

Company: MGEN, Siren 775 685 399, MGEN Vie, Siren 441 922 002, Mutual registered by the provisions of Title II of the French mutual Companies code, 3 square Max-Hymans, 75 748 PARIS Cedex 15, France, represented by MGEN International Benefits, 7 Square Max Hymans, 75648 Paris Cedex 15, France, RCS Paris 813 36 1441, Orias 16002500,

Administrator: MediSky International

Product: International Healthcare Insurance Plan

This Insurance Product Information Document is only intended to provide a summary of the main coverage and exclusions. It does not take into account your specific needs and requests. The complete contract terms of the product you have purchased are provided in the Membership Certificate and the Table of Benefits. This IPID does not form part of the contract of insurance and you should read the policy in full. The benefits that are preceded by a green check are systematically granted in the contract. **What is this type of insurance?** This is Private Medical Insurance Cover intended to cover, for medical treatment, individual local nationals, expatriates and their eligible Dependants residing in Poland.



What is insured ?

Benefits are available according to the limits of the 5 Plans:

- **Yellow = € 500 000**
- **Sunrise = €1 200 000**
- **Honey = € 1 500 000**
- **Marigold = € 1 750 000**
- **Saffron = € 2 000 000**

Reimbursement of medical expenses according to the plan (overall limit with limits for specific treatments), as follows:

Medical services and hospital services:

- ✓ Ambulance Services
- ✓ Hospitalization (emergency/ programmed)
- ✓ Advanced imaging (MRI, CT, PET)
- ✓ Cancer treatment
- ✓ Transplant medical services: organ and tissue transplant
- ✓ Cash-benefit
- ✓ Home nursing
- ✓ Hospice and palliative care
- ✓ Maternity: pre-natal examinations by a physician; all costs of normal childbirth, post-natal examinations by a Physician, home delivery, complications of pregnancy
- ✓ Prosthesis
- ✓ Rehabilitation (pre-authorisation)

Outpatient care:

- ✓ Ambulatory consultations, out-patient surgery, prescription medicines
- ✓ Physiotherapy
- ✓ Psychiatric treatment
- ✓ Laboratory, X-Ray fees, diagnostic tests
- ✓ Routine health check and vaccinations
- ✓ Dental treatment and emergency dental treatment (in case of an accident/ trauma)
- ✓ Vision benefits
- ✓ Durable medical equipment
- ✓ HIV/AIDS
- ✓ Speech therapy
- ✓ **Medical transfer benefits** (emergency medical transfer, evacuation and repatriation)

✓ Lump sum in case of death

YELLOW Plan = € 5 000

SUNRISE Plan = € 5 000

HONEY Plan = € 5 000

MARIGOLD Plan = € 10 000

SAFFRON Plan = € 15 000

✓ Repatriation of remains



What is not insured?

The Insurer shall not pay any benefit which arises or is caused by or associated with directly or indirectly by any one of the following:

- ✗ Any Treatment that is not Medically Necessary (eg: cosmetic surgery)
- ✗ Any costs arising before or after the period of insurance
- ✗ Any claim involving intentional act, fraud and/or misrepresentation (self-inflicted injuries/attempted suicide)
- ✗ Medical Treatment and consequences of experimental and unlicensed medical Treatment or drug therapy except in the attempt to save human life
- ✗ Contraception, sterilisation (or its reversal), fertilisation, vasectomy, venereal disease, sexually transmitted infections, gender reassignment or any other form of sexual related condition
- ✗ Treatment related to development delays
- ✗ Claims for birth defects, hereditary conditions or congenital illnesses more than 60/90 days following birth depending on the chosen plan
- ✗ Any claim involving drug and/or substance abuse
- ✗ Any claim caused by nuclear weapons or radiation or required as a result from exposure to asbestos;
- ✗ Any claim resulting from war, invasion, act of foreign enemy, hostilities or similar event
- ✗ Mental Illness, psychiatric or psychological disorders
- ✗ Sleep related issues
- ✗ Participation in professional or dangerous sports
- ✗ Any losses which are not directly covered by the terms and conditions of this policy.



Are there any restrictions on cover?

- ! The deductible as showing on your membership certificate
- ! Any sums in excess of the Policy limits
- ! Waiting period according to the chosen Plan:
 - Inpatient treatments for Dependant: 3-months
 - maternity: 1 year (Honey, Marigold, Saffron)
 - routine health check-up and vaccinations: 1 year (Sunrise, Honey, Marigold),
 - dental: 6 months (Saffron)
- ! Any costs outside the area of cover
- ! Any bills or invoices received by the Insurer more than 24 months after the date of treatment or service was given, or any expenses where the supporting documents are not available
- ! Any sum in excess of 500 Euros where the Insurer has not given prior approval.



Where am I covered?

- The medical costs must have been incurred within the insurance period in European Union (excluding UK).
- **Coverage area: you are covered in the Geographical Area as selected by you**, which is the Area specified in your Membership Certificate for which the appropriate premium has been paid and to which cover applies.
- **Cover will apply for 30 days per year when you are outside the Geographical Area for Emergency Hospitalization only.**



What are my obligations?

- You must complete, sign the application form and choose between the different plans
- You must review the full policy terms and conditions provided, to ensure that it remains adequate for your needs and to ensure you fully understand the benefits available and the things you must do to keep the policy valid
- You are obligated to pay the premium at the start of the policy. There is no cover in place until the premium is paid
- You must respond honestly to any request for information we make in your application or variation of cover, and have a duty to tell us immediately if any of that information changes.
- In case of claim, you must address the insurer the medical claim accompanied by documentary evidence and contact the medical claim administrator to obtain a prior approval for medical services above 500 Euros



When and how do I pay?

- Premiums may be paid quarterly, semi-annually or annually
- You may pay premiums in Euro
- Payments may be made by bank transfer in advance



When does the cover start and end ?

- The cover starts once payment is received and will be eligible for renewal thereafter
- The policy is valid until the end of the current year, renewable at each January 1st for 12 months
- The start and end dates are shown on the Membership Certificate



How do I cancel the contract ?

- If you decide that you do not want the policy or it does not suit your needs, please contact the administrator within 30 days of receipt of your policy document. We will cancel all cover and refund any premium you have paid provided that you have not made a claim. Termination will take effect from the date you confirm to the administrator in writing, including by email, of your decision to cancel the policy
- The membership is then renewed each year by tacit renewal for a period of 12 months, unless terminated by the insured by registered letter within 2 months of the renewal date