

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 6 different levels of cover, 5 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
Visitor's bed

LEVEL 2, LEVEL 3, LEVEL 4 AND LEVEL 5 AND LEVEL 6 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

FREE TELECONSULTATION SERVICE

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, LEVEL 5 and LEVEL 6 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, LEVEL 5 and LEVEL 6 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

The date of enrolment corresponds to the benefits effective date which You specified in Your application form. It can be no earlier than the 16th of the month or the 1st of the month following receipt of the Application form, subject to the suspensive condition of payment of the Premium. This date is shown on your Membership certificate.

Cover comes to an end

- if the Member terminates the plan at the annual renewal date of 31/12;
- if the Member terminates the plan at any time after 12 months of membership;
- 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 entering into the insurance contract.

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



How do I cancel the insurance?

- You can terminate 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 terminate 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).
- You can terminate this insurance plan at any time, after 12 months of membership (by ordinary or registered mail) or by email.

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.