

# Insurance Product Information Document (IPID)

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**Administrator:** MEDISKY INTERNATIONAL

**Product:** Light Plan

**This Insurance Product Information Document is only intended to provide a summary of the main coverage and exclusions. It does not take into account your specific needs and requests. The complete contract terms of the product you have purchased are provided in the Membership Certificate and the Table of Benefits.** This IPID does not form part of the contract of insurance and you should read the policy in full. The benefits that are preceded by a green check are systematically granted in the contract.

## What is this type of insurance?

This is Private Medical Insurance Cover intended to cover, for medical treatment, individual local nationals and expatriates and their eligible dependents residing in Poland, Bulgaria, Hungary or Romania.



## What is insured ?

Policy Benefit - protection under the policy should you be diagnosed with cancer during the period of insurance.

The benefit options are:

- **Light 1 = € 30,000**
- **Light 2 = € 75,000**
- **Light 3 = € 150,000**

Reimbursement of medical expenses as follow :

- ✓ Treatment may be within any hospital in Europe
- ✓ Consultations of attending doctor
- ✓ Consultations with other physicians if linked with the covered cancer
- ✓ Consultations and follow up with a psychologist during the treatment of the cancer
- ✓ Consultations and follow up with a dietician during the treatment of the cancer
- ✓ Laboratory investigations
- ✓ Imaging investigations, invasive and non-invasive Cyber Knife
- ✓ Oncological surgery
- ✓ Radiotherapy
- ✓ Medicines and chemotherapy
- ✓ Wig in case of hair loss due to a chemotherapy
- ✓ Immunotherapy
- ✓ High Intensity Focus Ultrasound
- ✓ Paramedical care at home
- ✓ Hospitalisation for more than 24 hours including stay in an intensive care unit, resuscitation procedures
- ✓ Palliative care at home or in a hospital
- ✓ Hospitalisation for less than 24 hours for day surgery, chemotherapy or any short-term investigations
- ✓ Gene mapping (up to €2,000)
- ✓ Cash in benefit for services received in public or private hospital if a National Health Service has fully reimbursed the Insured person (€125 on a 'per-night' basis up to a maximum total number of 30 nights in each period of insurance)
- ✓ In case of hospitalization related to a cancer: lump sum used at insured person's discretion (Light 1 - NA, Light 2 - lump sum of €5,000, Light 3 - lump sum of €10,000)



## What is not insured?

The Insurer shall not pay any benefit to any Insured Person who suffers an event giving rise to a critical cancer illness which arises or is caused by or associated with directly or indirectly by any one of the following:

- ✗ A claim for any other medical condition besides cancer
- ✗ Cancer diagnosed in the first 60 days of your policy
- ✗ Any expense which at the time of happening occurrence is covered by any other Insurance Policy.
- ✗ Any claim arising from a cancer not recognized by the Insurer and not accepted in writing
- ✗ Any costs arising after expiry of the current period of insurance;
- ✗ Pre-existing conditions not declared: cancer's symptoms (and/or the treatment) of which were present in the Insured Person at any time before the inception of the enrolment under the Plan
- ✗ Any claim involving intentional act, fraud and/or misrepresentation
- ✗ Any claim involving drug and/or substance abuse : the extensive and unreasonable consumption of alcohol or the ingestion of drugs except where the ingestion of drugs has been properly prescribed by a practising and duly qualified member of the medical profession, except where such prescription is for the treatment of drug addiction;
- ✗ Any claim caused by nuclear weapons or radiation or required as a result from exposure to asbestos;
- ✗ Any accommodation and treatment costs in a hydro, spa, nature clinic, health farm or the alike;
- ✗ Any claim resulting from war, invasion, or similar
- ✗ Any losses which are not directly covered by the terms and conditions of this policy.



## Are there any restrictions on cover?

- ! Any sums in excess of the Policy limits for any treatment that is not medically necessary. There is no surrender value
- ! Any travel outside the area of coverage specified on the certificate of insurance;
- ! We must receive all claims within 90 days of diagnosis.
- ! Any bills or invoices received by the Insurer more than 24 months after the date of treatment or service was given, or any expenses where the supporting documents are not available
- ! Any sum in excess of 500 Euros where the Insurer has not given prior approval. If the Insurer authorises treatment which ultimately transpires to have been related to a condition excluded by the policy, the Insured Person will be responsible for all costs.



## Where am I covered?

- The medical costs must have been incurred within the insurance period in Europe.
- **Coverage area: Europe except Switzerland and United Kingdom**, which is the Area specified in your Membership Certificate for which the appropriate premium has been paid and to which cover applies



## What are my obligations?

- You must complete, sign the application form and choose between the different plans
- You must review the full policy terms and conditions provided, to ensure that it remains adequate for your needs and to ensure you fully understand the benefits available and the things you must do to keep the policy valid
- You are obligated to pay the premium at the start of the policy. There is no cover in place until the premium is paid
- You must respond honestly to any request for information we make and have a duty to tell us immediately if any of that information changes
- In case of claim, you must address the insurer the medical claim accompanied by documentary evidence and contact the medical claim administrator to obtain a prior approval



## When and how do I pay?

- Premiums may be paid quarterly, semi-annually or annually
- You may pay premiums in Euro. Payments may be made by bank draft, credit card or debit card in advance



## When does the cover start and end ?

- The cover starts once payment is received and will be eligible for renewal thereafter
- The policy is valid until the end of the current year, renewable at each January 1<sup>st</sup> for 12 months
- The start and end dates are shown on the Membership Certificate



## How do I cancel the contract ?

- If you decide that you do not want the policy or it does not suit your needs, please contact the administrator within 30 days of receipt of your policy document. We will cancel all cover and refund any premium you have paid provided that you have not made a claim. Termination will take effect from the date you confirm to the administrator in writing, including by email, of your decision to cancel the policy
- The membership is then renewed each year by tacit renewal for a period of 12 months, unless terminated by the insured by registered letter within 2 months of the renewal date