

International health insurance

Insurance product information document



Insurer: Groupama Gan Vie – Insurance company registered in France and governed by the French Insurance Code – Paris Trade and Companies Register number 340 427 616

Product: First'Expat Hospitalization

December 2020

This information document summarizes the key benefits of and exclusions from the plan. It does not take into account your specific needs and requirements. All of the contractual and pre-contractual information about the product can be found in the Information Booklet serving as the General Terms and Conditions of the plan.

What type of insurance is it?

The First'Expat Hospitalization plan is designed to reimburse from the first €/ \$ all or part of the essential hospitalization expenses incurred by plan members living abroad, in case of emergency or planned visit in a healthcare facility.



What is insured?

Benefit amounts are subject to upper limits which vary according to the level of coverage chosen and are shown in the benefits schedule. They cannot be higher than expenses actually incurred and you may have to make a contribution to costs.

There is also a maximum overall benefit amount per year and per plan member depending on the level of coverage chosen. This upper limit is shown in the benefits schedule. When this upper limit is reached, any costs incurred over and above this limit will not be covered.

BENEFITS WHICH ARE ALWAYS PROVIDED

- ✓ Hospitalization expenses (during and after hospitalization), incurred following the patient's admission to a hospital facility:
 - . room and board,
 - . emergency hospitalization,
 - . surgical procedures,
 - . medical treatments and care,
 - . specialist consultations and treatments and procedures,
 - . laboratory tests and medical imaging,
 - . prescribed medication,
 - . prostheses,
 - . oncology,
 - . surgical procedures and operations on an outpatient basis, during a stay of less than 24 hours in a hospital facility,
 - . psychiatric treatments and care, etc.

- ✓ Medical evacuation

OPTIONAL BENEFIT

- Assistance/Repatriation: early return in the event of the hospitalization/death of a family member, second medical opinion, psychological support and early return in the event of loss or damage to the place of residence, etc.

SERVICES WHICH ARE ALWAYS PROVIDED

- ✓ Mobile application
- ✓ Members' area
- ✓ Medical network



What is not insured?

- ✗ Costs incurred before the effective date of the plan and after coverage has come to an end
- ✗ Costs which were paid by another insurance company, a person, an organization or a public scheme
- ✗ Additional expenses with no direct medical purpose such as charges for telephone, television, internet access, newspapers, taxi fares, meals for visitors, etc.
- ✗ Treatments and stays in health resorts, fitness centers, convalescent homes or nursing homes, spas and thermal treatment centers, ... and other similar establishments which are not recognized as Hospitals
- ✗ The cost of cosmetic, esthetic or reconstruction treatments unless this treatment is linked to the restoration of a physical feature or function following an accident or surgery
- ✗ The care, treatment and consequences of attempted suicide or self-inflicted injuries or illnesses, or the use of narcotics without a medical prescription, etc. (non-exhaustive list)



Are there any exclusions from coverage? (= conditions or costs which are not covered under the plan)

- ! Pre-existing medical conditions
- ! Medication without a prescription
- ! Costs of maternity, childbirth and voluntary termination of pregnancy
- ! Any medical or surgical expenditure not prescribed by a qualified medical authority
- ! Costs deemed to be excessive, unreasonable or unusual considering the country in which they were incurred
- ! Gestational surrogacy, meaning all treatments directly related to the use of a surrogate mother whether the Insured member is the surrogate mother or the intended parent, etc. (non-exhaustive list)

Groupama Gan Vie

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Where are you covered?

- In the selected coverage zone and other lower zones (details can be found in the General Terms and Conditions of the plan). Medical expenses incurred in the USA are not covered under the First'Expat Hospitalization plan.
- Worldwide (excluding USA) for Emergency care only, during occasional stays of less than 30 consecutive days (only following an accident or a sudden and unforeseeable unexpected illness).

In the USA, coverage of Emergency care only (only following an accident or a sudden and unforeseeable unexpected illness), within the limit of 15 days of hospitalization and up to 80% of the overall upper limit of health coverage, according to the package you have chosen.



What are your obligations?

Failure to fulfil these obligations may result in coverage being reduced or denied

- When you enroll in the plan: complete the application form and the medical questionnaire provided by the insurer accurately and honestly and sign both documents, provide all the requested supporting documents and pay the premium (or premium installment) specified in the plan.
- During your membership of the plan: provide all the supporting documents required for the payment of benefits under the plan, send the insurer your claims for reimbursement within a maximum of 2 years following the date of treatment, inform the insurer of any changes in your circumstances (change of address, occupation, family composition, etc.).



When and how to make your payments?

- Premiums are payable monthly, quarterly, bi-annually or annually, in euros or US dollars.
- You can make your payments online (by bank card), by direct debit (from a bank account in France or Monaco only) or by bank or postal check.



When does your coverage begin and end?

- Membership becomes effective on the date shown on the Certificate of enrollment and no earlier than the 1st or 15th of the month following notification of acceptance of membership. The plan member has 14 calendar days to cancel their membership from the date on which their Certificate of enrollment is sent out without having to justify their reasons or being subject to penalties.
- Membership is effective for a period of one year and is automatically renewed on each anniversary date for successive periods of one year, unless it is terminated by one of the parties.



How can you terminate your plan?

- You can terminate the plan:
 - During the course of the year, on the 1st or 15th of the month following the date of receipt of the letter of termination together with an official supporting document (giving at least one month's notice)
 - At the end of the fixed term shown on the Certificate of enrollment or at the end of the period covered by the last premium paid if the member requests termination of their membership of the plan by letter sent to MSH International with 2 months' notice.
 - If there are any changes in your personal or professional circumstances which have a direct influence on the covered risks.

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