

Western European Union - Group Insurance Policy CIGNA n° 909.451

Reimbursement ceilings 2018

List of medical services, medical treatments, pharmaceutical expenses, etc. for which reimbursement can be claimed	€ All countries except GB	£ expenses incurred in GB	€ expenses in France - complementary insurance	Prior Approval	REMARKS
1. Medical attention	2018	2018	2018		
- Visits at doctor's surgery					
- GP	65,08	69,73			
- specialist	113,89	122,15			
- professor	211,55	226,84			
- Visits at home					
- GP	81,32	87,21			
- specialist	130,15	139,58			
- professor	244,19	261,86			
- Visits to the patient's home at night (GP)	81,32	87,21			
- Visits to the patient's home on Sunday	97,58	104,66			
- Ordinary medical treatment	/	/	maximum 4 times the reimbursement of the French local social security (CPAM)		
- Minor surgery (not entailing inpatient treatment)	/	/			
- Practitioner's travel expenses, per km	1,02	1,08	No limit		
2. Electroradiology	/	/	No limit	no	

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3. Paramedical treatment					
- midwives	/	/	No limit	no	Massage therapists and physiotherapists Pre-authorisation is not required for massage and physiotherapy treatments.
- male and female nurses	/	/	No limit	no	
- home nurse	73,11	78,41	No limit	yes	
- massage and physiotherapists	162,83	174,56		non	
- others (e.g. chiropodists, medical auxiliaries qualified in speech therapy, psychotherapy, osteopathy, chiropraxis, acupuncture, etc.)	/	/	no limit	yes	
- travel expenses of paramedic, per km	1,00	1,08	no limit	no	

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4. Pharmaceutical expenses (medical prescription required)					
<ul style="list-style-type: none"> - pharmaceutical products - medicines (INSULINE is reimbursed at 100%) - products in capsule form - serum - vaccines 	/	/	no limit	no	Pharmaceutical products: Pharmaceutical products that are not reimbursed by French Social Security or deemed "outside Nomenclature" but are recognised as such competent authorities of the country where the products were sold, are supported.
excluding: <ul style="list-style-type: none"> - foods and food products - baby foods and food products - non pharmaceutical products (such as soap, toothpaste, shampoo, cosmetics, etc.) - dressings - products of human origin - blood <ul style="list-style-type: none"> - human milk 			Not covered		
- orthopaedic appliances (bandages, corsets, soles, shoes, etc.)	2.441,16	2.618,18	no limit		per appliance
- repairs of orthopaedic appliances	732,36	785,46	no limit		50% of the cost of the appliance when new or 30% of the ceiling for orthopaedic appliances (see above).. The lesser amount of both will be reimbursed
- frequency of renewal			no limit	yes	

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5. Biological analyses and tests					
'- Check-ups requested by the insured person			not covered		
- analyses strictly speaking	/	/	no limit		
- fees for taking of samples	/	/	no limit		
- practitioner's travel expenses, per km	1,02	1,08	no limit		
6. Dental treatment					
A. Consultations (ceiling per type of treatment)				no	
- check-ups	81,32	87,21	76,33		
- prophylactic examination (once a year)	81,32	87,21	76,33		
- dental, gum and mouth treatment	81,32	87,21	76,33		
- stopping	81,32	87,21	76,33		
- treatment and stopping of nerves (2 treatments)	81,32	87,21	76,33		
- X-rays	/	/	no limit		
- surgery - jaw surgery (surgical extractions, etc.)	/	/	no limit		
- surgery of the soft parts	/	/	no limit		The fees for treatments classified as minor surgery" are reimbursed in accordance with the provisions of paragraph 1 (medical attention)

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B. Prosthetic treatment				yes	Ceiling per act for fees and equipment
B.1 Fixed prosthesis					
- crown	742,15	795,92	697,66		
- Inlay:					
- simple (one surface)	325,53	349,12	306,09		
- compound (several surfaces)	488,20	523,67	458,94		
- false stump (coating)	325,53	349,12	306,09		
- Facet - resin or porcelain	488,20	523,67	458,94		
- pivot tooth - simple (resin)	651,00	698,17	697,66		gold or other metals (precious or non-precious)
- bridgework	651,00	698,17	611,98		gold or other metals (precious or non-precious)
B.2. Removable prosthesis					
- new prosthesis: maximum per denture			2.349,40		all inclusive (teeth, hooks, plate)
- addition of teeth	/	/	no limit		max. 50% of ceiling for new prosthesis
- Rebasing	/	/	no limit		max. 50% of ceiling for new prosthesis
- Remounting	/	/	no limit		max. 75% of ceiling for new prosthesis

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C. Implants				yes	
- dental surgeon's fees and other surgical costs (for hospital costs see hospitalization)			1.575,03		Per implant, limited to reasonable and customary expenses.
- bridgework (see ceiling for fixed prosthesis)			See ceiling for fixed prosthesis		
D. Orthodontic work/therapeutic prosthesis	4.881,68	5.235,74	5.002,77	yes	
After the maximum period of 3 years, an extension may be requested (subject to prior approval of the insurers medical adviser). The extension must follow immediately on the initial period of 3 years and can only be granted for 12 months at a time. The annual ceiling will be equal to a third of the triennial ceiling effective on the date on which the (first) extension started. All in all, reimbursements will never exceed a period of 5 consecutive years (maximum period plus extensions)					- maximum amount for the max. period of 3 years - prior approval not necessary for orthodontic work for children, when started before 18th birthday.
7. Hospitalization				no	
In the event of a major operation or prolonged illness, the reimbursement ceilings provided for below can be exceeded, depending on the opinion of the insurers' medical adviser. Should the patient be admitted to a public hospital (e.g. in France the "Assistance publique" or an approved establishment) which charges a flat daily rate covering medical fees and treatment, as well as subsistence expenses, the reimbursement shall be equal to 90% of the actual daily rate charged.					No reimbursement will be made for personal expenses (for example phone costs, drinks).

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A. Medical and psychiatric					
Cost of the stay (including pension, service and care)	268,85	288,43	338,07		This intervention includes reimbursement of the daily fee and surcharge of the individual room supplement.
Medical fees			Ceiling: 3 times the reimbursement of the local branch of the French Social Security (CPAM)		
Pharmacy care (radiography, analysis etc.)	/	/	no limit		
B. Surgical					
including treatment of tumours by roentgentherapy, curietherapy, radio-active isotopes, etc. - subsistence expenses (including board, domestic service and nursing)	268,58	288,15	339,09		This intervention includes reimbursement of the daily fee and surcharge for the particular room.
Surgical fees, cost of the anaesthetic			Ceiling: 3 times the reimbursement of the local branch of the French Social Security (CPAM)		
Including surgeon fees, anesthetics fees, operation theatre expenses or plaster room expenses, the dressings and other related costs					
- minor operation	1.627,23	1.745,21	no limit		The insurers' medical adviser shall determine the category of the operation
- ordinary operation	4.556,63	4.887,06	no limit		
- major operation	8.950,37	9.599,48	no limit		
- the cost of additional X-rays, tests and medical preparations (blood) will be reimbursed separately	/	/			

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C. Specialized establishments				yes	ceilings per day (fees + accommodation)
- antitubercular					
- sanatorium	113,89	122,15	no limit		
- preventorium	81,32	87,21	no limit		
- convalescence (after care)	81,32	87,21	no limit		
- occupational therapy	48,98	52,53	no limit		
- children's health homes	48,98	52,53	no limit		
- rest home for adults	113,89	122,15	no limit		
- convalescence homes (e.g. post-operative)	156,94	168,38	no limit		
- special re-education establishments:	113,89	122,15	no limit		
- maladjusted children					
- deaf mutes					
- the blind					
- the physically handicapped					
- cost of ambulance and transport to a specialized establishment	/	/	no limit		
- cost of return journey by ambulance if justified by the patients condition and if prescribed by patient's doctor					
- cost of transport from and to a hospital or specialized establish- ment, if prescribed by patient's doctor and approved by the insurers' medical adviser					
- persons travelling with children (necessity has to be substan- tiated)					

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8. Spectacles and contact lenses					
- spectacles: - frame	304,69	295,02	290,74	no	Per person per year: maximum deferrable credit – 2 times Maximum of one frame per person per year. It is necessary to specify the dioptré on the invoice.
- repair frame	304,69	295,02	no limit		
- lenses (ordinary and special)	/	/	no limit		
- frequency of replacement lenses: no restrictions			no limit		
- contact lenses and lenses to correct vision	/	/	no limit	yes	Specifying the dioptré on the invoice is required
9. Hydropathic treatment - spa cures				yes	
- medical fees	/	/	no limit		reimbursable in accordance with paragraph 1
- prescribed medical treatment	1.627,23	1.745,21	no limit		
- subsistence expenses	651,00	698,17	no limit		reimbursement according to the ceiling of expenses for the cost of stay section 7.A.
10. Maternity grant				no	
- lump sum per birth	1.952,89	2.094,47	1.380,15		This allowance excludes reimbursement of other costs attributable to a normal delivery. In case of multiple births, a standard fee per child will be paid.
- if medical attendance is required for the child in the course of a legal adoption procedure the insured is entitled to 50% of the maternity lump sum	976,41	1.047,26	no limit		
11. Funeral expenses				No	
the insurers shall reimburse all expenditure incurred for the funeral of the active or retired staff member, the spouse and the dependent children (of the retired and/or active staff) up to a maximum of	4.319,70	3.027,64	3.723,25		