GLOBALITY HEALTH
premium health insurance worldwide

Globality YouGenio® for Germany

General Conditions of Insurance

Globality Health
Premium health insurance worldwide

Well-structured. Comprehensible. Comprehensive.
One partner, many opportunities. Wherever you go, Globality Health will be at your side, paving the way for you and looking after all aspects of your health. With benefits that are unrivaled.

The General Conditions of Insurance contain all the information you need with regard to your rights and duties under the insurance contract. They also contain important information concerning your insurance cover. We look forward to a cooperative partnership during the term of the contract.

Do you have any further questions?
Should any questions remain after reading, we would be happy to answer them for you.

Terms which are printed in *italics* are explained in the definitions at the end of this document.

We are at your service throughout the world:

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Commercial Register (R.C.S. Luxembourg): B 134.471

Symbols used:

✓ Insured, i.e. we will reimburse 100 % of the eligible expenses, unless specified otherwise in our documents/description of benefits.

✗ Reimbursement is excluded from the scope of benefits.

Contents

1. Fundamentals

1.1 Who is eligible for insurance?

The *insurance policy* is designed for expatriates. All persons who temporarily reside abroad for a period of at least three months are eligible for insurance.

1.2 Points to note with regard to *existing medical conditions*

Existing medical conditions are excluded from the insurance cover as a matter of principle; they are governed by the moratorium clause (see No. 1.3). However, the inclusion of *existing medical conditions* can be selected when applying for insurance. In order to include *existing medical conditions* from the start date of the insurance, the health questions listed in the *application* must be answered completely, correctly and to the best of your knowledge. A health check will also be required in this case. (see No. 1.4).

1.3 What is meant by a moratorium?

Instead of applying for full medical underwriting, if the *insured person* is 55 or younger and if we agree, you may choose a 'moratorium'. In that case any known pre-existing medical condition that an *insured person* has experienced during the last five years will be covered after a continuous two-year period free of medical *treatment*, symptoms, advice or medication relating to the known pre-existing medical condition. If an *insured person* has any *treatment*, advice, symptoms or medication during the first two years of cover relating to a pre-existing medical condition, the two-year period (free of any *treatment*, advice or medication) may start again for that pre-existing medical condition. We will cover any new and unrelated medical conditions immediately.

1.4 Points to note when applying for insurance cover

Insurance cover can be requested by an *application* form which is obtained either from your insurance intermediary, directly from us or through our website. All questions in the form must be answered completely and correctly so that we can check the *application*. If you would like *existing medical conditions* to be included, this will apply above all to the questions concerning the present state of health, past or present illnesses, disorders and symptoms, as well as *treatment*. If insurance cover is required for another person, he or she will also be responsible – together with you – for ensuring that the questions are answered completely and correctly. The *application* can be sent to us by post, email or fax. We will grant insurance cover in good faith, assuming that you have correctly and completely answered all the relevant questions raised before conclusion of the contract (pre-contractual duty to disclose information).

The contractual currency for the Globality YouGenio® plan is euro, US dollar or pound sterling, depending on the choice made in the *application* form. It is the currency used for management of the insurance contracts, as well as for calculation and payment of the premiums.

1.5 When can you exercise your right of withdrawal?

You may withdraw your insurance contract in writing within 14 days, without specifying any reasons. The time period for withdrawal begins to run on the day on which you receive the *insurance policy* and the General Conditions of Insurance. For compliance with this deadline, it is sufficient to send your notice of withdrawal by post, email or fax before it expires.

2. The insurance cover

2.1 What does the insurance cover include?

Insurance cover is granted for illnesses, *accidents* and other events specified in the General Conditions of Insurance (see No. 4.3). If an insured event occurs, we will reimburse the expenses incurred for medically necessary *treatment* and other agreed services.

The scope of insurance cover is set out in the *insurance policy*, subsequent written agreements, the General Conditions of Insurance and the statutory regulations.

2.2 What is an insured event?

An insured event is defined as the medically necessary *treatment* required by an *insured person* due to illness or the consequences of an *accident*. The insured event commences with the *treatment* and ends when medical findings indicate that *treatment* is no longer required. If the *treatment* has to be extended to an illness or to the consequences of an *accident* not causally related to that for which *treatment* was originally provided, this shall constitute a new insured event.

Insofar as the agreed plan level also provides for corresponding reimbursements, the following are likewise defined as insured events:

- Outpatient screenings for early detection of illnesses
- Check-ups and medically necessary *treatment* associated with pregnancy and childbirth
- Expenses incurred for periods spent in *hospital* by the healthy newborn baby after birth
- Death of an *insured person*

2.3 When does the insurance cover commence?

Insurance cover commences on the date specified in the *insurance policy* (inception of insurance), but not before payment of the first premium and not before expiry of the qualifying periods (see also Nos. 1.3 and 2.4). Insured events occurring before inception of the insurance will not be indemnified. Insured events occurring after conclusion of the insurance contract are only excluded from indemnification insofar as they occur before inception of the insurance. If the contract is amended, the provisions of this paragraph will apply to the new, additional part of the insurance cover.

2.4 Which qualifying periods apply?

Qualifying periods only apply for pregnancy, childbirth, psychotherapy, dentures, dental crowns, performances relating to analysis and therapy of dental function, as well as *implants* and orthodontic performances. The qualifying period equals 8 months as from inception of the insurance in all these cases. If the contract is amended, the qualifying periods will apply to the new, additional part of the insurance cover, depending on the agreed plan level.

2.5 How long is the insurance contract concluded for?

The insurance contract is initially concluded for a duration of one year. The insurance year commences on the date specified in the *insurance policy* (inception of insurance) and runs for 12 months. The insurance year for dependants who later join the *insurance policy* commences on the date indicated on their *insurance certificate* (start date of insurance) and runs until the renewal date of the main insured member (see also 2.6). If you or an *insured person* resides in Germany, your insurance coverage will end after a maximum period of 5 years, including all policy extensions and/or previous health insurance coverage taken out with other insurance companies.

2.6 When is the insurance renewed?

The insurance contract is automatically renewed for further periods of 12 months upon expiry of each insurance year, unless you object to the renewal not less than three months before expiry of the insurance year.

2.7 When can the insurance be terminated?

Notwithstanding other statutory grounds for terminating the relationship or other grounds permitted by the General Conditions of Insurance, the contracting partners may also terminate the insurance contract in the following cases:

- You may terminate the *insurance policy* if we make a change to the general conditions of insurance (see 10.1) or if we increase the fees and premiums (see 9). You may give notice of termination within three months of receiving notice of the change. This notice will come into force on the date on which the change comes into force. However, you cannot terminate the *insurance policy* if we amend the premium as a result of you or an *insured person* moving up to the next age band. The policy will actually end at midnight on the date on which the next yearly premium is due.

- We may terminate the *insurance policy* if you fail to give us any information we ask for. In this case, we can terminate the *insurance policy* within one month of becoming aware that you failed to give us this information. Unless we say otherwise, the policy will only end on the date given in the termination letter.
- In the event that a sanction, prohibition or restriction under United Nations resolutions, trade or economic sanctions, laws or regulations of the European Union or the United Kingdom, or sanctions of the United States of America are imposed which hinder us, directly or indirectly, from providing insurance under this *insurance policy*, we shall have an extraordinary right of termination of this *insurance policy* or may exclude affected persons from the insurance cover.
- In order to safeguard compliance with applicable laws, we reserve the right to terminate the *insurance policy* or to exclude single persons from the insurance cover if the *insurance policy* is or becomes non-compliant with national laws or regulations applicable in the *home country* or in the *country of residence* of the *policyholder* or of the *insured persons*.

Notice of termination must either be sent by registered mail or presented against confirmation of receipt. Unless specified otherwise, the termination shall only become effective after one month from the day following the delivery/receipt (in case of registered mail).

2.8 Additional reasons for the termination of the contract

Notwithstanding additional and other grounds for nullity listed in the General Conditions of Insurance, the contract shall be null and void in case of willful violation of the duty to provide information that changes our assessment of the risk in such a way that, had we known of the undisclosed circumstance, we would not have concluded the insurance contract in the first place or only if it were subject to other terms. In such a case, all *insured persons* will be obliged to repay the insurance benefits received. Premiums paid will not be refunded.

2.9 When does the insurance cover end?

Insurances subscribed for you and/or any other *insured persons* as well as the insurance cover resulting thereof (also for pending, i.e. ongoing insured events) ends:

a) In the event of your death and/or the death of any other *insured person*. In the event of your death, however, the other *insured persons* are entitled to continue the insurance relationship with specification of the new *policyholder*. This must be declared accordingly within two months of your death.
b) When you and/or any other *insured persons* permanently cease to reside abroad before the maturity of the contract (see also 2.5). The insurance contract ends only when we have received respective notification.
c) When you object to renewal of the insurance contract after the end of the insurance year (see No. 2.6). Such termination is only valid if you as *policyholder* can prove that the *insured persons* concerned have been informed of the termination.
d) If the insurance contract is terminated or declared to be void (see also 2.7 and 2.8).
e) In the event of nullity of the insurance contract (see also 2.8). You need to send us proof that all *insured persons* have been informed about the termination of the policy.

3. Area of application

3.1 Where does the insurance cover apply?

Insurance cover applies in the following *geographical area*s:

***Geographical area* I:** **Worldwide including USA**

***Geographical area* II:** **Worldwide excluding USA**

3.2 What happens if you temporarily leave *geographical area* II?

The following special features apply if insurance cover "*Geographical area* II – Worldwide excluding USA" has been agreed: during periods of temporary absence from the *country of residence* (i.e. for not more than six weeks), we will grant insurance cover for medical *emergencies*, as well as for the consequences of an *accident* or death, even in *geographical area* I. Journeys undertaken for the purpose of obtaining *treatment* in *geographical area* I are not insured. Please contact us if you wish to change the *geographical area* as this will affect your premium and your insurance cover.

4. Scope of benefits

4.1 General information concerning the scope of benefits

The Globality YouGenio® plan comprises three plan levels: Classic, Plus and Top. The individual plan levels differ in regards to the type and amount of benefits agreed.

Depending on the selected plan level, we will reimburse 100 % of the eligible expenses as listed in the scope of benefits set out below, unless specified otherwise in the following scope of benefits, our general information in the General Conditions of Insurance or in the definitions.

4.2 Which *deductibles* can be agreed?

The following *deductibles* can be agreed for the Globality YouGenio® plan:

- Globality YouGenio® Classic: Fixed *deductible* of
  - € 250/ $ 325/ £ 210.
- Globality YouGenio® Plus or Top: Variable *deductible* of
  - € 250/ $ 325/ £ 210
  - € 500/ $ 650/ £ 420
  - € 1,000/ $ 1,300/ £ 840

  or without *deductible*.

Deductibles apply per insurance year and per *insured person*, and only for expenses incurred in conjunction with outpatient *treatment*. If a *deductible* has been agreed, we will reimburse 100 % of the eligible expenses insofar as these exceed the *deductible*.

Expenses are ascribed to the insurance year in which the *doctor/therapist* was consulted and in which the *drugs*, *dressings* and therapeutic aids and appliances were prescribed.

We recommend that invoices only are submitted when the amount of the agreed *deductible* has been exceeded.

Please note:
Insofar as insurance cover for *geographical area* I (worldwide including USA) has been agreed on for the *insured persons*, the maximum sums and lump sums specified in Nos. 4.3, 4.4 and 4.5 will be doubled. If a benefit is limited to a certain number of days, this limit will remain unchanged. If a *deductible* has been agreed, it will remain unchanged.

4.3 Scope of benefits: Inpatient *treatment*

Benefits	Classic	Plus	Top
Accommodation in a private or semi-private room	✓	✓	✓
Medical *treatment,* including pathology, radiology, *computed tomography, MRI, PET and palliative medicine*	✓	✓	✓
Nursing care by qualified nursing staff as directed by a *doctor*	✓	✓	✓
Additional costs for operating theatres, intensive care wards, laboratories	✓	✓	✓
Surgery (including *outpatient surgery instead of* inpatient *treatment*)	✓	✓	✓
Drugs and *dressings*	✓	✓	✓
Therapies/physiotherapy, including massages	✓	✓	✓
Therapeutic aids and appliances	✓ such as cardiac pacemakers, if needed as a life-saving measure	✓ such as cardiac pacemakers, if needed as a life-saving measure; in addition, reimbursement for therapeutic aids and appliances, such as artificial limbs/prostheses up to € 2,000*/ $ 2,600*/ £ 1,680*	✓
Medical *treatment* during pregnancy and childbirth, services of a midwife or obstetric nurse in the *hospital*, but excluding screenings during pregnancy	✗	✓ up to € 5,000*/ $ 6,500*/ £ 4,200*	✓
Complications of pregnancy and childbirth	✗	✓	✓
Outpatient childbirth	✗	✓ Lump sum of € 250/$ 325/£ 210 per newborn baby without proof of costs on presentation of the birth certificate	✓ Lump sum of € 500/$ 650/£ 420 per newborn baby without proof of costs on presentation of the birth certificate
Chemotherapy, oncological *drugs* and *treatment*	✗	✓ up to € 5,000*/ $ 6,500*/ £ 4,200*	✓
Transport to the nearest suitable *hospital* for initial *treatment* following an *accident* or an *emergency*, by an approved *emergency* service with conveyances appropriate to the situation	✓	✓	✓

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

Benefits	Classic	Plus	Top
Bone marrow and organ transplants	✗	✓ up to a maximum of € 200,000/ $ 260,000/ £ 168,000 for the duration of the contract	✓
Psychiatric *treatment*	✓ 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	✓ provided that we have agreed in writing to pay benefits before *treatment* commences
Inpatient psychotherapy	✗	✓ 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
Parent rooming-in during inpatient *treatment* of a child (under the age of 18)	✗	✓	✓
Nursing care at home and *domestic help*	✗	✓ up to a period of 7 days	✓ up to a period of 14 days
Nursing care at home after childbirth, instead of a *hospital* stay	✗	✓ up to a period of 5 days if pre-approved	✓ up to a period of 5 days if pre-approved
Substitute cash plan benefit for inpatient *treatment* actually received, but for which no benefits have been claimed from us	✗	✓ € 50/$ 65/£ 42 per day	✓ € 100/$ 130/£ 84 per day
Inpatient *follow-up rehabilitation*	✗	✓ up to 14 days* provided that we have agreed in writing to pay benefits before *treatment* commences	✓ up to 21 days* provided that we have agreed in writing to pay benefits before *treatment* commences
Hospice	✗	✗	✓ up to 7 weeks
Inpatient dental *treatment*	✗	✓	✓
Emergency dental *treatment*	✓	✓	✓

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

4.4 Scope of benefits: Outpatient *treatment*

Benefits	Classic*	Plus	Top
Medical *treatment,* including pathology, radiology, *computed tomography, MRI, PET and palliative medicine*	✓	✓	✓
Chemotherapy, oncological *drugs* and *treatment*	✓	✓	✓
Health checks	✗	✓ up to € 250**/ $ 325**/ £ 210**	✓ up to € 500**/ $ 650**/ £ 420**
Vaccinations of every kind, including the vaccines and *prophylactic measures*, insofar as these are recommended for the applicable *country of residence*	✗	✓ up to € 250**/ $ 325**/ £ 210**	✓
Maternity care and childbirth, services of a midwife or obstetric nurse	✗	✓ up to € 2,000**/ $ 2,600**/ £ 1,680**	✓
Complications of pregnancy and childbirth	✗	✓ up to € 4,000**/ $ 5,200**/ £ 3,360**	✓
Acupuncture (needle technique), *homeopathy*, *osteopathy* and *chiropractic*, including *drugs* and *dressings*	✗	✓ up to € 500**/ $ 650**/ £ 420**	✓ up to € 1,000**/ $ 1,300**/ £ 840**
Speech therapy	✗	✓ 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
Psychiatric *treatment*	✓ 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	✓ provided that we have agreed in writing to pay benefits before *treatment* commences
Outpatient psychotherapy	✗	✓ up to 20 sessions**, provided that we have agreed in writing to pay benefits before *treatment* commences	✓ up to 20 sessions**, provided that we have agreed in writing to pay benefits before *treatment* commences

* With a *deductible* of € 250/$ 325/£ 210 per *insured person* and insurance year.
** The specified maximum sums, maximum periods and lump sums apply per *insured person* and per insurance year.

Benefits	Classic*	Plus	Top
Drugs and *dressings*	✓	✓	✓
Therapies/physiotherapy, including massages	✓	✓	✓
Therapeutic aids and appliances	✗	✓ up to € 2,000**/ $ 2,600**/ £ 1,680**	✓
Wigs and prosthetic bras following cancer *treatment*	✓ up to € 300**/ $ 390**/ £ 252**	✓ up to € 300**/ $ 390**/ £ 252**	✓ up to € 300**/ $ 390**/ £ 252**
Nutritional consultations	✗	✓ up to € 125**/ $ 162.50**/ £ 105**	✓ up to € 250**/ $ 325**/ £ 210**
Podiatry	✗	✓ up to € 100**/ $ 130**/ £ 84**	✓ up to € 200**/ $ 260**/ £ 168**
Vision aids	✗	✓ up to € 100**/ $ 130**/ £ 84**	✓ up to € 200**/ $ 260**/ £ 168**
Transport to the nearest suitable *doctor* or *hospital* for initial *treatment* following an *accident* or an *emergency*, by an approved *emergency* service with conveyances appropriate to the situation	✓	✓	✓
Infertility *treatment*	✗	✓ 50 % up to a maximum of € 7,500/ $ 9,750/ £ 6,300 per insured couple for the duration of the contract	✓ 50 % up to a maximum of € 15,000/ $ 19,500/ £ 12,600 per insured couple for the duration of the contract

* With a *deductible* of € 250/$ 325/£ 210 per *insured person* and insurance year.
** The specified maximum sums, maximum periods and lump sums apply per *insured person* and per insurance year.

4.5 Scope of benefits: Dental *treatment*

Benefits	Classic	Plus	Top
Basic dental services			
Screenings for early detection of disorders of the teeth mouth and jaw	✗	✓	✓
Dental *treatment*	✓ Pain relief dental *treatment*	✓ Including inlays without caps	✓ Including inlays without caps
X-rays	✗	✓	✓
Scale-and-polish cleaning	✗	✓	✓
Treating oral mucosa and paradontium	✓ Pain relief only	✓	✓
Simple fillings related to cavity	✓ Pain relief only	✓	✓
Surgery, extractions, root-canal *treatment*	✓ Pain relief only	✓	✓
Inclusion of an occlusal splint	✗	✓	✓
Accidental dental treatment	✓	✓	✓
Major dental services	✗ Reimbursement for the outlined below benefits only if needed as a result of an *accident*	✓ Reimbursement for the following benefits up to € 2,000* / $ 2,600* / £ 1,680* *Waiting period* of 8 months	✓ Reimbursement for the following benefits up to € 5,000* / $ 6,500* / £ 4,200* *Waiting period* of 8 months
Dentures (for example, prostheses, bridges and crowns, onlays)	✗	✓	✓
Implantological services	✗	✓ up to four *implants* per jaw and the dentures to be secured to these *implants*	✓ up to four *implants* per jaw and the dentures to be secured to these *implants*
Orthodontic *treatment*	✗	✓	✓
Dental laboratory work and materials	✗	✓	✓
Treatment plan	✗	✓	✓

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

4.6 Scope of benefits: Medical assistance

Benefits	Classic	Plus	Top
24-hour phone and e-mail service with experienced counsellors, own *doctors* and specialists	✓	✓	✓
Medical evacuation and repatriation	✓	✓	✓
Information on medical infrastructure (local medical care and names and addresses of multilingual *doctors*)	✓	✓	✓
Support and information (by our medical service, *second opinion*, monitoring of the course of the illness)	✓	✓	✓
Assumption of costs guarantee (preparation for a stay in *hospital*)	✓	✓	✓
Organizational support in case of bereavement, share of repatriation costs	✓ up to € 2,500/ $ 3,250/ £ 2,100	✓ up to € 5,000/ $ 6,500/ £ 4,200	✓ up to € 10,000/ $ 13,000/ £ 8,400
Appropriate additional medical support (information on the nature, possible causes and possible *treatment* of an illness)	✓	✓	✓
Online services	✓	✓	✓

4.7 Scope of benefits: Additional assistance

Benefits	Classic	Plus	Top
Additional support	✗	✓	✓
• Organizing visits to patient	✗	✓ up to € 1,500*/ $ 1,950*/ £ 1,260*	✓ up to € 3,000*/ $ 3,900*/ £ 2,520*
• Procurement and shipment of vital medication	✗	✓	✓
Organizing return transport or care for the children	✗	✗	✓
Help with psychological problems possibly attributable to the stay abroad	✗	✓ psychological and therapeutic help by telephone; up to 3 calls*	✓ psychological and therapeutic help by telephone; up to 5 calls*
Document depot (safe custody, help in obtaining replacements)	✗	✗	✓
Organizing help in the event of legal difficulties	✗	✗	✓
Procurement of intercultural training	✗	✗	✓

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

4.8 Description of benefits

Note that the benefits described in No. 4.8 may differ or may not be covered by the insurance, depending on the plan level selected.

What requirements must be met in conjunction with medically necessary inpatient *treatment* according to No. 4.3?

Accomodation in a private or semi-private room
If inpatient *treatment* – including pre-*hospital*, posthospital and part-time inpatient *treatment* – is required, the *insured person* must attend to a recognised *hospital* in the country of *treatment*. The *hospital* must be operated under constant medical management, have suitable diagnostic and therapeutic facilities and keep complete medical records. In the case of medically necessary *treatment* in *hospitals* that also provide health cures and in sanatoria or convalescent homes, but meet with the above conditions in all other respects, benefits under the plan will only be paid if these have been confirmed in writing before *treatment* commences. Inpatient *treatment* in tuberculosis clinics and sanatoria will also be reimbursed within the contractual scope for tuberculosis patients. Benefits will be paid without time limits for the duration of inpatient *treatment*. The relevant *Globality Health service centre* must be contacted before or upon admission to the *hospital*.

Medical *treatment*
Eligible claims include all expenses incurred for examination, diagnosis and therapy within the framework of medically necessary inpatient *treatment*. Eligible expenses also include those incurred for pathology, radiology, *computed tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET)* and *palliative medicine*.

Other ancillary costs
These are defined as the additional costs incurred for the use of special facilities, such as operating theatres, intensive care wards and laboratories.

Surgery (including outpatient surgery as a replacement for inpatient *treatment*)
The expenses incurred for services required in this context will be reimbursed, such as medical services, anaesthesia and the use of special facilities. Expenses for *outpatient surgery in lieu of inpatient treatment* are also reimbursable.

Drugs* and *dressings* within the framework of inpatient *treatment
These must have been prescribed by a *hospital doctor/dentist* in conjunction with the inpatient *treatment*. *Drugs* must additionally be dispensed by a pharmacy or other officially approved dispensary. Nutriments, tonics, mineral water, cosmetics, hygiene and body care articles and bath additives are not recognised as *drugs*.

Therapy/physiotherapy within the framework of inpatient *treatment*
These are physical-medical services (inhalation, physiotherapy and physical exercise, massage, poultices, *hydrotherapy,* medical baths, cryo- and thermotherapy, occupational therapy, electrotherapy or light therapy). These physical-medical services must be provided by a *doctor* or the holder of a state-approved diploma as a medical-related professional (e.g. masseur, balneotherapist, physiotherapist) and must be prescribed by the *doctor* within the framework of inpatient *treatment*. The prescription must have been issued before *treatment* commences and must specify the diagnosis, nature and number of sessions. Remedies/physiotherapy do not include other performances, such as thermal baths, saunas and similar baths.

Therapeutic aids and appliances within the framework of inpatient *treatment*
Eligible expenses include those incurred for therapeutic aids and appliances which are designed to serve as a lifesaving measure or which directly alleviate or compensate physical disabilities, such as cardiac pacemakers, artificial limbs/prostheses (but not dentures). They must be fitted during the stay in *hospital* and remain in or on the body. Expenses for repairing therapeutic aids and appliances will be reimbursed within the scope of these provisions.

Medical *treatment* during pregnancy and childbirth, services of a midwife or obstetric nurse in the *hospital*, but excluding screenings during pregnancy
We will reimburse the eligible expenses for childbirth in a *hospital*, maternity home or comparable institution.

Midwife services during delivery are covered only in the case of midwife led birth. *Doctor* fees are not covered in these cases unless medically required following a complication during birth. Medically prescribed nursing at home is covered following an inpatient delivery and after discharge from the *hospital* within 24 hours. Globality Health reimburses such costs for up to 5 consecutive days following the delivery. Any non-medically necessary caesarean sections will be covered up to the cost of an eligible routine delivery in the same *hospital*, up to the maximum limit in accordance with the selected plan level.

A *waiting period* of 8 months applies.

Complications of pregnancy and childbirth
We will refund the eligible expenses for premature birth, miscarriage, an abortion which is medically necessary, stillbirth, ectopic pregnancy, hydatidiform mole, caesarean section, post-partum haemorrhage, retained placental membrane and complications following any of these conditions.

A *waiting period* of 8 months applies.

Outpatient childbirth
Outpatient childbirth is defined as either giving birth at home or leaving the *hospital*, maternity home or comparable institution within 24 hours of childbirth. The lump sum childbirth allowance is paid per newborn baby upon presentation of the birth certificate.

Chemotherapy, oncological *drugs* and medical *treatment*
We will reimburse the eligible expenses for medical *treatment*, diagnostic tests, radiation therapy, chemotherapy, *drugs* and *hospital* costs in conjunction with inpatient *treatment*.

Bone marrow and organ transplants within the framework of inpatient *treatment*
In the case of bone marrow or organ transplants (e.g. heart, kidney, liver, pancreas), we will reimburse the eligible expenses for both the person receiving the transplant and the donor. Eligible expenses are defined as the costs incurred by the donor in conjunction with acquiring the organ, the cost of transporting the organ to the patient and the expenses incurred for *hospital* accommodation of the donor if necessary, but not the cost of finding the organ to be transplanted or a suitable donor.

Psychiatric *treatment*
We will reimburse the expenses incurred for inpatient psychiatric *treatment* if and insofar as we have agreed in writing to reimburse these costs before *treatment* commences. See below with regard to the reimbursability of inpatient psychotherapy.

Inpatient psychotherapy
The costs of inpatient psychotherapy will only be reimbursed if the *treatment* is provided by a psychiatrist, psychotherapist or other specialist with appropriate qualifications in the field of psychiatry, psychotherapy or psychoanalysis. Moreover, these costs will only be reimbursed if we have agreed to reimburse these costs in writing before *treatment* commences.

Parent rooming-in during child inpatient *treatment*
We will reimburse the additional costs incurred for accommodation for one parent for children under the age of 18 if ordered by a *doctor*.

Nursing care at home and domestic help
We will reimburse the eligible expenses of medically necessary nursing at home and domestic help by trained nursing staff instead of the medically recommended *hospital* stay or in order to shorten the time spent in *hospital*. Nursing at home is supplementary to the medical *treatment* and will be reimbursed in addition to the latter.

Inpatient *follow-up rehabilitation*
Expenses incurred for inpatient *follow-up rehabilitation* to continue the medically necessary inpatient *hospital treatment* (e.g. following bypass surgery, cardiac infarction, transplants and surgery involving large bones or joints) will be reimbursed if we have agreed to reimburse such expenses in writing beforehand. *Follow-up rehabilitation* must in all cases commence within two weeks of being discharged from *hospital*. *Treatments* and periods of residence in health resorts, spas, sanatoria or convalescent and nursing homes are not covered by the insurance.

Hospice
If outpatient care at home or in the *insured person*'s family is not possible and provided that the *hospice*

- works together with nursing staff and *doctors* with experience in palliative medical care, and
- is operated under the professional supervision of a nurse, or other suitably qualified person, with several years of experience in palliative medical care or with relevant qualifications, as well as qualification for supervisory nursing care or a management function,

we will reimburse the expenses incurred for accommodation, nursing care and support in accordance with the patient's state of health for a maximum of 7 weeks.

Benefits for full or part-time inpatient *hospice* care is only granted if the *insured person* is suffering from an illness which

- is progressive (i.e. continually deteriorating) and has already reached an advanced stage and
- is incurable, so that inpatient palliative care has become necessary, and
- permits a remaining life expectancy of weeks or only a few months.

Hospice benefits are paid for the following illnesses, among others:

- *Cancer* in advanced stages
- Fully developed infectious *AIDS*
- Disorders of the nervous system, with uncheckable progressive paralysis
- Chronic kidney, liver, heart, digestive or pulmonary illness in a terminal stage

Inpatient dental *treatment*
We will reimburse costs for complex oral surgical procedures with a greater than average incidence of life threatening complications, such as congenital jaw deformities (e.g. cleft jaw), fractures of the jaw and tumors.

Emergency* dental *treatment
Emergency in-patient dental *treatment* refers to a serious *accident* requiring hospitalization (e.g. reconstruction of the jaw following accidental injury). The *treatment* must be received within 24 hours of the *emergency* event. Please note that cover under this benefit does not extend to follow-up dental *treatment*, dental surgery, dental prostheses or *implants*, orthodontics or periodontics.

The treating *doctor* has to specifically confirm that the in-patient dental *treatment* is a consequence of a serious *accident* and the occurrence of the *accident* must be proved through a corresponding medical or police report.

What requirements must be met in conjunction with outpatient *treatment* according to No. 4.4?

Medical *treatment*
Eligible expenses include all measures required for examination, diagnosis and therapy within the framework of outpatient medical *treatment*. Expenses incurred for pathology, radiology, *computer tomography, magnetic resonance imaging, positron emission tomography*, chemotherapy and other oncological performances (e.g. for *cancer* patients), *palliative medicine*, as well as for vaccinations and *prophylactic measures* recommended by the WHO (World Health Organization) will also be reimbursed.

Health checks
Routine health checks are tests or screenings that are carried out without any clinical symptoms being present.

These tests include the following examinations performed, at an appropriate age, to detect illness or disease, for example:

- Vital signs (blood pressure, pulse, respiration, temperature)
- Lipid profile
- Cardiovascular exam
- Neurological exam
- *Cancer* screening
- Well-child test
- Diabetes test
- HIV and *AIDS* test
- Gynaecological screening.

Maternity care and childbirth, services of a midwife or obstetric nurse
We will refund the eligible expenses resulting from pregnancy or pregnancy-related illness, including standard routine maternity scans and tests. Coverage will also be granted for all

medically necessary diagnostic tests, including amniocentesis and Chorionic Villus Sampling (CVS). NIPT and all other forms of genetic testing are excluded.

Midwife services carried out by a licensed midwife are reimbursable in countries, where it is common that routine pre-natal care is performed by a midwife. The reimbursement of corresponding examination and *treatment* costs by midwives is only covered if the costs for the same services have not been charged by a *doctor*.

In addition, we will cover 12 post-natal midwife home visits per pregnancy. Doula services as well as pre- and postnatal classes are not reimbursable.

A *waiting period* of 8 months applies.

Complications of pregnancy and childbirth
We will refund the eligible expenses for premature birth, miscarriage, an abortion which is medically necessary, stillbirth, ectopic pregnancy, hydatidiform mole, caesarean section, post-partum haemorrhage, retained placental membrane and complications following any of these conditions.

A *waiting period* of 8 months applies.

Acupuncture* (needle technique), *homeopathy*, *osteopathy* and *chiropractic
We will reimburse a share of the eligible expenses only if the *treatment* is provided by *doctors* or other *therapists* who can prove that they have received the required training and are authorised to practise in the country in which *treatment* is provided. *Drugs* and *dressings* prescribed by such *doctors* or *therapists* during *treatment* will also be reimbursed.

Speech therapy
We will reimburse the eligible expenses of medically prescribed exercises and therapy for treating voice and speech disorders, subject to the condition that such *treatment* is provided by a *doctor* or speech *therapist*. Such costs will only be reimbursed if we have agreed to reimburse these costs in writing before *treatment* commences.

Psychiatric *treatment*
We will reimburse the expenses incurred for outpatient psychiatric *treatment* if and insofar as we have agreed in writing to reimburse these costs before *treatment* commences. See below with regard to the reimbursability of outpatient psychotherapy.

Outpatient psychotherapy
The cost of outpatient psychotherapy will only be reimbursed if the *treatment* is provided by a psychiatrist, psychotherapist or other specialist with appropriate qualifications in the field of psychiatry, psychotherapy or psychoanalysis. Such costs will only be reimbursed if and insofar as we have agreed to reimburse these costs in writing before *treatment* commences.

Drugs* and *dressings
Drugs and *dressings* must have been prescribed by a *doctor/dentist* or duly authorised *therapist*. *Drugs* must additionally be dispensed by a pharmacy or other officially approved dispensary. Nutriments, tonics, mineral water, cosmetics, hygiene and body care articles and bath additives do not qualify as *drugs*.

Therapy/physiotherapy
These are physical-medical therapies (inhalation, physiotherapy and physical exercise, massage, packs, *hydrotherapy*, medical baths, cryo- and thermotherapy, occupational therapy, electrotherapy or light therapy). Such physical-medical therapies must be provided by a *doctor* with own practice or by the holder of a state-approved diploma as medical assistant (masseur, masseur and balneotherapist, physiotherapist) with own practice and must be prescribed by a *doctor*.

The referral must have been issued before *treatment* commences and must specify the diagnosis, nature and number of sessions.

Remedies/physiotherapy do not include other services, such as thermal baths, saunas and similar baths. The additional costs incurred for home *treatment* of the *insured person* is not reimbursable.

Therapeutic aids and appliances within the framework of outpatient *treatment*
Eligible expenses include the expenses incurred for artificial limbs and organs, as well as orthopaedic and other therapeutic aids and appliances designed to prevent, alleviate or compensate physical disabilities. Therapeutic aids and appliances must be prescribed by a *doctor* and should not be daily commodities. Therapeutic aids and appliances within the framework of outpatient *treatment* include: bandages, trusses, insole supports for shoes, walking aids, hearing aids, compression stockings, corrective splints, artificial limbs/prosthetics (excluding dentures), plaster shells for lying and sitting, orthopaedic arm, leg and body braces, as well as speaking aids (electronic larynx).

Wigs and prosthetic bras for women following cancer *treatment* are reimbursed up to a maximum of € 300. All other therapeutic aids and appliances are only eligible for reimbursement insofar as benefits have been approved in writing beforehand. Expenses for reasonable maintenance (such as an annual service or replacing batteries) and reparation of therapeutic aids and appliances will be reimbursed within the scope of these provisions.

Nutritional consultations
Eligible expenses for outpatient consultations with a nutritionist may be refunded upon diagnosis of a condition benefiting from nutritional advice enabling to better manage the diagnosed condition. Such conditions include *cancer*, eating disorders, gastrointestinal disease, heart disease and food intolerances and allergies.

These services must be prescribed by a *doctor*. The prescription must have been issued prior to the start of *treatment* and must specify the diagnosis, nature and number of sessions needed.

Podiatry
We will reimburse eligible costs for medically necessary podiatry *treatment*. These services must be prescribed by a *doctor*. The prescription must have been issued prior to the start of *treatment* and must specify the diagnosis, nature and number of sessions needed.

Vision aids
Expenses incurred for spectacle frames and glasses, as well as for contact lenses will be reimbursed up to the maximum total limit.

Infertility *treatment*
Within the framework of the agreed scope of benefits and insofar as benefits have been approved in writing beforehand, we will refund the costs for the following *usual, customary and reasonable* forms of diagnostics and *treatments* to increase fertility including *treatments* to prevent future miscarriages, investigation into miscarriage and assisted reproduction and related complications:

- Diagnostic investigations, consultations and tests including invasive procedures such as hysterosalpingogram, laparoscopy or hysteroscopy
- Laboratory work
- Prescribed *drug treatment* including but not limited to ovulation stimulation
- Invitro fertilisation (IVF)
- Intracytoplasmatic sperm injection (ICSI)
- Gamete intrafallopian transfer (GIFT)
- Zygote intrafallopian transfer (ZIFT)
- Artificial insemination (AI)

Moreover, we will only pay benefits as long as:

- the woman is aged under 40 and the man under 50 at the time of *treatment* (first stimulation day in each *treatment* cycle or first cycle day in the case of insemination without hormone stimulation);
- the *insured person*'s sterile condition is due to organic causes and can only be overcome with the aid of reproductive help; and
- both the man and the woman benefiting from the *treatment* are insured with *us* and are eligible for *treatment* on their selected plan level.

What requirements must be met in conjunction with dental *treatment* according to No. 4.5?

Minor dental services

General dental services:
- Screenings for early detection of disorders of the teeth mouth and jaw
- X-ray examination
- Intraoral local anesthesia in connection with minor dental services

Prophylactic services:
- Tartar removal and polishing
- Professional teeth cleaning
- Assessment of oral hygiene status
- Local fluoridation for underage person
- Sealing caries-free tooth fissures for underage person

Conservative services:
- Simple fillings related to cavity
- Root canal *treatment* in connection with a following simple filling

Surgical services:
- Extraction of teeth
- Removal of a deeply fractured or tooth with deep destruction
- Hemisection or partial extraction
- Removal of a retained, impacted or misaligned tooth in an osteotomy
- Reimplantation of a tooth including simple fixation
- Excision of the mucosa or granulation tissue
- Resection of a root tip/Root amputation and Cystectomy

Services provided for diseases of the oral mucosa and periodontium:
- Preparation and documentation of the status of the periodontium
- Local *treatment* of diseases of the oral mucosa
- Periodontal surgery (especially removal of subgingival concrements and root smoothing) closed procedure; the pocket depth must be more than 3 millimeters
- Flap surgery, open curettage including oteoplasty; the pocket depth must be more than 5 millimeters and the closed procedure has taken already place before

Insertion of occlusal splints:
- Inclusion of an occlusal splint without adjusting the surface
- Inclusion of an occlusal splint with surface adjustment
- Inspection of an occlusal splint or surface adjustments e.g. additive or subtractive measures

Functional analysis and functional therapy:
- Clinical functional analysis including documentation
- Registration of the joint-related central position of the mandible, including support pin registration (creation of a facebow, and coordination of a facebow with an articulator)

Major dental *treatment*

Prosthetic services:
- Impression or partial impression of a jaw for a situation model including an assessment for diagnosis or scheduling
- Preparation of a written schedule of *treatment* and charges for prosthetic *treatment*
- Preparation of a destroyed tooth with plastic augmentation materials or and pin to receive a crown
- Onlay
- Adhesive fasting (plastic buildup, pin, crown, partial crown)
- Restoration of a tooth with a full or partial crown
- Insertion of a prefabricated crown in a child
- Provisional crowns/Bridge
- Restoration of a partially edentulous arch with a bridge or prosthesis
- Telescopic crown and prosthesis
- Restoration of an edentulous jaw with a total prosthesis

Implantological services:
- *Implant*-related analysis
- Use of an orientation splint/positioning splint
- *Implant* insertion; only 4 *implants* per jaw and supporting dentures
- Exposure of an *implant*
- Insertion of augmentation material (bone and/or bone substitute material)
- Sinus floor elevation

Pre- and post-*treatment*s, e.g. dental *treatment*s in connection with dental prostheses, are reimbursed as the expenses in the context in which they are prescribed or provided.

Orthodontic *treatment*
Orthodontic *treatment* for a child received before the date of their 18th birthday, including metal braces and retainers and a *treatment plan*. Medical necessity of orthodontic *treatment* is evaluated by *us* based on the Index of Orthodontic Treatment Needs (IOTN) from the British orthodontic society.
We will not cover additional costs or services such as special braces e.g. lingual brackets as well as clear aligner e.g. Invisalign.

Treatment plan
A plan of *treatment* and costs compiled by the *doctor* or *dentist* must be submitted before commencing *treatment* if dentures or rehabilitation measures of a larger extent and orthodontic *treatment* are planned. You will then be informed of the extent to which these costs will be reimbursed.

Accidental dental treatment
Benefits will be paid in full up to the overall limit if *you* need dental *treatment* as a result of accidental injury to teeth, caused by direct external impact to the head e.g. falls, or other *accidents* causing injury by external force. We will not cover injury caused by eating/drinking or any injury caused by biting, chewing, clenching or grinding of teeth under this benefit type. The *dentist's* receipt must specifically confirm that *treatment* is a consequence of an *accident*. Proof of the *accident* with a medical or police report is required.

No *waiting periods* apply.

Exclusions
- Fluoridation of tooth surface and fissure sealing for adults
- Veneers including partial front teeth crowns
- Bleaching or any related cosmetic and aesthetic services
- Sedation/anaesthesia
- Pain and anxiety-relieving measures, such as acupuncture, hypnosis, general anaesthesia, sedation with laughing gas, twilight sleep anaesthesia

Exceptions to this rule are:
- If an anxiety disorder has been diagnosed by a qualified specialist, Globality Health will cover the costs for children up to the age of 12.
- In addition in case of failure of local anesthesia
- *Treatment* under local anesthesia to be considered impossible due to severe psychologically and physically disabled patient

5. Help and support through our assistance/services

If an *insured person* becomes ill or has an *accident* while abroad, he/she is confronted with several unfamiliar factors: a foreign language, an unfamiliar medical infrastructure, possible difficulties in making contact with the *doctors* or *hospitals* providing *treatment* and with the family in the *country of departure* or *home country*.

For this reason, we provide an extensive range of assistance/services in addition to, and as part of, the health insurance cover as active support for you and the *insured person* during your time abroad. We will assist *insured persons* in problem cases and provide appropriate organisational help to make your stay abroad a success.

The assistance services are available 24 hours a day, 7 days a week, 365 days a year. If an *insured persons* needs help from our multilingual team, assistance coordinators and *doctors*, simply call the number specified in the insurance documents at any time, day or night.

The *insured persons* can claim this assistance services in accordance with the selected plan level whenever an insured event or *emergency* occurs. When the insurance according to the Globality YouGenio® cover ends, the entitlement to our assistance services will also end simultaneously (see Nos. 2.7 and 2.8).

Note that the assistance services described in Nos. 5.1 and 5.2 may differ or may not be covered by the insurance, depending on the plan level selected.

5.1 Explanation of medical assistance (see No. 4.6)

Medical evacuation and repatriation
The scope of our reimbursements as regards transport for the patient is set out in Nos. 4.3 and 4.4. In addition, *insured persons* are also entitled to crossborder transport by ambulance if inpatient medical care in the *country of residence* is inadequate.

In such a case, we will bear the cost of transporting an *insured person* subject to the following conditions:

- Evacuation or repatriation must have been prescribed by the treating *doctor* and must be medically necessary
- Reimbursement of the costs must have been agreed by your relevant *Globality Health service centre* in advance

In consultation with your relevant *Globality Health service centre* and the attending physician, the *insured person* will be transported

- to a place more suitable for subsequent *treatment* in another country (within the selected *geographical area*)
- to the *insured person's country of residence* if the insured event has occurred outside this country
- to the *insured person's* last permanent place of residence in the *country of departure* or *home country.*

If necessary for medical reasons, we will also organize for a *doctor* to accompany the *insured person* during transport.

Only transport to a place suitable for *treatment* is covered.

Information on medical infrastructure
If an insured event or *emergency* occurs, your relevant *Globality Health service centre* will inform the *insured persons* of the medical care available locally. Your relevant *Globality Health service centre* will also provide the names and addresses of English, German, French or Spanish-speaking local *doctors* and *hospital* services, as well as the addresses of *hospitals*, special clinics and the possibilities for transfer.

Support and information
I*nsured persons* can contact the medical branch of your relevant *Globality Health service centre* by telephone as soon as initial medical support is required locally.

At the request of an *insured person*, your relevant *Globality Health service centre* can inform the *insured person's* relatives that the insured event or *emergency* has occurred – where technically possible. *Insured persons* can also consult a second *doctor* through your relevant *Globality Health service centre* in order to obtain a *second opinion* if potentially fatal illnesses or serious permanent disabilities are involved. Our *Globality Health service centres* will help *insured persons* when planning admission to and discharge from *hospital* in conjunction with inpatient *treatment*.

The course of an illness can be monitored by *doctors* at your relevant *Globality Health service centre* as well as by assistance coordinators if inpatient *treatment* is required and also in the case of *treatment* which is provided on an outpatient basis in order to avoid having to stay in *hospital*. The *treatment* and progress made can also be coordinated through talks between *doctors* in the case of inpatient *treatment* and in the case of *treatment* which is provided on an outpatient basis in order to avoid having to stay in *hospital*.

Assumption of costs guarantee
If an *emergency* requiring inpatient *treatment* occurs, your relevant *Globality Health service centre* must be contacted as soon as possible. If inpatient *treatment* is planned, your relevant *Globality Health service centre* must be contacted at least seven days before admission to the *hospital*; this also applies in the case of outpatient surgery in lieu of inpatient *treatment.*

This is essential when planning inpatient *treatment* or in the event of *emergency* inpatient *treatment* so that your relevant *Globality Health service centre* can settle the formalities necessary for guaranteeing the assumption of costs to *doctors* and/or the *hospital*, including medical review of the invoices to ensure they are reasonable. In addition, we will reach agreement with the *hospital* as regards the address to which invoices are to be sent and the terms of payment, if you wish, and will ensure that the invoices are paid directly. In such a case, you will be informed of the procedure by your relevant *Globality Health service centre* in writing or by e-mail.

Organizational support in case of bereavement, share of repatriation costs
Death abroad imposes a two-fold burden on the relatives. Here too, your relevant *Globality Health service centre* can help:
- It will obtain the death certificate or *accident* report insofar as this is permitted by law.
- It will make contact with public authorities and consulates in the foreign country.
- It will establish which surviving relatives are authorized to decide on repatriation or cremation of the deceased.
- It will handle all the formalities for repatriation or cremation or a local funeral in accordance with the regulations of the country concerned.

We will reimburse up to the maximum limit:
- the costs directly incurred for repatriating the deceased to the *country of departure* or *home country* (including all formalities),
- the costs for repatriating the urn to the *country of departure* or *home country* if the deceased has been cremated in the *country of residence*.

Funeral costs as such will not be reimbursed.

Additional, appropriate medical support
Regardless of whether an insured event has occurred, your relevant *Globality Health service centre* will provide *insured persons* with general information (about the country, customs formalities), as well as medical information (vaccinations, medical information by telephone) in preparation for your journey and will also advise you on what to obtain for your personal First Aid kit.

If an *insured person* becomes ill, the relevant *Globality Health service centre* will provide general information on the nature, possible causes and possible *treatment* of the illness and will explain the medical terms used. The *service centre* is also responsible for providing information on *drugs* and identical/comparable *drugs*, their side effects and their interactions.

If outpatient *treatment* is required, your relevant *Globality Health service centre* will coordinate and monitor the *treatment* and progress made, through consultations between *doctors* if necessary, as well as the further support required.

Online services
Our website www.globality-health.com includes a secure area where you can directly access a lot of useful online services. We will give you information on how to access this secured area together with your *Globality Service Card*.

Our online services include:
- an idea of all the main contact information for your relevant Globalite;
- a personalized claim form;
- a provider search engine (*doctors* and *hospitals* in the *country of residence*); and
- country information including advice to travellers, information on certain illnesses and vaccination recommenda-

tions, information about the political stability or safety in various regions as well as the latest news.

5.2 Explanation of additional assistance (see No. 4.7)

Additional support
If you or an *insured person* receives inpatient *treatment* because of a medical *emergency* (both in the *country of residence* and while travelling on holiday or on business), the relevant *Globality Health service centre* will arrange for a member of your family to visit, if the stay in *hospital* lasts for more than seven days. They will make arrangements for one family member to travel to the *hospital* and back home.

If an *insured person* is forced to return to his/her *home country* due to a serious illness/*accident* or death of a family member, Globality Health will reimburse, up to the maximum amounts mentioned in paragraph 4.7 of the General Conditions of Insurance under Organisation of family visits, the transport expenses (return train ticket in first class and plane ticket in tourist class, respectively) to the place of residence or the place of hospitalisation of the family member in the country of origin, in the case of serious illness or *accident*, and to the place of burial in the country of origin, in the case of death of the family member, respectively. Serious illness and serious *accident* are considered to be that which endangers the life of the family member. For the purposes of this coverage, relatives are considered to be the spouse or unmarried partner as well as the parents and children of the insured. Return transport costs due to serious illness and serious *accident* are only reimbursable on condition that the corresponding *service centre* is contacted in advance. Transport costs due to death are only reimbursable prior to submission of the death certificate.

Organising return transport or care for the children
If a medical *emergency* should make it necessary for both parents to receive inpatient *treatment* in the *country of residence*, we will organise a child welfare service to look after the children for as long as inpatient *treatment* is necessary.

If both parents suffer a medical *emergency* while travelling on holiday (maximum six weeks) and require inpatient *treatment*, you are entitled to claim return transport for the child (under the age of 18) with a companion to the momentary place of residence in the *country of residence*.

Help with psychological problems possibly attributable to the stay abroad
If the stay abroad gives rise to psychological conflicts for *insured persons*, the relevant *Globality Health service centre* will provide psychological therapy by telephone and will also arrange for suitable local assistance if necessary.

Document depot (safe custody, help in obtaining replacements)
Copies of personal documents (e.g. passport, ID card, visa, credit card, driving licence, vehicle registration certificates, proof of vaccinations, allergy pass, business documents comprising up to 20 size A4 sheets) may be deposited with your relevant *Globality Health service centre* in a sealed envelope with personal password. If the originals are lost – regardless of whether or not an insured event has occurred – the copies will be sent to the *insured person* by post, courier service or fax to help you obtain replacements. The document depot is retained for five years unless updated by the *insured person*.

Organising help in the event of legal difficulties
The relevant *Globality Health service centre* can refer the *insured person* to English, German, French or Spanish-speaking lawyers or experts throughout the world. If necessary, your relevant *Globality Health service centre* will arrange for an advance to pay the lawyers' fees, courts costs or bail. The advance is not paid by the relevant *Globality Health service centre*; it merely makes contact with your bankers, for instance, or relatives and can help in transferring the money if applicable.

Optaining intercultural training
In preparation for the stay abroad, the relevant *Globality Health service centre* can refer the *insured person* to special institutions which provide specific training for the country and/or region concerned, taking into account aspects of living and working abroad.

6. Exclusions

In which cases do you not qualify for benefits?

Acting or travelling against medical advice
We do not cover *treatment* required as a result of you failing to seek or follow medical advice, or as a result of you travelling against medical advice.

Complications caused by excluded cover
We will not cover expenses caused by complications directly caused by an illness, injury or *treatment* for which we exclude or limit cover.

Cosmetic and plastic surgery
Expenses incurred for cosmetic or plastic surgery and *treatment* will not be reimbursed.

Detoxification programmes including therapies
We do not cover detoxification programmes including *treatments* for drug addiction and alcoholism. Without affecting this condition, we will pay the benefits for an initial detoxification if *you* cannot claim a refund from anywhere else. In the case of inpatient detoxification, we will only refund the expenses for basic *hospital* services, including medical *treatment* and *drugs*.

We will not cover further *treatment* caused by or directly associated with harmful, hazardous or addictive use of any substance including alcohol and *drugs*.

Developmental disorders
We will not cover any services, therapies, education testing, or training related to learning disabilities or disorders of psychological development, such as developmental delays, scholastic skills, pervasive disorders, mental retardation, perceptual handicap, brain damage not caused by accidental injury or illness, minimal brain dysfunction, dyslexia or apraxia.

Epidemics, pandemics and disease outbreaks
Costs related to *treatment* and/or medical evacuations and/or repatriations directly or indirectly arising from epidemics, pandemics or disease outbreaks of comparable dimension which have been put under the control of the local public health authorities will not be reimbursed, unless otherwise agreed by *us* in writing.

Existing medical conditions
Existing medical conditions are initially excluded from the insurance cover (refer to the moratorium clause, No. 1.3). However, they can be included by answering the health questions on the *application*.

Experimental and investigational *treatments*
We will not cover any form of *treatment* or drug therapy which we consider to be experimental or investigational. A service, technology, supply, procedure, *treatment*, drug, device, facility, equipment or biological product is considered experimental or investigational when it does not comply with all the following requirements:

- It must have a final license and clearly stated approval from at least one of the following: EMA (European Medicines Agency), FDA (Food and Drug Administration – phase III completed), European network for Health Technology Assessment (EUnetHTA). Interim approval is not sufficient. The approval is only eligible for the corresponding medical indications and conditions. In case of procedures and approved clinical pathway guidance, it must be clearly stated as such on one of the following guidelines: NICE (National Institute for Health and Care Excellence), AWMF (Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften), AHRQ National Guideline (Agency for Healthcare Research and Quality – National Guideline Clearinhouse).
- All approvals and guidance must be conclusive and must not state the need for more research, or under research environment, or limited evidence, or insufficient evidence or lack of clinical utility.

Eyesight
We will not cover any *treatment* or surgery to correct an *insured person*'s eyesight, such as laser *treatment*, refractive keratotomy (RK) and photorefractive keratectomy (PRK).

Force Majeure
Costs related to *treatment* and/or medical evacuations and/or repatriations directly or indirectly arising from force majeure and where we are prevented from providing assistance, or where the situation is taken out of our control by local authorities will not be reimbursed, unless otherwise agreed by us in writing. Force majeure may include, but is not limited to, events which are unpredictable, unforeseeable or unavoid-

able, such as earthquakes, extremely severe weather, fire, floods, landslides, subsidence, and any other act or event that is outside of our reasonable control.

Gender reassignment
We will not cover changing the biological sexual characteristics, by surgery and hormone *treatment*, to those of the opposite sex.

Genetic testing
We shall not be liable for costs of genetic testing, except where specifically named genetic tests are included within your plan, or where we specifically agree otherwise in writing.

Illnesses, *accidents* and their consequences caused deliberately (self-inflicted injuries including attempted suicide)
Illnesses and *accidents*, as well as their consequences, which have been caused by intent are excluded from the insurance cover. An illness or *accident* is considered to have been caused by intent if the person concerned had at least some idea of the consequences of his/her actions and accepted the fact of the damage caused.

Injuries caused within the military service
Illnesses and *accidents* and their consequences, which have been caused while exercising military duties are excluded from the insurance cover.

Need for long-term care and custody
We will not reimburse any costs incurred for accommodation in conjunction with the need for long-term care and custody.

Non-medical *hospital* expenses
Accompanying partner, all non-medical consumables and catering and all media related expenses (such as TV and radio) are not covered.

Nuclear, chemical and biological contamination
We do not cover illnesses and *accidents*, as well as their consequences, which have been caused by nuclear energy (nuclear reactions, radiations, and contamination), as well as illnesses and *accidents* and their consequences caused by chemical or biological weapons.

Post-natal classes
We will not cover post-natal classes following birth to deal with the physical effects on the body of being pregnant and giving birth.

Professional sports
We do not cover *treatments* or diagnostic procedures of injuries or illnesses arising from taking part in *professional sports*.

Sleep disorder
We do not cover investigations into, or *treatment* of, sleep disorders, including insomnia. This includes CPAP (continuous positive airway pressure machine) and BIPAP (bilevel positive airway pressure machine).

Spa and wellness massages
We will not cover stays or *treatments* in a cure centre, a bath centre, a spa, a health resort or a recovery centre, even if they are medically prescribed. This also includes thermal baths, saunas and any kind of wellness massages.

Sterilisation, sexual dysfunction and contraception
We will not cover any procedure which is aimed at making a person unable to reproduce, any procedure, *treatment* or medication to prevent a pregnancy or any *treatment* of sexual dysfunction (unless part of IVF *treatment*).

Surrogacy
We will not refund the cost of *treatments* directly relating to surrogacy, whether *you* are acting as a surrogate or are the intended parent.

Children born to a surrogate mother are excluded from cover.

Termination of pregnancy
We will cover termination of pregnancy in case of physical life threatening danger to the pregnant woman or if the foetus has become non-viable, and only if agreed by *us* in writing prior to the *treatment*. The above conditions must be proven by necessary medical investigation reports and a medical report from the *doctor*, providing the reasons for termination of the pregnancy.

Therapies and *treatment* in sanatoriums, convalescent and nursing homes as well as specific rehabilitation measures
We will not cover therapies and *treatments* in sanatoriums or convalescent and nursing homes. However, depending on the plan level *you* have chosen, we will refund a share of the expenses for *follow-up rehabilitation*.

Transport costs
Unless we have provided *you* with a prior approval in writing, we will not refund *your* transport costs other than *emergency* ambulance services.

Treatment* by *doctors*, *dentists* and other *therapists*, as well as in certain *hospitals
This includes *treatment* by *doctors*, *dentists*, other *therapists* and in *hospitals* whose invoices have been excluded from reimbursement by us for an important reason.

However, this exemption from the obligation to pay benefits only applies to those insured events that occur after you have been informed of the exclusion of benefits. If an insured event has already occurred at the time of notification, our exemption from benefits will only apply for those expenses that are incurred more than one month after notification.

***Treatment* by wives, husbands, non-marital partners, parents or children**
We will not refund the costs if *you* are treated by *your* wife, husband, non-marital partner, parents or children. However, we will refund the proven cost of materials needed for *your treatment* in line with the plan.

Vitamins and minerals
We will not refund the costs of products classified as vitamins or minerals (except where medically necessary during pregnancy or to treat diagnosed, clinically significant vitamin-deficiency syndromes), dietary supplements, including, but not limited to, special infant formula and cosmetic products, even if medically recommended, prescribed or acknowledged as having therapeutic effects.

We do not recognise nutriments, tonics, mineral water, cosmetics, hygiene and body-care products and bath additives as medically necessary. Because of this we will not refund the costs of them.

War, civil unrest, acts of terrorism
The insurance does not cover illnesses or *accidents* and their consequences, as well as death attributable to acts of war, civil unrest or acts of terrorism, unless the *insured person* is injured as an uninvolved third party who has not wilfully or negligently disregarded the danger and the *insured person* has not deliberately entered the area of conflict.

Insurance cover shall not be granted under any circumstances if the uninvolved third party enters an area of direct warfare or renders services for one of the warring parties. The exclusion of benefits shall apply regardless of whether or not war has been declared.

If the *insured person* acquires knowledge of the war, civil unrest or terrorist acts while in the country, the insurance will only cover *emergency*, life-saving *treatment* and only for as long as the insured party is prevented from leaving the country or region concerned, but for not more than 28 days at most.

Other limits
If the *treatment* or other measure for which benefits have been agreed is more than is medically necessary or if the amount claimed for is not within the *usual, customary and reasonable*, we will be entitled to reduce its payment/reimbursement and the *insured* shall be responsible for all costs, which are not within the *usual, customary and reasonable*, as we do not cover any amount, which is not within the *usual, customary and reasonable*.

We reserve the right to have any cost or cost estimate evaluated by *doctors* in order to establish if a cost can be considered within the *usual, customary and reasonable*.

If *you* or the *insured person* can also claim benefits from a statutory health insurance fund or from any other provider of benefits or any other institution, we will only have to refund those expenses which are still necessary despite these benefits.

We do not cover complications resulting from an excluded condition.

In the interest of all involved parties, we will follow the international sanctions regulations in force. We shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit under this *insurance policy* to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose *us* to any sanction, prohibition or restriction under United Nations resolutions, to the trade or economic sanctions, laws or regulations of the European Union or the United Kingdom, or to sanctions of the United States of America.

7. Points to note when an insured event occurs

7.1 What is meant by "medically necessary"?

Medically necessary are all appropriate medical measures, based on internationally approved medical standards at the respective time and location, which are used to diagnose, treat, heal or relieve the disease condition, illness or injury and are recognized as appropriate by the insurer.

These measures must be:

a) carried out in a health care facility authorized and licensed by the authorities in the country of treatment.
b) the most appropriate considering both patient safety and cost effectiveness.
c) Consistent with the diagnosis, symptoms or *treatment* of the underlying condition.
d) Clinically appropriate, in terms of type, frequency, extent, site, and duration, and considered effective for the patient's illness, injury, or disease.
e) Not required purely for comfort or convenience of the patient, medical providers, *therapists* or *doctors*.
f) Not for clinical trial, experimental, investigational, or cosmetic purposes.
g) Not for screening and preventive care purposes.

7.2 Which requirements must be met in order to obtain benefits?

The *insured persons* are free to choose from all the *doctors* and *dentists* who are licensed to provide medical or dental *treatment* in the country in which *treatment* is provided. The same freedom of choice also applies for all other *therapists* who have completed an approved and soundly based course of training in their field of therapy. Expenses will only be reimbursed for medical and dental performances which are required for medically necessary *treatment* in accordance with medical or dental practice.

Fees will be reimbursed for medical and dental *treatment*, as well as for the services of other *therapists* if they are reasonably calculated according to an *acknowledged rate of fees* typical for the country in question. Expenses exceeding the maximum fees in accordance with these *acknowledged rates of fees* may also be reimbursed if they are caused by difficulties resulting from the illness or the medical findings and have been reasonably calculated. Our reimbursement for services by other *therapists*, such as masseurs, midwives or practitioners of complementary medicine, for which a separate *acknowledged rate of fees* may not exist in the *country of residence*, will be based on the comparable fees for *doctors* and customary prices in the country where the *treatment* is provided.

Dental materials and laboratory work will be indemnified on the basis of average prices in the country where the *treatment* is provided. Dentures, *implants* and orthodontic *treatment* are deemed to be *treatments* performed by a *dentist* even when carried out by a *doctor*. They are not included in inpatient or outpatient *treatment*. Within the scope of the contract, we will reimburse the expenses incurred for examination and *treatment* methods, as well as *drugs*, which are generally accepted by *conventional medicine*. In addition, we will also reimburse the costs incurred for methods and *drugs* which have been proven in practice or which are employed because conventional methods or *drugs* are not available; however, our benefits may be limited to the sums which would have been payable had conventional methods and *drugs* been available.

7.3 What must be done when an insured event occurs?

We naturally wish to settle all claims as quickly as possible, which is also in the *insured persons* best interests. For this purpose, claims for insurance benefits must be declared and the relevant invoices submitted without delay when the *treatment* has ended.

a) We are only obliged to indemnify when we have received all the invoices and documents requested by us; these invoices and documents become our property and we reserve the right to archive them.
b) Please note:
   Unless otherwise agreed, the *insured person* should send the invoices directly to the relevant *Globality Health service centre* when an insured event occurs. To process of reimbursements all original documents should be submitted to the Insurer. They must meet the standard legal requirements for issuing invoices in the respective country. (See also No. 7.4) In order to ensure swift and accurate processing and reimbursement of the expenses, we will also accept the transmission of receipts for amounts paid by means of telecommunication such as email or fax as long as the quality of transmission is sufficient for processing the claim. If there is a legitimate interest, the insurer may request the original receipts. If another health insurer or institution has reimbursed part of the costs, it

will be sufficient to send us duplicates of the invoices or documents with the other insurer's or institution's original confirmation of reimbursement. We may also pay benefits to the person or party bringing or sending the required documents, with the effect of having discharged our obligation.

c) Claims for insurance benefits may be neither assigned nor pledged.

7.4 Which information must be contained in the invoices?

a) Invoices must include the following criteria:

- First name and surname, as well as the date of birth of the *insured person*.
- A precise identification of the illness (diagnosis) or otherwise a description of the symptoms by the *doctor*.
- The individual medical services and *treatment* data with unit price.
- Where dental *treatment* is concerned, the invoice must also specify which teeth have been treated or replaced and which services have been rendered in each instance.

b) Further important points:

- All documents or invoices should preferably be issued in English, German, French, Dutch or Spanish and must use Arabic numerals and Latin characters (1, 2, 3 ... a, b, c ...) as well as the *ICD Code* 9 or 10 (International Classification of Diseases).
- Prescriptions must specify the first name and surname, as well as the date of birth of the *insured person*, the *drugs* which have been prescribed, their price and the receipt of payment.
- Prescriptions must be submitted together with the corresponding *doctor's* invoice; invoices for therapies and therapeutic aids and appliances must be submitted with the corresponding prescription.
- If *substitute hospital cash plan benefits* are claimed instead of reimbursement of costs, a certificate confirming the inpatient *treatment* must be submitted with the first name, surname and date of birth of the person receiving *treatment*, the diagnosis, the date of admission and discharge, as well as the duration of leave if applicable.

Wherever possible, please use our "Health Insurance Claim Form" in order to apply for reimbursements; this form can be downloaded from our website or obtained from your relevant *Globality Health service centre*. The submission of this document signed by the *doctor* will ensure a swift processing of the claim and will usually avoid any additional requests to clarify a claim so its reimbursement is not delayed.

7.5 What must be done in the event of an *accident/ emergency*?

Insured persons can contact us at any time, day or night. Addresses, telephone numbers and e-mail address are stated in all our documents. If an *insured person* contacts his/her relevant *Globality Health service centre* following the occurrence of a major insured event, particularly following an *accident*, *emergency* or in the case of inpatient *treatment*, we will offer to call you back immediately.

7.6 How are claims for benefits handled?

a) Inpatient benefits

At request, fixed costs, such as the rate for nursing care or the costs for *hospital* accommodation or the fees for transport by ambulance, can be paid directly to the party issuing the invoice. In addition, the *insured person* may also assign the entitlement to reimbursement from us to the party providing the *treatment* or services by signing a declaration of assignment for the *hospital*. However, we can only pay the costs directly if the *hospital* agrees to this procedure and if this is in keeping with the customs typical of the country concerned.

b) Outpatient and dental benefits

The *insured person* are the contractual partner of the *doctor*/*therapist* consulted. When *treatment* commences, the *doctor*/*therapist* will conclude a contract for *treatment* with the *insured person* as the basis on which he/she can subsequently draw up an invoice. The *insured person* can then present this invoice to the relevant *Globality Health service centre* so that the contractually agreed benefits can be paid out to you from there.

7.7 How are claimed benefits reimbursed?

As a rule, benefits are paid according to the principle of reimbursement. In other words, we will reimburse the eligible costs incurred within the framework of medical *treatment*. As a special service at request, we can pay our reimbursement directly to the party issuing the invoice, provided that they agree to direct payment and this is not prevented by legal considerations.

7.8 Contractual currency

The euro (€) is the basic currency for all our plans. However, US dollar ($) or pounds Sterling (£) can also be selected as the contractual currency. The exchange rates for these currencies are reviewed by us every December and June and adjusted as required. This may result in higher or lower premiums if the contractual currency has to be brought into line with the rate of exchange of the euro.

7.9 Which exchange rates apply?

Invoices are reimbursed in the currency agreed with you. Foreign-currency costs are converted at the actual rate applicable on the day that the invoice was issued. This is unless you can submit bank vouchers proving that you purchased the necessary currency at a less advantageous rate in order to pay the invoices.

8. Your duties

a) *Hospital treatment* must be reported to us without delay. It is sufficient to inform your relevant *Globality Health service centre* of such *treatment*.
b) *Insured persons* are obliged to provide all the information requested by us or the relevant *Globality Health service centre* in order to establish the occurrence of an insured event or to establish our obligation to pay benefits and the amount of benefit due. In addition, the *insured person* must allow us or our *assisteur* to obtain all further information required in this context (above all by releasing medical professionals from their duty of confidentiality).
c) We may request that the *insured persons* be examined by a *doctor* authorised by our company. We will reimburse the cost of such examinations and any travel expenses incurred in this context upon submission of documentary proof.
d) The *insured persons* must make every effort to minimise the damage and desist from all actions detrimental to your or their convalescence.
e) You and the *insured person* must behave cost-consciously when an insured event occurs and limit expenses for treatment to the extent necessary, which may include opting for generic medication instead of branded medication.

Any neglect of the *conditions precedent* specified in Nos. 8 a) to e), above, will relieve us from our obligation to pay benefits, or entitle us to limit our benefits, subject to the restriction specified in the legal regulations. This only applies in cases of wilful intent or gross negligence. Knowledge and fault of any *insured person* are deemed equivalent to your having this knowledge and fault.

What happens if an *insured person* is entitled to claim benefits from a third party?
If an *insured person* can claim non-insurance damages of any kind from a third party, the *insured person* is obliged to assign such claims to us in writing up to the limit that expenses are reimbursed under the insurance contract, notwithstanding the statutory subrogation. If an *insured person* surrenders such a claim or a right serving to secure the claim without our consent, we shall be relieved from our obligation to pay benefits insofar as we could have obtained compensation from the claim or right.

Setting-off
Our claims may only be set off against if the counterclaim is undisputed or has been established without appeal being granted.

Fraud
Entitlement to benefits does not exist if benefits are claimed incorrectly, fraudulently or if third parties have fraudulently sought to obtain benefits under the present contract without legal ground, but with an *insured person*'s consent. All rights to benefits under this contract will be extinguished in such cases. Payments remitted prior to disclosure of the fraudulent actions must be repaid to our company in full.

9. Payment and charging of premiums

Payment of premiums
The premium stated in the *insurance policy* is a monthly premium and is always payable in advance. Any premium loading charged for insurance medical reasons must be specified separately. The first premium or premium installment is due immediately when we have accepted the *insured person*'s *application* for insurance.

If the insurance does not commence on the first day of the calendar month and/or if it ends before the last day of the calendar month, only a prorated monthly premium will be payable for the first and/or last insurance month.

Paying other charges and insurance premium tax (IPT)
If your *country of residence* is within the EU/EEA, we must invoice you for the statutory charges, dues or taxes associated with your *insurance policy*. Any local tax rates that apply will be shown in your *insurance policy*. We will collect the insurance premium tax and dues or charges together with the insurance premium.
If your *country of residence* is outside the EU/EEA, the *policyholder* is responsible for the registration and payment of local taxes and other charges that may occur for the insurance.

Premium charging
The insurance premium for each insurance year depends on the personal state of health, the individual premium according to the current table of premiums as well as the *insured persons* age on the first day of the insurance year. The age bands are distributed according to the following structure: 0-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79. The premium tables can be found on our website http://www.globality-health.com

Adjustment of costs/premiums
The agreed insurance premium is subject to change depending on:

- the actual claims costs no longer correspond to the technical calculation basis on the insurance plan or if the observed cost trend in the health care system gives serious reason to assume that the actual costs will become disproportionate to the calculated costs in the following insurance year. The actual claims costs mean the global/overall actual claims cost of the last years of Globality's individual business.
- the change of age band. If the beginning of a new insurance year involves the change of age band here above mentioned and specified in the table of premiums, we will also adjust the premium according to the new age band;
- changes to applicable legislation.

We are furthermore entitled to pass on to you all increases in statutory charges, dues or taxes or similar payments.

Once per year, these changes will be assessed and consequently, premiums may be adjusted should this become necessary. We will inform you in writing about any premium change at least three months before the beginning of the next insurance year. The change will then apply from the beginning of the next insurance year.

If you do not agree with the premium change, you may terminate the i*nsurance policy* within three months of receiving our notice. The policy will end on the date on which the change would otherwise become effective.

It should be noted that according to clause 2.8., a change of age band does however not provide the right to terminate the *insurance policy*.

Late payment of premiums
If the agreed premium is not paid within ten days of the due date, we may demand payment from you upon expiry of this time-limit. This demand for payment will be sent to you by registered letter addressed to your last place of residence. Delivery is deemed to have been effected even if you refuse to accept the letter.

If the premium has still not been paid within 30 days of receiving the demand for payment, we will be relieved of our obligation to indemnify for all insured events occurring after expiry of the time-limit. You remain obliged to pay premiums in the future even though we are no longer obliged to indemnify you. If the premium has not been paid ten days after expiry of the additional time-limit, we will be entitled to terminate the insurance with immediate effect. If the contract is not terminated, our obligation to indemnify will be reinstated for all new insured events occurring if you have paid the sums and proven default costs due up to this point in time.

Insurance cover will then resume at midnight of the day after we or our duly authorised person has received all outstanding sums. We are under no obligation to pay benefits if the insured event has ceased to be uncertain before you have paid the full outstanding amount.

The insurance contract is deemed to have been terminated if premiums are not paid for a period of more than two years.

10. General information

10.1 When can the General Conditions of Insurance be amended?

We may amend or change the general conditions of insurance. We will inform you in writing about the amended or changed general conditions of insurance at least three months before the beginning of the next insurance year.

The amendment or change of the general conditions of insurance will then apply from the beginning of the next insurance year.

If you do not agree to the amendment or change of the general conditions of insurance, you may terminate the *insurance policy* within three months of receiving our notice. The policy will end on the date on which the change would otherwise become effective.

10.2 Communication between you and us

Without prejudice to article 10.1 above, you agree that any information owed by us in application to the *insurance policy* or pursuant to any applicable law, be validly supplied on paper or electronically, through the website of Foyer Global Health S.A., by e-mail or by any other mean of communication agreed between you and us.

If you do not react within a period of sixty days from the date of the information, you will be deemed to have accepted it and agree to be bound by it on your own as well as on behalf of the *insured persons* and any other person whom you represent by law.

In this respect, you commit to inform, where relevant, the *insured persons* and any other person whom you represent by law. You agree that we shall not be held liable in any way for any loss, damages or costs caused or incurred in relation to the aforementioned obligation to inform the *insured persons* and persons whom you represent by law.

10.3 Insurance of new-born babies

The new-born baby is insured as from the moment of birth, without qualifying periods, provided that at least one parent is insured under the Globality YouGenio® plan on the date of birth and we receive the *application* for insurance within two months. If the *application* for insurance is received more than two months after the date of birth, insurance cover will commence – at the earliest – on the day on which we receive the notification. If the birth is reported after expiry of the two-month period, a premium loading of not more than 100 % may be charged for insurance medical reasons in addition to the plan premium following an assessment of the risk.

The insurance cover for the new-born child must not be greater or more comprehensive than that of one insured parent.

Adopting a child is equivalent to giving birth, provided that the child is still a minor at the time of adoption. A premium loading of up to 100 % may be agreed in the case of a higher risk.

10.4 a Has your *country of residence* and nationality or citizenship changed?

You must inform us immediately, meaning right after becoming aware of, latest however on the effective date of the change, about any new address, especially of any change in the *country of residence*, or any change of nationality or citizenship. A change may impact your premium, your insurance cover and your compliance with local insurance regulations, even if you are moving to a province or country within your *geographical area* of cover. We can ask you to provide proof of residence.

If you fail to inform us, we cannot guarantee cover and we may have to terminate the insurance contract in line with paragraph 2.7 of our General Terms and Conditions.

10.4 b Have you relocated back to your *home country*?

When you return to your *home country* and thereby you are ending the period of expatriation abroad, you will have notify us of the exact date of relocation to the *home country* as soon as you become aware of it, latest however on the actual day of relocation.

If you fail to inform us of the relocation, we cannot guarantee cover and we may have to terminate the insurance contract in line with paragraph 2.7 of our General Terms and Conditions.

10.4 c Has your contract information changed?

You must inform us immediately about change of contact, or new name for you and any *insured person*. We can ask you to provide proof of the change. If you fail to do so, we cannot

guarantee cover and may have to terminate the insurance contract in line with paragraph 2.7 of our General Terms and Conditions.

New bank account?
Let us know your new account number without delay so that we can remit our payments to the correct account.

Has your credit card data changed?
Please update your credit card data (expiry date, security number or bank) on our website.

10.5 Tell us what you think

Do not hesitate to contact us by post, telephone, fax or email if you have a suggestion or are dissatisfied with us.

Foyer Global Health S.A.
12, rue Léon Laval
L-3372 Leudelange
Luxembourg
Telephone: +352 270 444 3601
Fax: +352 270 444 3699
E-mail: feedback@globality-health.com
Internet: www.globality-health.com

You can also contact the ombudsman for insurances (A.C.A. – Association des Compagnies d'Assurance – 12, rue Erasme, L-1468 Luxembourg, in cooperation with the U.L.C. – Union Luxembourgeoise des Consommateurs – 55, rue des Bruyères, L-1274 Howald) or the supervisory authority responsible for all private health insurers in Luxembourg, at the following address: Commissariat aux Assurances, 11, rue Robert Stumper, L-2557 Luxembourg.

10.6 Place of jurisdiction

Contrary to expectations, agreement sometimes cannot be reached when handling claims for insurance benefits. In such a case, claims can be asserted against us in a court of law.

All disputes arising from this insurance contract will be brought before a court of law in the Grand Duchy of Luxembourg or before a court of law in the town in which you reside. If your place of residence is not in one of the member states of the European Union, jurisdiction will rest exclusively with the courts of law in the Grand Duchy of Luxembourg.

10.7 Applicable law

The insurance contract will be governed by the provisions of the law of the Grand Duchy of Luxembourg insofar as another applicable law according to national regulations does not contain provisions incompatible with the provisions of the law of the Grand Duchy of Luxembourg.

11. Definitions

Explanation of terms used in conjunction with the Globality YouGenio® plan

Accident
An *accident* is defined as an external occurrence suddenly and unexpectedly acting on the body and causing damage to health.

Acknowledged rate of fees
Basis on which medical and dental services are calculated. They may differ from one country to the next.

Application
The *application* for insurance is filed for the *policyholder* and the other *insured persons* using an *application* form provided by the insurer.

Assisteur
Our *assisteur* specialises in providing the *insured persons* with help and advice in *emergencies* or during *hospital* stays. They also provide additional services to make the stay of the *insured person* easier in the foreign country and handles the reimbursement of certain costs, such as the cost of return transport. The full range of services is set out in the enclosed Assistance Guidelines.

Conditions precedent
Conditions precedent define standards of conduct which must be observed in order to qualify for the benefits claimed under the insurance contract.

Conversion
Conversion is the term used when an existing insurance cover with us is changed, e.g. by agreeing on a different *deductible*, while maintaining the rights which the *insured persons* have already acquired through the previous continuous insurance with our company.

Country of departure
The *country of departure* is the country in which the *insured persons* permanently lived prior to their stay abroad.

Country of residence
The *country of residence* is the country in which the *insured persons* live after commencing their stay abroad.

Deductible
The effect of a *deductible* is that the *insured person* bears a certain portion of the costs. The *deductible* is the own share to be borne by the *insured persons*. If a *deductible* has been agreed, this will be documented in the *insurance policy* (see No. 4.2).

Dentist
Therapist who primarily deals with disorders of the teeth and mouth.

Doctor
A *doctor* is a medical professional (general practitioner or specialist) or holder of a medical diploma who has the statutory approbation and is licensed to practise medicine in the country in which *treatment* is provided (see *treatment*). The *insured persons* are free to choose any *doctor* meeting these criteria.

Emergency
An *emergency* is defined as the sudden, acute occurrence of an illness or the acute deterioration of some aspect of health directly jeopardising the *insured person's* general state of health.

Existing medical conditions
Existing medical conditions are defined as those illnesses and their consequences which already exist upon inception of the insurance, as well as the consequences of *accidents* already known to an *insured person* or for which the *insured person* is already receiving *treatment*. They can basically be included in the insurance contract by special agreement with you. *Existing medical conditions* that are not specified when filing the *application* are not insured.

Follow-up rehabilitation
Follow-up rehabilitation is a medical *treatment* aiming at recovering the initial state of health after an illness/serious surgery, for example following bypass surgery, cardiac infarction, transplants and surgery involing large bones or joints, or after a serious *accident*.

Geographical area
Insurance cover is provided for the following *geographical areas*:
Geographical area I: Worldwide including the USA
Geographical area II: Worldwide excluding the USA

Globality Service Card
The *insured persons* receive a personal *Globality Service Card* with the address and main telephone numbers of their relevant *Globality Health service centre*. The *Globality Service Card* serves as personal proof of insurance for all service-providers.

Globality Health service centre
The *Globality Health service centres* on the ground offer direct access to local specialists, seamless service and first-class support. *You* can claim help services in line with the plan level *you* have chosen whenever an insured event or *emergency* happens. Call the number indicated on the reverse of *your Globality Service Card* to contact *your service centre* – 24 hours a day, 7 days a week. Please always have the nine digit "Insurance No." indicated on the front side of *your* service card at hand.

Globality Health service centres are familiar with the healthcare system and the local structures of *your* new *country of residence*. They will recommend *doctors* and *hospitals*, make appointments or procure medication. *Your service centre* can give a guarantee for payment or will ensure for the quick and straightforward reimbursement of costs.

Home country
The *home country* is the country of which the *insured person* is a citizen or to which he or she is to be repatriated in the event of his or her death.

Hospice
Institution with exclusive purpose being the care of patients with a limited remaining life expectancy for whom curative *treatment* is no longer available. It attemps at offering the best possible quality of life by using palliative care.

Hospital
Institution for inpatient and sometimes outpatient *treatment* which is approved and licensed in the country in which it operates. Benefits are only paid if the *hospital* is under constant medical management, has adequate diagnostic and therapeutic facilities and keeps medical records. In the case of medically necessary *treatment* in *hospitals* which also provide health cures and in sanatoria or convalescent homes, but which meet the above conditions in all other respects, benefits under the plan will only be paid if these have been confirmed in writing before *treatment* commences. Inpatient *treatment* in tuberculosis clinics and sanatoria can also be reimbursed within the contractual scope for tuberculosis patients. The following institutions do not qualify as *hospitals*: convalescent and nursing homes, health centers, health resorts and spas, as well as sanatoria.

Insurance policy
The insurance cover agreed for the *insured persons* and the premium payable in each case are documented in an *insurance policy*.

Outpatient surgery in lieu of inpatient treatment
Outpatient surgery which can be performed either by a *doctor* or in a *hospital*, but which does not make it necessary to spend the night in *hospital* and need not be followed by a stay in *hospital*.

Part-time hospital treatment
Part-time hospital treatment in a day or night clinic or *hospital* means that the patient only remains in the clinic during the day or night; full-time (i.e. 24-hour) inpatient *treatment* is not or no longer necessary.

Policyholder/insured person
You are the *policyholder*, as you have concluded the insurance contract with us. The *insured persons* are all those for whom you have purchased insurance cover from us (e.g. you and your husband/wife or non-marital partner and children).

Second opinion
Second opinion refers to the medical advice given by an independent second *doctor* not involved in the *treatment* of potentially fatal illnesses and serious, permanent disabilities.

Substitute hospital cash plan benefits (see No. 4.3)
If you do not claim any benefits from us for medically necessary inpatient *treatment* covered by the insurance for an

insured person, we will instead pay a *substitute hospital cash plan* benefit per day actually spent in *hospital* for the medically recommended inpatient *treatment*, in accordance with the selected plan level.

Therapist

A *therapist* may be a *doctor*, but also anyone who has received acknowledged, in-depth training in his/her field and is licensed or authorised to give *treatment* in the country in which *treatment* is provided. *Therapists* include practitioners of complementary medicine, speech *therapists* and midwives/obstetric nurses, as well as members of state-approved assistant medical professions with their own practice, such as masseurs, masseurs and balneotherapists, and physiotherapists. The *insured person* is free to choose any *therapist* meeting these criteria.

Treatment

Treatment describes the diagnostic and therapeutic measures to be undertaken by the *doctor* in order to identify, alleviate or heal a disorder, illness or injury. A course of *treatment* is deemed medically necessary if it could reasonably be considered medically necessary in the light of objective medical and scientific findings at the time of *treatment*.

12. Medical definitions

Explanation of terms used

Acupuncture
Acupuncture is an ancient method used in Traditional Chinese Medicine with which thin needles are pricked into the body to heal illnesses or alleviate pain. In *conventional medicine*, it is primarily approved of for treating pain.

AIDS
AIDS stands for Acquired Immune Deficiency Syndrome, a serious disorder of the immune system.

Cancer
Cancer is the general term used for all malignant disorders caused by the uncontrolled multiplication of mutated cells (new growths, tumours, carcinoma). Such cells can destroy the surrounding tissue and produce metastases (secondary growths).

Chiropractic
Chiropractic is also known as manual therapy. Mutually displaced or dislodged vertebrae and other joints are "wrenched" into place again by certain manual actions.

Conventional medicine
Conventional medicine is defined as the form of medicine based on accepted scientific methods which are taught at universities and are therefore generally acknowledged and applied.

Cures and sanatorium treatment
Cures and sanatorium treatment serve to strengthen a person's state of health.

Domestic help
Domestic help is part of the nursing care provided at home. It encompasses assistance with the usual, recurrent tasks of everyday life associated with the running of a home, such as shopping, cooking, cleaning the home, washing-up, changing and washing the laundry and clothes, as well as heating the home.

Dressings
Dressings is the term used to describe the material for dressing wounds.

Drugs
Drugs are active agents which are administered in isolation or in combination with other substances to diagnose or treat illnesses, disorders, disabilities or pathological conditions. Foods, cosmetics, and body care articles are not recognised as *drugs*. *Drugs* must be prescribed by a *doctor* and must be obtained from a pharmacy. Medication, medicine and pharmaceuticals are synonymous terms.

Homeopathy
Homeopathy is based on three elements: the law of similars, the principle of minimum dose and the principle of potentiation. A homeopath proceeds on the assumption that an illness which produces certain symptoms can be healed with remedies which produce similar symptoms in healthy people.

Hydrotherapy
Hydrotherapy is defined as a specific external *treatment* using water.

ICD Codes
ICD stands for the International Classification of Diseases and is an international system for encoding and classifying all known diagnoses.

Implants
Implants are defined as dental *implants* (metal or ceramic) which are embedded as a substitute for the root of a tooth or in the toothless jaw.

Magnetic resonance imaging (MRI)
A diagnostic technique in which radio waves generated in a strong magnetic field are used to provide images of the body's internal tissues and organs.

Oncology
Oncology is a subsection of internal medicine which deals with the occurrence, diagnosis and *treatment* of tumours and related illnesses.

Osteopathy
Osteopathy encompasses the comprehensive manual diagnosis and therapy of malfunctions in the locomotor system, internal organs and nervous system. It is primarily used for treating chronic pain of the spinal chord and peripheral joints.

Palliative medicine
Palliative medicine describes the comprehensive and acute *treatment* provided to patients whose life expectancy is limited, whose illness can no longer be cured and for whom the purpose of *treatment* is to achieve the best possible quality of life for the patient and his/her relatives.

Performances for conservation
These are defined as measures which are designed to preserve the teeth (e.g. fillings, *treatment* of the root canal).

Performances relating to analysis and therapy of dental function
Examination and *treatment* method used in dentistry to diagnose disorders and illnesses of the entire masticatory apparatus.

Positron emission tomography (PET)
Positron emission tomography (*PET*) is an imaging process with which the distribution of a substance marked with a positron emitter in the patient's body can be represented non-invasively. The concentration of such a "marker" in a tumour can also be assayed quantitatively. The substance is injected intravenously and its radiation emission detected with the aid of external detectors. Important biological processes in tumours can be visualised with the aid of *PET*.

Prophylactic measures
Prophylactic measures are preventive measures; they encompass individual and general measures to avert the threat of illness (e.g. vaccinations, passive immunisation, preventive medication when travelling to hazard areas, *accident* prevention etc.).

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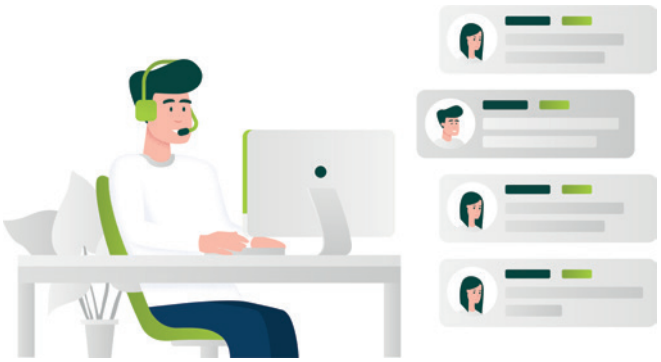

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