



Policy Wording

Plan Platine Hospital

under

Master Contract Number: 5693EH1E/PP18

and

Plan Platine France

under

Master Contract Number: 5694EH1E/PPF18

This is to certify that in accordance with the authorisation granted by the Insurers and in consideration of the payment of premium specified herein or hereon, the Insurers agree to provide cover as set out in this Policy. The Policy sets out full details of the cover provided, which is set out in this Policy Wording issued to Exclusive Healthcare Insurance.

On receipt of the Policy PLEASE READ IT AND KEEP IT IN A SAFE PLACE. If it is found that this Policy does not meet the Insured Person's needs, please return it within 14 days by registered mail and, provided there are no claims, the Insurers will refund the premium. The proposal made by the Insured Person is the basis of and forms part of this Policy.

SIGNED

CHARLES M. WILSON
PRESIDENT DIRECTEUR GENERAL
On behalf of The Insurers

Exclusive Healthcare SA
Bat A, La Tour Vadon,
15 Rue Henri Vadon
83700 St Raphael
France

Immatriculation ORIAS 07029474

DEFINITIONS

To help You understand Your Policy, the following words and phrases used anywhere within Your Policy have specific meanings, which are set out in this section. To enable You to recognise the defined words and phrases We have shown them in bold wherever they appear in Your Policy.

Accident/Accidental

An unexpected, unforeseen and involuntary external event resulting in injury occurring whilst Your Policy is in force.

Acute

A Medical Condition which is brief, has a definite end point and which We, on Medical Advice, determine responds to and can be cured by Treatment.

Advice

Any consultation from a Medical Practitioner or Specialist including the issue of any prescriptions or repeat prescriptions.

Appliances

Devices and equipment when used as an integral part of a surgical procedure administered by a Medical Practitioner or Specialist.

Benefits

The insurance coverage provided by this Policy and any extensions or restrictions shown in the Policy Schedule or in any endorsements (if applicable).

Chronic Conditions

Medical Conditions which, with current medical knowledge, Treatment can alleviate but not cure.

Commencement Date

The date shown on the Policy Schedule on which cover under this Policy commences. For the purpose of this Policy the time of the start of cover will be 00.01 am on the date shown on the Policy Schedule.

Congenital Anomaly

Intrauterine development of an organ or structure that is abnormal with reference to form, structure or position.

Country of Nationality

For the purpose of this Policy, this will be the country for which You hold a passport.

Country of Residence

The country in which You have Your habitual residence at the time the Policy takes effect.

Date of Entry

The date shown on the Policy Schedule on which an Insured Person was included under this Policy.

Day Patient

Treatment in a Hospital where the Insured Person is admitted to a Hospital bed but does not stay in overnight.

Dental Practitioner

A person who is licensed by the relevant licensing authority to practise dentistry in the country where the dental Treatment is given.

Dependants

A spouse or adult partner and/or unmarried children who are not more than 18 years of age and residing with You. The term partner shall mean husband, wife or the person permanently residing with You, whether or not of the same sex, in a similar relationship. All Dependants must be named as Insured Persons on the Policy Schedule.

Emergency

A situation or condition placing You in an immediate life threatening situation.

Excess

The amount payable by an Insured Person in respect of expenses incurred before any Benefits are paid under this Policy.

Hereditary

Transmitted from parents to offspring; inherited and which presents symptoms at birth.

Hospital

An establishment which is legally licensed as a medical or surgical Hospital under the laws of the country in which it is situated.

In-Patient

An Insured Person who stays in a Hospital bed and is admitted for one or more nights solely to receive Treatment.

Insured Person/You/Your

You and/or Your Dependants named on the Policy Schedule.

Insurers

Identités Mutuelle No. 379 655 541.

Medical Advice

Notice from the relevant professional body as to establish medical practice and/or the established medical opinion in relation to any Medical Condition or Treatment.

Medical Condition

Any injury, illness or disease excluding psychiatric illness.

Medical Practitioner

A person who has attained primary degrees in medicine or surgery by attending a Medical School recognised by the World Health Organisation and who is licensed by the relevant authority to practise medicine in the country where the Treatment is given other than:-

- A person insured by this Policy
- A member of the immediate family of the Insured Person
- An employee of the Insured Person

Out-Patient

An Insured Person who receives Treatment at a recognised medical facility, but is not admitted to a Hospital bed as an In-Patient or Day Patient.

Period of Cover

The Period of Cover as set out in the Policy Schedule. This will be a 12 month period starting from the Commencement Date or any subsequent Renewal Date.

Physiotherapist

A person who is registered as a Physiotherapist and licensed to practise in the country where the Treatment is being given.

Policy

Our contract of insurance with You providing cover as detailed in this Policy. The application form, Policy of Insurance and Policy Schedule form part of the contract and must be read together with this Policy.

Policyholder

The person or company named as Policyholder in the Policy Schedule.

Policy Schedule

The Schedule giving details of the Policyholder and the Insured Persons, Policy Details and endorsements (if applicable).

Prescribed Drugs and Dressings

Drugs, medicines, dressings and Appliances prescribed by a Medical Practitioner or Specialist.

Qualified Nurse

A qualified resident or daily Nurse whose name is currently on any register or roll of Nurses, maintained by any Statutory Nursing Registration Body within the country in which they are resident.

Reasonable and Customary Charges

The average amount charged in respect of valid services or Treatment costs, as determined by Our experience in any particular country, area or region and substantiated by an independent third party, being a practising Surgeon/Physician/Specialist or Government Health department.

Related Condition

Any injuries, illnesses or diseases are Related Conditions if We, on Medical Advice, determine that one is a result of the other or if each is a result of the same illness, injury or disease.

Renewal Date

The annual anniversary of the Commencement Date.

Routine Pregnancy and Childbirth

Prenatal, childbirth and post-natal. Treatment and examinations and elective caesarean sections.

Specialist

A registered Medical Practitioner who currently holds a substantive consultant appointment in that speciality and is recognised by the statutory bodies within the country in which they are resident.

Territorial Limits

Restricted to France only.

Treatment

Surgical, medical or other procedures, the sole purpose of which is the cure or relief of a Medical Condition.

We/Our/Us

Exclusive Healthcare SA on behalf of Identités Mutuelle.

COVER AND LIMITS

MEDICAL AND HOSPITALISATION INSURANCE AND ADDITIONAL EXPENSES INCURRED.

The Insurers will pay costs up to €80,000 per Insured Person in the event of the Insured Person and/or Dependants described in the Policy Schedule sustaining Accidental injury or contracting Acute sickness or disease during the Period of Cover within the Territorial Limits. When an Insured Person undergoes medical Treatment, he/she can claim until the time when it is medically confirmed that Treatment is no longer necessary or until the expiry of the insurance period as shown on the Policy Schedule, or the termination of this insurance, whichever is the earlier event. Where indemnity is claimed for a new course of Treatment, which is not in any way connected with the former Treatment, the subsequent claim will be regarded as a new claim.

Medical Expenses are defined as follows:

It should be noted that FULL REFUND will be limited to 500% of the annual price list drawn up by the French healthcare system (Tarif de convention).

BENEFITS	Platine Hospital	Platine France
1. Hospital Charges including: <ul style="list-style-type: none"> i) Hospital fees and 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 iv) Theatre fees and nursing by a Qualified Nurse v) Daily food charge and bottled water vi) Prescribed Drugs and Dressings vii) Standard Private Room (maximum 30 days per Medical Condition) viii) Physiotherapy where referred by a Specialist (maximum 30 days per Medical Condition) 	Up to 300% of the Tarif de Convention* Full Refund Up to 300% of the Tarif de Convention* Full Refund Full Refund Full Refund Up to €50 per day Full Refund	Up to 300% of the Tarif de Convention* Full Refund Up to 300% of the Tarif de Convention* Full Refund Full Refund Full Refund Up to €50 per day Full Refund
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.	Full Refund	Full Refund
3. Transportation The cost of emergency transport necessarily incurred to and from Hospitals for Medical Conditions covered by this Policy in accordance with a written medical prescription.	Full Refund	Full Refund
4. 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 (maximum 30 days per Medical Condition).	Up to €120 per day	Up to €120 per day
5. Reconstructive Surgery Reconstructive surgery following an Accident or following surgery for an event covered by this Policy.	Full Refund	Full Refund
6. Out-Patient charges including: <ul style="list-style-type: none"> 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 where referred by a Specialist (maximum 30 days per Medical Condition) 	Only prior to admission to Hospital and for maximum 90 days after discharge up to €1,600	Up to 300% of the Tarif de Convention Full Refund Full Refund Full Refund
7. Alternative Medicines Limited to Acupuncture, Homeopathy, Chiropractic and Osteopathy on referral of a Specialist.	Not Covered	Up to €400 per Period of Cover
8. Cash Benefits 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 (for the first 30 complete days).	€120 per day	€120 per day
9. 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	Full Refund

*The annual price list drawn up by the French healthcare system.

GENERAL CERTIFICATE EXCLUSIONS

This Policy does not cover claims arising from or for:

1. All claims relating to Chronic Conditions.
2. Normal eye tests and the provision of visual aids, normal ear tests and the provision of hearing aids. Non-medical/natural degenerative eye defects and non-medical/natural degenerative hearing defects.
3. Dental Costs of any kind except Accidental damage to teeth.
4. The first €1 20 of admissible expenses of each new Medical Condition unless an alternative excess level has been chosen and the appropriate premium paid. (In respect of Plan Platine Hospital the Excess is only payable in respect of Benefit 6, Out-Patient Charges.)
5. Cosmetic Treatment Or Treatment for weight problems whether or not for psychological purposes. Removal of fat or other surplus tissue from any part of the body.
6. Complications of Pregnancy Or Routine Pregnancy and Childbirth costs.
7. Birth defects, Congenital Anomalies, Hereditary Conditions or hormone replacement Treatment.
8. Any known Medical Condition (or related conditions) which has been diagnosed or has required medical Treatment (including prescription drugs) or for which Medical Advice has been sought or undiagnosed symptoms which have required investigations within the two year period immediately prior to the first day of this insurance. After two years of continuous insurance cover following the Policy Commencement Date (five in the case of heart and cancer conditions) pre-existing medical conditions will then become eligible for Benefit if at the first time of receiving Treatment the Insured Person has not:-
 - a) consulted any physician for Medical Treatment Or Advice (other than routine check-ups).
 - or
 - b) taken medication (including prescription drugs, special diets, injections), for that condition or any related condition for a continuous period of two years (five years in the case of heart or cancer conditions).Where the Insured Person is transferring from another plan, the providing cover has been continuous, this insurance will take into account the extent of the previous in determining the two (five) year moratorium and, subject to that, transfer may at the sole discretion of Insurers, take place at No Worse Terms with regards to medical underwriting
9. The costs incurred during stays at health resorts, watering places, sanatoriums, convalescent homes and similar institutions.
10. Routine medical examinations or checkups, gynaecological investigations, newborn neo-natal care, inoculations, vaccinations and preventative medicines.
11. Treatment for any anxiety state, stress and/or depression. Treatment received in connection with insomnia, sleep apnoea, fatigue, jet lag or work-related stress or any Related Condition.
12. Supportive treatment for renal failure, including dialysis. This exclusion will not apply if such treatment is as a direct result of an Accident covered hereunder or as a consequence of a covered surgical procedure and is incidental to the procedure. In any event expenses will be covered to a maximum of one hundred and eighty days from the date of incurring the first expense.
13. Bodily injury sustained while taking part in mountaineering where ropes are normally used, aviation (except when travelling solely as a passenger) including hang gliding and parachuting, winter sports (except for curling, non-competitive skating and normal winter skiing holidays), scuba diving beyond 9 metres or racing of any kind (other than on foot) or any activity in which a materially greater risk may be incurred, unless declared to and accepted in writing by the Insurers.
14. Bodily injury or sickness sustained directly whilst under the influence or disablement due wholly or partially to the effects of intoxicating liquor, alcoholism or drugs other than drugs taken under direction of a Medical Practitioner, but not for the treatment or drug addiction or alcoholism.
15. Suicide or attempted suicide, wilfully self-inflicted injury or illness, deliberate exposure to exceptional danger (except in an attempt

to save human life) and the Insured Person's own criminal act.

16. Venereal disease or any other sexually transmitted disease.
17. Human Immunodeficiency Virus (HIV) and/or HIV illness including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutant derivative or variations thereof, however caused or however named.
18. (i) War, invasion, act of foreign enemy hostilities or warlike operations (whether war be declared or not), civil war.
(ii) Mutiny, riot, strike, military or popular rising, insurrection, rebellion, revolution, military or usurped power.
(iii) Any act of any person acting on behalf of or in connection with any organisation with activities directed towards the overthrow by force of the Government de jure or de facto or any acts of terrorism.
(iv) Martial law or state of siege or any events or causes which determine the proclamation or maintenance of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege.
(v) Radioactive contamination.
19. Costs of providing, maintaining or fitting any external Prostheses or external Appliances, rental or purchase of crutches, wheelchairs or other equipment, medical or otherwise.
20. Transplantation of organs other than heart, kidney and liver and excluding the costs incurred in connection with locating a replacement organ or any costs incurred for removal of the organ from the donor, transportation costs of same and all associated administration costs.
21. Expenses incurred in cryopreservation or implantation or reimplantation of living tissue or cells whether autologous or provided by a donor.
22. Tests and Treatment directly or indirectly arising from or required in connection with male and female birth control, infertility, impotence, contraception, sterilisation (or its reversal) and any form of assisted reproduction or any consequence thereof.
23. Claims and costs for Treatment in respect of medical expenses incurred after the expiry date of the Policy arising from accidental bodily injury and/or illness occurring during the Period of Cover unless the Policy has been renewed.
24. Treatment directly or indirectly associated with a sex change.
25. Rehabilitation unless it forms an integral part of eligible medical Treatment received as an In-Patient and is under the control or supervision of a Medical Practitioner and is undertaken in a recognised rehabilitation unit.
26. Treatment which We determine on Medical Advice is either experimental or unproven and any auto therapy.
27. Alternative medicines including, but not limited to, chiropractors, optometrists and podiatrists.
28. Costs in respect of a psychotherapist, family therapist or bereavement counselor.
29. Treatment for learning difficulties in children, hyperactivity, attention deficit disorder, speech therapy, developmental and behavioural problems.
30. Dietary supplements and substances which are available naturally, including but not limited to vitamins, minerals and organic substances.
31. All claims relating to a reaction to medication for a Medical Condition which is not covered by this Policy.

GENERAL CONDITIONS

1. If the Insured Person shall regularly engage in any occupation, sport, pastime or activity in which materially greater risk may be incurred than disclosed in connection with this insurance without first notifying the Insurers and obtaining their written agreement to the amendment of the Insurance (subject to the payment of such additional premium as the Insurers may reasonably require as the consideration for such agreement) then no claim shall be payable in respect of any accident arising therefrom.
2. If the consequences of an Accident shall be aggravated by any condition or physical disability of the Insured Person which

existed before the Accident occurred, the amount of any compensation payable under this insurance in respect of the consequences of the Accident shall be the amount which it is reasonably considered would have been payable if such consequences had not been so aggravated.

3. Notice must be given to the Insurers as soon as reasonably practicable of any Accident or illness which causes or may cause disablement within the meaning of this Insurance and the Insured Person must as early as possible place himself under the care of a Medical Practitioner.
4. Notice must be given to the Insurers as soon as reasonably practicable in the event of the death of the Insured Person.
5. It is a condition precedent to the Insurers' liability to the Insured Person or his representatives, that all medical records, notes and correspondence referring to the subject of a claim or a related pre-existing condition shall be made available on request where lawful, to any medical adviser appointed by or on behalf of the Insurers and that such medical adviser or advisers shall, for the purpose of reviewing the claim, be allowed so often as may be deemed necessary to make examination of the Insured Person.
6. If the circumstances in which the insurance was entered into shall be materially altered without the written consent of the Insurers being obtained thereto this Insurance shall be void.
7. If any claim under the Policy shall be in any respect fraudulent or any fraudulent means or devices are used by the Insured Person or anyone acting on his behalf to obtain any benefit under the Policy, all benefit thereunder shall be forfeited.
8. The due observance and fulfillment of the terms, conditions and limitations of the Policy insofar as they relate to anything to be done or complied with by the Insured Person and the truth of the statements and answers in the said proposal shall be conditions precedent to any liability of the Insurers to make any payment under the Policy.
9. This Policy shall be considered in accordance with French Law and if any difference shall arise as to the amount to be paid under this Policy (liability being otherwise admitted) such difference shall be referred to an arbitrator to be appointed by the parties in accordance with the Statutory provisions in France in that behalf for the time being in force where any difference is by this condition to be referred to arbitration the making of an award shall be a condition precedent to any right of action against the Insurers.
10. Words in this Policy in masculine gender shall include the feminine.
11. All reasonable steps must be taken to minimise expenditure and the amount of Benefit payable to the extent that all charges are reasonable and incurred necessarily and exclusively for receiving such Treatment.
12. We are entitled to refuse to accept an application from any person without giving a reason. We maintain the right to ask You to provide proof of age and/or state of health of any person included in Your application. All persons enrolling in this insurance from the age of sixty years and above, or those below this age with a pre-existing condition may be subject to individual medical underwriting.
13. New applicants will be eligible for cover up until the age of 74. Individuals over 74 are not eligible for cover unless the Insured Person's Date of Entry was prior to their 74th birthday.
14. **PREMIUMS AND POLICY DURATION.**
 - i) Your Policy is effective for 12 consecutive months and is renewable for successive one year periods, subject to Your continued eligibility, the terms of the Policy Wording and the Certificate of Insurance in force at the time of each Renewal Date and the payment of the premium. All premiums are payable in advance of any cover under Your Policy being provided.
 - ii) Premium is payable for the whole year regardless of the mode of premium instalments and You are responsible for the whole year's premium even if We have agreed that You may pay by instalments. Other than yearly, if premium payments cease, or are discontinued or withheld, for whatever reason, cover under Your Policy may be automatically and immediately terminated. Whilst a Policy is in arrears, all claim settlements will be

suspended until all outstanding premiums are paid in full and received by Us.

iii) A period of grace of 10 days (notwithstanding intervening Saturdays, Sundays or legal holidays) will be allowed for the receipt of payment of each instalment of premium except the first. If any premium is unpaid at the end of the period of grace, We reserve the right to terminate Your Policy with effect from the date the unpaid premium was due, or deduct the remainder of the annual premium due from any valid claim in progress, or deduct the balance of the premium from the credit card or debit card supplied. We shall have no liability to You for any claims incurred on or after the date the period of grace ends. Premium is considered paid on the date the payment is actually received by Us.

We cannot be held liable if Your Policy is terminated due to a credit card or debit card being declined or expired.

15. Application to this Policy does not exempt You from contributions which may be due to the French mandatory insurance system (CPAM, RSI).

CLAIMS PROCEDURE

The Exclusive Healthcare Claims Service is provided by:

Ascore Gestion
Service International
30 rue Victor Hugo,
92532 Levallois-Perret, Cedex

Tel: +33 (0) 1 45 05 87 02 Fax: +33(0) 1 47 30 11 52

When intending to make a claim under this Policy, however serious or minor the Accident or illness, it is important to adhere to the following standard procedure:

IN-PATIENT TREATMENT

In the event of a serious illness or Accident which may lead to In-Patient Hospital Treatment, it is a condition of this Policy that approval must be obtained for such In-Patient Treatment from Exclusive Healthcare Claims Service and from the Insurers. In the event of Emergency admission, Exclusive Healthcare Claims Service must be informed within 24 hours. When contacting Exclusive Healthcare Assistance Service the following will be required: name, address and telephone number of the Insured Person together with the Insurance Certificate and a claim form for In-Patient Treatment.

OUT-PATIENT TREATMENT

Medical costs should be settled direct, where possible, and all original bills, receipts and invoices submitted with the relevant fully completed claim form to Exclusive Healthcare Claims Service within 90 days of the Out-Patient visit. These papers will then be processed and, subject to Insurers approval, a cheque in full and final settlement will be forwarded, less the relevant excess.

The following tests must be approved in advance by Exclusive Healthcare Claims Service: MRI or CT Scans, Bone Densitometry, Hormone Assays (unless Thyroid Function and F.S.H. levels), Immunological Studies, Laparoscopy, Physiotherapy in excess of €400 per claim. No guarantee of payment can be given if the above requirements are not followed.

GENERAL CLAIMS INFORMATION

1. All Insured Persons under this Policy shall at all times take reasonable precautions to prevent Accidents or illness. All expenditure for which Benefits are claimed must be reasonable and customary and be necessarily incurred and be wholly and exclusively for the purpose of Treatment.
2. All documentation and materials (including but not limited to original accounts, certificates and x-rays) that The Insurers require to support a claim, shall be provided without expense to The Insurers (including if requested by The Insurers a medical report from the Insured Person's Medical Practitioner or Specialist and details of the Insured Person's Medical History prior to any claim). In cases where medical information is required by The Insurers for consideration of a claim but it is not available to The Insurers, it is the responsibility of the Insured Person to obtain such information from their current or previous Medical Practitioner, as appropriate.
3. Insured Persons must, without delay, give The Insurers written notification of any claim or right of action against any third party arising out of any circumstances which gave rise to a claim under this Policy and must continue to keep The Insurers fully informed

in writing and take all steps The Insurers reasonably require in making a claim upon that other party. To the extent permissible under the laws of Your Country of Residence, The Insurers shall be entitled to take legal action in any Insured Person's name for The Insurers own Benefit and claim for indemnity or damages or otherwise which relates to any benefits and costs paid or payable under the Policy. The Insurers shall have full discretion in the conduct of any such proceedings and in the settlement of any such claim.

4. Where appropriate Exclusive Healthcare Claims Service will arrange direct settlement of Hospital bills subject to the Insurance excess being paid to the Hospital at the time of Treatment.
5. In the event of Accident or illness, make sure that the attending Medical Practitioner is fully qualified. It is important to remember that any instructions received from this attending Medical Practitioner should be confirmed by him in writing, as the original of the letter will certainly be required by Exclusive Healthcare Claims Service.

COMPLAINTS PROCEDURE

The Insurers aim to give You a first class service and to meet any claims covered by this Insurance honestly, fairly and properly. If You are not happy with our service please write to:

Exclusive Healthcare SA, Bat A, La Tour Vadon
15 rue Henri Vadon, 83700 St Raphaël, France.

Should the matter not be resolved to Your satisfaction, You can write to:

Médiateur de la Mutuelle, 24 Boulevard Courcelles,
75017 Paris.

who will immediately investigate Your complaint and provide a full, written response.