

BENEFITS	COVERAGE	
	★ ★ ⁽²⁾	★ ⁽²⁾
MANDATORY COVERAGE		
HOSPITALISATION EXPENSES⁽¹⁾ Hospitalisation for surgery and medical treatment ⁽¹⁾ room and board, intensive care unit, medical expenses	100% of actual costs	100% of actual costs
Psychiatric care and detoxification	100% of actual costs Coverage for up to 30 days (After 2 years of coverage under the plan)	100% of actual costs Coverage for up to 30 days (After 2 years of coverage under the plan)
Post-hospitalisation charges (following surgery)	100% of actual costs Coverage for up to 30 days following discharge from hospital	100% of actual costs Coverage for up to 30 days following discharge from hospital
Room charges for adult accompanying a child under 12 years of age	100% of actual costs Coverage for up to 30 days up to US\$ 40 per day	100% of actual costs Coverage for up to 30 days up to US\$ 25 per day
Medically assisted transportation	100% of actual costs up to US\$ 310 per year per person	90% of actual costs up to US\$ 160 per year per person
Medical prostheses (medically prescribed)	100% of actual costs up to US\$ 2 300 per prosthesis	90% of actual costs up to US\$ 1 600 per prosthesis
CHECK-UPS (After 3 consecutive years of membership)	100% of actual costs up to US\$ 550 Coverage for one check-up every 3 years	90% of actual costs up to US\$ 550 Coverage for one check-up every 3 years
OUTPATIENT EXPENSES Physician's fees ⁽³⁾ , prescribed drugs, laboratory tests, X-rays, scanners Paramedical professionals Home nursing, physiotherapy ⁽³⁾	100% of actual costs	90% of actual costs UP TO US\$ 4 600 / year
OPTIONAL MODULES		
MODULE 1 MATERNITY	100% of actual costs	90% of actual costs
Maternity ⁽¹⁾ (Including ante and post natal care)	up to : US\$ 13 000 in <u>Zone 1</u> US\$ 13 000 in <u>Zone 2</u> US\$ 7 000 in <u>Zone 3</u>	up to : US\$ 13 000 in <u>Zone 1</u> US\$ 13 000 in <u>Zone 2</u> US\$ 7 000 in <u>Zone 3</u>
In-vitro fertilisation ⁽¹⁾ (Maximum 3 attempts)	US\$ 800 per procedure in <u>Zone 1</u> US\$ 800 per procedure in <u>Zone 2</u> US\$ 500 per procedure in <u>Zone 3</u>	US\$ 800 per procedure in <u>Zone 1</u> US\$ 800 per procedure in <u>Zone 2</u> US\$ 500 per procedure in <u>Zone 3</u>
MODULE 2 DENTAL	100% of actual costs	90% of actual costs
	up to US\$ 4 600 per year	up to US\$ 3 100 per year
Dental care and oral surgery	up to US\$ 1 600 per person per year	up to US\$ 1 100 per person per year
Dental prostheses ⁽¹⁾	up to US\$ 400 per prosthesis	up to US\$ 310 per prosthesis
Orthodontics ⁽¹⁾ (for child under 16 years of age)	up to US\$ 1 900 for the duration of treatment	up to US\$ 1 100 for the duration of treatment
MODULE 3 OPTICAL	100% of actual costs	90% of actual costs
frames and glasses or contact lenses	up to US\$ 200 per year per person	up to US\$ 160 per year per person
Laser eye surgery ⁽¹⁾	up to US\$ 310 per eye	up to US\$ 310 per eye

(1) Benefits subject to prior agreement

(2) Benefits limited to US\$ 800 000 per person per year

(3) Procedures requiring repeated courses of treatment (physiotherapy, nurse, visits, etc.) are subject to prior agreement

CARE & HEALTH MULTINATIONALS

2004 PREMIUMS (in USD)

BASIC COVERAGE:

MEDICAL + ASSISTANCE						
Age	ZONE 1		ZONE 2		ZONE 3	
	★	★★	★	★★	★	★★
0 to 20	2 628	2 901	1 890	2 076	1 284	1 407
21 to 30	2 946	3 264	2 109	2 328	1 428	1 569
31 to 40	3 852	4 263	2 748	3 033	1 833	2 022
41 to 50	4 455	4 941	3 168	3 504	2 106	2 325
51 to 60	6 462	7 161	4 569	5 061	3 012	3 324
61 to 69	8 103	8 991	5 718	6 345	3 747	4 149

OPTIONAL MODULES:

	ZONE 1		ZONE 2		ZONE 3	
	★	★★	★	★★	★	★★
Module 1 : Maternity	258	282	180	201	114	129
Module 2 : Dental						
per Child	552	684	387	480	249	306
Per Adult	831	1 038	582	726	372	468
Module 3 : Optical						
per Child	177	207	87	105	78	93
Per Adult	270	312	138	153	120	141

ZONE 1 : Worldwide

ZONE 2 : Worldwide excluding the United States

ZONE 3 : Worldwide excluding, Brazil, Great Britain, Hong Kong, Italy, Japan, Lebanon, Russia, South Africa, Switzerland, United Arab Emirates, United States.

MEDICAL ASSISTANCE & TRANSPORTATION (INCLUDED IN MEDICAL COVERAGE)

All benefits have been tailored to the needs of persons on foreign assignment; we have selected a specialist partner, International SOS to provide assistance services, including:

- Medical helpline and information service for vaccinations
- Recommendations of healthcare providers and medical advice
- Access to International SOS medical facilities and network of healthcare providers

You are also automatically entitled to access to our medical network, Mednet.

BENEFITS	LIMIT OF COVERAGE
- Emergency medical repatriation (dispatching of medical staff if necessary, forwarding of locally unavailable medication)	Actual costs
- Emergency medical transportation to the nearest hospital that can provide proper care	Actual costs
- Return airfare to the assignment country after recovery	Actual costs
- Round-trip airfare for a relative or friend in the event of hospitalisation lasting more than 7 consecutive days	Actual costs
- Repatriation of mortal remains Casket and related expenses	Actual costs up to US\$ 1 900
- Airfare in the event of the death of a member of the immediate family	Actual costs
- Transmission of urgent messages	Actual costs
- Legal assistance <ul style="list-style-type: none"> • Legal fees • Bail 	US\$ 1 900 US\$ 15 000

SUMMARY OF GENERAL TERMS AND CONDITIONS

MEMBERS

The following persons are eligible for coverage:

- Member aged under 65, working and residing outside his/her country of origin (cover can be extended to 70)
- His/her spouse (or, in the absence of a legal spouse, common-law spouse, subject to provision of a proper certificate or affidavit),
- Their children, aged less than 21 years, of age living with the parents,
- Their children aged 21 to 28 who are full-time student. A proper student certificate must be provided annually.

TERRITORY

Coverage is valid worldwide, round the clock. However, in the case of expenses incurred outside the geographical zone selected, coverage applies only in the event of unexpected and unforeseen illnesses⁽¹⁾ or accidents⁽²⁾. In all circumstances, coverage is subject to GMC's agreement.

(1) Unexpected illness: a sudden and unforeseeable medical condition, certified by a physician.

(2) Accident: a sudden event beyond the control of the member.

EFFECTIVE DATE & TERMINATION OF COVERAGE

Coverage is subject to GMC's approval of your application and the payment of the premiums due. Membership in the plan expires on December 31 of every year and is automatically renewed on the following January 1. It lapses on the last day of the month in which:

- the member is no longer on foreign assignment.
- the member reaches the age of 70 for the Health coverage

Coverage may be terminated:

- by registered letter from either the member or GMC at least 2 months before January 1 of each year,
- by GMC:
- if premiums remain unpaid after required formalities have been completed,
- in the case of false or fraudulent declaration regarding the health of the member or any other member in the policy,
- if the policies issued by the Companies listed are cancelled.

WAITING PERIODS

The following types of expenses incurred during the stated waiting periods are not covered:

MEDICAL EXPENSES:

- 10 months: maternity expenses
- 6 months: dental prostheses and orthodontics, optical, medical prostheses
- 3 months: hospitalisation – other expenses

Waiting periods may be waived (except for maternity expenses) whenever the member can show at the time of enrolment that he or she had equivalent coverage immediately prior to the application for coverage under the plan, or in the event of unexpected illnesses⁽¹⁾ or accidents⁽²⁾ subsequent to the enrolment date.

No waiting periods will apply whenever an application for covering a spouse is received no later than 90 days after the member's marriage.

EXCLUSIONS

This scheme covers all accidents and illnesses, with the exception of the following:

① **Common exclusions for all coverage**

- Benefits listed in *Optional Modules* that have not been chosen by the member;
- Self-inflicted injuries or illnesses including suicide, attempted suicide and self-mutilation;
- Injuries or illnesses resulting from or occurring in conjunction with competitive sports other than those in which the member participates purely as an amateur;
- Injuries or illnesses due to the practice of hazardous sports such as microlight flying, hang-gliding, paragliding, mountain climbing, rock-climbing, contact sports and martial arts, caving, sledge, skiing, ski jumping, bobsleighting, bungee-jumping, gliding, rafting or the operation of personal watercraft;
- Flying accidents except if the insured is a passenger on a plane for which the owner and pilot have valid authorisations and licenses;
- Treatments of injuries or illnesses directly or indirectly arising from civil or foreign war, insurrections, riots, rebellions or popular uprisings, whenever the member is in breach of existing laws by taking part;
- Injuries or illnesses incurred prior to the effective date of coverage and not declared to the insurer;
- The participation by the member in brawls, other than in self-defence or to rescue of a third party;
- Injuries or illnesses resulting directly or indirectly from radioactivity.

② **Exclusions of medical expenses:**

- Treatment that is not prescribed by a medical practitioner and/or is not medically necessary;
- Treatment provided by non-medically recognised practitioners;
- Treatment provided by non-licensed or non-certified chiropractors;
- Non-medical expenses (telephone charges, TV rental, visitor's meal,...);
- Pharmaceutical products other than prescribed drugs (e.g. cotton, suntan lotions, over-the-counter drugs, etc.);
- Expenses deemed to be luxurious or unreasonable in the country in which they are incurred;
- Termination of pregnancy on non-medical grounds;
- Expenses incurred prior to the effective date of coverage or after its termination;
- Expenses incurred during waiting periods;
- Expenses incurred for the treatment of congenital abnormalities or birth defects, unless the child is born after coverage is effective and waiting period for maternity is fulfilled;
- Expenses incurred for cosmetic procedures or surgery for the purpose of beautification;
- Treatment received in health spas or similar establishments;
- Expenses incurred in a nursing home or convalescent facility;
- Services or supplies that are not indispensable for a diagnosis or treatment of an illness;
- Expenses incurred for preventive medicine (except for vaccinations that are mandatory or recommended in the member's country of residence or a country that he/she is travelling to);
- Procedures subject to prior agreement for which no agreement has been requested and granted;
- Treatment at facilities for alcohol or substance abuse (or similar establishments) during the first two years of coverage.

③ **Exclusions of medical transportation expenses**

- Any repatriation or emergency medical transportation or other expenses not approved in writing by *International SOS* and/or not under the auspices of *International SOS*;
- Any expense incurred against medical advice, whenever the member resides outside the home country or travels outside the normal country of residence, or to pay for medical treatment, rest and recovery subsequent to the member's repatriation to the home country;
- Any expense incurred by a member whose condition is not serious, or for other than emergency treatment designed to protect the life or prevent a substantial worsening of the member's recovery prospects;
- Any expense incurred for medical examinations or surgical procedures scheduled prior to the request for assistance and not of an emergency nature or intended at the time to protect the life or prevent a substantial worsening of the member's condition;
- Any expense incurred whenever the member suffers from problems of a psychological or psychiatric nature that do not require immediate admission to a specialized institution;
- Self-mutilation, alcohol abuse, substance addiction or abuse.

PREMIUM PAYMENT

Premiums are payable in advance, in US\$, quarterly, semi-annually or annually, by cheque, bank transfer or Visa/Mastercard.

When enrolling into the plan, an initial six months premium will be payable for the policy to be enforced, unless Visa/Mastercard payment has been opted for.

Failure to settle premiums within one month of GMC's invoice may result in coverage being suspended or terminated. Such action shall in no way impair the right of GMC to recover past due premiums.

Premium rates may be revised every year with effect of January 1.

***This folder is a summary of the cover.
You may cancel your enrolment in the plan within the first 30 days,
provided no claim has been incurred.***

ASIA-PACIFIC

GMC Services
96 Sommerset Road,
16-02/03 UOL Building
Singapore 238 163
REPUBLIC OF SINGAPORE
Tel: +65 6887 2488
Fax: +65 6887 0328
Email : gmc.asia@henner.com

HEAD OFFICE

GMC Services
International Department
10 rue Henner
75459 Paris cedex 09
FRANCE
Tel: +331 5325 2323
Fax: +331 4082 4218
Email : info@henner.com

AMERICAS

GMC Services
Callao 384
3° Piso - Oficina 370
C1022AAQ Buenos Aires
ARGENTINA
Tel: +54 11 4375 5585
Fax: +54 11 4371 5555
Email : gmc.americas@henner.com



You are entitled to ask and amend any information on yourself that has been recorded with GMC.
This right to access and review such information can be exercised at GMC, 10 Rue Henner, 75009 Paris.