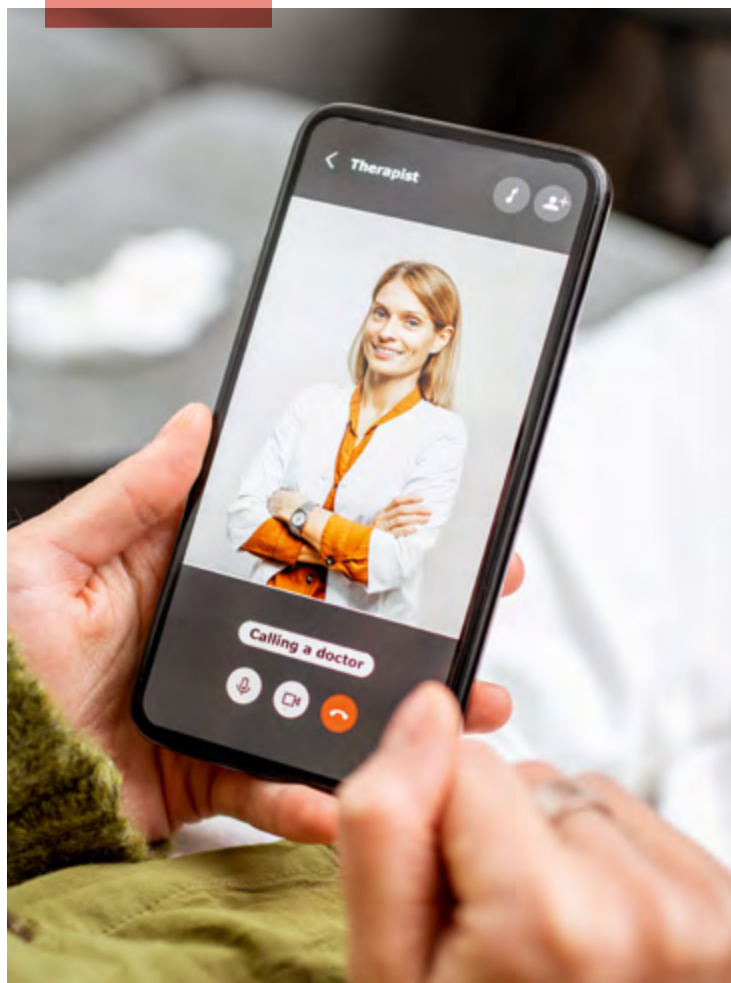
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YOUR TELEMEDICINE SERVICE

With the telemedicine service, you can benefit from remote consultations with a doctor or a healthcare provider online or by phone, wherever you are, 24/7 and in more than 30 languages and cultures.



The telemedicine service is included in your coverage.



Consultations on this platform are reimbursed at the same level as face-to-face consultations. You also benefit from the direct billing system: you will not have to make any cash advances, MSH pays your consultations directly.

These health professionals are entitled to deliver international prescriptions.

▶ ACCESS THIS SERVICE

To log in, create your account on the telemedicine platform using the access codes provided in your Members' Area, under “**Your Healthcare**”.

Our partners are:

- ✓ MédecinDirect, subsidiary of Teladoc Health: general practitioners and specialists,
- ✓ Eutelmed: psychiatrists and speech therapists.



GOOD TO KNOW

The platforms of our partners, Eutelmed and MédecinDirect, are secure and guarantee medical confidentiality.

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➤ When does my coverage take effect?

You are covered on the effective date of your plan indicated in your **Members' Area** under **"Your Enrollment / Certificate of insurance"**.

➤ Until what age can my children be covered under my plan?

- **For 1st €//\$ plans:** until their 24th birthday.
- **For plans as a top-up to the CFE:** until their 20th birthday.

For children between 20 and 24, a school attendance certificate must be provided each year in order for them to remain covered under your plan.

If you need special coverage for your child aged over 18, please contact your broker at: +33 1 53 16 31 60.

➤ I am traveling outside my country of expatriation. Am I covered?

- If you are traveling to a country belonging to the same zone of coverage as your country of expatriation or to a lower zone, you will be covered under the usual conditions.
- If you are traveling to a higher zone of coverage than your country of expatriation, you will only be covered for accidents and medical emergencies, subject to the provision of a detailed medical report (for a maximum of 7 weeks per trip).


➤ What supporting documents do I need to provide with my claim?

The following are considered as supporting documents for your claims:

- ✓ paid invoices,
- ✓ credit card receipts,
- ✓ proof of bank transfer,
- ✓ bank statements showing the amount charged,
- ✓ sworn statements (for cash payments).

These documents must show the last name(s) and first name(s) of the patient, the date, the amount and details of the treatment together with the name, address and telephone number of the practitioner, hospital facility, laboratory or pharmacist.

All the supporting documents must be kept for at least 24 months following the date of medical service. We reserve the right to request that you submit the original copies at any time. If you cannot submit the requested original documents, you will be responsible for all payments made on the basis of the scanned supporting documents received. Please note that any missing documents will delay your reimbursement.

If this happens, we will alert you using the icon  on your reimbursement statement in your **Members' Area**. Click on it to read the comments related to this statement.

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➤ How to change my contact details?

Mailing address, email address and telephone number: you can change them directly in your Members' Area under "**Your Details**".

Bank details: email them to your nearest claims department. Please refer to the "**Contacts**" section of this guide.

➤ How to add/remove a dependent under my plan?

Send an email to your broker and to admineurope@msh-intl.com with the supporting documents, such as: birth certificate, marriage certificate, cohabitation certificate, divorce decree, death certificate, notarial act etc. For enrollments, the completed enrollment form and medical questionnaire are required.

➤ I am unsure of the diagnosis and/or treatment I have been given, what can I do?

In case of doubt or if you need advice, our medical team is on hand to answer your questions. You can contact them via your secure Members' Area, under "**Contact Us / Submit an inquiry / 7. Medical inquiry for our medical staff**".

Only our medical teams (medical advisors and nurses) have access to these messages.

➤ When can I terminate my plan?

On the anniversary date of the plan in accordance with the French law on infra-annual termination, with no supporting document to be provided.

Termination will be effective in accordance with the general terms and conditions of the plan within a minimum of one month of receipt of your signed request. [Click here](#) to find a sample letter to send to terminate your plan.



➤ What is the difference between prior approval and precertification agreement?

The prior approval procedure allows you to receive confirmation of the benefits included in your plan and the amount which will be reimbursed for your treatment or your consultation. However, you may have to pay your medical expenses upfront. In this case, you will be reimbursed by MSH International after submitting the corresponding claim.

The precertification agreement avoids you having to make a cash advance in case of hospitalization, maternity or for some costly treatments and/or series of treatments. MSH International directly pays your treatment or the medical center.

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Privacy and personal data protection

The recipients of any personal data collected are the risk carrier (insurer), the different entities making up MSH International and the service providers involved in the administration of the insurance policy.

In accordance with the GDPR, you benefit from a right of access, rectification, or erasure, or restriction or opposition and portability of your personal data as well as the right to organize instructions upon your death.

To exercise your rights, please send an email to the Data Protection Officer at: dpo@s2hgroup.com. We would like to remind you that the legal notices on the protection of your personal data are available online on your [Members' Area](#) at www.msh-intl.com.

Complaint processing

Any complaints from the member company, the insured member or a dependent can be sent to the usual point of contact at MSH International.

If the response provided is not considered to be satisfactory, the member can send their complaint in writing to our Complaints Department at: Service réclamation, MSH International, 23 allées de l'Europe - 92587 Clichy Cedex, France.

MSH International undertakes to provide a response no later than two months after receiving the necessary information related to the complaint or, failing that, to keep the member up to date on how the complaint is being handled.

If the member still disagrees with the response or solution provided, they can contact the Ombudsman as a last resort: La Médiation de l'Assurance, TSA 50110 - 75441 Paris Cedex 09.



