

Important changes to your Indigo Expat UK policy

Effective from the 1st January 2019, a number of changes will apply to the Indigo Expat International Healthcare Plans. These changes are outlined below in this document and, where applicable to your plan(s), will apply from the renewal date indicated on your Insurance Certificate.

Our Individual International Healthcare Plans for France, Benelux or Monaco Benefit Guide has been updated to reflect these changes and will be available to download from the Allianz Care website (www.allianzworldwidecare.com) from the 1st January 2019. To be clear about which of these changes apply to your plan(s), it is important that you read this document in conjunction with your Table of Benefits. Please note that we have included an updated Table of Benefits with your renewal documents.

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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DISCOVER OUR NEW INDIVIDUAL BENEFIT GUIDE

We have re-designed our Individual Benefit Guide to create a more user friendly document. In the digital version of the guide, we have also included hyperlinks and touch screen functionalities for an easier navigation.

Following feedback from our members, we have removed the detachable 'Quick start' guide located at the end of your Individual Benefit Guide and incorporated this section within the new 'How to use your cover' section, which includes all important information you are likely to use on a regular basis. In addition, it outlines the full range of member services we offer under your plan. You will also be able to discover the advantages and convenience which our 'MyHealth' app brings to all our members.

Furthermore, the new guide also includes a 'Terms and conditions of your cover' section, which explains your cover in more detail.

Changes arising from this year's annual product review, which affect your cover, have also been included in the re-designed guide. The changes affecting your cover are listed below:

NEW BENEFITS AND ADDITIONAL COVER

We have improved the level of cover available to you as follows:

- We have widened the cover under 'Oncology' on all of our standard Core Plans. This benefit will now cover any external prosthetic device, such as a prosthetic bra. Previously the only prosthetic device covered was a wig.

POLICY WORDING CHANGES

Definitions

- We have amended the definition for 'Oncology' to reflect this benefit's cover enhancement, which now includes prosthetic devices for cosmetic purposes. The revised definition is: **Oncology** refers to specialist fees, diagnostic tests, radiotherapy, chemotherapy and hospital charges incurred in relation to the planning and carrying out of treatment for cancer, from the point of diagnosis. We will also cover the cost of an external prosthetic device for cosmetic purpose, for example a wig in the event of hair loss or a prosthetic bra as a result of cancer treatment.
- We have amended the definition for 'Orthodontics' to clarify that the benefit must be medically necessary in order to be covered. In addition we now list all specific information we require to validate your claim. The revised wording is: **Orthodontics** is the use of devices to correct malocclusion and restore the teeth to proper alignment and function. Orthodontic treatment is covered only in cases of medical necessity and for this reason, at the point of claiming, we will ask you to submit supporting information to determine that your treatment is medically necessary and therefore eligible for cover. The supporting information required (depending on your case) may include, but is not limited to, the following documents:
 - Medical report issued by the specialist, stating the diagnosis (type of malocclusion) and a description of the patient's symptoms caused by the orthodontic problem.
 - Treatment plan indicating the estimated treatment duration, estimated cost and type/material of the appliance used.
 - The payment arrangement agreed with the medical provider.
 - Proof that payment has been made in respect of the orthodontic treatment.
 - Photographs of both jaws clearly showing dentition prior to treatment.
 - Clinical photographs of the jaws in central occlusion from frontal and lateral views.

- Orthopantomogram (panoramic x-ray).
- Profile x-ray (cephalometric x-ray).

Please note that we will only cover orthodontic treatment where the standard metallic braces and/or standard removable appliances are used. Cosmetic appliances such as lingual braces and invisible aligners are covered up to the cost of metallic braces, subject to the 'Orthodontic treatment and dental prostheses' benefit limit.

- The definition for 'Chronic Conditions' has been amended to add further clarity as to what constitutes a chronic condition. The amended definition is: **Chronic condition** is defined as a sickness, illness, disease or injury that either lasts longer than six months or requires medical attention (check-up or treatment) at least once a year. It also has one or more of the following characteristics:
 - Is recurrent in nature.
 - Is without a known, generally recognised cure.
 - Is not generally deemed to respond well to treatment.
 - Requires palliative treatment.
 - Leads to permanent disability.

Please refer to the 'Notes' section of your Table of Benefits to confirm whether chronic conditions are covered.

- We have amended the definition for 'Prescribed glasses and contact lenses including eye examination' to clarify that cover extends only to the routine examinations relating to the eye tests for the glasses or contact lenses. The revised definition is: **Prescribed glasses and contact lenses including eye examination** refers to cover for a routine eye examination carried out by an optometrist or ophthalmologist (one per Insurance Year) and for lenses or glasses to correct vision.

Exclusions

- We have amended the Dental veneers exclusion, to highlight that in circumstances of medical necessity, we do cover Dental veneers. The exclusion now reads: '**Dental veneers and related procedures, unless medically necessary**'.

Data Protection and release of medical records

We have introduced a new section to our Individual Benefit Guide named 'Data Protection and release of medical records'. In this section you will find information regarding our data protection and release of medical records policy.

Please note that we are required to retain your records for a minimum period of ten years from the termination of your insurance relationship with us. We will not retain your data for

longer than is necessary and will hold it only for the purposes for which it was obtained.

Third Party Liability

We have amended the 'third party liability' section of our Individual Benefit Guide to clarify that you need to inform us when claiming benefits that are also covered by other third parties. The section reads as follows: **Third party liability: If you or any of your dependants are eligible to claim benefits under a public scheme or any other insurance policy or from any other third party, which pertains to a claim submitted to us, we reserve the right to decline to pay benefits. You must inform us and provide all necessary information if and when you are entitled to claim benefits under a public scheme or any other insurance policy or from any other third party. You and the third party may not agree any final settlement or waive our right to recover outlays without our prior written agreement. Otherwise, we are entitled to recover the amounts paid from you and to cancel the policy. We have full rights of subrogation and may institute proceedings in your name, but at our expense, to recover, for our benefit, the amount of any payment made or due under a public scheme or any other insurance policy or made by or due from any other third party. We will not make any contribution, wholly or in part, to any third-party insurer if any claim under this insurance is also covered wholly or in part under any other insurance, except in respect of any excess beyond the amount which would have been covered under such other insurance had this insurance not been effected.**

ANNUAL PREMIUM RATE REVIEW

As a member of an Indigo Expat Plan, you benefit from specific premiums which are mutualised with other Indigo Expat members. Technical results of the whole group are considered every year to review premiums as well as other factors, such as the cost of healthcare and medical inflation, 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 want our members to have access to high quality medical care and so, these factors will be taken into consideration when we calculate your renewal premium. More information on www.indigo-expat.com.

When your renewal premium is calculated, we also take into account any changes to the premium rates of your Healthcare Plan(s), your country of residence, the age of each member on the policy and your chosen payment frequency. Your renewal premium is shown in your invoice.

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

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