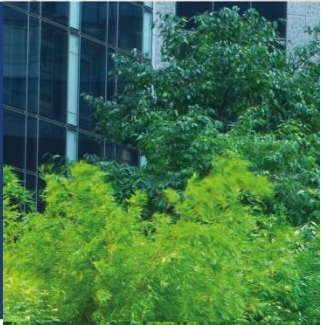




Henner

Here to care



Guide to insurance plan
European Solidarity Corps



**EUROPEAN
SOLIDARITY
CORPS**

Welcome

The Henner Group is pleased to welcome you!

This Membership Guide outlines important information in relation to the administration of the European Solidarity Corps Insurance plan dedicated to the volunteers of the European Solidarity Corps.

The guide contains the European Solidarity Corps' Table of Benefits where you will find the details of your insurance coverage. Please be sure to keep this document for future reference.

Henner's experienced multilingual Client Service Team is at your disposal to answer any of your requests regarding coverage, payment of your medical expenses, or letters of guarantee for hospitalisations.

For an easy and quick identification, please always indicate your Henner ID number when contacting us. This number is indicated in your welcome email. You will also find it on your Henner Pass available on our digital platforms.

YOUR CONTACTS

Questions about coverage, health benefits, reimbursement, prior authorization, VISA...

Henner Madrid

Customer Service Team 60

Paseo de la Castellana 216 (planta 1),
28046 Madrid,
SPAIN

Phone: +34 9 17 89 57 22

Email: clientservice-ESC@henner.com

Website: <https://esc.henner.com/>

Free call back: under the Contact section on the member portal.

Your Client Service Team is available non-stop from **8 am to 6 pm (UTC+1)**

Phone service for emergency hospitalisations is available on the same number as above **24/7, 365 days a year**

For Assistance request (evacuation, repatriation, travel costs)

Axa Assistance - contract number **0804489**

Phone: +33 1 55 92 12 34

Email : adherents.meddom@axa-assistance.com

24 hours a day - 7 days a week

For third-party liability, loss/theft of documents

Axa Assistance - contract number **0804489**

Phone: +33 1 49 65 25 61

E-mail : gestion.assurances@axa-assistance.com

(Monday to Friday 9:30 am to 12 pm France time, except on Thursdays)

TABLE OF CONTENTS

WELCOME	2
YOUR CONTACTS	3
GENERAL INFORMATION.....	5
YOUR MEDICAL PLAN	6
WHO DOES WHAT?.....	6
WHO IS COVERED, WHEN AND WHERE?	7
ONE PLAN, TWO TYPES OF COVERAGE.....	7
YOUR EUROPEAN HEALTH INSURANCE CARD (EHIC)	10
HENNER SERVICES.....	12
YOUR HENNER DIGITAL CARD (HENNER PASS)	13
THE DIGITAL TOOLS	15
HENNER'S MEDICAL NETWORK	16
HENNER PROCEDURES.....	17
BENEFIT FROM DIRECT BILLING – PRIMARY COVER ONLY.....	18
DIRECT BILLING FOR INPATIENT CARE.....	18
DIRECT BILLING FOR OUTPATIENT CARE.....	18
CLAIM REIMBURSEMENT – COMPLEMENTARY COVER	20
HOW TO SUBMIT YOUR MEDICAL INVOICES.....	21
WHAT TO DO IN THE EVENT OF HOSPITALISATION	24
COMPLEMENTARY COVER.....	24
PRIMARY COVER.....	25
HEALTH BENEFITS	27
YOUR HEALTH INSURANCE PLAN BENEFITS	28
EXCLUSIONS.....	32
ASSISTANCE.....	35
YOUR ASSISTANCE BENEFITS	36
NON-MEDICAL	38
LIFE INSURANCE ALL CAUSES.....	39
PERMANENT DISABILITY OR INCAPACITY.....	40
THIRD PARTY LIABILITY	41
THEFT/ LOSS/ RANSOM.....	44
GLOSSARY OF TERMS	46

GENERAL INFORMATION

Your medical plan

As a volunteer of the European Solidarity Corps participating under the volunteering and solidarity strand or under the humanitarian aid strand, you benefit from a medical and non-medical insurance scheme.

This insurance scheme is provided free of charge to you during the entire period of your mobility for:

- ▶ **The reimbursement of medical expenses**

The insurance will cover worldwide the costs related to **medical, dental treatment, hospitalisation and surgery (within the limits of the plan exclusions, listed in this guide)**. The reason for treatment may be due to illnesses (including pandemic related such as COVID-19), diseases, accidents, pregnancy and childbirth, and risks to personal safety occurring during the main period of cover. It will also cover **follow-up medical treatment during the 2-month period of extension** after the end of the volunteering period or after an early return home.

The follow-up medical treatments shall be reimbursed when occurred in the host or home country and during the mobility. Pre-existing medical conditions are covered.

- ▶ **The payment of non-medical expenses** (death / permanent disability / third party liability / loss or theft of luggage).



Please refer the section “YOUR HEALTH INSURANCE PLAN BENEFITS” and “YOUR NON-MEDICAL PLAN” for more details about your coverage.

Who does what?

- › **The European Commission Directorate-General for Education, Youth, Sport and Culture (DG EAC).** As DG EAC has the ultimate responsibility for the implementation of the European Solidarity Corps. It manages the budget and sets priorities, targets and criteria for the Corps. Furthermore, it guides and monitors the general implementation, follow-up and evaluation of the programme. DG EAC requires that all volunteers are in a safe and secure environment at all times. For cross-border activities, the European Commission offers a centralised insurance cover to the volunteers and determines the plan specifications.
- › **The Education, Audiovisual and Culture Executive Agency (EACEA).** EACEA has been entrusted by DG EAC to contract insurance services. EACEA is responsible for ensuring the correct implementation of the insurance contract and the adequate delivery of insurance services to participants.

The consortium entrusted to implement the insurance for the European Solidarity Corps:

- › **Henner** processes and reimburses your medical claims, answers any questions about the benefits insured by Axa, advises and guides you in accordance with the rules defined by the European Solidarity Corps and helps you access healthcare when and where you need it. Henner is also responsible for preparing the files in case of death and disability.
- › **Axa Assistance** will provide the necessary assistance whenever there is a medical need for an evacuation, a repatriation or for a non-medical event (third party liability and loss/theft of luggage).

Who is covered, when and where?

As a volunteer, you are covered under the European Solidarity Corps insurance plan from the day you leave home to the host country until the end of the second month of the termination of the mobility.

Please note that this coverage does not include your dependents.

Your insurance plan covers you **24 hours a day, worldwide during both private and project-related activities**. However, a distinction is made between the cover in the home and hosting country and the cover in other countries worldwide:

- ▶ **Home and hosting country:** you are covered for all medical treatment based on the plan specifications;
- ▶ **Other countries:** you are covered only for unplanned treatment (i.e., emergency treatment). Emergency treatment is the consequence of “Accident” or “Unexpected illness”.



Please refer to the “GLOSSARY OF TERMS” for more details about “Accident” and “Unexpected illness”.

One plan, two types of coverage

Every volunteer will enjoy the exact same benefits according to their type of coverage:

- ▶ European Solidarity Corps insurance plan is your **primary coverage**: you are not entitled to a first level of coverage (i.e., affiliated to a local health insurance or to the European Health Insurance Card EHIC) and the insurance scheme under the European Solidarity Corps is your only coverage.
- ▶ European Solidarity Corps insurance plan is your **complementary coverage**: you are affiliated to a national system, including the European Health Insurance Card (EHIC) or

affiliated to a private insurance as first level of coverage and the European Solidarity Corps insurance plan complements your primary health insurance coverage.

Please note that the affiliation to the national health system of the hosting country may be obliged because of the duration or the type of the volunteering activity performed.

Please find below all the information you need to **identify whether you are a primary or complementary insured member.**

It will define which procedures apply to you in case of medical or non-medical expenses.

1. European Solidarity Corps insurance plan is your primary coverage

If you are not affiliated to a local health insurance or to EHIC, you will be enrolled as a primary insured plan member. Henner will reimburse your medical expenses from the first euro of expenditure, up to the limits indicated in the table of reimbursements.



- ✓ Please **verify your compliance to compulsory health insurance in your home country and your hosting country.** The cover provided by the European Solidarity Corps insurance scheme cannot replace compulsory insurance.
- ✓ Please verify your eligibility for a free European Health Insurance Card (EHIC). In case you are not eligible, **please provide to your dedicated Henner client service team the official document from your local / national insurance office** stating the reasons why you are not eligible to EHIC.

2. European Solidarity Corps insurance plan is your complementary coverage

If you are affiliated:

- to a national health system, including the EHIC and/or your home and hosting country are both part of either the European Union or Iceland, Liechtenstein, Norway and Switzerland,
- to a private insurance

You will be enrolled as a complementary insured plan member. Henner will reimburse the difference between the amount covered by your national health insurance scheme and the European Solidarity Corps insurance scheme reimbursement ceiling.



- ✓ Please note that **the affiliation to the national health system of the hosting country may be mandatory** because of the duration or the type of the volunteering activity performed.
- ✓ Please make sure that **you have a valid European Health Insurance Card (EHIC) when arriving to your host country**. You must apply for an EHIC from your local health insurance institution. The EHIC is personal and free of charge.
- ✓ In case you are **not eligible**, please provide to your dedicated Henner Client Service Team **the official document from your local / national insurance office stating the reasons why you are not eligible to EHIC**. In that case, the complementary coverage will be transformed into a primary coverage.



Please refer to “YOUR HEALTH INSURANCE PLAN BENEFITS” for more details about your coverage.



Please refer to section “HOW TO CLAIM REIMBURSEMENT” for examples.

To sum up:

PRIMARY COVER
Non-European traveling inside Europe
OR
European going outside Europe

COMPLEMENTARY COVER
European traveling inside Europe



If you are not eligible to EHIC, send us the justification of refusal from the national insurance office or your private insurance.

Your European Health Insurance Card (EHIC)

WHO IS ELIGIBLE?

As a citizen or temporary resident of a **European Union Member State, Norway, Iceland, Liechtenstein, Switzerland**, you are eligible to EHIC.

WHAT IS EHIC?



The European Health Insurance Card (EHIC) guarantees you direct access to the public health system of your host country and entitles you to medically necessary care, which means that you will receive the same health services at the same cost as if you were insured in the country you are visiting.

Remember to always show your EHIC to any healthcare providers you visit during your mobility abroad.

IN WHICH COUNTRIES THE EHIC IS USED?

EU Member States:

Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Greece, Germany, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden.

Non-EU countries:

Iceland, Liechtenstein, Norway and Switzerland.

HOW TO APPLY FOR AN EHIC?

You can obtain an EHIC by **contacting the national health insurance institution where you are insured in your home country.**

If you need assistance to obtain your EHIC, you can contact your support organisation or find more information [here](#). At the bottom of the page, select your home country from the drop-down list and you will be redirected to the right page.

National information and contacts

Click on a flag to find out how to apply for a European Health Insurance Card in:

Select a country



You must apply for an EHIC before the beginning of the travel to the place of your volunteering activity. In some countries, the EHIC will give you access to **direct payment** between the health care providers and your national health insurer.

WHAT IS THE EHIC USED FOR?

As a complementary plan member, **you are required to use your EHIC card** when visiting a healthcare provider.

If you decide to visit a provider outside of the EHIC network (e.g., a private health care provider), or incurs expenses not covered by EHIC in your host country, you may be asked to advance the expenses and **submit a claim for reimbursement to your national health system.**

If your national health system covers only part or none of the costs incurred, Henner will reimburse the amount covered by your national health scheme and the reimbursement ceiling of the European Solidarity Corps insurance plan, according to the table of benefits.

Make sure to inform your support organisation about your type of coverage.

If you have any doubts on whether you are a primary or complementary insured member, **you can contact your support organisation for assistance.**



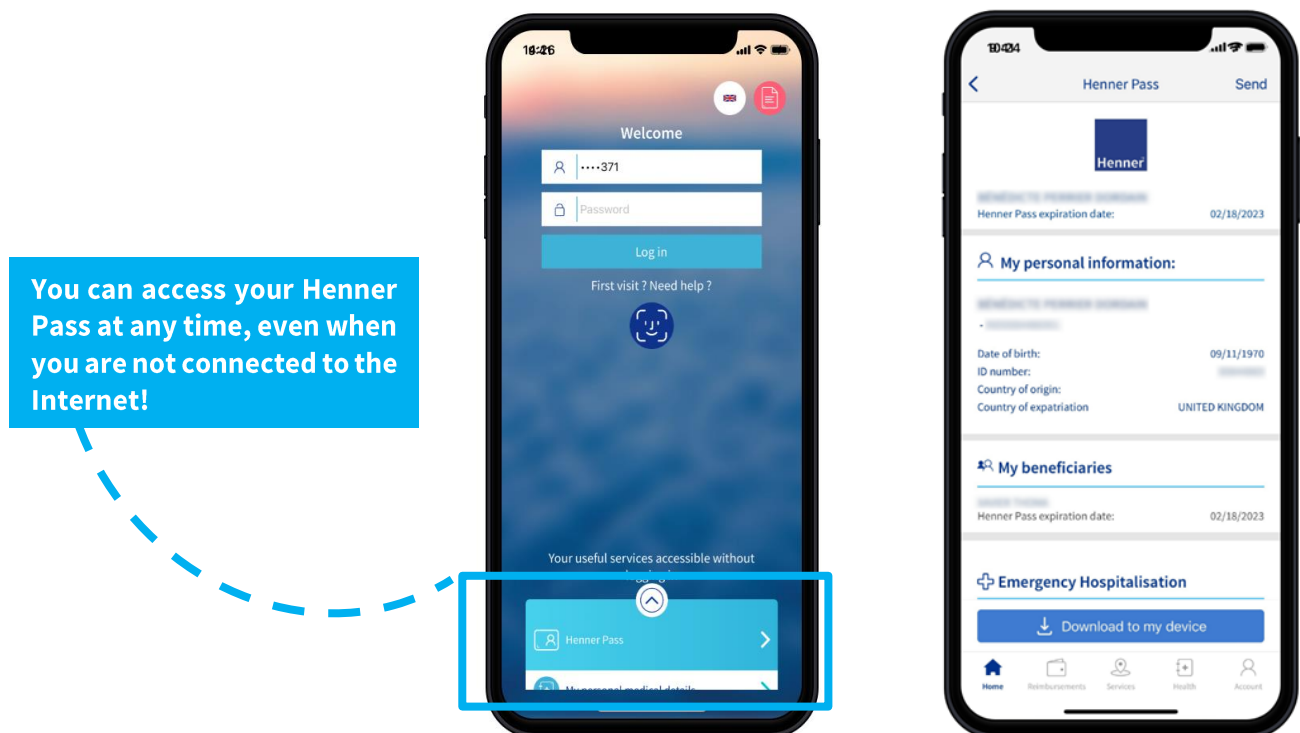
Please refer to section “HOW TO CLAIM REIMBURSEMENT” for more details.

HENNER SERVICES

Your Henner digital card (Henner Pass)

An electronic version of the healthcare insurance card, the Henner Pass, is available on the mobile app **myHenner** and on the Member Portal (<https://esc.henner.com/>) from where it can be downloaded as a pdf file.

In case a medical provider asks for your Henner membership card, just show the Henner Pass on the app. It can also easily be sent to the provider by email.



What is the Henner pass validity date?

The validity end date of the Henner Pass must not be confused with the coverage end date:

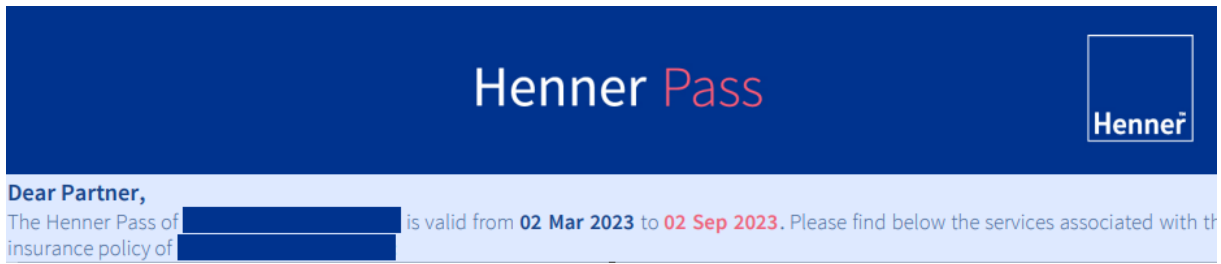
- When your coverage end date is in more than 6 months, the Henner Pass validity end date is date of upload + 6 months. This date is automatically renewed at each upload.

Example 1:

Dates of coverage: 13/02/2023 – 13/02/2024

Henner Pass validity (current date + 6 months): 02/03/2023 – 02/09/2023

The validity end date will be renewed at each upload.



- When your coverage end date is in less than 6 months, the validity end date of the Henner Pass is the end date of coverage.

Example 2:

Dates of coverage: 21/02/2023 – 06/06/2023

Henner Pass validity (current date – end of coverage): 02/03/2023 – 06/06/2023



The digital tools

To access your user account, please connect on the member portal (<https://esc.henner.com/>) or via your **myHenner** mobile app (downloadable for free in the AppStore or GooglePlay).

To **log in**, enter the following details

Your ID
(mentioned in your welcome email)

Your password:
to obtain your password, click on 'First connection' and follow the instructions



Need advice or further information?
Consult our online help and find the answer to your questions in a single click at <https://esc.henner.com/>.

MyHenner



<https://esc.henner.com/>

The member portal and the mobile app provide you with access to the following services:



Henner pass

Download your digital insurance card and access to direct billing services



Location service

Find and geolocate a healthcare provider in Henner international network near to you



Reimbursement

Claim for reimbursement simply by sending a scan or photo and track the progress of your claim



Explanations of benefits

Consult your itemised reimbursements and/or download your statements



Hospitalisation

Request a guarantee of payment for hospitalization to avoid paying upfront



Account

Consult your coverage details and update your information (bank details, etc.)



Prior agreement request

Submit your pre-approval request before incurring treatment



Client service team

Send messages via secure messaging



Healthcare

Access a platform dedicated to healthcare prevention

Henner's Medical Network

To facilitate you the access to healthcare providers, Henner has created its own medical network. This network is constantly extended according to the needs of the insured.

You can run a search for a provider close to you from the portal or the mobile app. Click on the **My services** icon to open the search page. To find medical providers who suit your needs, you can search by country, city, type of provider, and medical speciality.

You will find all the information related to the medical providers, such as the speciality, the contact details, the services available, and the language spoken in the search results.

Thanks to direct billing agreements for inpatient care with many hospitals you do not have to pay upfront when you need to be hospitalised. Refer to section **“How to benefit from direct billing”** for more details.

The image shows a composite of three screenshots from the Henner portal. On the left is a navigation menu with 'MY SERVICES' highlighted. The top right screenshot shows the 'Find a medical provider' search page with a search bar and filters for healthcare partner type, medical speciality, country, and city. The bottom left screenshot shows a detailed view for 'Manuel LEYES VENCE', a doctor, with his address in Madrid, an agreement type of 'Direct settlement of outpatient expenses', and an 'Additional information' box stating to contact the Client Services Team for direct billing. A 'CALL' button is also visible. A dashed blue line connects the 'MY SERVICES' menu item to the provider details. A warning box on the right contains the text: 'To benefit from direct payment for outpatient care, make sure to check the **Additional information.**'

HENNER PROCEDURES

BENEFIT FROM DIRECT BILLING – PRIMARY COVER ONLY

Direct billing for inpatient¹ care

For all non-emergency hospitalizations, you must **request prior approval** from our Medical Department through the email address medical@henner.com to be able to benefit from direct billing. Please make sure that you attach the medical report indicating the date of admission and discharge, the contact details of the facility you have selected among our contracted providers and the estimate cost.

This form must be sent completed **no later than 15 working days prior to the date of hospitalisation**. When the request is approved by our Medical Department (within 5 working days, upon receipt of complete documentation), you will **benefit from our direct payment** service and negotiated prices. For more details, please refer to the section “**In the event of hospitalisation**”.

Direct billing for outpatient² care

Direct billing applies also for **outpatient care** (e.g., doctor consultations). To benefit from direct billing when visiting medical providers:

1

Search for a medical provider in the Henner Network on your member portal esc.henner.com or mobile app **myHenner**.

2

Follow the **instructions** indicated in the medical provider search tool. When you have selected the healthcare provider, click on **Learn more > Additional information** to read the process to benefit from direct billing. If you have a question, contact Henner CST 60 prior to visiting the provider.

3

Show and give your **Henner pass**, along with photo ID document, to the medical provider to benefit from the direct billing.

4

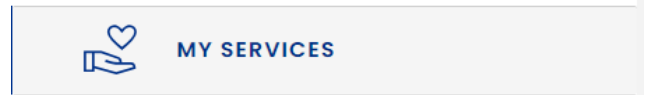
The medical provider sends the invoice to Henner.
Henner pays the medical provider.

¹ Inpatient care: Admission to the hospital involving an overnight stay.

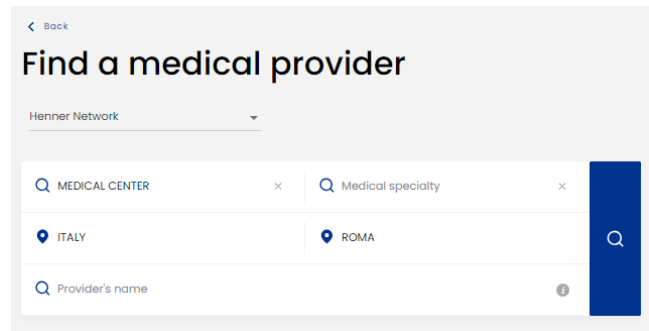
² Outpatient care: ambulatory care without an overnight stay at the hospital

Example:

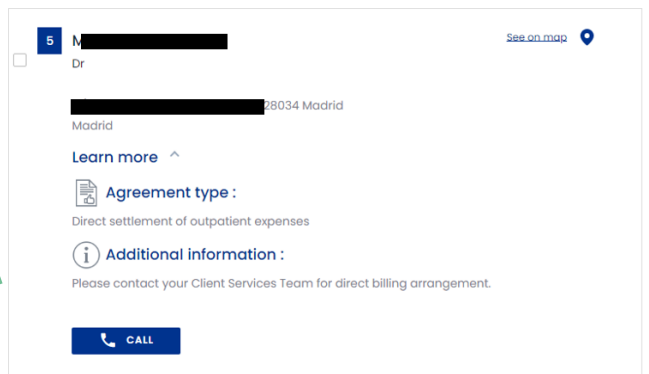
To access the medical provider tool, click on **My services** in your member portal.



To find a medical provider close to you, search by country, city, type of provider and medical speciality.



You will find a list of different providers. Make sure to click on **Learn more** and read the **Additional information** required to benefit from direct billing.



If you visit an out-of-network provider, **you may pay your medical expenses and claim your reimbursement to Henner. Please refer to section "HOW TO SUBMIT YOUR MEDICAL INVOICES"**.

CLAIM REIMBURSEMENT – COMPLEMENTARY COVER

1

Present your European Health Insurance Card (EHIC) to your healthcare provider.

Your expenses will be directly paid by your national health insurance scheme (direct payment).

If not, you will have to pay the expenses and then **claim your reimbursement to your national health coverage.**

2

If your expenses are not fully reimbursed by your national health insurance scheme, you may **claim your complementary reimbursement to Henner.**

Send us the **original reimbursement statement** provided by your national health insurance scheme, as well as:

- a **detailed invoice** from the provider specifying the separate price for each expense,
- the **proof of payment**,
- and any **prescriptions** including the diagnosis.

3

Upon receipt of your **complete file**, as soon as your claim has been processed, the reimbursement will be credited to your account within 1 week.

Example:

Type of treatment	Expenses incurred	Reimbursement of national health insurance	Plan Coverage Rate	Henner payment	Your co-payment
Specialist consultation	EUR 88	EUR 25	100%	EUR 63	EUR 0

Hence, you should always obtain the reimbursement from your national health insurance scheme **first**, before claiming your complementary benefit from Henner.

Treatments that are not covered by your national insurance are, reimbursed on a first euro basis:

- ✓ upon receipt of a written statement from your national health insurance scheme.
- ✓ provided that the benefits are included in the table of reimbursements.

In this event, you should follow the procedure described for primary cover.

HOW TO SUBMIT YOUR MEDICAL INVOICES

1. ONLINE CLAIM SUBMISSION

- Connect to your user account on the member portal or to the mobile app.
- Click on 'Ask for a reimbursement' on the member portal or on 'E-claiming' on the mobile app and follow the procedure.

Invoice n° 1

Add an attachment

UPLOAD FILE

Accepted files formats: pdf, png, jpeg, gif

Protected PDFs are not accepted.
Maximum files size of 8.0Mo
Maximum invoices: 10

Country of care *

Invoice amount * Invoice currency: EUROS Beneficiary *

Add a comment

Important: To be validated, claims must be submitted no later than **TWENTY-FOUR MONTHS** from the date of occurrence.

After having submitted an invoice for reimbursement, you will receive an email from your Customer Service Team confirming receipt of the claim. The email contains the claim's reference number which you should indicate in any query you may have related to this claim.

Upon receipt of your complete file, as soon as your claim has been processed, you will receive an email notification informing you that the explanation of benefits (EOB) is available on your personal online account.

Henner
Here to care

Member ID:
[Logout](#)

- HOME
- REIMBURSEMENTS
 - > View my reimbursements**
- REQUESTS
- MEDICAL NETWORK
- ACCOUNT
- CONTACT

Date	Category	Total amount	Henner reimb.
12/09/2022	Laboratory tests	€ 154.91	€ 154.91
12/09/2022	Medical imaging	€ 142.80	€ 142.80
12/09/2022	Ultrasound	€ 72.28	€ 72.28



Reimbursement detail

✓ Reimbursement date: 12/09/2022

Medical imaging for € 142.80 spent on the 17/06/2022

Member's share 0.0% of total amount	€ 0.00
Henner reimbursement 100.0% of total amount	€ 142.80
Primary cover reimbursement 0.0% of total amount	€ 0.00

[↓ DOWNLOAD THE REIMBURSEMENT STATEMENT](#)
[↓ YOUR PROCESSED REIMBURSEMENT REQUEST](#)

Kindly note that we may ask you to provide us with the original documents to verify their authenticity and finalise your claim.

Please keep the originals for 24 months following the date of treatment.

2. CLAIM SUBMISSION BY POST

You can also send your medical invoices by post to the below Henner address:

Henner Madrid
Customer Service Team 60
Paseo de la Castellana 216 (planta 1)
28046 Madrid
SPAIN

We recommend that you always keep copies of invoices sent by post.

Before submitting your first reimbursement request

Please check your contact details (email address, phone numbers) and banking details during your first connection and make any necessary changes.

Reimbursement to a third-party

Should a claim need to be reimbursed to the account of a third party (i.e., in the case your support/host organisation or a family member has advanced your medical bill), you will need to **submit a signed letter authorizing the transfer as attachment to the claim. This letter should be signed, dated and scanned.**

Currency conversion

When the currency of your bank account is different from the invoice currency, the reimbursement amount will be converted using the [official European Commission exchange rates](#) effective on the date of claims processing.

WHAT TO DO IN THE EVENT OF HOSPITALISATION

COMPLEMENTARY COVER

1. FOR AN EMERGENCY HOSPITALISATION

1

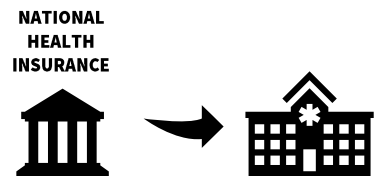
Present your EHIC card to the hospital.

If you don't have your card, you (or a family member/friend or the healthcare provider) should **contact your national health insurance scheme** as soon as possible.



2

Your national health insurance scheme will **issue a guarantee of payment or an insurance certificate to the hospital**, so you don't have to pay upfront.



2. FOR SCHEDULED HOSPITALISATION

Check if prior approval requirements are applicable in your national health insurance scheme.

The prior approval delivered by your local health insurance scheme is **also valid for Henner**. No need to request prior approval from Henner when your local health insurance scheme has already approved the hospitalisation.



However, if you are planning a hospitalisation listed in the insurance plan of the European Solidarity Corps **table of reimbursements** that is not covered by your national social security scheme, you should seek prior approval directly from Henner, by following the procedure described for primary insured member.

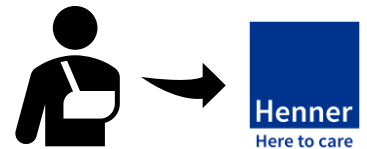
PRIMARY COVER

1. FOR EMERGENCY HOSPITALISATION

1

Present your **Henner Pass** to the hospital. If you don't have your card, you (or a family member/friend or the healthcare provider) should **contact your Client Service Team by phone** as soon as possible.

An emergency phone service is available 24/7 for hospitalisations:
+34 9 17 89 57 22

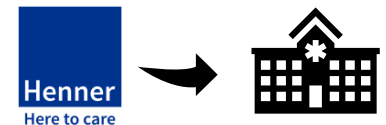


Make sure to have the following information at hand:

- The exact name, address, and phone number of the healthcare facility
- Your contact details
- The reason of the hospitalisation

2

Henner will send a guarantee of payment to the hospital within 2 hours.



2. FOR SCHEDULED HOSPITALISATION

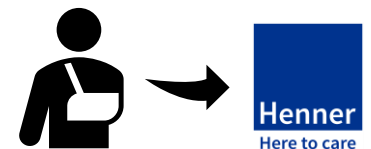
1

Send us a **'Prior agreement application – hospitalisation' form** (available on your member portal) as soon as possible by email:

medical@henner.com

Or postal address:

Henner Medical Department
14 boulevard du Général Leclerc
92527 Neuilly-sur-Seine Cedex
FRANCE
Fax: +33 1 85 64 74 15

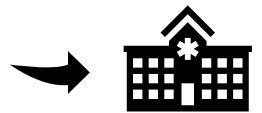


Indicate in the Prior agreement form the following information:

- The exact name, address, and phone number of the healthcare facility
- The type of treatment (medical plan) and a detailed cost estimate
- The planned admission date and discharge date

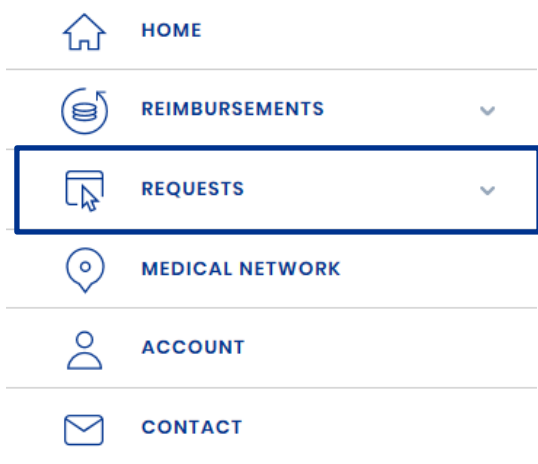
2


After examination from Henner's Medical Board, **the guarantee of payment will be sent to the healthcare facility.**



Good to know
You will receive a copy of the guarantee of payment by email

HOW TO REQUEST A GUARANTEE OF PAYMENT



- 1- Log into the member portal and click on the 'Hospitalisation' icon or on 'Requests' and then 'Request a letter of guarantee' 
- 2- Download the 'Prior Agreement Application for Hospitalisation' form
- 3- Once completed and signed, attach the scanned form (or a photo of it) and join any other necessary documents, such as a cost estimate and a treatment plan
- 4- Submit your request on the member portal

HEALTH BENEFITS

YOUR HEALTH INSURANCE PLAN BENEFITS

You will also find your Tables of benefits in **French, Spanish, German, Italian, Portuguese and Turkish** on your Henner digital tools under **Account → Documents and Coverage**.

The insurer will require prior approval process for certain benefits listed below.

An aggregate maximum reimbursement of 250 000 EUR per volunteer is applicable.

BENEFITS	ADDITIONAL INFORMATION	COVER RATE	SUBJECT TO PRIOR APPROVAL
Generals Practitioners' and Specialists' Fees		100%	No
Outpatient surgery	<p>Outpatient surgery allows a volunteer to return home on the same day that a surgical procedure is performed.</p> <p>Outpatient surgery is also referred to as ambulatory surgery or same-day surgery.</p>	100%	Yes, if the surgery is planned
Registered Nurses' fees		100%	No
Laboratory and Diagnosis Tests	Only when prescribed	100%	Yes
X-Rays/ Radiotherapy/ Chemotherapy		100%	Yes
Prescription Drugs	<p>Only prescribed generic drugs (if available) with active pharmaceutical ingredients are covered.</p> <p>Contraceptives are not covered.</p> <p>Vitamins, food supplements are not covered unless they are prescribed to treat a medical condition. In this case, prior approval is required.</p>	100%	No, except for vitamins, food supplements, etc
Outpatient medical treatment in a hospital		100%	No

BENEFITS	ADDITIONAL INFORMATION	COVER RATE	SUBJECT TO PRIOR APPROVAL
Hospital charges	These charges may include: Bed and board, Doctor's fees, General nursing services, Use of operating rooms and equipment, Laboratory examinations, X-ray examinations, Drugs and medicine for use in the hospital.	100%	Yes, in case the hospitalization is planned
Surgery charges	These charges may include: Bed and board, Doctor's fees, General nursing services, Use of operating rooms and equipment, Laboratory examinations, X-ray examinations, Drugs and medicine for use in the hospital.	100%	Yes, in case the hospitalization is planned
Ambulance Transportation	Ambulance from place of illness/accident to the first hospital where care can be given. Other transportation (e.g., public transport, taxi) is not covered by your medical plan. * *In exceptional circumstances, other modes of transportation may be covered if proven medically necessary	100%	No
Necessary medical care and tests in the event of pregnancy	Depending on the established protocol for pregnancy in home or hosting country to ensure the health of the mother and the foetus	100%	No
Hospital charges and accommodation, including midwife and doctor's fees for childbirth and caesarean section.		100%	Yes, in case the hospitalization is planned
Psychotherapy	Only medically necessary psychotherapy (upon diagnosis and pathology) is covered by your medical plan. Subject to a maximum of 30 sessions or 30 continuous days in case of inpatient treatment per activity.	100%	Yes

BENEFITS	ADDITIONAL INFORMATION	COVER RATE	SUBJECT TO PRIOR APPROVAL
Physiotherapy		100%	Yes
Necessary general dental care and dental treatments that cannot be postponed	<p>Eligible expenses: Only urgent dental care. In case of sudden dental complaints, the only treatment covered is treatment that is meant to stabilize the dental complaints. The urgency of your dental care will be assessed by Henner Dental consultant against the documents to be submitted together with your Prior Approval. The following documents will be submitted to Henner Dental Consultant to assess the medical necessity of your request prior to your treatment: A detailed report from the dentist specifying the urgent nature of the treatment, in particular why this treatment should take place before the end of your mobility; An X-ray in case of a root canal treatment.</p> <p>Expenses excluded from cover: Any dental care that can be postponed until after the mobility; Preventive dental care (such as check-up, cleaning, polishing, whitening, mouth guard); Elective dental care (such as change of fillings, crowns/implants/prostheses, wisdom tooth removal); More than 2 root canal treatments; More than 3 fillings.</p>	100% subject to a ceiling of 1,000 EUR	Yes
Follow-up of orthodontic treatment	Only ongoing orthodontic treatment is covered by your medical plan. To obtain Prior Approval, you must submit a confirmation note from your orthodontist in your home country stating the start date of your treatment	100% Subject to a ceiling of 1,000 EUR	Yes

BENEFITS	ADDITIONAL INFORMATION	COVER RATE	SUBJECT TO PRIOR APPROVAL
One replacement of a pair of prescribed eyeglasses or prescribed contact lenses (not daily or weekly contact lenses) that are deteriorated, lost or stolen.	Eligible expenses: Only one replacement of a pair of prescription eyeglasses or contact lenses that is deteriorated, lost or stolen, will be covered by your medical plan Only single vision glasses without treatment (e.g., anti-reflective layers) will be covered. Expenses excluded from cover: Damage caused by wear-and-tear; Visits to an optician or ophthalmologist to determine your dioptre. Optical cover only applies to ongoing treatments; Daily/weekly contact lenses; Cleaning products; Sunglasses; *	100% subject to a ceiling of 300 EUR	Yes

*: Following documents need to be submitted in order to assess the medical necessity prior to the purchase:

- 1) In case the glasses/contact lenses are deteriorated or lost:
 - A medical report / prescription for the previous glasses/contact lenses from the ophthalmologist from the home country, indicating the volunteer's ongoing treatment and the contact details for cross-checking,
 - Two completed copies of the optical cost estimate
 - A completed copy of the Declaration of honour form (available on the digital tools) describing the circumstances of the loss, signed by the Volunteer and by the legal representative of the host organisation (including the contact details).
- 2) In case the glasses /contact lenses have been stolen:
 - A medical report/prescription for the previous glasses/contact lenses from the ophthalmologist in the home country, indicating the ongoing treatment, and the contact details for crosschecking,
 - A complete copy of the optical cost estimate,
 - A copy of the police report or declaration of honour stating the theft of glasses/contact lenses

EXCLUSIONS

The following items are excluded from the coverage:

- Expenses reimbursed or reimbursed by any social protection organization (e.g., Social Security) or by another insurance contract,
- Expenses related to search and rescue,
- Costs relating to accidents occurring or diseases contracted during any sports activity in the failure to comply with basic rules of safety required by the Public authorities or by the sports federation for the activity of the country where it is practiced;
- Fees for treatment or diagnostic procedures of injuries or illnesses arising from an engagement in professional sports,
- Treatment for any illnesses, diseases or injuries resulting from active participation in war, riots, civil disturbances, terrorism, criminal acts or acts against any foreign hostility, whether war has been declared or not,
- Expenses resulting from the active participation of the insured or the beneficiary in a war, a rebellion, a revolution, an insurrection, a seizure of power, a popular movement, a riot, a conspiracy, an act of terrorism,
- Costs resulting from the participation of the insured or the beneficiary in brawls, except in the case of self-defense or assistance to a person in danger,
- Costs related to accidents or diseases caused by the transmutation of the nucleus of the atom or the action of radioisotopes due to terrorist attack,
- Expenses related to accidents or diseases caused by alcoholism and drunkenness, noted by a blood alcohol level higher than or equal to the legal rate defined by the traffic code of the country where the accident takes place,
- Expenses related to accidents or diseases caused by the use of narcotics or medical medicinal substances outside the limits of medical prescription,
- Costs incurred before the period of entry into force and after the period of cessation of the guarantees,
- Acts for which the Insured has not made the request for the necessary prior agreement, or whose prior request has been refused,
- Acts performed by a person who does not have the required diplomas,

- Any medical or dental care that does not meet professional standards,
- Any treatment not prescribed by a doctor or useless from the strictly medical point of view,
- Treatment considered as experimental,
- Costs related to aesthetic treatments (or similar) of any origin and of any kind, except in special cases (following an accident occurring during the insurance period of this contract) which has given rise to a prior written agreement of the Insurer, and under the conditions and limits stipulated by it,
- Sex change operations fees and related treatments fees,
- Costs intended to remedy any congenital abnormalities or malformations,
- Accommodation and treatment expenses related to a stay in a vocational rehabilitation institution (or similar establishment),
- Accommodation and treatment expenses related to a stay in a nursing home and / or convalescence when the stay follows a hospitalization of less than 30 days,
- Hospitalization for mental or nervous disorders,
- Accommodation and treatment expenses related to a child's stay in a health facility or unit,
- Care and/or treatment of drug addiction or alcoholism,
- Accommodation and treatment costs related to a stay in an after-care institution (or similar establishment),
- The care in a hospital or public medical facility that would be charged for free in the absence of this agreement,
- The care in a nursing facility or nursing home, and the costs resulting from the assistance of a person in these daily activities, even if that person is declared in a state of temporary or permanent disability. Such services are considered even home care assistance if prescribed by a doctor and if they are issued by suppliers having a medical or paramedical status.
- Travel costs of the doctor,
- Missed appointments,
- Professional consulting fees in alternative, or natural medicine that are not mentioned in the benefits plan chosen by the volunteer,
- Professor of medicine consultations and visits,
- Preventive medicine costs,

- Contraception expenses (dose pills called "third generation" and patches),
- Investigations into, and treatment of, obesity,
- Hairpieces not medically prescribed,
- Thermal cures and spa,
- Infertility treatments,
- Services and infertility -related supplies that are not provided as part of the diagnosis or treatment of causes of infertility,
- Hospitalization ancillary costs, such as telephone, visitor's meal, television, flowers, newspapers,
- Cares that present no direct medical necessity for the treatment of illness, especially cosmetic procedures and the results thereof,
- Expenses relating to medical devices and health comfort items (e.g., orthopaedic shoes, massage devices, blood pressure measuring devices, inhalators, sun lamps, heating pads, etc.) and costs for operating, using and maintaining such accessories,
- Non-medical everyday-use products such as absorbent cotton, alcohol, sun creams, toothpaste, bandages, shampoo, etc.),
- Products classified as nutritional or dietary supplements (vitamins during pre-natal period are covered),
- Travel expenses and care-related hotel,
- Fluorine treatments for adults,
- The cost of the medication in case of shipment/dispatch of indispensable medication unavailable locally abroad shall be borne by the Insured. In any event, the Policyholder hereby undertakes to reimburse the Assistant for all amounts paid, either by bank transfer or cheque within 30 days of the date of dispatch.

Medical costs deemed as luxurious, in excess of what is reasonable and customary, taking into account the country in which they have been incurred, can be subject to a refusal of cover or a limitation on the amount of the cover.

Any expense that are not listed in the tables of benefits will not be reimbursed.

ASSISTANCE

(repatriation/ evacuation, travel tickets, shipment of medications...)

YOUR ASSISTANCE BENEFITS

You will also find your Tables of benefits in **French, Spanish, German, Italian, Portuguese and Turkish** on your Henner digital tools under **Account → Documents and Coverage**.

The insurer will require prior approval process for certain benefits listed below.

Evacuation/ repatriation

BENEFITS	ADDITIONAL INFORMATION	COVER RATE	SUBJECT TO PRIOR APPROVAL
Medical evacuation / repatriation in the event of getting ill or injured when the required medical treatment is not available locally		Real expenses	Yes
Evacuation for health or political reason, Natural Disaster or nuclear disaster, Epidemics, pandemics, War, Riots etc. Hotel accommodation for the Insured as a gateway point until evacuation	100 000€ per insured		Yes
Visit of family members / close person in case of hospitalisation of a volunteer lasting at least three days.		100 EUR per day max 7 days 3 persons (family members)	Yes
Shipment of medications abroad		Real expenses	Yes

Travel costs

BENEFITS	ADDITIONAL INFORMATION	COVER RATE	SUBJECT TO PRIOR APPROVAL
Travel costs of immediate family members to the place of the loss of life if the body cannot be repatriated		Real expenses	Yes

BENEFITS	ADDITIONAL INFORMATION	COVER RATE	SUBJECT TO PRIOR APPROVAL
Travel costs for earlier return in case of death or emergency hospitalisation of a close family member lasting more than 5 days	Provision of a return ticket (economy class) for the insured person in case of death or sudden illness and hospitalisation lasting more than 5 days of a close member of your family. Return ticket (economy class) from hosting country to country of customary residence or origin.	Real expenses	Yes
Sending urgent messages		Real expenses	Yes

CLAIM PROCEDURE

Axa Assistance will organize your travel, evacuation, repatriation and must be contacted before incurring any expenses.

For urgent requests and any above-mentioned assistance benefits, you must contact AXA Assistance and mention contract number **0804489**, as well as your Henner ID:

24 hours a day - 7 days a week:

BY TELEPHONE (at your own expense): **+33 1 55 92 12 34**



You must obtain AXA Assistance **prior agreement before taking any action** and/or incurring any expense, **otherwise the reimbursement will be denied.**

Upon acceptance of your request, you will receive a claim number to identify any correspondence related to the case.

When we arrange your transport or repatriation, you must return the initial tickets to us, which then become our property.

To follow-up your claims related to assistance to persons, contact AXA Assistance and mention contract number **0804489**:

E-mail : adherents.meddom@axa-assistance.com

Tel: **+33 1 49 65 25 55** (Monday to Friday 9:30 am to 12 pm France time, except on Thursdays).

NON-MEDICAL

(Life, Permanent Disability & Incapacity,
Third Party Liability, Loss/theft, ransom)

Life insurance all causes

The insurance will cover you **24 hours a day against the risk of death**, whatever the cause, occurring during the volunteering activity (from the day you leave home to the host country until your return).

In case the death due to illness and / or accident occurred during the volunteering period (travel included), the life insurance coverage shall be extended until the end of the second month after the termination of the voluntary service or early return home.

BENEFITS	ADDITIONAL INFORMATION	COVER RATE
Transport of bodily remains to the place chosen by the family		Real expenses
Funeral costs		5,000 EUR
Burial costs		
Lump-sum payment paid to a nominated beneficiary or closest survivor		20,000 EUR

Are excluded from the coverage, the consequences resulting from:

- The active participation of the Insured member to civil or foreign wars, invasions, riot, popular unrest, act of terrorism, foreign aggressions, hostilities (may the war be declared or not); although cases of legitimate self-defense and assistance to persons in danger are covered,
- Direct or indirect consequences of a transmutation of the atomic nucleus or radioactivity.

CLAIM PROCEDURE

In case of death, **your designated beneficiary will receive a payment from the insurer.**

Your support organisation will send via email a **birth certificate, death certificate and medical certificate** confirming the natural or accidental death to Henner.

Permanent disability or incapacity

The insurance will cover you against **permanent disability - total or partial** - resulting from any event occurring during the period of volunteering, travels included.

Cover will be provided **24 hours a day**, even if the event that causes the permanent disability is not linked to the European Solidarity Corps activities.

BENEFITS	ADDITIONAL INFORMATION	COVER RATE
<p>The insurance will cover the volunteer against permanent disability - total or partial - resulting from any event occurring during the period of volunteering, travels included.</p> <p>Cover will be provided 24 hours a day, even if the event that causes the permanent disability is not linked to the European Solidarity Corps activities.</p>	<p>Total or partial permanent disability, resulting from any event occurring during the period of insurance</p>	<p>Total disability: 60,000 EUR Partial disability: x% of 60,000 EUR based on the percentage of disability (x) Only if $x > 20\%$ x being established by the insurer's Medical Adviser</p>

Are excluded from the coverage, the consequences resulting from:

- the active participation of the Insured member to civil or foreign wars, invasions, riot, popular unrest, act of terrorism, foreign aggressions, hostilities (may the war be declared or not); although cases of legitimate self-defense and assistance to persons in danger are covered,
- direct or indirect consequences of a transmutation of the atomic nucleus or radioactivity.
- voluntary or intentional offence committed by the insured, although the consequences of attempted suicide are covered.

CLAIM PROCEDURE

Any permanent disability and incapacity must be notified to the support organisation immediately.

You should also send to your support organization **the medical certificate describing the nature of the condition and the probable period of incapacity**.

In the event of an accident, you must declare the exact circumstances in which the accident took place and state the authorities in charge of the investigation, if relevant.

Third Party liability

The insurance plan will cover 24 hours a day the **financial consequences of your legal liability for bodily injury, property damage, and consequent financial loss to a third party** occurring at any time **during the volunteering period, travel included**. This third-party liability will also cover the participating organisations of the project, where they may be held responsible for the volunteer's action.

Injury and/or Property Damage and/or Consequential Losses caused to Third Parties.

BENEFITS	ADDITIONAL INFORMATION	COVER RATE
Personal injury	1,500,000 EUR in USA and CANADA per event	Real expenses with a ceiling of 5,000,000 EUR Cover Rate
Material damage and consequential financial loss	1,500,000 EUR in USA and CANADA per event	Real expenses with a ceiling of 500,000 EUR
Damage and costs resulting from fire, explosion and electrical damage for which the insured person is liable as the tenant, occupant or neighbor of a building		Real expenses with a ceiling of 75,000 EUR
Legal assistance		Real expenses with a ceiling of 15,000 EUR
Legal deposit, bail		Real expenses with a ceiling of 50,000 EUR

Following risks are excluded from cover:

For Injury and/or Property Damage and/or Consequential Losses caused to Third Parties:

- Liability covered by an insurance made compulsory by Law (as laid down by the legislation of the country where the losses occurred). Before using a motor vehicle, make sure you check that its insurance covers your liabilities.
- Hunting, navigation, motor boats, aerial sports, gambling games, reckless dares;
- Damage caused intentionally, due to serious negligence or under influence of alcohol or drugs;
- Material damage caused through fire, explosion and electrical damage, except as indicated above;
- Erroneous financial operations, embezzlement, breach of trust, etc.; Fines or contraventions of any kind;
- Participation in wagers or races;

- Participation in acts of collective violence (war, strife, terrorism, strikes, riots etc.);
- A product supplied by you or work done by you; Your liability as director or agent of a legal entity;
- Your negligence in managing an insured organisation.
- Losses subject to liability arising out of the Insured's profession, trade or business.
- Damage caused by fire, explosion or water damage occurring in the buildings or premises of which the Insured is the owner, tenant or occupier in any capacity whatsoever.
- Actions brought by tenants.
- The consequences of individual commitments (such as a warranty, damages clause, financial indemnity) insofar as the obligations arising from these commitments exceed those incumbent on the Insured pursuant to statutory provisions governing third-party liability.
- Losses suffered by the Insured, their Spouse, ascendants, descendants or any of their dependants for whom they are vicariously liable.
- Losses arising in connection with the civil liability on school premises of the Insured's children.
- Losses suffered by the Policyholder's agents or employees in the performance of their duties.
- Damage caused by non-domestic animals.
- The organisation (including on a charitable basis) of a party or public gathering.
- Fines and penalties.
- The Insured's participation as competitor in competitions or contests requiring prior declaration to an authority or administrative authorisation, or subject to a statutory insurance requirement, as well as preparation for such activities.
- Damage arising in connection with the use of land motor vehicles, aircraft, registered water vessels, whether sail or motor driven, of which the Insured is the owner, user or custodian.
- Damage to any vehicles, animals, immovable property, things or substances of which the Insured or the persons for whom they are vicariously liable are owners or that they hold in bailment, by hire, in custody, by way of a loan, or which are entrusted to them for any other reason.
- Damage intentionally caused or triggered by the Insured.
- Damage arising from the Insured's participation in gambling of any nature (except sports competitions in which the Insured takes part), brawls (except instances of self-defence), duels, crimes.
- Damage arising in connection with the practice of a sport as a professional.
- Any person having intentionally caused or provoked an Incident.
- Court-ordered compensation having the nature of a penalty, usually known as "punitive" or "exemplary"

- Cover for lawsuits also exclude losses when the insured is acting as the owner, tenant or occupant of premises, except with regard to the premises the insured occupies during his/her mobility.

CLAIM PROCEDURE

For Third party liability claims and declarations, please contact AXA Assistance with the contract number **0804489**, as well as your Henner ID:

E-mail : gestion.assurances@axa-assistance.com

Tel : **+33 1 49 65 25 61** (Monday to Friday 9:30 am to 12 pm France time, except on Thursdays).

Claims treatment time is approximately 4 to 5 weeks.

In case of urgent requests, contact AXA Assistance and mention contract number **0804489**:

24 hours a day - 7 days a week:

BY TELEPHONE (at your own expense): **+33 1 55 92 12 34**

Theft/ loss/ ransom

The insurance will cover you against **the loss and theft of identity documents** (identity card, passport, etc.) and non-dematerialized travel tickets during the volunteering period, travels to and back from the host country included.

The insurance will also cover the **loss/theft of luggage only on the way to and back from the host country**, at the beginning and the end of the volunteering activity.

BENEFITS	ADDITIONAL INFORMATION	COVER RATE
Loss or theft of documents and travel tickets	The insurance covers the loss and theft of identity documents (identity card, passport, etc.) and non-dematerialized travel tickets outside the country of origin.	Real expenses with a maximum of 2,500 EUR
Loss or theft of luggage on the way to/back from host country	Loss or theft of luggage is only covered on the way to/back from host country.	Real expenses with a maximum of 2,500 EUR
Deprivation of liberty Kidnapping and ransom: Information reward Salary compensation Ransom payment Repatriation to Home Country	Real expenses with a ceiling as stipulated in this table.	350 000€ per Claim, regardless of number of insureds involved

Following risks are excluded from cover:

For loss, theft, damage to or destruction of luggage or professional equipment:

- Dental, optical or other prosthetic items, cash, Identity Documents, commercial or marketing documents, administrative documents, traveller's cheques, credit cards, air tickets, transport tickets and "vouchers".
- Damage caused by ordinary wear and tear, dilapidation, inherent defect of luggage. Deterioration caused by mites or vermin or by a cleaning process, repair or restoration, improper handling of the luggage attributable to the Insured.
- Damage arising from confiscation, seizure or destruction by order of an administrative authority.
- Keys and any other similar object (example: magnetic cards or badges).
- Costs of reinstatement of media.

- Additional operational costs.
- Damage covered by the builder's warranty.
- Replacement costs of computer software and applications.

For Kidnap and Ransom

- Any exposure in the following countries: Afghanistan, Central African Republic, Democratic Republic of Congo, Iraq, Libya, Mexico, Nigeria, Pakistan, Somalia, South Soudan, Soudan, Syria, Venezuela, Yemen, Iran.
- Ransom lost or diverted before actually being handed over to kidnappers.
- Expenses incurred as a result of any child Kidnapping committed by their parents or bodyguard.
- Expenses incurred as a result of any Kidnapping carried out with the participation or consent of the Insured, or any person holding the ransom money.

CLAIM PROCEDURE

For loss, theft, ransom claims and declarations, please contact AXA Assistance with the contract number **0804489**, as well as your Henner ID:

E-mail : gestion.assurances@axa-assistance.com

Tel: **+33 1 49 65 25 61** (Monday to Friday 9:30 am to 12 pm France time, except on Thursdays).

Claims treatment time is approximately 4 to 5 weeks.

In case of urgent requests, contact AXA Assistance and mention contract number **0804489**:

24 hours a day - 7 days a week:

BY TELEPHONE (at your own expense): **+33 1 55 92 12 34**

GLOSSARY OF TERMS

Accident: any sudden occurrence adversely affecting the insured party's bodily or mental health, the cause or one of the causes of which is external to the victim's organism.

Confidentiality: protection of your confidential medical details. Henner ensures complete confidentiality of your medical data. Medical information is only accessible to the Henner medical or dental adviser or the members of the Henner medical department if necessary.

Dedicated Client Service Team: the team dedicated to manage the Health insurance coverage offered by the European Solidarity Corps, in charge of processing your medical claims and answering your various requests for information (phone calls, emails, guarantees of payment, etc.).

Direct billing/payment: direct billing occurs when a hospital (or other medical facility or medical provider) sends the invoice/bill directly to Henner for payment rather than having the patient pay the bill and ask for reimbursement.

Explanation of Benefits (EOB): a statement explaining which treatment or medical service was paid for on your behalf. It mentions the type of medical service received and the amount of your co-payment.

Letter of guarantee/Guarantee of payment: in case of emergency hospitalisation, Henner sends a letter of guarantee to the hospital within two hours of being contacted. The letter is proof that you are covered by a health insurance plan and confirms that Henner will pay the facility directly.

Medical prescription: a document containing the name and official details of the prescriber, the full name of the patient, the medical treatment (type and number of sessions) or name of the medicine(s) being prescribed. It must be dated and signed by the prescriber. The prescription will, by definition, pre-date the start of the treatment. To be eligible for reimbursement, the prescription must be dated within 6 months of either the start of the first treatment or the purchase of the medication.

Patient's co-payment: this refers to the part of the claim amount which is borne by the insured person.

Reimbursement: reimbursement occurs when the insured person pays the medical bills first and then, after filing a claim to Henner, is reimbursed in accordance with the European Solidarity Corps Health Insurance coverage.

Unexpected illness: refers to (i) a sudden illness that must not have a link of cause and effect with a characteristic of a previous illness or hospitalization prior to the date of departure on this trip, or (ii) a sudden complication, consequence or aggravation of an existing illness provided the trip was not medically contraindicated.



Henner - Simplified private joint stock company - Registered capital of € 8,212,500 - RCS Nanterre 323 377 739 - VAT No. FR 48323377739 – Headquarters: 14 boulevard du General Leclerc, 92200 Neuilly-sur-Seine, France - www.henner.com - For France and Europe only: Registered in France with ORIAS under No. 07.002.039 and regulated by the ACPR (4 Place de Budapest - CS 92459 - 75436 Paris Cedex 09, www.acpr.banque-france.fr)