



## **AMARIZ SANTE HEALTH INSURANCE POLICY**

### **SILVER HEALTH INSURANCE (EXCLUDING CONSULTATIONS)**

#### **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
<b>MEDICAL TREATMENT</b>	
Consultations and visits *	Not covered
Medical fees, tests, radiology, everyday medical treatment, and medical assistants	100% of the 'Base de Remboursement'
Medicines	100% of the 'Base de Remboursement'
<b>HOSPITALISATION</b>	
Consultations and visits carried out during the course of a covered in-patient hospitalisation	100% of the 'Base de Remboursement'
Medical and surgical fees and cost of stay in hospital	100% of the 'Base de Remboursement'
Contribution to hospital accommodation expenses ( <i>forfait journalier</i> )	100% of actual expenses
Private room **	100% of actual expenses
<b>MATERNITY (mother insured)</b>	
Consultations and visits *	100% of the 'Base de Remboursement'
Pregnancy and childbirth	100% of the 'Base de Remboursement'
Birth or adoption	EUR 300.00 (lump sum payment)
<b>EQUIPMENT, HEARING AIDS, TRANSPORT</b>	
Equipment	150% of the 'Base de Remboursement'
Orthopedics, hearing aids	150 % of the 'Base de Remboursement'
Transport	100% of the 'Base de Remboursement'
<b>OPTICAL</b>	
Consultations and visits *	Not covered
Prescribed lenses and frames (one pair of glasses each Policy Year)	Maximum of EUR 300.00 each Insured Person each Policy Year
Contact lenses	150% of the 'Base de Remboursement'
<b>DENTAL</b>	
Consultations and visits *	Not covered
Dental treatment	100% of the 'Base de Remboursement'
Reimbursable orthodontic treatment (children under 16) and dentures	250% of the 'Base de Remboursement' Limit: EUR 1,525.00 each Insured Person each Policy Year (but EUR 765.00 in the first Policy Year)
Dental implants	Lump sum: EUR 400.00 each Insured Person each Policy Year

\* All consultations and visits with a general practitioner or specialist as well as all associated supplements and all  
speciality acts performed at the doctor's surgery are excluded from cover, unless they are carried out during the  
course of a covered in-patient hospitalisation (see attached list for details of excluded acts).

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

BENEFIT	LEVEL OF REIMBURSEMENT
<b>COMPLEMENTARY (ALTERNATIVE) MEDICINES</b>	
Consultations and visits *	Not covered
Reimbursable hydrotherapy	100% of the 'Base de Remboursement'
Medically prescribed homeopathy: Medicines	Lump sum: EUR 30.00 each Insured Person each Policy Year
Osteopathy, acupuncture, chiropractic, reflexology, etiopathy, chiropody: Treatment (consultations excluded)	Maximum of EUR 400.00 per specialty each Insured Person each Policy Year
<b>FUNERAL EXPENSES</b>	
Funeral expenses where death occurs anywhere in the World during the Policy Year	EUR 1,525.00 (lump sum payment) each Insured Person

\* **All consultations and visits with a general practitioner or specialist as well as all associated supplements and all speciality acts performed at the doctor's surgery are excluded from cover, unless they are carried out during the course of a covered in-patient hospitalisation (see attached list for details of excluded acts).**

\*\* **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 or the Policyholder/estate of the deceased Insured Person in respect of funeral expenses.

### INFORMATION ON PREMIUMS

- Family rate: the family rate is valid for an insured family group comprising two (2) adults and two (2) or more children under twenty one (21) years of age
- 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 (20<sup>th</sup>) 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.

Students can claim a discount of 10% on the annual premium.

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.

**LIST OF MEDICAL ACTS AND SURCHARGES**  
**EXCLUDED UNDER SILVER HEALTH INSURANCE**

<b>APC/APV</b>	Consultation with a specialist (either at doctor's surgery or at home) on referral by the GP to obtain an expert opinion
<b>APY/AVY</b>	Consultation with a psychiatrist, neurologist or a neuropsychiatrist (either at doctor's surgery or at home) on referral by the GP
<b>APU</b>	Consultation with a doctor on referral by the GP for practicing university lecturers and hospital practitioners
<b>C</b>	Consultation at the doctor's surgery
<b>C</b>	Consultation with a dentist
<b>C2</b>	Consultation with a doctor on referral of a GP to obtain an expert opinion
<b>CCE</b>	Combined service for complex paediatric consultations
<b>CCP</b>	First consultation regarding contraception and sexually transmitted diseases for young girls aged 15 to 18
<b>CCX</b>	Combined service for very complex consultations CSO and CSM
<b>CDE</b>	Consultation for screening of a melanoma carried out at the doctor's surgery by the dermatologist
<b>COE</b>	Consultation with a GP or paediatrician for compulsory checks within 8 days following birth, during the 9th or 10th month, and during the 24th or 25th month
<b>CN</b>	Consultation not reimbursed by the French Social Security
<b>CNPSY</b>	Consultation with a psychiatrist, a neurologist or a neuropsychiatrist
<b>CRD</b>	Surcharge for Sundays and bank holidays
<b>CRM</b>	Surcharge for the middle of the night 00:00-06:00
<b>CRN</b>	Surcharge for the night 20:00-00:00/06:00-08:00
<b>CRS</b>	Surcharge for Saturdays
<b>CS</b>	Consultation with a specialist
<b>CSC</b>	Consultation with a cardiologist
<b>F</b>	Supplement for a Sunday or bank holiday
<b>FPE</b>	Paediatric surcharge for children aged 0-2
<b>G</b>	Consultation at an increased rate at the doctor's office for GPs
<b>GS</b>	Consultation at an increased rate by a specialist qualified in general medicine at the doctor's surgery
<b>MAF</b>	Surcharge for an annual family review with the psychiatrist and child psychiatrist for a child presenting a serious psychiatric pathology relating to a chronic illness
<b>MCC</b>	Supplement for cardiologist
<b>MCE</b>	Surcharge for certain consultations with specialists in endocrinology and in internal medicine competent in diabetology
<b>MCG</b>	Supplement for coordination (GP)
<b>MCS</b>	Supplement for coordination (Specialist)
<b>MCU</b>	Supplement for emergency
<b>MCX</b>	Supplement for complex consultations
<b>MD</b>	Mileage charge for visit
<b>MDD</b>	Mileage charge for visit on a Sunday or bank holiday

<b>MDE</b>	Mileage charge for socially or environmentally justified visit
<b>MDI</b>	Mileage charge for medically justified visit at night between 00:00 and 06:00
<b>MDN</b>	Mileage charge for medically justified visit at night between 20:00 and 00:00 and 06:00 and 08:00
<b>MEP</b>	Paediatrician surcharge
<b>MGE</b>	Surcharge for children aged 2 to 6
<b>MIC</b>	Surcharge for a consultation with a GP for a patient with heart failure after a hospitalisation
<b>MM</b>	Mileage charge for medically-unjustified visit at night between 00:00 and 06:00
<b>MN</b>	Surcharge for non-paediatric act carried out at night between the times of 20:00 to 00:00 and 06:00 to 08:00
<b>MN</b>	Surcharge for a paediatric act carried out at night between 20:00 and 00:00
<b>MNO</b>	Surcharge for children aged 0 to 2
<b>MRT</b>	Surcharge for coordination by a GP
<b>MPC</b>	Provisional supplement for clinicians
<b>MPF</b>	Surcharge for a consultation with a psychiatrist or child psychiatrist in the presence of a family member or a social worker for a child presenting a serious psychiatric pathology relating to a chronic illness
<b>MPJ</b>	Surcharge for children up to the age of 16
<b>MSH</b>	Surcharge for a consultation with a GP following a short stay hospitalisation for high comorbidity patients
<b>MTA</b>	Surcharge for consultations for prescriptions of certain types of equipment by a specialist in physical medicine and rehabilitation
<b>MTX</b>	Surcharge for very complex consultations
<b>MU</b>	Surcharge for an emergency
<b>MUT</b>	Supplement for an emergency consultation with a GP
<b>N</b>	Mileage charge for a medically-unjustified visit at night between 20:00 and 00:00 and 06:00 and 08:00
<b>NFE</b>	New paediatric supplement for children aged 2 to 6 and aged 6 à 16 not referred by a GP
<b>NFP</b>	New paediatric supplement
<b>P</b>	Surcharge for a paediatrician at night between 20:00 and 00:00 and 06:00 and 08:00
<b>RMT</b>	Specific remuneration for a patient with a chronic illness
<b>S</b>	Surcharge for a paediatrician at night between 00:00 and 06:00
<b>U</b>	Surcharge for night excluding paediatrician
<b>V</b>	Home visit by a GP
<b>VG</b>	Home visit at an increased rate for GPs
<b>VGS</b>	Home visit at an increased rate by a specialist qualified in general medicine
<b>VL</b>	Long and complex home visit by a GP for patients with a neurodegenerative disease
<b>VNPSY</b>	Home visit by a psychiatrist, a neurologist or neuropsychiatrist
<b>VRD</b>	Surcharge for Sundays and bank holidays
<b>VRM</b>	Surcharge specifically for the middle of the night 00:00-06:00
<b>VRN</b>	Surcharge specifically for the night 20:00-00:00/06:00-08:00
<b>VRS</b>	Surcharge for Saturdays
<b>VS</b>	Home visit by a specialist

**All supplements linked to a consultation or a visit by a GP or specialist at the surgery or at a patient's home are excluded from cover, even if not listed above.**

**Consultations with osteopaths, acupuncturists, chiropractors, reflexologists, etiopaths and chiropodists are also excluded.**