



AMARIZ SANTE HEALTH INSURANCE POLICY

HOSPITALISATION 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 1,250,000 each Insured Person each Policy Year

BENEFIT	LEVEL OF REIMBURSEMENT
MEDICAL TREATMENT	
MEDICAL TREATMENT RELATED TO A COVERED HOSPITALISATION: Medical fees, medical assistants, speciality acts, tests, radiology, everyday medical acts related to a hospital stay MEDICINES: Medicines related to a covered hospitalisation EQUIPMENT: Equipment related to a covered hospitalisation	250 % of the 'Base de Remboursement': Preoperative and postoperative for a maximum of 90 days following discharge from hospital 100% of actual expenses: Preoperative and postoperative for a maximum of 90 days following discharge from hospital 150% of the 'Base de Remboursement': Preoperative and postoperative for a maximum of 90 days following discharge from hospital
HOSPITALISATION FOR ONE NIGHT OR MORE	
HOSPITALISATION (MEDICAL AND SURGICAL) IN A 'CONVENTIONNE' (NHS) HOSPITAL: Cost of stay in hospital Medical and surgical fees Private room * Contribution to hospital accommodation expenses (<i>forfait journalier</i>) Adult accompanying a hospitalised child of less than 15 years of age	100% of actual expenses 300% of the 'Base de Remboursement' Maximum of EUR 100.00 per day 100% of actual expenses 100% of actual expenses for a maximum of 45 days
MATERNITY	
MATERNITY (mother insured): Hospitalisation Birth or adoption Twins or multiple birth	200% of the 'Base de Remboursement' Lump sum payment: EUR 300.00 Lump sum payment: EUR 550.00
TRANSPORT	
Transport related to a covered hospitalisation	100% of actual expenses
DAILY HOSPITALISATION BENEFIT	
DAILY BENEFIT IN THE EVENT OF HOSPITALISATION OF 4 OR MORE CONSECUTIVE NIGHTS (for Insured Persons aged under 76 on the day they are admitted to hospital only)	Lump sum payment: EUR 40.00 per day from the 4th to the 50th consecutive night in hospital Lump sum payment: EUR 80.00 per day from the 51st to the 365th consecutive night in hospital The amount of benefit is halved for children aged 15 or under on the day they are admitted to hospital

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

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.

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.

**PERSONAL ACCIDENT COVER FOR INSURED PERSONS AGED
UNDER 65 ON JOINING AND 75 AT THE MOST**

Limit: EUR 65,000 per person

BENEFIT	LEVEL OF COVER
Death or permanent total incapacity further to accident	Capital: EUR 30,000 (doubled for an act of terrorism)
Permanent partial incapacity further to accident	Capital as above multiplied by percentage of incapacity
Funeral expenses following accidental death	EUR 5,000

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.
- Children over twenty (20) years old: from their twentieth (20th) birthday they will be able to take out their own insurance policy.
- The third (and any subsequent) child of an insured family group will be covered free of charge.

Premiums are according to age at the time of application for this insurance. After the age of twenty (20) years, the Insured Person retains his/her original age group.

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.

Premiums paid annually are subject to a 5% discount.

EXCLUSION FOR MEDICAL EXPENSES DUE TO ACCIDENT:

Insured Persons who are already covered for occupational and non-occupational accidents by way of their employer's mandatory accident insurance can exclude cover for the reimbursement of medical expenses incurred and caused by Accident and benefit from a reduction of 15% on the basic premium.

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.