

MEDICAL EXPENSES BENEFITS SCHEDULE

Some important information before going any further:

Medical expenses are covered within the limits of **Actual costs** and the **Usual and customary rates** charged in the country where the treatment is provided. All treatments in excess of €/\$ 2,000 are subject to **Prior agreement**.

To continue to provide you with sustainable levels of cover and premiums, we closely monitor the rates charged by healthcare professionals and check they are in line with typical pricing in that area.

What is outpatient care?

Outpatient surgery is defined as “day hospitalisation” in a healthcare facility for a period of less than 12 hours.

Outpatient care, also known as ambulatory care, means all care provided by healthcare professionals without the need for hospitalisation or overnight accommodation in a healthcare facility.

IMPORTANT

In the Hospitalisation and basic Repatriation assistance package, outpatient care (including dental care and prostheses - excluding dentures and dental implants) is also covered **in case of accident** and on presentation of a medical certificate, **up to €/\$ 75/treatment or procedure and €/\$ 1,500/year/Insured**.

* All hospitalisation (other than day hospitalisation) is subject to Prior agreement. A **deductible of 20%** will be applied if this procedure is not followed prior to hospitalisation.

** Applicable to all plans purchased from 28/04/2020

*** Subject to Prior agreement.

**** The waiting period does not apply if you had an equivalent or higher level of cover which was cancelled less than one month previously. Proof of this previous insurance and the Certificate of cancellation from that plan must be produced.

PACKAGE	EMERGENCY	BASIC	ESSENTIAL	COMFORT	PREMIUM
Maximum amount of medical expenses per insurance year and per insured individual	€/\$ 250,000	€/\$ 500,000	€/\$ 1,000,000	€/\$ 1,500,000	unlimited

HOSPITALISATION* (excluding outpatient care, maternity and vision-dental)

4-week *Waiting period*** for COVID-19-related treatment received in the United States, Bahamas, Puerto Rico and Mexico

Medical, surgical or day hospitalisation: Transport by ambulance (if hospitalisation is covered by APRIL International) Hospital room and board Medical and surgical fees Pathology, diagnostic tests and drugs Medical procedures	100% in case of accident or medical emergency only	100%	100%	100%	100%
Hospital room	two-bed room	two-bed room	standard private room up to €/\$75 per day	standard private room (including television and internet charges)	standard private room (including television and internet charges)

Advanced medical imaging (MRI and scans) during hospitalisation	up to €/€ 4,000 per year	100%	100%	100%	100%
Outpatient consultations, treatments, diagnostic tests and medical procedures related to hospitalisation/outpatient surgery 30 days before and after hospitalisation (hospital certificate required)	100% only following hospitalisation covered by APRIL International	100%	100%	100%	100%
Home hospitalisation	not covered	100%	100%	100%	100%
Visitor's bed (for children under 18)	not covered	not covered	not covered	100%	100%
Hospitalisation for the treatment of mental or nervous disorders	not covered	not covered	not covered	up to €/€ 8,000/year and a maximum of 15 days/year	up to 30 days/year
Rehabilitation directly related to and following hospitalisation covered by APRIL International (up to 3 month following hospitalisation)	up to 20 days	up to 20 days	up to 20 days	up to 30 days	up to 60 days
Reconstructive dental surgery following an accident	100%	100%	100%	100%	100%
Cancer treatment (hospitalisation, chemotherapy, radiotherapy, oncology, diagnostic tests and drugs as an inpatient, in day care or as an outpatient)	not covered	100%	100%	100%	100%
Organ transplant	100%	100%	100%	100%	100%
Kidney dialysis	not covered	100%	100%	100%	100%
Palliative care centres and palliative care	up to €/€ 10,000	up to €/€ 25,000	up to €/€ 50,000	100%	100%
Internal devices and prostheses during hospitalisation	up to €/€ 1,000 per hospitalisation	100%	100%	100%	100%
BASIC REPATRIATION ASSISTANCE					
Medical repatriation or medical transport to the most suitable hospital or to the country of nationality	100%	100%	100%	100%	100%

Repatriation of other plan beneficiaries if the insured is repatriated	one-way ticket by air in economy class or by train in 1st class	one-way ticket by air in economy class or by train in 1st class	one-way ticket by air in economy class or by train in 1st class	one-way ticket by air in economy class or by train in 1st class	one-way ticket by air in economy class or by train in 1st class
Accompanying children	round-trip ticket by air in economy class or by train in 1st class	round-trip ticket by air in economy class or by train in 1st class	round-trip ticket by air in economy class or by train in 1st class	round-trip ticket by air in economy class or by train in 1st class	round-trip ticket by air in economy class or by train in 1st class

OUTPATIENT CARE (optional)

4-week *Waiting period*** for COVID-19-related treatment received in the United States, Bahamas, Puerto Rico and Mexico

PACKAGE	EMERGENCY	BASIC	ESSENTIAL	COMFORT	PREMIUM
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OUTPATIENT BENEFITS (excluding maternity, medically-assisted procreation and dental treatment)

Consultations with GPs and specialists including for the monitoring of chronic illnesses	not covered	2 consultations per year covered at 100%. From the 3rd consultation onwards, covered up to €/ \$ 80 per consultation.	5 consultations per year covered at 100%. From the 6th consultation onwards, covered up to €/ \$ 100 per consultation.	10 consultations per year covered at 100%. From the 11th consultation onwards, covered up to €/ \$ 200 per consultation.	100%
Psychiatrists, psychologists and psychotherapist	not covered	not covered	not covered	up to 5 consultations/year and a maximum of €/ \$ 200 per consultation	up to 20 consultations/year and a maximum of €/ \$ 200 per consultation
Speech therapists, orthoptists, chiropodists/podiatrists, speech therapists and language therapists	not covered	up to 10 consultations / year	up to 15 consultations / year	100%	100%
Physiotherapy, osteopaths, chiropractors, nursing care, occupational therapy and psychomotor therapy	not covered	up to €/ \$ 1,000 per year	up to €/ \$ 2,000 per year	up to €/ \$ 4,000 per year	100%
Consultations with osteopaths, homeopaths, etiopaths, acupuncturists and phytotherapists and traditional Chinese medicine	not covered	not covered	up to €/ \$ 500 per year	up to €/ \$ 1,000 per year	up to €/ \$ 2,000 per year

Drugs prescribed during hospitalisation for home use or for chronic illnesses	not covered	100%	100%	100%	100%
Drugs prescribed on an outpatient basis (including contraception, homeopathy, phytotherapy and antimalarial vaccines and treatments)	not covered	up to €/\$ 2,500 per year	100%	100%	100%
Diagnostic tests, X-rays and other technical medical procedures performed outside the hospital environment	not covered	100%	100%	100%	100%
Advanced medical imaging (MRI and scans) on an outpatient basis	not covered	up to €/\$ 2,000 per year	up to €/\$ 4,000 per year	up to €/\$ 8,000 per year	100%
External devices and prostheses including hearing aids (excluding dentures)	not covered	up to €/\$ 1,000 per year	up to €/\$ 2,000 per year	up to €/\$ 3,500 per year	up to €/\$ 5,000 per year

PREVENTION

Screening (cancer, hepatitis B, HIV testing etc.)	not covered	100%	100%	100%	100%
Self-medication package (non-prescription pharmacy items and smoking cessation aids)	not covered	not covered	not covered	up to €/\$ 150 per year	up to €/\$ 300 per year
Health check-up and hearing test (one check-up every two years)	not covered	not covered	up to €/\$ 200	up to €/\$ 800	up to €/\$ 2,000
Consultations with dieticians	not covered	not covered	not covered	not covered	up to 5 consultations per year

MATERNITY*** (optional)

10-month *Waiting period*

> Maternity benefits under the Essential package are only available if you choose cover in zones 3, 4 and 5. For more information on the countries included, please refer to paragraph 2.2 of the General Conditions.

PACKAGE	EMERGENCY	BASIC	ESSENTIAL	COMFORT	PREMIUM
Childbirth fees: hospitalisation, private room and board and medical and surgical fees	not covered	not covered			
Home births	not covered	not covered	up to €/\$ 3,000/ pregnancy (increased to €/\$ 6,000/ pregnancy for surgical delivery)	up to €/\$ 6,000/ pregnancy (increased to €/\$ 12,000/ pregnancy for surgical delivery)	up to €/\$ 12,000/ pregnancy (increased to €/\$ 20,000/ pregnancy for surgical delivery)
Pre and post-natal consultations, pharmacy items, examinations and care	not covered	not covered			
Pre-natal classes (held by a doctor or midwife)	not covered	not covered	Pregnancy and childbirth complications and new-born care are fully covered.	Pregnancy and childbirth complications and new-born care are fully covered.	Pregnancy and childbirth complications and new-born care are fully covered
Diagnosis of chromosomal abnormalities	not covered	not covered			
Neonatal screening	not covered	not covered			

MEDICALLY-ASSISTED PROCREATION

12-month *Waiting period*

Pharmacy items, in vitro fertilisation, diagnostic tests and follow-up examinations	not covered	not covered	not covered	up to €/\$ 1,500 per attempt	up to €/\$ 2,500 per attempt
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OPTICAL & DENTAL (optional)					
PACKAGE	EMERGENCY	BASIC	ESSENTIAL	COMFORT	PREMIUM
DENTAL <i>Waiting period of 3 months**** for preventive and routine dental treatment and 6 months**** for major dental reconstruction and orthodontics</i>					
Upper limit per year	not covered	€/€ 500	€/€ 1,000	1st & 2nd years: €/€ 2,000 From the 3rd year onwards: €/€ 3,000	1st & 2nd years: €/€ 4,000 From the 3rd year onwards: €/€ 5,000
Preventive dental care (dental check-ups, x-rays, scale and polish and mouth guards)	not covered	100%	100%	100%	100%
Routine dental care (extractions, treatment of tooth decay, periodontics, endodontics etc.)	not covered	100%	100%	100%	100%
Major reconstructive dental treatment (dentures, crowns and implants)	not covered	100%	100%	100%	100%
Orthodontics up to age 18 (treatment begun before age 16)	not covered	not covered	not covered	up to €/€ 1,000 per year and a maximum of 3 years	up to €/€ 1,500 per year and a maximum of 3 years
OPTICAL <i>6-month Waiting period****</i>					
Laser treatment for vision correction (myopia, hyperopia, astigmatism and keratoconus)	not covered	not covered	not covered	up to €/€ 500	up to €/€ 700
Frames and lenses (maximum 1 pair every 2 years)	not covered	up to €/€ 150	up to €/€ 250		
Contact lenses	not covered		up to €/€ 200	up to €/€ 300	up to €/€ 400

OPTIONAL BENEFITS

To benefit from all-round international protection, we offer the following optional benefits to supplement your Healthcare cover:

- > Comprehensive repatriation assistance and personal liability (private capacity);
- > Death and total and irreversible loss of autonomy lump sum;
- > Income protection during periods of sick leave from work

COMPREHENSIVE REPATRIATION ASSISTANCE AND PERSONAL LIABILITY (PRIVATE CAPACITY) – BENEFITS SCHEDULE

COMPREHENSIVE REPATRIATION ASSISTANCE	
TYPE OF BENEFIT	LEVEL
In case of Accident or illness:	
Search and rescue costs	up to €/€ 5,000 per person, up to €/€ 15,000 per event
Returning the insured to the country of expatriation following stabilisation	one-way ticket by air in economy class or by train in 1st class
Presence of a family member if the insured is hospitalised for more than 6 days and was expatriated alone	round-trip ticket by air in economy class or by train in 1st class and €/€ 80 per night for 10 nights
Sourcing and sending medication not available locally	100%
Care of dependent children under the age of 18	reimbursed up to 20 hours per year and a maximum of €/€ 500
Returning or caring for a pet if all family members are repatriated	up to €/€ 500 per year
Home help	reimbursed up to 10 hours and a maximum of €/€ 250
Death of the insured:	
Returning the body or the ashes to the home	100%
Cost of a transport coffin for repatriation of the body by air	up to €/€ 1,500
Presence of a relative or friend at the burial abroad if the deceased plan member was expatriated alone	round-trip ticket by air in economy class or by train in 1st class and €/€ 50 per night for 4 nights
Repatriation of other plan beneficiaries: family members, spouse and children living with the insured	one-way ticket by air in economy class or by train in 1st class
Attack or natural disaster:	
Repatriation in case of an act of terrorism or sabotage, attack or assault	100%
Early return in case of a terrorist attack, political unrest or natural disaster.	one-way ticket by air in economy class or by train in 1st class

Loss or theft of identity documents, baggage, or travel documents:

Loss, damage or destruction of personal baggage	up to €/€\$ 1,000
Advance of funds abroad	up to €/€\$ 1,500
Advance of a new ticket abroad	one-way ticket by air in economy class or by train in 1st class
Theft of mobile phones, smartphones or tablets during an assault or mugging	up to €/€\$ 500
Fraudulent use of a SIM card by a third party	100%
Sending urgent messages	100%

Travel incidents

Enforced stay abroad	€/€\$ 80 per night, maximum 5 nights
Flight delays or cancellation, or denied boarding	up to €/€\$ 300
Missed connection	up to €/€\$ 300
Reimbursement of trip expenses in the event of an early return home following the Insured's medical repatriation	on a pro rata basis up to €/€\$ 5 000 Frais réels dans la limite de 250 € par jour avec un maximum de 5 000 €

Death or hospitalisation of a family member:

Early return in case of the death of a family member in the country of nationality	round-trip ticket by air in economy class or by train in 1st class
Early return in case of hospitalisation of a family member lasting more than 5 days	round-trip ticket by air in economy class or by train in 1st class

Unintentional violation of the laws of a country:

Legal fees abroad	up to €/€\$ 1,500 per event
Advance of bail abroad	up to €/€\$ 15,000 per event

Language difficulties:

Translation of legal or administrative documents	up to €/€\$ 500 per year
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PERSONAL LIABILITY (PRIVATE CAPACITY)

TYPE OF BENEFIT	LEVEL
Bodily injury, material damage and consequential financial loss including:	up to €/€\$ 7,500,000 per claim and per insurance year
Material damage and consequential financial loss	up to €/€\$ 750,000 per claim and per insurance year (deductible of €/€\$ 150 per claim)
Damage (including fire, explosion and water damage to property which the insured has leased or borrowed for the organisation of family ceremonies)	up to €/€\$ 150,000 per claim and per insurance year (excess of €/€\$ 150 per claim)

DEATH AND TOTAL AND IRREVERSIBLE LOSS OF AUTONOMY

In the event of death due to illness, this benefit pays a lump sum to the beneficiary or beneficiaries designated when you enrolled in the plan. The amount of the lump sum payable in case of death due to illness can be set at any amount between €/ \$ 20,000 and €/ \$ 500,000.

The amount of the lump sum is doubled if the death is caused by an accident.

The full amount of the lump sum is also payable in case of total and irreversible loss of autonomy ^{see definition}.

MEDICAL FORMALITIES:

Depending on the amount of the lump sum selected, you will need to complete the following medical formalities:

AGE	€/ \$ 20,000 to 150,000	€/ \$ 150,001 to 250,000	€/ \$ 250,001 to 350,000	€/ \$ 350,001 to 500,000
≤ 45	1	1	1	2
46 to 55	1	1	2	2
56 to 65	1	2	2	3

1 : Health questionnaire

2 : Health questionnaire + Medical report* + Blood tests* (cholesterol, triglycerides, SGO and SGP transaminases, HIV 1 and 2 and anti-HCV test for hepatitis C)

3 : Health questionnaire + Medical report* + ECG* + Blood tests* (blood count, blood platelets, ESR, blood glucose, cholesterol, HDL, triglycerides, creatinine, gamma GT, SGO and SGP transaminases, HIV 1 and 2, anti-HCV test for hepatitis C and PSA test for men ≥ 55)

**reimbursed by APRIL International subject to approval and implementation of the plan.*

The amounts payable in respect of the death benefit are exempt from inheritance tax in France subject to the legislation in force.

DEFINITION

> **Total and irreversible loss of autonomy:** where the insured is totally and permanently medically unfit for any gainful employment and requires the assistance of a third party to carry out basic daily tasks.

INCOME PROTECTION DURING PERIODS OF SICK LEAVE

The daily benefit and disability pension protect you from the impact of an illness or accident on your earnings. With these benefits, a portion of your salary will continue to be paid for a fixed period.

You can only opt for this benefit if you have already selected a death lump sum.

You are free to choose the level of daily benefit (between €/ \$20 and €/ \$500) provided if you comply with the following rules:

- > The amount of daily benefit paid over one month must not exceed 100% of your monthly net salary (limited to 70% of your monthly net income if you started or took over a business within the last year). If you have CFE or French Social Security top-up cover, the monthly total of daily benefits you receive from the basic scheme and from the My Health International plan cannot exceed 100% of your monthly net salary (limited to 70% of your monthly net income if you started or took over a business within the last year).

- > The amount of the daily benefit depends on the amount of the selected death lump sum: for a daily benefit of €/\$20, the selected lump sum must be at least €/\$20,000. The medical formalities required are the ones specified for the level of death lump sum selected.

You must be in paid employment to benefit from income protection cover.

Daily benefit:

Daily benefits may be paid from the 31st or the 61st day depending on the option selected and for a maximum of 3 years. The number of days on which the benefit is payable per month is 30. By selecting a daily benefit, you are no longer required to pay the premium from the 31st or the 61st day. This means that, if you are experiencing financial difficulties caused by your absence for sick leave from work and are entitled to the daily benefit, you will receive free social protection cover. This benefit comes to an end when you reach the age of 65.

Disability pension:

A disability pension provides protection if you are disabled through illness or as the result of an accident. When the daily benefit has been in payment for a maximum of 3 years, it is converted to an annual pension. The annual pension is paid once your condition has stabilised and until you reach retirement age, 65 at the latest. The amount of the annual pension is set in proportion to the degree of disability determined according to the following disability scale (see paragraph 7.5 in the General Conditions).