International health insurance

Insurance product information document

Insurer: AXA France Vie – Insurance company registered in France and governed by the French Insurance Code – Paris Trade and Companies Register number 310 499 959
Product: Start'Expat

This information document summarizes the key benefits of and exclusions from the plan. It does not take into account your specific needs and requirements. All of the contractual and pre-contractual information about the product can be found in the Information Booklet serving as the General Terms and Conditions of the plan.

What type of insurance is it?

The Start'Expat plan is designed to reimburse from the first € all or part of the medical expenses incurred by the plan member in the event of an accident or unforeseen illness during temporary stays abroad (< 12 months).

What is insured?

Benefit amounts are subject to upper limits which are shown in the benefits schedule. They cannot be higher than expenses actually incurred and you may have to make a contribution to costs.

BENEFITS WHICH ARE ALWAYS PROVIDED

- ✓ Hospital medicine (following an accident or unforeseen illness): room and board, surgical procedures, consultations, pharmaceutical expenses, transportation by ambulance etc.
- ✓ Routine outpatient medicine (following an accident or unforeseen illness): consultations, specialist care, diagnostic tests, radiology, medical imaging and scans, prescribed medication etc.
- ✓ Dental expenses and dentures (following an accident or a dental emergency)
- ✓ Vision care (following a reported accident only): lenses and frames
- ✓ Assistance/Repatriation
- ✓ Third-party liability
- ✓ Life and disability benefits

SERVICES WHICH ARE ALWAYS PROVIDED

- ✓ Mobile application
- ✓ Members' area
- ✓ Medical network

Benefits preceded by a green check mark are always provided under the plan.

What is not insured?

- × Any medical expenses that can wait until the plan member has returned or been repatriated to the country of origin
- × Treatment related to accidents and illnesses occurring prior to the date of enrollment and/or not declared to the Insurer
- × The share of expenses reimbursed or reimbursable by any benefits provider (e.g. Social Security) or under another insurance plan
- × Ancillary expenses such as telephone and television during stays in hospital
- × Travel and hotel expenses incurred in connection with treatment
- × Detoxification therapies (alcoholism, drug dependency or similar)
- × Podiatric treatment which is not required as the result of an accident or illness,
- × Costs incurred in connection with pregnancy and maternity

Are there any exclusions from coverage? (what is not covered under the plan)

- ! Pre-existing medical conditions
- ! Medication without a prescription
- ! Treatments or procedures performed by a person without the required qualifications
- ! Any treatment which is not prescribed by a doctor or which has no value from a strictly medical point of view
- ! Costs deemed to be excessive, unreasonable or unusual considering the country in which they were incurred
- ! Psychomotor therapy

Where are you covered?

- In the selected coverage zone (worldwide or worldwide excluding the USA)
- Worldwide, only for costs incurred following an accident in the United States, during occasional trips of less than 30 consecutive days.

What are your obligations?

Failure to fulfil these obligations may result in coverage being reduced or denied

- When you enroll in the plan: complete the application form and the medical questionnaire provided by the insurer accurately and honestly and sign both documents, provide all the requested supporting documents and pay the full premium specified in the plan.
- During your membership of the plan: provide all the supporting documents required for the payment of benefits under the plan, send the insurer your claims for reimbursement within a maximum of 2 years following the date of treatment, inform the insurer of any changes in your circumstances (change of address, occupation, family composition, etc.).

When and how to make your payments?

- Premiums are payable in full when enrolling in the plan.
- You can make your payments online (by bank card), or by bank or postal check.

When does your coverage begin and end?

- Membership becomes effective on the date shown on the Certificate of enrollment and no earlier than the day following the date of acceptance of membership. The plan member has 14 calendar days to cancel their membership from the date on which their Certificate of enrollment is sent out without having to justify their reasons or being subject to penalties.
- The plan is purchased for the period shown on the certificate of enrollment.

How can you terminate your plan?

- Membership of the plan is purchased for a fixed period as specified in the application form when enrolling in the plan and cannot be terminated before the end of this period.