

Individual Health Insurance (1st Euro/ 1st USD / top-up CFE) and Assistance

Insurance Product Information Document

Insurance company : MGEN Portugal

Product : ACS Expat Policy Nos MGENIB1100588SAN (1st€) – MGENIB1100589SAN (1st\$) – MGENIB1200132SAN (CFE)

This information document provides a summary of the main benefits and exclusions of the policies. It does not take into account your specific needs and requests. You will find full information on this product in the pre-contractual and contractual documentation. Cover preceded by a green tick means that it is systematically included in the contract.

What type of insurance is it? The "ACS Expat" insurance product has been underwritten by the Globe Partner Association on behalf of its expatriate members who are natural persons under the age of 65 on the date of enrolment. It is designed to reimburse healthcare costs recognised by the WHO and includes **optional Assistance cover**. Healthcare costs are reimbursed either to the 1st incurred Euro/US dollar or in addition to the Caisse des Français de l'Etranger (CFE).



What is insured ?

Health Cover

Depending on the plan chosen, coverage and reimbursement of actual expenses up to a limit of : BRONZE - €/\$500,000; SILVER - €/\$1,000,000; GOLD - €/\$2,000,000; PLATINUM - €/\$3,000,000.

Hospitalisation

- ✓ Medical, surgical hospitalisation and outpatient day surgery
- ✓ Expenses related to hospitalisation
- ✓ Private room
- ✓ Organ transplant
- ✓ Cancer treatment
- ✓ Psychiatric hospitalisation
- ✓ Accompanying person's bed
- ✓ Outpatient care related to hospitalisation
- ✓ Hospitalisation at home immediately following hospitalisation in a hospital covered by the plan
- ✓ Rehabilitation immediately following hospitalisation
- ✓ Emergency local transport by ambulance
- ✓ Emergency dental reconstructive surgery following an accident
- ✓ Emergency treatment lasting less than 24 hours in a hospital in the area of cover, in the event of an accident or unexpected illness
- ✓ Emergency hospitalisation outside the coverage area

Evacuation/repatriation

- ✓ Repatriation or medical transport

Option Routine medical care, prevention and screening

- General practitioners' and specialists' fees
- Psychiatrists, psychologists and psychotherapists
- Tests, radiology, scans and MRI
- Prescribed medicines and vaccines
- Prescribed medical aids
- Physiotherapy
- Chiropractor, osteopath, homeopath, acupuncturist, naturopath, chiropodist
- Prescribed speech therapy and orthoptics
- Prescribed medical prostheses
- Health check-ups
- Cancer screening tests (mammogram, PSA, colorectal, pap smears, etc.)
- Self-medication package
- Dietician (consultation)

Option Dental and Optical

- Dental care
- Orthodontics
- Dental prostheses
- Prescription glasses, frames and contact lenses
- Surgical and laser treatment of visual corrections

Option Maternity

- Delivery costs: hospitalisation, private room, accommodation costs, medical and surgical fees.
- Delivery at home
- Consultations, pharmacy, pre- and post-natal examinations and care
- Childbirth preparation sessions
- Diagnosis of chromosomal abnormalities
- Newborn screening
- Complications directly related to childbirth
- Medically assisted reproduction

Optional cover Assistance +

- Following a medical evacuation, transport costs for an accompanying Member
- Repatriation of other beneficiaries following the death of one of the beneficiaries: family members, spouse and child(ren), living with the Member
- Repatriation in the event of an Act of Terrorism or Sabotage, Attack or Assault, Political Unrest or Natural Disaster
- Early return in the event of the death or hospitalisation for more than six days of a close family member, excluding grandparents (parents, brothers/sisters, children and grandchildren)
- Presence of a family member in the event of hospitalisation lasting more than six days
- Transport of the body in the event of the death of a beneficiary
- Funeral expenses required for transport (coffin costs)
- Search and rescue costs
- Psychological support (linked to an event covered by assistance)
- Search for and dispatch of medicines that cannot be found locally



What is not insured ?

- ✗ Care received outside the period of validity of the cover;
- ✗ Care received outside the chosen area of cover;
- ✗ Expenses considered unreasonable or unusual given the nature of the treatment and the locations in which they were incurred;
- ✗ Expenses not prescribed by qualified medical authorities;
- ✗ Illnesses and accidents that occurred prior to the effective date of cover.



Are there any restrictions on cover ?

Main exclusions common to all cover

- ! The consequences of wilful non-compliance with the regulations of the country visited or the practice of activities not authorised by the local authorities;
- ! Intentional acts by the member or the insured, and/or breaches of the legislation of the country in which the insured is staying;
- ! Use of drugs or narcotics;
- ! The insured's blood alcohol level or drunkenness (blood alcohol level higher than that defined by the law on motor vehicle traffic in force on the day of the accident in the country where the accident occurred).

Main exclusions relating to health cover

- ! An illness or accident caused voluntarily by the person covered, or resulting from voluntary mutilation;
- ! The consequences of war, civil war, insurrection, riot, attack or civil commotion, unless the person covered is not taking an active part in the event or is called upon to carry out maintenance or surveillance work to ensure the safety of people and property;
- ! Any intentional act that may lead to cover being provided and any consequences of criminal proceedings to which the member is subject;
- ! A claim resulting directly or indirectly from the disintegration of the atomic core;
- ! For top of the CFE coverage: costs not covered by CFE.

Main exclusions relating to Assistance cover

- ! Minor ailments or injuries that can be treated on site ;
- ! Convalescence, conditions undergoing treatment and not yet consolidated and/or requiring scheduled further care;
- ! Pre-existing illnesses that existed prior to the date of commencement of cover and which carry a risk of aggravation or recurrence.

Main restrictions

The reimbursement of certain expenses comes into effect for each beneficiary from the effective date of their affiliation and after the expiry of the following waiting periods:

- ! Dental care and psychiatric hospitalisation: 3 months.
- ! Dental prostheses - prescribed lenses and frames - laser treatment of visual corrections (including related surgical treatment): 6 months.
- ! Orthodontics: 9 months.
- ! Maternity: 12 months.
- ! Medically assisted reproduction: 18 months.
- ! When subscribing, the Member can choose between several levels of deductible: No deductible, €/\$500, €/\$1 000, €/\$5 000, €/\$10 000.

Non-exhaustive. The full list of exclusions and limitations can be found in the pre-contractual and contractual documentation.



Where I am covered ?

Cover is available 24 hours a day, in both private and professional life, in the event of illness or accident:

- In all the countries in the geographical area chosen, among the following geographical areas:
 - **ZONE 1:** Worldwide except Hong Kong, Singapore, China, United Kingdom, Brazil, Mexico, Bahamas, Canada, Japan, Israel, Saudi Arabia, Bahrain, Brunei, Kuwait, Oman, Qatar, South Africa, Australia, New Zealand and Countries Not Eligible for Expatriation.
 - **ZONE 2:** Worldwide except Hong Kong, Singapore, China, United Kingdom, Brazil, Mexico, Bahamas, Canada and Countries Not Eligible for Expatriation.
 - **ZONE 3 :** Worldwide except Countries Not Eligible for Expatriation.
- Countries Not Eligible for Expatriation: The following countries are not eligible for expatriation: Afghanistan, North Korea, Cuba (1st US dollar policy only), United Arab Emirates, United States of America, Iran, Morocco, Russia, South Sudan, Switzerland and Syria. By way of exception, nationals of the United States of America may be covered for a maximum of six months per insurance year when they return to their country of nationality, provided they have made the request at the time of enrolment.
- Outside the geographical area (and with the exception of Iran, North Korea, Syria and Afghanistan): during a trip lasting less than seven (7) weeks, for expenses incurred solely as a result of an accident or illness of an emergency nature, provided that the treatment was carried out by a general practitioner or specialist or that hospitalisation was required as a direct result of the emergency and took place within twenty-four (24) hours.
- In other cases, with the express agreement of the Insurer.



What are my obligations ?

Under penalty of forfeiture of cover:

- **When taking out the policy, the covered person must:**
 - Complete and sign the enrolment documents, including a health questionnaire,
 - Provide any supporting documents requested by the insurer,
 - Pay the premium (or fraction thereof) indicated in the enrolment documents.
- **During the lifetime of the contracts :**
 - ACS must be notified of any change in circumstances within 30 days of the event,
 - Send claims for reimbursement to the insurer within 2 years of the date of treatment,
 - Provide all supporting documents necessary for payment of the benefits provided under the cover.
- **In case of a claim :** Declare any claim likely to give rise to one of the guarantees in accordance with the conditions and within the time limits laid down, and attach any document that may be useful in assessing the claim.

Health care cover:

- Supporting documents may be sent digitally for claims up to €/\$1,000.
- Send a request for prior agreement to the insurer in the case of scheduled hospitalisation, magnetic resonance imaging (MRI), serial procedures (such as physiotherapy, acupuncture, chiropractic, osteopathy, etc.), prescribed speech therapy and orthoptics, prescribed medical prostheses, etc.), prescribed speech therapy and orthoptics, prescribed medical prostheses, dental prostheses (including inlays, onlays and implants), orthodontics, surgical treatment costs, laser treatment for visual corrections and diagnosis of chromosomal abnormalities.

Assistance cover:

- Obtain the Insurer's agreement before taking any initiative or incurring any expenses and, when the Insurer organises transport, return the original tickets.



When and how do I pay ?

The payment frequency is chosen by the Member: monthly (SEPA_only in Euro - or credit card), quarterly, half-yearly and annual. Payment can be made by bank transfer, credit card debit or SEPA direct debit (for Euro only).



When does the cover start and end ?

Commencement of cover is subject to the membership to the Globe Partner Association and acceptance by the insurer. The effective date of cover is defined by mutual agreement and is indicated on the insurance certificate. Membership will take effect subject to the payment of the first premium installment, and at the earliest on the date specified in the insurance certificate. Membership is concluded for a period of one year and is automatically renewed from year to year on its principal expiry date unless terminated by one of the parties in the cases and under the conditions set out in the contractual documents.

Cover ceases in the following cases:

- At the initiative of the Member in the event of annual or infra-annual cancellation of his/her individual insurance contract,
- As soon as the Member ceases to belong to the category of "member" as defined in the information leaflet,
- In the event of non-payment of premiums,
- On the date on which the Member is no longer a member of the Globe Partner Association,
- In the event of concealment or misrepresentation,
- In the event of the liquidation of the Insurer or the subscribing Association,
- On the day of the death of the Member,
- On the effective date of termination of group insurance contract(s) n° MGENIB1100588SAN, n° MGENIB1100589SAN and/or n° MGENIB1200132SAN between the Globe Partner Association and MGEN Portugal



How do I cancel ?

You can terminate cover:

- On the principal expiry date of the membership, at least 2 months before that date
- At any time after 12 effective months of insurance at no additional cost. Cancellation will take effect 1 month after receipt of the cancellation request. Premiums are payable up to the effective date of termination of membership.

In all cases, your request must be sent to us in electronic format, or by any other means referred to in Article L 113-14 of the Insurance Code.