



# THE AARO GROUP MEDICAL INSURANCE PLAN



This guide is a summary of the main provisions of  
SWISSLIFE PREVOYANCE ET SANTE  
policy n° 4466, that may be consulted at the AARO head office.

Should any statement in this guide and any provision  
in the policy differ, the wording of the policy will prevail.

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## INTRODUCTION

The ASSOCIATION OF AMERICANS RESIDENT OVERSEAS (AARO), founded in Paris in 1973, is a volunteer non-partisan, non-profit public service organization of American citizens residing outside the United States. AARO's mission is to seek fair and equal treatment for Americans abroad on the part of the U.S. government, to inform its members of issues affecting them, and to build awareness in the United States of the role played by Americans abroad.

This brochure describes a group medical insurance plan that AARO has selected for AARO members. In order to benefit from the healthcare plan described herein, AARO members must be in-good-standing and must reside outside of the United States.

The Plan Administrator of the AARO Group Medical Insurance plan is MSH INTERNATIONAL in Paris. MSH INTERNATIONAL is a world leader in the design and management of international healthcare solutions with over 330,000 insured members across more than 194 countries and 2,000 corporate clients. MSH INTERNATIONAL is the healthcare partner for internationally mobile individuals worldwide: employees of multinationals, employees of international organizations, small and medium enterprises, individual expatriates, students and cross-border commuters, local high-net-worth individuals looking for international health insurance.

### **Statement of responsibility**

It is specifically understood and agreed by the AARO Member applicant that AARO merely negotiated this policy for the benefit of its members; this role has now been completed. AARO is neither now, nor will it be in the future, in any way involved, directly or indirectly, with the administration of the insurance plan. Accordingly, said applicant acknowledges that AARO shall bear no responsibility or liability whatsoever with respect to the insurability or continuing insurability of the applicant, to the payment of any claim made under the policy, or for any other matter related to the potential or existing relationship between the applicant and the insurance company, and said applicant shall look solely to the insurance company with respect to any matter related thereto, whether administrative, financial, or otherwise.

The AARO Group Medical Insurance Plan is insured by SWISSLIFE PREVOYANCE ET SANTE, Paris, France and is subject to the terms and conditions of a policy between AARO and SWISSLIFE. AARO and SWISSLIFE reserve the right to amend or end the plan according to the rules of the policy.

The AARO Group Medical Insurance Plan shall be governed exclusively by the laws of France.

## BENEFIT MODULES AND REIMBURSEMENT LEVELS

The AARO Group Medical Insurance Plan provides a choice of benefit options, depending on one's medical needs.

### ■ Option 1: INPATIENT HOSPITALIZATION ONLY

### ■ Option 2: MEDICAL COVER

### ■ Option 3: COMPREHENSIVE COVER

There is also a choice of levels (AARO SILVER or AARO GOLD) which corresponds to percentages and limitations up to which you would like to be covered, for each benefit category. The following table summarizes the coverage and conditions for each module.

## HIGHLIGHTS OF THE AARO HEALTH CARE PLAN

### ■ Option 1: INPATIENT HOSPITALIZATION ONLY

MEDICAL SERVICE	BENEFITS
<ul style="list-style-type: none"> <li>Inpatient surgery and medical treatment (including private room)                             <ul style="list-style-type: none"> <li>- in the country of residence</li> <li>- in the US</li> </ul> </li> </ul>	100% of charges* Private room up to €100 per day 80% of charges* up to 30 days per calendar year
<ul style="list-style-type: none"> <li>Ambulance transportation to and from hospital</li> </ul>	100% of charges* up to €1,000 per calendar year
<ul style="list-style-type: none"> <li>Bed for an accompanying parent of a hospitalized child under the age of 12</li> </ul>	100% of charges*
<ul style="list-style-type: none"> <li>Convalescent facility (within 7 days following a major hospitalization)</li> </ul>	100% of charges* up to 60 days per calendar year
<ul style="list-style-type: none"> <li>Inpatient treatment for psychiatric or mental illnesses</li> </ul>	NOT COVERED

\* 100% of charges = 100% of reasonable and customary charges.

In France, "reasonable and customary" is up to 400% the French Social Security Tariffs.

## ■ Option 2: MEDICAL COVER

MEDICAL SERVICE	SILVER	GOLD
• Inpatient surgery and medical treatment (including private room) in the country of residence	100% of charges*. Private room up to €200 per day	100% of charges*. Private room up to €200 per day
• Ambulance transportation to and from hospital	100% of charges* up to €1,000 per calendar year	100% of charges* up to €1,000 per calendar year
• Bed for an accompanying parent of a hospitalized child under the age of 12	100% of charges*	100% of charges*
• Convalescent facility (within 7 days following a major hospitalization)	100% of charges* up to 60 days per calendar year	100% of charges* up to 60 days per calendar year
• Inpatient treatment for psychiatric or mental illnesses	80% of charges* up to €3,000 Psychiatric aggregate Lifetime maximum	80% of charges* up to €4,000 Psychiatric aggregate Lifetime maximum
• Visits to a medical doctor	80% up to €100 per visit	100% up to €140 per visit
• Outpatient psychiatric treatment	50% up to €300 per calendar year	50% up to €400 per calendar year
• Health check-ups	80% up to €500 every 2 years	100% up to €600 every 2 years
• Registered nurses and paramedical fees (doctor's prescription required)	80% of charges*	100% of charges*
• X-rays and laboratory tests (doctor's prescription required)	80% of charges*	100% of charges*
• Routine pregnancy and childbirth (12 months waiting period)	80% up to €3,000 per pregnancy	100% up to €4,000 per pregnancy
• Outpatient surgery	100% of charges*	100% of charges*
• Spa treatment - Transport fees and accommodation (doctor's prescription required)	80% up to €300 per calendar year	100% up to €400 per calendar year
• Prosthetic appliances (other than dental) (doctor's prescription required)	80% up to €3,000 Lifetime Maximum	100% up to €5,000 Lifetime Maximum
• Medically Prescribed Drugs	80% of charges*	100% of charges*
• Treatment in the US	80% of charges* up to 30 days per calendar year. Amount reimbursed cannot exceed the limits for the same type of care.	80% of charges* up to 30 days per calendar year. Amount reimbursed cannot exceed the limits for the same type of care.

\* 100% of charges = 100% of reasonable and customary charges.

In France, "reasonable and customary" is up to 400% the French Social Security Tariffs.

### ■ Option 3: COMPREHENSIVE COVER

MEDICAL SERVICE	SILVER	GOLD
• Inpatient surgery and medical treatment (including private room) in the country of residence	100% of charges*. Private room up to €200 per day	100% of charges*. Private room up to €200 per day
• Ambulance transportation to and from hospital	100% of charges* up to €1,000 per calendar year	100% of charges* up to €1,000 per calendar year
• Bed for an accompanying parent of a hospitalized child under the age of 12	100% of charges*	100% of charges*
• Convalescent facility (within 7 days following a major hospitalization)	100% of charges* up to 60 days per calendar year	100% of charges* up to 60 days per calendar year
• Inpatient treatment for psychiatric or mental illnesses	80% of charges* up to €3,000 Psychiatric aggregate Lifetime maximum	80% of charges* up to €4,000 Psychiatric aggregate Lifetime maximum
• Visits to a medical doctor	80% up to €100 per visit	100% up to €140 per visit
• Outpatient psychiatric treatment	50% up to €300 per calendar year	50% up to €400 per calendar year
• Health check-ups	80% up to €500 every 2 years	100% up to €600 every 2 years
• Registered nurses and paramedical fees (doctor's prescription required)	80% of charges*	100% of charges*
• X-rays and laboratory tests (doctor's prescription required)	80% of charges*	100% of charges*
• Routine pregnancy and childbirth (12 months waiting period)	80% up to €3,000 per pregnancy	100% up to €4,000 per pregnancy
• Outpatient surgery	100% of charges*	100% of charges*
• Spa treatment - Transport fees and accommodation (doctor's prescription required)	80% up to €300 per calendar year	100% up to €400 per calendar year
• Prosthetic appliances (other than dental) (doctor's prescription required)	80% up to €3,000 Lifetime Maximum	100% up to €5,000 Lifetime Maximum
• Medically Prescribed Drugs	80% of charges*	100% of charges*
• Treatment in the US	80% of charges* up to 30 days per calendar year. Amount reimbursed cannot exceed the limits for the same type of care.	80% of charges* up to 30 days per calendar year. Amount reimbursed cannot exceed the limits for the same type of care.

\* 100% of charges = 100% of reasonable and customary charges.

In France, "reasonable and customary" is up to 400% the French Social Security Tariffs.

MEDICAL SERVICE	SILVER	GOLD
<b>DENTAL</b>		
• Dental treatment	80% up to €1,500 * per calendar year	100% up to €2,000 * per calendar year
• Dental crowns, bridges, dentures, inlays	80% up to €500 per tooth and €1,500 per calendar year	100% up to €600 per tooth and €2,000 per calendar year
• Orthodontia (treatment starting before age 16)	80% up to €3,000 Lifetime Maximum	100% up to €4,000 Lifetime Maximum
<b>OPTICAL</b>		
• Medically Prescribed Eyeglasses & contact lenses to correct defective eyesight	80% up to €400 per calendar year	100% up to €500 per calendar year
• Treatment in the US	80% of charges* up to 30 days per calendar year. Amount reimbursed cannot exceed the limit for each type of care listed above.	80% of charges* up to 30 days per calendar year. Amount reimbursed cannot exceed the limit for each type of care listed above.

\* 100% of charges = 100% of reasonable and customary charges.

In France, “reasonable and customary” is up to 400% the French Social Security Tariffs.

## ■ Medical Assistance & Repatriation

The Assistance & Medical Repatriation guarantee is automatically included in each of the 3 options (Inpatient hospitalization, Medical Cover, Comprehensive Cover).

In the event of an accident or illness Europ Assistance organizes & covers the following services:

<b>MEDICAL ASSISTANCE AND EMERGENCY REPATRIATION</b>	
Assistance and repatriation: arrangement and coverage of the insured member, transportation to a nearby healthcare facility or repatriation to the country of origin.	Charges incurred
Return of a accompanying insured member	Return trip
Transportation of a relative: in the event of hospitalization for more than 5 days	Round-trip ticket + €200 per night limited to €2,000
Return to the place of residence after repatriation in the country of origin	One-way ticket
Early return in the event of hospitalization of a family member for more than 5 days	Round-trip ticket
Accompanying children under 18 years if the insured person is repatriated to their country of residence or origin	Return trip

## ASSISTANCE IN THE EVENT OF DEATH

Repatriation of the body to the country of origin	Charges incurred
Coffin costs or urn costs	€2,000
Early return in the event of death of a family member	Round-trip ticket
Identification of the body and necessary formalities	Round-trip ticket + €200 per night with a maximum of 2 nights

## TRAVEL ASSISTANCE

Advance of bail bonds	€50,000
Advance and coverage of legal fees	€7,700
Access to the online lock-box service of Europ Assistance during your policy term	Free enrollment to the website

### ■ And also:

- Early return in the event of an attack or natural disaster
- Assistance in the event of theft, loss or destruction of identity paper, with an advance of funds of €2,300 and coverage of costs incurred in the event of an extended stay, up to €200 per night and limited to €2,000
- Delivery of medication that cannot be found on site or transmission of urgent messages
- Psychological support

For the above assistance benefits, please contact Europ Assistance France as soon as first help has been provided at the following telephone number:  
+ 33 (0) 1 41 85 84 95 and give your policy number: 58.662.563



## ELIGIBILITY AND DURATION OF COVERAGE

### **a. Who is eligible**

The AARO Group Medical Insurance Plan is available for American citizens who are members of the ASSOCIATION OF AMERICANS RESIDENT OVERSEAS (AARO), in good health at the time of enrollment, and who live outside of the United States. There are no age limits restricting admission to the plan. The Insurer is entitled to refuse any applicant who does not meet its underwriting criteria. Coverage may be obtained to cover dependents as defined below, provided that each dependent is listed on the enrolment form and accepted by the Insurer, and the appropriate premium is paid for each individual. Permitted dependents are:

- Spouse of Insured Member
- Unmarried children under 20, or between 20 and 26 who are full-time students attending school regularly and depend solely upon the Insured Member for financial support
- Unmarried children who are physically or mentally incapacitated and depend solely upon the Insured Member for financial support as long as proof of the handicap is submitted to the Insurer prior to the dependent's 20<sup>th</sup> birthday and periodically thereafter at the Insurer's request

Dependents need not be American citizens to be eligible for coverage, but they should be living with the AARO member (except as indicated above).

Insured Members and insured dependents of Insured Members are called hereinafter "Insured Persons".

### **b. When does coverage begin**

Coverage begins on the first day of the month which follows acceptance by the Insurer for members and their dependents provided that the premiums have been paid to the Plan Administrator. In certain cases an alternative date may be chosen by mutual agreement.

### **c. Duration of coverage**

Coverage remains in effect, provided that there is no interruption in the payment of the premium, that the Insured Member remains an AARO member in good standing, and that the Insured Member continues to maintain his or her primary residence outside the United States.

- The Insured Member can be covered for the duration of his/her life.

- If an insured spouse survives him or her, the spouse can continue to be covered for the duration of his/her life, as long as the surviving spouse is an insured person who maintains primary residence outside the United States and membership in AARO
- Dependent children can be covered as long as the Insured Member or the surviving spouse is covered

Coverage will be terminated when insurance premiums are not paid, or the Insured Member moves permanently to the United States, or the individual is no longer a dues-paying member of AARO or in the event of a false declaration or claim. Any individual who allows his or her healthcare coverage to lapse for any reason will have to submit evidence of good health before being allowed to join the medical plan again.

It is the responsibility of the Insured Member to maintain membership in AARO continuously.

## PRE-EXISTING CONDITIONS AND WAITING PERIODS

Unless the Insurer imposes a specific restriction when accepting a member or his dependents into the plan, the Insurer will not refuse to reimburse treatment of pre-existing conditions, but will make use of a waiting-period procedure which operates as follows:

- 6 months for:
  - Eyeglasses and contact lenses
  - Dental crowns, bridges, dentures, inlays
  - Orthodontic treatment
  - Orthopedic treatment and prostheses
  - Spa treatment (“cures thermales”)
- 12 months for:
  - Pregnancy and childbirth
  - Health check-ups
  - Psychiatric, mental, nervous, alcohol, drug abuse disorders
  - Elective hospitalization
  - Elective surgery

The relevant waiting periods can be waived (except for maternity and health check-ups) if the Insured Person provides evidence of having been covered by a comparable insurance policy up to the date of admission into the AARO Group Medical Insurance Plan, but the AARO benefits payable during the policy waiting period cannot exceed benefit limitation and benefits in the previous policy.

Premiums are due in their entirety during any waiting period to compensate the insurer for taking on ultimately the liability of pre-existing conditions.

## GENERAL PRINCIPLES AND PRECERTIFICATION

Coverage is provided for medical expenses incurred in the country of residence of the insured individual, or in the country of origin (USA) with a maximum cover of 30 days as of the first day of treatment for each calendar year. Coverage is also provided in any other country if the medical expenses are incurred while the insured is on a short term trip, and if they are the result of an accident or illness occurring during this short term trip. Elective treatment outside the country of residence, including the USA, requires prior approval by the insurer.

There are no restrictions on the choice of doctors, laboratories, clinics or hospitals as long as insured persons deal with recognized medical practitioners and institutions.

All treatments must be received in licensed facilities and by legally qualified physicians. "Physicians" refer to a licensed medical doctor, doctor of dentistry, or psychiatrist practicing within the scope of his license. Coverage is provided only for any service or supply which is medically necessary, meaning that it is broadly accepted professionally as essential to the treatment of the disease or injury.

Insured Persons who are covered by French Social Security - thereby enjoying the reduced premium rate - must obtain reimbursement from the French Social Security system before they become eligible for reimbursement by the AARO Group Medical Insurance Plan. If the French Social Security system refuses to reimburse the costs of a specific treatment for these members, the AARO Group Medical Insurance Plan will do likewise (except for permanent dental prostheses, contact lenses, health check-ups, etc.). As French Social Security may refuse non-emergency medical treatment outside of France, these members are advised to contact their local "Caisse Primaire d'Assurance Maladie" before travelling abroad. The same rules apply to persons covered by national or local Social-Security-type institutions in Belgium, Czech Republic and Austria.

It is important that members realize that the AARO Plan is not an ordinary commercial contract, where the insurer and the insured population may have conflicting objectives. AARO invites its members to become informed and prudent consumers of medical goods and services, informing themselves in advance in order to obtain the most appropriate and timely care by good practitioners at a fair and sensible cost. Each member can help to make the group plan work for the benefit of the community as well as for him/herself.

We recommend a "Reasonable and Customary" approach by encouraging Insured Persons to act as careful "quality and cost-conscious" consumers of medical goods and services. Inquiring in advance as to the professional competence and fees of the medical practitioners, and making a sensible and reasonable choice, will help keep premiums down while continuing to enjoy all the benefits of the AARO Group Medical Insurance Plan.

Precertification allows members to benefit direct-billing from MSH INTERNATIONAL to hospitals and physicians in the event of hospitalization, childbirth, outpatient surgery and major medical expenses. MSH INTERNATIONAL and Europ Assistance can help members locate the right hospital and evaluate ahead of time treatment and cost.

The purpose of precertification is to give members access to the case management support systems of the plan administrator and the assistance company when they need it the most, as well as to monitor major costs before they take place. Some cases of hospitalization are clear, in other cases medically sound alternatives are preferable, particularly when invasive surgery is being proposed. Repatriation may be advisable in certain situations.

The insurer requires prior approval (at least ten days in advance) for the following:

- Hospitalization programmed
- Inpatient treatment for psychiatric or mental disorders
- Childbirth
- Surgery (inpatient and outpatient)
- Repetitive acts of treatment (example, chemotherapy) where more than three sessions of treatment are planned
- Thermal cures or spa treatment
- Prosthetic appliances and hearing aids
- Orthopedic treatment and, in particular, orthopedic treatment of the jaw
- Dental crowns, bridges, dentures, inlays (panoramic X-rays are required when more than three teeth are being treated)
- Elective treatment outside the country of residence (including the USA)

Prior approval and precertification are described in detail in - "MANAGING YOUR HEALTH AND YOUR DOCTORS", along with a list of surgical procedures for which a second opinion is recommended in your best interest.

## GOVERNMENT PROGRAMS AND EXCLUSIONS

### Government Programs and Facilities

The plan is not designed to replace existing government programs and facilities, but to supplement them where appropriate. Medical expenses are reimbursed after deduction of any reimbursement made by the government or other insurance programs.

Therefore, the plan does not cover certain medical services and related expenses:

- Medical expenses covered under Workers Compensation or similar programs
- Expenses normally covered by a government program such as Social Security or Medicare

- Care provided in a government hospital or medical facility for which an individual would not be charged in the absence of this coverage
- Expenses reimbursed or reimbursable by another contract or program

The plan is not intended to be a source of profit. The combined reimbursements should not exceed the actual costs of the medical care received by the Insured Person.

## **Exclusions from the health care benefits**

The plan does not cover certain medical services and related expenses. These expenses normally correspond to medical treatment which is not reimbursed by French Social Security.

The excluded expenses include, but are not limited to:

- Services and products in option for which no premium was paid
- Treatment before or after the period of insurance cover
- Aesthetic and rejuvenation treatment
- Cosmetic surgery or dental procedures performed for cosmetic reasons
- Elective treatment outside the country of residence (except if precertification is obtained)
- Treatment resulting from the practice of a dangerous sport
- Treatment resulting from a deliberate exposure to a great danger
- Treatment resulting from an intentional self-inflicted injury or illness
- Treatment resulting from participation in a fight, a riot, or an act of terrorism, except in the case of self-defense or assistance to a person in great danger
- Services or treatment in any long term care facility, home for the aged, or not due to hospitalization
- Occupational therapy
- Infertility and fertility treatment
- Preventive treatment, except for obligatory inoculations and the check-ups in the AARO Plan
- Provisional or temporary dental prostheses
- Anything not ordered by a doctor or not necessary for medical care
- Treatment by a physician or other medical practitioner who is not licensed or is not practicing within the scope of his license
- Treatment that is not covered by the French Social Security (except when the contract stipulates otherwise).

Major medical choices are not obvious and medical costs are increasing at a rate that exceeds the general rate of inflation. Your choices have a direct impact on your well-being and on the amount of the annual costs of the AARO Group Medical Insurance Plan. Here are some pointers:

### **a. Prior Approval and Precertification for Major Expenses and Hospitalization**

Call the Plan Administrator's precertification counselors ten days or more before entering a hospital, convalescent facility, or undergoing outpatient surgery. The telephone (and fax) number is listed on your AARO Plan identification card. If an emergency hospitalization occurs, the Plan Administrator must be contacted within 72 hours of admission.

The physician can accelerate the precertification procedure by providing in advance by fax a report which describes in detail the diagnosis, history, planned procedures and estimated costs.

When possible, please take hospital pre-admission X-ray and laboratory tests before you are admitted.

Do not enter the hospital on Friday or Saturday unless it is an emergency.

Review your hospital bill and inform the Plan Administrator if you find errors. Nobody knows as well as you what services and supplies were actually given to you.

Prior Approval is required for:

- Hospitalization programmed
- Inpatient treatment for psychiatric or mental disorders
- Childbirth
- Surgery (inpatient and outpatient)
- Elective treatment outside the country of residence including the country of origin (USA)
- Repetitive acts of treatment (example, chemotherapy) where more than three sessions of treatment are planned
- Thermal cures or spa treatment
- Prosthetic appliances and hearing aids
- Orthopedic treatment and, in particular, orthopedic treatment of the jaw
- Dental crowns, bridges, dentures, inlays (panoramic X-rays are required when more than three teeth are being treated), dental surgical implants

### **b. Review Alternative Treatments and Solutions**

Alternatives exist to hospital confinement which, in certain cases, can be avoided or reduced.

When a doctor recommends hospitalization, discuss with the doctor whether an alternative, such as surgery performed on an outpatient basis, skilled nursing care, or home health care might not be advisable.

Medically sound alternatives have been developed for certain surgical procedures. To help you make an informed choice and weigh the benefits and risks of any surgical procedure, the Plan will pay reasonable costs of a second - even a third surgical opinion. Covered services include a doctor's exam, x-rays, laboratory work, and the doctor's written report.

The surgical procedures for which the insurer requests a second opinion are:

- Coronary bypass
- Reconstruction of hip
- Surgery of the big toe to correct deformity (including bunion)
- Removal of uterus (hysterectomy)
- Dilation and curettage
- Cataract removal, eye surgery
- Surgical removal of hemorrhoids
- Surgery of the back (laminectomy/fusion)
- Removal of prostate (complete and partial)
- Removal of gall bladder
- Bone surgery of the foot
- Knee surgery, removal of knee cartilage, removal of all or part of the kneecap
- Surgical reconstruction of the nose (including sub mucous resection)
- Surgery of the tendons and of the tendon sheath (wrist only)
- Removal of tonsils and/or adenoids
- Surgery of the breast
- Hernia repair
- Varicose vein surgery
- Vascular surgery
- Neuro surgery
- Removal of tumors (benign or malignant)
- Visceral surgery (intestine, kidney, liver, spleen etc.)

## MEDICAL TREATMENT IN FRANCE

As most of the Insured Persons live in France, it is important to know the following:

Each year the French Social Security negotiates with the diverse medical associations in France a national "Convention" which fixes a fee which can be charged that year to patients for each type of medical treatment. Practitioners, clinics, and hospitals which accept the Convention are known as "Conventionnés".

French medical practitioners can be divided into three categories:

- “Conventionnés” who abide by the Social Security tariffs
- “Conventionnés honoraires libres” (some overcharges) who generally charge between 200% and 250% of the Social Security tariffs
- “Non-Conventionnés” (did not sign the “Convention”) who generally charge between 300% and 450% of the Social Security tariffs

When you inquire about good surgeons and well equipped clinics, you will discover that they are well represented in each category

## CLAIMS AND REIMBURSEMENTS

### a. Keeping records

Prior to requesting benefit payments, keep all doctor’s diagnoses, prescriptions, and all receipts for covered medical expenses in a safe place. It makes sense to accumulate your small medical and dental bills until you have enough to justify a significant reimbursement. Then take the precaution of making photocopies of all documents before sending the originals to MSH INTERNATIONAL.

### b. Acceptable bills

All bills for medical services and supplies must be on the official letterhead of the doctor, nurse, drugstore, etc., and must show all items that apply:

- Patient’s name
- Nature of illness or injury
- Dates of service
- Type of service or supplies furnished
- Amount charged for each service or supply
- In France, the medical practitioner should indicate the Social Security codes for the treatment

A bill for eyeglasses, contact lenses, laboratory tests, X-rays, nurse services, physical therapy, spa treatment or prosthetic appliances must be accompanied by a copy of the doctor’s prescription.

A pharmacy bill for a prescribed medication should be accompanied by a copy of the doctor’s prescription. In France, include the “vignettes”.



In France the only sensible way of meeting requirements is to ask always for a “feuille-de-soins” which doctors, laboratories, and pharmacies will provide you in order to be reimbursed. If you are not covered by French Social Security, you may have to insist on obtaining this “feuille-de-soins” since some doctors will not give it to you automatically. Remember to keep all the receipts or bills for any medical care as well as the “vignettes” on the boxes of medications. The “vignettes” must be attached to the “feuille-de-soins” from the pharmacy.

### **c. How to submit a claim**

If you are covered by Social Security, Medicare or another insurance policy (private or not) you must obtain the reimbursement to which you are entitled before filing the claim with the AARO Health Care Plan. In this case, enclose with your claim the original statement of reimbursement from a Social Security system or another insurance provider.

Please send only original medical bills identifying patient, date of treatment, detailed description of medical service, amount of charges corresponding to each treatment, and name and address of physician, hospital, laboratory or pharmacy. In France use the "feuilles-de soins" and "vignettes".

If you have covered dependent children over 19 or older who are attending university, attach a proof of regular, full-time attendance in college or an equivalent institution, to the first claim of the calendar year which involves medical treatment for them.

Fill in claim form carefully and mail within 24 months of treatment to MSH INTERNATIONAL - AARO PLAN (see all contact addresses on the last page of this guide).

Note that in no case the total of the refunds (AARO Group Medical Insurance Plan plus Social Security or any other plan) will exceed the actual expense.

### **d. Medical benefit reimbursement**

Upon receipt of your claim, the Plan Administrator will determine your reimbursement according to the terms and conditions of the AARO Group Medical Insurance Plan. When bills are submitted in currencies other than Euros, the exchange rate applicable for your reimbursements is the one issued by Natixis bank on the last day of the month preceding the date of healthcare treatment. Reimbursements will be paid by bank-to-bank transfer to your bank account. Please send to MSH INTERNATIONAL a RIB (Relevé d'Identité Bancaire) or an IBAN.

## **e. To obtain further information**

This brochure provides an outline of the essential features of the AARO Group Medical Insurance Plan and in no way overrides the exact terms and conditions of the contract (policy N°4466) between the THE ASSOCIATION OF AMERICANS RESIDENT OVERSEAS and the Insurer, SWISSLIFE PREVOYANCE ET SANTE. For more information, please contact MSH INTERNATIONAL and ask for the person in charge of AARO prospective Insured, or consult the AARO contrat (policy n°4466) at the AARO Head quarters.

### **ENROLMENT IN THE AARO GROUP MEDICAL INSURANCE PLAN**

1. Please fill out the AARO Group Medical Insurance Plan Application Form carefully and legibly completed by signature and date. Use your age on the day when coverage will go into effect to calculate your premium rate.
2. The Health Declaration must be filled out and signed by the member on behalf of the entire family to be insured. It is in each person's interest to reply honestly and completely because a false, misleading, or substantially incomplete statement may invalidate the insurance coverage.
3. Mail your application and payment to:

**MSH INTERNATIONAL (AARO PLAN)  
23 allées de l'Europe  
92587 Clichy cedex - FRANCE**

Premiums are payable in advance (checks should be made out in Euros to the order of "MSH INTERNATIONAL").

4. The Plan Administrator will submit the Health Declaration to the Insurer who, in certain cases, might require a medical examination by a doctor which the applicant will choose at his / her convenience. Final acceptance or refusal will be determined after the Insurer has received the confidential report which the physician should send directly to the Insurer's consulting physician.

5. When the Insurer has accepted the applicant into the Plan, the Plan Administrator will send the Insured Member insurance I.D. cards, and a certificate of insurance confirming acceptance in the Plan and indicating the date at which coverage begins. Coverage will begin on the first day of the month which follows acceptance by SWISSLIFE, unless an alternative date is chosen by mutual agreement. Coverage ends at midnight on the last day of the Insured Member's insurance period unless payment for the renewal has been received in time by the Plan Administrator. Payment notices will be sent by the Plan Administrator, but it is the Insured Member's responsibility to see that payment is timely.

## HOW TO SUBSCRIBE

### ■ By mail:

1. Complete, date and sign the enrollment form and medical questionnaire.

2. Add the following documents:

- Copies of both sides of your identity card or passport
- Certificate of coverage (dated less than one month) of your previous comparable insurance company indicating the dates of coverage, previous guarantees, and the terms and conditions, in order to waive waiting periods.
- Direct debit authorization completed in the application form (only for a French bank account);  
*OR, if you do not choose to pay by direct debit, a check payable to MSH INTERNATIONAL corresponding to your premium (for a 3-month period).*
- A bank account slip or IBAN (French or foreign account) for your reimbursements.  
*OR, if you wish to pay by credit card, edit a card authorization.*
- A school/university attendance certificate for your dependent children aged 20 to 25

3. Put the medical questionnaire in the special envelope ("For the attention of the Consulting Physician"), together with all necessary details.


4. Send all these documents to:

MSH INTERNATIONAL  
AARO Service Adhésions  
23 allées de l'Europe  
92587 Clichy cedex - France

# YOUR CONTACTS

Our multicultural team with over 200 staff members (covering 50 nationalities and 35 languages) is available 24/7 to provide you with expertise in foreign healthcare systems and a quality service.

For any request, please contact one of our 4 claims departments according to your expatriation zone.




**MSH INTERNATIONAL**

SIACI SAINT HONORE GROUP

C L A I M S D E P A R T M E N T S



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