





## 1. Contributions towards collective insurance premiums

### a. Medical and social insurance premiums

<b>Serving staff members - 1<sup>st</sup> Euro</b>			
Coverage	Monthly contributions (all fees included)	Beneficiary contributions	CEB contributions
Health care	4,915%		
Death and permanent disability	0,315%		
Permanent partial disability	0,168%		
Temporary incapacity	0,477%		
<b>Total</b>	<b>5,875%</b>		
<b>Serving staff members - Complementary cover</b>			
Coverage	Monthly contributions (all fees included)	Beneficiary contributions	CEB contributions
Health care	3,195%		
Death and permanent disability	0,315%		
Permanent partial disability	0,168%		
Temporary incapacity	0,477%		
<b>Total</b>	<b>4,155%</b>		
<b>Pension recipients - 1<sup>st</sup> Euro</b>			
Coverage	Monthly contributions (all fees included)	Beneficiary contributions	CEB contributions
Health care	4,929%		
Dependency	1,760%		
<b>Total</b>	<b>6,689%</b>		
<b>Pension recipients - Complementary cover</b>			
Coverage	Monthly contributions (all fees included)	Beneficiary contributions	CEB contributions
Health care	3,204%		
Dependency	1,760%		
<b>Total</b>	<b>4,964%</b>		
<b>Family extensions</b>			
Coverage	Monthly contributions (all fees included)	Beneficiary contributions	CEB contributions
Spouse – 1st Euro	138,94 €	90,31 €	48,63 €
Spouse – Complementary cover	90,31 €	90,31 €	0
Child > 18 – 1st Euro	51,02 €	51,02 €	0

Child > 18 – Complementary cover	33,16 €	33,16 €	0
<b>Persons residing in North America<sup>1</sup> or in Asia<sup>2</sup></b>			
Coverage	Monthly contributions (all fees included)	Beneficiary contributions	CEB contributions
Non-active in North America or Asia	6,407%	2,136%	4,271%
Spouse in North America or Asia	180,63 €	180,63 €	0
Child > 18 in North America or Asia	66,32 €	66,32 €	0
<b>Optional continuation following termination of appointment</b>			
Coverage	Monthly contributions (all fees included)	Beneficiary contributions	CEB contributions
Maintenance primary cover	128,40 €	0	128,40 €
Maintenance primary and complementary cover	203,35 €	74,95 €	128,40 €
Maintenance in North America or Asia	264,36 €	135,96 €	128,40 €
Maintenance – per child	119,23 €	119,23 €	0
Maintenance in North America or Asia – per child	155,00 €	155,00 €	0

## b. Contribution bases

Contributions shall be assessed on the total salary, i.e. basic salary plus, as appropriate, the household allowance, basic family allowance, expatriation allowance, cost and conditions of living allowance, work compensation allowance, overtime, back pay, and for the Governor, the representation allowance.

- i. *Former staff in receipt of a retirement pension, an early retirement pension or an invalidity pension payable under the Bank's pension schemes or having benefited from Resolution (92)28*

Contributions shall be assessed on the amount of the pension. This shall be not less than 50% of the last basic salary on a full-time basis for pensioners coming under the Co-ordinated Pension Scheme or the Bank's Pension Scheme rules and 43.75% of the last basic salary on a full-time basis for pensioners coming under the Bank's second Pension Scheme. The household allowance or basic family allowance shall be added to the contribution assessment base, i.e., as the case may be, to the pension amount or the fixed minimum amount of 50% or 43.75% of the last basic salary.

- ii. *Beneficiaries of a secondary pension payable under the Bank's pension scheme (survivor's, reversion or orphan's pension)*

Contributions shall be assessed on the amount of the pension.

For beneficiaries of a survivor's or reversion pension, the contribution assessment base shall be not less than the minimum pensions stipulated under the pension scheme rules (35% of the last basic salary on a full-time basis for pensioners coming under the Bank's Pension Scheme rules; 30% of the last basic salary on a full-time basis for pensioners coming under the Bank's second Pension Scheme). The household allowance or the basic family allowance shall be added to the contribution assessment base, i.e., as the case may be, to the pension amount or the fixed minimum amount of 35% or 30% of the last basic salary.

<sup>1</sup> United States and Canada.

<sup>2</sup> United Arab Emirates, China, Hong Kong, Japan, Singapore and South Korea.

Beneficiaries of an orphan's pension shall be exempt from contributions up to their 18th birthday, as long as they remain dependent on the surviving parent or the person or institution with authority. As from their 18th birthday, the beneficiaries of the pension may decide to be affiliated to the primary and/or complementary cover. A contribution to the scheme shall be deducted from the orphan's pension at the rate corresponding to the level of cover.

### **c. Payment**

The contributions of serving staff shall be deducted monthly from their salary and the contributions of pension scheme beneficiaries shall be deducted monthly from their pension.

Premiums payable for optional extension of the medical cover to family members and premiums due by permanent staff members on unpaid or parental leave shall be paid monthly by the staff and former staff concerned to the Bank, which shall be responsible for transferring them to the insurer.

Should a serving staff member or pensioner receive from the Bank or its pension schemes either a salary and a secondary pension or a main pension and a secondary pension, contributions shall be levied on both income sources. For an insured person covered from the first Euro, a contribution to the mixed scheme shall be deducted from the lower of the two sources of income.

## **2. Benefits related to medical expenses**

### **a. Benefits covered**

A table summarising the items covered and their level of reimbursement can be found below. Medical expenses incurred by the principal beneficiary or their beneficiaries entitled through them shall be reimbursed on a complementary basis or under the BMSS primary and complementary basis under the conditions and within the limits set out in this table. Under no circumstances shall reimbursements exceed the amount of the expenses incurred.

Principal beneficiaries affiliated on a complementary basis and persons entitled through them, as well as family members affiliated via an extension of complementary cover shall, upon adding together the benefits paid by their social security scheme and those they receive on a complementary basis, obtain the same reimbursements as are paid under the BMSS, in terms of both the type of care and the amounts refunded.

Conversely, insured persons affiliated to BMSS shall obtain from the latter the same reimbursements as those received by complementary scheme members from their social security scheme and the complementary insurance, in terms of both the type of care and the amounts refunded.

### **b. Prior agreement**

The reimbursement of items of medical care for which a prior agreement is required is specified in the table below. For a beneficiary covered on a complementary basis, the agreement given by the French Social Security scheme shall qualify as prior agreement by the insurer and/or the scheme manager.

### **c. Advances of costs and limitation of claims**

Under the BMSS, claims shall be allowed solely for costs actually paid with the exception of hospitalisation costs, and to a certain extent, costs applicable in the event of a long-term illness, a maternity, or a work accident or occupational disease, which shall be paid directly by the scheme managers. The cost of other medical expenses, may be borne directly by a manager having a network of providers with which it has concluded service level and pricing agreements.

As soon as their primary cover allows it, persons who are insured on a complementary basis benefit from the electronic transmission of data and/or the third-party payer ("tiers payant").

No claims for treatments carried out more than two years previously or outside the period of cover shall be reimbursed.

This two-year time limit shall start from the date of treatment or, in the case of medicines and optical equipment, the date of invoicing. The date of payment for the relevant items or the date of receipt of the reimbursement claim by the insurer may not therefore be taken into account for calculating or starting the two-year time limit.

**d. Provisions applicable in the event of a long-term illness (LTI), a maternity, or a work accidents or long-term illness**

The reimbursement of items directly linked to an LTI, a maternity or a work accident or industrial disease shall not be calculated on a lower base than the one of the general scheme of the French Social Security.

Beneficiaries under the BMSS on primary and complementary basis who suffer from an LTI or a long and costly illness shall, subject to the scheme manager's approval, benefit from direct payment of pharmaceutical expenses, laboratory costs and the cost of appliances.

**e. Fixed charges and deductible amounts**

No reimbursement of the fixed charge and deductible amounts shall be made under the complementary cover. Beneficiaries of coverage from the 1st Euro are exempt from the fixed charge contribution and deductible amounts.<sup>3</sup>

**f. Individual complementary insurance**

Beneficiaries entitled through a principal beneficiary insured on a complementary basis (either free of charge or with payment of a premium under an optional extension) who have an individual complementary insurance shall be provided with supplementary complementary cover by the Bank.

When calculating reimbursements due for their cover hereunder, no account shall be taken of any amount reimbursed by their individual insurance. Reimbursements shall nonetheless be limited to the expenses actually incurred.

**g. Disputes on medical matters**

Any dispute arising between a principal beneficiary and the insurance policy or the Bank on a medical matter which has not been resolved by mutual agreement shall be settled by an arbitrating doctor appointed jointly by a doctor chosen by the beneficiary and a doctor chosen by the Bank or by the insurance company, as applicable.

Should the doctor chosen by the principal beneficiary and the doctor chosen by the insurance company or the Bank fail to agree on appointment of the arbitrating doctor, the latter shall be appointed by the French Medical Council (*Conseil de l'Ordre des Médecins*) or any other medical authority of the Bank's choice (as approved by the beneficiary) which is competent for the region where a serving beneficiary is stationed or for a pensioner's region of residence.

The arbitrating doctor's fees shall be paid by the insurance company or the Bank, as applicable. Nonetheless, if the arbitrating doctor fully rejects the beneficiary's request, this doctor's fees shall be paid in half by the beneficiary and in half by the insurance or the Bank, as applicable. Each party shall bear the fees of its own medical adviser.

The arbitration procedure set out above shall not affect the possible procedures available to a principal beneficiary under the applicable national law.

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<sup>3</sup>Fixed charge: Beneficiaries – except for a beneficiary entitled through a principal beneficiary under 18 years old on 1 January of the current year; pregnant women for a period starting on the first day of the 6th month of pregnancy and ending 12 days after the date of delivery - shall pay a fixed charge for every act or for every consultation of a doctor with the exception of acts or consultations during hospitalisation, as defined by the French Social Security. This fixed charge shall be subject to an annual maximum of €50 per beneficiary. Deductible amount: A deductible amount shall be applied to the following items: pharmaceutical expenses on a doctor's prescription, acts performed by medical assistants, transport by ambulance or taxi, as defined by the French Social Security.

## h. Table of benefits

*N.B. The reference to "per year" in the following tables means "per calendar year (1 January-31 December)". The ceilings and lump sums mentioned in the reimbursement table are applied on a per capita basis.*

*For all beneficiaries from 1<sup>st</sup> Euro, coverage in case of medical expenses incurred in treating the effects of work accidents/travel or of an occupational disease or of a long-term sickness, or in case of maternity shall not be less than 100% of the base used to calculate reimbursements of the general scheme of the French Social Security (Base de Remboursement de la Sécurité Sociale (BRSS)). In case of hospitalisation, a daily lump-sum shall also be covered by the insurance.*

<b>List of medical acts, medical treatments, pharmaceutical products, etc., for which benefits may be claimed</b>	<b>Reimbursement from 1st Euro Out-of-pocket expenses max per family and per year: 3 500 € Above 3 500 €, the insurance covers 100%</b>
<b>1. Consultations</b>	90% of actual costs
Visits to doctors	
Home calls	
Night calls	
Sunday calls	
Travel expenses	
Acts of standard medical service	
Acts of minor surgery (without hospitalisation)	90% of actual costs up to a ceiling of 2 500 € reimbursed per beneficiary and per year
Psychotherapy: Fees of psychologists, psychotherapists or psychometricians	90% of actual costs up to a ceiling of 250 € reimbursed per beneficiary and per year
Osteopathy, chiropractic, acupuncture, etiopathy and dietetics.	90% of actual costs
<b>2. Electrocardiology</b>	
Electrotherapy	
Densitometry	90% of actual costs
<b>3. Care by medical assistants<sup>4</sup></b>	
Midwives	
Nurses (prior agreement)	
Home nurses (prior agreement)	
Masseurs and physiotherapists	
Pedicures	
Travels	100% of actual costs
Speech therapists (prior agreement) and orthoptists	
<b>4. Pharmaceutical expenses</b> on medical prescription, reimbursed by Social Security	
Medicines and vaccines prescribed outside France by a practitioner under the medical authority of the country concerned, and whose prescription is in line with the customary medical protocols or practices in that country	100% of actual costs
TICOVAC vaccine for adults and children, not covered by Social Security	
Help in smoking cessation (nicotine substitutes) on medical prescription <sup>5</sup>	100% of actual costs
Appliances and medical equipment	
Orthopedic prostheses (bandages, corsets, soles, shoes, etc.), and repairs (prior agreement depending on type)	
Replacement frequency <sup>6</sup>	

<sup>4</sup> In accordance with the rules applied by the French Social Security

<sup>5</sup> In accordance with the rules applied by the French Social Security

<sup>6</sup> In accordance with the rules applied by the French Social Security

<b>List of medical acts, medical treatments, pharmaceutical products, etc., for which benefits may be claimed</b>	<b>Reimbursement from 1st Euro Out-of-pocket expenses max per family and per year: 3 500 € Above 3 500 €, the insurance covers 100%</b>
Paramedical equipment (mattress protectors, bandages, etc.) in case of chronic illness	100% of actual costs up to a ceiling of 1 100 € reimbursed per beneficiary and per year
Pharmaceutical costs on medical prescription not reimbursed by the French Social Security (medical prescription necessary)	100% of actual costs
<b>5. Biological analyses and testing reimbursed by French Social Security</b>	
Analyses	90% of actual costs
Fees for taking samples	
Travel expenses	
Prenatal tests covered by the French Social Security system (amniocentesis, ultrasound, etc.) including when the restrictive age criteria are not met	90% of actual costs
In vitro fertilisation and artificial insemination (performed before the 43rd birthday in case of infertility of the couple) Within the limit of 4 IVF treatments and 6 inseminations	90% of actual costs
Early detection tests codified in the French nomenclature of medical procedures (including when the restrictive age criteria are not met)	90% of actual costs
Health check-up	90% of actual costs up to a ceiling of 500 €
<b>6. Dental treatments</b>	
	For all insured persons, an individual annual limit of 6 000 € reimbursed per year is applied to all reimbursements under this heading.
	These ceilings are not applicable for treatments made necessary as a result of an accident or serious illness (with the prior agreement of the insurer/TPA's medical adviser).
Dental care	90% of actual costs up to a ceiling of 6 000 €
Orthodontic treatment begun before the age of 16	
Dental prostheses, inlay (prior agreement)	
Treatment of periodontal disease	90% of actual costs up to a ceiling of 6 000 €
Dental implants (and related costs, including hospitalisation)	
Orthodontic treatment not covered by Social Security (treatment begun after the age of 16) (prior agreement)	
<b>7. Hospitalisation</b>	
<b>a. Medical hospitalisation (including maternity) - Private room</b>	
Costs of stay	100% of actuals costs in establishments approved by French Social Security ("conventionnés")
Fees	70% of actual costs in establishments non-approved by French Social Security ("non-conventionnés")
Private room (lump sum)	125 €/ day
<b>b. Surgical hospitalisation (including tumor treatment by X-ray therapy, curietherapy, radioactive isotopes, etc. and including maternity in the event of surgical delivery) - Fees &amp; Private room</b>	
Costs of stay	100% of actuals costs in establishments approved by French Social Security ("conventionnés")
Fees	70% of actual costs in establishments non-approved by French Social Security ("non-conventionnés")

<b>List of medical acts, medical treatments, pharmaceutical products, etc., for which benefits may be claimed</b>	<b>Reimbursement from 1st Euro Out-of-pocket expenses max per family and per year: 3 500 € Above 3 500 €, the insurance covers 100%</b>
Private room (lump sum)	125 €/ day
c. Specialised establishments (including convalescent homes for adults, psychiatric institutions and special rehabilitation institutions (for maladjusted children, hearing deficiencies, the blind, physical disabilities, motor and mental disabilities, occupational rehabilitation), etc.)	100% of actual costs with prior agreement of the insurer and up to a limit for psychiatric institutions of up to 30 days
d. Cost of ambulance or transport to specialised establishments (subject to prior agreement)	100% of actual costs
e. Person accompanying a child (necessity must be proven)	125 €/ day
<b>8. Optical care</b>	
<p>Provided that clear or tinted lenses have been prescribed by a doctor and that there is a need to correct the person's eye-sight (clear or tinted lenses for sport purposes are excluded).</p> <p>Medical prescription or prescription from an optician required. These ceilings include any reimbursements obtained from another social security scheme for staff insured on a complementary basis.</p> <p>Temporary staff covered on a complementary basis: a total ceiling of 600 € per year is applied to the entire heading</p>	
<b>Children until the age of 15</b>	<p>Frame - Once every 2 years, except in case of breakage. In case of breakage, 1 pair per year</p> <p>90% of actual costs up to a ceiling of 600 € excluding eye test (eye test 100%)</p>
Frame (once per year, except in case of breakage. In case of breakage, the cost of frames is limited to 180 € per year)	
Single lens <sup>7</sup>	
Complex lens <sup>8</sup>	
<b>Children as from the age of 15 and adults</b>	
Frame (once every two years, except in case of breakage. In case of breakage, once per year)	
Single lens <sup>9</sup>	90% of actual costs up to a ceiling of 600 € excluding eye test (eye test 100%)
Complex lens <sup>10</sup>	90% of actual costs up to a ceiling of 2 000 €
Lenses and contact lenses	90% of actual costs up to a ceiling of 2 500 € per aids/prostheses
Surgery to correct eyesight <sup>11</sup>	90% of actual costs
<b>9. Prostheses</b> (subject to prior agreement)	90% of actual costs
Frequency and nomenclature <sup>12</sup>	90% of actual costs up to a ceiling of 2 000 € per prostheses
Hearing aids	90% of actual costs
Hair prostheses (provided that the hair loss is caused by an illness or its treatment)	90% of actual costs
Ocular prostheses	90% of actual costs up to a ceiling of 2 000 € per prostheses
Other prostheses, including cochlear implants	
<b>10. Wheelchairs and repairs</b> (prior agreement)	

<sup>7</sup> 2 lenses per year, except in case of breakage. In case of breakage, a limit of 260 € per year is applied

<sup>8</sup> 2 lenses per year, except in case of breakage. In case of breakage, a limit of 260 € per year is applied

<sup>9</sup> 2 lenses per year

<sup>10</sup> 2 lenses per year

<sup>11</sup> These include techniques for the correction of myopia, hyperopia and astigmatism by laser. Cataract surgery is managed as part of surgical hospitalisation.

<sup>12</sup> In accordance with the rules applied by the French Social Security

List of medical acts, medical treatments, pharmaceutical products, etc., for which benefits may be claimed	<b>Reimbursement from 1st Euro</b> <b>Out-of-pocket expenses max per family and per year: 3 500 €</b> <b>Above 3 500 €, the insurance covers 100%</b>
<b>11. Hydrotherapy</b> <sup>13</sup> (prior agreement)	90% of actual costs
Medical fees	
Cost of treatment according to doctor's prescription	
<b>12. Teladoc services</b>	Yes

<sup>13</sup> In accordance with the rules applied by the French Social Security