



AMARIZ SANTE HEALTH INSURANCE POLICY

TOP-UP 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	SUPPLEMENTARY REIMBURSEMENT *		
	CLASSIC	COMFORT	LUXURY
MEDICAL TREATMENT			
Medical fees, medical assistants, speciality acts, everyday medical acts	'Conventionné' (NHS) sector: 150% of the 'Base de Remboursement' 'Non-conventionné' (non-NHS) sector: 100% of the 'Base de Remboursement'	'Conventionné' (NHS) and 'Non-conventionné' (non-NHS) sectors: 250 % of the 'Base de Remboursement'	'Conventionné' (NHS) and 'Non-conventionné' (non-NHS) sectors: 350 % of the 'Base de Remboursement'
Tests, radiology, ultrasound	'Conventionné' (NHS) sector: 150% of the 'Base de Remboursement' 'Non-conventionné' (non-NHS) sector: 100% of the 'Base de Remboursement'	225 % of the 'Base de Remboursement'	300 % of the 'Base de Remboursement'
Reimbursable medicines	100% of the 'Base de Remboursement'	125% of the 'Base de Remboursement'	150% of the 'Base de Remboursement'
Non-reimbursable medicines and homeopathy	Maximum of EUR 20.00 each Insured Person each Policy Year	Maximum of EUR 80.00 each Insured Person each Policy Year	Maximum of EUR 120.00 each Insured Person each Policy Year
Consultations with dieticians	Not covered	Maximum of EUR 60.00 each Insured Person each Policy Year	Maximum of EUR 100.00 each Insured Person each Policy Year

BENEFIT	SUPPLEMENTARY REIMBURSEMENT *		
	CLASSIC	COMFORT	LUXURY
HOSPITALISATION			
Cost of stay in hospital	'Conventionné' (NHS) sector: 150% of the 'Base de Remboursement' 'Non-conventionné' (non-NHS) sector: 100% of the 'Base de Remboursement'	'Conventionné' (NHS) sector: 250% of the 'Base de Remboursement' 'Non-conventionné' (non-NHS) sector: 125% of the 'Base de Remboursement'	'Conventionné' (NHS) sector: 100% of actual expenses 'Non-conventionné' (non-NHS) sector: 150% of the 'Base de Remboursement'
Medical and surgical fees	Conventionné' (NHS) sector: 150% of the 'Base de Remboursement' 'Non-conventionné' (non-NHS) sector: 100% of the 'Base de Remboursement'	'Conventionné' (NHS) sector: 250% of the 'Base de Remboursement' 'Non-conventionné' (non-NHS) sector: 125% of the 'Base de Remboursement'	'Conventionné' (NHS) sector: 350% of the 'Base de Remboursement' 'Non-conventionné' (non-NHS) sector: 150% of the 'Base de Remboursement'
Private room **	Maximum of EUR 80.00 per day	Maximum of EUR 100.00 per day	Maximum of EUR 150.00 per day
Contribution to hospital accommodation expenses (<i>forfait journalier</i>)	100% of actual expenses	100% of actual expenses	100% of actual expenses
Adult accompanying a hospitalised child of less than 15 years of age	Not covered	EUR 20.00 per day for a maximum period of 45 days each Insured Person each Policy Year	EUR 40.00 per day for a maximum period of 45 days each Insured Person each Policy Year
MATERNITY (mother insured)			
Pregnancy and childbirth	See Medical Treatment and Hospitalisation	See Medical Treatment and Hospitalisation	See Medical Treatment and Hospitalisation
Birth or adoption	Lump sum payment: EUR 150.00	Lump sum payment: EUR 230.00	Lump sum payment: EUR 300.00
Twins or multiple birth	Lump sum payment: EUR 270.00	Lump sum payment: EUR 450.00	Lump sum payment: EUR 600.00
ORTHOPAEDICS, EQUIPMENT, TRANSPORT			
Orthopedics, equipment, hearing aids	150% of the 'Base de Remboursement'	300% of the 'Base de Remboursement'	300% of the 'Base de Remboursement'
Transport related to hospitalisation and other transport costs	150% of the 'Base de Remboursement'	300% of the 'Base de Remboursement'	300% of the 'Base de Remboursement'
OPTICAL			
Prescribed lenses and frames (one pair of glasses each Policy Year)	Maximum of EUR 70.00 each Insured Person each Policy Year))) Maximum of EUR 300.00 each Insured Person each Policy Year))) Maximum of EUR 600.00 each Insured Person each Policy Year
Reimbursable contact lenses	150% of the 'Base de Remboursement'))) Insured Person each Policy Year))) Insured Person each Policy Year
Non-reimbursable contact lenses	Not covered))))))
Surgery to correct myopia, presbyopia, hyperopia, astigmatism	Lump sum: EUR 100.00 per eye	Lump sum: EUR 160.00 per eye	Lump sum: EUR 200.00 per eye

BENEFIT	SUPPLEMENTARY REIMBURSEMENT *		
	CLASSIC	COMFORT	LUXURY
DENTAL			
Dental treatment	'Conventionné' (NHS) sector: 150% of the 'Base de Remboursement' 'Non-conventionné' (non-NHS) sector: 100% of the 'Base de Remboursement'	'Conventionné' (NHS) and 'Non-conventionné' (non-NHS) sectors: 250 % of the 'Base de Remboursement'	'Conventionné' (NHS) and 'Non-conventionné' (non-NHS) sectors: 350 % of the 'Base de Remboursement'
Reimbursable orthodontic treatment (children under 16) and dentures	150% of the 'Base de Remboursement' (Limit each Insured Person each Policy Year – 1st & 2nd Policy Years: EUR 800.00, subsequent Policy Years: EUR 1,300.00)	300% of the 'Base de Remboursement' (Limit each Insured Person each Policy Year – 1st & 2nd Policy Years: EUR 1,150.00, subsequent Policy Years: EUR 1,700.00)	400% of the 'Base de Remboursement' (Limit each Insured Person each Policy Year – 1st & 2nd Policy Years: EUR 1,525.00, subsequent Policy Years: EUR 2,300.00)
Non-reimbursable orthodontic treatment and dentures	Not covered	225 % of the 'Base de Remboursement' (Limit each Insured Person each Policy Year – 1st & 2nd Policy Years: EUR 1,150.00, subsequent Policy Years: EUR 1,700.00)	350 % of the 'Base de Remboursement' (Limit each Insured Person each Policy Year – 1st & 2nd Policy Years: EUR 1,525.00, subsequent Policy Years: EUR 2,300.00)
Dental implants	Maximum of EUR 100.00 each Insured Person each Policy Year	Maximum of EUR 300.00 each Insured Person each Policy Year	Maximum of EUR 600.00 each Insured Person each Policy Year
COMPLEMENTARY (ALTERNATIVE) MEDICINES			
Reimbursable hydrotherapy: Fees, lump sum for treatment, lump sum for transport, accommodation	Lump sum each Insured Person each Policy Year: EUR 150.00	Lump sum each Insured Person each Policy Year: EUR 280.00	Lump sum each Insured Person each Policy Year: EUR 400.00
Osteopathy, acupuncture, chiropractic, sophrology, etiopathy, aromatherapy, hypnosis, reflexology, chiropody, naturopathy, micro physiotherapy	Maximum of EUR 700.00 each Insured Person each Policy Year	Maximum of EUR 800.00 each Insured Person each Policy Year	Maximum of EUR 1,000.00 each Insured Person each Policy Year
FUNERAL EXPENSES			
FUNERAL EXPENSES: Funeral expenses where death occurs anywhere in the World during the Policy Year	Lump sum: EUR 1,200.00 each Insured Person	Lump sum: EUR 1,800.00 each Insured Person	Lump sum: EUR 2,300.00 each Insured Person

* Top-up cover provides for the reimbursement (subject to the above levels) of the remainder of the cost of treatment after partial reimbursement by the French Social Security or other basic medical insurance scheme or under one of the other levels of cover of this Policy. The levels of cover indicated above therefore include reimbursements by all these parties. If Top-up cover is taken out in conjunction with Silver cover, reimbursements for the medical acts excluded by Silver cover will be limited to any excess over the amount stipulated by the 'Base de Remboursement'.

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.

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

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		
	CLASSIC	COMFORT	LUXURY
Death or permanent total incapacity further to accident	Not covered	Not covered	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	Not covered	Not covered	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 (COMFORT and LUXURY cover).

Students can claim a discount of 15% 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.