



## AMARIZ SANTE HEALTH INSURANCE POLICY

### GOLD HEALTH INSURANCE

#### TABLE OF BENEFITS

COVER FOR EXPENSES INCURRED IN THE EUROPEAN ECONOMIC AREA  
and outside of this territory excluding Cuba, Iran, North Korea, Russia, Ukraine, Belarus, Myanmar and  
Afghanistan 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>	
Medical fees, tests, radiology, everyday medical treatment, and medical assistants	100% of the 'Base de Remboursement'
Non-reimbursable doctors' fees	100% of the 'Base de Remboursement'
Consultations with psychologists and psychotherapists	100% of the 'Base de Remboursement'
Consultations with podiatrists	Lump sum: EUR 30.00 per consultation Limit: maximum of 6 consultations each Insured Person each Policy Year
Consultations with dieticians	Lump sum: EUR 30.00 per consultation Limit: maximum of 4 consultations each Insured Person each Policy Year
Medicines	100% of the 'Base de Remboursement'
<b>HOSPITALISATION</b>	
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>	
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	150% of the 'Base de Remboursement'
<b>OPTICAL</b>	
Prescribed lenses and frames (one pair of glasses each Policy Year)	Maximum of EUR 360.00 each Insured Person each Policy Year
Contact lenses	150% of the 'Base de Remboursement'
Surgery to correct myopia, presbyopia, hyperopia, astigmatism	Lump sum: EUR 220.00 per eye
<b>DENTAL</b>	
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 450.00 each Insured Person each Policy Year
<b>COMPLEMENTARY (ALTERNATIVE) MEDICINES</b>	
Reimbursable hydrotherapy	100% of the 'Base de Remboursement'
Medically prescribed homeopathy: Medicines	Lump sum: EUR 40.00 each Insured Person each Policy Year
Osteopathy, acupuncture, chiropractic, sophrology, etiopathy, aromatherapy, hypnosis, reflexology, chiropody, micro physiotherapy, naturopathy	Maximum of EUR 700.00 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
<b>DAILY HOSPITALISATION BENEFIT</b>	
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 or the Policyholder/estate of the deceased Insured Person in respect of funeral expenses.

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

**Limit: EUR 65,000 per person**

<b>BENEFIT</b>	<b>LEVEL OF COVER</b>
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**

- 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.