

Effective from 1st January 2024

Important changes to your policy

Effective from the 1st January 2024, a number of changes will apply to the Indigo Expat International Healthcare Plans. These changes, where applicable to your plan(s), will apply from the renewal date indicated on your Insurance Certificate.

To be clear about which of these changes apply to your plan(s), it is important that you read this document with your Table of Benefits and Benefit Guide. Our Benefit Guide for France, Benelux or Monaco has been updated to reflect these changes and will be available to download from the Allianz Care website (www.allianzcare.com/en/benelux) from the 1st January 2024.

If you have any queries regarding the changes outlined in this document, please do not hesitate to contact Assurances Indigo Expat:

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Wording changes for our definitions

We have reviewed the 'Definitions' section of our Benefit Guide to make it clearer for you. As part of this, we modified the wording of some definitions or added new definitions. Please find below a list of what we changed:

- We have amended the definitions for the following benefits: 'Cancer screening' and 'Health and wellbeing checks including screening for the early detection of illness or disease'. We now specify the types of institutions where these screenings and checks are covered. The amended definitions read as follows:

Cancer screening

Health checks, tests and examinations for the early detection of illness or disease, performed at appropriate age intervals, without any clinical symptoms being present. To be covered, you need to receive the cancer screening services at a licensed medical institution, or under the guidance of a doctor in an appropriate setting and in accordance with the international clinical practice guidelines.

Health and wellbeing checks including screening for the early detection of illness or disease

Health checks, tests and examinations, performed at appropriate age intervals, without any clinical symptoms being present. To be covered, you need to receive the health and wellbeing screening services at a licensed medical institution or a licensed health examination institution, or under the guidance of a doctor in an appropriate setting and in accordance with the international clinical practice guidelines.

- We have amended the definition for the 'Complications of childbirth' benefit to broaden the scope of cover under this benefit. The amended definition is:

Complications of childbirth

Medically necessary costs due to complications of childbirth. Where your plan also includes the benefits 'Routine maternity' or 'Routine delivery and newborn care', 'Complications of childbirth' includes medically necessary caesarean sections.

- We have amended the definition of 'Co-payment' to clarify that this is not applicable for Video consultations services when accessed through the TeleHealth Hub. The amended definition is:

Co-payment

The percentage of the costs that you must pay. E.g. if a benefit has an 80% refund, this means that a co-payment of 20% applies, therefore we will pay 80% of the costs of each eligible treatment per insured person, per Insurance Year. Video consultation services are not subject to co-payment when accessed via TeleHealth Hub.

- We have amended the definition of 'Dependant' benefit to define the age range for dependant children covered under the same policy. The amended definition is:

Dependant

Your spouse or partner and unmarried children that are named as dependants on your Insurance Certificate. Children are covered up to the day before their 18th birthday; or up to the day before their 26th birthday if they are in full-time education.

- We have amended the definition of 'Long-term care' benefit to explain the type of conditions, care and the facilities where this cover can be provided. The amended definition is:

Long-term care

Care over an extended period of time after the initial acute/curative treatment has been completed. This usually occurs for a chronic condition or disability requiring uninterrupted/continuous medical care, or where treatment options are limited to the existing level of care. Long-term care can be provided at home, in the community, in a hospital, a long-term care facility or in a nursing home.

- We have amended the definition for the 'Newborn care' benefit to clarify what exams and tests will be covered under this benefit. The amended definition is:

Newborn care

The following essential examinations, diagnostic procedures and treatments as required following birth:

- *Customary examinations required to assess the integrity and basic function of the child's organs and skeletal structures*
- *One hearing examination*
- *Screening tests for PKU, congenital hypothyroidism and G6PD*
- *Vitamin K, hepatitis B and BCG vaccinations*

Cover doesn't include further preventive diagnostic procedures, such as routine swabs or blood typing. However, if for medical reasons the child needs any follow-up investigations and treatment, these are covered under the newborn's own policy (if they have been added as a dependant). For multiple birth babies born as a result of medically assisted reproduction, all babies born by surrogacy, adopted and fostered children, in-patient treatment is limited to £ 24,900/ € 30,000/ US\$ 40,500/ CHF 39,000 per child for the first three months following birth: this limit applies before any other benefit in your plan. Out-patient treatment is paid within the terms of the Out-patient Plan.

- We have amended the definition for the 'Rehabilitation' benefit to explain when we cover in-patient or day-care Rehabilitation. The amended definition is:

Rehabilitation

Treatment that combines therapies such as physical, occupational and speech therapy. It aims to restore original form or function after an acute illness, injury or surgery. Treatment must take place in a licensed rehabilitation facility and start within 14 days of discharge from acute medical and/or surgical treatment.

We cover in-patient or day-care accommodation costs only if admission to a rehabilitation facility was requested by your doctor and approved by us.

- We have amended the definition for the 'Repatriation of mortal remains' benefit to clarify the cover. The amended definition is:

Repatriation of mortal remains

The transportation of the deceased insured person's remains to their home country. If the insured passes away in their home country, we will cover transportation to the location of burial or cremation in that country, or to another home country where more than one home country exists. We cover costs such as: embalming, a container legally appropriate for transportation, shipping and the necessary government authorisations. Cremation costs will only be covered if the cremation is required for legal purposes. We do not cover costs incurred by anyone accompanying the remains unless this is listed as a specific benefit in your Table of Benefits.

- We have amended the 'Routine Maternity' definition to clarify that 3D And 4D Ultrasound scans are covered up to the cost of a 2D scan only. The amended definition is:

Routine maternity

Medically necessary costs incurred during pregnancy and childbirth. This includes hospital charges, specialist fees, the mother's pre-natal and post-natal care, midwife fees (during labour only) and newborn care (see the definition of 'Newborn care' for what we cover under this benefit and for in-patient treatment limits that apply to adopted and fostered children, all babies born by surrogacy and multiple birth babies born as a result of medically assisted reproduction). Please note that 3D and 4D ultrasound scans are covered up to the cost of a 2D scan only. Caesarean sections that are not medically necessary are covered up to the cost of a routine delivery in the same hospital, subject to any 'Routine Maternity' benefit limits. Medically-necessary caesarean sections are paid for under the 'Complications of childbirth' benefit. In case of home deliveries, we will pay up to the amount specified in the Table of Benefits if your plan includes the 'Home delivery' benefit.

- We have amended the definition for the 'Therapist' benefit to include additional therapists. The amended definition is:

Therapist

A chiropractor, osteopath, podiatrist, Traditional Chinese Medicine practitioner, homeopath, acupuncturist, ayurvedic practitioner, physiotherapist, speech therapist, occupational therapist or oculomotor therapist, who is qualified and licensed under the laws of the country in which treatment takes place.

- We have broadened the scope of the following benefit's definition: 'Travel costs of insured members to be with a family member who is at peril of death or who has died'. We have also renamed it: 'Travel costs of insured members to be with a close relative who is at peril of death or who has died'. The amended definition is:

Travel costs of insured members to be with a close relative who is at peril of death or who has died

The reasonable transportation costs of insured members to be with a close relative who is at peril of death or who has died (up to the amount specified in your Table of Benefits). Cover includes one round trip per insured member per Insurance Year. If the close relative has passed away, travel must commence within six weeks of their date of death.

A close relative is a spouse/partner, parent (including legally adoptive parent), stepparent, legal guardian, parent in law, brother or sister (including stepbrother/stepsister and brother/sister in law), child (including adopted child, fostered child or step-child), son or daughter in law, grandparent or grandchild.

Reasonable transportation costs are considered to be round trip transport costs at economy rates. When claiming, please include copies of the travel tickets and the death certificate or a doctor's certificate supporting the reason for travel. Cover does not include hotel accommodation or other related expenses.

- We have amended the definition of 'Treatment' benefit to give a broader explanation of the meaning. The amended definition is:

Treatment

Medical, surgical or therapeutic interventions received to diagnose, prevent, cure or relieve illness and injury, or physical and mental disorder.

- We have amended the definition of 'Vaccination' benefit to widen the scope of cover. The amended definition is:

Vaccinations

- *All basic immunisations and booster injections in line with the international medical guidelines that apply in the country where they are administered.*
- *Vaccination against Covid-19*, where this is not offered for free or only partially sponsored by the government in your country of residence.*
- *Medically necessary travel vaccinations.*
- *Malaria prevention tablets.*

We cover the cost of consultation for administering the vaccine and the cost of the drug.

**We cover any Covid-19 vaccine when:*

- *The vaccine has completed the necessary clinical development process, including all pre-licensure vaccine clinical trials (phase I, II and III) that demonstrate its efficacy and safety.*
- *The vaccine has completed the multi-step approval process for the relevant regulating authority and is approved for use in the jurisdiction where you require it.*
- *The vaccine is not offered for free or only partially sponsored by the government of the country in which you reside.*

We cover the reasonable and customary cost of the Covid-19 vaccine, including the administration of the injection, in line with local public health policies related to the allocation of vaccines. We do not pay towards the travel cost if you decide to travel to a different country from where you normally reside in order to get the vaccination. Please note that cover is not intended to give you priority access to vaccines.

Wording changes for our exclusions

- We have renamed the exclusion of 'Plastic surgery' to 'Cosmetic treatment'. The amended definition is:

Cosmetic treatment

Any cosmetic or aesthetic treatment to enhance your appearance, even when medically prescribed. This includes treatment carried out by a plastic surgeon, whether or not for medical/psychological purposes. The following exceptions apply:

- *Reconstructive surgery necessary to restore function or appearance after a disfiguring accident or as a result of surgery for cancer, if the accident or initial surgery was also covered by this policy.*
- *Gender reassignment surgery, if you meet the criteria for gender dysphoria services.*

- We have amended the wording of the exclusion 'Injuries caused by professional sports'. We have also renamed it: 'Injuries or illnesses caused by extreme or professional sports or activities'. The new definition lists different types of sports and activities that are excluded from cover. The amended definition is:

Injuries or illnesses caused by extreme or professional sports or activities

Treatment or diagnostic procedures for injuries or illnesses arising from taking part in extreme or professional sports or activities, including but not limited to:

- *Mountain sports such as abseiling, mountaineering and racing of any kind (except for racing on foot).*
- *Snow sports such as bobsleigh, luge, mountaineering, skeleton, skiing off-piste and snowboarding off-piste.*
- *Equestrian sports such as hunting on horseback, horse jumping, polo, steeple chasing or horse-racing of any kind.*

- *Water sports such as potholing (solo caving) or cave diving, scuba diving to a depth of more than 10 metres, high diving, white water rafting and canyoning.*
 - *Car and motorcycle sports such as motorcycle riding and quad biking.*
 - *Combative sports.*
 - *Air sports such as flying with a microlight, ballooning, hang gliding, paragliding, parascending and parachute jumping.*
 - *Various other sports such as bungee jumping.*
- We have included the exclusion of 'Search and/or Rescue operations' to clarify that we do not cover this type of activity. The exclusion is:

Search and/or Rescue operations

Claims relating to 'search and/or rescue' operations, for instance on land or down from a mountain, to find and transport a member back to a safe location. Please note that in the case of medical evacuation, we only cover activities that begin after the 'search and/or rescue' operations conclude.

- We have amended the exclusion of 'Sterilisation, sexual dysfunction and contraception' to explain the circumstances under which we cover contraception. The amended exclusion is:

Sterilisation, sexual dysfunction and contraception

Investigations into, treatment of and complications arising from:

- *Sterilisation*
- *Sexual dysfunction (unless as a result of a total prostatectomy following cancer surgery)*
- *Contraception (including the insertion and removal of contraceptive devices and all other contraceptives), unless prescribed for medical reasons that are unrelated to birth control.*

Claims process change (for CFE ('Caisse des Français de l'Étranger') top-up plan members only)

If your contract is a top up to the CFE, you should submit your claim directly to the CFE. This applies to all claims incurred in France and all 'pay and claim' medical expenses incurred globally.

- Once the CFE has processed their contribution to your claim, Allianz Care will be notified by the CFE.
- A claim will be generated for you in our system for us to process. You do not need to contact us.

Provided we have all the information required, we will then process your claim and issue payment instructions to your bank within five working days.

For all direct settlement claims incurred outside of France, Allianz Care will continue to be your first point of contact for claiming. We will engage the CFE on your behalf.

Your renewal premium

Allianz Care is committed to maintaining affordable premiums; however, there are multiple factors which impact on the cost of healthcare, including healthcare staff wages, the geographical region in which the treatment takes place, as well as new medical technologies, treatments, drugs and diagnostic procedures. We also take into account the country of residence of members, the age of each member on the policy and the chosen payment frequency (where relevant). We want our members to have access to high quality medical care so these factors have been taken into consideration, they may result in premium increases.

If you have any queries, please do not hesitate to contact us:

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