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Mandatory group health insurance contract

Notification of the Insured Person Special terms and conditions

Of the contract between the underwriter:

VMWARE FRANCE SAS
100 101 TERRASSE BOIÉLDIEU
PASSAGE FRANKLIN
92042 PARIS LA DEFENSE CEDEX

And the insurer:

QUATREM
SA with capital of 380,426,249 euros
regulated by the French Insurance Code
21 rue Laffitte
75009 Paris
412 367 724 RCS Paris
Malakoff Médéric group member company

No. 0025630 00001 000

Benefits in effect on: 1st January 2018

Category of insured persons: All personnel

PREAMBLE

The general terms and conditions applicable to the contract are referred to as “SURM SANTE– VERSION 11016” and enclosed with these special terms and conditions.

A – AMOUNT OF BENEFITS PROVIDED

HEADING 1: MEDICAL AND SURGICAL FEE BENEFIT

MEDICAL OR SURGICAL HOSPITALIZATION (INCLUDING MATERNITY)

	APPROVED ESTABLISHMENTS
PROCEDURES ELIGIBLE FOR SOCIAL SECURITY REIMBURSEMENT	100% of actual costs after deduction of the Social Security reimbursement, SUBJECT TO THE LIMIT OF:
Accommodation expenses	400% of the Social Security basis of payment.

	NOT APPROVED ESTABLISHMENTS
PROCEDURES ELIGIBLE FOR SOCIAL SECURITY REIMBURSEMENT	90% of actual costs after deduction of the Social Security reimbursement, SUBJECT TO THE LIMIT OF:
Accommodation expenses	400% of the Social Security basis of payment. The insurer's reimbursement cannot be less than the “ticket modérateur” (official French national health service price for any treatment).

	APPROVED OR NOT APPROVED ESTABLISHMENTS
PROCEDURES ELIGIBLE FOR SOCIAL SECURITY REIMBURSEMENT	100% of actual costs after deduction of the Social Security reimbursement, SUBJECT TO THE LIMIT OF:
Fees Other medical fees	<p><u>CONTROLLED PRICING ARRANGEMENTS</u> 100% of the “ticket modérateur” (official French national health service price for any treatment). If an amount remains to be paid after the above reimbursement, the insurer’s coverage will be subject to the limit of 380% of the Social Security basis of payment.</p> <p><u>EXCLUDING CONTROLLED PRICING ARRANGEMENTS</u> 100% of the “ticket modérateur” (official French national health service price for any treatment). If an amount remains to be paid after the above reimbursement, the insurer’s coverage will be subject to the limit of 100% of the Social Security basis of payment.</p>
PROCEDURES NOT ELIGIBLE FOR SOCIAL SECURITY REIMBURSEMENT	SUBJECT TO THE LIMIT OF:
Private room	3% of the monthly Social Security cap <u>per day of hospitalization.</u>
Inpatient charges	100% of actual costs.
Costs incurred through accompanying someone	<p>▪ CHILD UNDER 16 YEARS</p> <p>2% of the monthly Social Security cap <u>per day of hospitalization and 30 days of hospitalization per year and per beneficiary.</u></p>

MATERNITY

Maternity package	<p>22% of the monthly Social Security cap <u>per birth.</u> These provisions will also apply to adoption.</p>
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NON-HOSPITAL TREATMENTS

	APPROVED OR NON-APPROVED HEALTHCARE PROFESSIONALS
PROCEDURES ELIGIBLE FOR SOCIAL SECURITY REIMBURSEMENT	100% of actual costs after deduction of the Social Security reimbursement, SUBJECT TO THE LIMIT OF:
Medical consultations Medical visits Technical medical procedures Medical imaging	<p><u>CONTROLLED PRICING ARRANGEMENTS</u> 100% of the “ticket modérateur” (official French national health service price for any treatment). If an amount remains to be paid after the above reimbursement, the insurer’s coverage will be subject to the limit of 270% of the Social Security basis of payment.</p> <p><u>EXCLUDING CONTROLLED PRICING ARRANGEMENTS</u> 100% of the “ticket modérateur” (official French national health service price for any treatment). If an amount remains to be paid after the above reimbursement, the insurer’s coverage will be subject to the limit of 100% of the Social Security basis of payment.</p>
Physician assistants Medical analyses	<p>100% of the “ticket modérateur” (official French national health service price for any treatment). If an amount remains to be paid after the above reimbursement, the insurer’s coverage will be subject to the limit of 260% of the Social Security basis of payment.</p>
Transport	100% of the “ticket modérateur” (official French national health service price for any treatment).
Spa treatment	25% of the monthly Social Security cap <u>per treatment and per beneficiary.</u>

MEDICATIONS

PROCEDURES ELIGIBLE FOR SOCIAL SECURITY REIMBURSEMENT	100% of actual costs after deduction of the Social Security reimbursement, SUBJECT TO THE LIMIT OF:
Medications	<ul style="list-style-type: none"> ■ WHATEVER THE MEDICAL SERVICE RENDERED 100% of the “ticket modérateur” (official French national health service price for any treatment).
PROCEDURES NOT ELIGIBLE FOR SOCIAL SECURITY REIMBURSEMENT	100% of actual costs, SUBJECT TO THE LIMIT OF:
Contraceptive pills <u>By medical prescription</u>	2% of the monthly Social Security cap <u>per year and per beneficiary.</u>

DENTAL FEES

	APPROVED OR NON-APPROVED HEALTHCARE PROFESSIONALS
PROCEDURES ELIGIBLE FOR SOCIAL SECURITY REIMBURSEMENT	100% of actual costs after deduction of the Social Security reimbursement, SUBJECT TO THE LIMIT OF:
Dental care	100% of the “ticket modérateur” (official French national health service price for any treatment). If an amount remains to be paid after the above reimbursement, the insurer's coverage will be subject to the limit of 70% of the Social Security basis of payment.
Inlays - Onlays	100% of the “ticket modérateur” (official French national health service price for any treatment). If an amount remains to be paid after the above reimbursement, the insurer's coverage will be subject to the limit of 370% of the Social Security basis of payment.
Orthodontics	400% of the Social Security basis of payment.
Dentures	400% of the Social Security basis of payment.
PROCEDURES NOT ELIGIBLE FOR SOCIAL SECURITY REIMBURSEMENT	100% of actual costs, SUBJECT TO THE LIMIT OF:
Orthodontics	387 euros <u>per half-year and per beneficiary.</u>
PROCEDURES NOT ELIGIBLE FOR OR ELIGIBLE FOR BUT NOT REIMBURSED BY SOCIAL SECURITY	100% of actual costs, subject to the limit of:
Dentures and Periodontics	<ul style="list-style-type: none"> ■ BRIDGE OVER HEALTHY TOOTH (HBLD023) 300 euros <u>per year and per beneficiary.</u> ■ DENTAL IMPLANT <ul style="list-style-type: none"> - PILLAR 172 euros <u>per procedure and 3 procedures per year and per beneficiary</u> - ROOT 516 euros <u>per procedure and 3 procedures per year and per beneficiary.</u> ■ PERIODONTICS 6% of the monthly Social Security cap <u>per year and per beneficiary.</u>

VISION FEES

PROCEDURES ELIGIBLE FOR SOCIAL SECURITY REIMBURSEMENT		100% of actual costs after deduction of the Social Security reimbursement, SUBJECT TO THE LIMIT OF:								
<p>Glasses –</p> <p>THE REIMBURSEMENT IS LIMITED TO ONE SET OF EQUIPMENT EVERY 2 YEARS PER BENEFICIARY EXCEPT FOR:</p> <ul style="list-style-type: none"> - CHILDREN UNDER 18 YEARS OR IN CASE OF EVOLUTION OF EYESIGHT, ONE SET OF EQUIPMENT PER YEAR AND PER BENEFICIARY. - INSURED PERSONS WHO ARE FAR-SIGHTED AND NEAR-SIGHTED, AND NOT WEARING PROGRESSIVE OR MULTIFOCAL LENSES, TO 2 SETS OF EQUIPMENT EVERY 2 YEARS CORRECTING EACH OF THE AFOREMENTIONED DISABILITIES. <p>THESE FREQUENCIES ARE ASSESSED STARTING FROM THE DATE OF LAST ACQUISITION OF EQUIPMENT.</p>										
<p>For one set of equipment (1 frame + 2 lenses) according to the correction of each eye</p> <p>The part allocated to the frame within the set of equipment cannot exceed 150 euros.</p> <p>The “ticket modérateur” (official French national health service price for any treatment) is included in the amounts below:</p>		<p>Right eye</p> <table border="1"> <thead> <tr> <th>Single lens</th> <th>Complex lens</th> <th>Very complex lens</th> </tr> </thead> <tbody> <tr> <td align="center" colspan="3">According to the definitions below</td> </tr> </tbody> </table>			Single lens	Complex lens	Very complex lens	According to the definitions below		
Single lens	Complex lens	Very complex lens								
According to the definitions below										
Left eye	<p>Simple lens (single-vision lens whose sphere is between - 6.00 et + 6.00 diopters and whose cylinder is less than or equal to + 4.00 diopters)</p>	470 euros	610 euros	660 euros						
	<p>Complex lens (single-vision lens whose sphere is outside the area - 6.00 to + 6.00 diopters and whose cylinder is greater than + 4.00 diopters or multifocal or progressive lens)</p>	610 euros	750 euros	800 euros						
	<p>Very complex lens (multifocal or progressive spherocylindrical lens whose sphere is beyond the area from - 8.00 to + 8.00 diopters or multifocal or progressive spherical lens whose sphere is outside the area from - 4.00 to + 4.00 diopters)</p>	660 euros	800 euros	850 euros						
PROCEDURES ELIGIBLE OR NOT ELIGIBLE FOR SOCIAL SECURITY REIMBURSEMENT		100% of actual costs after deduction of any Social Security reimbursement, SUBJECT TO THE LIMIT OF:								
Corrective lenses (including disposable lenses)		<p>8% of the monthly Social Security cap <u>per year and per beneficiary.</u></p> <p>In any event, the insurer's reimbursement for lenses eligible for Social Security reimbursement cannot be less than the “ticket modérateur”, including beyond the aforementioned frequency.</p>								
PROCEDURES NOT ELIGIBLE FOR SOCIAL SECURITY REIMBURSEMENT		100% of actual costs, SUBJECT TO THE LIMIT OF:								
Refractive surgery		600 euros <u>per eye.</u>								

NON-DENTAL PROSTHETICS

	APPROVED OR NON-APPROVED HEALTHCARE PROFESSIONALS
PROCEDURES ELIGIBLE FOR SOCIAL SECURITY REIMBURSEMENT	100% of actual costs after deduction of the Social Security reimbursement, SUBJECT TO THE LIMIT OF:
Equipment Hearing devices	<p>100% of the “ticket modérateur” (official French national health service price for any treatment).</p> <p>If an amount remains to be paid after the above reimbursement, the insurer's coverage will be subject to the limit of 360% of the Social Security basis of payment.</p>

PREVENTION BENEFITS

	APPROVED OR NON-APPROVED HEALTHCARE PROFESSIONALS
PROCEDURES ELIGIBLE FOR SOCIAL SECURITY REIMBURSEMENT	100% of actual costs after deduction of the Social Security reimbursement, SUBJECT TO THE LIMIT OF:
Hepatitis B screening	300% of the Social Security basis of payment.
PROCEDURES NOT ELIGIBLE FOR SOCIAL SECURITY REIMBURSEMENT	SUBJECT TO THE LIMIT OF:
Alternative medication	<ul style="list-style-type: none"> ■ OSTEOPATH, CHIROPRACTOR, ACUPUNCTURIST, TOBACCO ADDICTION SPECIALIST 46 euros per session and 3 sessions per year and per beneficiary over all specialties. ■ DIETITIAN (BY MEDICAL PRESCRIPTION) 30 euros per year and per beneficiary.
Vaccines <u>by medical prescription</u>	6% of the monthly Social Security cap per year and per beneficiary for all vaccines.

B – DEVIATIONS FROM GENERAL TERMS

By way of derogation from the general terms, it is stated as follows:

LEXICON

The following definition is added to the contract:

Controlled pricing arrangements

Arrangements provided for by one or more national agreements entered into by UNOCAM and at least one of the trade unions representing healthcare professionals, whose objective is to control their excess fees: Contrat d'Accès aux Soins (C.A.S.) [Access to Care Contract], Option de Pratique Tarifaire Maitrisée [Controlled Pricing Practice Option] (OPTAM or OPTAM-CO surgical specialty or gynecology-obstetrics specialty).

Approved healthcare professionals practicing in sector 2 or holders of a right of surcharge who have chosen one of these arrangements may be contacted through ameli-direct.fr.

HEADING 1: MEDICAL AND SURGICAL FEE BENEFIT

The **MATERNITY** benefit, discussed in section 1.2.1, also applies to the adoption of one or more children, upon presentation of the full adoption order for the child (children).

HEADING 2: GENERAL PROVISIONS

The provisions of section 2.11.3 (Claim – Mediation – Competent Jurisdiction) are cancelled and replaced by the following:

In case of difficulty in the application of the contract, the underwriter, the insured person and/or the beneficiaries can initially contact their advisor or usual contact.

If the request is not satisfied, the claim can be sent to the following address: reclamation.quatrem@malakoffmederic.com or to the service address:

QUATREM
Pôle réclamations
TSA 20002
78075 Saint-Quentin-en-Yvelines CEDEX

When no solution to a dispute about benefits is found, the underwriter and/or the beneficiaries can, without prejudice to the legal standing before a court of law, contact Insurance Mediation by electronic means at the following address: www.mediation-assurance.org or by mail at the following address:

La Médiation de l'Assurance - TSA 50110 - 75441 Paris CEDEX 09.

If no amicable agreement is reached, any difficulty between the parties related to the execution or interpretation of the contract will be brought before the competent court.

There are no other derogations to the general terms and conditions.

C – SERVICES

QUATREM allows its insured persons to benefit from the assistance services below, provided by Mondial Assistance France under contract No. 230011:

- Hospital-home transfer, child care, delivery of medicines, care of pets.

The general terms and conditions of the assistance provider are enclosed with these special terms and conditions.

Carried out in Paris, 19 December 2017.



malakoff médéric

LB

**Optional supplementary group health
insurance contract**
solidaire

Notification of the Insured Person
Special terms and conditions

Of the contract between the underwriter:

VMWARE FRANCE SAS

100 101 TERRASSE BOIELDIEU
PASSAGE FRANKLIN
92042 PARIS LA DEFENSE CEDEX

And the insurer:

QUATREM

SA with capital of 380,426,249 euros
regulated by the French Insurance Code
21 rue Laffitte
75009 Paris
412 367 724 RCS Paris
Malakoff Médéric group member company

No. 0029936 00001 000

Benefits in effect on: 1st January 2018

Category of insured persons: All Personnel



PREAMBLE

- 1) The general terms and conditions applicable to the contract are referred to as "SURM SANTE FAC solidaire – VERSION 11016" and enclosed with these special terms and conditions.
- 2) In accordance with the general terms and conditions, the benefits provided take effect after Social Security benefits and the benefits provided for in contract No. 0025630 00001 000 concluded by the underwriter with Quatrem and referred to as the basic plan.

A – AMOUNT OF BENEFITS PROVIDED

HEADING 1: MEDICAL AND SURGICAL FEE BENEFIT

IF NEED BE, THE REIMBURSED AMOUNTS INDICATED BELOW ARE SUPPLEMENTAL TO THOSE PROVIDED FOR IN THE BASIC PLAN.

MEDICAL OR SURGICAL HOSPITALIZATION (INCLUDING MATERNITY)

	APPROVED OR NOT APPROVED ESTABLISHMENTS
PROCEDURES ELIGIBLE FOR SOCIAL SECURITY REIMBURSEMENT	100% of the amount to be paid after deduction of the reimbursement provided for in the basic plan, SUBJECT TO THE LIMIT OF:
Fees Other medical fees	<ul style="list-style-type: none"> ■ <u>EXCLUDING CONTROLLED PRICING ARRANGEMENTS</u> 300% of the Social Security basis of payment.
PROCEDURES NOT ELIGIBLE FOR SOCIAL SECURITY REIMBURSEMENT	100% of actual costs after deduction of the reimbursement provided for in the basic plan, SUBJECT TO THE LIMIT OF:
Private room	1% of the monthly Social Security cap <u>per day of hospitalization.</u>



NON-HOSPITAL TREATMENTS

	APPROVED OR NON-APPROVED HEALTHCARE PROFESSIONALS
PROCEDURES ELIGIBLE FOR SOCIAL SECURITY REIMBURSEMENT	100% of the amount to be paid after deduction of the reimbursement provided for in the basic plan, SUBJECT TO THE LIMIT OF:
Medical consultation Medical visits Medical imaging Technical medical procedures	<ul style="list-style-type: none"> ■ <u>EXCLUDING CONTROLLED PRICING ARRANGEMENTS</u> 200% of the Social Security basis of payment.
Medical analyses	<ul style="list-style-type: none"> ■ <u>EXCLUDING CONTROLLED PRICING ARRANGEMENTS</u> 200% of the Social Security basis of payment.

DENTAL FEES

	APPROVED OR NON-APPROVED HEALTHCARE PROFESSIONALS
PROCEDURES ELIGIBLE FOR SOCIAL SECURITY REIMBURSEMENT	100% of the amount to be paid after deduction of the reimbursement provided for in the basic plan, SUBJECT TO THE LIMIT OF:
Orthodontics	50% of the Social Security basis of payment.
Dentures	50% of the Social Security basis of payment.
PROCEDURES NOT ELIGIBLE FOR SOCIAL SECURITY REIMBURSEMENT	100% of actual costs after deduction of the reimbursement provided for in the basic plan, SUBJECT TO THE LIMIT OF:
Orthodontics	387 euros <u>per half-year and per beneficiary.</u>
PROCEDURES NOT ELIGIBLE FOR OR ELIGIBLE FOR BUT NOT REIMBURSED BY SOCIAL SECURITY	100% of actual costs after deduction of the reimbursement provided for in the basic plan, SUBJECT TO THE LIMIT OF:
Dentures and Periodontics	<ul style="list-style-type: none"> ■ BRIDGE OVER HEALTHY TOOTH (HBLD023) 100 euros <u>per year and per beneficiary over all procedures.</u> ■ PERIODONTICS 4% of the monthly Social Security cap <u>per year and per beneficiary.</u>



VISION FEES

PROCEDURES ELIGIBLE FOR SOCIAL SECURITY REIMBURSEMENT	100% of the amount to be paid after deduction of the reimbursement provided for in the basic plan, SUBJECT TO THE LIMIT OF:
Glasses –	
<p>THE REIMBURSEMENT IS LIMITED TO ONE SET OF EQUIPMENT EVERY 2 YEARS PER BENEFICIARY EXCEPT FOR:</p> <ul style="list-style-type: none"> - CHILDREN UNDER 18 YEARS OR IN CASE OF EVOLUTION OF EYESIGHT, ONE SET OF EQUIPMENT PER YEAR AND PER BENEFICIARY, - FOR INSURED PERSONS WHO ARE FAR-SIGHTED AND NEAR-SIGHTED, AND NOT WEARING PROGRESSIVE OR MULTIFOCAL LENSES, TO 2 SETS OF EQUIPMENT EVERY 2 YEARS CORRECTING EACH OF THE AFOREMENTIONED DISABILITIES. <p>THESE FREQUENCIES ASSESSED STARTING FROM THE DATE OF LAST ACQUISITION OF EQUIPMENT.</p>	
Glasses	<ul style="list-style-type: none"> ■ FRAME 110 euros. ■ LENSES (PAIR) 100 euros.
PROCEDURES NOT ELIGIBLE FOR SOCIAL SECURITY REIMBURSEMENT	100% of actual costs after deduction of the reimbursement provided for in the basic plan, SUBJECT TO THE LIMIT OF:
Refractive surgery	150 euros per eye.

NON-DENTAL PROSTHETICS

	APPROVED OR NON-APPROVED HEALTHCARE PROFESSIONALS
PROCEDURES ELIGIBLE FOR SOCIAL SECURITY REIMBURSEMENT	100% of the amount to be paid after deduction of the reimbursement provided for in the basic plan, SUBJECT TO THE LIMIT OF:
Hearing devices	10% of the monthly Social Security cap per ear every 2 years and per beneficiary.

PREVENTION BENEFITS

	APPROVED OR NON-APPROVED HEALTHCARE PROFESSIONALS
PROCEDURES NOT ELIGIBLE FOR SOCIAL SECURITY REIMBURSEMENT	100% of actual costs after deduction of any reimbursement provided for in the basic plan, SUBJECT TO THE LIMIT OF:
Alternative medication	<ul style="list-style-type: none"> ■ OSTEOPATH, CHIROPRACTOR, ACUPUNCTURIST, TOBACCO ADDICTION SPECIALIST, PEDICURE, PSYCHOMOTOR THERAPIST 46 euros per session and one session per year and per beneficiary over all specialties. ■ DIETITIAN (BY MEDICAL PRESCRIPTION) 30 euros per year and per beneficiary.
Smoking cessation by medical prescription	■ ANTI-TOBACCO PATCH 50 euros per year and per beneficiary.
Bone densitometry by medical prescription	50 euros per year and per beneficiary.

B – DEVIATIONS FROM GENERAL TERMS

By way of derogation from the general terms, it is stated as follows:

LEXICON

The following definition is added to the contract:

Controlled pricing arrangements

Arrangements provided for by one or more national agreements entered into by UNOCAM and at least one of the trade unions representing healthcare professionals, whose objective is to control their excess fees. Contrat d'Accès aux Soins (C.A.S.) [Access to Care Contract], Option de Pratique Tarifaire Maitrisée [Controlled Pricing Practice Option] (OPTAM or OPTAM-CO surgical specialty or gynecology-obstetrics specialty).

Approved healthcare professionals practicing in sector 2 or holders of a right of surcharge who have chosen one of these arrangements may be contacted through ameli-direct.fr.

HEADING 2: GENERAL PROVISIONS

The provisions of section 2.11.3 (Claim – Mediation – Competent Jurisdiction) are cancelled and replaced by the following:

In case of difficulty in the application of the contract, the underwriter, the insured person and/or the beneficiaries can initially contact their advisor or usual contact.

If the request is not satisfied, the claim can be sent to the following address: reclamation.quatrem@malakoffmederic.com or to the service address:

QUATREM
Pôle réclamations
TSA 20002
78075 Saint-Quentin-en-Yvelines CEDEX

When no solution to a dispute about benefits is found, the underwriter and/or the beneficiaries can, without prejudice to the legal standing before a court of law, contact Insurance Mediation by electronic means at the following address: www.mediation-assurance.org or by mail at the following address:

La Médiation de l'Assurance - TSA 50110 - 75441 Paris CEDEX 09.

If no amicable agreement is reached, any difficulty between the parties related to the execution or interpretation of the contract will be brought before the competent court.

There are no other derogations to the general terms and conditions.

Carried out in Paris, 5 December 2017.