

## OPALE HEALTH INSURANCE CONTRACT

### OPTION 1: PRIVATE HEALTH COVER

#### TABLE OF BENEFITS

COVER FOR EXPENSES INCURRED IN THE EUROPEAN ECONOMIC AREA AND SWITZERLAND

Basis of reimbursement: the French Social Security's 'Base de Remboursement' unless otherwise stated

**Limit: EUR 400,000 any one person any one contract year**

BENEFIT	LEVEL OF REIMBURSEMENT
Medical fees, tests, radiology, everyday medical treatment, and medical assistants	100% of the 'Base de Remboursement'
Non-reimbursable doctors' fees	Lump sum: EUR 20.00 per consultation
Medicines	100% of the 'Base de Remboursement'
Medical fees and cost of stay in hospital	100% of the 'Base de Remboursement'
Patient's contribution to hospital accommodation expenses	100% of actual expenses
Orthopaedics, hearing aids, transport	100% of the 'Base de Remboursement'
Equipment	150% of the 'Base de Remboursement'
Dental treatment	100% of the 'Base de Remboursement'
Orthodontics and reimbursable dentures	250% of the 'Base de Remboursement' Limit: orthodontics and dentures limited to EUR 1,524.50 per year of insurance per Member (EUR 762.25 in the first year)
Implantology	Lump sum: EUR 382.00 per year of insurance per Member
Optical expenses: Lenses Lump sum for frames Contact lenses	300% of the 'Base de Remboursement' EUR 100.00 150% of the 'Base de Remboursement'
Maternity (Mother insured): Pregnancy and childbirth Birth or adoption	100% of the 'Base de Remboursement' EUR 274.00 (lump sum payment)
Funeral expenses - Member, children, partner	EUR 1,524.00 (lump sum payment)
Reimbursable hydrotherapy	100% of the 'Base de Remboursement'
Medically prescribed homeopathy: Medical fees Medicines	100% of the 'Base de Remboursement' 100% of the 'Base de Remboursement' or the actual cost of treatment in accordance with the rates fixed by the medical practitioners
Osteopathy, acupuncture, chiropractic: Consultations	Lump sum: EUR 30.00 per consultation Limit: maximum of 5 consultations per speciality per year of insurance per Member
Treatment	Maximum of EUR 286.00 per speciality per year of insurance per Member
Daily benefit in the event of hospitalisation of 4 or more consecutive nights (for Members aged under 76 on the day they are admitted to hospital only)	Lump sum payment: EUR 40.00 per day from the 4th to the 50th consecutive night in hospital Lump sum payment: EUR 80.00 per day from the 51st to the 365th consecutive night in hospital The amount of benefit is halved for children aged 15 or under on the day they are admitted to hospital

All the procedures listed in the French Social Security's nomenclature of professional procedures are reimbursed under this Contract, with the exception of the exclusions designated in Article 5 of the summary of the general conditions.

The sum total of the reimbursements received by the Member from the various health insurance plans he/she may be covered by cannot exceed the amount the Member has actually spent.

FOR MEMBERS AGED LESS THAN 65 ON MEMBERSHIP AND 75 AT THE MOST:

**Limit: EUR 65,000 per person**

BENEFIT	LEVEL
Death or permanent total incapacity further to accident	Capital: EUR 30,000 (doubled for an act of terrorism)
Permanent partial incapacity further to accident	Capital as above multiplied by percentage of incapacity
Funeral expenses following accidental death	EUR 5,000

### PREMIUM RATES FOR 2012

For Members, their spouse, partner and children (price per person)

#### PREMIUMS FOR THE EUROPEAN ECONOMIC AREA AND SWITZERLAND:

AGE ON MEMBERSHIP	MONTHLY	ANNUAL
Child less than 21 years old	EUR 163.48	EUR 1,961.76
Member less than 35 years old	EUR 226.87	EUR 2,722.44
Member from 35 to 44 years old	EUR 278.55	EUR 3,342.60
Member from 45 to 54 years old	EUR 343.98	EUR 4,127.76
Member from 55 to 60 years old	EUR 403.65	EUR 4,843.80
Member from 61 to 65 years old	EUR 465.13	EUR 5,581.56
Member from 66 to 71 years old	EUR 516.53	EUR 6,198.36
Member from 72 to 80 years old	EUR 566.69	EUR 6,800.28
<b>FAMILY RATE *</b>	<b>EUR 680.95</b>	<b>EUR 8,171.40</b>

**\* FAMILY RATE: premium for an insured family group comprising two (2) adults and two (2) or more children of less than twenty-one (21) years of age.**

- New-born children: the new-born children of a Member 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 Member 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 20<sup>th</sup> birthday they will be able to take out their own individual membership.
- 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 membership. After the age of twenty (20), the Member retains his/her original age group.

The Insurer may charge rates or impose conditions according to the proposer's state of health as stated on the proposal form or as revealed by a medical examination at the time of application for cover.

Students can claim a discount of 10% on the annual premium.

Premiums paid annually are subject to a 5% discount.

Please note that as the OPALE contract 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.