



Instruction for your International Expat Insurance

In this document you, as the insured person, will find important information relating to your Insurance Package, International Expat Insurance.

Contents:

1. Using the insurance
 - Henner services
 - Provider network
 - Online space
 - MyHenner app
 - Assistance Service of Henner
 - JoHo Insurances: advice and support during the insured period
 - Your email address
2. Claiming (medical) costs
3. What to do if you are pregnant?
4. Adding an insured person
5. Temporary stay in the USA
6. Max 3 months extension of cover on Disability / Life – duty to report!
7. Duration and expiration of your insurance
8. Payment of your insurance
9. Relevant instructions of Henner

1. Using the insurance

With this insurance package you usually have to deal with 3 parties:

1. Henner, administrator for the insurance company Allianz;
2. Client Service Team / Assistance Service of Henner - for assistance worldwide 24/7;
3. JoHo Insurances - your personal advisor and insurance broker.

1.1 Henner services

Henner is a French medical plan administrator, located in Paris, appointed by the insurance company Allianz to provide services for the International Expat Insurance with respect to the following subjects:

- (Medical) acceptance of insured persons
- Preparation of policy documents (Membership Certificates) and processing mutations during the insured period
- Premium collection and premiums refunds
- Processing medical claims
- Assistance services
- Processing cancellations

1.1.1 Provider Network Henner

Henner has a large network of "health care providers" (local doctors, hospitals, pharmacists, etc). You have a free choice of health care provider, however choosing a health care provider of Henner's network can have various advantages. With providers within Henner's network, direct billing for inpatient costs can be guaranteed faster. When using an in-network provider Henner provides a direct financial guarantee for the costs of your medical treatment and you do not have to advance this yourself. Direct billing can also be arranged outside Henner's network, but experience has shown that setting it up is often a little slower, which means that a hospital sometimes insists on providing a payment guarantee. We would prefer to prevent that.

The Prior Agreement procedure is also usually faster at hospitals within the network. "Prior Agreement" is the procedure prior to a planned admission or treatment, which gives Henner an estimate of the medical costs and can assess whether they are reasonable and fair.

1.1.2 Online space of Henner: www.henner.com

Online you can find and arrange a number of things, like:

1. Claiming your medical expenses
2. Adjusting personal information
3. Finding documentation (o.a. certificate, benefits, conditions)
4. Arranging credit card payments
5. Searching the provider network

Link to the online space: <https://clients.henner.com/henner/en/auth/login>

You will find an explanation later in this document.

Tips for logging into the online space of Henner:

6. Activation is only possible as of the start date of the insurance!
7. You can only log in from a laptop / desktop, NOT from a tablet!
8. You can find your ID number (= login name) on your Membership certificate. Sometimes in correspondence with Henner this ID number is shown for example as "454 7845 01". This extension "01" does not need to be used when logging in into the portal.
9. Please note that date format in the Henner system is: mm/dd/yyyy

1.1.3 MyHenner app (Apple and Android)

With the app you can use the same functionalities as the online space. The app also contains your digital insurance card. Henner does not work with plastic insurance cards.

1.2 Assistance Service of Henner (+33 1 55 62 52 68)

Most urgent services (Assistance Services) are provided by Henner themselves. It is important for you to know what Henner does and does not do as Assistance Services, so that you can go to the right place with your questions:

What IS INCLUDED in the Assistance Services:

In the following situations you should always contact Henner - **in advance**.

- Non-urgent hospitalization to arrange a "Prior Agreement";
- Emergency hospital admission: contact a.s.a.p. (possibly by family member);
- Direct billing of medical costs for admission via "Prior Agreement";

The services listed below are provided by Mondial Assistance, the external Henner's partner.

However, Henner remains your single point of contact. Please ensure to contact Henner **prior to engaging any expenses** related to the following services:

- If you are going to incur additional travel and accommodation expenses to return to the Netherlands when a family member has died;
- For the transfer of mortal remains if an insured person has died;
- Medical repatriation.

What is NOT INCLUDED in the Assistance Services:

The following are, a.o. Not included in the Assistance Services:

- Medical advice. This is the task of your attending physician or specialist;
- Answering questions about your International Expat Insurance's non-medical insurance coverage. For this you can contact JoHo Insurances.

IMPORTANT

In case of emergencies (worldwide) always CALL Henner: +33 1 55 62 52 68

Arranging Prior Agreement (medical@henner.com + joho@henner.com)

If you must undergo planned care, you are required to arrange a so-called Prior Agreement so that Henner can confirm to both you and the care provider that they will pay for the treatment. You can read how to apply for this Prior Agreement in the appendix "Instruction Scheduled Hospitalisation Procedure" at the end of this document. The result of a Prior Agreement procedure is a Guarantee of Payment or 'GOP'. That GOP will also be emailed to the policyholder (you). Emails might wind up in spam or junkfolders so check those regularly when waiting for Henner to decide.

1.3 JoHo Insurances (contact@johoinsurances.org)

We are the intermediary for your insurance with Henner - Allianz.

You can contact us for:

- Notifications on changes regarding your situation and insurance needs;
- Asking for advice on current or an insurance you would possibly apply for;
- Help with problems and disagreements with the insurer and / or assistance service;
- Unclearities with regard to the cover, policy, premium charged;
- Advice and support regarding insurances when returning to the Netherlands.

We support you throughout the entire duration of your insurance.

1.4 Your e-mail address

Communication with you about this insurance policy will mainly take place by email, both by us and Henner. For that reason it is very important to (continue to) receive our messages. If you have options in your email program to specifically indicate e-mails from us and Henner as being "non-Spam", we recommend that you do so.

- JoHo Insurances – contact@johoinsurances.org
- Henner – joho@henner.com (general) & medical@henner.com (medical department)

We also advise you to use a private email address instead of a work address. Experience shows that people often change jobs. You are responsible for timely notification of changes to an email address and / or the availability of your email address. If you would like to change your email address, we would like to hear from you at contact@johoinsurances.org.

2 Claiming (medical) costs

Below is explained per cover of the package what to do in the event of damage. It goes without saying that you can only claim legitimately if you have also applied for and taken out the relevant cover in the package and the premium due has been paid on time.

1) Hospitalization, medical costs and dentistry

Health insurance - hospitalization

In case of hospitalization, contact with the Assistance Service is necessary. The Assistance Service will generally reimburse these costs directly (direct billing) to the hospital. In case of an emergency admission, you (or someone you know) call the Assistance Service. In case of a planned admission, please contact us in advance for a Prior Agreement procedure as described on the page above.

Health insurance - other medical costs (incl. Dentistry)

For medical issues that do not involve hospitalization (such as a doctor's visit, physiotherapist, pharmacy medicines, dental costs) you should advance the costs yourself. You can charge these costs directly or periodically to Henner online or via the MyHenner app.

1. E-claiming via the computer (explanation E-claiming at the end of this document)
2. E-claiming via the MyHenner app (explanation MyHenner app at the end of this document)

Henner will assess whether the costs are covered and settle any compensation against your deductible amount. Henner will email you a Refund Statement containing the amount they will reimburse you.

Keep in mind that there is always a delay of some days in international payment transactions when transferring the compensation to you. You will receive the payment about 5 working days later than the mail from Henner with the Refund Statement, add a few working days for payments outside the EU.

Direct settlement of outpatient costs on policies without deductible

If you have a Bronze or Gold insurance without a yearly deductible on outpatient costs (so: zero deductible) then Henner can offer direct settlement of outpatient costs at healthcare organisations that are part of the network of Henner. Check henner.com for the "Henner Pass" and info on how to set up direct settlement.

Validity of medical claims

All actions arising from this insurance contract are limited to two years after the incident giving rise thereto. We therefore advise to claim your medical costs immediately.

2) Accidental Death and Invalidity

If you have been involved in a serious accident as a result of which permanent disability cannot be ruled out in the long term, this must be reported to Henner within 14 days. If you die as a result of an accident, the beneficiary must contact Henner.

3) Life Cover

The beneficiary (specified when applying for the Life Cover) is required to approach Henner within one month after the death of the insured person. Among other things, a death certificate will have to be sent.

4) Temporary Incapacity en Permanent Disability

Have you taken out disability insurance? This cover is called Temporary Incapacity (benefit up to 2 years) and Permanent Disability (benefit up to age 65) in this package. If you are unable to work due to an illness or accident and you expect this to take some time, it is important to inform us as soon as possible but never later than 90 days after you became incapacitated for work. Your notification will be passed on to Allianz who will then (for the sake of privacy) arrange with you directly what information is required to be able to submit the claim.

Contact (questions and notifications) about the above situations:

- joho@henner.com
- +33 1 55 62 52 68.

3. What to do if you are pregnant?

The information below is only relevant if you (or your partner) are covered for pregnancy. This is the case with the Bronze and Gold cover.

1. Notify to Henner

You can report the pregnancy by email to Henner: joho@henner.com

What is customary may differ per country: giving birth at home or in a hospital. In both cases it is wise to choose a hospital where you want to give birth in advance. You can also search the Henner extranet for hospitals in the Henner network. This is not a requirement (there is a free choice of care provider), but it can make the further administrative processing more smooth. If you have made a choice for the desired hospital, you can contact Henner for approval and a payment guarantee for the hospital. If it is difficult for you to make a choice, the Assistance Service can assist in choosing a suitable hospital. It is also possible (after approval) to give birth in a hospital in the Netherlands, if preferred. Any travel costs to the Netherlands are for your own account.

2. Prior Agreement procedure and declaration of costs

The Prior Agreement procedure must be followed for the reimbursement of costs for childbirth in hospital. See elsewhere in this document for an explanation of this procedure.

For the "smaller" medical costs, you are required to advance these costs yourself. You can claim these costs online (via the extranet) or via the app with Henner.

3. Coverage for pregnancy and childbirth

Pregnancy

Medical costs related to the pregnancy (such as check-up by a midwife / gynecologist / doctor, and examination) are reimbursed from the outpatient medical cover. Any hospitalization or surgery will be reimbursed in accordance with inpatient cover.

Delivery without complications

Costs related to the delivery itself (if there are no complications) are reimbursed up to a maximum amount:

- Bronze coverage level: 80% of the costs up to a maximum of 7,500 euros
- Gold coverage level: 100% of the costs up to a maximum of 10,000 euros

Childbirth with complications

If there are complications during the delivery, the costs are covered via the inpatient medical coverage (100%), as applies in the case of hospitalization.

Tests and Screening

Henner has not specified the coverage for testing and screening. Henner assumes that the costs are "reasonable and customary". This differs per country, and this way the compensation is not limited to a limited list. If you would like to know whether a certain test is reimbursed, you can ask - in English - Henner at joho@henner.com. Specify as clearly as possible which test it concerns exactly and if possible give an indication of the costs.

4. Maternity care (Kraamzorg)

Via the cover for childbirth, there is cover for a maximum of 8 days of maternity care following the childbirth. You should arrange the maternity care yourself and you can then claim the costs. Contact the Assistance Service if you need maternity care for more than 8 days for medical reasons.

5. Register the newborn child with International Expat Insurance

Registration within 2 months after birth

You can register the newborn with Henner within two months after birth. Henner charges premium for the child per the date of birth. The child needs to be enrolled for at least 1 year. The child will then be fully insured from the date of birth, without a medical assessment (so without supplement or limitation of cover). Costs incurred for the child are therefore (retroactively from date of birth) covered by the insurance. These benefits do not apply if you register later than 2 months after birth (see next paragraph, registration after 2 months).

In order to register the baby (within 2 months after delivery), please send us an email with:

- The request to insure the child on your policy
- First names and last name
- Date of birth
- Sex
- If available, a scan of the birth certificate or comparable document

IMPORTANT

In most countries medical costs for the newborn 'starts' immediately after giving birth. That means that hospitals set up a new 'account' - separate from the childbirth procedure - for the child. Regular post-natal checks but also (emergency) care for the newborn immediately after birth is only covered at Henner if the newborn is enrolled within 2 months after the date of birth.

Please do realise that if you decide not to enroll (or after 2 months) the child on your policy at Henner medical costs relating to the child after birth may be on your own expenses and it might be very difficult to have the child enrolled elsewhere if there is a medical issue already. For that matter our advice is to always enroll the child within 2 months after birth.

Registration after 2 months after birth

If you register the child only after two months after birth, Henner will ask medical questions about the health of the child. The application is then assessed on the basis of the answers to the medical questions, whereby Henner may apply clauses or surcharges, or even refuse an application. Upon acceptance, the costs will only be reimbursed from the registration date. Costs incurred between the date of delivery and the date of registration will not be reimbursed.

6. Premium

A premium will be charged for children (from date of birth), which is common with private expat insurance policies. The premium for children aged 0-17 years old applies. You can find the premium overview on our website.

4. Adding an insured person to your policy

For various reasons, a person (family member / partner) can be added to the policy at a later time (after the effective start date). How this works differs per insurance component:

1) Medical expenses and dentistry

For the person who needs to be insured under this cover of the insurance package, it is necessary to complete a health declaration. We will be happy to email you this statement on request. You send this health statement to us by email (contact@johoinsurances.org). The statement will be reviewed by Henner's medical advisor. We will monitor this application process for you. If there are any questions regarding the health statement, the insurance company will contact you personally due to medical privacy legislation.

An exception to this method is registration of a newborn child. Provided that it is notified within 2 months after birth and if the parent (s) are also insured for medical expenses through the cover of the International Expat Insurance, a newborn child is automatically insured without medical questions.

After adding the insured person, the additional premium will be charged by the insurance company. The co-insured on the policy will always need to have the same medical cover as the other persons already insured.

2) Incapacity to work

If your partner (also) wishes to take out disability insurance (Temporary Incapacity and Permanent Disability in this package), JoHo Insurances will first prepare a quotation. Please contact JoHo Insurances for this.

5. Temporary stay in the USA

You are max 90 days each insuranceyear insured for medical life threatening emergencies. Planned care is not covered.

"Expenses related to pregnancy (and complications thereof) and/or childbirth will not be considered to be Accident or emergency expenses, and will therefore not be covered."

You cannot keep this insurance if you are planning to live in de USA.

Please contact us if you have any questions regarding the USA cover or if you plan to stay for more than 90 days per year as you will need to have other / additional cover for your stay.

6. Max 3 month extension of cover of Disability/Life – duty to report!

If you have also taken out an AOV (TI / PD coverage) or life insurance (Life cover) in this insurance package, especially on AOV there is only coverage for the risk of disability at the time when income is generated from work. Disability during normal vacations (2 or 3 weeks summer vacation, week of winter sports, one time city trip, etc.) are always insured, but this insurance also provides coverage for longer periods when you are not working. Think of a sabbatical, a period between 2 jobs or freelance jobs, or when returning to the country of origin. There is coverage for a maximum of 3 months starting from the day on which no income is generated from work. To qualify for this coverage, the insurance must have been in effect for at least 1 year from the start date. Also, this 'extended coverage' must be actively requested by you from us - JoHo Insurances. This can be done by sending an email to us (contact@johoinsurances.org) stating:

1. Name and policy number
2. Reason why extended coverage is needed (sabbatical / in between jobs / return to country of origin)
3. Duration of the entire period that you do not generate income
4. Date you start working again

7. Duration and termination of your insurance

Your insurance is automatically renewed annually on 1 January, unless you wish to cancel the insurance yourself. In a number of situations, the insurance company will be obligated to end your insurance:

- In situations such as non-payment, fraud, concealment (see the general terms and conditions);
- Upon final return to the Netherlands (you must notify this yourself);
- If a policyholder (also) acquires the nationality of the country of residence.

However, it is also allowed to terminate for another reason, the policy can be cancelled after a first full year of cover with a 1 months' notice.

8. Payment of your insurance

Bank transfer (invoice)

If you have chosen the payment method "bank transfer", you can pay the invoice sent. This invoice can also be found in your online space. Do you ensure that the premium is paid within the set term? The following bank details can be used to transfer the premium:

EURO policy

1. Bank = SOCIETE GENERALE, AGENCE PARIS OPERA
2. Bank code = 30003 (Branche code = 03620)
3. IBAN = FR76 3000 3036 2000 3202 9193 456 (Account = 00320291934)
4. BIC/Swift = SOGEFRPP

USD policy

- Bank = HSBC France Odéon
- Bank code = 30056 (Branche code = 00070)
- IBAN = FR76 3005 6000 7000 7000 5079 840 (Account = 00700050798)
- BIC/Swift = CCFRFRPP

Credit card

If you have chosen to pay by credit card, pay attention! You must enter your credit card details yourself online in your "memberspace", see Henner's instructions for this.

Keep in mind that your online space is only accessible from the start date of the insurance! Enter your credit card details within two weeks of the policy start date to ensure correct collection of the premium.

Direct debit from a SEPA bank account

If you have opted for direct debit from a SEPA bank account and have completed and submitted the SEPA mandate, the premium will be debited from your bank account. Make sure you have sufficient balance, especially in situations where you pay by six-monthly or yearly instalments because the amounts involved are higher.

Bank charges

Bank charges may apply when transferring money from foreign (non-SEPA) bank accounts. You must pay all bank charges, both your own and those of the recipient of the premium.

9. Relevant instructions from Henner

Henner has written a number of instructions to get you started in using the insurance. The following instructions are available in this document:

1. Hospitalization
 - a. Emergency Hospitalization Procedure
 - b. Repatriation and Assistance
 - c. Scheduled Hospitalization Procedure
2. E-claiming
3. How to read your reimbursement statement
4. Payment by credit card
5. MyHenner App
6. Online space: your personal webpage

Questions?

If you have any questions regarding this document, please contact us preferably by email (contact@johoinsurances.org). Feel free to ask your questions, that's what we are here for as an intermediary. If we cannot help you, we will refer you to the correct party. If you would like to contact us by phone, please call +31 (0) 88-3214561 during Dutch office hours.



In the Event Of Hospitalisation

For emergency hospitalisation

In the case of a medical emergency, treatments are never subject to the prior agreement procedure

You must contact our Client Service Team as soon as possible so that Henner can send a guarantee of direct payment to the hospital. Contact details of the team are shown on the first page of this membership guideline. They can be contacted 24 hours a day. Please make sure to have the following information at hand when contacting Henner:

- The name and full contact details of the healthcare facility,
- Your contact details (phone number, email address),
- If available: the exact nature of the care to be provided and the itemised provisional costs of such care,
- If available: the expected admission and discharge dates.

Henner will immediately send the guarantee of direct payment to the healthcare facility.

For scheduled hospitalisation

The "Prior agreement form – Hospitalisation" must be sent to the Henner Medical Department no later than 10 days prior to the date scheduled for the hospitalisation. The prior agreement application must indicate:

- The name, address, and telephone number of the healthcare facility,
- The exact nature of the care to be provided and the itemised provisional costs of such care, the admission and discharge dates anticipated by the hospital.

For more information, please check the section **How To Apply For Prior Agreement?**

After the approval of Henner's Medical Department, the confirmation of coverage (letter of guarantee) will be sent directly to the healthcare facility.

A copy will be sent to your personal email address registered in our database.

The Prior Agreement Procedure

For some treatments prior agreement is mandatory.

What is the purpose of the prior agreement?

In the event of a planned (i.e. non-emergency) treatment, the purpose of the prior agreement is to facilitate, whenever necessary, the direct contact between our advising physicians and your attending physician, without encroaching upon his prerogatives and his responsibility, with regard to the following aspects:

- Consistency between diagnosis and treatment plan,
- Adequate treatment plan for the identified pathology,
- If necessary, follow up on the procedures carried out with further treatment programs,
- Prices: make sure that the prices given, even when high, are usual and customary for the country in which the care is given.

This procedure, which in some cases may lead us to ask you for additional information, was introduced in the best interest of our members and to provide support for you in your dealings with local practitioners and healthcare institutions. It can result in a refusal to cover treatment and/or care if they do not comply with established scientific data.

Our advising physicians are chosen for their international experience and can call upon a network of specialised consultants as necessary. They are always available to help guide you and to explain the reasons for any medical advice that has been given.

Which expenses are subject to prior agreement?

TYPE OF EXPENSES	FORMS TO USE ⁽¹⁾
Scheduled Hospitalisation (including childbirth)	"Prior Agreement Application for Hospitalisation"
Infertility treatment	"Prior Agreement Application for Hospitalisation"
Organ transplant	"Prior Agreement Application for Hospitalisation"

(*) This form can be downloaded in pdf format from www.henner.com

How To Apply For Prior Agreement?

Download

- Access your account on **www.henner.com** or **My Henner App**
- Select "Account" (on the web portal)
- Select "Documents and Coverage"
- Choose "Prior Agreement application", download the form and complete it

Apply

- Select "Request"
On www.henner.com :
- Select "Send a document"
- Select " Send a Prior Agreement Request"
On My Henner App:
- Select " Pre- authorisation for hospitalisation" or "Other requests"

Submit

- Leave a message if needed
- Attach the agreement
- Send








The prior agreement form, signed by your practitioner (or an equivalent document containing the same information), must include a detailed quote and specify the diagnosis and the nature of the treatments to be carried out.

The form must be sent no less than 15 days prior to the date scheduled for the beginning of the treatment or the hospitalisation, and can alternatively be sent by email to: **medical@henner.com**

The reply from the Henner Medical Department will be sent to your email address registered in our database (failing which to your postal address) within 5 days after receiving your complete file.

Supporting Documents

To submit a claim, the process may vary depending on the specific context. Each type of declaration requires different documents:

 Consultations (general practitioner, specialist, medical teleconsultation...)	Invoice (paid or with receipt of payment)
 Pharmaceuticals	<ul style="list-style-type: none">▪ Medical prescription▪ Itemised invoice (paid or with receipt of payment) including the cost of the item
 Radiology Medical equipment and accessories (prostheses, devices...)	<ul style="list-style-type: none">▪ Medical prescription▪ Invoice (paid or with receipt of payment)
 Medical auxiliaries (physiotherapist, speech therapist, nurse, midwife)	<ul style="list-style-type: none">▪ Medical prescription including the diagnosis and number of sessions▪ Itemised invoice (paid or with receipt of payment) including the date of each treatment/session
 Laboratory tests (blood tests, screening tests...)	<ul style="list-style-type: none">▪ Medical prescription▪ Itemised invoice (paid or with receipt of payment) including the date and the type of treatment
 Vision expenses	<ul style="list-style-type: none">▪ Medical prescription▪ Itemised invoice (paid or with receipt of payment) including the cost of the frames and lenses for glasses
 Dental expenses Orthodontics (the invoice should be sent at the end of the treatment period : 1/3/6 months)	Itemised invoice (paid or with receipt of payment) including the tooth number(s) for dental prostheses

The Features Of Your Member Portal

How to sign in to your member portal:

Online (the website address is indicated on your membership card) or via your MyHenner mobile app.

To sign in, enter the following details:

- **Your internet ID**
(the number on your membership card)
- **Your password:** to obtain your password, click on First Visit.



Membership card

Download your Henner Pass (direct settlement card)



Location service

Consult a healthcare provider within the Henner medical network near to you



Reimbursements

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

Download prior approval form & Apply for a guarantee of payment for hospitalisation to avoid paying upfront



Policy

Find all the details of your policy and update your contact details



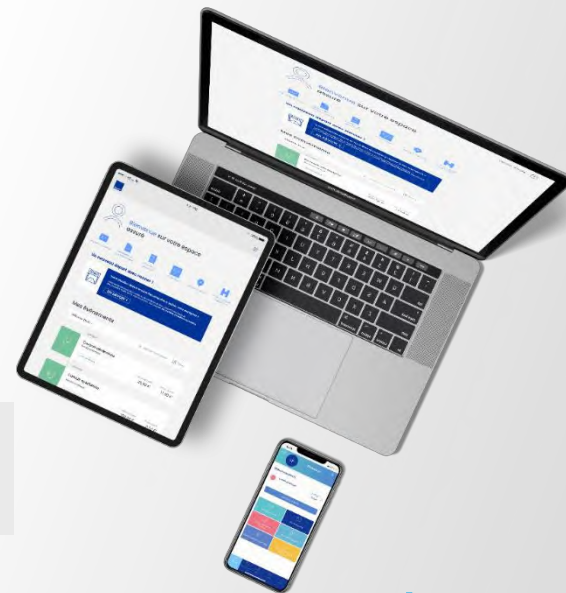
Client service

Contact your client service team



Need advice or further information?

Consult our online help and find the answer to your questions in a single click.



myHenner

WWW.HENNER.COM



*Please keep the originals for 24 months to send them to us if requested.

Your Henner Pass

What is the purpose of your Henner Pass?

Your Henner Pass is a direct settlement card. By using it with a healthcare provider who is a part of the Henner Network and consequently accepts direct settlement, you don't have to pay upfront. Instead, Henner pays the practitioner for your expenses, within the limits of your policy.

Where to find the Henner Pass

Your e-card is available on the member portal and from your **MyHenner** mobile app. As soon as you join, your login details will be sent to you by email, or by post if you have not provided an email address.

Henner
Here to care

Dear Partner,
The Henner Pass of [...] Insurance policy of [...]

's valid from [...] to [...]

Please find below the services associated with the

Dates indicated in international format DD/MM/YYYY

PERSONAL INFORMATION

Date of birth: [...] Member ID: [...] Internet ID: [...] Country of origin: [...] Country of expatriation: [...]

DEPENDENTS

SERVICES ASSOCIATED WITH YOUR CONTRACT
Subject to any exclusion, limitation, waiting period, deductible and copayment as per policy, which are payable by the patient.

EMERGENCY HOSPITALISATION
According to reasonable and customary charges

Hospital charges: 100 %
Valid for emergency hospitalisation only and for 2 days max.
(agreement for extension of stay has to be requested).

Henner Network providers: check detailed eligibility and benefits on
<https://healthcare-partners.henner.com/login>

PROVIDERS CONTACTS

Henner Network providers:
To obtain prior authorization and submit claims, contact the Client Services Team at:
HENNER - Team 10, 14 bd du Général Leclerc - CS 20058
92527 Neuilly-sur-Seine Cedex, FRANCE
Hotline: | 01 55 62 52 68 | Fax: +33(0)1 53 25 22 72
E-mail: joho@henner.com

PROVIDERS IN THE USA & CANADA:
Explanation of Benefits is only provided by Global Excel.
To confirm eligibility and benefits, and obtain prior authorization call:
+1-866-936-1225 | +1-305-450-4856
Submit claims to:
Global Excel - P.O. Box 10 Beebe Plain, VT 05823 Electronic
Payer: GEM01

SERVICES NOT COVERED
Personal expenses, plastic/cosmetic surgery, treatment not medically justified.
Aesthetic and cosmetic products are not reimbursed

Henner - Simplified private part stock company - Registered capital of € 6 312 500 - RCS Nanterre 325 977 712 - VAT No. FR 463207759 - Headquarters: 14 boulevard du Général Leclerc, 92200 Neuilly-sur-Seine, France - www.henner.com - For France and Europe only. Registered in France with ORIAS under No. 07 502 530 and regulated by the ACPR (4 Place de Bourse - CS 92450 - 75436 Paris Cedex 09 - www.acpr.banque-france.fr)

Your Henner ID
Please use this number during all reimbursement and correspondence requests with Henner

The contact details of your responsible service team

Information for the medical provider

Your reimbursement claims in a single click

Want to claim for reimbursement?
Send us your invoices online!



From the member portal

On the home page, click on
Claim for reimbursement
or from the menu, click on
My claims



From your mobile app

On the home page, click on
Claim for reimbursement

And to ensure quick reimbursement of your invoices

- Name your claim
- Attach your supporting documents, such as your invoices (if the amount does not exceed **1,000 EUR*** or its countervalue in any other currency), and, if necessary, your medical prescriptions
- Specify the amount, the currency of your expenses and the beneficiary
- Send your reimbursement claim

Advantages



Send your invoices by scan
or by photo



Track your claim
in real time



Reimbursement claims
processed within 48 hours

*If an invoice exceeds **1,000 EUR** or its countervalue in any other currency, please send the original invoice to Henner.

PRIOR AGREEMENT APPLICATION

HOSPITALISATION

Hospitalisation expenses will only be reimbursed by Henner if the Medical Advisory Board has granted a prior agreement based on the information in this document, which must be completed by the Physician and sent by post, fax or email to:

Henner Medical Advisor - 14 boulevard du Général Leclerc, CS 20058, 92527 Neuilly-sur-Seine Cedex - France
Fax : +33 (0)1 85 64 74 15 - Email : medical@henner.com

HennerTM

This form must be sent no later than 10 days prior to the date of hospitalisation.

In the event of a medically justified emergency, this form must be sent within 3 days following admission.

If the Medical Advisory Board approves the hospitalisation, it will issue a guarantee of payment, which will be sent directly to the designated institution. The Medical Advisory Board will notify the patient in the event of a refusal.

Insured person's surname and first name: ID Number:

Patient's surname and first name:

Date of birth: Sex:

Is the current prior agreement application directly related to an accident? ☐ Yes ☐ No

If so, please also attach a detailed report describing the circumstances of the accident.

TO BE COMPLETED BY THE ATTENDING PRACTITIONER

Proposed place of hospitalisation (name of institution, address, telephone, fax, e-mail):

Attending physician (name, address, telephone, fax):

Reason for the hospitalisation / Clinical symptoms presented / Precise medical diagnosis:

Nature of the proposed operation and treatment programme:

Nature of any additional examinations to be carried out:

Length of stay:

Date of admission: Number of days: Is this an extension? (y/n)

Detailed estimated cost of the hospitalisation:

Hospital charges:

Physicians' fees:

Other expenses:

Physician's seal and signature:

Date :

For medical information: + 33 1 55 62 53 42

Patient's signature:

I hereby authorise my Physician to send the Henner medical advisor all the medical information required for making a decision on my file.

1/ The member's physician is authorised to send the Henner medical advisor all the medical information required for making a decision on the member's file.

2/ The information will remain confidential. It will only be disclosed to the persons involved in your treatment.

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HOW TO READ YOUR HENNER EXPLANATION OF BENEFITS (EOB)

This document was issued in an effort to assist you in understanding your Explanation of Benefits (EOB) available on your member portals.

To begin, please verify your cover. Do you have a deductible?

A deductible (or: 'excess') is the amount of money you pay out of pocket for outpatient healthcare services covered under your insurance plan before your insurance starts paying benefits for any eligible expense. The amount of your deductible reads next to your chosen plan if applicable (example: Bronze 300).

If you have a deductible, it will be applied yearly (starting a new every January, 1st), per insured person (meaning each family member) and as from the first medical claim submitted.

DETAIL OF THE EXPLANATION OF BENEFITS

EXPENSES	PRIMARY COVER	YOUR CO-PAYMENT	PAID BY THE PLAN
Detail pertaining to claims submitted.	This is not applicable to JOHO members and will always show a 0. This can be ignored.	This is the amount remaining: deductible/ request for additional information/ etc.: (See explanation Below)	Henner Reimbursement

REASONS FOR INVOICE NOT BEING PAID AT ALL

In the event you do not receive a reimbursement, there are 3 possible explanations:

1/ YOUR DEDUCTIBLE HAS BEEN APPLIED (IF APPLICABLE).	2/ FURTHER INFORMATION IS REQUIRED.	3/ THE CLAIM IS NOT REIMBURSABLE.
<p>Here, the following comment will show:</p> <p><i>No reimbursement following the application of the Excess of 300 EUR for 1 year(s) from the 01/01/2020</i></p>	<p>Here, the below will be specified on your reimbursement statement:</p> <p><i>Please provide a medical prescription</i></p>	<p>In this case, this will be specified on your statement. This goes for instance for pharmacy invoices with various products. We will detail the part which is not reimbursable.</p> <p><i>Product is not reimbursable</i></p>



HOW TO READ YOUR HENNER EXPLANATION OF BENEFITS (EOB)

REASONS FOR INVOICE NOT BEING PAID IN FULL

In the event only part of your claim has been reimbursed, there are 4 possibilities

1. The final part of your deductible has been applied (if applicable) but your invoice was higher than the deductible. This will be mentioned in the form of a comment on your explanation of benefit.
2. There is a limit on the type of claim submitted (for example contact lenses 250€)
3. A combination of above mentioned elements.

EXAMPLE OF REIMBURSEMENT

If you have a Bronze cover with a deductible of 300€

- Your deductible of 300€ is applied on outpatient claims per insured person per year
- If you exceed the deductible your outpatient claims are covered at 100% up to the limit of your contract.

SCENARIO 1

You have submitted your first claim (on outpatient treatment) for 500€ for reimbursement.

You will receive a reimbursement of 200€ and your explanation of benefits will mention

Reduced reimbursement following the application of an Excess of 300 EUR for 1 year(s) from the 01/01/2020..

SCENARIO 2

You have submitted your first claim (on outpatient treatment) for 100€ for reimbursement.

You will not be reimbursed and the Explanation of benefit will mention the total amount payable on your behalf to date.

Once your deductible has been fully consumed for the year, you will be reimbursed at 100% for outpatient care unless of course the benefits is not covered or your claims falls under the reasons of Invoices not being reimbursed.

If you have any uncertainties or questions on how to understand your reimbursement, please don't hesitate to contact your client service team at: +33 1 55 62 52 68 or by email: joho@henner.com.



Henner, providing you with...

Online payment solutions

Henner

Pay your premium invoices using your payment card or by direct debit on the member portal.

OCCASIONAL PAYMENTS

To **pay online one or more** premium invoices

- ① Log into the member portal at www.henner.com
- ② GO to “Account”, then click on “Premium invoices”
- ③ Click on “Pay my premium invoices”
- ④ Select the invoices you wish to pay and click on “Go to cart”
- ⑤ Tick the box “I agree to the terms and conditions”, and click on “Proceed to payment”.
- ⑥ Enter the details of your bank card* to make your payment. You will then receive an email confirming receipt payment.

*Your bank account details will not be kept after payment.

DIRECT DEBIT

To facilitate the **regular payment** of your premiums

- ① Log into the member portal at www.henner.com
- ② GO to “Account”, then click on “Premium invoices”
- ③ Click on “Direct Debit”
- ④ Click on “Subscribe”
- ⑤ Enter your bank account detail into the Ogone online payment service

- ! In order to use this option, the payment of the **first premium invoice** must be done manually, following the steps of OCCASIONAL PAYMENTS.
- ! After the payment of the first invoice, you will be able to register your card and the next payments will be automatically debited.
- ! If your credit card has expired you will have to register the new credit card details. To avoid problems, please ensure that there are sufficient funds in your account.