



Plan Bronze 100 & Plan Argent 500

Premium Table – February 2009

(including tax at current rate)

ALL PREMIUMS ARE PER PERSON

BRONZE 100			
AGE	ANNUAL PREMIUM	INSTALMENT PLAN DEPOSIT	MONTHLY
0-17	€128.00	€35.23	€11.73
18-20	€153.00	€42.03	€14.03
21-24	€201.00	€55.23	€18.43
25-29	€212.00	€58.33	€19.43
30-34	€218.00	€59.98	€19.98
35-39	€223.00	€61.34	€20.44
40-44	€229.00	€62.99	€20.99
45-49	€236.00	€64.93	€21.63
50-54	€275.00	€75.61	€25.21
55-59	€294.00	€80.85	€26.95
60-64	€305.00	€83.86	€27.96
65-69	€355.00	€97.64	€32.54
70-74	€412.00	€113.27	€37.77
75-79	€589.00	€161.99	€53.99
80-84	€648.00	€178.20	€59.40
85-89	€713.00	€196.06	€65.36
90+	€784.00	€215.57	€71.87

ARGENT 500			
AGE	ANNUAL PREMIUM	INSTALMENT PLAN DEPOSIT	MONTHLY
0-17	€335.00	€92.11	€30.71
18-20	€371.00	€102.01	€34.01
21-24	€493.00	€135.59	€45.19
25-29	€509.00	€139.96	€46.66
30-34	€575.00	€158.11	€52.71
35-39	€595.00	€163.64	€54.54
40-44	€688.00	€189.17	€63.07
45-49	€704.00	€193.63	€64.53
50-54	€761.00	€209.26	€69.76
55-59	€853.00	€234.59	€78.19
60-64	€973.00	€267.59	€89.19
65-69	€1084.00	€298.07	€99.37
70-74	€1250.00	€343.78	€114.58
75-79	€1898.00	€521.98	€173.98
80-84	€2088.00	€574.20	€191.40
85-89	€2296.00	€631.37	€210.47
90+	€2528.00	€695.23	€231.73

Residents of Department Nos. 06, 75, 78, 83 and 92 need to add 8.5% to the above premiums. To bring Policies into line with the Calendar year as required by French insurance regulations, Premiums will be calculated and charged pro-rata from the date of issue to 31st December 2009 and thereafter renewed on 1st January in each following year. Where the Monthly Instalment Plan is chosen, a deposit is payable followed by monthly payments by Direct Debit commencing in the fourth month and terminating at the end of the Calendar year.

Benefits Schedule – January 2009

BENEFITS	BRONZE 100	ARGENT 500
1. Hospital Charges including: i) Medical Practitioner or Specialist fees as an In-Patient or Day Patient ii) Diagnostic and surgical procedures as an In-Patient or Day Patient including scans, pathology, X-rays, oncology iii) Surgeons' and Anaesthetists' fees including Depassements iv) Theatre fees and nursing by a Qualified Nurse v) Daily food charge and bottled water vi) Prescribed Drugs and Dressings vii) Private Room (maximum 30 days per Medical Condition) viii) Physiotherapy	Up to 100% of the Tarif de Convention Up to 100% of the Tarif de Convention Up to 100% of the Tarif de Convention Up to 100% of the Tarif de Convention Full Refund Up to 100% of the Tarif de Convention Not Covered Up to 100% of the Tarif de Convention	Up to 500% of the Tarif de Convention Full Difference Up to 500% of the Tarif de Convention Full Difference Full Refund Full Difference Up to €80 per day Full Difference
2. Parent Accommodation Standard private Hospital accommodation in respect of a parent or legal guardian staying with an Insured Person who is under 12 years of age and is admitted as an In-Patient in a Hospital .	Up to €25 per day	Up to €80 per day
3. Routine Pregnancy and Childbirth (including Private room limited to maximum of 5 days). Maximum payable in any one policy period for all benefits in this section is €600	Not Covered	Full Difference Private Room up to €80 per day
4. Transportation The cost of emergency transport necessarily incurred to and from Hospitals for Medical Conditions covered by this Policy .	Up to 100% of the Tarif de Convention	Full Difference
5. Home Nursing Nursing care given outside a Hospital which is immediately received subsequent to Treatment as an In-patient or Day Patient on the referral of a Specialist . This must be provided by a Qualified Nurse .	Not Covered	Full Difference
6. Reconstructive Surgery Reconstructive surgery following an Accident or following surgery for an event covered by this Policy .	Up to 100% of the Tarif de Convention	Full Difference
7. Registered Convalescent Home Where prescribed by and under the control of a Specialist (maximum 30 days per Medical Condition)	Up to 100% of the Tarif de Convention	Full Difference
8. Out-Patient charges including: i) Medical Practitioner or Specialist fees as an Out-Patient including home visits ii) Diagnostic and surgical procedures as an Out-Patient including scans, pathology, X-rays, oncology iii) Prescribed Drugs and Dressings iv) Physiotherapy, Home Nursing v) Thermal cures (where reimbursed by the Social Security) Tiers Payant (Santé Pharma Card)	Not Covered Not Covered Not Covered Not Covered Not Covered NO	Up to 500% of the Tarif de Convention Full Difference Full Difference Full Difference Up to 200% of the Tarif de Convention YES
9. Dental charges including: i) Accidental Damage to Teeth – Treatment received in an Emergency room in a Hospital within 7 days of incurring Accidental damage caused to sound, natural teeth when given by a Medical or Dental Practitioner ii) Routine Dental Treatment – the fees of a Dental Surgeon in respect of routine dental Treatment received at a dental surgery. iii) Reimbursable Dental Prostheses Maximum payable for all dental benefits in any one period up to: <i>In respect of Benefits 9i), 9ii) and 9iii) there is a waiting period of 180 days for new clients before Benefits are payable</i>	Not Covered Not Covered Not Covered Not Covered	Full Difference Up to 500% of the Tarif de Convention Up to 500% of the Tarif de Convention €500