

Insured Nomads Health Insurance - First Euro (€) Insurance Product Information Document



Insurer: MFPrévoyance

Products: Insurance policies no. G0462 - Preferred Plus

This information document provides a summary of the principal benefits and exclusions of the contract. It does not take into account your specific needs and requests. You will find complete information on this product in the pre-contractual and contractual documentation to read carefully. Benefits preceded by a green checkmark mean that they are systematically granted within the contract.

What is this type of insurance?

The "Insured Nomads" Healthcare Insurance product is designed to provide cover to individual expatriate Members of "ASPMI", from 18 to 65 years, and their Dependants if any, for reimbursement of medical expenses recognised by the French Sécurité Sociale, from the 1st euro. The group insurance policy has been taken out by the Policyholder Association "ASPMI" with VYV International Benefits, acting on behalf of MFPrévoyance (legal notice at the bottom of the page).



What is insured?

Healthcare Benefits

The insurance coverage consists in reimbursing medical expenses incurred by the Member, as from the first euro (EUR) and limited to the reasonable and customary costs.

Systematic benefits in case of hospitalization covered:

- ✓ Medical hospitalisation in public or private facilities
- ✓ Hospitalisation and surgery
- ✓ Related medical and paramedical costs provided in the context of hospitalisation
- ✓ Local Emergency transportation of the patient by ambulance

The other benefits are defined according to the table of benefits:

- ✓ Outpatient Benefits
- ✓ Prescription Drug Benefits
- ✓ Maternity Benefits
- ✓ Vision Care Benefits
- ✓ Dental Benefits (for group schemes only)



Are there any restrictions on cover?

- ! Health costs exceeding of the annual ceiling for the reimbursement of health expenses per person according to "Preferred Plan", as follow: Maximum Plan Benefits: EUR 2,500,000
- ! Excess, the annual amount that each person must pay each period of Cover before the Plan will pay for Benefits, as follow: EUR 0 /EUR 500 /EUR 1000 / EUR 3000 / EUR 5000
- ! Pre-existing medical conditions unless these are declared and accepted in writing



Where am I covered?

Medical expenses are reimbursable:

- ✓ Worldwide



What is not insured?

Excluded risks

- ✗ A disease or accident which is the voluntary fact of the insured, voluntary mutilation or a suicide attempt.
- ✗ Any intentional action which may entail the benefit of the policy and any consequence of a criminal proceeding which the Member is the subject.
- ✗ A claim arising directly or indirectly from the decay of an atomic nucleus.
- ✗ Treatment and services as a result of war, invasion, foreign act of enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, riot, civil commotion, military or usurped power, or act of terrorism except where an injury/illness is sustained as an innocent bystander and where there was no exposure to nuclear, chemical or biological weapons or contamination.
- ✗ Medical treatments relating to a pre-existing medical condition, or a related condition, unless the medical condition has been declared to us on the application form, accepted, and agreed for cover by us in writing.
- ✗ Medical treatment from suicide, attempted suicide, self-inflicted injury, self-harm, reckless or negligent behaviour, fraudulent, illegal or criminal activities, or self-exposure to danger (except in an attempt to save human life).

Main excluded benefits

The following benefits are not covered under the contract, except otherwise mentioned in the table of benefits:

- ✗ Any medical expenses for treatments or prescribed acts prior to the effective date of the contract or during the waiting periods if any.
- ✗ Any medical and surgical expenses which are not prescribed by a qualified medical entity.
- ✗ Acts subject to "prior approval" for which the agreement has not been requested nor refused.
- ✗ Treatments outside of the covered geographical area, except in case of emergency as per definitions section.
- ✗ Any form of experimental or unregulated treatment which are not commonly accepted, customary or traditional medical.
- ✗ Expenditures on organ acquisition.
- ✗ Any operation or treatment related to gender reassignment.
- ✗ Cosmetic treatments, rejuvenation treatments, weight loss treatments.
- ✗ Care, acts and medical treatments prohibited by local legislation.
- ✗ Any elective / voluntary surgery and / or plastic / cosmetic surgery.



What are my obligations?

Under penalty of nullity of the insurance contract or unsecured benefits, the Insured must:

When taking out the policy:

- Complete and sign an individual application form with a medical questionnaire and declare accurate information.
- Choose one of the proposed annual excess (EUR 0 /EUR 500 /EUR 1000 / EUR 3000 / EUR 5000)
- Pay the first premiums and associative fees

During the policy period:

- Inform the Insurer of the following events:
- Changes in personal situation: change of address, change of situation with regard to compulsory French health and maternity insurance plans, change of expatriate country (especially if this impacts the coverage area)
- Return to country of residence or country of origin
- Payment of benefits from a social security scheme or all other complementary organisation
- Pay the premiums amount within the deadlines set out in the information notice.

In case of a claim:

- Send to the insurer the claim form with the substantiating documents (sending email is permitted for any invoice for an amount less than €500 per invoice)
- Contact the third-party administrator to obtain a direct take charge of the insured for hospitalization or third-party payment for external medical expenses
- Notify the insurer of any admission to the hospital at least three (3) weeks in advance (or within 48 hours of admission in case of emergency)
- Ask the prior approval by the insurer (except emergency) for certain medical expenses (hospitalization, rehabilitation, MRI, physiotherapy, osteopathy, childbirth)



When does the cover start and end?

The effective date of the contract is subject to membership of the Policyholder Association and acceptance of the Insurer. For the Member, the insurance takes effect from the payment of the premium and on the date indicated on the membership certificate, for a period ending 12 months following the effective date of the membership. It is then renewed tacitly on the anniversary date each year for a period of one year.

The Insured has a cancellation right of 14 days during a deadline of 14 consecutive calendar days from the effective date of the contract.

The contract terminates on the effective date of termination of the group insurance policies no. G0462 between ASPMI and VYV International Benefits, which acting on behalf of MFPrévoyance.

Membership may also terminate under one of the following conditions:

- In the event of non-payment of premiums of the Member,
- In the date on which the Member ceases to be a Member of the Policyholder,
- In the event of cancellation of a group insurance policy,
- In the event of dissolution of the Policyholder,
- At any time after twelve (12) months from the first enrolment to the contract, as per conditions of article L113-12 of Code des Assurances. The termination of the Membership will be effective one (1) month after the Insurer received the notification of the Member (the 1st or the 15th of the following month).

When the contract is terminated as per mid-term cancellation, premium is due on behalf of the member for the portion corresponding to the period during which he/she was insured, this period being calculated until the effective date of the termination.

For the Dependants: At the day they no longer fulfill the conditions set out in the contract.



When and how do I pay?

- Premiums are paid in advance in euro (€) monthly, bi-annually, quarterly, annually by the Insured to the Policyholder according to the procedure defined in the membership form. All taxes and costs resulting from applicable legislation are added to the amount of the premium and are integrally paid by the Insured.
- The amount of the premium for the first year shall be calculated in full months pro rata temporis for the period between the effective date of enrolment and the following renewal at the anniversary date.



How do I cancel the contract?

You can cancel the membership (or remove any of the insured persons) at any time by giving written instruction to ExpaTPA.

If such cancellation instruction is received in writing within 14 days of receiving your first insurance certificate and no claims have been made the premium will be refunded to you in full. If the policy is to be terminated at the renewal date, written instruction must be provided 2 months prior to the expiry date of the current policy.

If you cancel your policy, a premium refund will be due for any portion of the unused period of insurance. No administration fee will be charged.

To cancel, contact ExpaTPA, RE: Insured Nomads, health.service@insurednomads.com; 142 Rue de Rivoli, 75001 Paris, France; Tel. EU: +33 1 76 46 10 19 | USA: +1 205 236 5117