

SUMMARY OF BENEFITS

ITER ORGANIZATION PROGRAM

1st euro Healthcare Plan





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The ITER Organization has become a member of the PREVINTER* Association to provide you with worldwide healthcare coverage.

This guide summarizes the healthcare benefits and specific conditions to which you are entitled.

To introduce you to the detailed procedures and services provided for enhanced assistance, please do not hesitate to consult the Practical Guide available on your personal Participant's Pages on www.previnter-mb.com.

Your plan is administered by MSH INTERNATIONAL, PREVINTER claims department that can be contacted at any time (see all contact addresses on your personal Participant's Pages on www.previnter-mb.com).

You can alternatively use the available services in your Participant's Page.

This guide is a summary of the main provisions of the CADs 10884/5, 10884/6 & 10884/7 and AXA / PREVINTER policy No. 704.158.

Neither the insurer nor the ITER ORGANIZATION, nor PREVINTER, nor MSH INTERNATIONAL can be held responsible if any statement in this guide and any provision in the policy differ.

In that case, the wording of the policy and Certificate conditions will prevail.

** PREVINTER is an independent, non-profit association, which offers its member companies the means to optimize their international employee benefit plans.*



1 Who is eligible for cover?

YOU, as a member of the insured category of the ITER Organization.

► **YOUR DEPENDENTS:**

- **Your spouse** (provided that you are not divorced or living apart under a separation order) or, if you are not married, **your registered legal partner** (e.g. PACS) **following the conditions of the ITER Organization.**
- **Your dependent children** following the conditions of the ITER Organization, provided that they do not earn a living, are financially dependent on you and are:
 - Under age 18,
 - Between age 18 and 26, in full-time secondary or higher education (a written proof of attendance at an educational establishment is required when enrolling and then at the beginning of each new academic year).

ENROLLMENT

Your employer pre-enrolls you online.

You receive an e-mail with **your temporary login details** to log in to our website www.previnter-mb.com.

Complete carefully your pre-enrollment, validate it and send it back to us, if any, with the necessary enrolment documents.

As soon as your employee's case is approved, you receive an e-mail to confirm your enrollment and give you **your definitive login details to access to your personal and secure Participant's Page** on www.previnter-mb.com.



2 Start and end date of your Healthcare Plan

I START DATE

You are insured as soon as you belong to the eligible category of members and from the start date of the ITER ORGANIZATION policy.

Your dependents are eligible for cover under the same healthcare plan as you as soon as they are deemed dependent and when you become eligible.

I DURATION OF COVERAGE

Your cover under the present healthcare plan, as well as the extension privilege, end:

- ▶ For all insured members and therefore for their dependents.:
 - when the work contract ceases (e.g. for resignation, dismissal or retirement),
 - when the insured member does not belong to the eligible category any more,

- ▶ For all insured members as well as for their dependents:
 - on the date of policy termination by the ITER Organizations, PREVINTER or the insurer



3 Your Healthcare Plan

APPLICABLES RULES

PREVINTER will reimburse your medical expenses incurred throughout the world as of the first euro.

All treatment must be recognized by local medical authorities and delivered by licensed physicians practicing within the scope of their license (in compliance with all legal, regulatory and other dispositions required to practice).

Medical expenses are reimbursed after payment of their part by any Social Security scheme (French or other) or by any other health insurance through which you might be also covered.

APPLICABLES RULES FOR DEPENDENTS

PREVINTER healthcare plan is complementary to a primary insurance plan for:

- Your children enrolled in full-time secondary or higher education, if they have enrolled to the Student Social Security plan of the country where they study.
- Your spouse, or registered legal partner (i.e. PACS), if covered by a Social Security plan. These dependents must give their Social Security number to the claims department.

SCOPE OF COVERAGE

Your medical expenses are covered **Worldwide**.

REASONABLE AND CUSTOMARY

Under this plan, medical charges actually incurred are reimbursed in line with “**reasonable and customary costs**” and according to the limits outlined in the following table.

This "reasonable and customary" notion is assessed according to the medical practice prevailing in the country where healthcare is delivered (kind of treatment, quality of care and equipment, geographical zone and country).

Costs are deemed "reasonable and customary" on the basis of codification standards and treatment referencing procedures in each country according to the ICD (International Coding Diagnostic).

In the USA for example, fees are deemed UCR (Usual, Customary and Reasonable) according to the CPT Physician Guide (Current Procedural Terminology Physician Guide).

USEFUL TIP

For further information, please consult the MSH NETWORK information website on your Participant's Pages on www.previnter-mb.com or the Practical Guide you received after



In France, the reference used is the regulated fees (“tarifs conventionnels”) which are established by the CCAM code (Classification Commune des Actes Médicaux).

In this case, Previnter considers the expenses as reasonable and customary and reimburses up to 5 times the regulated fees.

E.g.: GP regulated fee => €23 – Our maximum reimbursement => €115

You can freely choose your medical practitioners and facilities.

However, unreasonable and unusual costs may be rejected or only partially reimbursed.

I MSH NETWORK

Take a look at the medical information we provide at www.previnter-mb.com, Participants Pages, under MSH NETWORK, paying special attention to the recommendations for preventing certain illnesses.

MSH NETWORK also provides information on countries worldwide together with the list of hospitals and other medical providers per country.

I HOW TO REDUCE CLAIMS PROCESSING TURNAROUND TIME

For a faster and even more efficient administration of your healthcare claims, you will be able to upload your scanned supporting documents directly in your secure pages under "Fill out a Claim Form". You will not have to send your claims by e-mail.

We remind you that scanned supporting documents are only authorized for claims where the total cost of medical services does not exceed EUR 500. If your healthcare claim exceeds EUR 500, you need to send the original documents by post to your claims department.

You must keep the original copies of these documents (medical prescriptions, practitioner’s fees, bills, etc.) for 24 months following the date of medical service as you may be requested to submit them at any time during this period. If the original copies cannot be produced, you will be responsible for any claim payments made in regard to those receipts.



4 Reimbursements and ceilings

100% of charges = 100% of reasonable and customary charges

Medical expenses related to work-related sickness and accidents are reimbursed up to 100% of the real costs

Sickness and accidents will be classified as work-related according to the definition of the French social security system and upon declaration by the ITER ORGANIZATION.

HOSPITALIZATION	
<ul style="list-style-type: none"> Room and Board / Inpatient medical treatment / "Forfait hospitalier" (daily hospital fees) Additional fee for Private Room Bed for an accompanying parent of a hospitalized child under the age of 12 Road ambulance transportation (if medically justified) Re-constructive surgery 	<ul style="list-style-type: none"> 100% of charges 90% of charges up to 90€ per day with a maximum of 21 days 100% of real charges 100% of charges (to the nearest hospital) 100% of charges, provided that surgery is due to an injury that occurred during the period of coverage of this policy
OUTPATIENT MEDICAL TREATMENT	
<p>Out of pocket max. = €500 per family/per year Medical expenses related to work-related sickness are reimbursed up to 100% of real costs</p>	
<ul style="list-style-type: none"> Physician fees and home visits (excluding dentists) Nurse and paramedical fees (nurses, physiotherapists, speech therapists, orthoptists, podiatrists) Laboratory tests X-rays, Medical imaging Prescription drugs 	<ul style="list-style-type: none"> 90% of charges 90% of charges 90% of charges 90% of charges 90% of charges
ALTERNATIVE MEDICINE	
<ul style="list-style-type: none"> Acupuncture, Osteopathy, Chiropractic, Homeopathy, Psychotherapy 	<ul style="list-style-type: none"> 90% of charges up to 10 sessions per person per calendar year (aggregate benefits for all alternative medicine)
PREVENTIVE MEDICINE	
<ul style="list-style-type: none"> Inoculations, antipaludic and preventive prescription drugs Health check-ups (including the pre-expatriation check-up) 	<ul style="list-style-type: none"> 100% of charges if required and prescribed by a physician 90% of charges up to one check-up per person once every 3 calendar year
VISION CARE	
<ul style="list-style-type: none"> Eyeglass lenses, Frames, Contact lenses (including disposal lenses if medically prescribed) Laser eye surgery (myopia-, hypermetropia and astigmatism correction) 	<ul style="list-style-type: none"> 90% of charges up to € 600 per person per calendar year 90% of charges up to € 700 per eye and one surgery per eye will be covered during the policy lifetime



DENTAL CARE	
<ul style="list-style-type: none"> ▪ Dentist fees & dental care (preventive and surgical treatment), Bone grafts, Parodontology (including gingivectomy) ▪ Dental prostheses, Dental implants 	<ul style="list-style-type: none"> ▪ 90% of charges up to € 2,500 per person per calendar year ▪ 90% of charges up to € 750 per tooth/prosthesis, and € 1200 per tooth/implant. The aggregate benefit is limited to € 3,500 per person per calendar year
<ul style="list-style-type: none"> ▪ Orthodontic treatment (begun before the child's 18th birthday) 	<ul style="list-style-type: none"> ▪ 90% of charges up to € 2,000 per person per calendar year (three years maximum during the policy lifetime)
OTHER PROSTHESES	
<ul style="list-style-type: none"> ▪ Prosthetic appliances, Artificial Limbs and Hearing Aids 	<ul style="list-style-type: none"> ▪ 90% of charges
PREGNANCY AND CHILDBIRTH	
<ul style="list-style-type: none"> ▪ Childbirth ▪ Pre- and post-natal exams ▪ Private room fees 	<ul style="list-style-type: none"> ▪ 100% of charges ▪ See « outpatient medical treatment » service ▪ See “medical and surgical hospitalization » service
MEDICALLY ASSISTED PROCREATION	
<ul style="list-style-type: none"> ▪ Infertility and fertility procedures, including birth control and any form of assisted reproduction 	<ul style="list-style-type: none"> ▪ 100% of charges up to € 3,000 per attempt with a maximum of 4 attempts during the policy lifetime
OTHER TREATMENTS	
<ul style="list-style-type: none"> ▪ Long term pathologies or French “Affections Longues Durées” 	<ul style="list-style-type: none"> ▪ 100% for pathologies recognized as “ALD” by the French social Security scheme if treatment delivered in France and prescribed on the official French prescription form (“ordonnance bi-zone”)
<ul style="list-style-type: none"> ▪ Spas 	<ul style="list-style-type: none"> ▪ Not covered



5 Extension of your Healthcare Plan

Under the Healthcare Plan, your medical expenses will still be reimbursed at the same level of coverage as with the French Social Security (and within the coordinated healthcare pathway for expenses incurred in France) in the following cases:

■ IN CASE OF DEATH, DIVORCE OR LEGAL SEPARATION

Your dependents will still be covered for a maximum period of three months, provided that they are not covered by a public Social Security plan or by another private insurance plan

Extension of coverage will end:

- if the insured enrolls a new spouse (or registered legal partner),
- if the dependent covered by this extension gets, remarried or concludes a French P.A.C.S. or registered legal partnership,
- at the end of the maximum period of three months.

■ IN CASE OF RETURN WHEN ASSIGNMENT ENDS

You and your dependents can still be covered for three months maximum until you are entitled to benefits from the public Social Security scheme or another insurance plan from your country of residence.

Extension of coverage will end:

- as soon as you are entitled to coverage by a public Social Security plan or another insurance plan, as an employee or dependent of an insured person,
- when you start receiving an old age pension or similar,
- At the end of the maximum period of three months.



I IN CASE OF TEMPORARY OR PERMANENT DISABILITY COVERED BY A PREVINTER PLAN

- ▶ **If your employment contract is not terminated:** You and your dependents will still be covered by this healthcare plan, with the same level of coverage, provided that you are not a green card holder or long term resident in United States, and moving back to the USA.

Extension of coverage will end:

- as soon as you earn wages again (even partially),
- when your employment contract terminates,
- when you start receiving an old age pension or similar.

- ▶ **If your employment contract is terminated:** You and your dependents will still be covered, with the same level of coverage as the French Social Security plan, provided you are not entitled to benefits in kind from the French Social Security or any other insurance plan.

Extension of coverage will end:

- as soon as you earn wages again (even partially),
- when you start receiving an old age pension or similar.

In any case, these extensions will end on the date of policy termination by the ITER Organization, PREVINTER or the insurer.



6 Exclusions

The PREVINTER healthcare plan does not cover all treatment.

ARE EXCLUDED:

- **Services delivered by any person practicing without the required diploma,**
- **Any treatment not prescribed by a physician or that has not proved to be efficient from a strictly medical point of view,**
- **Medical treatment not recognised by the French Social Security scheme, except treatment and medical services covered by this healthcare plan,**
- **Treatment, for which the prior approval was refused,**
- **Any expense related to aesthetic treatment (or comparable) except in specific cases (due to an accident or disease that occurs during the period of insurance by this policy) duly authorized in writing by the insurer and within the conditions and limits of the said authorization,**
- **Charges incurred prior to the start date of coverage or after the termination date of coverage,**
- **Over-the-counter pharmaceutical items such as cotton pads, alcohol, sun lotion, etc...**
- **Incidental expenses such as telephone charges during a hospital stay,**
- **Excessive charges or charges that are not reasonable or customary in regard to the country in which they were incurred,**
- **Accommodation and treatment expenses incurred during a stay in a care and/or convalescent home when the stay follows a period of hospitalization of less than 30 days or major surgery with a French Social Security surgery "K" coefficient less than or equal to K50, not counting anaesthetic (this coefficient is calculated according to the French Social Security system when treatment does not take place in France),**
- **Accommodation and treatment expenses incurred during a stay in a convalescent facility (or similar facility),**
- **Accommodation and treatment expenses incurred during a stay in a rehabilitation centre or an occupational therapy facility (or similar facility),**
- **Treatment for obesity,**
- **Travel and hotel expenses even if related to medical treatment,**
- **Any treatment that is considered experimental,**
- **Thermal spas.**

For more information, **do not hesitate to contact us.**