Indigo Expat - International Healthcare Plans for France, Benelux or Monaco

Valid from 1st January 2016

# Important changes to your policy

Effective from the 1st January 2016, 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.

Our Individual Benefit Guide for France, Benelux or Monaco has been updated to reflect these changes and will be available to download from **www.indigo-expat.com**. 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 by email at: **info@indigo-expat.com** or by telephone on: +33 (0)1 53 16 42 61.

## New benefits and additional cover

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

- In the Indigo Expat Core Plans, the benefit limit for "Hospital accommodation" in a private room has been increased to €300/£220/$420 per day.
- In the Indigo Expat Core Plans, the "Oncology" benefit has been enhanced to include the purchase of a wig in the event of hair loss as a result of cancer treatment. This provides cover of up to €200/£150/$280, for one wig per insured person, per lifetime.
- Also under our "Oncology" benefit, we now cover testing for genetic receptor of tumours.
- In all of the Out-patient Plans, the "Chiropractic treatment, osteopathy, homeopathy, Chinese herbal medicine and acupuncture" benefit has been extended to include podiatry treatment.

## New optional Out-patient Plan deductible

We would like to make you aware of a new optional deductible available on the Indigo Expat Out-patient Plans, which can help to reduce your premium. The deductible, which is set at €100/£73/$140 is payable per person per insurance year and applies to all benefits within the Out-patient Plan. Where selected, a discount of 3% will apply to the full premium amount. For more information on selecting this discount for your new policy term, please contact Assurances Indigo Expat.

## Policy wording changes

### Definitions

If your Table of Benefits includes cover for the benefits listed in this section, please note that we have amended the definitions for these benefits in your Individual Benefit Guide, as described below:

- We have amended the definition for "Oral and maxillofacial surgical procedures" (previously named "Oral surgical procedures"). For clarity, it lists the conditions which are covered under this benefit, including conditions that were previously only covered under a dental benefit (congenital jaw deformities, fractures and tumours). We also clarify that surgical removal of impacted teeth and surgeries for the correction of malocclusion are not covered, unless you have selected a Dental Plan. The revised wording is: ***Oral and maxillofacial surgical procedures*** *refer to surgical treatment performed by an oral and maxillofacial surgeon in a hospital as a treatment for: oral pathology, temporomandibular joint disorders, facial bone fractures, congenital jaw deformities, salivary gland diseases and tumours. Please note that surgical removal of impacted teeth and orthognathic surgeries for the correction of malocclusion, even if performed by an oral and maxillofacial surgeon, are not covered unless a Dental Plan has also been selected.*

- We have amended the definition for "Dental surgery" to remove the references to congenital jaw deformities, fractures and tumours, as this is covered under your Core Plan. In addition, we now cover costs for all investigative procedures necessary to establish the need for dental surgery. The amended definition is: ***Dental surgery*** *includes the surgical extraction of teeth, as well as other tooth related surgical procedures such as apicoectomy and dental prescription drugs. All investigative procedures necessary to establish the need for dental surgery such as laboratory tests, X-rays, CT scans and MRI(s) are included under this benefit. Dental surgery does not cover any surgical treatment that is related to dental implants.*

- We have created a definition for "Dental prescription drugs": ***Dental prescription drugs*** *are those prescribed by a dentist for the treatment of a dental inflammation or infection. The prescription drugs must be proven to be effective for the condition and recognised by the pharmaceutical regulator in a given country. This does not include mouthwashes, fluoride products, antiseptic gels and toothpastes.*

- The definition for "Emergency out-patient dental treatment" has been amended to indicate that cover is limited to treatment for the relief of dental pain caused by an accident or an injury to a sound natural tooth. It also confirms that permanent restorations are not included in the cover. The amended definition is: ***Emergency out-patient dental treatment*** *is treatment received in a dental surgery/hospital emergency room for the immediate relief of dental pain caused by an accident or an injury to a sound natural tooth, including pulpotomy or pulpectomy and the subsequent temporary fillings, limited to three fillings per Insurance Year. The treatment must be received within 24 hours of the emergency event. This does not include any form of dental prostheses, permanent restorations or the continuation of root canal treatment. If you also selected a Dental Plan, you will be covered under the terms of this plan for dental treatment in excess of the (Core Plan) emergency out-patient dental treatment benefit limit.*

- The "Orthodontics" definition has been amended to confirm that we only cover orthodontic treatment up to the cost of standard braces. The revised definition is: ***Orthodontics*** *is the use of devices to correct malocclusion and restore the teeth to proper alignment and function. We 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.*

- We have amended the definition of "Occupational therapy" to clarify that this benefit also includes treatment that addresses the development of gross motor skills. A progress report is required after 20 sessions. The extended definition now reads: ***Occupational therapy*** *refers to treatment that addresses the individual's development of fine and gross motor skills, sensory integration, coordination, balance and other skills such as dressing, eating, grooming, etc. in order to aid daily living and improve interactions with the physical and social world. A progress report is required after 20 sessions.*

- The "Prescribed physiotherapy" definition has been amended to indicate that, when further sessions are required, a new progress report must be submitted to us after every 12 sessions. The amended definition is: ***Prescribed physiotherapy*** *refers to treatment by a registered physiotherapist following referral by a medical practitioner. Physiotherapy is initially restricted to 12 sessions per condition, after which the treatment must be reviewed by the referring medical practitioner. Should further sessions be required, a new progress report must be submitted to us after every set of 12 sessions, which indicates the medical necessity for any further treatment. Physiotherapy does not include therapies such as Rolfing, Massage, Pilates, Fango and Milta therapy.*

- We have amended the definition for "Surgical appliances and materials" (previously named "Surgical appliances and prostheses), which now lists examples of materials and appliances covered. The amended definition is: ***Surgical appliances and materials*** *are those which are required for the surgical procedure. These include artificial body parts or devices such as joint replacement materials, bone screws and plates, valve replacement appliances, endovascular stents, implantable defibrillators and pacemakers.*

- We have amended the definition for "Prescribed medical aids", to clarify that biochemical aids such as insulin pumps, glucose meters and peritoneal dialysis machines are also covered. The reviewed definition is: ***Prescribed medical aids*** *refer to any device which is prescribed and medically necessary to enable the insured person to function to a capacity consistent with everyday living where reasonably possible. This includes:*
  - *Biochemical aids such as insulin pumps, glucose meters and peritoneal dialysis machines.*
  - *Motion aids such as crutches, wheelchairs, orthopaedic supports/braces, artificial limbs and prostheses.*
  - *Hearing and speaking aids such as an electronic larynx.*
  - *Medically graduated compression stockings.*
  - *Long term wound aids such as dressings and stoma supplies.*

  *Costs for medical aids that form part of palliative care or long term care are not covered.*

- We have amended the definition for "Home country" to read: ***Home Country*** *is a country for which the insured person holds a current passport or is their principal country of residence.*

- We have amended the definition for "Oncology" to reflect the additional cover being provided for the cost of a wig in the event of hair loss as a result of cancer treatment. The amended 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 a wig in the event of hair loss as a result of cancer treatment.*

## Cancellation

We have updated the Cancellation wording of our "Additional terms" section to clarify that an increase in insurance risk shall not be grounds for us cancelling your policy. The revised wording is as follows:

*We are entitled to cancel your policy where you have not paid the full premium due and owing as set out in the 'Paying premiums' section.*

*In the event of cancellation arising, we shall refund the premium paid on a pro rata basis.*

*You are entitled to cancel your policy:*

*1.1 With effect from the next renewal date by giving us a minimum of 2 months notice by registered letter. Termination will take effect from the next renewal date.*

*1.2 In the event of a reduction in insurance risk, if we do not agree to a consequent reduction of the premium. Termination will take effect 30 days following such refusal by us. This clause does not apply in circumstances where an insured person's state of health has changed.*

*You may notify us of your intention to cancel your policy either by "déclaration faite contre récépissé" (a declaration which confirms your intention to cancel the policy), or "acte extrajudiciaire" (written confirmation by a notary, confirming your intention to cancel your policy), or by registered letter.*

### Exclusions

- For clarity, we have amended our exclusion relating to "sleep disorders", which is now: ***Treatment of sleep disorders**, including insomnia, obstructive sleep apnoea, narcolepsy, snoring, and bruxism.*
- We have added an exclusion for ***Dental veneers** and related procedures.*
- We have amended the exclusion for "genetic testing" to indicate that testing for genetic receptor of tumours is covered. The exclusion now reads: ***Genetic testing**, except: a) where specific genetic tests are included within your plan; b) where DNA tests are directly linked to an eligible amniocentesis i.e. in the case of women aged 35 or over; c) testing for genetic receptor of tumours is covered.*

### Proof of payment

In our Individual Benefit Guide, we have amended point c) in the "Claims" paragraph of the "General information" section, to clarify that we may request proof of payment by the member when they submit a claim for reimbursement of eligible medical costs. The amended text is as follows: *It is your responsibility to retain any original supporting documentation (e.g. medical receipts) where copies are submitted to us, as we reserve the right to request original supporting documentation/receipts up to 12 months (or for up to two years for claims on CFE or French social security policies) after claims settlement, for auditing purposes. We also reserve the right to request a proof of payment by you (e.g. bank or credit card statement) in respect of your medical receipts. We advise that you keep copies of all correspondence with us as we cannot be held responsible for correspondence that does not reach us for any reason that is outside of our reasonable control.*

### Changing your address/email address

This section, which forms part of "General information" in our Individual Benefit Guide, was amended to clarify that for data protection reasons all correspondence will be sent to the contact details we have on our records. The revised wording is: *All correspondence will be sent to the details we have on record for you unless requested otherwise. Any change in your home, business or email address should be communicated to us in writing as soon as possible.*

### Making a complaint

In our Individual Benefit Guide, we have revised the text which was provided in relation to making a complaint, to advise that we will handle all complaints according to our internal complaint management procedure, a copy of which can be obtained either from our website or by contacting our Helpline.

## Annual premium rate review

As a member of the Indigo Expat, 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.

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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