



MSH INTERNATIONAL

SIACI SAINT HONORE GROUP



SUMMARY OF BENEFITS

For International personnel

PREVINTER Program n° 11665/8 & 11665/9

1st euro Healthcare Plan





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Your employer has become a member of the PREVINTER* Association to provide you with worldwide healthcare coverage while on international assignment.

This guide summarizes the healthcare benefits and specific conditions to which you are entitled.

To introduce you to the detailed procedures and services provided for enhanced assistance, please do not hesitate to consult the Practical Guide sent to you when you enrolled, also available on your personal Participant's Pages on www.previnter-mb.com.

Your plan is administered by MSH INTERNATIONAL, PREVINTER claims department that can be contacted at any time (see all contact addresses on your personal Participant's Pages on www.previnter-mb.com).

You can alternatively use the available services in your Participant's Page.

This guide is a summary of the main provisions of the ALLIANZ / PREVINTER policy No. 080474/501

Neither the insurer nor the company, nor PREVINTER, nor MSH INTERNATIONAL can be held responsible if any statement in this guide and any provision in the policy differ.

In that case, the wording of the policy and of the information guide will prevail.

** PREVINTER is an independent, non-profit association, which offers its member companies the means to optimize their international employee benefit plans.*



1 Who is eligible for cover?

- ▶ **YOU**, as an employee of the member company (expatriate employees or employees on assignment abroad).
- ▶ **YOUR DEPENDENTS:**
 - **Your spouse**, provided you are not divorced or living apart under a separation order; or, if you are not married, **your common law spouse** or **partner**. A certificate or an affidavit attesting that you live together or a French "*Pacte Civil de Solidarité*" ("*P.A.C.S.*") will be required
 - **Your children**, and/or those of your spouse (or, if you are not married, those of your common law spouse or partner), provided that they do not earn a living and are financially dependent on you and are:
 - Under age 21,
 - Between age 21 and 26, in full-time secondary or higher education (a written proof of attendance at an educational establishment is required when enrolling and then at the beginning of each new academic year). They may take on paid work provided they do so not for more than three months per year, or if enrolled in cooperative vocational education and paid by their school, paid internship as part of their school course, apprenticeship, on-the-job training or vocational guidance course, on condition that their monthly wages do not exceed € 815.
 - **Your children**, whatever their age if they are physically or mentally disabled and on condition that the handicap has been certified by a competent medical authority before the child's 20th birthday (proof of the handicap is required when enrolling and must be regularly verified on request of PREVINTER).

ENROLLMENT

Your employer pre-enrolls you online.

You receive an e-mail with **your temporary login details** to log in to our website www.previnter-mb.com.

Complete carefully your pre-enrollment, validate it and send it back to us, if any, with the necessary enrolment documents.

As soon as your employee's case is approved, you receive an e-mail to confirm your enrollment and give you **your definitive login details to access to your personal and secure Participant's Page** on www.previnter-mb.com.



2 Start and end date of your Healthcare Plan

I START DATE

You are insured as soon as you belong to the eligible category of employees and at the soonest at the start date of the company policy, provided your work contract is active and not suspended.

Your dependents are eligible for cover under the same healthcare plan as you as soon as they are deemed dependent and at the soonest when you become eligible.

I DURATION OF COVERAGE

Your cover under the present healthcare plan as well as the extension privilege end in any case:

- ▶ For all employees and therefore for their dependents on the same date, i.e.:
 - when the work contract ceases (e.g. for resignation, dismissal or retirement),
 - when the employee does not belong to the eligible category any more,
 - when the employee starts receiving an old age pension or similar.

- ▶ For all employees of the insured companies as well as for their dependents:
 - on the date of policy termination by the member company, PREVINTER or the insurer



3 Your Healthcare Plan

I APPLICABLES RULES

All treatment must be recognized by local medical authorities and delivered by licensed physicians practicing within the scope of their license (in compliance with all legal, regulatory and other dispositions required to practice).

Medical expenses are reimbursed after payment of their part by any Social Security scheme (French or other) or by any other health insurance through which you might be covered.

I APPLICABLES RULES FOR DEPENDENTS

PREVINTER healthcare plan is complementary to a primary insurance plan for:

- Your children enrolled in full-time secondary or higher education. Whenever possible, they must enroll to the Student Social Security plan of the country where they study.
- Your spouse, common law spouse or partner to whom you are bonded by a French P.A.C.S., remaining in your country of origin and covered by a Social Security plan. These dependents must give their Social Security number to the claims department.

I SCOPE OF COVERAGE

Your medical expenses must have been incurred:

- In the country of expatriation or country of origin,
- In a third country:
 - during a business trip,
 - during a private trip, only for expenses resulting from an accident or unforeseen illness arising during that trip.
- ▶ « **Accident** »: Any unintentional personal injury suffered by an insured and arising from the sudden unexpected effect of an external cause.
- ▶ « **Unforeseen illness** »: A sudden illness that must not be caused by an illness or hospitalization prior to the trip departure date.

In the following countries you are covered for expenses resulting from an accident or unforeseen illness only: **USA, Canada, UK, Switzerland, Singapore, Japan, Hong-Kong.**



I REASONABLE AND CUSTOMARY

Under this plan, medical charges actually incurred are reimbursed in line with “**reasonable and customary costs**” and according to the limits outlined in the following table.

This "reasonable and customary" notion is assessed according to the medical practice prevailing in the country where healthcare is delivered (kind of treatment, quality of care and equipment, geographical zone and country).

Costs are deemed "reasonable and customary" on the basis of codification standards and treatment referencing procedures in each country according to the ICD (International Coding Diagnostic).

In the USA for example, fees are deemed UCR (Usual, Customary and Reasonable) according to the CPT Physician Guide (Current Procedural Terminology Physician Guide).

In France, the CCAM (*Classification Commune des Actes Médicaux*) is the reference used.

You can freely choose your medical practitioners and facilities.

However, unreasonable and unusual costs may be rejected or only partially reimbursed.

USEFUL TIP

For further information, please consult the « Expat Health » information website on your Participant's Pages on www.previnter-mb.com or the Practical Guide you received after enrolling.



4 Reimbursements and ceilings

HOSPITALIZATION	
<ul style="list-style-type: none"> ▪ Room and Board / Inpatient medical treatment / “Forfait hospitalier” (daily hospital fees) ▪ Additional fee for Private Room (standard category only) ▪ Bed for an accompanying parent of a hospitalized child under the age of 12 ▪ Road ambulance transportation (if medically justified) ▪ Re-constructive surgery 	<ul style="list-style-type: none"> ▪ 100% of charges ▪ 100% of charges ▪ 100% of charges up to € 40 per day and a maximum of 21 days ▪ 100% of charges (to the nearest hospital) ▪ 100% of charges, provided that surgery is due to an injury that occurred during the period of coverage of this policy
OUTPATIENT MEDICAL TREATMENT	
<ul style="list-style-type: none"> ▪ Physician fees and home visits (excluding dentists) ▪ Nurse and paramedical fees (nurses, physiotherapists, speech therapists, orthoptists, podiatrists) ▪ Laboratory tests ▪ X-rays, Medical imaging ▪ Prescription drugs 	<ul style="list-style-type: none"> ▪ 100% of charges ▪ 100% of charges ▪ 100% of charges ▪ 100% of charges ▪ 100% of charges
ALTERNATIVE MEDICINE	
<ul style="list-style-type: none"> ▪ Acupuncture, Osteopathy, Chiropractic, Homeopathy, Psychotherapy 	<ul style="list-style-type: none"> ▪ 100% of charges up to 10 sessions per person per calendar year (aggregate benefits for all alternative medicine)
PREVENTIVE MEDICINE	
<ul style="list-style-type: none"> ▪ Inoculations, antipaludic and preventive prescription drugs ▪ Health check-ups (including the pre-expatriation check-up) 	<ul style="list-style-type: none"> ▪ 100% of charges if required and prescribed by a physician ▪ 100% of charges up to one check-up per person per calendar year
VISION CARE	
<ul style="list-style-type: none"> ▪ Eyeglass lenses, Frames, Contact lenses (including disposal lenses if medically prescribed) ▪ Laser eye surgery (myopia-, hypermetropia- and astigmatism correction) 	<ul style="list-style-type: none"> ▪ 100% of charges up to € 500 per person per calendar year ▪ 100% of charges up to € 700 per eye and one surgery per eye will be covered during the policy lifetime



DENTAL CARE	
<ul style="list-style-type: none"> ▪ Dentist fees & dental care (preventive and surgical treatment), Bone grafts, Parodontology (including gingivectomy) ▪ Dental prostheses, Dental implants ▪ Orthodontic treatment (begun before the child's 16th birthday) 	<ul style="list-style-type: none"> ▪ 100% of charges up to € 2,500 per person per calendar year ▪ 100% of charges up to € 600 per tooth/prosthesis, increased by € 600 per tooth/implant. The aggregate benefit is limited to € 3,000 per person per calendar year ▪ 100% of charges up to € 2,000 per person per calendar year (three years maximum during the policy lifetime)
OTHER PROSTHESES	
<ul style="list-style-type: none"> ▪ Prosthetic appliances, Artificial Limbs and Hearing Aids 	<ul style="list-style-type: none"> ▪ 100% of charges
PREGNANCY AND CHILDBIRTH	
<ul style="list-style-type: none"> ▪ Childbirth ▪ Pre- and post-natal exams ▪ Private room fees 	<ul style="list-style-type: none"> ▪ 100% of charges ▪ See « <i>outpatient medical treatment</i> » service ▪ see « <i>medical and surgical hospitalization</i> » service
MEDICALLY ASSISTED PROCREATION	
	<ul style="list-style-type: none"> ▪ 100% of charges up to € 3,000 per attempt with a maximum of 4 attempts during the policy lifetime



5 Extension of your Healthcare Plan

Under the Healthcare Plan, your medical expenses will still be reimbursed at the same level of coverage as with the French Social Security (and within the coordinated healthcare pathway for expenses incurred in France) in the following cases:

■ IN CASE OF DEATH, DIVORCE OR LEGAL SEPARATION

Your dependents will still be covered for a maximum period of three months, provided that they are not covered by a public Social Security plan or by another private insurance plan

Extension of coverage will end:

- if the insured enrolls a new spouse (or common law spouse or partner),
- if the dependent covered by this extension gets married, remarried, concludes a French P.A.C.S. or notifies a common-law marriage,
- at the end of the maximum period of three months.

■ IN CASE OF RETURN WHEN ASSIGNMENT END (return to your country of nationality or country when you usually lived before leaving on assignment)

You and your dependents can still be covered for three months maximum (6 months in some countries) until you are entitled to benefits from the public Social Security scheme from your country of residence.

Extension of coverage will end:

- as soon as you are entitled to coverage by a public Social Security plan or another insurance plan, as an employee or dependent of an insured person,
- when the employee starts receiving an old age pension or similar,
- At the end of the maximum period of three months.



I IN CASE OF TEMPORARY OR PERMANENT DISABILITY COVERED BY A PREVINTER PLAN

- ▶ **If your employment contract is not terminated:** You and your dependents will still be covered by this healthcare plan, with the same level of coverage.

Extension of coverage will end:

- as soon as you earn wages again (even partially),
- when your employment contract terminates,
- when the employee starts receiving an old age pension or similar.

- ▶ **If your employment contract is terminated:** You and your dependents will still be covered, with the same level of coverage as the French Social Security plan, provided you are not entitled to benefits in kind from the French Social Security or any other insurance plan.

Extension of coverage will end:

- as soon as you earn wages again (even partially),
- when the employee starts receiving an old age pension or similar.

In any case, these extensions will end on the date of policy termination by the member company, PREVINTER or the insurer.



6 Exclusions

The PREVINTER healthcare plan does not cover all treatment.

ARE EXCLUDED:

- Acts not included in the French Common Classification of Medical Acts (CCAM), as well as acts not covered or not quoted in this Classification, except for treatments and acts covered by this policy,
- The part of expenses reimbursed or eligible for reimbursement by any social benefits organization (such as Social Security) or by another insurance plan,
- The deduction from the French Social Security reimbursement and authorized extra-billing if the healthcare pathway is not followed or if access to the medical file is refused, and the flat-rate contribution provided by Article L322.2, paragraph II, of the French Social Security Code,
- Medical care delivered in a public hospital or medical facility, that would be delivered free of charge in the absence of this plan,
- Any treatment performed by a person who is not legally licensed to carry out such procedures,
- Any treatment not prescribed by a physician or deemed useless from a strictly medical point of view,
- Any medical or dental treatment not complying with professional standards,
- Treatment for which the insured has not made the required request for prior approval or for which such approval was denied,
- Any surgical procedure not caused by an emergency and for which the insurer's previous agreement has not been secured,
- Expenses related to esthetic treatment (or comparable) of any type or nature, except for specific cases (following an accident occurred while this policy is in effect) for which the insurer gave its prior approval in writing, and according to the terms, conditions and limitations stipulated by the insurer,
- Expenses incurred prior to the effective date of coverage or after termination of coverage,
- Non pharmaceuticals commonly used such as cotton wool, surgical spirit, sun creams, toothpaste, bandages, soap, perfume, shampoo, etc,
- In the event of hospitalization, personal expenses such as telephone calls and television rental,
- Accommodation and treatment expenses incurred during a convalescent facilities unless preceded without any interruption by a hospitalization of at least 30 days or following major surgery,
- Accommodation and treatment expenses incurred during an occupational rehabilitation or retraining facility (or any such facility),
- Care given in nursing homes or old-age homes, and expenses resulting from help provided to people in their everyday life, even if those people are suffering from permanent or temporary disability. Such services are considered as home-help services, even if they are prescribed by a physician and delivered by medical or paramedical providers,



- Treatment against obesity,
- Travel and accommodation expenses in relation with medical care,
- Treatment considered as experimental,
- Chiropody treatment when unrelated to an illness or accident,
- Smoking-withdrawal treatment,
- Thermal spa therapy,
- Alcohol or drug detoxification treatment (or similar),
- Expenses related to accidents or illnesses resulting from intentional acts by the insured or beneficiary, willful self-mutilation or attempted suicide.

For more information, **do not hesitate to contact us.**