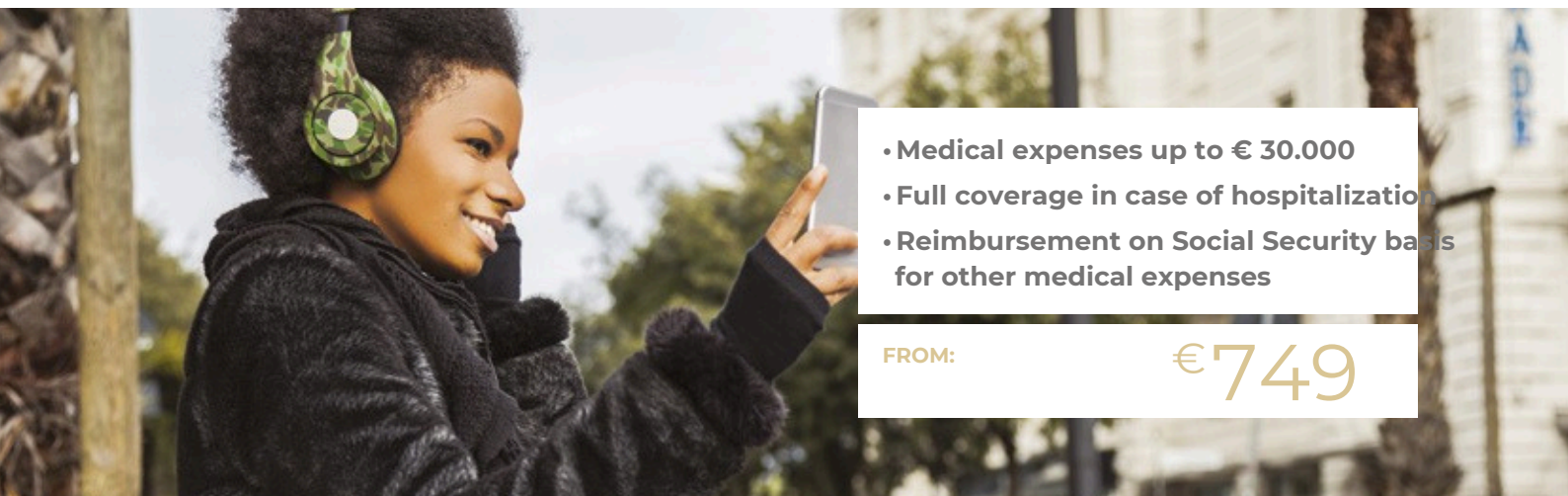




- Medical expenses up to € 30.000
- Full coverage in case of hospitalization
- Reimbursement on Social Security basis for other medical expenses

FROM: €749

**This contract is completely complying with the legislation on entry and residence in the Schengen area.**

This flexible annual coverage, which includes an adequate cover of medical expenses but also necessary assistance and repatriation benefits, is exclusively for non-Europeans during a stay in Schengen area.

## CRITERIA

**COVERAGE DURATION**  
UP TO 12 MONTHS

**COUNTRY OF RESIDENCE**  
COUNTRY OUTSIDE  
SCHENGEN AREA  
AND EU

**TRAVEL TYPE**  
COMING TO EUROPE

**DESTINATION**  
SCHENGEN AREA OR EU

**AGE LIMIT**  
60 YEARS OLD

## COVERAGE

  
ASSISTANCE AND  
REPATRIATION

  
MEDICAL  
EXPENSES

  
PUBLIC LIABILITY

  
INDIVIDUAL  
ACCIDENT

## OPTIONS AND PRICES

### PRICE PER PERSON

| Subscription | Before 60 years old |
|--------------|---------------------|
| Per person   | € 749               |

### OPTIONS

**MEDICAL EXPENSES UP TO 60 YEARS OLD: € 379 per person**

- Modification of capital up to **€ 46,000** instead of € 30,000
- Daily fee in case of hospitalization
- Extended coverage up to **100%** instead of 80% for dental care, optical, pharmacy, surgery and hospitalization

## TERMS AND CONDITIONS

|                                                                                                                                 |                                                                              |                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <br><b>ASSISTANCE<br/>AND<br/>REPATRIATION</b> | <b>REPATRIATION OF THE INSURED TO HIS/HER HOME COUNTRY</b>                   | Actual expenses                                                                                                                                                                                                                                                             |
|                                                                                                                                 | <b>REPATRIATION OF THE INSURED'S BODY TO HIS/HER HOME COUNTRY IN CASE OF</b> | Maximum per insured: <b>€ 1,500</b> Maximum per                                                                                                                                                                                                                             |
|                                                                                                                                 | <b>DEATH LEGAL ASSISTANCE ABROAD</b>                                         | insured: <b>€ 760</b>                                                                                                                                                                                                                                                       |
|                                                                                                                                 | <b>NECESSARY FUNERAL FEES FOR TRANSPORT</b>                                  | Maximum per insured: <b>€ 760</b>                                                                                                                                                                                                                                           |
| <br><b>MEDICAL<br/>EXPENSES</b>                | <b>MEDICAL EXPENSES ABROAD IN CASE OF</b>                                    | Maximum <b>€ 30,000</b> per year                                                                                                                                                                                                                                            |
|                                                                                                                                 | <b>HOSPITALIZATION</b><br><i>(THE ASSISTANCE CENTER MUST BE INFORMED)</i>    | Covered in full at <b>100%</b> on Social Security basis for hospitalization expenses                                                                                                                                                                                        |
|                                                                                                                                 | <b>PHYSICIAN, RADIOLOGY, LABORATORY ANALYSES</b>                             | Reimbursement up to <b>100%</b> on the social security basis                                                                                                                                                                                                                |
|                                                                                                                                 | <b>PARAMEDICAL</b><br><i>(MEDICAL CARE, PHYSIOTHERAPY)</i>                   | Reimbursement up to <b>100%</b> on the social security basis                                                                                                                                                                                                                |
|                                                                                                                                 | <b>DENTAL CARE</b><br><i>(CAVITIES ONLY)</i>                                 | € 150 flat rate the first year only                                                                                                                                                                                                                                         |
|                                                                                                                                 | <b>OPTICAL</b><br><i>(CORRECTIVE LENSES ONLY)</i>                            | Reimbursement up to <b>100%</b> on the social security basis                                                                                                                                                                                                                |
| <br><b>PUBLIC<br/>LIABILITY</b>               | <b>PUBLIC LIABILITY ABROAD</b>                                               | <ul style="list-style-type: none"> <li>• Maximum for bodily injury, property and immaterial damage combined: Maximum <b>€ 4,575,000</b></li> <li>• Property and immaterial damage only: Maximum <b>€ 76,225</b></li> <li>• Excess per insured event: <b>€ 80</b></li> </ul> |
| <br><b>INDIVIDUAL<br/>ACCIDENT</b>           | <b>ACCIDENTAL DEATH AND DISABILITY</b>                                       | Payment of a <b>€ 15,000</b> capital                                                                                                                                                                                                                                        |

**TRAVEL INSURANCE AND ASSISTANCE  
SINCE 1981**