



Henner

Here to care

Guide to insurance plan

European Solidarity Corps



**EUROPEAN
SOLIDARITY
CORPS**

Welcome to Henner

YOUR CONTACTS

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>

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

We can also call you back for free: Provide us with your phone number under the **Contact section on the member portal. Your Client Service Team will call you.**

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

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 guide provides you with information on the services offered by the Henner Group, the administrator of your medical and accidents insurance plan the European Solidarity Corps.

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YOUR MEDICAL PLAN

As a volunteer of the European Solidarity Corps participating under the 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** (medical and dental care / pregnancy and childbirth / accident / repatriation / evacuation).
- ▶ **The payment of non-medical expenses** (death / permanent disability / third party liability / loss or theft of luggage).



Please refer to “**YOUR HEALTH INSURANCE PLAN BENEFITS**” page 21 and “**YOUR NON-MEDICAL PLAN**” page 27 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 running the European Solidarity Corps Programme, it organises insurance cover and monitors that participants are in a safe environment at all times. For cross-border activities, the European Commission offers a centralised insurance cover to the participants and determines the plan specifications.
- › **The Education, Audiovisual and Culture Executive Agency (EACEA)**. The Agency has been entrusted by DG EAC to contract insurance services. As a policyholder, the EACEA is responsible for ensuring the correct implementation of the insurance contract and the adequate delivery of insurance services to participants.
- › **Axa** is the insurer for all the benefits covered by your insurance plan.
- › **Henner** processes and reimburses your claims, 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.
- › **Axa Assistance** will provide the necessary assistance whenever there is a medical need for an evacuation or a repatriation.

Who is covered, when and where?

As Solidarity volunteers and Humanitarian Aid volunteers, 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, be it planned or unplanned (i.e., emergency treatment);
- ▶ **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” page 32 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 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) as first level of coverage and the European Solidarity Corps insurance plan complements your national health insurance coverage.

Please note that the affiliation to the national health system of the hosting country may be obliged because of the duration of the mobility or the type of 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 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, 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 reimbursement ceiling.



- ✓ Please note that **the affiliation to the national health system of the hosting country may be mandatory** because of the duration of the mobility or the type of 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.



Please refer to “YOUR HEALTH INSURANCE PLAN BENEFITS” page 21 for more details about your coverage.



Please refer to section “HOW TO CLAIM REIMBURSEMENT” page 8 for examples.

Your European Health Insurance Card (EHIC)

WHO IS ELIGIBLE?

As a citizen or temporary resident of a **European Union country, Norway, Iceland, Liechtenstein, or Switzerland, United Kingdom and Northern Ireland**, 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 countries:

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, Switzerland, United Kingdom and Northern Ireland.

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 sending 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 mobility.
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 European Solidarity Corps reimbursement ceiling, according to the table of benefits.

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

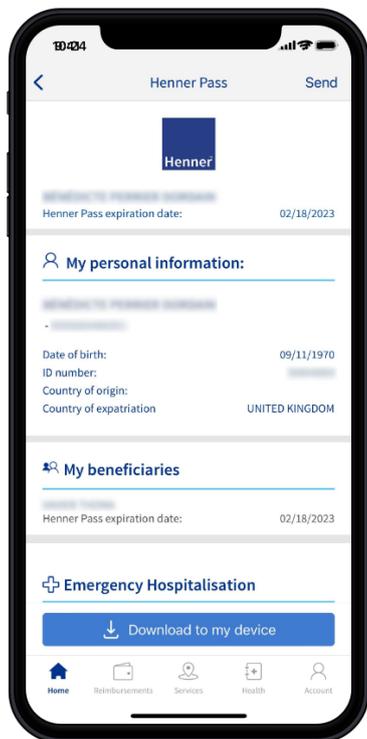
If you have any doubts on whether you are a primary or complementary insured member, **you can contact your support organisation for assistance.**



Please refer to section “HOW TO CLAIM REIMBURSEMENT” page 8 for more details.

HENNER SERVICES

Your 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 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.

You can access your Henner Pass at any time, even when you are not connected to the Internet

If downloaded, the Henner Pass will remain valid for a period of six months or until the end of your coverage, should this occur before. The Henner Pass is automatically renewed each time you download it.

The Member Portal

The connection to the member portal (<https://esc.henner.com>) is entirely secure and provides you with access to the following services:

- **Send your medical invoices** (for invoice amounts of up to 1000 EUR)
- **Consult the status of your reimbursement requests**
- **View and download your Explanation of Benefits (EOB)**
- **Request a Letter of Guarantee (LOG)** for scheduled hospitalisations
- **Search for a healthcare professional** wherever you are
- **Update your personal information:** email address, phone number, bank account details
- **Send a message to your Henner Client Service Team**
- **Documentation (including your Membership Guide and FAQs)**

How to connect:

Log in to your member account

Your Henner ID *

Your password *

LOG IN

First connection / Forgot password ?

-1-

Open <https://esc.henner.com>
in your web browser

-2-

Enter your Henner ID (please refer to your
welcome email)

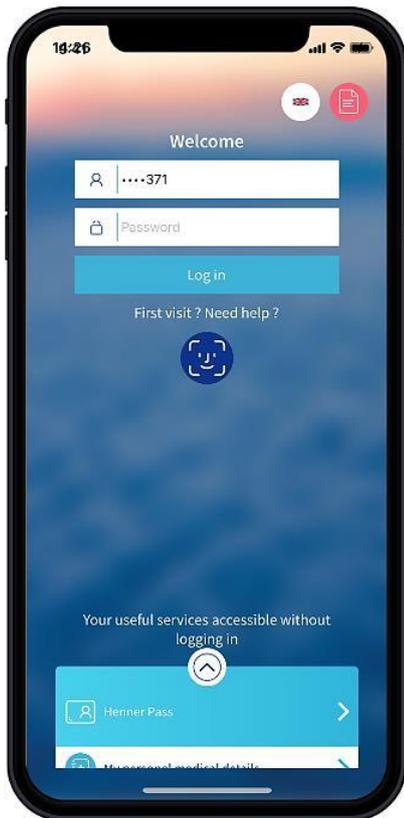
-3-

Enter your password and click on LOG IN

First connection

- Click on the 'First connection' link
- Enter your **Internet ID** (same as your Henner ID) and date of birth
- Confirm that you want to receive your temporary password by email
- Upon reception of your temporary password, enter your Henner ID and this password and click on 'Log in'. Then personalise your password.

The mobile app myHenner



You can also access your user account via our mobile app **myHenner** on which you will find the same services as on our member portal. In addition, with **myHenner** you have your digital insurance card, the Henner Pass, always at hand at any time.

You can download **myHenner** for free in the AppStore or GooglePlay.



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. Either click on the Network icon or use the navigation menu 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.

Henner

Member ID :
[Logout](#)

- HOME
- MY PLAN
- REIMBURSEMENTS
- REQUESTS
- MEDICAL NETWORK**
- ACCOUNT
- CONTACT

Find a medical provider

My medical network

Your medical network gives you access to a geolocated list of medical partners and to additional services.

Henner Network
[Learn more](#)

Search in your network: Henner Network

Type of healthcare partner × Medical speciality ×

Country * City *

Provider's name ⓘ

5 Manuel LEYES VENCE [See on map](#)

Dr

C/ Costa Brava 26, Bloque 5, 2ºd 28034 Madrid
Madrid

[Learn more](#)

Agreement type :
Direct settlement of outpatient expenses

Additional information :
Please contact your Client Services Team for direct billing arrangement.

CALL

To benefit from direct payment for outpatient care, make sure that the provider description mentions:

“Direct settlement of outpatient expenses”.

HOW TO 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).

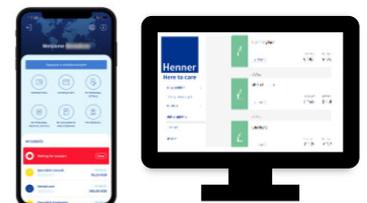


If not, you will have to pay the expenses and **then claim your reimbursement to your national health coverage.**

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.

Please see a concrete example below:

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

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.



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 claims procedure described for primary cover.

PRIMARY COVER

1

Search for a medical provider in Henner Network on your dedicated website or mobile app.

Make sure that the provider description mentions: **“Direct settlement of expenses”**.



2

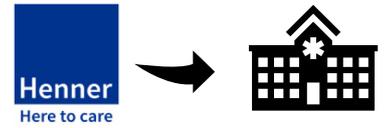
Show your Henner pass to the in-network medical provider to benefit from the direct payment.

You will **ONLY** pay for co-payment (if applicable) to the medical provider.



3

The medical provider sends the invoice to Henner.
Henner pays the in-network medical provider.



If you visit an out-of-network provider, **you may pay your medical expenses and claim your reimbursement to Henner.**

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.
- **Please note that if the invoice amount exceeds 1.000 EUR, you will have to send the original invoice by post.**

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 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.

Once the 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.

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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

If the amount of the medical invoice exceeds 1.000 EUR, we require the original documents for claim reimbursement. Therefore, please send us these 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

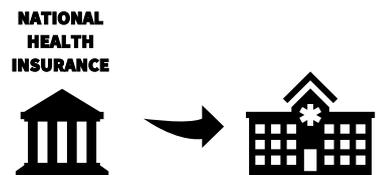
Present your EHIC card to the hospital.

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

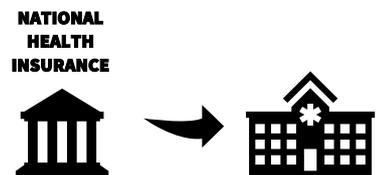
Your national health insurance scheme will **issue a guarantee of payment or an insurance certificate to the hospital**, so you don't have to pay upfront.



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.



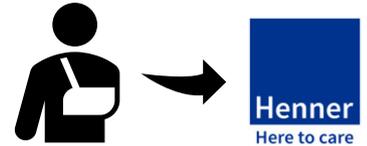
However, if you are planning a hospitalisation listed in the European Solidarity Corps table of reimbursements that is not covered by your national social security scheme, you should seek prior approval directly from Henner, by following the procedure described for primary insured member.

PRIMARY COVER

1. FOR EMERGENCY HOSPITALISATION

1

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**

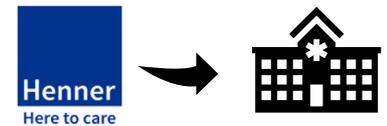


Make sure to have the following information at hand:

- 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

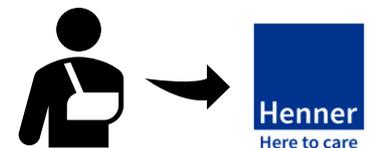
1

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

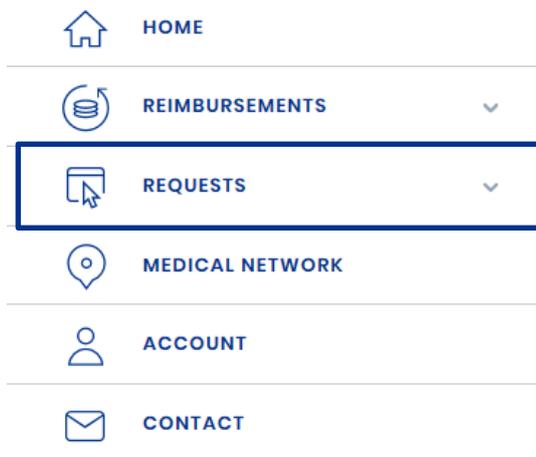
After examination from Henner's Medical Board, **the guarantee of payment will be sent to the healthcare facility.**



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

YOUR HEALTH INSURANCE PLAN BENEFITS

The insurer will require prior approval process for certain benefits as per the table of benefits.

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%	<p>No</p> <p>Yes, if the surgery is planned</p>
Physical Therapists' and 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	<p>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. *</p> <p>*In exceptional circumstances, other modes of transportation may be covered if proven medically necessary</p>	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 need to 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 dioptr. Optical cover only applies to ongoing treatments; Daily/weekly contact lenses; Cleaning products; Sunglasses; **	100% subject to a ceiling of 300 EUR	Yes
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

** : 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 form,
 - A completed copy of the Declaration of honour form 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 form,
 - A copy of the police report or declaration of honour stating the theft of glasses/contact lenses

EXCLUSIONS



PLEASE CONSULT THE FULL LIST OF EXCLUSIONS ON THE HENNER MEMBER PORTAL AND ON THE EUROPEAN YOUTH PORTAL

Underneath you will find a non-exhaustive list of items excluded from the coverage:

- Expenses reimbursed or reimbursed by any social protection organisation (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-defence 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,

YOUR NON-MEDICAL PLAN

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 out to a nominated beneficiary or closest survivor		20,000 EUR
Travel costs of immediate family members to the place of the loss of life if the body cannot be repatriated		Real expenses
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
Sending urgent messages		Real expenses

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 incapacity which lasts for more than one month must be notified to the support organisation within 8 days following the 1-month period of incapacity.

You should also send via email **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 covers **24 hours a day the financial consequences of your Third-Party liability incurred** pursuant to legislation in force, during travel or stay within the scope of your private Life.

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



PLEASE CONSULT THE FULL LIST OF EXCLUSIONS ON THE HENNER MEMBER PORTAL AND ON THE EUROPEAN YOUTH PORTAL

Underneath you will find a non-exhaustive list of items excluded from the coverage:

- 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.);

CLAIM PROCEDURE

If you require non-medical assistance, please contact AXA Assistance with the contract number **0804489**.

Dedicated phone number: +33 (0) 1 55 92 12 34. The phone calls will be at your own expense.

Email addresses:

adherents.meddom@axa-assistance.com (Customer service)

plateau.medical@axa-assistance.com (Medical team)

In case of urgent assistance request, we advise you to contact Axa Assistance by phone.

Assistance

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

The 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

If you require non-medical assistance, please contact AXA Assistance with the contract number **0804489**.

Dedicated phone number: +33 (0) 1 55 92 12 34. The phone calls will be at your own expense.

Email addresses:

adherents.meddom@axa-assistance.com (Customer service)

plateau.medical@axa-assistance.com (Medical team)

In case of urgent assistance request, we advise you to contact Axa Assistance by phone.

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 European Solidarity Corps Health insurance coverage, 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.



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