

Globality YouGenio[®] World

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 policy*. They also contain important information concerning *your* insurance cover. *We* look forward to a cooperative partnership during the term of the policy.

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 glossary at the end of this document.

We are at your service throughout the world:

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: service-yougenio@globality-health.com
Internet: www.globality-health.com

The supervisory authority for Foyer Global Health S.A. can be contacted at the following address:
Commissariat aux Assurances, 11, rue Robert Stumper,
L-2557 Luxembourg

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. General conditions	4	5. Exclusions	30
1.1 Eligibility	4		
1.2 <i>Pre-existing medical conditions</i>	4	6. How to claim	34
1.3 Moratorium	4	6.1 Requirements to get medical benefits	34
1.4 How to apply	4	6.2 If an insured event happens	34
1.5 Right of withdrawal	5	6.3 Information to be shown in invoices	35
		6.4 If there is an <i>accident or emergency</i>	35
2. Your insurance cover	6	6.5 Claims for benefits	35
2.1 What <i>your</i> cover includes	6	6.6 Refunding claimed benefits	36
2.2 Insured event	6	6.7 <i>Eclaims</i>	36
2.3 Medically necessary	6	6.8 Claiming benefits from a third party and 'setting off'	36
2.4 Start of <i>your</i> insurance cover	6	6.9 Fraud	36
2.5 <i>Waiting periods</i>	6		
2.6 Policy period	6	7. Payment and charging premiums	37
2.7 Renewal	7		
2.8 Termination of <i>your insurance policy</i>	7	8. General information	39
2.9 Ending <i>your</i> insurance cover	7	8.1.a Change of <i>country of residence</i> and nationality or citizenship	39
		8.1.b Relocation back to <i>home country</i>	39
3. Area of cover	8	8.1.c Changing contract information	39
3.1 <i>Geographical area of cover</i>	8	8.2 Changes to the general conditions of insurance	39
3.2 Temporary cover for <i>geographical area I</i>	8	8.3 Communication between <i>you</i> and <i>us</i>	39
		8.4 How to complain	39
4. Scope of benefits	9	8.5 Place of jurisdiction	40
4.1 <i>Deductibles</i>	9	8.6 Applicable law	40
4.2 Double benefits for <i>geographical area I</i>	9	8.7 Language	40
4.3 <i>Annual overall limit</i>	10		
4.4 Scope of benefits: <i>Inpatient treatment</i>	10	9. Definitions	41
4.5 Scope of benefits: <i>Outpatient treatment</i>	13		
4.6 Scope of benefits: Dental <i>treatment</i>	16		
4.7 Scope of benefits: Medical assistance	17		
4.8 Scope of benefits: Additional assistance	18		
4.9 Description of benefits	19		

1. General conditions

1.1 Eligibility

The *insurance policy* is designed for expatriates. Anyone who stays abroad for at least three months is eligible for insurance unless *we* agree otherwise. If *you* return to *your home country* to make it the main *country of residence*, *you* can keep *your* policy, if *we* agree, as long as it is compliant with local national legislation. Please note that *we* cannot cover anyone who is permanently resident in the USA.

In case that an *insured person* should become a permanent resident of the USA, *we* will cease to provide insurance cover. For change of residence in all other countries, *we* may review whether or not the insurance contract is compliant with applicable law on a case by case basis in order to decide whether to issue, modify, or terminate the insurance cover.

Whilst *we* will endeavor to take all appropriate measures to ensure compliance of the insurance cover abroad, *we* have no control over adherence to other possible requirements. It is therefore the obligation of the *policyholder* to ensure compliance with local social security provisions and regulations for all *insured persons* under the *insurance policy*.

We may terminate the individual insurance contract due to legal changes in a country, which result in a breach of regulations governing the provision of healthcare cover to local nationals, residents or citizens.

1.2 Pre-existing medical conditions

We do not cover *pre-existing medical conditions*. They are governed by the moratorium clause (see 1.3). However, *you* can choose to include *pre-existing medical conditions* when applying for insurance.

To check whether *we* can cover the *pre-existing medical conditions* from the start date of the *insurance policy*, *you* will need to answer all the health questions listed in the *application* correctly and to the best of *your* knowledge. Any applicant will also need a medical evaluation in this case. The medical evaluation may result in *us* adding conditions to the policy, charging an extra premium, adding an exclusion or rejecting *your application/an insured person*. *We* will also treat *medical conditions* which arise between *you* filling in the *application* form and *us* confirming that *we* will provide cover as 'pre-existing'.

1.3 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*, advice, symptoms or medication relating to the 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 known 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 How to apply

You can apply for cover by filling out an *application* form which *you* can get from *your* insurance intermediary, direct from *us* or through our website. *You* must answer all questions on the form completely and correctly so that *we* can check the *application*. If *you* need insurance cover for another person, they will also be responsible – together with *you* – for making sure that the questions are answered completely and correctly. *You* can send the *application* to *us* by post, email or fax.

The *application* does not bind either *you* or *us* to conclude the contract. However, *we* will notify *you*, within 30 days of the receipt of the *application* form, of an insurance offer, the subjecting of the insurance to an inquiry or survey, or the refusal to insure. *We* have the right to request further data should it be necessary for legal reasons.

We will provide insurance cover in good faith, assuming that *you* have correctly and completely answered all the relevant questions raised before the start of the *insurance policy* (this is known as *your* 'pre-contractual duty to disclose information').

1.5 Right of withdrawal

You may withdraw from this insurance policy in writing within 14 calendar days, without penalty and without giving us any reason. This 14-day period begins on the day on which you receive the insurance policy and the general conditions of insurance. So that you meet this deadline, you can send your notice of withdrawal by post, email or fax before the end of the 14 days.

If you withdraw from your insurance policy within this 14-day period, we will refund any premiums you might have already paid. If you do not withdraw from your insurance policy within the 14 days, your insurance policy will become final.

2. Your insurance cover

2.1 What your cover includes

We provide insurance cover for illnesses, *accidents* and other events shown in the general conditions of insurance (see 4.3 to 4.8). If an insured event happens, we will refund the expenses for medically necessary *treatments* and other agreed services.

The insurance cover is set out in the *insurance policy*, future written agreements, the general conditions of insurance and the statutory regulations.

2.2 Insured event

An insured event is defined as the medically necessary *treatment* (see 6.1) you need due to an illness, an *accident* and other events shown in the general conditions of insurance (see 4.3 to 4.8).

The insured event begins with *treatment* and ends when medical findings show that you no longer need *treatment*.

If you need *treatment* for an illness, an *accident* and other events shown in the general conditions of insurance (see 4.3 to 4.8) which was not related to the original event, we will treat this as a new insured event.

2.3 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 (see also 5).
- g) Not for screening and preventive care purposes.

2.4 Start of your insurance cover

Insurance cover starts on the date shown in the *insurance policy* (start date of insurance), but not before you have paid your first premium and not before the end of the *waiting periods* (see also 1.3 and 2.5). We will not cover insured events which happen before the start date of the insurance. If the *insurance policy* is amended, this paragraph will apply to the new, extra part of the insurance cover.

2.5 Waiting periods

Waiting periods only apply for maternity care (including complications), childbirth, psychiatric *treatment*, psychotherapy, infertility *treatment* and major dental services.

The *waiting period* is 10 months from the start date of insurance for psychiatric *treatment*, psychotherapy and major dental services regardless of the number of *insured persons*. For an *insurance policy* with two or more insured adults on the same *insurance policy*, a *waiting period* of 12 months will apply to *treatment* of pregnancy and childbirth. For an *insurance policy* with only one insured adult, a *waiting period* of 24 months will apply to *treatment* of pregnancy and childbirth. This does not apply to infertility *treatment*, where there is a *waiting period* of 24 months regardless of the number of *insured persons*. If the *insurance policy* is amended, the *waiting periods* will apply to any new, extra part of the insurance cover, depending on the agreed plan level.

Regardless of the number of insured adults or the *insured member's* start date of insurance, each individual member must pass the minimum *waiting period* applicable to each benefit.

2.6 Policy period

This *insurance policy* will initially last for one year. The insurance year begins on the date shown in the *insurance policy*, in other words, the start date of insurance (see also 2.7 and 2.9) and ends 12 months later (end date of insurance).

The insurance year for *insured persons* who later join the *insurance policy* commences on the date indicated on their

insurance certificate (start date of insurance) and runs until the end date of insurance (see also 2.7).

2.7 Renewal

We renew the *insurance policy* for a further period of 12 months at the end of each insurance year. We reserve the right to apply changes to the general conditions of insurance of *your insurance policy* for the new insurance year which follows after the end date of *your insurance policy* (see also 8.2).

You may give three months written notice if you do not want us to renew the policy at the end of any insurance year.

Any changes in insurance cover are only possible from the beginning of the next insurance year and if we agree.

2.8 Termination of your insurance policy

As well as other legal reasons for terminating the relationship, or other reasons allowed under the general conditions of insurance, we and you may also terminate the *insurance policy* in the following cases.

- You may terminate the *insurance policy* if we make a change to the general conditions of insurance (see 8.2) or if we increase the fees and premiums (see 7). 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. You may give notice of termination within one month of receiving notice of the change. The policy will actually end at midnight on the date on which the next yearly premium is due.
- You may terminate the *insurance policy* when your home country becomes your country of residence before the anniversary date of the *insurance policy* (see also 2.6). The *insurance policy* ends only when we have received a termination notice from you.
- 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 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*.

As well as any other reasons to make the policy void (without legal effect) which are listed in the general conditions of insurance, the policy will become void if you deliberately fail to provide information that would have affected our decision to accept your application for insurance or would have added conditions to our acceptance. In this case, anyone who received a claim payment will have to return any money paid, and we will not refund any premiums paid.

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.

2.9 Ending your insurance cover

The policy and any cover for an *insured person* will end:

- a) if an *insured person* dies (if you die, the other *insured persons* can continue as new *policyholder* as long as this is requested within two months of your death);
- b) if you object to renewing the *insurance policy* after the end of the insurance year (see 2.7);
- c) if the *insurance policy* is terminated or declared void (see 2.8).

You need to send us proof that all *insured persons* have been informed about the termination of the policy.

3. Area of cover

3.1 Geographical area of cover

Insurance cover applies in the following *geographical areas*:

Geographical area I: Worldwide including USA

Geographical area II: Worldwide excluding USA

3.2 Temporary cover for *geographical area I*

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

If an insured event happens within the six weeks and *you* need *emergency treatment* in the USA, there is no specific time limit on the *treatment* itself.

However, if an eligible medical *emergency* occurs, we may transfer *you* to another country for *treatment* if medically appropriate and if the situation allows.

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

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

4. Scope of benefits

The Globality YouGenio® World plan has four plan levels – Essential, Classic, Plus and Top. The individual plan levels depend on the type and amount of benefits agreed.

Depending on the plan level *you* have chosen, *we* will refund up to 100 % of the eligible expenses up to the *annual overall limit* listed in the scope of benefits set out below, unless *we* say otherwise in the following scope of benefits, our general information, the general conditions of insurance or in the definitions.

4.1 Deductibles

We have agreed the following *deductibles* for the Globality YouGenio® World plan.

- Globality YouGenio® World Essential:
 - does not apply
- Globality YouGenio® World Classic:
 - 0
 - € 250, \$ 325 or £ 210
 - € 500, \$ 650 or £ 420
 - € 1,000, \$ 1,300 or £ 840
- Globality YouGenio® World Plus or Top:
 - 0
 - € 250, \$ 325 or £ 210
 - € 500, \$ 650 or £ 420
 - € 1,000, \$ 1,300 or £ 840
 - € 2,500, \$ 3,250 or £ 2,100

Deductibles apply for each insurance year and for each *insured person*. They apply only for expenses linked to outpatient and dental *treatment*. *Deductibles* do not apply for *accidental dental treatment*.

If *we* have agreed to a *deductible*, *we* will refund up to 100 % of the eligible expenses up to the *annual overall limit/maximum outpatient limit* which are more than the *deductible*.

Expenses are attributed to the insurance year in which the *doctor* or *therapist* was consulted and in which the *drugs*, *dressings* and therapeutic aids and appliances were provided.

4.2 Double benefits for geographical area I

If *you* are covered under *geographical area I* (worldwide including USA) *we* will double the maximum sums and lump sums shown in 4.3, 4.4, 4.5 and 4.6 (whether the *treatment* takes place in the USA or not).

If a benefit is limited to a certain number of days or sessions, this limit will not change. If *we* have agreed a *deductible*, it will not change.
























4.3 Annual overall limit

Benefits	Essential	Classic	Plus	Top
Annual overall limit	✓ € 2,000,000/ \$ 2,600,000/ £ 1,680,000	✓ € 3,000,000/ \$ 3,900,000/ £ 2,520,000	✓ € 5,000,000/ \$ 6,500,000/ £ 4,200,000	✓ € 7,500,000/ \$ 9,750,000/ £ 6,300,000

4.4 Scope of benefits: *Inpatient treatment*

Benefits	Essential	Classic	Plus	Top
Accommodation in a private or semi-private room	✓	✓	✓	✓
Consultations and diagnostic services, including pathology, radiology, <i>computed tomography (CT)</i> , <i>magnetic resonance imaging (MRI)</i> , <i>positron emission tomography (PET)</i> and <i>palliative medicine</i>	✓	✓	✓	✓
<i>Hospital charges</i> , including operating theatres, anaesthesia, intensive care wards and laboratories	✓	✓	✓	✓
Surgery and anaesthetics	✓	✓	✓	✓
Outpatient surgery instead of inpatient treatment	✓	✓	✓	✓
<i>Drugs and dressings</i>	✓	✓	✓	✓
Physiotherapy, including massages	✓	✓	✓	✓
Therapies, including occupational therapy, light therapy, <i>hydrotherapy</i> , inhalation, packs, medical baths, cryotherapy, thermotherapy, electrotherapy	✓	✓	✓	✓
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	✓ such as cardiac pacemakers, if needed as a life-saving measure up to € 2,000/ \$ 2,600/ £ 1,680 For therapeutic aids and appliances, such as artificial limbs and prostheses	✓

All amounts apply per person per insurance year unless we say otherwise.

Benefits	Essential	Classic	Plus	Top
Maternity care and childbirth, services of a midwife or obstetric nurse in the <i>hospital</i>	✗	✗	 up to € 5,000/ \$ 6,500/ £ 4,200 <i>Waiting period of 12 months (for two or more insured adults)</i> <i>Waiting period of 24 months (for one insured adult)</i>	 up to € 20,000/ \$ 26,000/ £ 16,800 <i>Waiting period of 12 months (for two or more insured adults)</i> <i>Waiting period of 24 months (for one insured adult)</i>
Complications of pregnancy and childbirth	✗	✗	 <i>Waiting period of 12 months (for two or more insured adults)</i> <i>Waiting period of 24 months (for one insured adult)</i>	 <i>Waiting period of 12 months (for two or more insured adults)</i> <i>Waiting period of 24 months (for one insured adult)</i>
Newborn care	✗	✗		
<i>Congenital conditions</i>	 up to a maximum of € 150,000/ \$ 195,000/ £ 126,000 per lifetime	 up to a maximum of € 150,000/ \$ 195,000/ £ 126,000 per lifetime	 up to a maximum of € 150,000/ \$ 195,000/ £ 126,000 per lifetime	 up to a maximum of € 150,000/ \$ 195,000/ £ 126,000 per lifetime
<i>Cancer treatment, oncological drugs and treatment, including reconstructive surgery for breast cancer</i>				
<i>Dialysis</i>	✗	 up to a maximum of € 2,000,000/ \$ 2,600,000/ £ 1,680,000 per lifetime	 up to a maximum of € 2,000,000/ \$ 2,600,000/ £ 1,680,000 per lifetime	 up to a maximum of € 2,000,000/ \$ 2,600,000/ £ 1,680,000 per lifetime
Bone marrow and organ transplants (costs for donor and receiver)	 up to a maximum of € 100,000/ \$ 130,000/ £ 84,000 per lifetime	 up to a maximum of € 150,000/ \$ 195,000/ £ 126,000 per lifetime	 up to a maximum of € 200,000/ \$ 260,000/ £ 168,000 per lifetime	
<i>Psychiatric treatment</i>	✗	✗	 Up to 20 days if pre-approved <i>Waiting period of 10 months</i>	 Up to 40 days if pre-approved <i>Waiting period of 10 months</i>

All amounts apply per person per insurance year unless we say otherwise.

Benefits	Essential	Classic	Plus	Top
Inpatient psychotherapy	✗	✗	✓ Up to 20 sessions if pre-approved Waiting period of 10 months	✓ Up to 40 sessions if pre-approved Waiting period of 10 months
Parent accommodation during inpatient treatment of a minor child	✓	✓	✓	✓
Nursing care at home and <i>domestic help</i> , instead of a <i>hospital</i> stay	✗	✓ up to 30 days if pre-approved	✓ up to 60 days if pre-approved	✓ up to 90 days if pre-approved
Nursing care at home after childbirth, instead of a <i>hospital</i> stay	✗	✗	✓ up to 5 days if pre-approved	✓ up to 5 days if pre-approved
Substitute hospital cash plan benefit	✓ € 50/ \$ 65/ £ 42 per day	✓ € 75/ \$ 97.50/ £ 63 per day	✓ € 150/ \$ 195/ £ 126 per day	✓ € 200/ \$ 260/ £ 168 per day
Inpatient follow-up rehabilitation	✓ up to 21 days if pre-approved	✓ up to 21 days if pre-approved	✓ up to 28 days if pre-approved	✓ up to 28 days if pre-approved
Hospice	✗	✓ up to 7 weeks	✓ up to 7 weeks	✓ up to 7 weeks
Daycare	✓	✓	✓	✓
Transport to the nearest suitable <i>hospital</i> for initial treatment following an accident or an emergency	✓	✓	✓	✓
Return to country of residence after repatriation	✗	✗	✓ up to € 1,500/ \$ 1,950/ £ 1,260	✓ up to € 1,500/ \$ 1,950/ £ 1,260
Inpatient dental treatment	✗	✗	✓	✓
Emergency dental treatment	✗	✓	✓	✓

All amounts apply per person per insurance year unless we say otherwise.

4.5 Scope of benefits: *Outpatient treatment*

Benefits	Essential	Classic	Plus	Top
Maximum outpatient limit	✗	€ 7,500/ \$ 9,750/ £ 6,300	€ 15,000/ \$ 19,500/ £ 12,600	✓
Consultations and diagnostic services, including pathology, radiology, <i>computed tomography (CT)</i> , <i>magnetic resonance imaging (MRI)</i> , <i>positron emission tomography (PET)</i> and <i>palliative medicine</i>	✗	✓ Max. outpatient limit applies	✓ Max. outpatient limit applies	✓
Critical illness, following inpatient treatment	✓ up to a combined limit of € 3,000/ \$ 3,900/ £ 2,520	✓ Max. outpatient limit applies	✓ Max. outpatient limit applies	✓
Outpatient surgery	✗	✓ Max. outpatient limit applies	✓ Max. outpatient limit applies	✓
Cancer treatment	✓	✓	✓	✓
Health checks	✗	✗	✓ up to € 250* / \$ 325* / £ 210*	✓ up to € 500 / \$ 650 / £ 420
Maternity care and childbirth, services of a midwife or obstetric nurse	✗	✗	✓ up to € 3,000* / \$ 3,900* / £ 2,520* <i>Waiting period of</i> 12 months (for two or more insured adults) <i>Waiting period of</i> 24 months (for one insured adult)	✓ up to € 5,000 / \$ 6,500 / £ 4,200 <i>Waiting period of</i> 12 months (for two or more insured adults) <i>Waiting period of</i> 24 months (for one insured adult)
Complications of pregnancy and childbirth	✗	✗	✓ up to € 3,000* / \$ 3,900* / £ 2,520* <i>Waiting period of</i> 12 months (for two or more insured adults) <i>Waiting period of</i> 24 months (for one insured adult)	✓ <i>Waiting period of</i> 12 months (for two or more insured adults) <i>Waiting period of</i> 24 months (for one insured adult)

* Max. outpatient limit applies

All amounts apply per person per insurance year unless we say otherwise.

Benefits	Essential	Classic	Plus	Top
Outpatient childbirth cash benefit	✗	✗	✔ Lump sum of € 250* / \$ 325* / £210* for each new-born baby without proof of costs after presenting the birth certificate	✔ Lump sum of € 500 / \$ 650 / £420 for each new-born baby without proof of costs after presenting the birth certificate
Acupuncture (needle technique), homeopathy, osteopathy, chiropractic and traditional Chinese medicine	✗	✔ up to € 1,000* / \$ 1,300* / £ 840*	✔ up to € 2,500* / \$ 3,250* / £ 2,100*	✔ up to € 5,000 / \$ 6,500 / £ 4,200
Speech therapy	✗	✗	✔ if pre-approved*	✔ if pre-approved
Psychiatric treatment	✗	✔ up to € 1,000* / \$ 1,300* / £ 840* if pre-approved Waiting period of 10 months	✔ up to € 5,000* / \$ 6,500* / £ 4,200* if pre-approved Waiting period of 10 months	✔ if pre-approved Waiting period of 10 months
Outpatient psychotherapy	✗	✗	✔ up to 10 sessions* if pre-approved Waiting period of 10 months	✔ up to 20 sessions if pre-approved Waiting period of 10 months
Drugs and dressings	✗	✔ Max. outpatient limit applies	✔ Max. outpatient limit applies	✔
Over-the-counter drugs (OTC)	✗	✔ up to € 50* / \$ 65* / £ 42*	✔ up to € 75* / \$ 97.50* / £ 63*	✔ up to € 100 / \$ 130 / £ 84
Physiotherapy, including massages	✗	✔ up to 15 sessions*	✔ up to 20 sessions*	✔
Therapies, including occupational therapy, light therapy, hydrotherapy, inhalation, packs, medical baths, cryotherapy, thermotherapy, electrotherapy	✗	✗	✔ up to 10 sessions*	✔
Therapeutic aids and appliances	✗	✔ up to € 1,000* / \$ 1,300* / £ 840*	✔ up to € 2,000* / \$ 2,600* / £ 1,680*	✔

* Max. outpatient limit applies
All amounts apply per person per insurance year unless we say otherwise.

Benefits	Essential	Classic	Plus	Top
Wigs and prosthetic bras following cancer treatment	✗	✔ up to € 300*/ \$ 390* / £ 252*	✔ up to € 300*/ \$ 390* / £ 252*	✔ up to € 300/ \$ 390 / £ 252
Vaccinations and immunization	✗	✗	✔ up to € 250*/ \$ 325* / £ 210*	✔
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, including an eye test	✗	✗	✔ up to € 150*/ \$ 195* / £ 126*	✔ up to € 250/ \$ 325 / £ 210
Transport to the nearest suitable <i>doctor or hospital</i> for initial <i>treatment</i> following an <i>accident or an emergency</i>	✔	✔	✔	✔
Infertility <i>treatment</i>	✗	✗	✔ 50 %* up to € 2,000/ \$ 2,600 / £ 1,680 for each insured couple, per lifetime <i>Waiting period of</i> 24 months	✔ 50 % up to € 10,000/ \$ 13,000 / £ 8,400 for each insured couple, per lifetime <i>Waiting period of</i> 24 months

* *Max. outpatient limit* applies
All amounts apply per person per insurance year unless we say otherwise.

4.6 Scope of benefits: Dental treatment

Benefits	Essential	Classic	Plus	Top
Basic dental services				
Screenings for early detection of disorders of the teeth mouth and jaw	✗	✗	☑	☑
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	✗	✗	☑	☑
<i>Accidental dental treatment</i>	✗	☑	☑	☑
Major dental services	✗	✗	☑	☑
			Reimbursement for the following benefits up to € 2,000/ \$ 2,600/ £ 1,680 Waiting period of 10 months	Reimbursement for the following benefits up to € 5,000/ \$ 6,500/ £ 4,200 Waiting period of 10 months
Dentures (for example, prostheses, bridges and crowns, inlays, onlays)	✗	✗	☑	☑
<i>Implantological services</i>	✗	✗	☑ 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	✗	✗	☑	☑
<i>Treatment plan</i>	✗	✗	☑	☑













All amounts apply per person per insurance year unless we say otherwise.

4.7 Scope of benefits: Medical assistance

Benefits	Essential	Classic	Plus	Top
24-hour phone and e-mail service with experienced counsellors, <i>doctors</i> and specialists	✓	✓	✓	✓
Medical evacuation and <i>repatriation</i>	✓	✓	✓	✓
Information on medical infrastructure (local medical care and names and addresses of <i>doctors</i> who speak several languages)	✓	✓	✓	✓
Support and information by our medical service (<i>second opinion</i> , monitoring of the course of the illness)	✓	✓	✓	✓
Guarantee of payment (GOP) (preparing for a stay in <i>hospital</i>)	✓	✓	✓	✓
Return of mortal remains	✓ up to € 2,500/ \$ 3,250/ £ 2,100	✓ up to € 5,000/ \$ 6,500/ £ 4,200	✓ up to € 7,500/ \$ 9,750/ £ 6,300	✓ up to € 10,000/ \$ 13,000/ £ 8,400
Additional, appropriate medical support (information on the nature, possible causes and possible <i>treatment</i> of an illness)	✓	✓	✓	✓
Online services	✓	✓	✓	✓

All amounts apply per person per insurance year unless we say otherwise.

4.8 Scope of benefits: Additional assistance

Benefits	Essential	Classic	Plus	Top
Compassionate family visit	✗	✗	 up to € 1,500/ \$ 1,950/ £ 1,260	 up to € 3,000/ \$ 3,900/ £ 2,520
Delayed return trip	✗	✗	 up to € 2,000/ \$ 2,600/ £ 1,680	 up to € 2,000/ \$ 2,600/ £ 1,680
Getting hold of and shipping vital medication	✗	✗		
Return transport or care for children	✗	✗	✗	
Help with psychological problems possibly attributable to the stay abroad	✗	✗	 psychological and therapeutic help by phone; up to 3 calls	 psychological and therapeutic help by phone; up to 5 calls
Document depot (safe custody, help in obtaining replacements)	✗	✗	✗	
Organizing help if <i>you</i> have legal difficulties	✗	✗	✗	
Arranging intercultural training (information about local culture and so on)	✗	✗	✗	

All amounts apply per person per insurance year unless we say otherwise.

4.9 Description of benefits

Please note: The benefits described in 4.9 may be different or may not be covered by the insurance, depending on the plan level you have chosen.

Inpatient benefits

Accommodation in a private or semi-private room

If you need *inpatient treatment* – including *pre-hospital*, *post-hospital* and *daycare*, you must go to a recognised *hospital* in the country you are being treated in. The *hospital* must be run under constant medical management, have suitable diagnostic and therapeutic facilities and keep complete medical records. We will pay benefits up to the *annual overall limit* for the time you need medically necessary *inpatient treatment*.

Accommodation means standard private or semi-private accommodation as shown in the table of benefits. We will not cover any sort of deluxe rooms, executive rooms and suites.

You or the *insured person* must contact the relevant *Globality Health service centre*, shown on your *Globality Service Card*, before or when the *insured person* is admitted to *hospital*. If this does not happen, we might not pay the full claim.

Consultations and diagnostic services, including pathology, radiology, CT, MRI, PET and palliative medicine

Eligible claims include all expenses for examination, diagnosis and therapy which are seen as medically necessary *inpatient treatment*. Eligible expenses also include those for pathology, radiology, *computed tomography (CT)*, *magnetic resonance imaging (MRI)*, *positron emission tomography (PET)* and *palliative medicine*.

Hospital charges, including operating theatres, anaesthesia, intensive-care wards, laboratories

These are defined as the extra costs for the using special facilities, such as operating theatres, intensive-care wards and laboratories.

Surgery and anaesthetics

We will refund the expenses for services needed in this context, such as medical services, anaesthesia and using special

facilities, if directed by a specialist. We will also cover the expenses for outpatient surgery instead of *inpatient treatment*.

Outpatient surgery instead of inpatient treatment

Elective surgery which is usually performed as an inpatient procedure, but where there is an option for the surgery to be carried out on an outpatient basis. This benefit does not include surgeries which are grade 1 or minor (any invasive operative procedure in which only skin or mucus membranes and connective tissue are resected) or invasive operative procedures for procurement of tissue samples or bodily fluids (such as biopsies and colonoscopies).

Drugs and dressings

These must be prescribed by a *hospital doctor* or *dentist* alongside *inpatient treatment*. *Drugs* must also be dispensed by a pharmacy, *hospital pharmacy* or other officially approved dispensary.

Physiotherapy, including massages

Physiotherapy and massages must be prescribed by a *hospital doctor* alongside *inpatient treatment*. Also, they must be carried out by a *doctor* or a professional *therapist*. They must also be referred by the *doctor* during *inpatient treatment*. The prescription must have been issued before *treatment* begins and must specify the diagnosis, nature and number of sessions needed.

Therapies, including occupational therapy, light therapy, hydrotherapy, inhalation, packs, medical baths, cryotherapy, thermotherapy, electrotherapy

These physical-medical services must be prescribed by a *hospital doctor* alongside *inpatient treatment*. Also, they must be carried out by a *doctor* or professional *therapist*. They must also be referred by the *doctor* during *inpatient treatment*. The prescription must have been issued before *treatment* begins and must specify the diagnosis, nature and number of sessions needed.

Therapeutic aids and appliances within the framework of inpatient treatment

Eligible expenses include those for therapeutic aids and appliances which are designed to serve as a life-saving measure or which directly help relieve physical disabilities, such as cardiac pacemakers, artificial limbs and prostheses (but not dentures). They must be fitted during the stay in *hospital* and

stay in or on *your* body. We will refund expenses for repairing therapeutic aids and appliances within the scope of these conditions during the insured period.

Maternity care and childbirth, services of a midwife or obstetric nurse in a *hospital*

We will refund the eligible expenses for childbirth, pregnancy or pregnancy-related illness in a *hospital*, maternity home or similar institution, the expenses for nursing at home or *domestic help* resulting from pregnancy or pregnancy-related illness and midwife or obstetric nurse services.

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 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 12 months applies to insurance policies with two or more insured adults. A *waiting period* of 24 months applies to insurance policies with only one insured adult.

Regardless of the number of insured adults or the *insured member's* start date of insurance, each individual member must pass the minimum *waiting period* of 12 months.

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 12 months applies to insurance policies with two or more insured adults. A *waiting period* of 24 months applies to insurance policies with only one insured adult.

Newborn care

Treatment of a routine or acute *medical condition* being suffered by a new born baby, and which manifests itself within 30 days following birth, is covered under the new born benefit of the child's policy and not under any other benefit on the policy. Complications of assisted conception or childbirth, including premature or multiple births, are excluded from this benefit. If a *congenital condition* occurs in a newborn, cover will be provided under the *congenital conditions* benefit of the child's policy.

Newborn babies are insured from the moment of birth, without qualifying periods, as long as the birth mother has been insured under the Globality YouGenio® World plan on the date of birth for at least six months in a row before birth and we receive the *application* for insurance within two months.

If the birth mother has not passed the *waiting period* for maternity care, fees relating to maternity care will not be covered, however newborn cover will still be provided as long as the above mentioned conditions are met.

If the birth mother has not been insured under the Globality YouGenio® World plan on the date of birth for at least six months in a row before birth and/or we do not receive the *application* for insurance within two months we do not provide coverage for newborn babies without medical underwriting.

If we receive the *application* for insurance more than two months after the date of birth, insurance cover will begin – at the earliest – on the day on which we receive the notification.

If the birth is reported after the end of the two-month period, we might charge an extra premium. It cannot be more than 100 %, charged for insurance medical reasons as well as the plan premium following an assessment of the risk.

The insurance cover for the newborn baby must not be greater or more comprehensive than that of one of the insured parents.

For an adopted minor child, medical underwriting applies. We may charge an extra premium of not more than 500 % for insurance medical reasons as well as the plan premium following an assessment of the risk.

Congenital conditions

We will refund the eligible expenses for any disease or illness, abnormality, birth defect, premature birth, malformation present at birth including any related condition, whether diagnosed or not.

Cancer treatment, oncological drugs and treatment, including reconstructive surgery for breast cancer

We will refund the eligible expenses for medical *treatment*, diagnostic tests, radiation therapy, chemotherapy, *drugs* and *hospital* costs linked to *inpatient treatment* as well as reconstructive surgery for breast *cancer*.

Dialysis

We will refund the eligible expenses for *dialysis* including necessary medication and all related costs up to the lifetime limit. Eligible expenses include *treatment* on an inpatient, outpatient and *daycare* basis.

Bone marrow and organ transplants within the framework of inpatient treatment

In the case of bone marrow or organ transplants (for example heart, kidney, liver and pancreas), we will refund 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 getting the organ, the cost of transporting the organ to the patient and the expenses 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 refund the expenses for inpatient psychiatric *treatment* if we have agreed in writing to refund these costs before *treatment* begins.

A *waiting period* of 10 months applies.

Inpatient psychotherapy

We will only refund the costs of inpatient psychotherapy if the *treatment* is provided by a psychiatrist, psychotherapist or other specialist with appropriate qualifications in the field of psychiatry, psychotherapy or psychoanalysis. We must also agree to these costs in writing before *treatment* begins.

A *waiting period* of 10 months applies.

Parent accommodation during inpatient treatment of a minor child

We will refund the extra costs for accommodation for one parent staying with a child under the age of 18.

Nursing care at home and domestic help, instead of a hospital stay

We will refund the eligible expenses of medically necessary nursing at home and *domestic help* by trained nursing staff instead of the medically recommended *hospital* stay or to shorten the time spent in *hospital*. Nursing at home applies on top of the medical *treatment* and we will refund it as well as the medical *treatment*. Moreover, these costs will only be refunded if we have agreed to refund them in writing before *treatment* begins.

Substitute hospital cash plan benefit

Cover is provided, up to the amount shown in the scope of benefits, for any covered *inpatient treatment* actually received, but for which you have not claimed any benefits.

Inpatient follow-up rehabilitation

We will refund the expenses for inpatient *follow-up rehabilitation* to continue the medically necessary inpatient *hospital treatment* (for example after bypass surgery, cardiac infarction, transplants and surgery involving large bones or joints) if we have agreed to this in writing beforehand.

Inpatient *follow-up rehabilitation* must in all cases begin within two weeks of being discharged from *hospital*.

Hospice

We will refund the expenses for accommodation, nursing care and support if outpatient care at home or in a family member's home is not possible and as long as 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 a supervisory nursing care or management qualification. We will reimburse the expenses for accommodation, nursing care and support in line with the patient's state of health for up to seven weeks.

We only grant benefits for full-or part-time inpatient *hospice* care if the *insured person* is suffering from an illness which:

- is progressive (in other words, it continues to get worse) and has already reached an advanced stage;
- is incurable, so that inpatient palliative care has become necessary; and
- only gives a life expectancy of weeks or a few months.

We pay *hospice* benefits for, among others, the following illnesses:

- *Cancer* in advanced stages
- Fully developed infectious *AIDS*
- Disorders of the nervous system, with progressive paralysis which cannot be stopped
- Chronic kidney, liver, heart, digestive or pulmonary illness in a terminal stage.

Daycare

Daycare refers to the *treatment* received in *hospital* without involving an overnight stay. The length of stay in *hospital* is between eight and 24 hours.

Transport to the nearest suitable *hospital* for initial *treatment* following an *accident* or an *emergency*

We will reimburse *usual, customary and reasonable* costs of transport to the nearest appropriate *hospital* or medical facility.

Return to *country of residence* after *repatriation*

We will pay the costs of transport (first-class railway travel, economy-class flight) up to the maximum shown in the scope of benefits, but only if *you* have contacted the relevant *Globality Health service centre* beforehand.

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.

Outpatient benefits

Maximum outpatient limit

This is the maximum amount which we will pay for all outpatient benefits in total, per person, per insurance year for that particular insurance plan, unless we say otherwise in the scope of benefits.

Consultations and diagnostic services, including pathology, radiology, CT, MRI, PET and palliative medicine

Eligible claims include all expenses for examination, diagnosis and therapy during medically necessary *outpatient treatment*. Eligible expenses also include those for pathology, radiology, *computed tomography (CT)*, *magnetic resonance imaging (MRI)*, *positron emission tomography (PET)* and *palliative medicine*.

Outpatient surgery

Outpatient surgery which can be carried out by either 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*.

Cancer treatment, oncological drugs and treatment

Eligible expenses include all measures needed for examination, diagnosis and therapy during outpatient medical *treatment*, chemotherapy and other oncological performances.

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 covered only 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-natal and post-natal classes are not reimbursable.

A *waiting period* of 12 months applies to insurance policies with two or more insured adults. A *waiting period* of 24 months applies to insurance policies with only one insured adult.

Regardless of the number of insured adults or the *insured member's* start date of insurance, each individual member must pass the minimum *waiting period* of 12 months.

Complications of pregnancy and childbirth

We will refund the eligible expenses for premature birth, miscarriage, 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 12 months applies to insurance policies with two or more insured adults. A *waiting period* of 24 months applies to insurance policies with only one insured adult.

Outpatient childbirth cash benefit

Outpatient childbirth is defined as either giving birth at home or leaving the *hospital*, maternity home or comparable institution after admission within 24 hours of childbirth. We will pay the lump-sum childbirth allowance per newborn baby if we receive a birth certificate and, if it applies, a certificate issued by the medical provider confirming the length of stay.

Acupuncture (needle technique), homeopathy, osteopathy, chiropractic and traditional Chinese medicine

We will refund the eligible expenses only if the *treatment* is provided by *doctors* or other *therapists* who can prove that they have received the training needed and are authorised to practise in the country in which *treatment* is provided. We will also refund the costs of *drugs* and *dressings* prescribed by these *doctors* or *therapists* during *treatment*.

Speech therapy

We will refund the eligible expenses of medically prescribed exercises and therapy for treating voice and speech disorders, as long as the *treatment* is provided by a *doctor* or speech *therapist*. We will only refund these costs if we have agreed in writing to refund them before *treatment* begins.

Psychiatric treatment

We will refund the expenses for outpatient psychiatric *treatment* if we have agreed in writing to reimburse these costs before *treatment* begins.

A *waiting period* of 10 months applies.

Outpatient psychotherapy

We will only refund the cost of outpatient psychotherapy if the *treatment* is provided by a psychiatrist, psychotherapist or other specialist with appropriate qualifications in the field of psychiatry, psychotherapy or psychoanalysis. Moreover, we will only refund these costs, if we have agreed in writing, to refund them before *treatment* begins.

A *waiting period* of 10 months applies.

Drugs and dressings

Drugs and *dressings* must be prescribed by a *doctor* or *dentist*. *Drugs* must also be dispensed by a pharmacy or other officially approved dispensary.

Over-the-counter drugs (OTC)

Over-the-counter (OTC) *drugs* can be purchased without a prescription and they are commonly used to treat symptoms of common illnesses that may not need for *you* to see a *doctor*.

Physiotherapy, including massages

These physical-medical services must be prescribed, by a *doctor*. Also, they must be carried out by a *doctor* or a professional *therapist*. They must be referred by the *doctor* during *outpatient treatment*. The prescription must have been issued before *treatment* begins and must specify the diagnosis, nature and number of sessions needed.

Therapies, including occupational therapy, light therapy, hydrotherapy, inhalation, packs, medical baths, cryotherapy, thermotherapy, electrotherapy

These physical-medical services must be prescribed by a *doctor*. Also, they must be carried out by a *doctor* or a professional *therapist* and must be referred by the *doctor* during *outpatient treatment*. The prescription must have been issued before *treatment* begins and must specify the diagnosis, nature and number of sessions needed.

Therapeutic aids and appliances

Therapeutic aids and appliances must be prescribed by a *doctor*. Eligible expenses include the expenses for artificial limbs and organs, as well as orthopaedic and other therapeutic aids and appliances designed to prevent or help relieve physical disabilities.

Therapeutic aids and appliances within the framework of *outpatient treatment* are: Bandages, trusses, insole supports for shoes, walking aids, hearing aids, compression stockings, corrective splints, artificial limbs and prosthetics (but not dentures), plaster shells for lying and sitting, orthopaedic braces for arms, legs and the whole body.

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 reim-

bursement 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.

Vaccinations and immunization

We will refund expenses for vaccinations and *prophylactic measures* recommended for *your country of residence*, including the cost of consultation for giving the vaccine, as well as the cost of the vaccine.

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, including an eye test

We will pay the expenses for spectacle frames and glasses, as well as for contact lenses and one refraction test in each insurance year.

Transport to the nearest suitable doctor or hospital for initial treatment following an accident or an emergency

We will refund eligible expenses for *emergency* transport to the nearest suitable *doctor*, *hospital* or institution following an *accident* or *emergency*.

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
- In vitro fertilisation (IVF)
- Intracytoplasmic 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.

A *waiting period* of 24 months applies.

Dental benefits

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 concretions and root smoothing) closed procedure; the pocket depth must be more than 3 millimeters
- Flap surgery, open curettage including osteoplasty; 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 and pin to receive a crown
- Inlay/Onlay
- Adhesive fasting (plastic buildup, pin, inlay, 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-*treatments*, e.g. dental *treatments* 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

Assistance benefits

You and any *insured person* can claim the services of our *Globality Health service centres* in line with the plan level you have chosen whenever an insured event or *emergency* happens.

With Globality Health's service and assistance network of competent and experienced partners on the ground, we offer our customers individual support worldwide as well as comprehensive, competent consultation for any situation. This network is represented in more than 180 countries and delivers excellent support, reliability and service.

Globality Health service centres provide a wide range of services as well as, and as part of, the health insurance cover to support you during your time abroad (for covered conditions only). These services are available 24 hours a day, 7 days a week, 365 days a year. If you need help from them, simply call the number shown in your insurance documents at any time, day or night.

You can claim help services in line with the plan level you have chosen whenever an insured event or *emergency* happens. When the insurance according to the Globality YouGenio® World cover ends, you will no longer be entitled to these services (see 2.7, 2.8 and 2.9).

24-hour phone and email service with experienced counselors, doctors and specialists

We are available 24 hours a day, seven days a week, 365 days a year by phone or email if you need help from our team, the *assistance company* or *doctors* who all speak several languages.

Medical evacuation and repatriation

The refunds we will make in terms of transport are set out in 4.7 and 4.8. You and any *insured person* are also entitled to cross-border transport by ambulance if the inpatient medical care in the *country of residence* is not adequate.

In this case, we will pay the cost of transporting a patient but with the following conditions:

- The evacuation or *repatriation* must have been prescribed by the treating *doctor* and must be medically necessary.
- Your relevant *Globality Health service centre* must agree beforehand to refund these costs.

After consulting your relevant *Globality Health service centre* and the attending physician, the *insured person* will be transported (within the selected *geographical area*) to:

- a place in another country which is more suitable for treating them;
- the *insured person's country of residence* if the insured event has happened outside this country;
- the *insured person's country of departure* or *home country*.

If medical reasons make it necessary, we will also organize for a *doctor* to go with you during the journey. We will only cover transport to a place suitable for *treatment*.

Information on medical infrastructure

If there is an insured event or *emergency*, your relevant *Globality Health service centre* will tell you what medical care is available locally. It will also give you the names and addresses of *doctors* and *hospital* services which speak English, German, French, Spanish and Dutch, as well as the addresses of *hospitals*, special clinics and the possibilities for transfer.

Support and information

You can contact your *Globality Health service centre* by phone as soon as you need medical support locally.

If an *insured person* asks, the relevant *service centre* can tell the *insured person's* relatives that an insured event or *emergency* has happened – if this is technically possible.

You can also consult a second *doctor* directly or, if potentially fatal illnesses or serious permanent disabilities are involved, through your relevant *service centre* to get a *second opinion*. *Globality Health service centres* will help you when planning to go to or leave the *hospital* for *inpatient treatment*.

The course of an illness can be monitored by *doctors* at your relevant *service centre* as well as by the *assistance company* if you need *inpatient treatment*. This also applies in the case of *treatment* which is provided on an outpatient basis to avoid having to stay in *hospital*.

Guarantee of payment (GOP)

If there is an *emergency* which means you need *inpatient treatment*, you must contact your relevant *Globality Health service centre* as soon as possible.

If *inpatient treatment* is planned, you must contact your relevant *Globality Health service centre* at least seven days before being admitted to the *hospital*. This also applies in the case of outpatient surgery instead of *inpatient treatment*. This is essential when planning *inpatient treatment* or in the event of *emergency inpatient treatment* so that your relevant *service centre* can settle the formalities needed to guarantee the costs to *doctors* or the *hospital*.

This includes carrying out a medical review of the invoices to make sure that they are *usual, customary and reasonable*.

We will also reach agreement with the *hospital* on which address to send invoices to and the terms of payment. We will make sure that the invoices are paid directly. In this case, the *service centre* will tell you in writing or by email about the procedure.

If you or the *insured person* does not tell the *service centre* beforehand, or immediately in case of an *emergency*, we may not pay the full claim.

Return of mortal remains

The relevant *Globality Health service centre* will get the death certificate or *accident* report if this is allowed by law. They will:

- contact public authorities and consulates in the foreign country;
- find out which relatives are authorized to decide on sending the mortal remains home or having them cremated; and
- handle all the formalities for returning mortal remains, cremation or arranging a local funeral in line with the regulations of the country concerned.

We will refund:

- the direct costs of returning the mortal remains to the *country of departure* or *home country* (including all formalities); or
- the costs for sending the urn to the *country of departure* or *home country* if the person has been cremated in the *country of residence*.

We will not refund the funeral costs.

Additional appropriate medical support

Whether an insured event has happened or not, your relevant *Globality Health service centre* will give you and the *insured persons* general information (about the country, customs, formalities), as well as medical information (vaccinations, medical information by phone) to help prepare for the journey. They will also advise you on what to take for your personal first-aid kit.

If an insured event happens, 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*, their side effects and how they interact.

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

Online services

You are entitled to use our dedicated online-service in the provided online member area.

Additional assistance

Compassionate family visit

If you or an *insured person* receive *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 4.8 of the General Conditions of Insurance. Thus covered under Organisation of family visits, in the case of serious illness, serious *accident* or death of a family member the transport expenses (return first class train ticket, and/or economy plane ticket) to the family ‘

members place of residence, place of hospitalisation or place of burial respectively in country of origin.

Serious illness and serious *accident* are considered to be that which endangers the life of the family member. For the purpose 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 *Globality Health service centre* is contacted in advance. Transport costs due to death are only reimbursable prior to submission of the death certificate.

Delayed return trip

If an *insured person*'s return from the *country of residence* is delayed because of a medical *emergency* which means *you* are not fit to travel, *we* will pay the extra costs for altering hotel accommodation and flight reservations up to the limit shown in the scope of benefits.

Getting hold of and shipping vital medication

If an *insured person* relies on a supply of vital *drugs* which are not available in the *country of residence*, the *insured person* can ask the relevant *Globality Health service centre* to get these – legally approved – *drugs* and to send them to *you* as long as importing them in this way is not forbidden by law.

Return transport or care for children

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

Help with psychological problems caused by the stay abroad

If the stay abroad gives rise to psychological conflicts for the *insured persons*, the relevant *Globality Health service centre* will give *you* psychological help by phone and will also arrange for suitable local help if necessary.

Document storage (safe custody, help in getting replacements)

You can ask *your service centre* to keep copies of personal documents (for example passport, ID card, visa, credit card, driving licence, vehicle registration certificates, proof of vaccinations, allergy pass and business documents – up to 20 A4-sized sheets) in a sealed envelope with a personal password.

If the originals are lost – whether or not an insured event has happened – the copies will be sent to the *insured person* by post, courier service or fax to help *you* get replacements. *We* keep these documents for five years unless an *insured person* updates them.

This storage is available during the insured period only.

Organising help if you are having legal difficulties

The relevant *Globality Health service centre* can refer *you* to lawyers or experts throughout the world who speak English, German, French, Dutch or Spanish. If necessary, the *service centre* will arrange for an advance to pay the lawyers' fees, court costs or bail. The advance is not paid by the relevant *Globality Health service centre*. They just contact banks or relatives and can help in transferring the money if this applies.

Arranging intercultural training (information about local culture and so on)

To help *you* prepare for the stay abroad, the relevant *Globality Health service centre* can refer *you* to special institutions which provide specific training for the country or region concerned, taking into account aspects of living and working abroad.

5. Exclusions

We do not cover expenses for the following *treatments* or *medical conditions* under the *insurance policy*, unless they are confirmed in the scope of benefits or in any other written addendum to the *insurance policy*.

Acting or traveling against medical advice/failing to seek 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* traveling 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.

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 unavoidable, 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)

We will not cover illnesses and *accidents*, as well as their consequences, which have been caused deliberately. We consider an illness or *accident* as being caused deliberately if the person concerned had at least some idea of the consequences of their actions and accepted the fact of the damage caused.

Injuries caused by military service

We will not cover illnesses and *accidents* and their consequences, which are caused while the *insured person* is carrying out their military duties.

Need for long-term care and custody

We will not refund 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).

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.

Treatments by specific doctors, dentists and other therapists, as well as in specific hospitals

This includes treatments by doctors, dentists, other therapists and in hospitals whose invoices we have refused to pay for an important reason.

However, this exemption from the obligation to pay benefits only applies to those insured events that happen after you have been told about the exclusion of benefits. If an insured event has already happened at the time we give you notice, our exemption from benefits will only apply for those expenses that arise more than one month after receiving notice.

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.

6. How to claim

6.1 Requirements to get medical benefits

You can choose from all the *doctors* and *dentists* that are licensed in the country in which you need *treatment* to provide medical or dental *treatment*. You also have the same choice in terms of other *therapists*.

We will only refund expenses for medical and dental *treatments* that are needed for medically necessary *treatment* in relation to medical or dental practice.

We will refund fees for medical and dental *treatment*, as well as for the services of other *therapists*, if they are worked out reasonably according to a *usual, customary and reasonable* rate of fees typical for the country where you receive the *treatment*.

We may also refund expenses which are more than the maximum fees in relation to these *usual, customary and reasonable* rates of fees if the expenses are caused by difficulties resulting from the illness or the medical findings and as long as the expenses have been worked out reasonably.

The amount we will refund for services by other *therapists*, such as masseurs, midwives or practitioners of complementary medicine (for which there may not be a separate *usual, customary and reasonable* rate of fees in the country where the *treatment* is provided), will be based on the comparable fees for *doctors* and customary usual prices in the country where the *treatment* is provided.

We will cover dental materials and laboratory work on the basis of average prices in the country where the *treatment* is provided. Dentures, *implants*, dental surgery and orthodontic *treatment* are seen as dental *treatments* carried out by a *dentist* even when carried out by a *doctor* in a *hospital*. They are not included in inpatient or *outpatient treatment*.

Under the insurance cover, we will refund the expenses for examination and *treatment* methods, as well as *drugs*, which are generally accepted by *conventional medicine*. We will also refund the costs for methods and *drugs* which have been proven in practice or which are used because conventional methods or *drugs* are not available. However, we may limit our benefits to the amounts which we would have paid if conventional methods and *drugs* had been available.

6.2 If an insured event happens

You must declare any claim and send us the relevant invoices immediately when the *treatment* has ended.

- a) We only have to pay a claim when we have received all invoices and documents. The invoices and documents become our property and we can keep them for as long as we feel appropriate.
- b) Unless we agree otherwise, the *insured person* should send the invoices directly to the relevant *Globality Health service centre* when an insured event happens. The invoices must meet the standard legal requirements for issuing invoices in the respective country (See also 6.3).

To make sure we can process and pay the expenses as quickly as possible, we will also accept receipts by email or fax as long as the quality of transmission is good enough to process the claim. You or any *insured person* can also send us your claim online using *Eclaims*. This is our online claims tool and offers convenient online services so you can get a refund of eligible medical expenses. You can find *Eclaims* on our website at www.globality-health.com, by entering your username and password.

If we have a good reason, we may ask for the original receipts. So, please keep them in your records. If another health insurer or institution has refunded part of the cost, it will be enough to send us copies of the invoices or documents with the other insurer's or institution's original confirmation of the refund.

We may also pay benefits to the person or organisation bringing or sending the documents we need. This will then end our responsibility under the claim.

- c) You or any *insured person* cannot transfer any legal rights to any claim to anyone else.
- d) You or any *insured person* must report *hospital treatment* to the relevant *Globality Health service centre* immediately, latest within seven days of the *treatment* beginning.
- e) Any *insured person* must give us all the information we ask for so we or your *service centre* can check the insured event or to decide on whether we have a responsibility to pay benefits and the amount of benefit due. The *insured person* must also allow us or the *service centre* to gather all

further information we need in relation to this (this applies especially in terms of releasing medical professionals from their duty of confidentiality).

- f) We can ask that the *insured person* is examined by a *doctor* we have authorised. We will pay the cost of these examinations.
- g) The *insured person* must make every effort to reduce, as far as possible, any damage and not do anything which may affect their convalescence.
- h) You and any *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.

If the *insured person* fails to keep to any of the conditions above, we will not have to pay benefits, or we may limit our benefits, depending on any restriction shown in the legal regulations. This only applies in cases of deliberate action or gross negligence. If an *insured person* does this, we will treat it as if you had done so.

6.3 Information to be shown in invoices

- a) Invoices must include the following:
 - First name and family name, as well as the date of birth.
 - A precise identification of the illness (diagnosis) or otherwise a description of the symptoms by the *doctor*.
 - The individual medical services and *treatment* dates with itemized prices.
 - Where dental *treatment* is concerned, the invoice must also say which teeth have been treated or replaced and which services have been provided 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 show your first name and family name, as well as your date of birth, the *drugs* which have been prescribed, their price and the receipt for your payment.
 - You must send prescriptions together with the *doctor's* invoice. You need to send invoices for therapies and therapeutic aids and appliances with the corresponding prescription.

- If you are claiming *substitute hospital cash plan benefits* instead of a refund of costs, you must send us a certificate confirming the *inpatient treatment* with the first name, family name and date of birth of the person receiving *treatment*, the diagnosis, the date of admission and discharge, as well as a confirmation that there have been no further costs.

Wherever possible, please use our 'Health Insurance Claim Form' to apply for any refunds. You can download a form from our internet website or get one from the relevant *Globality Health service centre*. If you provide this document, signed by the *doctor*, we will be able to deal with your claim quickly and will usually mean we do not need to ask for more information and so it will not delay your refund.

6.4 If there is an accident or emergency

You can contact us at any time, day or night. Our addresses, phone numbers and email addresses are shown in all our documents and on your *Globality Service Card*. If you contact your relevant *Globality Health service centre* after a major insured event, particularly following an *accident, emergency or inpatient treatment*, we will offer to call you back immediately.

6.5 Claims for benefits

- a) Inpatient benefits
 - If you ask, we can pay directly to the organisation issuing the invoice for fixed costs, such as the rate for nursing care or the costs for *hospital* accommodation or the fees for transport by ambulance.

An *insured person* may also transfer its right to receive the payment to the *doctor, therapist or hospital* 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 (if this is normal practice in the country concerned).

- b) Outpatient and dental benefits

You have a contract with the *doctor or therapist* you go to see. When *treatment* begins, the *doctor or therapist* will have a contract for treating you as the basis on which they can then create an invoice. You can give this invoice to the

relevant *Globality Health service centre* so that *we* can pay out the contractually agreed benefits.

- c) All claims made on this contract must be made within three years, beginning from the onset of the cause of action from which the claim is based.

6.6 Refunding claimed benefits

As a rule, *we* pay benefits according to the principle of refunds. In other words, *we* will refund the eligible costs involved for covered *treatment*. As a special service, if *you* ask, *we* can pay our refund directly to the organisation or person issuing the invoice, provided that they agree to this direct payment and it is not prevented by legal considerations.

Exchange rates

We refund invoices in the currency agreed with *you*. *We* convert foreign-currency costs at the rate which applies on the day that the invoice was issued. This is unless *you* can send *us* bank vouchers proving that *you* bought the necessary currency at a less advantageous rate to pay the invoices.

6.7 Eclaims

The online claims tool offers convenient online services so *you* can claim refunds for eligible medical expenses from *us*. *We* strongly encourage *you* to send *us* invoices via *Eclaims*.

6.8 Claiming benefits from a third party and 'setting off'

If an *insured person* can claim non-insurance damages of any kind from anyone else, the *insured person* must legally transfer those claims to *us* in writing up to the limit that expenses are refunded under the *insurance policy*. If an *insured person* gives up a claim or a right linked to a claim without our permission, *we* will not have to pay any benefits if *we* could have got compensation from the claim or right.

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

6.9 Fraud

You are not entitled to any benefits if *you* claim them incorrectly, fraudulently or if others have fraudulently tried to claim benefits under the present *insurance policy* without legal reason, but with *your* permission. *You* will lose all rights to benefits under this *insurance policy* in these cases. *You* must refund any payments *we* may have made before finding out about *your* fraudulent actions.

7. Payment and charging premiums

Paying premiums

You must pay the premium shown in the *insurance policy* in advance. We will show any additional premium charged for insurance medical reasons separately. The first premium or premium instalment is due as soon as we have accepted your *application* for insurance by sending out the *insurance policy*.

If the insurance does not start on the first day of the calendar month or if it ends before the last day of the calendar month, you will only have to pay a prorated monthly premium for the first 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.

Charging premiums

The insurance premium depends on the state of health of the *insured person* (at the time an *application* is being accepted by us), the individual premium according to the current table of premiums and the age of an *insured person* on the first day of the insurance year. The age bands are set out as follows: 0 to 19, 20 to 24, 25 to 29, 30 to 34, 35 to 39, 40 to 44, 45 to 49, 50 to 54, 55 to 59, 60 to 64, 65 to 69, 70 to 74, 75 to 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 *insurance 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*.

If you are late in paying premiums

If you do not pay the agreed premium within 10 days of the due date, we may demand payment from you at the end of this time limit. We will send you this demand for payment by registered mail addressed to your current place of residence. We will assume the notice has been delivered even if you refuse to accept the letter.

If you still have not paid the premium within 30 days of receiving the demand for payment, we will not have any responsibility for providing cover under the policy after the end of the 30 days. You will still have to pay premiums in the future even though we do not have to provide cover.

If you have still not paid the premium 10 days after the end of the extra 30 days, we will be entitled to terminate the *insurance policy* immediately. If the *insurance policy* 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 which we or our duly authorised person has received all amounts *you* owe.

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

Contractual currency

The euro (€) is the basic currency for all our plans. However, *you* can choose US dollars (\$) or pounds sterling (£) as the contractual currency. *We* review the exchange rates for these currencies twice a year and change them when necessary. This may result in higher or lower premiums if *we* have to bring the contractual currency into line with the rate of exchange of the euro.

8. General information

8.1.a Change of *country of residence* and nationality or citizenship

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 2.8 of our General Terms and Conditions.

8.1.b Relocation back to *home country*

When *you* return to *your home country* and thereby *you* are ending the period of expatriation abroad, *you* will have to 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 2.8 of our General Terms and Conditions.

8.1.c Changing contract information

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 2.8 of our General Terms and Conditions.

8.2 Changes to the general conditions of insurance

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.

8.3 Communication between *you* and *us*

Without prejudice to article 8.2 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.

8.4 How to complain

If *you* need to complain, please contact *us* by post, phone, fax or email.

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 or the supervisory authorities. *You* can find details in *your* personal 'My Globality' world at www.globality-health.com.

8.5 Place of jurisdiction

There are times when *you* may disagree with how *we* handle *your* claim. In this case *you* can take *your* claim to a court of law. All disputes arising from this *insurance policy* 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, the courts of law in the Grand Duchy of Luxembourg will deal with any dispute.

8.6 Applicable law

The *insurance policy* will be governed by the law of the Grand Duchy of Luxembourg as long as another law which applies according to national regulations does not contain conditions which are not compatible with the law of the Grand Duchy of Luxembourg.

8.7 Language

The language of the *insurance policy* is English. Unless *we* agree otherwise with *you*, all correspondence between *you* and *us* will be in English. The English version will prevail over any other language or translation. *You* can find the policy in *your* personal 'My Globality' world at www.globality-health.com.

9. Definitions

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

Accident

An *accident* is a sudden and unexpected event acting on the body externally and which damages health.

Accidental dental treatment

Treatment received immediately after an *accident* and within 30 days following the date of the *accident* for damage to *your* sound natural tooth/teeth.

Acupuncture

A method where thin needles are pricked into the body to heal illnesses or help relieve pain. In *conventional medicine*, it is mainly approved for treating pain.

AIDS

Acquired Immune Deficiency Syndrome, which is a serious disorder of the immune system.

Annual overall limit

The maximum which will be paid for all benefits in total for each *insured person*, each insurance year.

Application

The *application* for insurance is filed for *you* and the other *insured persons* using an *application* form we have provided.

Assistance company

An *assistance company* specialises in giving the *insured person* help and advice in *emergencies* or during *hospital* stays. It also provides other services to make *your* stay easier in the foreign country and handles refunding certain costs, such as the cost of return transport. The full range of services is set out in the scope of benefits.

Cancer

The general term used for all malignant disorders caused by the uncontrolled multiplication of mutated cells (new growths or tumours). These cells can destroy the surrounding tissue and produce metastases (secondary growths).

Chiropractic

A system of diagnosis and *treatment* based on the idea that the nervous system co-ordinates all of the body's functions, and that disease results from a lack of normal nerve function. A chiropractor uses manipulation to change body structures, such as the spinal column, to relieve pressure on nerves coming from the spinal cord caused by a vertebrae being displaced.

Computed tomography (CT)

Computed tomography (CT) is a diagnostic procedure that uses special x-ray equipment to get crosssectional pictures of the body. The CT computer displays these pictures as detailed three-dimensional images of organs, bones, and other tissues. This procedure is also called CT scanning, computerized tomography, or computerized axial tomography (CAT).

Congenital

Present at birth.

Congenital condition

Any disease or illness, abnormality, birth defect, premature birth or malformation present at birth including any related condition, whether diagnosed or not.

Conventional medicine

The form of medicine based on accepted scientific methods which are taught at universities and so are generally acknowledged and used.

Country of departure

The country in which *you* permanently lived before *your* stay abroad.

Country of residence

Any country where *you* are considered by the relevant authorities to be a resident.

Critical illness

- Heart attack
- Multiple sclerosis
- *AIDS* and HIV
- Stroke
- Hepatitis A, B and C
- Tuberculosis
- Parkinson's disease

- Cholera
- Diphtheria
- Malaria
- Tetanus
- Typhus and paratyphus

Essential plan

We will only refund outpatient expenses for any of the illnesses mentioned above if *treatment* is given immediately after an *inpatient treatment*. A combined limit of cover per insurance year applies for all listed conditions.

Daycare

Daycare refers to the *treatment* received in *hospital* without involving an overnight stay. The length of stay in *hospital* is between eight and 24 hours.

Deductible

The effect of a *deductible* is that the *insured person* bears a certain portion of the costs. The *deductible* is the share to be borne by the *insured persons*, up to an agreed limit. If a *deductible* has been agreed, this will be shown in the *insurance policy* (see 4.1).

Dentist

A *therapist* who mainly deals with disorders of the teeth and mouth.

Dialysis

Dialysis is primarily used to provide an artificial replacement for lost kidney function (renal replacement therapy) due to kidney failure. *Dialysis* may be used for sudden but temporary loss of kidney function (acute renal failure) or for persons who have permanently lost their kidney function (end-stage kidney disease). *Dialysis* is done in *dialysis* units which are part of *hospitals* and clinics or at home.

Doctor

A medical professional (general practitioner or specialist) or someone who holds a medical diploma who is licensed to practise medicine in the country in which *treatment* is provided (see 'Treatment'). You can choose any *doctor* who meets these conditions.

Domestic help

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

Dressings

The material used for dressing wounds.

Drugs

Active agents which are administered alone or with other substances to 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 from a pharmacy. Medication, medicine and pharmaceuticals are the same thing.

Eclaim

A claim which *you* made online through the *Eclaims* tool.

Eclaims tool

The online claims tool which offers online services so *you* can get a refund for eligible medical expenses.

Emergency

A sudden, acute illness or the acute deterioration of some aspect of health directly putting the *insured person's* general state of health at risk.

Follow-up rehabilitation

A medical *treatment* aiming at recovering the initial state of health after an illness or serious surgery, for example following bypass surgery, cardiac infarction, transplants and surgery involving large bones or joints, or after a serious *accident*.

Geographical area

We provide insurance cover for the following geographical areas.

- | | |
|------------------------------|-----------------------------|
| <i>Geographical area I:</i> | Worldwide including the USA |
| <i>Geographical area II:</i> | Worldwide excluding the USA |

Globality Service Card

Please present *your Globality Service Card* in all cases as it identifies you to *doctors, pharmacists, dentists or hospitals* as a patient with worldwide premium private insurance. That way you ensure that direct settlement of the cost options are identified.

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 health-care 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 country where the *insured person* is a citizen or national of or has habitual/permanent residence or where their mortal remains will be sent if they die.

Homeopathy

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.

Hospice

An institution where the only purpose is to care for patients with limited life expectancy for whom curative *treatment* is no longer available. It aims to offer the best possible quality of life by using palliative care.

Hospital

An institution for inpatient and sometimes *outpatient treatment* which is approved and licensed in the country in which it operates. We will only pay benefits if the *hospital* is under constant medical management, has adequate diagnostic and

therapeutic facilities and keeps medical records.

We do not consider convalescent and nursing homes, health centres, health resorts and spas, *hospices* as well as sanatoriums as *hospitals*.

Hydrotherapy

A specific *treatment* using water outside the body.

ICD

The International Classification of Diseases is an international system for encoding and classifying all known diagnoses.

Implants

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

Inpatient treatment

Treatment for which, based on medical reasons, a patient has to stay in a *hospital* bed overnight or longer (more than 24 hours).

Insurance policy

The *application* form, the general conditions of insurance, the special conditions and any possible additions to them.

Insured person

The *insured persons* are all those covered by the insurance, for example, you and your husband, wife or partner and children.

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 tissues and organs.

Maximum outpatient limit

This is the maximum amount which we will pay for all outpatient benefits in total, per person, per insurance year for that particular insurance plan, unless we say otherwise in the scope of benefits.

Medical condition

Any illness, disease, injury or any physical, mental or psychological abnormality as well as pregnancies.

Nutritional and/or dietary supplements

Products used to boost the nutritional content of the diet, including vitamins, minerals, herbs, meal supplements, sports nutrition products, natural food supplements.

Oncology

A subsection of medicine which deals with diagnosing and treating malignant tumours and related illnesses.

Osteopathy

The manual diagnosis and therapy of problems in the locomotor system, internal organs and nervous system. It is mainly used for treating chronic pain of the spinal cord and peripheral joints.

Outpatient treatment

Any *treatment* given by a qualified and licensed medical professional which does not need an overnight stay (also *hospital stays* for less than eight hours).

Palliative medicine

Provides relief from pain and other distressing symptoms to improve the quality of life, and may also positively influence the course of an illness. It also describes the comprehensive and acute *treatment* given 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 their relatives.

Policyholder

You are the *policyholder*, as *you* have concluded the insurance contract with *us*.

Positron emission tomography (PET)

An imaging process where a radioactive substance is injected into the body and tracked on a scan to give an internal picture of the body. The concentration of this kind of 'marker' in a tumour can also be measured.

Pre-existing medical conditions

A *medical condition* that has existed before the start date of health insurance cover with *us*.

For the purpose of this definition, *medical condition* means:

- any medical, dental condition or related condition for which *you* have received medical *treatment* for, had symptoms of, asked advice on, consulted any *doctor* for medical

treatment (including check-ups), or taken medication for (including *drugs*, medicines, special diets or injections), or to the best of the person's knowledge already existed at the start of the insurance; or

- pregnancy, childbirth, postpartum complications and related consequences.

We treat conditions arising between filling in the *application* form and *us* confirming that *we* accept the *application* as 'pre-existing'.

Professional sports

Any sports *you* are being paid for taking part in.

Prophylactic measures

Preventive measures which include individual and general measures to avoid the threat of illness (for example, vaccinations, passive immunisation, preventive medication when travelling to dangerous areas, preventing *accidents* and so on).

Repatriation

If a medical necessary *treatment* for which *you* are covered is not available locally, *we* cover *your* return to *your home country* for *treatment*, rather than to the nearest appropriate medical centre. This only applies when *your home country* is located within *your geographical area* of cover.

Second opinion

The medical advice given by a second independent *doctor* not involved in the *treatment*.

You can also consult a second *doctor* through *your* relevant *Globality Health service centre* to get a *second opinion* if potentially fatal illnesses or serious permanent disabilities are involved.

Substitute hospital cash plan benefit

If *you* do not claim any benefits from *us* for medically necessary *inpatient treatment* covered by the insurance, *we* will instead pay a *substitute hospital cash plan benefit* for every day actually spent in *hospital* for the medically recommended *inpatient treatment*. This is in line with the plan level *you* have chosen.

Therapist

A *doctor*, but also anyone who has received in-depth training in their field and is licensed or authorised to give *treatment* in the country in which *treatment* is provided. This includes practitioners of complementary medicine, speech *therapists* and midwives and obstetric nurses, as well as members of state-approved assistant medical professions with their own practice, such as masseurs and physiotherapists. *You* can choose any *therapist* who meets these conditions.

Treatment

The diagnostic and therapeutic measures to be carried out by the *doctor* to identify, help relieve or heal a disorder, illness or injury.

A course of *treatment* is seen as medically necessary if it could reasonably be considered medically necessary in the light of independent medical and scientific findings at the time of *treatment*.

Usual, customary and reasonable

The amount or most usual charges for a particular medical service rendered in a particular geographic area, at a particular medical service provider.

Us, We

Foyer Global Health S.A.

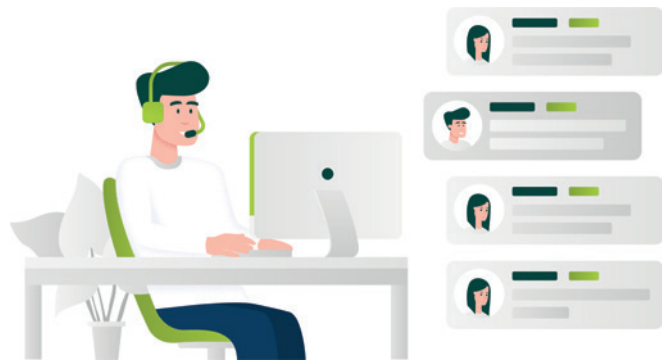
Waiting period

The time, beginning on *your* insurance start date or policy entry date, during which *we* will not pay for certain benefits.

You, Your

Policyholder

Get in touch with us



Please feel free to contact us in case of any questions on our General Conditions of Insurance or products:

Lines are open
Monday to Friday: 8am to 5pm (CET)

Phone +352 270 444 36 01

Fax +352 270 444 36 99

Or contact us anytime at:
service-yougenio@globality-health.com

Foyer Global Health S.A.
12, rue Léon Laval
L-3372 Leudelange
Luxembourg

www.globality-health.com
R.C.S. Luxembourg B 134.471