

Your Policy Attachment Long-term Medical Insurance for Foreign Travel

Insurance cover is provided in line with the tariffs taken out and documented on your premium note/policy.

Customer information

Information on the insurer

Who are we?

Your contracting partner is
ERGO Reiseversicherung AG (ERV),
Thomas-Dehler-Straße 2, 81737 Munich, Germany.

Chairman of the Supervisory Board: Dr. Clemens Muth
Board of Management: Richard Bader (Chairman),
Torsten Haase

Registered Office of Company: Munich
Commercial Register: Amtsgericht München
HRB 42 000, VAT Reg. No. DE129274536
Insurance Tax No. 802/V90802001324

What is our core business?

The core business of our Company is providing all types of travel insurance.

Information on the benefits

What insurance benefits do you receive?

The insurance covers the insured persons and insured stays as specified in the included tariffs. The scope of the insurance benefit is based on the agreed sum insured, the relevant loss or damage and, where applicable, any existing underinsurance. You can find further details on the type and scope of our benefits in our Terms and Conditions. The Terms and Conditions specified in VB-ERV/Langzeit KV 2021 apply to this policy.

When will you receive payment?

Once we have determined our liability, you will receive the payment immediately.

What do you have to know about the premium?

The one-time premium is documented on the premium note for each insurance policy. It includes the relevant insurance tax. If your habitual residence is in Germany, the following applies: The Medical Insurance for long-term stays abroad is exempt from insurance tax in acc. with § 4 No. 5 VersStG (German law on tax insurance). If your habitual residence is not in Germany, the insurance tax of the respective country applies. It is stated on the premium note. The premium is due immediately after conclusion of the insurance policy. It must be paid upon receipt of the insurance certificate.

Please note: No benefits will be paid if you are in arrears with the payment of the one-time premium when the insured event occurs.

Information on the policy

How is the contract concluded?

When does your insurance cover begin?

The contract starts once the insurance has been taken out. Your insurance cover begins with the agreed start of the insurance, but at the earliest with the start of your insured stay.

Do you have a right of revocation?

For insurance contracts with a term of at least one month, you have a right of revocation. Please refer to the revocation notice on page 2.

How can the contract be terminated? When does your insurance cover end?

You do not have to cancel your policy. It expires automatically. Your insurance cover ends at the agreed time, but at the latest with the end of your insured stay.

What law will be applicable to the policy?

Where legally permitted, German law will apply to this insurance policy and preparations leading up to it.

At what court can you assert your claims?

If you would like to clarify any issues arising from the insurance policy with us in court, you can choose between these courts of jurisdiction: Munich or the court at your place of residence or your habitual residence at the time the complaint is filed.

What is the contract language?

What applies to declarations of intent?

The German language is relevant for the policy provisions and further information as well as the communication during the term of the contract. Declarations of intent must be in writing (e.g. letter, email). Verbal agreements are invalid.

Which supervisory authority is responsible?

You have the option to send your questions or complaints to Bundesanstalt für Finanzdienstleistungsaufsicht (BaFin), Graurheindorfer Straße 108, 53117 Bonn, Germany.

ERGO Reiseversicherung AG


Bader


Haase

Contact

If you have any questions on your insurance cover, our Service Centre will be pleased to assist you on

+49 89 4166-1727

from Monday to Friday between 7 a.m. and 9 p.m.
and Saturday between 9 a.m. and 4 p.m.

Email: contact@ergo-reiseversicherung.de

Internet: www.ergo-reiseversicherung.de

Address: ERGO Reiseversicherung AG
Thomas-Dehler-Straße 2
81737 Munich, Germany

Competent help in case of illness, accident and other emergencies!

24/7/365 is standard for any emergency!

Our Emergency Call Centre is available to you
24 hours a day, 365 days a year.

Emergency Number

Only for emergencies!

+49 89 4166-1071

Unfortunately, general questions cannot be answered on this number.

Can you revoke the conclusion of your policy?

You have the right to revoke insurance policies which have a term of at least one month. Please take note of the following revocation notice.

Revocation Notice

Section 1

Right of revocation, consequences of revocation and special instructions

Right of revocation

You may revoke your contractual declaration in text form (e.g. letter, fax, e-mail) within a period of 14 days without giving reasons. The revocation period begins after you have received

- the insurance policy,
- the contract conditions, including the general terms and conditions of insurance applicable to the contractual relationship, these in turn including the tariff provisions,
- this notice,
- the insurance product information document, and
- the further information listed in Section 2, in text form.

The timely dispatch of the revocation is sufficient to comply with the revocation period. Please address the revocation to:

ERGO Reiseversicherung AG,
Thomas-Dehler-Str. 2, 81737 Munich,
Email: contact@ergo-reiseversicherung.de

Consequences of revocation

In the event of an effective revocation, the insurance cover shall end and the insurer shall refund to you the part of the premiums attributable to the period after receipt of the revocation if you have agreed that the insurance cover shall commence before the end of the revocation period. In this case, the insurer may retain the part of the premium that is attributable to the period up to receipt of the revocation; this is the amount calculated on a pro rata basis according to days. The insurer shall reimburse any amounts to be repaid without delay, no later than 30 days after receipt of the revocation.

If the insurance cover does not commence before the end of the revocation period, the effective revocation shall result in the return of any benefits received and the surrender of any benefits derived (e.g. interest).

If you have effectively exercised your right of revocation with regard to the insurance contract, you shall also no longer be bound by any contract related to the insurance contract. A related contract exists if it is related to the revoked contract and concerns a service provided by the insurer or a third party on the basis of an agreement between the third party and the insurer. No contractual penalty may be agreed or demanded.

Special instructions

Your right of revocation expires if the contract has been completely fulfilled by both you and the insurer at your express request before you have exercised your right of revocation.

Section 2

Listing of further information required for the start of the deadline

With regard to the further information referred to in Section 1 Sentence 2, the information requirements are detailed below:

Information requirements for all classes of insurance

The insurer must provide you with the following information:

1. the identity of the insurer and of the branch, if any, through which the contract is to be concluded; the commercial register in which the legal entity is registered and the corresponding register number must also be indicated;
2. the summonable address of the insurer and any other address relevant to the business relationship between the insurer and you, in the case of legal persons, associations of persons or groups of persons also the name of an authorized representative; insofar as the notification is made by transmitting the contractual provisions including the General Conditions of Insurance, the information must be in a highlighted and clearly devised form;
3. the core business activity of the insurer;
4. the essential features of the insurance benefit, in particular information on the type, scope and due date of the insurer's benefit;
5. the total price of the insurance, including all taxes and other price components, whereby the premiums must be shown individually if the insurance relationship is to comprise several independent insurance contracts, or, if an exact price cannot be stated, information on the basis of its calculation, which will enable you to verify the price;
6. a) any additional costs incurred, stating the total amount to be paid, as well as any possible further taxes, charges or costs not paid through or billed by the insurer;
b) all costs incurred by you for the use of remote means of communication, if such additional costs are charged;
7. details regarding payment and fulfilment, in particular the method of payment of premiums;
8. the limitation of the period of validity of the information provided, for example, the period of validity of limited offers, especially with regard to the price;
9. information on how the contract is concluded, in particular on the start of the insurance and the insurance coverage, as well as the duration of the period during which the applicant is to be bound by the application;
10. the existence or non-existence of a right of revocation as well as the conditions, details of the exercise, in particular the name and address of the person to whom the revocation is to be declared, and the legal consequences of the revocation, including information on the amount you may have to pay in the event of revocation; insofar as the notification is made by transmitting the contractual provisions, including the General Terms and Conditions of Insurance, the information must be in a highlighted and clearly devised form;
11. a) information on the term of the contract;
b) information on the minimum term of the contract;
12. information on the termination of the contract, in particular on the contractual terms of termination including any contractual penalties; if the notification is made by transmitting the contractual provisions including the General Terms and Conditions of Insurance, the information must be in a highlighted and clearly devised form;
13. the member states of the European Union whose law the insurer uses as a basis for establishing relations with you before concluding the insurance contract;
14. the law applicable to the contract, a contractual clause on the law applicable to the contract or the competent court;
15. the languages in which the terms and conditions of the contract and the advance information referred to in this section will be communicated and the languages in which the insurer undertakes, with your consent, to communicate during the term of this contract;
16. possible access for you to an out-of-court complaint and redress procedure and, if applicable, the conditions for such access; it must be expressly stated that this does not affect the possibility for you to take legal action;
17. name and address of the competent supervisory authority and the possibility of lodging a complaint with this supervisory authority.

End of the revocation notice

Important: The information contained in this English version of the Revocation notice is provided as a courtesy translation only. In the event of any dispute as to the contents and interpretation of the Revocation notice, the German original, entitled: **"Widerrufsbelehrung"** shall prevail at all times.

Important Information for claims (the Terms & Conditions VB-ERV / Langzeit KV 2021 apply)

What to do in every case of a claim?

Keep the damage to a minimum and report the claim immediately.

Immediately report the claim to:

(If our Emergency Call Centre was not involved)
ERGO Reiseversicherung AG
Leistungsabteilung
Postfach 80 06 20
81606 München

Please supply the appropriate documents (originals upon request) as proof of the insured event.

The documents to be submitted for the most common insurance claims are listed on the right.

Always submit:	
<input type="checkbox"/>	Proof of insurance
<input type="checkbox"/>	Booking confirmation from the tour operator, school or university
<input type="checkbox"/>	Information on additional existing travel insurances (e.g. via creditcard, Automobile Club)

Medical Insurance for long-term stays abroad:

Additionally to be submitted:	
<input type="checkbox"/>	Specification of the diagnosis
<input type="checkbox"/>	Original bills or copies including the reimbursement stamp of another insurer, if applicable
<input type="checkbox"/>	Treatment report
<input type="checkbox"/>	Address and insurance number of the health insurance provider of the ill/insured person

If you have any questions regarding the claims handling process we will be pleased to assist you

Mon. - Fri. from 7 a.m. to 9 p.m., Sat. from 9 a.m. to 4 p.m. on +49 89 4166-1727. You can find further information on the internet

www.ergo-reiseversicherung.de/schadensmeldung

Information on data protection

Hereinafter please find information on the processing of your personal data and on the rights you have in accordance with applicable data protection law.

Who is responsible for data processing?

ERGO Reiseversicherung AG (ERV)
Thomas-Dehler-Straße 2
81737 Munich, Germany
Telephone: +49 89 4166 - 1727
Fax: +49 89 4166 - 2717
email: contact@ergo-reiseversicherung.de

Should you have any questions, please contact our data protection officer at the above address or at: datenschutz@ergo-reiseversicherung.de

For what purposes and on what legal basis will your data be processed?

We will process your personal data in accordance with the EU General Data Protection Regulation (GDPR), with the German Federal Data Protection Act (BDSG), with the relevant provisions of the Act on Insurance Contracts (VVG) and with any and all other relevant laws and regulations. In addition, our company accepted the "Code of conduct for the handling of personal data by the German insurance business" as binding, which sets out the above-stipulated laws and regulations in more detail and in a form that is tailored to the insurance business. If you would like to take out an insurance with our company, you will be obliged to disclose your personal data to us in order to allow us to conclude the contract and to assess the risks we are to accept. If an insurance contract is concluded, we shall process your data in order to issue the policy to you or to send you an invoice. In case of any damage and for the payment of insurance benefits, we shall require information in order to verify your insurance cover and to calculate the benefits you will receive. Without processing your personal data, an insurance contract cannot be concluded and/or executed.

In addition, we shall require your personal data in order to prepare insurance-specific statistics, e.g. for the development of new insurance tariffs or in order to fulfil regulatory requirements.

The legal basis for the processing of your personal data for precontractual and contractual purposes is article 6, para. 1b) of the GDPR. To the extent we require specific categories of personal data such as your health information, we shall obtain your consent in accordance with article 9, para. 2a) in conjunction with article 7 of the GDPR. The preparation of any statistics for such data categories shall be based on article 9, para. 2j) of the GDPR in conjunction with section 27 of the Federal Data Protection Act.

Another reason for the processing of your data is the protection of our legitimate interests or those of third parties (article 6, para. 1f) of the GDPR). This might be necessary:

- in order to guarantee IT security and IT operations;
 - in order to prevent and investigate criminal offences.
- In particular, we use data analyses in order to detect any indication of insurance fraud.

In addition thereto, we shall process your personal data in order to comply with our statutory obligations, including but not limited to regulatory requirements, retention obligations in accordance with trade and tax law or our obligation to provide advice. In such case, the legal basis for the processing of your data shall be the statutory regulations in conjunction with article 6, para. 1c) of the GDPR.

Who are the recipients of your personal data?

Brokers:

If you use the services of an insurance broker, such broker shall process your personal data to the extent such data are required in order to conclude and execute the relevant contract. The broker shall disclose such data to us. We shall also disclose data to the broker to the extent such broker needs information in order to provide you with services and advice regarding your insurance and financial services matters.

Third-party service providers:

We cooperate with certain third-party service providers in order to fulfil our statutory obligations. The list of service providers contains all companies with which

we maintain lasting business relationships. Please go to www.ergo-reiseversicherung.de for the most current version.

How long do we store your personal data?

We shall store your data during the term of your contract. In addition, we shall store your personal data in order to fulfil our statutory obligations to provide evidence and our statutory retention obligations. Such obligations result from the German Commercial Code, the Fiscal Code and the Money Laundering Act. The retention periods have a duration of up to ten years.

What rights do you have?

You have a right to request information on, correction and deletion of your data and to demand restrictions of processing. Upon request, we shall provide you with the data you disclosed to us in a structured, customary and machine-readable format. Please contact us at the above-stipulated address if you wish to inspect or change any of your data.

Do you have any complaints regarding the processing of your data?

Please contact our data protection officer as stipulated above or the competent regulatory authority for data protection. The regulatory authority for data protection competent for our company is:

Bayerisches Landesamt für Datenschutzaufsicht (BayLDA)
Promenade 27
91522 Ansbach

Are automated decisions in the individual case possible?

Based on the information you provide regarding any insured loss and on the data stored in connection with your contract as well as any information provided in this regard by a third party, if any, we will make a fully automated decision on our obligation to pay benefits. Such fully automated decisions are based on our company's regulations on the weighting of information.

Terms and Conditions of Insurance for long-term stays provided by ERGO Reiseversicherung AG (VB-ERV/Langzeit KV 2021)*

The regulations of the **General Terms and Conditions** and the **Glossary** apply to the Medical Insurance for long-term stays offered by ERGO Reiseversicherung AG, hereinafter referred to as „ERV“ or „we“. The insurance cover taken out is governed by the **Special Section**.

General Terms and Conditions

1. The policyholder and insured person

1.1 You are the policyholder if you concluded the insurance contract with us. You are then our contractual partner. If you insured yourself you are the policyholder and also the insured person at the same time. As the insured person you are covered by the insurance. This is conditional on A) you being named in the insurance documents. B) you are only temporarily abroad (for example at school, as a language student, student, doctoral student, guest researcher, intern, volunteer, backpacker or participant in work and travel programmes – booked by an organization or yourself).

Have you insured another person? In this case you are the policyholder and the other person is the insured person.

1.2 You can conclude an insurance contract with us if your habitual residence or the registered office of your company is in Germany or another EU or EEA country.

1.3 Do you want to insure a risk period of up to four months? If so, notwithstanding section 1.2, you can conclude the insurance contract with us if you make the contractual declaration in Germany or another EU or EEA country.

1.4 If we ask, you must provide proof that the above requirements for the conclusion of the contract have been met. If you do not provide this proof, no insurance contract has been concluded despite payment of the premium.

2. For what stay do you have insurance cover?

You have insurance cover for your →insured stay.

3. When does your insurance cover begin and end?

3.1 Your insurance cover under the Medical Insurance for long-term stays abroad begins with the agreed start of the insurance, but at the earliest with the start of your →insured stay. Your insurance cover ends at the agreed time, but at the latest with the end of your →insured stay.

3.2 The insurance cover for newborns commences at birth. The prerequisite is that

a) on the day of the birth a parent is insured by us under a Medical Insurance for long-term stays abroad tariff, and

b) the application for insurance is made with retroactive effect not later than two months after the birth.

3.3 You are unable to finish your →insured stay as scheduled for reasons beyond your control? In this case, your insurance cover is extended beyond the date that was originally agreed with us.

4. Are you covered by insurance in your →home country if you interrupt your →insured stay?

If you interrupt your →insured stay you are insured in your →home country to the same extent as for your stay abroad. This applies for a period not exceeding eight weeks per →insurance year. A condition of insurance is that your habitual residence is Germany or another EU/EEA country.

5. What is the maximum length of an →insured stay abroad?

5.1 We insure your stay only if it is planned for a maximum of 24 months. In addition, your stay abroad must only be temporary and you must not transfer your habitual residence.

5.2 Proof that the requirements under Sect. 5.1 are met must be provided at our request. If they are not met, no insurance policy is concluded despite payment of the premium.

6. As the policyholder, what must you keep in mind when paying the premium?

6.1 Deviating from § 33 para. 1 German Insurance Contract Act (VVG), the one-time premium is due immediately after conclusion of the insurance policy. You, as the policyholder must pay this on receipt of the insurance policy.

6.2 If the premium has not been paid when the insured event occurs, we will not pay any benefits. This does not apply if you are not responsible for non-payment.

* Important: The information contained in this English version of the Terms and Conditions of Insurance for long-term stays is provided as a courtesy translation only. In the event of any dispute as to the contents and interpretation of the Terms and Conditions of Insurance, the German original version of the Terms and Conditions of Insurance, entitled: "Versicherungsbedingungen der ERGO Reiseversicherung AG für Versicherungen für Langzeit-Aufenthalte (VB-ERV/Langzeit KV 2021)" shall prevail at all times.

- 6.3 Important points about the direct debit procedure: The payment is made on time if we are able to debit the premium on due date and the account holder does not object to a legitimate collection. If we are unable to debit the premium for no reason attributable to you, the following applies: the payment is still on time, if it is made immediately after a request for payment has been issued in writing.
- 7. What rules apply for insurance tax?**
The Medical Insurance for long-term stays abroad is exempt from insurance tax pursuant to § 4 No. 5 German Insurance Tax Law (Versicherungsteuergesetz).
- 8. In what cases do you not have any insurance cover?**
- 8.1 You do not have any insurance cover for damage caused by:
A) Strikes or other form of industrial action.
B) Nuclear energy or other ionising radiation.
C) Stoppage of public transport and other → actions of higher authority.
D) The use of chemical, biological, radiological and nuclear weapons.
E) War, civil war, events similar to war, civil unrest. What happens if you are in a country in which one of these events occurs? You are then covered by the insurance for the first 14 days after the start of the respective event. This extension will not apply if you actively participate in one of these events.
- 8.2 These exclusions apply in addition to the exclusions named in the Special Section.
- 9. What obligations do you have after the insured event has occurred?**
- 9.1 You must:
A) Avoid anything which could result in unnecessary costs (obligation to mitigate loss).
B) Notify the damage to us → immediately.
C) Describe the events leading to the claim and the consequences truthfully.
D) Allow us to carry out any reasonable investigations into the cause and amount of the damage and the extent of our liability.
E) Give us any relevant information truthfully.
- 9.2 You must furnish suitable proof of the damaging event. The evidence you submit becomes our property. We reserve the right to request original documents. You may request their return within a period of six weeks.
- 9.3 If necessary you must release the doctor who treated you from his duty of confidentiality. You are only obliged to release the doctor from this duty to the extent that the information is necessary for us to assess our liability or the scope of benefits.
- 10. What are the consequences of a breach of obligations?**
We are not obliged to pay any benefit if you deliberately infringe one of the above obligations. In the event of gross negligence, we may reduce our benefit in line with the severity of the culpability. This does not apply if you can prove that you have not infringed the obligation through gross negligence. Your insurance cover remains in force if you can prove that the breach of the obligation neither caused the occurrence nor the detection of the insured event nor was it responsible for the determination or the extent of the benefit. However, in so far as you fraudulently infringe an obligation we are under no obligation whatsoever to pay any benefit.
- 11. When will you receive payment?**
- 11.1 Once we have determined our liability, you will receive the payment → immediately.
- 11.2 Any costs, which you have incurred in a foreign currency, will be reimbursed in Euro. The exchange rate will be based on the rate applicable on the day on which you paid these costs.
- 12. What applies if there are claims against third parties?**
- 12.1 If a third party is liable to pay compensation for the insured event, these claims are passed on to us if we have paid compensation for the damage. The transfer of the claim cannot be asserted to the detriment of the policyholder or insured person. Irrespective of a legal subrogation, you are legally obliged to assign these claims for compensation to us up to the amount of the benefit we paid.

- 12.2 Are you entitled to claims for compensation from other insurance policies under private law or social insurance agencies? Then these benefit commitments shall take precedence. If you notify the insured event to us, we will make an advance payment and settle the claim in accordance with the terms and conditions of insurance.
- 13. Which law and which place of jurisdiction applies? Which complaint options do you have?**
- 13.1 Where legally permitted, German law will apply to this policy.
- 13.2 If you would like to clarify any issues arising from the insurance policy with us in court, you can choose between the following courts of jurisdiction:
A) Munich.
B) The court at your place of residence or your habitual residence at the time the complaint is filed.
- 13.3 If we need to clarify something with you in court, the court at your place of residence or your habitual residence will be responsible.
- 13.4 You have the option to send your questions or complaints to Bundesanstalt für Finanzdienstleistungsaufsicht (BaFin), Graurheindorfer Straße 108, 53117 Bonn.
- 13.5 We do not participate in dispute settlement procedures before a consumer conciliation board.
- 14. Which limitation periods must you take into account?**
- 14.1 Your claims made under the insurance policy normally become time-barred within three years. The limitation period commences at the end of the year in which the claim originated and in which you became or ought to have become aware of it.
- 14.2 Have you put us on notice about your claim? In this case the limitation period is delayed until our decision reaches you in writing.

Glossary

Abroad:
Abroad is not deemed to be the country in which you have your habitual residence.

Actions of higher authority:
Actions of higher authority are measures taken by the authorities, examples of this are: Confiscation of exotic souvenirs by the customs authority or refusal of entry to prevent unauthorized entry; stoppage of public transport.

Foreign Office:
The Foreign Office together with the missions abroad make up the Foreign Service. The Foreign Office publishes extensive information on all countries in the world, (e.g. travel and safety information, travel warnings).

Contact details are:
Postal address: Auswärtiges Amt, 11013 Berlin
Switchboard: +49 30-18 170 (24 h service)
Fax: +49 30-18 17 34 02
Internet address: www.auswaertiges-amt.de

Home country:
Your home country is the country in which you have your habitual residence.

Immediately:
Without culpable delay.

Insurance year:
The insurance year starts at the agreed date and lasts for 12 months (twelve months period).

Insured stay:
Your insured stay is your entire temporary stay → abroad including the direct outward and return journey.

Medically necessary / Medically necessary treatment:

- Treatments and diagnostic procedures are only insured if they satisfy the following requirements:
 - They are for a diagnostic, healing and/or palliative purpose.
 - They are recognized by conventional medicine and are reasonable.
 - The medical diagnosis and/or the prescribed treatment must be in accordance with generally accepted medical procedures.
- Medical benefits or medical care must be medically necessary and reasonable. This is the case if all the following requirements are satisfied:
 - They are necessary in order to diagnose or treat your condition, your disease or your injury.

- The symptoms, the diagnosis and the treatment are in accordance with the underlying disease.
 - They represent the most reasonable type and level of medical care.
 - They are carried out over a reasonable treatment period.
- In particular, treatments which you arrange to undergo against medical advice are not medically necessary.

Relatives:

Relatives are:

- Your spouse or civil partner, your partner living in cohabitation.
- Your children, parents, adopted children, adoptive parents, foster children, foster parents, step children, step parents, grandparents, siblings, grandchildren, aunts, uncles, nieces, nephews, cousins, parents-in-law, children-in-law, brothers-in-law, sisters-in-law.

Travel vaccinations:

Travel vaccinations protect against infectious diseases in the travel destination (example: yellow fever). This does not include standard vaccinations or booster injections, which are already recommended for the home country by the Permanent Vaccination Commission (Ständige Impfkommission) of the Robert Koch Institute (example: tetanus).

Special Section

Medical Insurance for long-term stays abroad

1. What is insured?

- You became ill during your → insured stay or have had an accident? Then we will pay the costs for:
 - Medical treatment → abroad.
 - Return transport of the patient and luggage.
 - Burial → abroad or repatriation.
- In the case of pregnancy, benefits are provided in accordance with section 3.
- You have a medical emergency during your → insured stay? Then we will provide assistance with our 24-hour Emergency Hotline.
- You will find the requirements for the individual insured events in the following sections.

2. What medical treatment do we pay for → abroad?

- Medical treatment costs and medicines: → Medically necessary treatment, which is performed or prescribed by doctors, is insured. The medical treatment and medicine must be recognized by conventional medicine.
- Alternative treatments and medicines are covered by the insurance if
 - these have proved in practice to be equally promising of success.
 - no conventional medical methods or medicines are available.
 They must be prescribed or carried out by alternative practitioners, chiropractors or osteopaths.
- We will pay the costs for:
 - In-patient treatment in the hospital.
 - Outpatient treatment.
 - Operations.
 - Diagnostic X-rays.
 - Radiation therapy, phototherapy and other physical treatments.
 - Medicines, massages, medicinal packs, inhalations and physiotherapy.
 - Drugs and bandages.
 - Travel vaccinations, whose need only becomes apparent during the insured stay (Example: rabies vaccination in case of suspected infection and lack of basic immunization).
 - Pain-relieving dental treatment including basic dental fillings.
 - Repair of existing dentures and existing dental prostheses.
 - Temporary dentures or temporary dental prostheses after an accident.
 - Pacemakers and prostheses: If they become necessary for the first time during the → insured stay and are required to ensure that you can be transported.
 - Aids, which become necessary for the first time during the → insured stay, e.g. Zimmer frames, rental of a wheelchair.

- N) A maximum of five out-patient psychoanalytical or psychotherapeutic sessions.
- 2.3 O) Medically necessary rehabilitation treatments. Does a treatment or another measure exceed what is →medically necessary? We can then reduce our payment to a reasonable amount. The fees and charges invoiced may not exceed the amount, which is generally deemed to be customary and reasonable in the relevant country. Otherwise, we can reduce the reimbursement to the standard rates applicable in the country.
- 2.4 Telephone costs: We will reimburse the proven telephone costs for necessary calls to our Emergency Hotline.
- 3. What do we pay for pregnancy →abroad?**
- 3.1 We will pay for the costs incurred →abroad for:
- A) Medical treatment of pregnancy complications.
 B) Termination of pregnancy on medical grounds.
 C) Premature births up to and including the 36th week of pregnancy.
 D) Miscarriages up to and including the 36th week of pregnancy.
 E) Medical treatment for your newborn child in the event of a premature birth up to and including the 36th week of pregnancy.
- 3.2 Did you become pregnant during the →insured stay? Then we will pay for the costs incurred →abroad for:
- A) Prenatal care including ultrasound examinations.
 B) Medical treatment of pregnancy complications.
 C) In-patient or outpatient delivery of the baby. We will pay for the additional costs of a caesarean if it is →medically necessary.
 D) Termination of pregnancy on medical grounds.
 E) Obstetricians and midwives.
 F) Postnatal care for mothers and the newborn baby.
- 4. You would like psychological help?**
 You get into an emergency and need psychological assistance? Then we will provide an initial counselling by telephone.
- 5. When do we pay the hospital daily benefit?**
 You do not want us to pay the in-patient medical treatment costs? Instead, you will get a hospital daily benefit of € 50 per day. We will pay this amount for a maximum of 30 days from the start of the in-patient treatment. You have to inform us of your choice at the beginning of the treatment.
- 6. A child has to be treated as an in-patient?**
 Does an under-age child travelling on the trip have to be treated as an in-patient? We will then pay the costs for the accommodation of a person to accompany the child while she/he is in hospital.
- 7. Are you still not able to be transported at the end of your →insured stay?**
 We will then pay the costs of treatment until the day on which you can be moved.
- 8. What do we pay for in the case of the return transport of the patient and ambulance service?**
- 8.1 We will organise your return transport with medically adequate means of transport if it is medically reasonable and justifiable. We will pay the costs for this. We will bring you back to your place of residence in your →home country or to a suitable hospital nearest to your place of residence in your →home country.
- 8.2 We will bring your luggage back to your place of residence in your →home country if a return transport was organised for you.
- 8.3 We will refund the costs for your →medically necessary ambulance service in a suitable hospital →abroad and back to the accommodation:
 A) For in-patient treatment.
 B) For initial outpatient treatment.
- 9. What do we reimburse in the case of death?**
- 9.1 At the request of your →relatives, we will organise your repatriation. Repatriation will be to your last place of residence prior to the start of the →insured stay. We will pay the costs for the repatriation.
- 9.2 Alternatively, we will organise the burial →abroad. We will pay the burial costs up to the amount of the repatriation costs.
- 9.3 We will bring your luggage back to your last place of residence in your →home country prior to the start of the →insured stay.
- 10. You would like advice on medical care or medicines?**
- 10.1 You have questions before or during your →insured stay with regard to medical care →abroad? We will inform you about the options available for medical care. If it is possible, we will give you the name of an English-speaking doctor.
- 10.2 We will give you advice on:
 A) Medicines, which are necessary during the →insured stay.
 B) Substitute medicinal products if medicines, which you require during the →insured stay, are lost.
- 11. How do we help in the case of hospitalisation?**
- 11.1 A doctor, who has been appointed by us, will establish contact with the hospital doctors giving treatment. If it is necessary, we will consult your GP. We ensure that information is passed on between the doctors involved. If you wish, we will inform your →relatives.
- 11.2 You are expected to stay in hospital for more than five days? Then we will organise the journey of a person close to you to the hospital and then back to his/her place of residence. We will pay the costs for the journey there and back.
- 11.3 We will give the hospital in which you are being treated a guarantee to pay costs up to € 15,000. We will settle the charges with the hospital. If the costs are not covered by the insurance, any costs borne by us must be paid back to us within one month after invoicing. If the costs are covered by the insurance, we will increase the cost payment guarantee if required.
- 12. Care**
 You can no longer care for under-age children or persons in need of care during the →insured stay due to illness, injury resulting from an accident or death?
 In this case
 A) we will reimburse you for the costs of emergency care.
 B) we will organise the return journey for the children or the persons in need of care. We will pay the additional costs for the return journey. Alternatively, we will organise the journey of a person close to you to the place of stay and back to your place of residence. We will pay the costs for the journey there and back.
- 13. Are search, rescue and recovery costs insured?**
 We reimburse search, rescue and recovery costs up to € 10,000. These must be incurred as a result of illness, an accident or death.
- 14. What is not insured?**
 The following is not insured:
 A) Medical treatment which was a reason for going on the →insured stay.
 B) Medical treatment where you were already aware before the start of the →insured stay that it would have to be carried out during your →insured stay, e.g. dialysis. However, there is insurance cover if you had to go on the trip because of the death of your spouse, civil partner or an immediate relative.
 C) Purchase and repair of visual and hearing aids.
 D) Illnesses and injuries, which occur as a result of a deliberate act, and their consequences.
 E) Treatment of alcoholism, drug-related diseases and other addictions including withdrawal treatments and cures.
 F) Need for care or safekeeping.
 G) Hypnosis.
 H) Treatments by spouses or civil partners, parents or children. Documented material costs will be paid in accordance with the tariff.
- 15. What obligations do you have after the insured event has occurred?**
- 15.1 You must comply with the obligations of the General Terms and Conditions.
- 15.2 You or, in the event of death, your legal successor must contact our Emergency Hotline →immediately:
 A) Before the start of in-patient treatment.
 B) Before carrying out the return transport of the patient.
 C) Before burial →abroad or before repatriation in the event of death.
 D) If children or persons in need of care, who are accompanying you, can no longer be cared for.
- 15.3 If we ask you, you are obliged to submit to us the original invoices or copies with proof that another insurer has reimbursed the costs.
- 16. What are the consequences of a breach of obligations?**
 We are not obliged to pay any benefit if you deliberately infringe one of the above obligations. In the event of gross negligence, we may reduce our benefit in line with the severity of the culpability. This does not apply if you can prove that you have not infringed the obligation through gross negligence. Your insurance cover remains in force if you can prove that the breach of the obligation neither caused the occurrence nor the detection of the insured event nor was it responsible for the determination or the extent of the benefit. However, in so far as you fraudulently infringe an obligation we are under no obligation whatsoever to pay any benefit.
- 17. What happens in the case of claims against other insurance companies?**
 Will you lose your premium refund from another health insurance policy, because this insurance company contributed to the reimbursement in our favour? We will then either waive the sharing of costs or make up for this loss.