

Health Insurance

Insurance Product Information Document (IPID)



Company: ArgoGlobal SE - Malta

Authorised and regulated by the Malta Financial Services Authority

Product: Amariz Santé Health Insurance

This document provides a summary of the cover, exclusions and restrictions. The full terms and conditions of this insurance can be found in the Policy Wording and the Table of Benefits.

What is this type of insurance?

This is a health insurance policy for individuals paying into the French Social Security system, or who are not eligible to do so, and is designed to reimburse your medical, surgical, hospital and clinical expenses resulting from an accident, illness, chronic illness or maternity.



What is insured?

GOLD cover:

- ✓ Medical expenses following a covered accident, illness, chronic illness or maternity.
- ✓ Hospitalisation expenses following a covered accident, illness chronic illness or maternity.
- ✓ Dental treatment and optical expenses.
- ✓ Certain alternative medicines.
- ✓ Lump sum for birth or adoption.
- ✓ Funeral expenses.
- ✓ Daily hospitalisation benefit if you stay in hospital for 4 consecutive nights or more.

SILVER cover:

- ✓ Medical expenses following a covered accident, illness, chronic illness or maternity.
- ✓ Hospitalisation expenses following a covered accident, illness chronic illness or maternity.
- ✓ Dental treatment and optical expenses.
- ✓ Certain alternative medicines.
- ✓ Lump sum for birth or adoption.
- ✓ Funeral expenses.

HOSPITALISATION cover:

- ✓ Hospitalisation expenses following a covered accident, illness chronic illness or maternity (at least one night in hospital).
- ✓ Medical treatment, medicines, equipment and transport linked to a covered hospitalisation
- ✓ Lump sum for birth or adoption.
- ✓ Daily hospitalisation benefit if you stay in hospital for 4 consecutive nights or more.

TOP-UP cover:

- ✓ Medical expenses following a covered accident, illness, chronic illness or maternity.
- ✓ Hospitalisation expenses following a covered accident, illness chronic illness or maternity.
- ✓ Dental treatment and optical expenses.
- ✓ Certain alternative medicines.
- ✓ Lump sum for birth or adoption.
- ✓ Funeral expenses.

Please refer to the Table of Benefits for full details of what is covered by the option you have chosen



What is not insured?

- ✗ SILVER cover: All consultations and visits (unless carried out during the course of a covered in-patient hospitalisation).
- ✗ Medical treatment which is not listed by the French Social Security or which is carried out by a healthcare provider who is 'non-conventionné', unless specified to the contrary in the Table of Benefits.
- ✗ Medical treatment during a waiting period after taking out cover, except if it is following an accident.
- ✗ Treatment which has not been medically prescribed.



Are there any restrictions on cover?

MAIN RESTRICTIONS:

GOLD cover:

- ! Upper limit of € 1,525.00 each Insured Person each Policy Year (but € 765.00 in the first Policy Year) for reimbursable orthodontic treatment and dentures

SILVER cover:

- ! Upper limit of € 1,525.00 each Insured Person each Policy Year (but € 765.00 in the first Policy Year) for reimbursable orthodontic treatment and dentures

HOSPITALISATION cover:

- ! Medical treatment, medicines and equipment linked to a hospitalisation only covered for a maximum of 90 days following discharge from hospital

TOP-UP cover (Classic):

- ! Upper limit for 1st & 2nd Policy Years: € 765.00, subsequent Policy Years: € 1,100.00 each Insured Person each Policy Year for reimbursable orthodontic treatment and dentures

TOP-UP cover (Comfort):

- ! Upper limit for 1st & 2nd Policy Years: € 1,150.00, subsequent Policy Years: € 1,700.00 each Insured Person each Policy Year for orthodontic treatment and dentures

TOP-UP cover (Luxury):

- ! Upper limit for 1st & 2nd Policy Years: € 1,525.00, subsequent Policy Years: € 2,300.00 each Insured Person each Policy Year for orthodontic treatment and dentures

Please refer to the Table of Benefits for the limits applicable to other benefits



Are there any restrictions on cover? (continued)

MAIN EXCLUSIONS APPLICABLE TO ALL TYPES OF COVER:

- ! Medical treatment before the date of inception or after the date of cancellation of cover.
- ! Medical treatment which is not directly linked to an accident, illness, chronic illness or maternity
- ! Telephone, television and water whilst in hospital.
- ! Standard costs of pregnancy if you are pregnant on the date of inception and do not have a waiting period.
- ! Medical expenses incurred by premature new-born children after 14 days from the date of birth until 30 days following discharge from hospital.
- ! Claims caused intentionally or due to drunkenness, alcoholism or the misuse of drugs.
- ! Military service, war, civil war or act of foreign enemy, riots, strikes, lockouts, civil commotion, rebellion, revolution, insurrection, fighting, terrorism, military or usurped power or illegal act, weapons of mass destruction.
- ! Races, matches, bets or record attempts (other than normal competitive sport), exhibition, acrobatics and aviation, parachuting, rallying, and competitions involving the use of land-based motor vehicles, micro-lite and hang-gliding.
- ! Abortions for non-medical reasons.

A full list of exclusions can be found in the Policy Wording



Where am I covered?

Cover is valid throughout the EEA, and worldwide outside this territory for any stay of up to three 3 months (excluding Iran, Democratic Peoples' Republic of Korea, Russia, Syrian Arab Republic and Ukraine).



What are my obligations?

- At the beginning of the period of insurance or when making changes to your policy, you must give complete and accurate answers to any questions you are asked relating to the insurance.
- You must tell us as soon as practicable if you become aware of any inaccuracies or changes in the information you have provided to us, whether happening before or during the period of insurance.
- You must provide proof of payment of your Social Security contributions to the Insurer at their request.

Failure to meet your obligations could result in a claim being rejected, a reduction in the amount we pay or the cancellation of your policy.



When and how do I pay?

You can choose to pay your annual insurance premium in full with a 5% discount, otherwise you may pay in monthly, quarterly or six-monthly instalments. You can pay by direct debit, cheque, bank transfer or debit/credit card. No charges will be applied.



When does the cover start and end?

The cover starts on the policy effective date shown on your certificate of insurance and lasts until the next annual renewal date and annually thereafter. Your policy will be renewed tacitly on the 1st of January of each year for a further 12-month period.



How do I cancel the contract?

You may cancel this policy within 30 days of receiving the certificate of insurance or from the policy effective date, if this is later, without penalty and without reason, provided the insurer has not paid any claims during the cooling-off period.

After the 30-day cooling-off period you may cancel your policy by telephone, email or post. We will never charge you a fee for cancelling your insurance.