

OPALE HEALTH INSURANCE CONTRACT

OPTION 3: TOP-UP 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	SUPPLEMENTARY REIMBURSEMENT *	
	LEVEL 1	LEVEL 2
MEDICAL TREATMENT: Medical fees, medical assistants, speciality acts, dental treatment, everyday medical acts Tests, radiology, ultrasound Consultations with an osteopath, acupuncturist, chiropractor	<i>'Conventionné'</i> (NHS) sector: 150% of the 'Base de Remboursement' <i>'Non-conventionné'</i> (non-NHS) sector: 100% of the 'Base de Remboursement' <i>'Conventionné'</i> (NHS) sector: 150% of the 'Base de Remboursement' <i>'Non-conventionné'</i> (non-NHS) sector: 100% of the 'Base de Remboursement' Not covered	<i>'Conventionné'</i> (NHS) and <i>'Non-conventionné'</i> (non-NHS) sectors: 350 % of the 'Base de Remboursement' 300 % of the 'Base de Remboursement' Lump sum : EUR 45.00 per consultation Limit : maximum of 5 consultations per speciality per year of insurance per Member
HOSPITALISATION: Cost of stay in hospital Medical and surgical fees Private room ** Patient's contribution to hospital accommodation expenses Adult accompanying a hospitalised child of less than 15 years of age	<i>'Conventionné'</i> (NHS) sector: 150% of the 'Base de Remboursement' <i>'Non-conventionné'</i> (non-NHS) sector: 100% of the 'Base de Remboursement' <i>Conventionné'</i> (NHS) sector: 150% of the 'Base de Remboursement' <i>'Non-conventionné'</i> (non-NHS) sector: 100% of the 'Base de Remboursement' Max. EUR 46.00 per day 100% of actual expenses Not covered	<i>'Conventionné'</i> (NHS) sector: 100% of actual expenses <i>'Non-conventionné'</i> (non-NHS) sector: 150% of the 'Base de Remboursement' <i>'Conventionné'</i> (NHS) sector: 350% of the 'Base de Remboursement' <i>'Non-conventionné'</i> (non-NHS) sector: 150% of the 'Base de Remboursement' Max. EUR 150.00 per day 100% of actual expenses EUR 40.00 per day for a maximum period of 45 days per year of insurance per Member
OPTICAL: Reimbursable lenses and contact lenses Lump sum for frames Non-reimbursable contact lenses	150% of the 'Base de Remboursement' EUR 50.00 per year of insurance per Member Not covered))) Maximum of EUR 400.00 per) year of insurance per Member))
EQUIPMENT: Orthopaedics, equipment, hearing aids	150% of the 'Base de Remboursement'	300% of the 'Base de Remboursement'
ORTHODONTICS/DENTURES: Reimbursable orthodontics and dentures Non-reimbursable orthodontics and dentures Dental implants	150% of the 'Base de Remboursement' (Limit per year of insurance per Member – 1st & 2nd year: EUR 381.12, subsequent years: EUR 762.24) Not covered Not covered	400% of the 'Base de Remboursement' (Limit per year of insurance per Member – 1st & 2nd year: EUR 1,524.50, subsequent years: EUR 2,286.73) 350 % of the 'Base de Remboursement' (Limit per year of insurance per Member – 1st & 2nd year: EUR 1,524.50, subsequent years: EUR 2,286.73) Maximum of EUR 600.00 per year of insurance per Member
REIMBURSABLE HYDROTHERAPY: Fees, lump sum for treatment, lump sum for transport, accommodation	Lump sum per year of insurance per Member: EUR 125.00	Lump sum per year of insurance per Member: EUR 381.12

BENEFIT	SUPPLEMENTARY REIMBURSEMENT *	
	LEVEL 1	LEVEL 2
MEDICINES: Reimbursable medicines	100% of the 'Base de Remboursement'	150% of the 'Base de Remboursement'
Non-reimbursable medicines	Not covered	Maximum of EUR 60.00 per year of insurance per Member
Medically-prescribed homeopathic medicines	Not covered	150 % of the 'Base de Remboursement'
TRANSPORT: Transport related to hospitalisation and other transport costs	150% of the 'Base de Remboursement'	300% of the 'Base de Remboursement'
MATERNITY (mother insured): Pregnancy and childbirth Birth or adoption Twins or multiple birth	See Medical Treatment and Hospitalisation Lump sum payment: EUR 130.00 Lump sum payment: EUR 250.00	See Medical Treatment and Hospitalisation Lump sum payment: EUR 300.00 Lump sum payment: EUR 600.00
FUNERAL EXPENSES: Funeral expenses member, children, partner	Lump sum: EUR 1,200.00	Lump sum: EUR 2,286.73

* Top-up cover provides for the reimbursement (subject to the above levels) of the remainder of the cost of treatment after partial reimbursement by the French Social Security or other basic medical insurance scheme or under one of the other Options of this Contract. The levels of cover indicated above therefore include reimbursements by all these parties. 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. 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.

** All personal conveniences are excluded (telephone, water, television etc.).

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

Limit: Level 2 - 65,000 per person

BENEFIT	LEVEL 1	LEVEL 2
Death or permanent total incapacity further to accident	Not covered	Capital: EUR 30,000 (doubled for an act of terrorism)
Permanent partial incapacity further to accident	Not covered	Capital as above multiplied by percentage of incapacity
Funeral expenses following accidental death	Not covered	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	LEVEL 1		LEVEL 2	
	MONTHLY	ANNUAL	MONTHLY	ANNUAL
Child less than 21 years old	EUR 20.52	EUR 246.24	EUR 74.79	EUR 897.48
Member less than 35 years old	EUR 27.01	EUR 324.12	EUR 101.76	EUR 1,221.12
Member from 35 to 44 years old	EUR 33.65	EUR 403.80	EUR 121.91	EUR 1,462.92
Member from 45 to 54 years old	EUR 43.28	EUR 519.36	EUR 150.87	EUR 1,810.44
Member from 55 to 60 years old	EUR 55.81	EUR 669.72	EUR 177.27	EUR 2,127.24
Member from 61 to 72 years old	EUR 79.70	EUR 956.40	EUR 204.65	EUR 2,455.80
Member from 73 to 80 years old	EUR 89.41	EUR 1,072.92	EUR 238.02	EUR 2,856.24

- 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 20th 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 (Level 2).

Students can claim a discount of 15% on the annual premium. Premiums paid annually are subject to a 5% discount.