Individual Practical Guide to your healthcare plan

First'Expat + & Relais'Expat +

MSH INTERNATIONAL

SIACI SAINT HONORE GROUP

Interactive document

A dedicated team for a personalized focus

Your claims department is available 24/7 to answer any questions you may have.

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Important

This map helps you locate your nearest claims department.

In case of doubt, go to the Contact Us section of your Members' Area at www.msh-intl.com or to the MSH International mobile application.
If you call your claims department out of opening hours, you will automatically be redirected to an available advisor from another claims department.

Your login details to access your online services

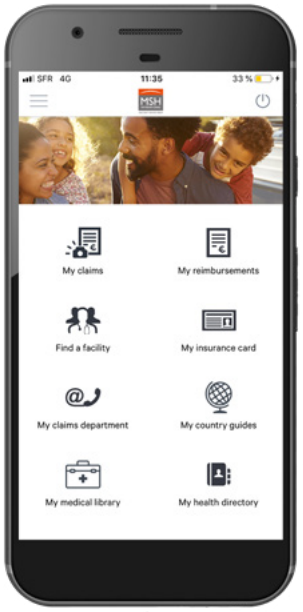
These login details allow you to access both your members' area and the mobile app.

How to get your login details:

Go to:

- The members' area at www.msh-intl.com by clicking on Login, Member and To get your login details, click here, or
- Your mobile app.

For security reasons, **your login and password** will be sent **in two separate emails.**



Useful tip

After receiving your login, go to your members' area under the Your Enrollment / Your Details section to personalize your password.

Your certificate of insurance

This document proves that you are covered under a health insurance plan.

It shows:

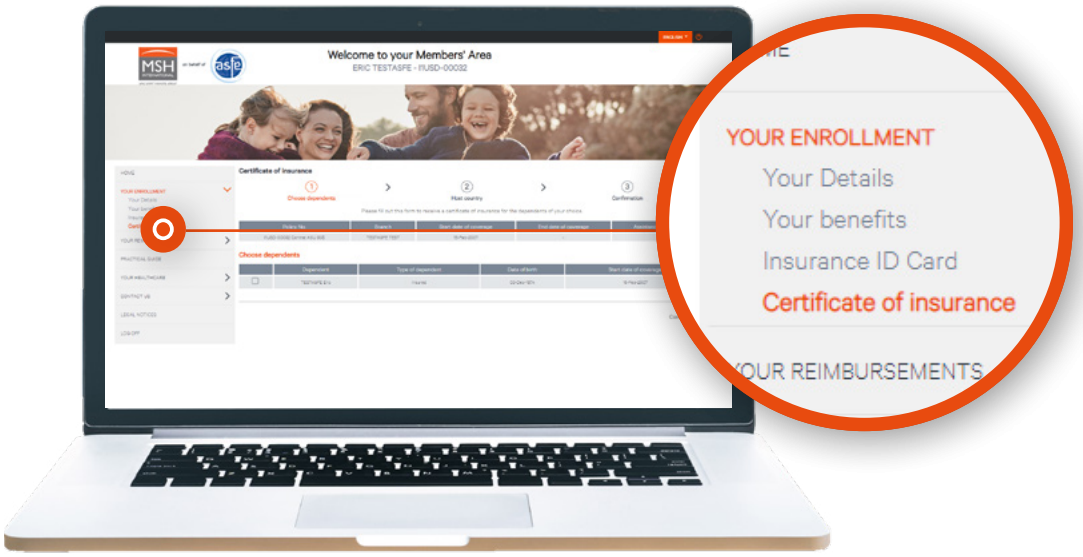
- the name of the insured member and their dependents if any,
- the effective date of the plan,
- the number and type of membership purchased,
- the plan's insurer,
- the benefits,
- the selected zone of coverage and deductible.

Where can you find your certificate?

The certificate of insurance was emailed to you when you enrolled. You can also download it in your members' area, under the **Your Enrollment** section.

Useful tip

We can send you another copy of this document if you have lost it.



Your insurance card

An electronic version of your card is available for you and each of your dependents (if any) in the **MSH International mobile app.**

You can also print it from **your Members' Area**, under the **Your Enrollment** section.

What is the insurance card used for?

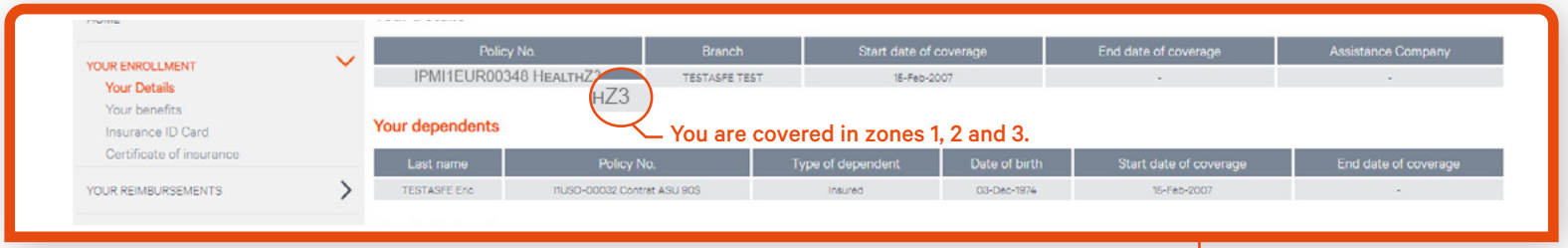
Your insurance card contains all the contact information you require. Make sure you always have it with you and use it as identification when contacting MSH International or upon admission to a hospital.

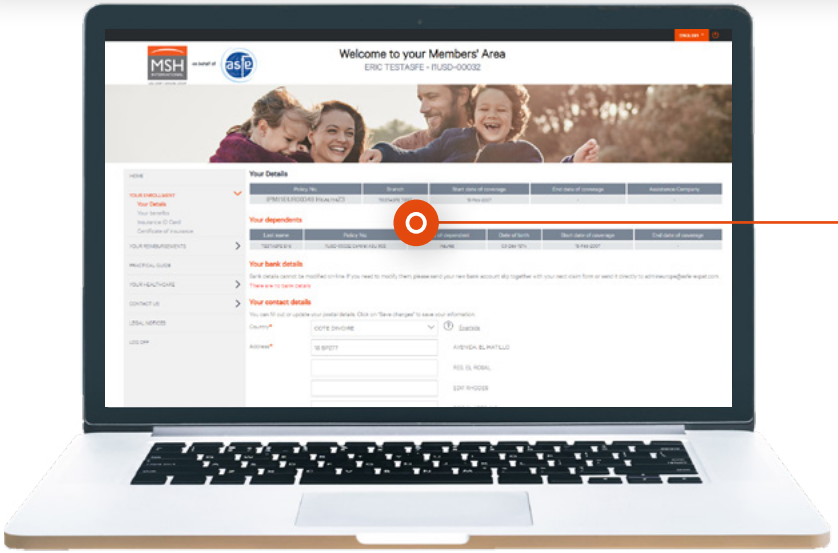
It enables the healthcare provider to contact us to set up direct billing arrangements and to avoid you having to pay your medical expenses upfront.

Your zone of coverage

When you joined the plan, you selected a zone of coverage according to your country of expatriation **(zone 1 to 5). You are covered under your plan in all the countries included in the selected zone or a lower zone.**

You will be covered in case of accident or emergency occurring in countries outside your zone of coverage for stays of less than 60 consecutive days. Your zone of coverage is shown in your policy number which you can find in your Members' Area, under the Your Details section.





To find out more

View our map showing **the different zones of coverage.**

Your benefits

Your upper limits of coverage and your deductible, if any, depend on what you have chosen when you enrolled in the plan. You can find this information on your certificate of insurance and your certificate of enrollment.

View your benefits:

The general terms and conditions detail your benefits. They are available in your Members' Area, under the Your Benefits section. If you are unsure of the amount of reimbursement provided for your healthcare, you can request a prior approval before receiving the treatment.
We will confirm whether the treatment is covered and provide you with the reimbursement amount.

To find out more

See section entitled "Limit co-payment through the prior approval procedure".

Your medical evacuation benefit

⚠ In case of emergency, please contact the local emergency services before taking any action.

After receiving assistance, and before making any payment, please contact Europ Assistance. The doctors of Europ Assistance will make sure you receive appropriate care and will organize your medical transportation if needed. **This benefit is included as standard with your basic healthcare coverage. If you purchased the repatriation option, you also benefit from the following services:**

- In case of hospitalization, Europ Assistance organizes the visit of a relative to enable them to stay with you (travel, hotel etc.)
- If you have children under 18, you can have a relative take care of them
- If a member of your family is hospitalized for more than 5 days in your country of expatriation or in your home country, your round-trip ticket is covered
- The costs of the extension of stay due to your health condition are covered
- The costs of transportation of an insured person who was traveling with you are covered
- In case of traumatic events (death of a family member, accident, assault, terrorist attack, natural disaster etc.), you will be able to access 24/7 psychological support.

See the general terms and conditions, section "General provisions of medical assistance / repatriation benefits available as an option".

To find out more

Contact Europ Assistance (24/7)

- By telephone at +33 1 41 85 84 46
- Or by email at service-medical@europ-assistance.fr

And provide:

- Your first and last names.
- The telephone number you are calling from or where you can be reached.
- The name of your plan: ASFE.
- The name, location and telephone number of the healthcare facility where you are receiving care and the name of the local doctor.

How to manage your plan

You and your dependents are covered on the effective date of your plan.

This plan is **automatically renewed on each anniversary date.** You are covered until you decide to change or terminate your plan, subject to payment of the premiums.

To add a dependent:

- **Newborn:** within the 30 days following the birth, you can enroll your newborn in the plan without having to fill out a medical questionnaire. After this 30-day period, a medical questionnaire will be required. As soon as your child is enrolled, they are provided with the same benefits and upper limits of coverage as you.
- **Any other dependent** (child, spouse): at any time under the usual enrollment conditions (medical questionnaire, age limit etc.).

To change your level of coverage (your zone of coverage or your options):

On the anniversary date of the plan and once during the life of the plan, at any time, under certain conditions.

Should you have any questions, **our advisors are available at** + 33 1 44 20 48 07

To terminate your plan:

On the anniversary date of the plan, subject to a notice period of two months.

At any time after a minimum period of 6 months of membership of the plan in the following cases:

- Mandatory coverage provided by your employer,
- Return to your country of nationality/departure,
- Enrollment in a local scheme.

Termination will be effective on the 1st or 15th of the month following receipt of the termination request. In all cases, an **official supporting document** is required (see the general terms and conditions).

How to submit your claims

From your Members' Area:

Log in to your members' area at www.msh-intl.com and go to the Your Reimbursements section.

- **For a claim up to €/$1,000,** you can directly upload your scanned supporting documents (medical expenses / prescribed drugs, medical prescriptions and/or medical reports, doctors' and other medical providers' invoices, proof of payment etc.)
- **For a claim exceeding €/$1,000,** you must fill out your claim form online, print, sign and send it together with all the original supporting documents by mail to your claims department.

You can declare several treatments and/or different members on the same claim form.

A summary of your claim will be sent to you by email.

From the mobile app:

Go to the My Claims section. Declare one treatment at a time **within the limit of €/$1,000.** You will be able to attach supporting documents by uploading them or by directly taking a picture.

A summary of your claim will be sent to you by email.

Important

The list of the supporting documents to be sent together with your claims is available under the "FAQ" section.

In case of accident or medical emergency, please check the corresponding box when completing your claim form.

Limit co-payment through the prior approval procedure

The request for prior approval enables you to find out if your treatment is covered and how much you will be reimbursed.

If you do not request prior approval, reimbursements under your plan may be reduced or even rejected.

Treatments and procedures requiring prior approval:

- hospitalization and surgical procedures on an outpatient basis (excluding emergencies),
- dentures and implants involving more than 3 teeth,
- orthodontics,
- refractive laser surgery,
- medical prostheses other than dentures (orthopedics, hearing aids etc.),
- attempts at medically assisted reproduction,
- stays in a medical center,
- series of medical services involving more than ten sessions (physical therapy, speech therapy etc.).

Useful tip

Medical emergencies are never subject to the prior approval procedure. However, you will need to provide a medical report after receiving the treatment in order to be reimbursed or for the provider to be paid.

How to request prior approval?

Contact your claims department or submit your request in your members' area, under Contact Us / Submit an inquiry / 4. Your Prior Approval Requests. We will review your request and answer within 72 hours.

Special cases

Dental treatment

Estimates must show, as a minimum, the reference number(s) of the teeth to be treated, details of the planned treatment and the name of the patient.

Orthodontics

The treatment plan must show the start and end dates or, failing that, the estimated duration of the treatment and its total cost.

Vision care

You have to pay for your expenses and send us the invoices for reimbursement in accordance with the coverage provided under your plan. Invoices must show the cost of frames and cost of lenses.

Application of upper limits of coverage and deductibles

Upper limits of coverage

When you enrolled in the plan, you opted for a level of coverage:

- Quartz
- Pearl
- Sapphire
- Diamond

Each level of coverage has its own annual aggregate limit, i.e. a maximum amount for reimbursement of your healthcare per member and per insurance year.

Certain benefits have special limits which are expressed as a value or as a number of days or number of treatments or procedures/sessions per member and per insurance year.

Your upper limit of coverage is shown on the certificate of insurance that you received when you enrolled in the plan.

Deductibles

When you enrolled in the plan, you could also choose between different levels of deductible. The deductible is the amount you must pay towards your medical expenses before we can begin to reimburse you according to your benefits. It is specified per insurance year and per member.

Make sure to send us all the invoices corresponding to the incurred costs. It will allow us to know when the annual amount of the deductible has been reached. All healthcare expenses covered under the plan will then be reimbursed (within the limits of the benefits purchased).

You can change the level of your deductible once or add a deductible, on the anniversary date of your plan.

If you have opted for a deductible, it will be shown on your certificate of enrollment.

For example:

- In your application for coverage, you have opted for a **deductible of €750.**
- You have to pay a **first invoice of €600** in a healthcare facility.
- You send your invoice to MSH International: you are not reimbursed, but your expenses are taken into account. (€750 - €600 = **remaining annual deductible of €150**).
- You have to pay a second **invoice of €200.**
- You send your invoice to MSH International: **you are reimbursed based on the €50** exceeding the deductible (€150 - €200 = €50 above the deductible).
- For your next treatments, **as the annual deductible has been exceeded, you will be reimbursed as of the 1st €/$ spent within the limit of your benefits.**

Precertification agreement: MSH pays for your medical expenses

The request for precertification agreement prior to your treatment enables you to benefit from the direct billing system within the limit of your coverage: MSH International settles your bills directly with the healthcare professional or the medical facility without you having to make a cash advance.

You can request a precertification agreement for: **Maternity | Hospitalization | Costly treatments | Series of treatments:** for example physical therapy sessions.

Planned hospitalization and outpatient surgery

Fill out your request in your members' area, under the "Your reimbursements / Precertification and Direct Payment Request" section, at least 10 days before your admission.
Do not forget to attach your supporting documents (treatment plan, medical report, estimate of costs etc.). You can also send your request by email to precert@msh-intl.com.

We will make the necessary arrangements with the hospital and confirm your precertification agreement within 72 hours.

What is the difference between prior approval and precertification agreement?

See the answer in the "FAQ" section.

Medical emergencies

Go directly to the hospital or contact the emergency services. Show your insurance card (available in the mobile app) at the admissions desk and ask them to call us as soon as possible, but no later than 72 hours after your admission.

We will immediately issue our precertification agreement and follow up the case.

Maternity – if option purchased

Before the end of the 3rd month, contact your claims department to declare your pregnancy and inform us of your expected delivery date. Once your pregnancy has been declared, you will be contacted by our medical team who will assist you and help you find the best facilities.

Two months before the due date, fill out your precertification request in your members' area under the Your reimbursements / Precertification and Direct Payment Request section. You can also send your request by email to precert@msh-intl.com.

Your members' area

Go to www.msh-intl.com and click on **Login**. When you first access your members' area, click on **To get your login details, click here.**

For more information on your first login, we recommend that you read the Your login details section of this guide.

Access all your services and practical information in your Members' Area:

- Submit your claims for reimbursement and request a precertification agreement
- Manage your personal information: mailing address, email address, bank details
- Get information on your benefits: summary of benefits, general terms and conditions
- Download your supporting documents: insurance card and certificate of insurance
- Check the progress of your claims in real time
- Find nearby physicians or healthcare facilities belonging to the MSH International network
- Contact us for any questions

Useful tip

Your login details are the same for the mobile app and the members' area.

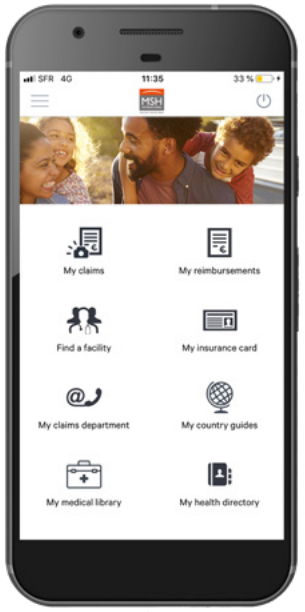
Your mobile application

Download your mobile app from the App Store or Google Play.

When you first access the app, click on **To get your login details, click here**.
For more information on your first login, we recommend that you read the "Your login details" section of this guide.

The MSH International mobile app has been designed to make your healthcare procedures easier:

- Submit your claims for invoices up to €/$ 1,000 and attach the picture of your supporting documents to your claim
- Access your insurance card
- View your reimbursements in real time: access all your claims, check their progress and receive alerts for reimbursement
- Geolocate nearby healthcare professionals belonging to the MSH International medical network: in-network healthcare professionals are indicated by the letter "R"
- Get information on the local healthcare system and emergency numbers



Download on the App Store

GET IT ON Google Play

Useful tip

Your login details are the same for the mobile app and the members' area.

Your medical network

To access experienced health professionals and medical facilities charging reasonable fees, we recommend that you use the MSH International medical network.

Healthcare providers belonging to the MSH International medical network accept direct billing and make you benefit from quality services at reasonable and customary or preferential rates.

Geolocation of health professionals within the MSH International network:

View the list of in-network professionals in the MSH Mobile App or in your members' area.

Contact our medical advisors so they can help you on choosing the provider best suited to your needs.

Useful tip

All the providers of the MSH International medical network have been selected for the quality of their services.

Role of the medical team MSH

Our MSH medical advisors and nurses are on hand to:

- provide you with a **second medical opinion** if you are unsure of the diagnosis you have been given,
- give you an **explanation** of the treatment recommended by your practitioner,
- **help you choose** practitioners or medical facilities which charge fees under or near upper reimbursement limits.

How to contact MSH International medical advisors:

You can contact them in full confidentiality via your members' area, under Contact Us / Submit an inquiry / 7. Medical inquiry for our medical staff.

Only our medical teams (medical advisors and nurses) have access to these messages.

Useful tip

View the list of in-network professionals in the MSH Mobile App or in your Members' Area, or contact our medical advisors so that they can help you choose the provider best suited to your situation.

Your telemedicine service

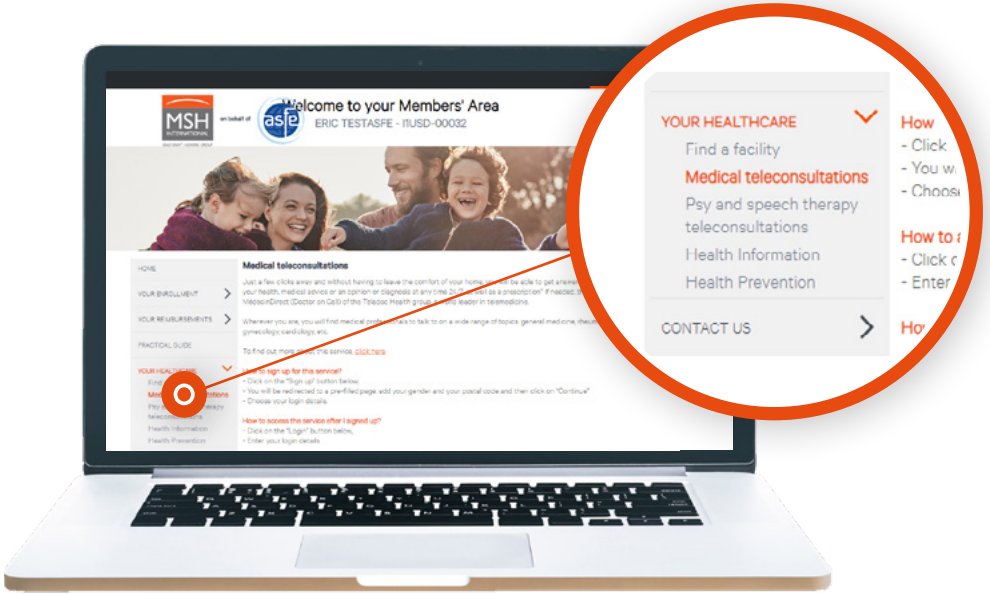
With the telemedicine service, you can benefit from remote consultations with a doctor or a healthcare provider online or by phone, wherever you are, 24/7 and in more than 30 languages and cultures.

The telemedicine service is included in your coverage. Consultations on this platform are reimbursed at the same level as face-to-face consultations. You also benefit from the direct billing system: you will not have to make any cash advances, MSH pays your consultations directly.

These health professionals are entitled to deliver international prescriptions.

Access this service

To log in, create your account on the telemedicine platform using the access codes provided in your members' area, under the Your healthcare section.



Our partners are:

- MédecinDirect: general practitioners and specialists,
- Eutelmed: psychiatrists, speech therapists and general practitioners.

Useful tip

The platforms of our partners, Eutelmed and MédecinDirect, are secure and guarantee medical confidentiality.

FAQ

Next page

When does my coverage take effect?

You are covered on the effective date of your plan, indicated in your Members' Area under the Your Details section.

Until what age can my children be covered under my plan?

For 1st €/$ First'Expat + plans: until their 20th birthday.
For CFE Relais'Expat + plans: until their 26th birthday.

For children between 20 and 26, a school certificate must be provided each year in order for them to continue benefiting from your coverage.

If you need special coverage for your child aged over 18, please contact our advisors at +33 1 44 20 48 77.

I am traveling outside my country of expatriation. Am I covered?

If you are traveling in a country belonging to the same zone of coverage as your country of expatriation or in a lower zone (see map), you will be covered under the usual conditions.
If you are traveling in a higher zone of coverage than your country of expatriation, you will only be covered for accidents and medical emergencies, subject to the provision of a detailed medical report (within the limit of 60 days per stay).

What supporting documents do I need to provide with my claim?

The following are considered as supporting documents for your claims: original copies of medical prescriptions, paid invoices, medical reports, etc.
These documents must show the last name(s) and first name(s) of the patient, the date, the amount and details of the treatment together with the name, address and telephone number of the practitioner, hospital facility, laboratory or pharmacist.

All the supporting documents must be kept for at least 24 months following the date of medical service. We reserve the right to request that you submit the original copies at any time. If you cannot submit the requested original documents, you will be responsible for all payments made on the basis of the scanned supporting documents received. Please note that any missing documents will delay your reimbursement.
If this happens, we will alert you using the symbol on your reimbursement statement in your Members' Area. Click on it to read the comments related to this statement.

FAQ

Previous page

How to change my details?

Mailing address, email address and telephone number: you can change them directly in your Members' Area under the Your Details section

Bank details: email them to your nearest claims department. Please refer to the Contacts section of this guide.

How to add/remove a dependent under my plan?

Send us an email at admineurope@asfe-expat.com together with the supporting documents, such as: birth certificate, marriage certificate, cohabitation certificate, divorce decree, death certificate, notarial act etc.

I am unsure of the diagnosis and/or treatment I have been given, what can I do?

In case of doubt or if you need advice, our medical team is on hand to answer your questions. You can contact them in full confidentiality from your Members' Area, under **Contact Us / Submit an inquiry / 7. Medical inquiry for our medical staff.**

Only our medical teams (medical advisors and nurses) have access to these messages.

When can I terminate my plan?

On the anniversary date of the plan, subject to a notice period of two months. In the following cases, you can terminate your plan at any time after a minimum period of 6 months of membership of the plan:

- Mandatory coverage provided by your employer,
- Return to your country of nationality/departure,
- Enrollment in a local scheme.

Termination will be effective on the 1st or 15th of the month following receipt of the termination request. In all cases, an official supporting document is required (see the general terms and conditions accessible in your Members' Area, under the Your Enrollment, Your Benefits section).

What is the difference between a prior approval and a precertification agreement?

The prior approval procedure allows you to receive confirmation of the benefits included in your plan and the amount which will be reimbursed for your treatment or your consultation. However, you may have to pay your medical expenses upfront. In this case, you will be reimbursed by MSH International after submitting the corresponding claim.

The precertification agreement avoids you having to make a cash advance in case of hospitalization, maternity or for some costly treatments and/or series of treatments. MSH International pays your treatment or the medical center directly.

LEGAL INFORMATION

Privacy and personal data protection

The recipients of any personal data collected are the risk carrier (insurer), the different entities making up MSH International and the service providers involved in the administration of the insurance policy.

In accordance with the GDPR, you benefit from a right of access, rectification, or erasure, or restriction or opposition and portability of your personal data as well as the right to organize instructions upon your death.

To exercise your rights, please send an email to the Data Protection Officer at **dpo@s2hgroup.com.**

We would like to remind you that the legal notices on the protection of your personal data are available online on your Members' Area at www.msh-intl.com.

Complaint processing

Any complaints from the member company, the insured member or a dependent can be sent to the usual point of contact at MSH International.

If the response provided is not considered to be satisfactory, the member can send their complaint in writing to our Complaints Department at:
Service réclamation, MSH International,
23 allées de l'Europe - 92587 Clichy Cedex, France.

MSH International undertakes to provide a response no later than two months after receiving the necessary information related to the complaint or, failing that, to keep the member up to date on how the complaint is being handled.

If the member still disagrees with the response or solution provided, they can write to the Ombudsman as a last resort:
La Médiation de l'Assurance,
TSA 50110 – 75441 Paris Cedex 09, France.