

# Table of benefits

## Health benefits 1st € - ACS FRANCE

	★	★ ★	★ ★ ★	★ ★ ★ ★
MAXIMUM LIMIT PER BENEFICIARY PER YEAR	€ 500 000	€ 1 000 000	€ 1 500 000	€ 2 000 000
<b>HOSPITALIZATION (prior consent)</b>				
Medical hospitalization	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Inpatient medical treatment				
"Forfait hospitalier" (daily hospital fee)				
Local transportation by ambulance (medically justified)				
Emergency dental plastic surgery following an accident during the insurance				
Additional fee for Private Room (standard category only)	€ 50/day max 21 days of hospitalization	€ 75/day max 21 days of hospitalization	€ 100/day max 21 days of hospitalization	€ 150/day max 21 days of hospitalization
Accompanying bed for hospitalization of a child under 16 years	100% of actual expenses max € 25/day max 21 days of hospitalization	100% of actual expenses max € 35/day max 21 days of hospitalization	100% of actual expenses max € 45/day max 21 days of hospitalization	100% of actual expenses max € 60/day max 21 days of hospitalization
Outpatient care before and following hospitalization (up to 30 days before and 90 days following hospitalization)	100% of actual expenses limited to € 1 000/year	Included in « Routine medical expenses »	Included in « Routine medical expenses »	Included in « Routine medical expenses »
Psychiatry	Not covered	Not covered	100% of actual expenses limited to € 3 000/year	100% of actual expenses limited to € 5 000/year
Childbirth (including private room)			100% of actual expenses limited to € 4 000/year	100% of actual expenses limited to € 6 000/year
Medically assisted procreation (max 3 attempts lifetime)			Not covered	100% of actual expenses limited to € 3000/attempt
<b>ROUTINE MEDICAL EXPENSES</b>				
Physician fees and home visits (excluding dentists)	Not covered	90% of actual expenses max € 40 for a Generalist max € 60 for a Specialist	100% of actual expenses max € 60 for a Generalist max € 90 for a Specialist	100% of actual expenses max € 100 for a Generalist max € 150 for a Specialist
Paramedical fees (nurses, physiotherapists, speech therapists, orthoptists, podiatrists)		90% of actual expenses	100% of actual expenses	100% of actual expenses
Laboratory tests				
MRI (X-rays, medical imaging)		Not covered	100 % of actual expenses max € 30 per session max 5 sessions/year	100 % of actual expenses max € 50 per session max 10 sessions/year
Prescription drugs				
Alternative medicine (acupuncture, chiropractic, homeopathy, psychotherapy)				
<b>OTHER PROSTHESES</b>	Not covered	90% of actual expenses limited to € 300/year	100% of actual expenses limited to € 600/year	100% of actual expenses limited to € 1 000/year
Prosthetic appliances, artificial limbs and hearing aids Maximum limit				
<b>PREVENTIVE MEDECINE</b>				
Inoculations, antimalarial and preventive prescription drugs (if mandatory or recommended)	Not covered	Not covered	100% of actual expenses	100% of actual expenses
Complete health check-ups (preexpatriation check-up included)			Not covered	100 % of actual expenses max. € 300 / year (1 check-up every 3 years)
<b>VISION CARE</b>				
Eye-glass lenses, Frames, Contact lenses (including disposal lenses if medically prescribed)	Not covered	Not covered	100% of actual expenses limited to € 300/year	100% of actual expenses limited to € 500/year
Laser eye surgery (myopia-, hypermetropia- and astigmatism correction)			Not covered	100% of actual expenses limited to € 300/year
<b>DENTAL CARE</b>				
MAXIMUM LIMIT PER BENEFICIARY PER CALENDAR YEAR	Not covered	Not covered	Max € 1 500/year	Max € 2 500/year
Dentist fees & dental care (preventive and surgical treatment), including gingivectomy)			100% of actual expenses	100% of actual expenses
Orthodontics (If treatment started before 16 years)			100% of actual expenses limited to € 800/year	100% of actual expenses limited to € 1 200/year
Dental prosthesis			100% of actual expenses limited to € 400/year	100 % of actual expenses max. € 500/tooth max. 4 teeth/year
Dental implants			Not covered	

# Optional benefits



## Assistance and civil liability cover

WHAT IS COVERED		AMOUNT COVERED
<b>REPATRIATION ASSISTANCE</b>		
Repatriation or medical transportation		Actual expenses
Transportation of the body in case of death	Repatriation of the body	Actual expenses
	Funeral expenses required for transportation	EUR 1 500
	Repatriation of other family members	Ticket (one way only)
Return of the insured to the country of expatriation after "consolidation"		Ticket (one way only)
<b>CIVIL LIABILITY</b>		
Physical injury, material or consequential loss		EUR 4 500 000
Material and consequential loss only		EUR 150 000
Excess per claim		EUR 150

## Accidental death and disability cover

SUM INSURED			
<b>DEATH BENEFITS</b> (Additional to health benefits)			
Lump sum payment on death or total and irreversible disability	EUR 25 000	EUR 50 000	EUR 100 000
Additional lump sum in the event of accidental death or total and irreversible disability due to an accident	EUR 25 000	EUR 50 000	EUR 100 000
<b>DAILY BENEFITS / DISABILITY PENSION</b> (Additional to health benefits)			
Daily allowances (excess period of 90 or 180 days)	EUR 25/day	EUR 50/day	EUR 100/day

Annual disability income: amount of the daily allowances chosen x 365.

The lump sums paid in the case of death (non-accidental) must not be more than twice the declared gross annual income.

The amount of daily benefits and the disability pension cannot exceed 70% of gross annual income.