# AMARIZ SANTE HEALTH INSURANCE POLICY

## BRONZE HEALTH INSURANCE

## TABLE OF BENEFITS

COVER FOR EXPENSES INCURRED IN THE EUROPEAN ECONOMIC AREA
and outside of this territory excluding Iran, Democratic Peoples' Republic of Korea, Russia, Syrian Arab Republic and Ukraine for any stay of up to three (3) months unless otherwise stated

Basis of reimbursement: the French Social Security's 'Base de Remboursement' unless otherwise stated

### Limit: EUR 330,000 each Insured Person each Policy Year

### The Insured Person must be under 65 years of age on joining

| BENEFIT | LEVEL OF REIMBURSEMENT |
|---|---|
| **MEDICAL TREATMENT** | |
| Consultations or visits with a GP or specialist, x-rays and other medical tests, preventative medicine and screening, technical medical acts, auxiliary medical care (nursing care, physiotherapy, etc.) | 100% of the 'Base de Remboursement' |
| Medicines | 100% of the 'Base de Remboursement' |
| **HOSPITALISATION** | |
| Medical and surgical fees and cost of stay in hospital | 100% of the 'Base de Remboursement' |
| Daily lump sum for hospitalisation (*forfait journalier*) | 100% of actual expenses |
| Private room* | 100% of actual expenses |
| **MATERNITY** | |
| Pregnancy and childbirth | Not covered |
| **EQUIPMENT, TRANSPORT, HEARING AIDS** | |
| Equipment, orthopedics | 150% of the 'Base de Remboursement' |
| Transport | 150% of the 'Base de Remboursement' |
| Hearing aids | Not covered |
| **DENTAL** | |
| Emergency dental treatment (consultations, x-rays, fillings and temporary fillings, nerve removal, extraction)** | 100% of the 'Base de Remboursement |
| Orthodontics, dentures and implants | Not covered |
| **OPTICAL** | |
| Lenses, frames, contact lenses | Not covered |

**\* All expenses incurred for personal convenience are excluded such as telephone use, water and television use.**

**\*\* The Policyholder must provide a letter from their dentist stating that the dental treatment was an emergency.**

All the procedures listed in the French Social Security's nomenclature of professional procedures are reimbursed under this Policy, with the exception of the exclusions designated in Article 4 of the Policy.

**This option may not be taken out in conjunction with Top-Up cover.**

After having deducted claims payments from other Insurers, reimbursements or acceptances from any other source, this Policy shall pay up to the levels of reimbursement and upper limit for each Insured Person each Policy Year indicated in the Table of Benefits, but cannot however exceed the amount actually spent by the Insured Person or the Policyholder in respect of dependent children covered by this Policy.

Please note that as the AMARIZ SANTE Policy is based on the French Social Security's '*Base de Remboursement*' or '*Tarif de Convention*', medical treatment which is not listed by the French Social Security or which is carried out by a healthcare provider who is '*non-conventionné*' will not be reimbursed, unless specified to the contrary on the Table of Benefits.

# INFORMATION ON PREMIUMS

- New-born children: the new-born children of a Policyholder who has been paying premiums for more than three (3) months, and who are registered within two (2) months of their birth, will have no waiting period nor will they have to fill in a medical questionnaire; however their premium will be due from birth.

- Premature New-born children: for the Premature New-born children of a Policyholder who has been paying premiums for more than three (3) months, cover will be restricted to treatment received during a maximum period of fourteen (14) days from the date of birth, provided an application has been completed for the child within fourteen (14) days of the child being born. No other benefits are available to Premature New-borns until thirty (30) days following discharge from hospital, when the selected plan benefits and rules will apply.

Premiums are according to age at the time of application for this insurance.

The Insurer may charge rates or impose conditions according to the Insured Person's state of health as stated on the application form or as revealed by a medical examination at the time of application for this insurance.