

Plan Platine

Benefits Schedule and Premium Table – January 2007 (Including Tax at Current Rate)

Medical Benefits	Payable
<p>1. Hospital Charges Including</p> <ol style="list-style-type: none"> 1. Medical Practitioner or Specialist fees as an In-Patient or Day Patient. 2. Diagnostic and surgical procedures as an In-Patient or Day Patient including scans, pathology, X-rays, oncology. 3. Surgeons and Anaesthetist's fees. 4. Theatre fees and nursing by a qualified nurse. 5. Daily food charge and bottled water. 6. Prescribed Drugs and Dressings. 7. Standard Private Room 8. Physiotherapy where referred by a Specialist (max 30 days per medical condition) 	<p>Full Refund Full Refund</p> <p>Full Refund Full Refund Full Refund Full Refund Full Refund</p>
<p>2. Parent Accommodation</p> <p>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</p>	Full Refund
<p>3. Transportation.</p> <p>The cost of emergency transport necessarily incurred to and from Hospitals for medical conditions covered by this Policy.</p>	Full Refund
<p>4. Home Nursing</p> <p>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.</p>	Up to 30 days per medical condition and max €120 per day.
<p>5. Reconstructive Surgery</p> <p>Reconstructive surgery following an Accident or following surgery for an event covered by this Policy.</p>	Full Refund
<p>6. Out-Patient charges including:-</p> <ol style="list-style-type: none"> 1. Medical Practitioner or Specialist fees as an Out-Patient including home visits. 2. Diagnostic and surgical procedures as an Out Patient including scans, pathology, X-rays, oncology. 3. Prescribed drugs and dressings. 4. Physiotherapy where referred by a Specialist (maximum 30 days per Medical Condition). 	<p>Full Refund Full refund</p> <p>Full Refund Full Refund</p>
<p>7. Alternative Medicines</p> <p>Limited to Acupuncture, Homeopathy, Chiropractic and Osteopathy on referral of a Specialist.</p>	Up to €400 per Period of cover.
<p>8. Cash Benefit</p> <p>Where Hospital accommodation and all Treatment costs are provided in a State or Charitable Institution and no claim is submitted under this Policy, providing that the condition suffered would be eligible for Benefit.</p>	€120 per day for the first 30 complete days
<p>9. Routine Pregnancy and Childbirth</p>	Up to €1,600 per period of cover after 24 months' cover.
<p>10. Complications of Pregnancy and Childbirth</p>	Up to €50,000 per period of cover after 24 months' of cover.

EXCLUSIVE HEALTHCARE SA, Les Pradons, 83600 Bagnols-en-Forêt France
Tel: +33(0)4 94 40 31 45 Fax +33 (0)4 94 40 66 70
E-mail: sales@exclusivehealthcare.com

Siège social: Centre des Affaires Espace Buro, Rue Thoron, 83600 Fréjus France
SA au capital de €37 000 Siret No 453 595 043 00010

Garantie financière et assurance de responsabilité civile professionnelle conformes aux articles L-530-1 et L 530-2 du code des assurances



11. Evacuation/Repatriation Reasonable travel accommodation and repatriation expenses of the Insured Person (including one other person necessarily having to travel and/or remain with and/or escort the Insured Person) in the event of treatment being necessarily undertaken in the Country of Nationality or nearest country with suitable facilities on the certified instructions of a Medical Practitioner or Specialist and with the prior approval of The Insurers	Full cover.
12. Mortal Remains Cover. The cost of preparation and transportation of the remains of the Insured person from the place of death to the Country of Residence, or the preparation and local burial/cremation of the mortal remains of the Insured Person when death occurs outside the Country of Residence.	Up to €4000

Dental Benefits	Payable
Routine Dental Treatment given by a Dental Practitioner and received at a dental surgery	Up to €800
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	Full Refund

Additional Benefits	Payable
Personal accident (Refer to Policy wording for full details)	Up to €80,000

**THE TERRITORIAL LIMITS OF THIS POLICY ARE RESTRICTED TO FRANCE.
ACCIDENT AND EMERGENCY COVER IS EXTENDED, HOWEVER, TO INCLUDE
TEMPORARAY VISITS TO ALL COUNTRIES IN EUROPE FOR A
MAXIMUM PERIOD OF 90 DAYS IN ANY ONE PERIOD OF COVER**

	PLATINE	
		Instalment Plan
Age	Annual	Deposit Monthly
0-17	€504.00	€138.60
18-20	€539.00	€148.21
21-24	€971.00	€267.01
25-29	€1043.00	€286.81
30-34	€1209.00	€332.43
35-39	€1244.00	€342.13
40-44	€1324.00	€364.07
45-49	€1654.00	€454.82
50-54	€2065.00	€567.89
55-59	€2389.00	€656.99
60-64	€3237.00	€890.13
65-69	€4142.00	€1139.08
70-74	€5272.00	€1449.77
75+ *	€6675.00	€1835.58
Excess	€120 per claim	

* For existing Clients only

Residents of Department Nos. 06, 75, 78 and 92 need to add 7.5% to the above premiums. Where the monthly instalment plan is chosen, a deposit is payable, followed by 9 monthly payments by Direct Debit commencing in the fourth month. All premiums shown are per person. The above premiums include Insurance policy Tax.

Excess per Claim	€120.00
Voluntary Excesses (per claim)	
10% rate discount	€240.00
15% rate discount	€400.00
25% rate discount (20% if aged over 69 years)	€800.00
30% rate discount (25% if aged over 69 years)	€1,600.00

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