

# Private International Healthcare Plan



Insurance Product Information Document

Insurer: MGEN Portugal - policy no. MGENIB1200151SAN

Product: Indigo Expat OnePack

Healthcare Plan in addition to the "Caisse des Français de l'Étranger" (C.F.E)

This information document provides a summary of the principal benefits and exclusions of the Contract. It does not take into account your specific needs and requests. You will find complete information on this product in the pre-contractual and contractual documentation to read carefully. Benefits preceded by a green check mark mean that they are systematically granted within the contract.

**What type of insurance is it?** The group insurance policy has been taken out by the Policyholder Association « Association Coopération, Mobilité et Expatriation » (ACME) with VVV International Benefits, acting on behalf of MGEN Portugal. Its purpose is to provide optional cover for individuals on international mobility, citizens or non-citizens of the European Union, residents in a Member State of the European Union and members of the Policyholder Association, for reimbursement of medical expenses recognised by the French social security Sickness-Maternity Insurance, in addition to those paid by the "Caisse des Français de l'Étranger" (C.F.E). The reimbursements and ceilings indicated in the table of Benefits represent the total sum jointly reimbursed by the CFE and the Insurer.



## What is insured?

### Healthcare Benefits

Reimbursement of the actual health costs incurred, according to the chosen formula by the Insured.

The maximum annual reimbursement of the Plan is the maximum amount paid for all benefits, per Insured, per calendar year, and under this insurance plan and under each available option (see table of benefits). When this ceiling is reached, costs incurred beyond are not reimbursed.

#### Benefits systematically covered:

- ✓ **Hospitalisation benefits:** hospital accommodation, emergency hospitalization, physician and therapist fees, prescription drugs, surgical appliances and materials, psychiatry and psychotherapy...
- ✓ **Out-patient benefits:** medical practitioner fees and prescription drugs, specialist fees, physical therapy, osteopathy chiropractic treatment, psychiatry, vaccinations...
- ✓ **Dental:** dental treatment, orthodontic treatment and dental prostheses, dental surgery...
- ✓ **Optical:** Prescribed glasses and contact lenses including eye examination

**Option: Maternity Plan** (in-patient and out-patient treatment), complications of pregnancy and childbirth.



## Where am I covered?

Medical expenses must have been incurred during the insurance period in one of the following territorial areas of coverage indicated on the Membership Certificate. The coverage area is specified on the membership certificate.

- ✓ Zone 4: China, Hong Kong, Taiwan + countries in Zones 3, 2, 1
- ✓ Zone 3: Barbados, Brazil, Faroe Islands, Polynesia, Saint Barthélemy, Saint Martin, Saint Pierre and Miquelon, Singapore, Wallis and Futuna + countries in Zones 2, 1,
- ✓ Zone 2: South Africa, Angola, Saudi Arabia, Argentina, Australia, Azerbaijan, Bahrain, Bolivia, Canada, Chile, Colombia, South Korea, Costa Rica, Djibouti, Ecuador, Gibraltar, Georgia, Guatemala, Indonesia, Ireland, Iceland, Israel, Italy, Japan, Kazakhstan, Kuwait, Malaysia, Mexico, Moldova, Monaco, Mozambique, Nigeria, New Zealand, Oman, Panama, Peru, Qatar, Dominican Republic, Seychelles, Thailand, Uruguay, Vanuatu, Vatican + countries in Zone 1,
- ✓ Zone 1: Entire world excluding countries in Zones 2 to 4.

The countries of residence excluded from coverage are: Bahamas, United Arab Emirates, United States of America, Switzerland, United Kingdom.

Nevertheless, during a trip of less than 7 weeks outside the area of coverage, only the costs resulting from an Accident or an Emergency illness are reimbursed, provided the treatment was practised by a general or specialised practitioner or the hospitalisation was a necessity owing to the emergency and took place within twenty-four (24) hours.



## What is not insured?

### Main exclusions

- ✗ Any expense incurred in respect of treatments or acts prescribed prior to the effective date of the policy or after cessation of cover
- ✗ Treatments in the United States, in cases in which the insurance was taken out for the purpose of traveling to the United States for the purposes of the treatment of a pre-existing condition
- ✗ Care and/or treatment of drug addiction or alcoholism
- ✗ Treatments outside the coverage area
- ✗ Treatment for any illnesses, diseases or injuries, as well as instances of death resulting from active participation in war,
- ✗ Expenses for the acquisition of an organ including, but not limited to, donor search, typing, harvesting, transport and administration costs.
- ✗ Experimental or unproven treatment or drug therapy
- ✗ Costs that have been paid by another insurer, person, organization or public program
- ✗ Any treatment carried out by a plastic surgeon, whether or not for medical/psychological purposes and any cosmetic or aesthetic treatment to enhance your appearance, even when medically prescribed. The only exception is reconstructive surgery necessary to restore function or appearance after a disfiguring accident, or as a result of surgery
- ✗ Intentional act of the insured
- ✗ The consequences of a war whether a civil war or not, or an insurrection, a riot or civil commotion, wherever these events occur and whoever the protagonists are, except if the insured person does not take an active part in these events
- ✗ Disease and accidents prior to the effective date of the contract
- ✗ A claim arising directly or indirectly from the decay of an atomic nucleus



## Are there any restrictions on cover?

- ! In the case of lack of request for prior agreement, hospitalization or any other treatment for which this agreement is necessary, the Insurer reserves the right to refuse the request for reimbursement.
- ! The cover is limited to the chosen coverage area
- ! Claims for reimbursement related to pre-existing conditions or pathologies can be excluded
- ! The cover is subject to a complete list of exclusions and limitations indicated in the information leaflet
- ! Health costs exceeding of the annual ceiling for the reimbursement of health expenses per person according to the chosen Plan by the insured Medical expenses not recognized by the French Social Security Sickness-Maternity Insurance
- ! Unreasonable or unusual expenses: reimbursements will be refused or limited



## When and how do I pay?

Premiums for each insurance year are calculated based on the age of each affiliate members at the date of affiliation and then at the renewal date of membership, formula and coverage area.

**Premiums are paid by the Insured in advance in euros (€) to MSH International, to whom the Association has delegated the collection and collection of premiums. The amount of the contribution is indicated in the membership form.**

Payment by direct debit, bank transfer or by credit card.



## What are my obligations?

**Under penalty of nullity of the insurance contract or unsecured benefits:**

- **When taking out the policy, the insured must:**

- ✓ Complete and sign an individual Membership Form with a medical questionnaire and declare accurate information.
- ✓ Choose one of the proposed formulas (**Indigo Expat OnePack 80, Indigo Expat OnePack 90, Indigo Expat OnePack 100**)
- ✓ Pay the first contribution and associative fees

- **During the policy period**

Inform the insurer of the following events:

- ✓ Changes in personal situation: change of address, change of situation with regard to compulsory French health and maternity insurance plans
- ✓ Return to country of residence or country of origin
- ✓ Change of expatriate country (especially if this impacts the coverage area)
- ✓ Payment of benefits from a social security organisation or all other complementary organisation

- **In case of a claim**

- ✓ Send to the insurer the claim form with the substantiating documents (sending email is permitted for any invoice for an amount less than €500 per invoice)
- ✓ Contact the third-party administrator to obtain a direct take charge of the insured for hospitalization or third-party payment for external medical expenses
- ✓ Notify the insurer of any admission to the hospital (or as soon as possible in case of emergency)
- ✓ Ask the prior approval by the insurer (except emergency) for certain medical expenses



## When does the cover start and end?

The effective date of the contract is subject to membership of the policyholder Association and acceptance of the insurer. The contract takes effect from the payment of the premium on the date indicated on the application for individual membership form. The Insured has a cancellation right of 14 days during a deadline of 14 consecutive calendar days from the effective date of the contract.

The contract terminates on the effective date of termination of the group insurance policies no. MGENIB1200151SNN between "ACME" and YVY International Benefits, which acting on behalf of MGEN Portugal.

**In any event, cover ceases for all Insureds:**

- ✓ At the initiative of the Member in the event of annual cancellation of its membership
- ✓ In the event of a false declaration
- ✓ In the event of the death of the Insured member
- ✓ As soon as the Insured member ceases to belong to the category of insured persons to which the policy applies or on the date on which the member ceases to be a member of the Policyholder
- ✓ In the event of non-payment of premiums
- ✓ In the event of liquidation proceedings in relation to the Insurer or to the Policyholder
- ✓ At the due date of the insurance year of his 70th birthday
- ✓ On the effective termination date of the group insurance policy

**For Beneficiaries:** The cover in favour of the Beneficiaries cease (or are suspended) on the date they no longer meet one of the conditions stipulated in the contract and at the same time as those of the Insured.



## How do I cancel the contract?

For the Member, the insurance takes effect on the date indicated on the membership certificate, for a period of twelve (12) months. It is then renewed tacitly for a period of one year, unless cancelled by the Insured Party by means of a letter sent by registered mail to the Policyholder Association or her representative, at the latest two (2) months before the renewal date, and the said cancellation taking effect at the annual date of the renewal.