



Indigo Expat WeCare

Table of Benefits – Private insurance

Please note that these plans are only available to individuals who are expatriated from EU (EU citizens), and to expatriates residing in the EU. These plans are not available for residents of the following countries: Bahamas, Belarus, Lebanon, Russia, Switzerland, United States of America, United Kingdom, United Arab Emirates, Venezuela.

We have created three bundled packages specifically for individual clients which include the following benefits: In-patient, Out-patient, Vision, Dental, Assistance and repatriation, Personal liability, Accidental death. There is one optional plan which can be purchased with these packages: a Maternity Plan.

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 plans

Hospitalisation benefits	Indigo Expat WeCare 80	Indigo Expat WeCare 90	Indigo Expat WeCare 100
Maximum	1 500 000 €/year/member	1 500 000 €/year/member	1 500 000 €/year/member
In-patient benefits¹- please refer to note 2 for more information on Treatment Guarantee			
Hospital accommodation – Private room ¹	maximum 300 € per day	maximum 350 € per day	maximum 400 € per day
Hospital accommodation – Semi private room ¹	Full refund	Full refund	Full refund
Intensive care ¹	Full refund	Full refund	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	Full refund	Full refund
Surgical fees, including anaesthesia and theatre charges ¹	Full refund	Full refund	Full refund
Physician and therapist fees ¹ <small>(in-patient and day-care treatment only)</small>	Full refund	Full refund	Full refund
Surgical appliances and materials ¹	Full refund	Full refund	Full refund
Diagnostic tests ¹ <small>(in-patient and day-care treatment only)</small>	Full refund	Full refund	Full refund
Organ transplant ¹	Full refund	Full refund	Full refund
Psychiatry and psychotherapy ¹ <small>(in-patient and day-care treatment only) (10 months waiting period applies)</small>	€30 per day, max.30 days	€40 per day, max.30 days	€50 per day, max.30 days
Accommodation costs for one parent staying in hospital with an insured child under 18 ¹	Full refund	Full refund	Full refund
Emergency in-patient dental treatment	Full refund	Full refund	Full refund
Other benefits - please refer to note 2 for more information on Treatment Guarantee			
Day-care treatment ²	Full refund	Full refund	Full refund
Kidney dialysis ²	Full refund	Full refund	Full refund
Out-patient surgery ²	Full refund	Full refund	Full refund
Nursing at home or in a convalescent home ² <small>(immediately after or instead of hospitalisation)</small>	maximum €2,500	maximum €2,500	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 €2,500	maximum €2,650	maximum €2,750
Local ambulance	Full refund	Full refund	Full refund
Emergency treatment outside area of cover (for trips of a maximum period of six weeks)	Full refund, max. 42 days	Full refund, max. 42 days	Full refund, max. 42 days

CT and MRI scans (in-patient and out-patient treatment)	Full refund	Full refund	Full refund
PET ² and CT-PET ² scans (in-patient and out-patient treatment)	Full refund	Full refund	Full refund
Oncology ² (in-patient, day-care and out-patient treatment)	Full refund	Full refund	Full refund
- Purchase of a wig, prosthetic bra or other external prosthetic device for cosmetic purposes	€200, per lifetime	€200, per lifetime	€200, per lifetime
In-patient cash benefit (per night) (where treatment has been received free of charge)	€150, max. 25 nights	€150, max. 25 nights	€150, max. 25 nights
Emergency out-patient treatment (where these benefit amounts are reached, any additional costs may be reimbursed within the terms of any separate Out-patient Plan)	maximum €750	maximum €750	maximum €750
Emergency out-patient dental treatment (where these benefit amounts are reached, any additional costs may be reimbursed within the terms of any separate Dental Plan)	maximum €750	maximum €750	maximum €750
Palliative care ²	Full refund	Full refund	Full refund
Long term care ²	Full refund, max. 90 days per lifetime	Full refund, max. 90 days per lifetime	Full refund, max. 90 days per lifetime

Out-patient Plan Benefits	Indigo Expat WeCare 80	Indigo Expat WeCare 90	Indigo Expat WeCare 100
Maximum plan benefit	No limit	No limit	No limit

Out-patient benefits

Medical practitioner fees and prescription drugs (Prescription drugs are those which legally can only be purchased when you have a doctor's prescription)	80% refund	90% refund	Full refund
Specialist fees	80% refund, max. €180 per visit	90% refund, max. €190 per visit	Full refund, max. €200 per visit
Diagnostic tests	80% refund	90% refund	Full refund
Vaccinations	80% refund	90% refund	Full refund
Chiropractic treatment, osteopathy, homeopathy, Chinese herbal medicine, acupuncture and podiatry (max. 12 sessions per condition for chiropractic treatment and max. 12 sessions per condition for osteopathic treatment, subject to the benefit limit)	80% refund, max. €350	90% refund, max. €360	Full refund, max. €375
Prescribed physiotherapy, speech therapy, oculomotor therapy and occupational therapy ²	80% refund, max. 15 visits	90% refund, max. 18 visits	Full refund, max. 20 visits
Health and wellbeing checks including screening for the early detection of illness or disease. (Waiting period: 12 months) Checks are limited to: • General examination • Biological analysis (full blood count, biochemistry, lipid profile, thyroid function test, liver function test, kidney function test) • Cardiovascular examination (physical examination, blood pressure, electrocardiogram) • Neurological examination (physical examination) • ENT examination (audiometry) • Radiological examination (chest x-ray) • Ophthalmological examination (vision test) • Cancer screening - Pap smear - Mammogram (for women aged 45+, or earlier where a family history exists) - Prostate screening (for men aged 50+, or earlier where a family history exists) - Colonoscopy (for members aged 50+, or 40+ where a family history exists) - Faecal occult blood test • Bone densitometry (for women aged 50+)	maximum €875 over a 3 years period of insurance	maximum €935 on a 3 years period of insurance	maximum €1,000 on a 3 years period of insurance
Infertility treatment (18 month waiting period applies)	80% refund, max. €1,500	90% refund, max. €1,500	Full refund, max. €1,500
Psychiatry and psychotherapy (18 months waiting period applies)	80% refund, max. 10 visits	90% refund, max. 10 visits	Full refund, max. 15 visits
Prescribed medical aids	80% refund, max. €1,000	90% refund, max €1,000	Full refund, max. €1,000
Prescribed glasses, contact lenses and laser eye treatment, including eye examination	max. €475 over a 2 years period of insurance	max. €500 over a 2 years period of insurance	max. €535 over a 2 years period of insurance

Dental Plan Benefits	Indigo Expat WeCare 80	Indigo Expat WeCare 90	Indigo Expat WeCare 100
Dental treatment	} 80 % refund, max. €2,750	} 80 % refund, max. €2,750	} 80 % refund, max. €2,750
Dental surgery			
Periodontics			
Orthodontic treatment and dental prostheses <small>(10 months waiting period applies)</small>	80 % refund, max. €1,500	80 % refund, max. €1,500	80 % refund, max. €1,500

Option : Maternity plan

The Indigo Expat Maternity Plan is optional. It is available to couples and families, i.e. a spouse/partner must also be insured under the policy if the Maternity Plan is selected.

Maternity Plan Benefits	Indigo Expat WeCare 80	Indigo Expat WeCare 90	Indigo Expat WeCare 100
Routine maternity ² <small>(in-patient and out-patient treatment) (10 months waiting period applies)</small>	max. €6,500	max. €6,750	max. €6,950
Complications of pregnancy and childbirth ² <small>(10 months waiting period applies)</small>	Full refund	Full refund	Full refund

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.

Personal liability

Area of cover	Worldwide
Benefits	Limits
Personal injury, property damage and consequential loss:	€4,600,000 per claim and per year
• Gross negligence (employees working for the insured member):	€300,000 per claim and per year
• Material and immaterial damage: consecutive with an absolute deductible of 150 € per claim	€460,000 per claim and per year
• 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 adult Insured child (under 18 years of age) 	€10,000 €5,000
Total Permanent Infirmary following a reducible accident in the vent of Partial Permanent Infirmary according to the European Scale <ul style="list-style-type: none"> Insured adult Insured 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 transportation	Actual costs
Supportive care and attention during repatriation or medical transport	Transport costs
Transportation costs of the insured family members in case of repatriation	€2,000 Euro per event
Presence with Insured in hospital	Return transport costs hotel costs € 100 per night - maximum €3,000
Sending messages	Cost of sending
Repatriation or transport of body in the event of death	Transport costs Cost of coffin: € 2,000
Premature return	Transportation costs
Advance of a bail bond	€10,000
Underwriting of lawyer's fees	€10,000
Theft or loss of identity documents	Support with administrative procedures
Shipping of drugs	Cost of sending
Advice on daily life	According to definition
Psychological Counselling and support	According to definition

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 moncey@moncey-assurances.com.

WHO IS ELIGIBLE?

All expatriates aged between 18 and 69 years old (policyholders) are eligible, and their dependants. 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, i.e. 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.

I WOULD LIKE TO CHANGE MY PLAN WHILE THE CONTRACT IS ACTIVE? IS IT POSSIBLE?

You can increase or decrease your level of coverage, and select another plan or option at renewal only. The increase of your level of coverage corresponds to an increase of the risk for the Insurer. Therefore, full medical underwriting is required.

ARE THERE WAITING PERIODS ON PLANS OR OPTIONS?

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 Infertility treatment = 18 months
 - o Psychiatry and psychotherapy = 18 months
 - o Orthodontics and dental prostheses = 10 months
- Option Maternity = 10 months

IS IT NECESSARY TO MAKE CASH ADVANCES?

For in-patient, out-patient surgery, MRI and CT scans... which cost more than 1,000 euros, MSH International can organize direct billing with the hospital or practitioner. For other benefits, you have to pay and claim.

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

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

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. However, waiting period is never waived for Maternity.

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).

HOW CAN I PAY MY PREMIUMS?

You can pay your premiums in euros by direct debit from an account in France or Monaco, by bank transfer or by credit card (online payments via MSH International 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 to MSH International. 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 1st or 15th of the month following your move (or after receiving your information and request).

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