



Global Health

**Product Presentation - new IPMI
Individual – 'JOURNEY'**



**The purpose:
Why a new individual
product**

The Problem Statement

- Post-merger, FGH S.A. identified a gap in its product portfolio, particularly with the Individual IPMI, due to inconsistencies in benefits, premiums, and pricing zones.

Problem Statement:

The current products are **fragmented** and do not cover all **markets** and **segments**.

Sales efforts are split between 'green' and 'blue', causing inefficiencies.

Objectives:

- To **grow** the **profitable Individual business**.
- To **consolidate** multiple Individual products into a **single, competitive offering**.

This will be achieved by **harmonizing** the Individual IPMI product, **enhancing efficiency, competitiveness, and distribution reach**, while **reducing complexity**.



Product framework



The fundamentals

JOURNEY					
Benefits	T0 / SHORT	T1 / Essential (YG) / BASIC	T2 / Classic (YG) / Essential (FGH) / EXTENSIVE	T3 / Plus (YG) / Special (FGH) / ADVANCED	T4 / Top (YG) / Exclusive (FGH) / PREMIUM
Overall annual policy limit per member	500,000 EUR	1,500,000 EUR	3,000,000 EUR	Unlimited	Unlimited
Risk Assessment (FMU)	n.a.	Basic	Full	Full	Full
Moratorium	Pre-existing conditions excluded	Available	Not available	Not Available	Not Available
Maximum Coverage Duration Allowed	3, 6 or 9 months (minimum 3 months)	Unlimited	Unlimited	Unlimited	Unlimited
Deductibles <i>This is the amount you must pay towards your cost of treatment until the deductible for the period of cover is reached. Applicable to all OP treatments.</i>	No deductible	No deductible	0 EUR , 250 EUR, 500 EUR , 1,000 EUR	0 EUR , 250 EUR , 500 EUR , 1,000 EUR, 3,000 EUR, 5,000 EUR, 7,000 EUR	0 EUR , 250 EUR, 500 EUR, 1,000 EUR , 3,000 EUR, 5,000 EUR, 7,000 EUR
Co Payment <i>This is the cost share percentage you must pay toward your cost of treatment. Applicable to all OP treatments.</i>	Fixed 20% co-payment for outpatient treatment	Fixed 20% co-payment for outpatient treatment	0% 10% 20%	0% 10% 20%	0% 10% 20%
Out of Pocket Maximum <i>This is the maximum amount of co-payment you have to pay per period of cover. Applicable only when Co Payment is opted.</i>	no out of the pocket maximum	no out of the pocket maximum	1500 EUR	2500 EUR	2500 EUR
Waiting periods	n.a. (benefits where WP applies are not covered by the tariff)	n.a. (benefits where WP applies are not covered by the tariff)	Psychiatric treatment – 10 months	Psychiatric and psychotherapy treatment – 10 months Major dental services – 10 months Pregnancy and childbirth – 12 months	Psychiatric and psychotherapy treatment – 10 months Major dental services – 10 months Pregnancy and childbirth – 12 months Infertility and Prophylactic mastectomy surgery – 24 months
Double benefits for geographical area I	Available	Available	Available	Available	Available
Out of Area Emergency Hospitalization Cover	Available	Available	Available	Available	Available

Currencies Available: EUR, USD, GBP and CHF. Conversion rates applicable (for benefits): EUR to USD: 1.30 | EUR to GBP: 0.84 | EUR to CHF: 0.93

The Fundamentals Summary

Double benefits for geographical area I

If you are covered under geographical area I (worldwide including USA) we will double the maximum sums and lump sums shown (whether the treatment takes place in the USA or not). If a benefit is limited to a certain number of days or sessions, this limit will not change. If we have agreed a deductible, it will not change.

Temporary cover for geographical area I

*If we have agreed on insurance cover for 'Geographical area II – Worldwide excluding USA' and you or any insured person are temporarily away from the country of residence, we will grant insurance cover for medical emergencies, as well as for the consequences of an accident or death, also in **geographical area I for trips up to six weeks.***

If an insured event happens within the six weeks and you need emergency treatment in the USA, there is no specific time limit on the treatment itself. However, if an eligible medical emergency occurs, we may transfer you to another country for treatment if medically appropriate and if the situation allows.

We will not cover journeys carried out for the purpose of getting treatment in geographical area I.

If any of the insured persons move to a different geographical area for any length of time, you must let us know as soon as possible as the change will affect the premium due.

Highlights

1. **Short term-plan (SHORT) available:** ^{New}
 1. Coverage period: 3,6,9 months.
 2. Only 1 extension allowed.
 3. Pre-existing not covered.
 4. No medical risk assessment (questionnaire).
2. **Annual and lifetime renewal allowed for all other plans.**
3. **For Inbound Germany – legal restriction of maximum 5 years policy duration.**
4. **Moratorium available for BASIC Plan.**
5. **All other plans (EXTENSIVE, ADVANCED AND PREMIUM) with FMU.**
6. **No annual policy limit for ADVANCED and PREMIUM plans.**
7. **Up to 7 deductible options from 0 to 7,000 EUR, from Extensive to Premium.** ^{New}
8. **Co-Payment available as 0% ,10%, 20% on Extensive, Advanced and Premium.** ^{New}
9. **Out of Pocket Maximum (only available with Co-Payment) available as 1,500 and 2,500 EUR on Extensive, Advanced and Premium.** ^{New}
10. **Minor dental services covered for EXTENSIVE plan.**
11. **Waiting periods Harmonization to improve clarity:** ^{New}
 1. Psychiatric and psychotherapy treatment – 10 months
 2. Major dental services – 10 months
 3. Pregnancy and childbirth – 12 months
 4. Infertility and Prophylactic mastectomy surgery – 24 months

Application of Deductible, Co-Pay and Out Of Pocket Maximum

DEFINITIONS and EXPLANATIONS:

Deductible: This is the portion of treatment costs you are responsible for paying before your coverage begins to pay, up to the deductible limit **per Insurance year.**

Co Payment: This is the percentage of treatment expenses you are required to pay out of pocket **for every claim.**

Out-of-Pocket Maximum (OOPM): This is the maximum total amount you are required to pay in co-payments **per insurance year.**

APPLICATION OF DEDUCTIBLE, COPAYMENT AND OUT OF POCKET MAXIMUM (OOPM):

1. Based on the selection of the underlying Plan the system calculates the "eligible reimbursement" based on a setting with 0€ deductible, 0% copay and 0€ OOPM.
2. From this amount first the deductible is taken out, afterwards your copay is applied, until you reach the OOPM.

Important Note:

Deductibles can be selected on a standalone basis without Copay and Out-Of-Pocket Maximum (OOPM). Deductible, Copayment and OOPM can also be selected together. Copayment and OOPM always work together. If 0 Copayment is selected, OOPM does not apply. If Copayment is selected, then OOPM will apply.

Deductibles and Co Payment are applicable for ALL outpatient treatments, including outpatient treatments for mental health, well-being and maternity.

There is an exception to this rule, for plans *SHORT* and *BASIC* where there is a fixed 20% copayment and no OOPM.

Examples: Application of Deductible, Co-Pay and Out of Pocket Maximum

Example 1: Deductible Only

Eligible Reimbursement Amount	Deductible (per Insurance year)	Copayment (for every claim)	Out-Of-Pocket Maximum {(OOPM) per insurance year}	Insured Share	Insurer Share	Remarks
€ 1,500	€ 250	Not applicable	Not applicable	€ 250	€ 1,250	After the deductible has been met, we will cover all eligible treatment costs for the remainder of the coverage period.

Example 2: Co Payment Only

Eligible Reimbursement Amount	Deductible (per Insurance year)	Copayment (for every claim)	Out-Of-Pocket Maximum {(OOPM) per insurance year}	Insured Share	Insurer Share	Remarks
€ 5,000	Not applicable	€ 1,000 (20% of € 5,000)	Not applicable	€ 1,000	€ 4,000 (€ 5,000 - € 1,000)	The copayment is applied before payment.

Example 3: Co Payment and Out-Of-Pocket Maximum

Eligible Reimbursement Amount	Deductible (per Insurance year)	Copayment (for every claim)	Out-Of-Pocket Maximum {(OOPM) per insurance year}	Insured Share	Insurer Share	Remarks
€ 20,000	Not applicable	€ 4,000 (20% of € 20,000)	€ 1,500	€ 1,500 (min of € 4,000 and € 1,500)	€ 18,500 (€ 20,000 - € 1,500)	The out-of-pocket maximum limits your copayment, helping to protect you from high medical expenses.

Example 4: Deductible, Co Payment and Out-Of-Pocket Maximum

Eligible Reimbursement Amount	Deductible (per Insurance year)	Copayment (for every claim)	Out-Of-Pocket Maximum {(OOPM) per insurance year}	Insured Share	Insurer Share	Remarks
Claim 1: € 20,000	€ 250	€ 3,950 (20% of € 19,750)	€ 2,500	€ 2,750 (€ 250 + € 2,500)	€ 17,250 (€ 20,000 - € 2,750)	The deductible must be paid first before the copayment is applied.
Claim 2: € 20,000	Annual Deductible already consumed in claim 1; hence no deductible applies.	Copayment threshold reached via OOPM; hence no Copayment applies.	Annual OOPM already consumed in claim 1; hence no OOPM applies.	Nil (Since no deductible, no Copay and no OOPM applicable)	€ 20,000	Once the deductible and out of pocket maximum have been utilized, full claim is reimbursed up to the applicable sum insured.

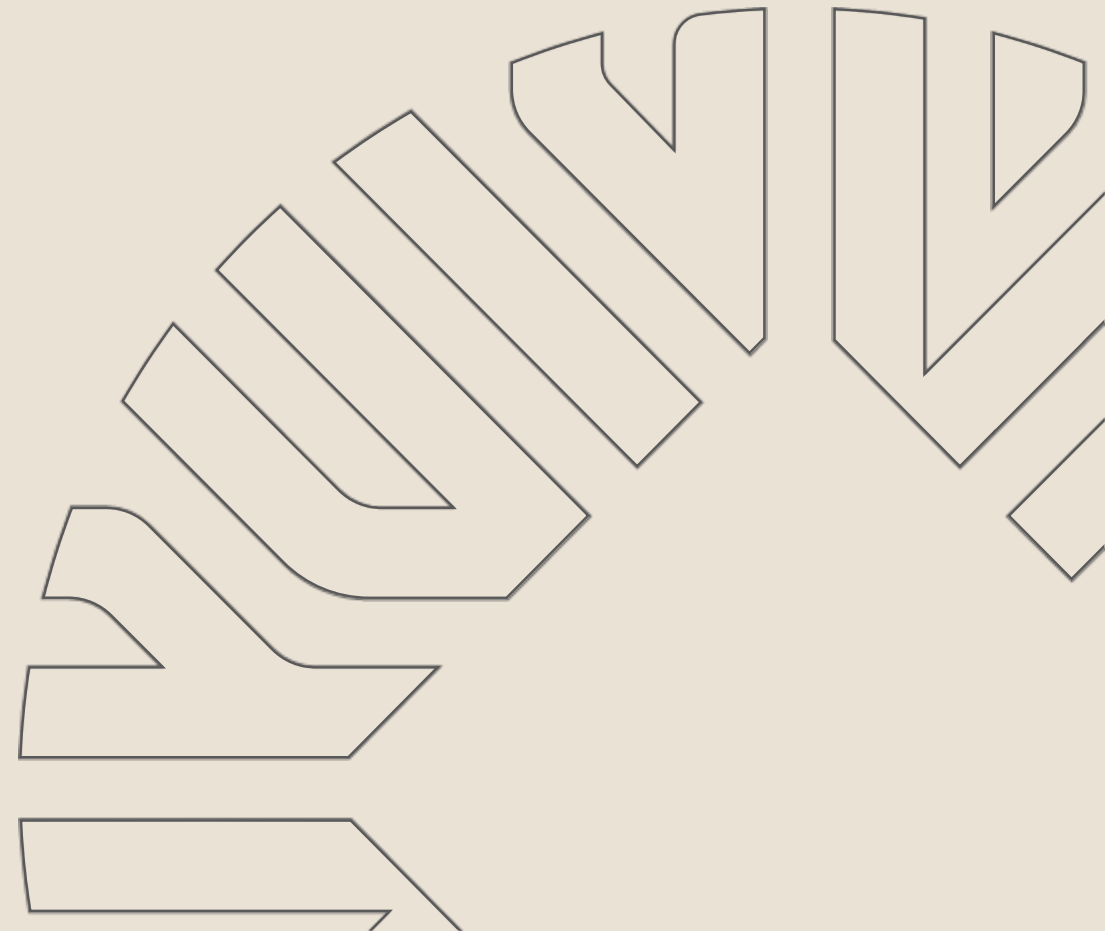
Product design



Product Design - Overview

Coverage duration	Short-Term		Long-Term		
Plan	T0 / SHORT	T1 / Essential (YG) / BASIC	T2 / Classic (YG) / Essential (FGH) / EXTENSIVE	T3 / Plus (YG) / Special (FGH) / ADVANCED	T4 / Top (YG) / Exclusive (FGH) / PREMIUM
Overall annual policy limit	500,000 EUR	1,500,000 EUR	3,000,000 EUR	Unlimited	Unlimited
Inpatient Benefits	Covered	Covered	Covered	Covered	Covered
Maximum outpatient limit	2,000 EUR	2,000 EUR	12,000 EUR	Unlimited	Unlimited
Outpatient Benefits	Covered * Limited to consultations and diagnostic service, drugs and dressings. *Cancer treatment with 10,000 EUR limit *Fixed co-payment of 20%.	Covered * Limited to consultations and diagnostic service, drugs and dressings. *Cancer treatment paid in full *Fixed co-payment of 20%.	Covered	Covered	Covered
Mental Health and Wellbeing Benefits	Not covered	Not covered	Covered *Limited to psychiatric treatment and preventive care	Covered	Covered
Maternity Benefits	Not covered	Not covered	Not covered	Covered	Covered
Vision Aids and Dental Benefits	Not covered	Not covered	Minor dental services	Covered	Covered
Medical Assistance benefits	Covered	Covered	Covered	Covered	Covered
Additional Assistance benefits	Covered *Limited to Telemedicine	Covered *Limited to Telemedicine	Covered *Limited to Telemedicine	Covered	Covered

Inpatient module



Inpatient Module

Inpatient Benefits	T0 / SHORT	T1 / Essential (YG) / BASIC	T2 / Classic (YG) / Essential (FGH) / EXTENSIVE	T3 / Plus (YG) / Special (FGH) / ADVANCED	T4 / Top (YG) / Exclusive (FGH) / PREMIUM
Accommodation in a private or semi-private room	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Consultations and diagnostic services, including pathology, radiology, computed tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET) and palliative medicine	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Hospital charges, including operating theatres, anesthesia, intensive care wards and laboratories	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Surgery and anesthetics (including outpatient surgery instead of inpatient treatment)	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Outpatient surgery instead of inpatient treatment	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Drugs and dressings	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Physiotherapy, including massages	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Therapies, including occupational therapy, light therapy, hydrotherapy, inhalation, packs, medical baths, cryotherapy, thermotherapy, electrotherapy	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Therapeutic aids and appliances	only if needed as a life-saving measure, such as cardiac pacemakers	only if needed as a life-saving measure, such as cardiac pacemakers	only if needed as a life-saving measure, such as cardiac pacemakers	If needed as a life-saving measure, such as cardiac pacemakers; + non-life-saving therapeutic aids and appliances, such as artificial limbs/prostheses up to 2,000 EUR	Paid in full
Congenital conditions	Not covered	Up to a maximum of 100,000 EUR per lifetime	Up to a maximum of 100,000 EUR per lifetime	Up to a maximum of 150,000 EUR per lifetime	Up to a maximum of 200,000 EUR per lifetime

Inpatient Module

Inpatient Benefits	T0 / SHORT	T1 / Essential (YG) / BASIC	T2 / Classic (YG) / Essential (FGH) / EXTENSIVE	T3 / Plus (YG) / Special (FGH) / ADVANCED	T4 / Top (YG) / Exclusive (FGH) / PREMIUM
Cancer treatment, oncological drugs and treatment, including reconstructive surgery for breast cancer	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Prophylactic mastectomy surgery	Not covered	Not covered	Not covered	Not covered	50% Up to 10,000 EUR
Dialysis	Not covered	Not covered	Up to a maximum of 1,000,000 EUR, per lifetime	Up to a maximum of 1,500,000 EUR per lifetime	Up to a maximum of 2,000,000 EUR per lifetime
Bone marrow and organ transplants (costs for donor and receiver)	Not covered	Up to a maximum of 150,000 EUR per lifetime	Up to a maximum of 150,000 EUR per lifetime	Up to a maximum of 250,000 EUR per lifetime	Paid in full
Parent accommodation during inpatient treatment of a minor child	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Nursing care at home and domestic help, instead of a hospital stay	Not covered	Not covered	Up to 30 days after written pre-approval. Only applicable if inpatient stay is shortened	Up to 60 days after written pre-approval. Only applicable if inpatient stay is shortened	Up to 90 days after written pre-approval. Only applicable if inpatient stay is shortened
Substitute hospital cash plan benefit	Not covered	50 EUR per day	Up to 75 EUR per day	150 EUR per day	200 EUR day
Inpatient follow-up rehabilitation	Up to 14 days after written pre-approval.	Up to 14 days after written pre-approval	Up to 21 days after written pre-approval	Up to 28 days after written pre-approval.	Up to 35 days after written pre-approval.
Hospice	Not covered	Not covered	Up to 5 weeks	Up to 7 weeks	Up to 9 weeks
Day care	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Transport to the nearest suitable hospital for initial treatment following an accident or an emergency	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Inpatient dental treatment	Not covered	Not covered	Not covered	Paid in full	Paid in full
Emergency dental treatment	Not covered	Not covered	Paid in full	Paid in full	Paid in full

Inpatient Module Highlight

Highlights

Overall Annual Policy Limit	New Benefits	Increase in Benefit Limit	Decrease in Benefit Limit
Extensive Plan (→ FGH Essential Plan): Ⓛ overall annual policy limit.	Premium Plan (→ FGH Exclusive / YG Top): + prophylactic mastectomy surgery.	Advanced Plan (→ FGH Special): ↑ Bone marrow and organ transplants.	Basic & Extensive Plans (→ YG Essential / YG Classic): ↓ Coverage limit for congenital conditions.
Basic Plan (→ YG Essential Plan): Ⓛ lower overall annual policy limit.	~Extensive, Advanced & Premium Plans (→ All FGH Plans): + inpatient dental treatment and inpatient emergency dental treatment.	Basic & Advanced Plans (→ YG Essential / YG Classic): ↑ Bone marrow and organ transplants.	Extensive & Advanced Plans (→ YG Classic / YG Plus): ↓ Coverage limit for dialysis.
		Premium Plan (→ YG Top): ↑ Congenital conditions.	
		Premium Plan (→ YG Top): ↑ Inpatient follow-up rehabilitation.	
		Premium Plan (→ YG Top): ↑ Hospice care.	

Compared to All FGH plans and YG World only.

Ⓛ Limit applies

+ New Benefit / Update

↑ Increased Limit

↓ Decreased Limit



Outpatient Module

Outpatient Module

Outpatient Benefits	T0 / SHORT	T1 / Essential (YG) / BASIC	T2 / Classic (YG) / Essential (FGH) / EXTENSIVE	T3 / Plus (YG) / Special (FGH) / ADVANCED	T4 / Top (YG) / Exclusive (FGH) / PREMIUM
Maximum outpatient limit	2,000 EUR	2,000 EUR	12,000 EUR	Unlimited	Unlimited
Consultations and diagnostic services, including pathology, radiology, computed tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET) and palliative medicine	80%*	80%*	Max. outpatient limit applies	Paid in full	Paid in full
Outpatient surgery	Not covered	Not covered	Max. outpatient limit applies	Paid in full	Paid in full
Chemotherapy, oncological drugs and treatment (e.g. for cancer patients)	Up to 10,000 EUR	Paid in full	Paid in full	Paid in full	Paid in full
Acupuncture (needle technique), homeopathy, osteopathy and chiropractic, including drugs and dressings	Not covered	Not covered	Up to 750 EUR*	Up to 2,500 EUR	Up to 5,000 EUR
Speech therapy	Not covered	Not covered	Not covered	up to 20 sessions, provided that we have agreed in writing to pay benefits before treatment commences	provided that we have agreed in writing to pay benefits before treatment commences
Drugs and dressings	80%*	80%*	Max. outpatient limit applies	Paid in full	Paid in full
Over-the-counter drugs	Not covered	Not covered	Up to 50 EUR*	Up to 75 EUR	Up to 100 EUR
Physiotherapy, including massages	Not covered	Not covered	Up to 15 sessions (including 5 non-prescribed sessions)*	Up to 20 sessions (including 5 non-prescribed sessions)	Paid in full (including 5 non-prescribed sessions)
Therapies, including occupational therapy, light therapy, hydrotherapy, inhalation, packs, medical baths, cryotherapy, thermotherapy, electrotherapy	Not covered	Not covered	Not covered	Up to 10 sessions	Paid in full
Therapeutic aids and appliances	Not covered	Not covered	Up to 1,000 EUR*	Up to 2,000 EUR	Paid in full

The specified maximum sums, maximum periods and lump sums apply per insured person and per insurance year.

Outpatient Module

Outpatient Benefits	T0 / SHORT	T1 / Essential (YG) / BASIC	T2 / Classic (YG) / Essential (FGH) / EXTENSIVE	T3 / Plus (YG) / Special (FGH) / ADVANCED	T4 / Top (YG) / Exclusive (FGH) / PREMIUM
Wigs and prosthetic bras following cancer treatment	Not covered	Not covered	up to €300*	up to €300	up to €500
Podiatry	Not covered	Not covered	Not covered	Up to €100	Up to €200
Transport to the nearest suitable doctor or hospital for initial treatment following an accident or an emergency	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Infertility treatment	Not covered	Not covered	Not covered	Not covered	50% Up to 10,000 EUR, for each insured couple, per lifetime Waiting period of 24 months

The specified maximum sums, maximum periods and lump sums apply per insured person and per insurance year.
*max. outpatient limit applies

Outpatient Module Highlight

Highlights

Maximum outpatient limit	New Benefits	Increase in Benefit Limit	Decrease in Benefit Limit
Extensive Plan → FGH Essential: Ⓢ Has a maximum outpatient limit.	Extensive, Advanced & Premium Plans (→ FGH / YG Products): + Physiotherapy (includes 5 non-prescribed sessions).	Extensive, Advanced, and Premium Plans (→ All FGH Plans): ↑ Cover for Open catalogue for Therapeutic aids and appliances	Extensive Plan (FGH Essential / YG Classic): ↓ Complementary therapy cover
Advanced Plan → YG Plus: Ⓢ No maximum outpatient limit.	Extensive, Advanced & Premium Plans (→ All FGH Plans): + Wigs and prosthetic bras after cancer treatment, Podiatry, Over-the-counter medicine.	Premium Plan (→ YG Top): ↑ Wigs and prosthetic bras following cancer treatment	Premium Plan (FGH Exclusive / YG Top): ↓ Infertility treatment only available for this plan
	Basic Plan (→ YG Essential): + Consultation and diagnostic services, drugs and dressings. Critical illness benefit (following inpatient treatment) — no longer in effect -.		

Compared to All plans and YG World only. FGH

Ⓢ Limit applies

+ New Benefit / Update

↑ Increased Limit

↓ Decreased Limit

Mental health and wellbeing module



Mental Health and Wellbeing Module

Mental Health and Wellbeing Benefits	T0 / SHORT	T1 / Essential (YG) / BASIC	T2 / Classic (YG) / Essential (FGH) / EXTENSIVE	T3 / Plus (YG) / Special (FGH) / ADVANCED	T4 / Top (YG) / Exclusive (FGH) / PREMIUM
Inpatient Treatment					
Psychiatric treatment	Not covered	Not covered	Up to 30 days, if pre-approved	Up to 40 days, if pre-approved	Up to 60 days, if pre-approved
Inpatient psychotherapy	Not covered	Not covered	Not covered	Up to 20 sessions, if pre-approved	Up to 40 sessions, if pre-approved
Outpatient Treatment					
Psychiatric treatment	Not covered	Not covered	Up to 1,000 EUR	Up to 5,000 EUR	Up to 10,000 EUR
Outpatient psychotherapy	Not covered	Not covered	Not covered	Up to 10 sessions if pre-approved	Up to 20 sessions, if pre-approved
Health checks. Routine tests or screenings that are carried out without any clinical symptoms being present.	Not covered	Not covered	Up to 250 EUR	Up to 500 EUR	Up to 1,000 EUR
Vaccinations of every kind, including the vaccines and prophylactic measures, insofar as these are recommended for the applicable country of residence	Not covered	Not covered	Not covered	up to 500 EUR	Paid in full
Nutritional consultation	Not covered	Not covered	Not covered	Not covered	Up to 400 EUR

The specified maximum sums, maximum periods and lump sums apply per insured person and per insurance year

Mental Health and Wellbeing Module Highlights

Highligh

Maximum limit	New Benefits	Increase in Benefit Limit	Decrease in Benefit Limit
Not Applicable	Extensive Plan (→ YG Classic): + Inpatient psychiatric treatment	Advanced and Premium Plans (→ YG Plus and Top): ↑ Inpatient psychiatric treatment	Extensive, Advanced, and Premium Plans (All FGH Plans): ↓ Psychiatric treatment and psychotherapy
	Premium Plan (→ FGH Exclusive): + Nutritional consultation	Advanced and Premium Plans (→ FGH Special and Exclusive / YG Plus and Top): ↑ Preventive care	
	Extensive Plan (→ FGH Essential / YG Classic): + Preventive care	Advanced Plan (→ FGH Special / YG Plus): ↑ Vaccinations	

Compared to All FGH plans and YG World only.

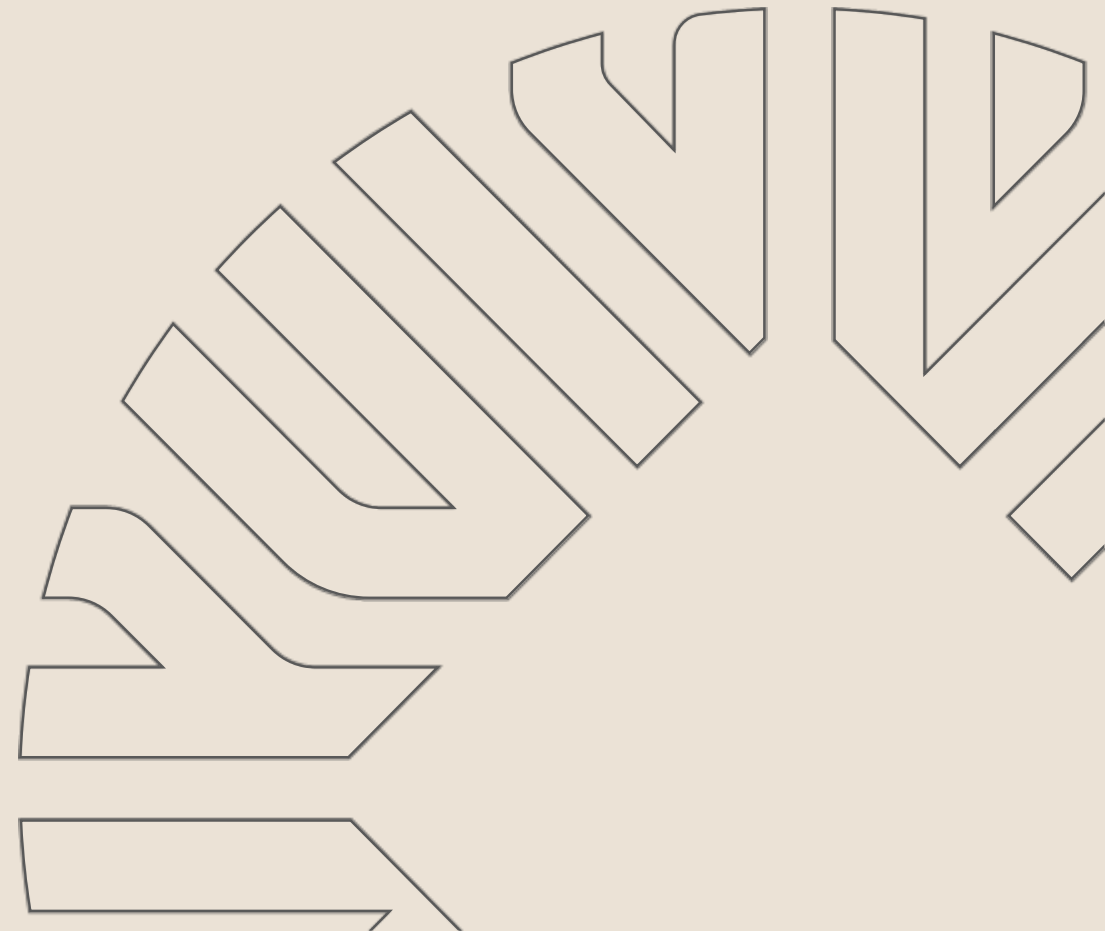
Ⓞ Limit applies

+ New Benefit / Update

↑ Increased Limit

↓ Decreased Limit

Maternity Module



Maternity Module

Maternity Benefits	T0 / SHORT	T1 / Essential (YG) / BASIC	T2 / Classic (YG) / Essential (FGH) / EXTENSIVE	T3 / Plus (YG) / Special (FGH) / ADVANCED	T4 / Top (YG) / Exclusive (FGH) / PREMIUM
Inpatient Treatment					
Maternity care and childbirth, services of a midwife or obstetric nurse in the hospital	Not covered	Not covered	Not covered	up to 5,000 EUR	up to 20,000 EUR
Complications of pregnancy and childbirth	Not covered	Not covered	Not covered	Paid in full	Paid in full
Nursing care at home after childbirth, instead of a hospital stay	Not covered	Not covered	Not covered	up to 5 days, if pre-approved	up to 5 days, if pre-approved
Newborn care	Not covered	Not covered	Not covered	Paid in full	Paid in full
Outpatient Treatment					
Maternity care and childbirth, services of a midwife or obstetric nurse	Not covered	Not covered	Not covered	Up to 5,000 EUR	Up to 10,000 EUR
Complications of pregnancy and childbirth	Not covered	Not covered	Not covered	Up to 5,000 EUR	Paid in full
Outpatient childbirth cash benefit	Not covered	Not covered	Not covered	Lump sum of 250 EUR per newborn baby without proof of costs on presentation of the birth certificate	Lump sum of 500 EUR per newborn baby without proof of costs on presentation of the birth certificate

The specified maximum sums, maximum periods and lump sums apply per insured person and per insurance year

Maternity Module Highlights

Highlights

Maximum limit	New Benefits	Increase in Benefit Limit	Decrease in Benefit Limit
Not Applicable	Advanced and Premium Plans (FGH Special and Exclusive): + Nursing care at home after childbirth (instead of hospital stay); + Outpatient childbirth cash benefit	Advanced and Premium Plans (YG Plus and Top): ↑ Outpatient maternity care, childbirth, and complications of pregnancy and childbirth	Advanced and Premium Plans (FGH Special and Exclusive): ↓ Outpatient maternity care, childbirth, and complications of pregnancy and childbirth

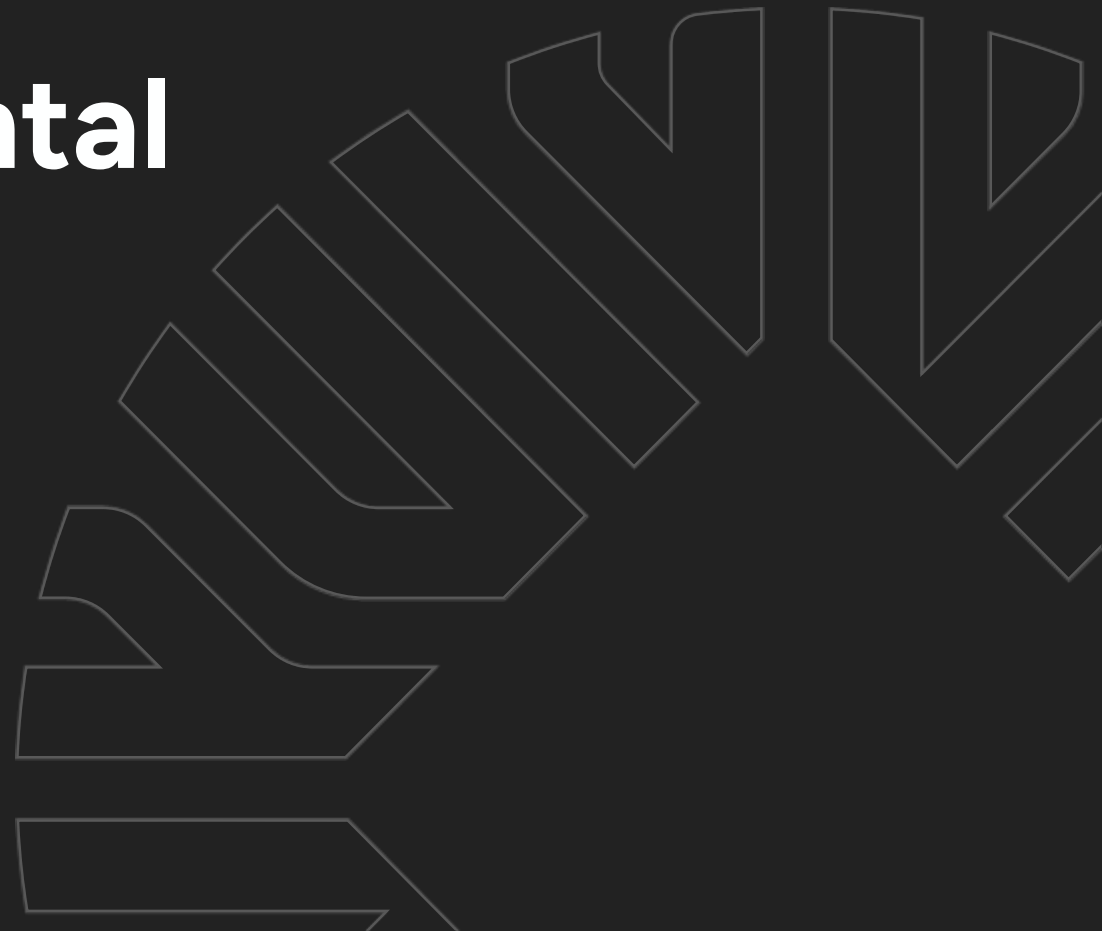
Compared to All FGH plans and YG World only.

Ⓞ Limit applies

+ New Benefit / Update ↑ Increased Limit

↓ Decreased Limit

Vision aids and dental module



Vision Aids and Dental Module

Vision Aids and Dental Benefits	T0 / SHORT	T1 / Essential (YG) / BASIC	T2 / Classic (YG) / Essential (FGH) / EXTENSIVE	T3 / Plus (YG) / Special (FGH) / ADVANCED	T4 / Top (YG) / Exclusive (FGH) / PREMIUM
Vision aids					
Vision aids, including an eye test	Not covered	Not covered	Not covered	Up to 300 EUR every 2 years. If there is a change of 0,5 diopters, new limit applies.	Up to 750 EUR every 2 years. If there is a change of 0,5 diopters, new limit applies.
Dental Treatment					
Maximum dental limit	n.a.	n.a.	€ 250	n.a.	n.a.
Minor dental services					
Screenings for early detection of disorder of the teeth, mouth and jaw	Not covered	Not covered	Up to 2 screenings per year*	Up to 2 screenings per year	Up to 2 screenings per year
X-rays	Not covered	Not covered	Max. dental limit applies	Paid in full	Paid in full
Scale-and-polish cleaning	Not covered	Not covered	Max. dental limit applies	Paid in full	Paid in full
Treating oral mucosa and paradontium	Not covered	Not covered	Max. dental limit applies	Paid in full	Paid in full
Simple fillings related to cavity	Not covered	Not covered	Max. dental limit applies	Paid in full	Paid in full
Surgery, extractions, root-canal treatment	Not covered	Not covered	Max. dental limit applies	Paid in full	Paid in full
Inclusion of an occlusal splint	Not covered	Not covered	Max. dental limit applies	Paid in full	Paid in full
Accidental dental treatment	Not covered	Not covered	Max. dental limit applies	Paid in full	Paid in full
Major dental services					
				Reimbursement for the following benefits up to 2,000 EUR	Reimbursement for the following benefits up to 5,000 EUR
Dentures (e.g. prostheses, inlays, bridges and crowns)	Not covered	Not covered	Not covered	Paid in full	Paid in full
Implants	Not covered	Not covered	Not covered	Paid in full	Paid in full
Orthodontic treatment (up to age 18)	Not covered	Not covered	Not covered	Paid in full	Paid in full
Dental laboratory work and materials	Not covered	Not covered	Not covered	Paid in full	Paid in full
Treatment plan	Not covered	Not covered	Not covered	Paid in full	Paid in full

The specified maximum sums, maximum periods and lump sums apply per insured person and per insurance year.

*max. dental limit applies

Vision Aids and Dental Module Highlights

Highlights

Maximum limit	New Benefits	Increase in Benefit Limit	Decrease in Benefit Limit
Not Applicable	Extensive Plan (FGH Essential / YG Classic): + Minor dental services, including dental screening (pain-relief treatment no longer included)	Advanced and Premium Plans (FGH Special and Exclusive / YG Plus and Top): ↑ Vision aids — new limit every 2 years; if there is a change of 0.5 diopters, the new limit applies	Not Applicable

Compared to All FGH plans and YG World only.

Ⓢ Limit applies

+ New Benefit / Update

↑ Increased Limit

↓ Decreased Limit



Medical Assistance Module

Medical Assistance benefits Module

Medical Assistance benefits	T0 / SHORT	T1 / Essential (YG) / BASIC	T2 / Classic (YG) / Essential (FGH) / EXTENSIVE	T3 / Plus (YG) / Special (FGH) / ADVANCED	T4 / Top (YG) / Exclusive (FGH) / PREMIUM
24-hour phone and e-mail service with experienced counsellors, own doctors and specialists	Covered	Covered	Covered	Covered	Covered
Medical evacuation and repatriation	Covered	Covered	Covered	Covered	Covered
Information on medical infrastructure (local medical care and names and addresses of multilingual doctors)	Covered	Covered	Covered	Covered	Covered
Support and information by our medical service (second opinion, monitoring of the course of the illness)	Covered	Covered	Covered	Covered	Covered
Guarantee of payment (GOP) (preparation for a stay in hospital)	Covered	Covered	Covered	Covered	Covered
Return of mortal remains	up to 2,500 EUR	up to 2,500 EUR	up to 5,000 EUR,	up to 10,000 EUR	up to 25,000 EUR
Appropriate additional medical support (information on the nature, possible causes and possible treatment of an illness)	Covered	Covered	Covered	Covered	Covered
Online services	Covered	Covered	Covered	Covered	Covered

Medical Assistance Module Highlights

Highlights

Change	New Benefits	Increase in Benefit Limit	Decrease in Benefit Limit
<p>All New Product Plans (All FGH Plans):</p> <p>▲ Catalogue of Medical Assistance Benefits according to the plan</p>	<p>Not Applicable</p>	<p>Advanced and Premium Plans (YG Plus and Top):</p> <p>↑ Return of mortal remains</p>	<p>Not Applicable</p>

Compared to All FGH plans and YG World only.

▲ Change

+ New Benefit / Update

↑ Increased Limit

↓ Decreased Limit

Additional Assistance Module



Additional Assistance Module

	T0 / SHORT	T1 / Essential (YG) / BASIC	T2 / Classic (YG) / Essential (FGH) / EXTENSIVE	T3 / Plus (YG) / Special (FGH) / ADVANCED	T4 / Top (YG) / Exclusive (FGH) / PREMIUM
Compassionate family visit	Not covered	Not covered	Not covered	up to 1,500 EUR	up to 3,000 EUR
Return to country of residence after repatriation	Not covered	Not covered	Not covered	up to 1,500 EUR	up to 3,000 EUR
Delayed return trip	Not covered	Not covered	Not covered	up to 1,000 EUR	up to 2,000 EUR
Getting hold of and shipping vital medication	Not covered	Not covered	Not covered	Covered	Covered
Return transport or care for children	Not covered	Not covered	Not covered	Not covered	Covered
Organizing help if you have legal difficulties	Not covered	Not covered	Not covered	Not covered	Covered
Help with psychological problems possibly caused by the stay abroad	Not covered	Not covered	Not covered	Help with psychological and therapeutic help by telephone; up to 3 calls	Help with psychological and therapeutic help by telephone; up to 5 calls; up to 5 calls
Telemedicine	Covered	Covered	Covered	Covered	Covered

Additional Assistance Module Highlights

Highlights

Change	New Benefits	Increase in Benefit Limit	Decrease in Benefit Limit
All New Product Plans (All FGH Plans): ▲ Module no longer eligible as an additional module	Basic, Extensive, Advanced, and Premium Plans (FGH Product / YG Product): + Telemedicine	Not Applicable	Advanced Plan (YG Plus): ↓ Delayed return trip
All New Product Plans (All FGH Plans): ▲ Catalogue of benefits according to plan			

Compared to All FGH plans and YG World only.

▲ Change

+ New Benefit / Update

↑ Increased Limit

↓ Decreased Limit

Partner and Medical Management Update



Network and Partner Management Update

	CENTRALISED	DECENTRALISED
Telephony	<ul style="list-style-type: none"> • One number for emergency assistance (24/7) – Europ Assistance • One number for claims (office hours only) – FGH • One number for policy (office hours only) – FGH • All numbers are Luxembourgish phone numbers (centralized) 	<ul style="list-style-type: none"> • One regional phone number depending on the country of residence of the member. • During office hours calls are picked up by Euro-Center’s regional offices and outside office hours the calls are redirected to Euro-Center Prague • Euro-Center’s regional offices used are in Brazil, Thailand, Australia, China. In US -Global Excel Management(GEM) is the service provider.
Email address (claims and assistance services)	<p>Email addresses based on system set-up:*</p> <ul style="list-style-type: none"> • Artis: claims@foyerglobalhealth.com & policy@foyerglobalhealth.com • Lifeware: Claims-service@foyerglobalhealth.com 	<ul style="list-style-type: none"> • *Claims : Claims@globalhealth.insurance • Policy: policy@globalhealth.insurance
Reimbursement of claims	Centralised (in Luxembourg)	Processed in Luxembourg AND in regional partner offices (depending upon best fit / based on internal rules)
Assistance	Centralized (at one partner office - Europ Assistance)	Regional offices of Euro-Center as the first point of contact. If the assistance case becomes complex or is reported out of office hours, calls are transferred to the specialized assistance center (Euro-Center Prague). For USA and Canada- GEM is available 24*7. Europ Assistance has no involvement in these processes and is completely excluded from the service offering.
Network Access	Direct billing and GOPs placed via Europ Assistance’s central office	Direct billing and GOPs placed via Euro-Center’s regional offices. For USA and Canada- Access to vast Aetna network via GEM
Policy Administration	FGH	FGH
Customer Service (claims and local requests)	FGH	FGH for Europe, Euro-Center’s regional offices for other regions except Europe and USA and GEM for USA and Canada
Telemedicine	Teladoc	Teladoc

Implications of Changes

	CLIENTS	BROKERS
IMPACT of changes	<p>Clients will receive updated service cards with updated contact details to contact.</p>	<p>It is important that brokers are made aware of the changes that their clients will experience so that:</p> <ol style="list-style-type: none"> 1) They can answer queries 2) They are equipped with the information of benefits and can use these as differentiators when promoting our brand.
BENEFITS of changing to a decentralized set-up	<ul style="list-style-type: none"> ✓ Expanded Medical Provider Network with improved Cashless service (direct payments) Access to a significantly larger network with over 1.7 million providers globally, including coverage in the U.S via GEM-Aetna network. Currently, direct payment is available only for treatments over approximately €2,000. With Euro-Center, this threshold is significantly lowered to around €500, enhancing convenience and financial flexibility for clients. ✓ Consistent Global Service Experience Seamless and uniform service delivery for clients transitioning between regions, ensuring continuity and reliability. ✓ Localized Expertise and Support Availability of experienced local teams with in-depth knowledge of regional healthcare systems, customs, languages, and cultural nuances—resulting in a superior customer experience. ✓ Regional Service Availability Local service delivery aligned with client time zones, supported by regional office presence across all continents. ✓ Provider Referrals and Search Tools Easy access to local provider referrals by regional offices and online search functionality via mobile app and portal. ✓ Optimized Cost Management More efficient cost control mechanisms contributing to competitive premium offerings. ✓ Enhanced Claims Turnaround Time Improved processing speed for claims, ensuring faster reimbursements and resolutions. 	

Medical Management Update

What has changed?

- Introduction of a **tiered questionnaire structure**:

SHORT: No medical questions

BASIC: Minimal questions

EXTENSIVE, ADVANVCED, PREMIUM: Comprehensive questions based on applicant profile

- Implementation of a **dynamic logic system**:

Questions adapt based on responses — if an applicant answers “Yes” to a medical condition, relevant follow-up questions are automatically triggered.

Questions are precise but comprehensively asking all required details at once.

Designed to capture **meaningful medical declarations** without overwhelming the applicant.

Highlights

1. **Improved customer experience** through a simplified and intuitive process
2. **Minimized number of questions** for healthy applicants, reducing friction during application
3. **Fewer follow-ups** needed — avoids going back to applicants for missing details
4. **Comprehensive data capture** ensures better risk assessment and underwriting
5. **Enhanced PEC (Pre-Existing Condition) checks** at the time of application
6. Supports **faster policy issuance** and improved operational efficiency

Underwriting Updates



Underwriting Update

Will switching be allowed?

Yes, at renewals of each and every individual policy after formal announcement, launch of switching campaign.

Under what conditions?

1. The switch is subject to the "like-to-like" principle, meaning a full medical risk assessment will be required in the case of an upgrade — as applies to any other upgrade within our portfolio.
2. Switch to be offered for 1 UW year starting at launch date of the campaign with 3 months renewal notice period.
3. Moratorium policies to take over the moratorium waiting periods from the original date of inception of the policy.
4. All quotes offered under YouGenio and FGH Individual products, before the decommissioning (closed to new business) of these products, will be honored.

What is the process if members request a switch after the switching campaign?

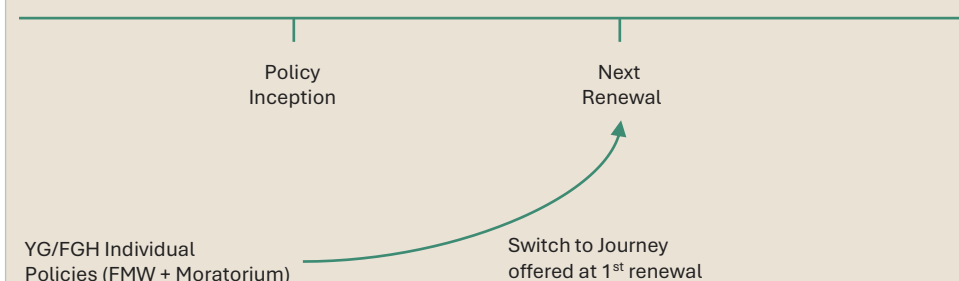
Only with Medical Risk Assessment.

Are there any age restrictions for switching into the new product?

No.

Highlights

1. **No age restriction** for switching.
2. Switching **only at renewal**.
3. **Existing Moratorium waiting periods** are respected during switching.
4. Switching on **like-to-like** basis only.
5. **Switching Process: New**



6. FMU + Moratorium YG/FGH individual policies will be offered switch to Journey at same or a lower plan level at first renewal.
7. For moratorium YG/FH individual policies, in case of a claim, the original inception date will be considered to validate the PEC condition.
8. In all other cases, a switch will only be offered after full medical risk assessment.

Underwriting Update

Switching Matrix

New

The matrix below outlines existing FGH Individual, YouGenio plans and the corresponding Journey plans allowing a seamless switch within the conditions mentioned on the previous slide.

FGH	YOUGENIO	JOURNEY
		Short
	Essential	Basic
Essential	Classic	Extensive
Special	Plus	Advanced
Exclusive	Top	Premium