



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 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
MEDICAL TREATMENT	
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'
HOSPITALISATION	
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
MATERNITY (mother insured)	
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)
EQUIPMENT, HEARING AIDS, TRANSPORT	
Equipment	150% of the 'Base de Remboursement'
Orthopedics, hearing aids	150 % of the 'Base de Remboursement'
Transport	100% of the 'Base de Remboursement'
OPTICAL	
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'
DENTAL	
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
COMPLEMENTARY (ALTERNATIVE) MEDICINES	
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
FUNERAL EXPENSES	
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 (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.

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.

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

ACD	One-off consultant's opinion for a dental surgeon
APC/APV	One-off consultant's opinion at the doctor's surgery (or at home) for doctors of all specialisms
APY/AVY	One-off consultant's opinion at the doctor's surgery (or at home) for psychiatrists, neurologists or neuropsychiatrists
APU	One-off consultant's opinion for (practicing) university lecturers and hospital practitioners
ASE	Complex consultation for a child entering child protection services
C	Consultation at the doctor's surgery
CBX	Complex dental consultation
CCP	First consultation regarding contraception and sexually transmitted diseases for young girls aged 15 to 18
CD	Consultation with a dental surgeon
CDE	Consultation for screening of a melanoma carried out at the doctor's surgery by a dermatologist
CEG	Consultation or visit with a paediatrician for children ages 6 years and over
CEH	Consultation or visit with a paediatrician for children aged 0 to 2 years
CEK	Consultation or visit with a paediatrician for children aged 2 to 6 years
CGP	Follow-up consultation for children ages under 7 born extremely prematurely (under 32 weeks plus 6 days of amenorrhea), or suffering from a severe congenital condition
CNP	Consultation with a psychiatrist or a neurologist
COE	Consultation for the 3 compulsory examinations of a child giving rise to a certificate
CP	Consultation or visit with a psychiatrist or a neurologist
CRD	Surcharge for a consultation with a GP on Sundays and bank holidays
CRM	Surcharge for a consultation with a GP in the middle of the night 00:00-06:00
CRN	Surcharge for a consultation with a GP during the night 20:00-00:00 / 06:00-08:00
CS	Consultation with a specialist
CSC	Consultation with a cardiologist
CSD	Consultation with a specialist dental surgeon
CSE	Follow-up coordination consultation with a GP, paediatrician or psychiatrist for an autistic child
CSM	Consultation with a paediatrician for a new-born child requiring specific care from the day they leave hospital until they are 28 days old
CSO	Follow-up coordination consultation with a GP for children aged between 3 and 12 at confirmed risk of obesity
CTE	Consultation to identify signs of neurodevelopmental conditions
EPH	Follow-up consultation for a child with a serious chronic illness or a severe neurosensorial disability requiring regular monitoring
F	Surcharge for a Sunday or bank holiday
G	Consultation with a GP or a specialist in general medicine
GL	Extended consultation for patients over 80
IMT	Initial consultation for registering a doctor as their GP for a patient suffering from an exempting long-term illness chronic illness
MAF	Surcharge for an annual family review for a child presenting a serious psychiatric illness requiring specialised care from a psychiatrist or child psychiatrist
MCC	Surcharge for coordination (cardiologist)
MCE	Surcharge for certain consultations with specialists in endocrinology and in internal medicine competent in diabetology

MCG	Surcharge for coordination (GP)
MCS	Surcharge for coordination (specialist)
MCU	Surcharge for a referral within 48 hours (except psychiatrists)
MCY	Consultation carried out by a psychiatrist within 2 working days of referral
MD	Mileage surcharge for a medically-justified home visit
MDD	Mileage surcharge for a medically-justified home visit on a Sunday or bank holiday
MDI	Mileage surcharge for a medically-justified home visit at night between 00.00 à 06.00
MDN	Mileage surcharge for medically justified home visit at night between 20:00 and 00:00 and 06:00 and 08:00
MHP	Non-emergency Sunday and night surcharge
MIC	Surcharge for a long and complex consultation with a GP for a patient with heart failure after a hospitalisation
MM	Emergency night surcharge between 00:00 and 06:00 for GPs and paediatricians
MN	Emergency night surcharge between 20:00 to 00:00 and 06:00 to 08:00 for GPs and paediatricians
MN	Emergency night surcharge between 20.00 and 00.00 for specialists (except paediatricians)
MPF	Surcharge for a consultation with the family of a child presenting a serious psychiatric illness requiring care by a psychiatrist or child psychiatrist for at least a year
MPH	Very complex consultation with a view to improving the care of disabled persons
MRT	Surcharge for an urgent consultation with a GP carried out at the request of the emergency services
MSH	Surcharge for a consultation with a GP following a short stay in hospital for high comorbidity patients
MTA	Surcharge for consultations for prescriptions of certain types of equipment by a specialist in physical medicine and rehabilitation
MU	GP surcharge for an emergency
MUT	GP surcharge for an emergency referral within 48 hours
MVU	Emergency surcharge for patients over 75 (ambulance or emergency services)
NFP	Surcharge for children aged 0 to 2 years for paediatricians (in combination with code C)
TC/TCG	Online consultation with a GP
TCH	Online consultation with a paediatrician for children aged 0 to 2 years
TCK	Online consultation with a paediatrician for children aged 2 to 6 years
TCS	Online consultation with a specialist
TC2	Online consultation with a doctor specialised in psychiatry at the request of the patient's GP within 2 working days
V	Home visit by a GP
VD	Home visit by a dental surgeon
VG	Home visit by a GP or specialist in general medicine
VL	Very complex home visit
VNP	Home visit by a psychiatrist or a neurologist
VRD	Surcharge for a visit on Sundays and bank holidays
VRM	Surcharge for a visit in the middle of the night 00:00-06:00
VRN	Surcharge for a visit in the night 20:00-00:00/06:00-08:00
VRS	Surcharge for Saturdays, Mondays the day before a bank holiday and Fridays the day after a bank holiday
VS	Home visit by a specialist
VSD	Home visit by a specialist dental surgeon
VSP	Very complex consultation carried out at the patient's home for palliative care

All surcharges 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.