



Indigo Expat Junior

Table of Benefits – 1st € / Top-Up CFE

Please note that these plans are only available to individuals who are expatriated from EU (EU citizens), and to expatriates from other countries residing in the EU. This pack is not available for residents of the following countries: Bahamas, Barbados, Belarus, Brazil, China, Faroe Islands, Hong Kong, Lebanon, Morocco, Polynesia, Russia, Saint Barthélemy, Saint Martin, Saint Pierre et Miquelon, Singapore, Switzerland, Taiwan, United Arab Emirates, United Kingdom, United States of America, Venezuela, Wallis and Futuna.

We have created one bundled package specifically for individual clients which include the following benefits: In-patient, Out-patient, Vison, Dental, Assistance and repatriation, Personal liability, Accidental death. These benefits cannot be purchased separately.

All limits indicated in the Table of Benefits correspond to the total sum jointly reimbursed by the CFE and ExpaTPA. If the insured costs are not covered by the CFE, we will provide cover on a 1st Euro basis within the Terms and Conditions of your plan. As you are insured with the CFE, you are bound by their rules, even when on assignment. If you do not follow certain rules, coverage may be limited and you will not be able to get full reimbursement of your medical expenses.

Treatment Guarantee is required for all benefits indicated with a 1 or 2 in the following tables and may be required for other benefits. Please refer to note 2 within the “Notes” section for more information.

Medical plan

Hospitalisation benefits	Indigo Expat Junior
Maximum	€500 000 /year/member
In-patient benefits¹- please refer to note 2 for more information on Treatment Guarantee	
Hospital accommodation – Private room ¹	Maximum €100 per day
Hospital accommodation – Semi private room ¹	Full refund
Intensive care ¹	Full refund
Prescription drugs and materials ¹ <small>(in-patient and day-care treatment only) (prescription drugs are those which legally can only be purchased when you have a doctor's prescription)</small>	Full refund
Surgical fees, including anaesthesia and theatre charges ¹	Full refund
Physician and therapist fees ¹ <small>(in-patient and day-care treatment only)</small>	Full refund
Surgical appliances and materials ¹	Full refund
Diagnostic tests ¹ <small>(in-patient and day-care treatment only)</small>	Full refund
Organ transplant ¹	Full refund
Psychiatry and psychotherapy ¹ <small>(in-patient and day-care treatment only) (10 months waiting period applies)</small>	Maximum €2,000
Emergency in-patient dental treatment	Full refund
Other benefits - please refer to note 2 for more information on Treatment Guarantee	
Day-care treatment ²	Full refund
Kidney dialysis ²	Full refund
Out-patient surgery ²	Full refund
Nursing at home or in a convalescent home ² <small>(immediately after or instead of hospitalisation)</small>	Maximum €2,500
Rehabilitation treatment ² <small>(in-patient, day-care and out-patient treatment; must commence within 14 days of discharge after the acute medical and/or surgical treatment ceases)</small>	Maximum €2,750
Local ambulance	Full refund
Emergency treatment outside area of cover (for trips of a maximum period of six weeks)	Full refund, max. 42 days
CT and MRI scans <small>(in-patient and out-patient treatment)</small>	Full refund

PET ² and CT-PET ² scans <small>(in-patient and out-patient treatment)</small>	Full refund
Oncology ² <small>(in-patient, day-care and out-patient treatment)</small>	Full refund
- Purchase of a wig, prosthetic bra or other external prosthetic device for cosmetic purposes	€200, per lifetime
Palliative care ²	Full refund
Long term care ²	Full refund, max. 30 days per lifetime
In-patient cash benefit (per night) <small>(where treatment has been received free of charge)</small>	Not covered
Emergency out-patient treatment <small>(where these benefit amounts are reached, any additional costs may be reimbursed within the terms of any separate Out-patient Plan)</small>	Not covered
Emergency out-patient dental treatment <small>(where these benefit amounts are reached, any additional costs may be reimbursed within the terms of any separate Dental Plan)</small>	Not covered

Out-patient Plan Benefits	Indigo Expat Junior
Maximum plan benefit	€15,000

Out-patient benefits

Prescription drugs <small>(Prescription drugs are those which legally can only be purchased when you have a doctor's prescription)</small>	Full refund, max. €2,500
Medical practitioner fees	Full refund, max. €85 per visit
Specialist fees	Full refund, max. €135 per visit
Diagnostic tests	Full refund, max. €2,000
Vaccinations	Full refund, max. €300
Prescribed physiotherapy, speech therapy, oculomotor therapy and occupational therapy ²	Full refund, max. 15 visits (and max. €1,300)
Prescribed medical aids	Full refund, max. €1,000
Prescribed glasses and contact lenses, including eye examination	Full refund, max. €150
Laser eye treatment or surgery	Not covered
Chiropractic treatment, osteopathy, homeopathy, Chinese herbal medicine, acupuncture and podiatry	Not covered
Health and wellbeing checks including screening for the early detection of illness or disease.	Not covered
Infertility treatment	Not covered
Psychiatry and psychotherapy	Not covered

Dental Plan Benefits	Indigo Expat Junior
Maximum plan benefit	€500
Dental treatment	} 100 % refund
Dental surgery <small>(3 months waiting period applies)</small>	
Periodontics	
Dental prostheses <small>(10 months waiting period applies)</small>	75 % refund, max. €250 per tooth
Orthodontic treatment	Not covered

Notes (precisions):

(1) and (2): certain treatments and costs require submission of a Treatment Guarantee Form in advance.

Following approval by MSH International, cover for these required treatments or costs can then be guaranteed. In the Table of Benefits, benefits which require pre-approval through submission of a Treatment Guarantee Form are indicated by either a 1 or a 2. If Treatment Guarantee is not obtained for the benefits listed with a 1, we reserve the right to decline a claim. If the respective treatment is subsequently proven to be medically necessary, we will pay only 80% of the eligible benefits. If Treatment Guarantee is not obtained for the benefits listed with a 2, we reserve the right to decline a claim. If the respective treatment is subsequently proven to be medically necessary, we will pay only 50% of the eligible benefits.

NB: all expenses related to maternity and pregnancy are not covered.

Personal liability

Area of cover	Worldwide
Benefits	Limits
Personal injury, property damage and consequential loss:	€4,600,000 per claim and per year
<ul style="list-style-type: none">Gross negligence (employees working for the insured member):	€300,000 per claim and per year
<ul style="list-style-type: none">Material and immaterial damage: consecutive with an absolute deductible of 150 € per claim	€460,000 per claim and per year
<ul style="list-style-type: none">with a maximum in Fire, Explosion and Water Damage in the event of temporary occupation of property (less than 3 months) "on holiday" or RC rental of event rooms	€300,000
Defence in the civil, commercial or administrative courts Defence of civil interests in the criminal courts	Fees to be paid to the Insurer, except when exceeding the maximum liability €7,700

Individual Accident

Area of cover	Worldwide
Death following an accident <ul style="list-style-type: none">Insured adultInsured child (under 18 years of age)	€10,000 €5,000
Total Permanent Infirmity following a reducible accident in the vent of Partial Permanent Infirmity according to the European Scale <ul style="list-style-type: none">Insured adultInsured child (under 18 years of age)	€10,000 €10,000
Adaptation of home / vehicle after return from the expatriation	10% of the disability capital - maximum €15,000
Daily benefit case of COMA (from 10 consecutive days of coma and for a maximum of 365 days)	1/365 of the yearly salary per day of coma and up to €150 per day and shall not exceed the death benefit provided here above
Search and rescue costs	€20,000 per insured and per member

Assistance and Repatriation

Any request for assistance must, under penalty of inadmissibility, be made in advance to the Assistance platform available 24/24.

Area of cover	Worldwide
Repatriation and medical transport	Actual costs
Companion during repatriation or medical transport	Transportation ticket costs
Transportation costs for insured family members in case of repatriation	€2,000 Euro per event
Presence with the hospitalized insured	Transportation ticket + hotel costs € 100 per night - maximum €3,000
Message transmission	Delivery costs
Repatriation or transport of the body in case of death	Transportation ticket Coffin costs: maximum €2,000
Early return of the insured	Transportation ticket
Advance on bail bond	€10,000
Coverage of lawyer fees	€10,000
Theft or loss of identity documents	Support with administrative procedures
Medication delivery	Delivery costs
Daily life advice	1 call of 30 minutes per Member in the limit of 5 calls
Listening and psychological support	1 call of 30 minutes per Member and per event in the limit of 5 calls

Note from the translator: Translation from an original document in French. In case of any discrepancies or misinterpretations resulting from the translation process, the original document in French will always prevail. The translator is not responsible for the contents of this document.

Frequently Asked Questions

HOW CAN I SUBSCRIBE TO THIS PLAN?

Please complete the Application Form and the medical questionnaire, and send them scanned with the required documents to backoffice@moncey-assurances.com.

WHO IS ELIGIBLE?

All expatriates aged between 18 and their 29th birthday are eligible, and their eventual spouse. These expatriates must be EU citizens or residing in the EU, and live abroad at least 6 months during the year.

I TRAVEL SOMETIMES OUTSIDE THE AREA OF COVERAGE I WOULD LIKE TO SELECT. AM I COVERED WHEN TRAVELING?

If you're traveling in a country which belongs to your area of cover or to a lower one, you'll be covered exactly the same as you are in your country of expatriation. If you're traveling in a higher area of cover, you'll be covered only for emergencies, ie accidents and unforeseen illnesses.

I WOULD LIKE TO OPT FOR AN AREA OF COVER WHICH IS HIGHER THAN THE ONE FOR MY COUNTRY OF EXPATRIATION. IS IT POSSIBLE?

Yes. If you wish to opt for a higher area of cover than the one for your country of expatriation, and so benefit from a wider choice of countries where you can be treated, you can select any higher area of cover.

ARE THERE WAITING PERIODS?

Some waiting periods apply on the contract. They are always mentioned in the Table of Benefits (and Notice of Information), as following:

- In-patient / psychiatry and psychotherapy = 10 months
- Out-patient :
 - o Dental surgery = 3 months
 - o Dental prostheses = 10 months

IS IT NECESSARY TO MAKE CASH ADVANCES?

For in-patient and out-patient surgery, ExpaTPA can organize direct billing with the hospital or practitioner. For other benefits, you have to pay and claim.

I WAS PREVIOUSLY COVERED UNDER ANOTHER INTERNATIONAL PLAN. CAN WAITING PERIODS BE WAIVED?

Yes. If you were previously covered by an individual international healthcare plan, for equivalent or higher benefits and limits, waiting periods for dental benefits can be waived. This is studied case by case.

HOW LONG BEFORE I GO ABROAD SHOULD I SEND MY APPLICATION FORM?

We recommend you to send your application form asap to make sure that you are accepted and to avoid any lack of time. You can send your application form 3 months before the required start date.

WHEN DOES MY COVERAGE TAKE EFFECT?

We can register your enrolment at the earliest on the day following receipt of your application, subject to acceptance of your medical questionnaire and receipt of your membership documents, including your first payment.

WHAT IS THE MINIMUM ENROLMENT PERIOD?

The contract is subscribed initially for 12 months. It is automatically renewed for one year on the anniversary of its effective date. It can be cancelled during the year, after renewal, in case the policyholder permanently returns to live in his/her home country (an official document will be required).

The contract is renewable 2 times, for a total coverage period of a maximum of 3 years. Coverage ends at the 30th birthday. Beyond that date, you can immediately subscribe without medical underwriting to: (1) Indigo Expat WeCare, if you were covered by Indigo Expat Junior 1st € or, (2) Indigo Expat OnePack, if you were covered by Indigo Expat Junior 1st € or on Top-Up to CFE.

HOW CAN I PAY MY PREMIUMS?

You can pay your premiums in euros by SEPA CORE direct debit from an account in the EU, by bank transfer or by credit card (online payments via ExpaTPA secure website). The first payment always corresponds to a 3 months period.

WHAT HAPPEN IF I CHANGE MY COUNTRY OF EXPATRIATION?

If you change your principal country of residence and remain eligible to our plans, you have to declare this change asap. There will be no impact on premium if your new country of expatriation belongs to your area of cover.

If the area of cover needs to be reviewed, premiums will be adjusted accordingly. Tax may apply depending on the country.

If you reside in an excluded country for the plan (an official document will be required). Then your contract will be cancelled as of the date of your move (or after receiving your information and request).

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

Assurances INDIGO EXPAT
63, rue de Provence
75009 Paris, France

Helpline: + 33 (0)1 53 16 31 60
E-mail : backoffice@moncey-assurances.com

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