

- > You are aged under 65, whatever your nationality
- > You wish to opt for a comprehensive plan as of the 1st €
- > You are leaving for at least 6 months
- > For all destinations excluding the USA and Canada



## FIRST EXPAT Indice 30

Annual aggregate limit of benefits : € 300,000 per year and per person  
BASIC HEALTH PLAN

Medical or surgical hospitalization	Reimbursement rates are subject to the amounts below
Medical or surgical hospitalization (transportation by ambulance included)* (Psychiatric hospitalisation excluded)	<b>100% of charges</b>
Private room fee	<b>€ 40 per day</b>
Bed for a person accompanying (child under 12 years old)	<b>€ 30 per day</b>
Medical tests and treatments of less than 24h in hospital facility	<b>100% of charges up to € 700 per treatment</b>
Immediate rehabilitation following hospitalization	<b>100% of charges up to 20 days per year</b>
Routine outpatient care (psychiatric excluded), including in a hospital facility	
Consultations, treatments and visits of GPs and specialists (psychiatric excluded)	<b>100% of charges up to € 80 per treatment</b>
Paramedical services	<b>100% of charges up to € 30 per treatment</b>
Laboratory tests, Xrays	
Laboratory tests, X-rays and medical imaging (scans and MRI)	<b>100% of charges up to € 200 per treatment</b>
Prescription drugs and Nicotinic substitutes	
Prescription drugs eligible for reimbursement by the French Social security	<b>90% of charges</b>
Nicotinic substitutes	<b>€ 50 per year and per person</b>

\* Hospitalizations in France are limited to 400% of the reimbursement basis of the French Social Security system and to 90% of charges when incurred in a non State-health system facility.

## Maternity / Vision care / Dental care OPTION

Dental care, Vision care, Maternity	Reimbursement rates are subject to the amounts below
Dental care and prostheses	<b>100% of charges up to € 200 per tooth</b> Up to € 800 for the 1 <sup>st</sup> and the 2 <sup>nd</sup> year € 1,200 as of the 3 <sup>th</sup> ]-per year and per person
Orthodontic treatment (up to age 16)	<b>100% of charges up to € 600 per year and per person (maximum 3 year)</b>
Vision care	<b>Eyeglasses + contact lenses up to € 200 per year and per person</b>
Maternity (including prenatal classes)	<b>Lump-sum of € 2,500 (in case of Cesarean delivery, coverage provided under the same conditions as for hospitalization)</b>
Diagnosis of chromosomal anomalies	<b>100% of charges</b>
Other prostheses	
Orthotics & medical prostheses (hearing aids and orthopedic prostheses)	<b>100% of charges up to € 500 per year and per person</b>

Expenses used to calculate our reimbursement rates are limited to reasonable and customary costs of the country where medical services are delivered. Our prior approval is required for some treatments (see the general terms and conditions).

Waiting periods: THREE MONTHS for medical or surgical hospitalization, routine outpatient care, consultations, dental care (if optional benefits are subscribed). NINE MONTHS for dental and vision care (excluding consultations and dental care for which a 3-month waiting period is applicable), orthopedics and other prostheses, TEN MONTHS for maternity.

## 2015 Quarterly premiums

### HEALTH

Age	BASIC HEALTH					BASIC HEALTH + OPTION				
	-26	26-35	36-45	46-55	56-65	-26	26-35	36-45	46-55	56-65
	Zone A					Zone A				
Single	€207.25	€256.50	€339.25	€449.25	€671.25	€330.00	€410.00	€543.00	€726.25	€1,086.50
Adult + Child	€402.75	€453.50	€536.00	€645.75	€867.75	€649.00	€729.25	€862.75	€1,045.75	€1,405.50
Family	€402.75	€745.75	€899.00	€1,149.75	€1,596.50	€649.00	€1,208.25	€1,449.00	€1,870.25	€2,593.50
	Zone B					Zone B				
Single	€256.50	€317.75	€422.00	€558.00	€836.50	€410.00	€510.00	€677.50	€904.75	€1,355.25
Adult + Child	€501.25	€563.75	€668.25	€804.00	€1,083.00	€808.50	€909.50	€1,076.75	€1,304.25	€1,754.75
Family	€501.25	€929.75	€1,120.50	€1,434.00	€1,993.50	€808.50	€1,507.75	€1,809.00	€2,334.75	€3,240.00

### HEALTH + MEDICAL ASSISTANCE / REPATRIATION

Age	BASIC HEALTH					BASIC HEALTH + OPTION				
	-26	26-35	36-45	46-55	56-65	-26	26-35	36-45	46-55	56-65
	Zone A					Zone A				
Single	€273.75	€323.00	€444.50	€554.50	€776.50	€396.50	€476.50	€648.25	€831.50	€1,191.75
Adult + Child	€514.50	€565.25	€715.25	€825.00	€1,047.00	€760.75	€841.00	€1,042.00	€1,225.00	€1,584.75
Family	€514.50	€857.50	€1,078.25	€1,329.00	€1,775.75	€760.75	€1,320.00	€1,628.25	€2,049.50	€2,772.75
	Zone B					Zone B				
Single	€323.00	€384.25	€527.25	€663.25	€941.75	€476.50	€576.50	€782.75	€1,010.00	€1,460.50
Adult + Child	€613.00	€675.50	€847.50	€983.25	€1,262.25	€920.25	€1,021.25	€1,256.00	€1,483.50	€1,934.00
Family	€613.00	€1,041.50	€1,299.75	€1,613.25	€2,172.75	€920.25	€1,619.50	€1,988.25	€2,514.00	€3,419.25

### HEALTH + MEDICAL ASSISTANCE / REPATRIATION + DEATH & DISABILITY PACKAGE\*

Excluding expatriates in France and USA, and American citizens.

Age	BASIC HEALTH				BASIC HEALTH + OPTION			
	-26	26-35	36-45	46-55	-26	26-35	36-45	46-55
	Zone A				Zone A			
Single	€427.00	€476.25	€597.75	€707.75	€549.75	€629.75	€801.50	€984.75
Adult + Child	€768.25	€819.00	€969.00	€1,078.75	€1,014.50	€1,094.75	€1,295.75	€1,478.75
Family	€768.25	€1,111.25	€1,332.00	€1,582.75	€1,014.50	€1,573.75	€1,882.00	€2,303.25
	Zone B				Zone B			
Single	€476.25	€537.50	€680.50	€816.50	€629.75	€729.75	€936.00	€1,163.25
Adult + Child	€866.75	€929.25	€1,101.25	€1,237.00	€1,174.00	€1,275.00	€1,509.75	€1,737.25
Family	€866.75	€1,295.25	€1,553.50	€1,867.00	€1,174.00	€1,873.25	€2,242.00	€2,767.75

\* See detailed sheet.