

Medicis CONFORT

All pre-contractual and contractual information contributing to the personalisation of the insurance product to the customer's needs is provided in other documents.

Foyer Assurances S.A.
Luxembourg RCS B34237

What is this type of insurance? The medicis CONFORT policy is a supplementary health insurance policy that reimburses the Insured Person for the costs of medically required curative treatments in the event of a disease, childbirth or bodily injury.



What is insured?

The benefits provided by medicis CONFORT are:

- ✓ Cover for outpatient medical care costs
- ✓ Cover for inpatient medical care costs
- ✓ Cover for visual aids (spectacle lenses, contact lenses) and refractive surgery
- ✓ Cover for dental care, dental prostheses and orthodontics
- ✓ Cover for alternative therapies (traditional Chinese medicine, naturopathy, osteopathy)
- ✓ Free choice of doctor and/or hospital
- ✓ Cover granted for temporary travel abroad
- ✓ Cover for costs of transfer to the temporary residence abroad or hospital

Disclaimer: reimbursement limits and/or conditions may be mentioned in the contractual documents (administrative, specific and special terms and conditions).



What is not insured?

- ✗ Diseases/accidents resulting from events of war, riots and acts of collective violence
- ✗ Intentional claims and attempted suicide
- ✗ Detoxification cures
- ✗ Cosmetic measures
- ✗ Claims occurring before the policy takes effect, or during waiting periods

Disclaimer: non-exhaustive list. For more information, please consult the contractual documents.



Are there any restrictions on cover?

- ! If curative treatment exceeds what is medically required, Foyer Assurances may reduce the benefits to an appropriate amount.
- ! If the insured person has statutory health insurance, Foyer Assurances is only required to reimburse the remaining costs.

Disclaimer: non-exhaustive list. For more information, please consult the contractual documents.



Where am I covered?

- ✓ The general principle is that the insurance cover applies only to curative treatment in Europe.
- ✓ For temporary trips for business or leisure purposes abroad, with no intention of receiving curative treatment, the insurance cover is granted for a maximum of eight consecutive weeks.



What are my obligations?

- At the time the policy is taken out, you must provide a description as thorough and precise as possible about the health of the person(s) to be insured, without any false declaration or omissions (insured person's declaration questionnaire).
- You are required to pay your insurance premium in accordance with the deadlines set out in your policy. If the premium is not paid by the deadline, the cover granted may be suspended and the insurance policy may be cancelled.
- You must declare the termination of affiliation with Luxembourg's statutory health insurance.
- You must make a prior request for cover for the cases provided in the general terms and conditions.
- You must report claims as soon as possible (within 10 days for hospitalisation), and within three years of their occurrence.
- Should Foyer Assurances so request, you must immediately provide all the information and evidence required and necessary for determining the insurance benefit.
- Should Foyer Assurances so request, you must undergo examination by a designated doctor.

2



When and how do I pay?

You have an obligation to pay the annual insurance premium according to the agreed schedule. You will receive a notice to pay (invoice). You are entitled to a discount if the annual premium is paid in full in one instalment.



When does the cover start and end?

The effective date and duration of the cover are indicated in the policy's special terms and conditions. The policy lasts two years and is subject to automatic renewal for periods of one year at a time.



How do I cancel the contract?

You may cancel your insurance policy each year, by registered letter, by bailiff's writ or by presenting a cancellation letter with acknowledgement of receipt, either 30 days from the date when your notice to pay was sent, or 30 days before the due date of the annual premium or, failing that, before the anniversary of the effective date of the policy.