

INDIVIDUALS



# FIRST'EXPAT+

International health insurance from the 1<sup>st</sup> euro/dollar

# SUMMARY OF FIRST'EXPAT+ BENEFITS

## Outside the USA



### Hospitalization (HOSPI)

HOSPI : Hospitalization + Standard assistance

LEVELS OF COVERAGE - OUTSIDE THE USA	QUARTZ ★	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
ANNUAL AGGREGATE LIMIT	€500,000 or \$625,000	€1,000,000 or \$1,250,000	€1,600,000 or \$2,000,000	€3,000,000 ou \$3,750,000
Hospital room covered	Private room €100 / \$125 per day	Private room €150 € / \$190 per day	Private room €250 / \$310 per day	Private room up to 100 %
Emergency hospitalization <b>within the selected zone of coverage</b>	100 %	100 %	100 %	100 %
Emergency hospitalization outside the selected zone of coverage (for trips of less than 60 consecutive days)	100 %	100 %	100 %	100 %
Intensive care	100 %	100 %	100 %	100 %
Palliative care	€10,000 / \$12,500	€15,000 / \$19,000	€25,000 / \$31,000	100 %
Surgical procedures	100 %	100 %	100 %	100 %
Laboratory tests, MRI, x-rays, scans, tomography	100 %	100 %	100 %	100 %
Emergency dental care with hospitalization	100 %	100 %	100 %	100 %
Oncology (treatment of cancer)	100 %	100 %	100 %	100 %
<b>Internal</b> surgical and medical prostheses and devices	100 %	100 %	100 %	100 %
<b>External</b> surgical and medical prostheses and devices (for each prosthesis and limited to 2 prostheses)	€1,200 / \$1,500	€1,800 / \$2,250	€2,500 € / \$3,100	100 %
Psychiatric treatment and care <i>Waiting period of 12 months</i>	Not covered	€3,500 / \$4,400 (up to 10 days per year)	€7,000 / \$8,750 (up to 20 days per year)	100 % (up to 30 days per year)
Care following covered hospitalization	Home hospitalization: not covered Rehabilitation: 20 days per year	Home hospitalization: €1,500 / \$1,900 per year Rehabilitation: 30 days per year	Home hospitalization: 20 days per year Rehabilitation: 40 days per year	Home hospitalization: 30 days per year Rehabilitation: 50 days per year

## Standard assistance (included with the Hospitalization benefits)

LEVELS OF COVERAGE - OUTSIDE THE USA	QUARTZ ★	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
<b>PERSONAL ASSISTANCE</b>				
Emergency medical transport	Actual costs Worldwide			
Repatriation to the insured Party's Country of residence/Country of Posting or Expatriation	Actual costs Worldwide			
Repatriation of the body in case of death	Actual costs			
Coffin or urn costs	€2,000 / \$2,000			
Identification of the body and death formalities	Round-trip ticket for air or train travel for 2 members of the family and coverage of costs of staying up to €150/\$150 per day per person (maximum 2 days). Repatriation to the Country of Residence/Country of Posting or Expatriation or to the Country of Origin or Nationality			
Accompaniment of the deceased's body or urn	Round trip air or train ticket for one family member			



## Routine healthcare (HEALTH)

### HEALTH : Hospitalization + Standard assistance + Medical expenses

LEVELS OF COVERAGE - OUTSIDE THE USA	QUARTZ ★	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
<b>CONSULTATIONS AND EXAMINATIONS</b>				
Consultations with general practitioners and specialists (other than dentists and psychiatrists) and specialist procedures	€80 / \$100 per procedure or consultation	€130 / \$160 per procedure or consultation	€180 / \$225 per procedure or consultation	100 %
Emergency dental care without hospitalization	€200 / \$250 per year	€300 / \$375 per year	€500 / \$625 per year	€750 / \$950 per year
Psychiatry - Waiting period of 12 months	5 sessions per year	10 sessions per year	15 sessions per year	20 sessions per year
Speech therapy, orthoptics, occupational therapy and nursing care	€500 / \$625 per year	€1,500 / \$1,900 per year	€2,000 / \$2,500 per year	100% up to 52 sessions per year
Physical therapy and physiotherapy	€1,000 / \$1,250 per year, up to 12 sessions per year	€2,000 / \$2,500 per year, up to 17 sessions per year	€3,500 / \$4,400 per year, up to 22 sessions per year	100% up to 32 sessions per year
Osteopathy and chiropractic	10 sessions, with a maximum of €50 / \$60 per session	15 sessions, with a maximum of €100 / \$125 per session	25 sessions, with a maximum of €150 / \$190 per session	100% up to 35 sessions
Homeopathy, acupuncture and traditional Chinese medicine	3 sessions with a maximum of €50 / \$60 per session	5 sessions with a maximum of €100 / \$125 per session	7 sessions with a maximum of €150 / \$190 per session	100% up to 10 sessions
Laboratory tests, MRI, x-rays and diagnostic examinations	€2,000 / \$2,500 per year	€3,500 / \$4,400 per year	€7,500 / \$9,400 per year	100 %
<b>PRESCRIBED DRUGS AND MEDICAL EQUIPMENT</b>				
Prescription drugs	€3,000 / \$3,800 per year	€9,000 / \$11,200 per year	€15,000 / \$18,800 per year	100 %
Contraceptives	€80 / \$100 per year	€100 / \$125 per year	€200 / \$250 per year	€300 / \$375 per year
Medical equipment (e.g. crutches)	€1,000 / \$1,250 per year	€1,500 / \$1,900 per year	€2,500 / \$3,100 per year	€4,000 / \$5,000 per year

## YOUR BENEFITS

Prescription drugs for chronic diseases <i>Waiting period of 12 months</i> <i>The limit for prescription drugs can be used during the waiting period.</i>	€10,000 / \$12,600 per year, limited to €50,000 / \$63,000 for the entire life of the plan	€15,000 / \$18,800 per year, limited to €75,000 / \$94,000 for the entire life of the plan	€20,000 / \$25,000 per year, limited to €100,000 / \$126,000 for the entire life of the plan	100 %
<b>WELLBEING &amp; WELLNESS</b>				
Prescribed vaccinations and preventive treatments	Adults: €200 / \$250 per year Under the age of 20: 100%	Adults: €350 / \$440 per year Under the age of 20: 100%	Adults: €500 / \$625 per year Under the age of 20: 100%	100 %
Health check-up	Not covered	€150 / \$190 every 3 years	€500 / \$625 every 3 years	€1,000 / \$1,250 every 3 years
Preventive package (cervical screening, mammogram, prostate cancer screening, screening for skin cancer, etc.)	Not covered	500 € / 625 \$	800 € / 1000 \$	100 %
Dietitian	Not covered	Not covered	2 sessions per year, up to €150 / \$190 per consultation	3 sessions per year, up to €200 / \$250 per consultation

## Dental and vision (HEALTH+)\*

**HEALTH+ : Hospitalization + Standard assistance + Medical expenses + Optical + Dental**

*\*Available only if the optional benefit HEALTH has been purchased.*

LEVELS OF COVERAGE - OUTSIDE THE USA	QUARTZ ★	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
<b>DENTAL</b>				
<i>Waiting periods: 3 months for dental care and periodontics, 6 months for dentures, dental implants, bone grafts and dental surgery, 12 months for orthodontics</i>				
<b>ANNUAL AGGREGATE LIMIT ON DENTAL BENEFITS (EXCLUDING ORTHODONTICS)</b>	€1,000 / \$1,250 up to €250 / \$310 per tooth	€1,500 / \$1,900 up to €400 / \$500 per tooth	€2,000 / \$2,500 up to €500 / \$625 per tooth	€3,500 / \$4,400 up to €600 / \$750 per tooth
Routine dental care, dentures and dental implants, dental surgery, periodontics	Covered (excluding periodontics)	Covered	Covered	Covered
Orthodontics up to the age of 16	€400 / \$500 per year for 3 years	€800 / \$1,000 per year for 3 years	€1,200 / \$1,500 per year for 3 years	€1,500 / \$1,900 per year for 3 years

LEVELS OF COVERAGE - OUTSIDE THE USA	QUARTZ ★	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
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VISION

*Waiting period: 6 months*

Lenses and frames, limited to one pair every 2 years Cost of surgical treatments for visual corrections (myopia, hyperopia, astigmatism and keratoconus)	€100 / \$125	€250 / \$310	€400 / \$500	€600 / \$750
Corrective contact lenses	€100 / \$125 per year	€200 / \$250 per year	€300 / \$375 per year	€400 / \$500 per year

 **Maternity (HEALTH+CHILD)\***

HEALTH+CHILD : Hospitalization + Standard assistance + Medical expenses + Optical + Dental + Maternity

*\*Available only if the optional benefit HEALTH+ has been purchased.*

LEVELS OF COVERAGE - OUTSIDE THE USA	QUARTZ ★	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
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*Waiting periods: 10 months for maternity, 12 months for fertility treatment*

Childbirth preparation classes, prenatal and postnatal care received by the mother and immediate care of newborns Childbirth without complications (single or multiple births)	€3,500 / \$4,400 per year	€5,000 / \$6,250 per year	€8,000 / \$10,000 per year	€11,000 / \$13,800 per year
Childbirth complications		Limit for childbirth without complications doubled		
<i>Fertility treatment</i> <i>Waiting period of 12 months</i>	Not covered	€900 / \$1,100 per attempt (with a lifetime limit of €3,600 / \$4,400)	€1,200 / \$1,500 per attempt (with a lifetime limit of €4,800 / \$6,000)	€1,500 / \$1,900 per attempt (with a lifetime limit of €6,000 / \$7,600)
Voluntary termination of pregnancy carried out within the statutory period <i>For expatriates in Switzerland only</i>	Not covered	90% limited to 1 000 € per procedure and per year	90% limited to 1 000 € per procedure and per year	90% limited to 1 000 € per procedure and per year

 **Premium assistance (optional)**

LEVELS OF COVERAGE - OUTSIDE THE USA	
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PERSONAL ASSISTANCE

Emergency medical transport	Actual costs Worldwide
Repatriation to the Insured Party's Country of Residence/Country of Posting or Expatriation or to the Country of Origin or Nationality	Actual costs Worldwide
Repatriation of the body in case of death	Actual costs
Coffin or urn costs	€2,000 / \$2,000
Identification of the body and death formalities	Round-trip ticket for air or train travel for 2 members of the family and coverage of costs of staying up to €150/\$150 per day per person (maximum 2 days). Repatriation to the Country of Residence/Country of Posting or Expatriation or to the Country of Origin or Nationality

## YOUR BENEFITS

LEVELS OF COVERAGE - OUTSIDE THE USA	
Accompaniment of the deceased's body or urn	Round trip air or train ticket for one family member
Repatriation of children under the age of 18 in the event of hospitalization and Organisation and coverage of the costs of the travel arrangements of a relative or an accompanying person where necessary	Return air or train ticket Round-trip ticket for air or train travel for one member of the family and coverage of costs of staying up to €150 /\$150per day per person (maximum 2 days). Repatriation o the Country of Residence/Country of Posting or Expatriation or to the Country of Origin or Nationality
Presence with the hospitalized Insured Party	Round-trip ticket for air or train travel for two members of the family and coverage of costs of staying up to €150 / \$150 per day, capped at €1,500 /\$1,500
Return of the Insured Party to his or her place of residence (within 2 months of repatriation)	Return ticket
Early return in the event of death or serious illness of a close relative	Round-trip ticket (max once per year for the same event)
Psychological Assistance	3 telephone interviews Claim occurring in any place worldwide

LEVELS OF COVERAGE - OUTSIDE THE USA	
<b>"PRIVATE LIFE" CIVIL LIABILITY</b>	
All bodily injury, property damage and intangible damage	€4,500,000 / \$4,500,000 capped in the USA and Canada at: €1,500,000 / \$1,500,000
Subject to the following sublimits:	
Food poisoning	€1,500,000 / \$1,500,000
All property damage combined	€1,500,000 / \$1,500,000
Combined consequential losses (Excess of €300 per Claim)	€300,000 / \$300,000
Legal expenses	Outside the USA €16,000 / \$16,000 USA €30,000 / \$30,000

# SUMMARY OF FIRST'EXPAT+ BENEFITS

## In the USA

**For Zone 5 (USA), it is not possible to only purchase the HOSPI basic benefit: insured members must at least enroll in the HEALTH package.**

### Hospitalization in the USA\* (HOSPI)

HOSPI : Hospitalization + Standard assistance

LEVELS OF COVERAGE - IN THE USA	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
ANNUAL AGGREGATE LIMIT	\$1,250,000	\$2,000,000	\$3,750,000
<i>Co-payment, per hospitalization</i>	<i>\$400 out-of-network: \$800</i>	<i>\$200 out-of-network: \$400</i>	<i>\$100 out-of-network: \$200</i>
Private room	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%
Outpatient hospitalization (including outpatient surgery)	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%
Intensive care	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%
Surgical procedures	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%
Emergency dental care with hospitalization	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%
Laboratory tests, MRI, x-rays, drugs, internal prostheses	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%
Oncology (treatment of cancer)	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%
Treatment of AIDS	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%
External surgical and medical prostheses and devices (for each prosthesis and limited to 2 prostheses)	80% up to \$2,250 out-of-network: 60% up to \$2,250	90% up to \$3,100 out-of-network: 70% up to \$3,100	100% out-of-network: 80%
Palliative care**	80% up to \$19,000 out-of-network: 60% up to \$19,000	90% up to \$31,000 out-of-network: 70% up to \$31,000	100% out-of-network: 80%
Psychiatric treatment and care** <i>Waiting period of 12 months</i>	80% up to \$4,400 out-of-network: 60% up to \$4,400 (limited to 10 days per year)	90% up to \$8,750 out-of-network: 70% up to \$8,750 (limited to 20 days per year)	100% out-of-network: 80% (limited to 30 days per year)

\* Based on actual costs, within the limit of usual, customary and reasonable costs as determined by us per member and per insurance year.

\*\* No co-payments apply on those benefits.

## Standard assistance (included with the Hospitalization benefits)

LEVELS OF COVERAGE - IN THE USA	QUARTZ ★	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
<b>PERSONAL ASSISTANCE</b>				
Emergency medical transport			Actual costs Worldwide	
Repatriation to the insured Party's Country of residence/Country of Posting or Expatriation			Actual costs Worldwide	
Repatriation of the body in case of death			Actual costs	
Coffin or urn costs			\$2,000	
Identification of the body and death formalities			Round-trip ticket for air or train travel for 2 members of the family and coverage of costs of staying up to \$150 per day per person (maximum 2 days). Repatriation to the Country of Residence/Country of Posting or Expatriation or to the Country of Origin or Nationality	
Accompaniment of the deceased's body or urn			Round trip air or train ticket for one family member	



## Routine healthcare in the USA (HEALTH)

**HEALTH : Hospitalization + Standard assistance + Medical expenses**

LEVELS OF COVERAGE - IN THE USA	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
<i>Co-payment, per treatment or procedure</i>	<b>\$35 / out-of-network: \$45</b>	<b>\$25 / out-of-network: \$35</b>	<b>\$15 / out-of-network: \$25</b>
<b>CONSULTATIONS AND EXAMINATIONS</b>			
Consultations with general practitioners and specialists (other than dentists and psychiatrists) and specialist procedures	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%
Emergency dental care without hospitalization*	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%
Psychiatry - <i>Waiting period of 12 months</i>	80% out-of-network: 60% 10 sessions per year	90% out-of-network: 70% 15 sessions per year	100% out-of-network: 80% 20 sessions per year
Speech therapy, orthoptics, occupational therapy and nursing care*	80% out-of-network: 60%	90 % hors réseau : 70 %	100 % hors réseau : 80 %
Physical therapy and physiotherapy*	100% out-of-network: 80% 35 sessions per year	90% out-of-network: 70% 22 sessions per year	100% out-of-network: 80% 32 sessions per year
Osteopathy and chiropractic*	80% out-of-network: 60% 15 sessions per year	90% out-of-network: 70% 25 sessions per year	100% out-of-network: 80% 35 sessions per year
Homeopathy, acupuncture and traditional Chinese medicine*	80% out-of-network: 60% 5 sessions per year	90% out-of-network: 70% 7 sessions per year	100% out-of-network: 80% 10 sessions per year
Laboratory tests, MRI, x-rays and diagnostic examinations*	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%

\*No co-payments apply on those benefits



LEVELS OF COVERAGE - IN THE USA	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★★
<b>PRESCRIBED DRUGS AND MEDICAL EQUIPMENT</b>			
Prescription drugs	80% out-of-network: 60%	90 % hors réseau : 70 %	100 % hors réseau : 80 %
Contraceptives	80% out-of-network: 60% up to \$125 per year	90% out-of-network: 70% up to \$250 per year	100% out-of-network: 80% up to \$375 per year
Medical equipment (e.g. crutches)	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%
<b>WELLBEING &amp; WELLNESS</b>			
Prescribed vaccinations and preventive treatments	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%
Health check-up	80% out-of-network: 60% up to \$190 every 3 years	90% out-of-network: 70% up to \$625 every 3 years	100% out-of-network: 80% up to \$1,250 every 3 years
Preventive package (cervical screening, mammogram, prostate cancer screening, screening for skin cancer, etc.)	80% out-of-network: 60% up to \$625	90% out-of-network: 70% up to \$1,000	100% out-of-network: 80%
Dietitian	not covered	90% out-of-network: 70% 2 sessions per year	100% out-of-network: 80% 3 sessions per year

## Dental and vision (HEALTH+)\*

HEALTH+ : Hospitalization + Standard assistance + Medical expenses + Optical + Dental

\*Available only if the optional benefit HEALTH has been purchased.

LEVELS OF COVERAGE - IN THE USA	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★★
<i>Co-payment, per treatment or procedure</i>	<i>\$35 / out-of-network: \$45</i>	<i>\$25 / out-of-network: \$35</i>	<i>\$15 / out-of-network: \$25</i>
<b>VISION</b>			
<i>Waiting period: 6 months</i>			
Lenses and frames, limited to one pair every 2 years Cost of surgical treatments for visual corrections (myopia, hyperopia, astigmatism and keratoconus)	80% out-of-network: 60% up to \$310	90% out-of-network: 70% up to \$500	100% out-of-network: 80% up to \$750
Corrective contact lenses including disposable lenses	80% out-of-network: 60% up to \$250 per year	90% out-of-network: 70% up to \$375 per year	100% out-of-network: 80% up to \$500 per year

## YOUR BENEFITS

LEVELS OF COVERAGE - IN THE USA	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
<b>DENTAL</b>			
<i>Waiting periods: 3 months for dental care and periodontics, 6 months for dentures, dental implants, bone grafts and dental surgery, 12 months for orthodontics</i>			
<b>ANNUAL AGGREGATE LIMIT ON DENTAL BENEFITS (EXCLUDING ORTHODONTICS)</b>	\$1,900 up to \$500 per tooth	\$2,500 up to \$625 per tooth	\$4,400 up to \$750 per tooth
Routine dental care, dentures and dental implants, dental surgery, periodontics	80% out-of-network: 60%	80% out-of-network: 60%	100% out-of-network: 80%
Orthodontics up to the age of 16, for 3 years	80% out-of-network: 60% up to \$1,000%	90% out-of-network: 70% up to \$1,500	100% out-of-network: 80% up to \$1,900

## Maternity (HEALTH+CHILD)\*

**HEALTH+CHILD : Hospitalization + Standard assistance + Medical expenses + Optical + Dental + Maternity**

*\*Available only if the optional benefit HEALTH+ has been purchased.*

LEVELS OF COVERAGE - IN THE USA	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
<i>Waiting periods: 10 months for maternity, 12 months for fertility treatment</i>			
Childbirth preparation classes, prenatal and postnatal care received by the mother and immediate care of newborns Childbirth without complications (single or multiple births)	80% out-of-network: 60% up to \$6,250 per year	90% out-of-network: 70% up to \$10,000 per year	90% out-of-network: 70% up to \$10,000 per year
Childbirth complications	Limit for childbirth without complications doubled		
Fertility treatment <i>Waiting period of 12 months</i>	80% out-of-network: 60% \$1,100 per attempt (with a lifetime limit of \$4,400)	90% out-of-network: 70% \$1,500 per attempt (with a lifetime limit of \$6,000)	100% out-of-network: 80% \$1,900 per attempt (with a lifetime limit of \$7,600)

## Premium assistance (optional)

LEVELS OF COVERAGE - IN THE USA	
<b>PERSONAL ASSISTANCE</b>	
Emergency medical transport	Actual costs Worldwide
Repatriation to the Insured Party's Country of Residence/ Country of Posting or Expatriation or to the Country of Origin or Nationality	Actual costs Worldwide
Repatriation of the body in case of death	Actual costs
Coffin or urn costs	\$2,000
Reconnaissance de corps et formalités décès	Round-trip ticket for air or train travel for 2 members of the family and coverage of costs of staying up to \$150 per day per person (maximum 2 days). Repatriation to the Country of Residence/Country of Posting or Expatriation or to the Country of Origin or Nationality
Accompaniment of the deceased's body or urn	Round trip air or train ticket for one family member

LEVELS OF COVERAGE - IN THE USA	
Repatriation of children under the age of 18 in the event of hospitalization and Organisation and coverage of the costs of the travel arrangements of a relative or an accompanying person where necessary	Return air or train ticket Round-trip ticket for air or train travel for one member of the family and coverage of costs of staying up to \$150 per day per person (maximum 2 days). Repatriation to the Country of Residence/Country of Posting or Expatriation or to the Country of Origin or Nationality
Presence with the hospitalized Insured Party	Round-trip ticket for air or train travel for two members of the family and coverage of costs of staying up to \$150 per day, capped at \$1,500.
Return of the Insured Party to his or her place of residence (within 2 months of repatriation)	Return ticket
Early return in the event of death or serious illness of a close relative	Round-trip ticket (max once per year for the same event)
Psychological Assistance	3 telephone interviews Claim occurring in any place worldwide

LEVELS OF COVERAGE - IN THE USA	
<b>"PRIVATE LIFE" CIVIL LIABILITY</b>	
All bodily injury, property damage and intangible damage	\$4,500,000 capped in the USA and Canada at \$1,500,000
Subject to the following sub-limits: :	
Food poisoning	\$1,500,000
All property damage combined	\$1,500,000
Combined consequential losses (Excess of €300 per Claim)	\$300,000
Legal expenses:	Outside the USA \$16000 USA \$30,000



# CONTACT US

For answers to your questions  
about your healthcare plan

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**MSH**

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in partnership with **Chubb / Groupama Gan Vie**

MSH International, a French insurance broker and simplified joint stock company (société par actions simplifiée) with a capital of €2,500,000  
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# FIRST'EXPAT+

International health insurance from the 1<sup>st</sup> euro/dollar

# SUMMARY OF FIRST'EXPAT+ BENEFITS

## In the USA

**For Zone 5 (USA), it is not possible to only purchase the HOSPI basic benefit: insured members must at least enroll in the HEALTH package.**



### Hospitalization in the USA\* (HOSPI)

HOSPI : Hospitalization + Standard assistance

LEVELS OF COVERAGE - IN THE USA	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
ANNUAL AGGREGATE LIMIT	\$1,250,000	\$2,000,000	\$3,750,000
<i>Co-payment, per hospitalization</i>	<i>\$400 out-of-network: \$800</i>	<i>\$200 out-of-network: \$400</i>	<i>\$100 out-of-network: \$200</i>
Private room	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%
Outpatient hospitalization (including outpatient surgery)	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%
Intensive care	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%
Surgical procedures	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%
Emergency dental care with hospitalization	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%
Laboratory tests, MRI, x-rays, drugs, internal prostheses	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%
Oncology (treatment of cancer)	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%
Treatment of AIDS	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%
External surgical and medical prostheses and devices (for each prosthesis and limited to 2 prostheses)	80% up to \$2,250 out-of-network: 60% up to \$2,250	90% up to \$3,100 out-of-network: 70% up to \$3,100	100% out-of-network: 80%
Palliative care**	80% up to \$19,000 out-of-network: 60% up to \$19,000	90% up to \$31,000 out-of-network: 70% up to \$31,000	100% out-of-network: 80%
Psychiatric treatment and care** <i>Waiting period of 12 months</i>	80% up to \$4,400 out-of-network: 60% up to \$4,400 (limited to 10 days per year)	90% up to \$8,750 out-of-network: 70% up to \$8,750 (limited to 20 days per year)	100% out-of-network: 80% (limited to 30 days per year)

\* Based on actual costs, within the limit of usual, customary and reasonable costs as determined by us per member and per insurance year.

\*\* No co-payments apply on those benefits.

## Standard assistance (included with the Hospitalization benefits)

LEVELS OF COVERAGE - IN THE USA	QUARTZ ★	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
<b>PERSONAL ASSISTANCE</b>				
Emergency medical transport			Actual costs Worldwide	
Repatriation to the insured Party's Country of residence/Country of Posting or Expatriation			Actual costs Worldwide	
Repatriation of the body in case of death			Actual costs	
Coffin or urn costs			\$2,000	
Identification of the body and death formalities			Round-trip ticket for air or train travel for 2 members of the family and coverage of costs of staying up to \$150 per day per person (maximum 2 days). Repatriation to the Country of Residence/Country of Posting or Expatriation or to the Country of Origin or Nationality	
Accompaniment of the deceased's body or urn			Round trip air or train ticket for one family member	



## Routine healthcare in the USA (HEALTH)

**HEALTH : Hospitalization + Standard assistance + Medical expenses**

LEVELS OF COVERAGE - IN THE USA	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
<i>Co-payment, per treatment or procedure</i>	<b>\$35 / out-of-network: \$45</b>	<b>\$25 / out-of-network: \$35</b>	<b>\$15 / out-of-network: \$25</b>
<b>CONSULTATIONS AND EXAMINATIONS</b>			
Consultations with general practitioners and specialists (other than dentists and psychiatrists) and specialist procedures	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%
Emergency dental care without hospitalization*	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%
Psychiatry - <i>Waiting period of 12 months</i>	80% out-of-network: 60% 10 sessions per year	90% out-of-network: 70% 15 sessions per year	100% out-of-network: 80% 20 sessions per year
Speech therapy, orthoptics, occupational therapy and nursing care*	80% out-of-network: 60%	90 % hors réseau : 70 %	100 % hors réseau : 80 %
Physical therapy and physiotherapy*	100% out-of-network: 80% 35 sessions per year	90% out-of-network: 70% 22 sessions per year	100% out-of-network: 80% 32 sessions per year
Osteopathy and chiropractic*	80% out-of-network: 60% 15 sessions per year	90% out-of-network: 70% 25 sessions per year	100% out-of-network: 80% 35 sessions per year
Homeopathy, acupuncture and traditional Chinese medicine*	80% out-of-network: 60% 5 sessions per year	90% out-of-network: 70% 7 sessions per year	100% out-of-network: 80% 10 sessions per year
Laboratory tests, MRI, x-rays and diagnostic examinations*	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%

\*No co-payments apply on those benefits



LEVELS OF COVERAGE - IN THE USA	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★★
<b>PRESCRIBED DRUGS AND MEDICAL EQUIPMENT</b>			
Prescription drugs	80% out-of-network: 60%	90 % hors réseau : 70 %	100 % hors réseau : 80 %
Contraceptives	80% out-of-network: 60% up to \$125 per year	90% out-of-network: 70% up to \$250 per year	100% out-of-network: 80% up to \$375 per year
Medical equipment (e.g. crutches)	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%
<b>WELLBEING &amp; WELLNESS</b>			
Prescribed vaccinations and preventive treatments	80% out-of-network: 60%	90% out-of-network: 70%	100% out-of-network: 80%
Health check-up	80% out-of-network: 60% up to \$190 every 3 years	90% out-of-network: 70% up to \$625 every 3 years	100% out-of-network: 80% up to \$1,250 every 3 years
Preventive package (cervical screening, mammogram, prostate cancer screening, screening for skin cancer, etc.)	80% out-of-network: 60% up to \$625	90% out-of-network: 70% up to \$1,000	100% out-of-network: 80%
Dietitian	not covered	90% out-of-network: 70% 2 sessions per year	100% out-of-network: 80% 3 sessions per year

## Dental and vision (HEALTH+)\*

HEALTH+ : Hospitalization + Standard assistance + Medical expenses + Optical + Dental

\*Available only if the optional benefit HEALTH has been purchased.

LEVELS OF COVERAGE - IN THE USA	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★★
<i>Co-payment, per treatment or procedure</i>	<i>\$35 / out-of-network: \$45</i>	<i>\$25 / out-of-network: \$35</i>	<i>\$15 / out-of-network: \$25</i>
<b>VISION</b>			
<i>Waiting period: 6 months</i>			
Lenses and frames, limited to one pair every 2 years Cost of surgical treatments for visual corrections (myopia, hyperopia, astigmatism and keratoconus)	80% out-of-network: 60% up to \$310	90% out-of-network: 70% up to \$500	100% out-of-network: 80% up to \$750
Corrective contact lenses including disposable lenses	80% out-of-network: 60% up to \$250 per year	90% out-of-network: 70% up to \$375 per year	100% out-of-network: 80% up to \$500 per year

## YOUR BENEFITS

LEVELS OF COVERAGE - IN THE USA	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
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### DENTAL

*Waiting periods: 3 months for dental care and periodontics, 6 months for dentures, dental implants, bone grafts and dental surgery, 12 months for orthodontics*

ANNUAL AGGREGATE LIMIT ON DENTAL BENEFITS (EXCLUDING ORTHODONTICS)	\$1,900 up to \$500 per tooth	\$2,500 up to \$625 per tooth	\$4,400 up to \$750 per tooth
Routine dental care, dentures and dental implants, dental surgery, periodontics	80% out-of-network: 60%	80% out-of-network: 60%	100% out-of-network: 80%
Orthodontics up to the age of 16, for 3 years	80% out-of-network: 60% up to \$1,000%	90% out-of-network: 70% up to \$1,500	100% out-of-network: 80% up to \$1,900

## Maternity (HEALTH+CHILD)\*

**HEALTH+CHILD : Hospitalization + Standard assistance + Medical expenses + Optical + Dental + Maternity**

*\*Available only if the optional benefit HEALTH+ has been purchased.*

LEVELS OF COVERAGE - IN THE USA	PEARL ★★	SAPPHIRE ★★★	DIAMOND ★★★★
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*Waiting periods: 10 months for maternity, 12 months for fertility treatment*

Childbirth preparation classes, prenatal and postnatal care received by the mother and immediate care of newborns Childbirth without complications (single or multiple births)	80% out-of-network: 60% up to \$6,250 per year	90% out-of-network: 70% up to \$10,000 per year	90% out-of-network: 70% up to \$10,000 per year
Childbirth complications	Limit for childbirth without complications doubled		
Fertility treatment <i>Waiting period of 12 months</i>	80% out-of-network: 60% \$1,100 per attempt (with a lifetime limit of \$4,400)	90% out-of-network: 70% \$1,500 per attempt (with a lifetime limit of \$6,000)	100% out-of-network: 80% \$1,900 per attempt (with a lifetime limit of \$7,600)

## Premium assistance (optional)

LEVELS OF COVERAGE - IN THE USA	
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### PERSONAL ASSISTANCE

Emergency medical transport	Actual costs Worldwide
Repatriation to the Insured Party's Country of Residence/ Country of Posting or Expatriation or to the Country of Origin or Nationality	Actual costs Worldwide
Repatriation of the body in case of death	Actual costs
Coffin or urn costs	\$2,000
Reconnaissance de corps et formalités décès	Round-trip ticket for air or train travel for 2 members of the family and coverage of costs of staying up to \$150 per day per person (maximum 2 days). Repatriation to the Country of Residence/Country of Posting or Expatriation or to the Country of Origin or Nationality
Accompaniment of the deceased's body or urn	Round trip air or train ticket for one family member

LEVELS OF COVERAGE - IN THE USA	
Repatriation of children under the age of 18 in the event of hospitalization and Organisation and coverage of the costs of the travel arrangements of a relative or an accompanying person where necessary	Return air or train ticket Round-trip ticket for air or train travel for one member of the family and coverage of costs of staying up to \$150 per day per person (maximum 2 days). Repatriation to the Country of Residence/Country of Posting or Expatriation or to the Country of Origin or Nationality
Presence with the hospitalized Insured Party	Round-trip ticket for air or train travel for two members of the family and coverage of costs of staying up to \$150 per day, capped at \$1,500.
Return of the Insured Party to his or her place of residence (within 2 months of repatriation)	Return ticket
Early return in the event of death or serious illness of a close relative	Round-trip ticket (max once per year for the same event)
Psychological Assistance	3 telephone interviews Claim occurring in any place worldwide

LEVELS OF COVERAGE - IN THE USA	
<b>"PRIVATE LIFE" CIVIL LIABILITY</b>	
All bodily injury, property damage and intangible damage	\$4,500,000 capped in the USA and Canada at \$1,500,000
Subject to the following sub-limits: :	
Food poisoning	\$1,500,000
All property damage combined	\$1,500,000
Combined consequential losses (Excess of €300 per Claim)	\$300,000
Legal expenses:	Outside the USA \$16000 USA \$30,000



# CONTACT US

For answers to your questions  
about your healthcare plan

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