globalhealth
Foyer Group

SPECIAL CONDITIONS

EXCLUSIVE

V32024

SPECIAL CONDITIONS EXCLUSIVE

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Contractual basis

I. Special Conditions Foyer Global Health Exclusive

1. Scope of cover

Capital terms used herein and not otherwise defined shall have the meaning attributed to them in the Glossary appended to the General Terms and Conditions.

The Insurer provides Benefits for the Diseases, Bodily Injuries, and other events that give rise to a Claim as stipulated in the Insurance Policy.

In the event of a Claim, the Insurer provides reimbursement of the cost of treatment and other agreed Benefits, subject to the terms of the Insurance Policy.

Within the monetary limits of the present Special Conditions, the Insurer pays for the medical expenses of each of the Insured Parties designated under the Insurance Policy.

2. Geographic scope

The Insurance Policy covers Claims occurring in the following Regions:

- Region 1: Worldwide
- Region 2: Worldwide excluding the United States

A Claims is deemed to occur in a given Region if the Disease or Bodily Harm causing the Claim is suffered at a moment when the Insured Party is physically present in the relevant Region irrespective as to whether the related Medical Treatment is undergone or received in such Region or not.

If the Insurance Policy relates to Region 2 and the Insured Party temporarily travels outside of Region 2 (*i.e.* notably in the event of temporary residence for a maximum of six weeks outside Region 2) the insurance cover and related Benefits granted under the Insurance Policy shall only apply for Emergencies, Accidents and death.

Claims arising during travel for the purpose of treatment in a non-agreed Region are not insured under the Insurance Policy.

Any change in the habitual Country of Residence of the Insured Party must, alike any changes to the information provided previously to the Insurer, be notified immediately to the Insurer.

3. Insurability

Persons who are temporarily residing abroad for at least 3 consecutive months are insurable.

People who are permanently resident in the United States are excluded from the insurance cover and Benefits provided under the Insurance Policy and may become neither an Insured Party nor a Policyholder.

If an Insured Party or the Policyholder takes up permanent residency in the United States during the terms of the Insurance Policy, the Insurer shall terminate the Insurance Policy. In the event where the Insured Party of the Policyholder changes its habitual residence during the terms of the Insurance Policy, the Insurer may, on a case-by-case basis, decide whether the Insurance Policy may be maintained or needs to be modified or terminated, in accordance with the applicable law.

The Insurer may terminate the Insurance Policy, in case the Insurance Policy were to become incompatible with or in breach of any local laws, rules or regulations applicable to the Policyholder or Insured Party.

3.1. Inclusion of Pre-Existing Conditions or Moratorium

In the Application Form, the Policyholder may opt for the inclusion of Pre-Existing Conditions on the basis of a health risk assessment and subject, as the case may be, to a Waiting Period.

3.1.1. Pre-Existing Conditions

In order to enable the Insurer to decide on the inclusion of Pre-Existing Conditions under the Insurance Policy, the questions included in the Application Form must be answered truthfully and exhaustively. The Insured Party must complete a medical questionnaire form and provide the Insurer with the results thereof. Depending on the information on the medical questionnaire form and the related comprehensive risk assessment carried out by the Insurer, the Insurer may adapt the Insurance Policy by amending the terms and conditions or adding further terms and conditions, charge an additional or increased premium or refuse to conclude the Insurance Policy for the relevant Insured Party. Any illness that arises in the period between signature of the Application Form and the signature of the Particular Conditions shall be considered to be a Pre-Existing Condition

3.1.2. Moratorium clause

Insured Parties that are not more than 55 years old and who do not wish to undergo the medical examination and comprehensive risk assessment referred to in the previous Article 3.1.1 of the present Special Conditions in order to have the Insurance Policy cover any Pre-Existing Conditions, may opt for a "moratorium".

If the Insured Party eligible for a moratorium according to the preceding paragraph opts for moratorium in order to include Pre-Existing Conditions under the Insurance Policy, the Insurance Policy shall become effective for and cover any medical condition suffered by the Insured Party in the 5 years prior to conclusion of the Insurance Policy after a continuous Waiting Period of 2 years, starting on the Effective Date, provided the Insured Party has not suffered, undergone or received any Medical Treatment or symptoms for the relevant Pre-Existing Condition during such Waiting Period. If the Insured Party receives, suffers or undergoes any Medical Treatment or symptoms for the relevant Pre-Existing Condition during the aforementioned 2 years Waiting Period, a new, additional Waiting Period of 2 years, during which the Insured Party may not suffer, undergo or receive any Medical Treatment or symptoms for the relevant Pre-Existing Condition, shall start running as of the date when the relevant Medical Treatment or symptomshave been suffered, undergone or received.

4. Benefits

4.1. General information

The Insurer will provide a 100% refund of eligible medical expenses, as described and to the extent set out in the present Special Conditions, unless otherwise agreed in the Insurance Policy.

4.2. Deductibles

Depending on the insurance plan taken out and the terms of the Insurance Policy, the Insurer shall provide 100% refund of eligible medical expenses up to the maximum annual limit specified in the present Special Conditions, unless otherwise agreed in the Insurance Policy.

4.2.1. Deductibles

The Global Health Exclusive plan has the following Deductible variants:

- EUR 0
- EUR 250
- EUR 500
- EUR 1,000

The Deductible applies per Insurance Year and per Insured Party and only for outpatient treatment as defined under clause 4.3.3. If the Insured Party has agreed a Deductible with the Insurer, the Insurer will refund 100% of eligible medical expenses for outpatient treatment minus the agreed Deductible.

Medical expenses are allocated to the Insurance Year in which the Doctor or Practitioner has been consulted or the Medical Treatment provided.

4.2.2. Double Benefits for Region 1

If the Insurance Policy covers Region 1 (*i.e.* worldwide), the limits and maximum amounts set out in Articles 4.3.2, 4.3.3 and 4.3.4 of the present Special Conditions shall be doubled.

If a Benefit is limited to a certain number of days or sessions or if a Deductible has been agreed under the Insurance Policy, such limit and Deductible shall not be affected by the provisions of the preceding paragraph.

4.3. Benefits

4.3.1. General

The Insured Party is free to choose any Doctor or Practitioner in relation to the Disease or Bodily Injury suffered.

The Benefits granted under the Insurance Policy include the reimbursement of medical costs and expenses incurred for Medical Treatment, subject to the terms of the Insurance Policy and in particular the present Special Conditions.

Medical expenses incurred for Medical Treatment provided by Doctors and Practitioners (including, for the avoidance of doubt, advice and treatments provided by Dentists) are covered under the Insurance Policy, in so far as such expenses are in line with the medical expense rates that are applied as common practice in the country where they are incurred. The Insurance Policy may also cover medical expenses that exceed such rates, if the relevant expenses are justified and reasonable in view of the suffered Disease or Bodily Harm. In the case of *Practitioners* for which no common expense rates exist in the country where they are incurred, the *Insurer* shall rely on the comparable remuneration for Doctors, if available, or else on the general level of prices applicable in the relevant country.

In cases of reimbursement of dental technical laboratory work and materials, the Insurer shall use the average prices applied in that respect in the country where the relevant treatment is provided.

Dental prostheses, Dental Implant Services and orthodontics are covered by the Insurance Policy if performed by a Doctor or Practitioner (including, for the avoidance of doubt, a Dentist) without qualifying as outpatient or inpatient treatment within the meaning of the present Special Conditions.

The Insurance Policy covers Medical Treatments that are recognised by Conventional Medicine.

4.3.2. Inpatient treatment

Overview

The following Medical Treatments are covered as inpatient treatment under the Insurance Policy, subject to the detailed description of the relevant granted Benefits below:

Inpatient treatment benefit overview
General hospital treatment and accommodation and care in a single or twin-bed room
Medical services (including pathology, radiology, computed tomography, Magnetic Resonance Imaging, Positron Emission Tomography and Palliative Care)
Hospital costs, including operating room, intensive care and laboratory
Surgery and anesthetics
Operations performed as an outpatient instead of inpatient
Drugs and Dressings
Physiotherapy, including massage
Therapies, including occupational therapy, light therapy, Hydrotherapy, inhalations, packs, medical baths, cold and/or heat treatment, electrotherapy
Therapeutic aids and appliances
Services for pregnancy and childbirth, services of a midwife or attendant in the hospital
Pregnancy and childbirth complications
Newborn Care
Congenital conditions
Cancer therapy, Oncology Drugs and Medical Treatment, including reconstructive surgery after breast Cancer
Bone marrow or organ transplantation (costs for both donors and recipients)
Psychiatric treatment
Inpatient Psychotherapy
Refund of parent's costs when accompanying a child under 18 for inpatient treatment
Home nursing care and domestic help instead of a hospital stay
Substitute hospital cash back benefit, for treatments not claimed with the insurer
Inpatient follow-up Rehabilitation
Hospice
Day hospital and partly inpatient Treatment
Transport to the next available suitable hospital for primary care after an Accident or in an Emergency

Detailed Benefit descriptions

General hospital treatment and accommodation and care in a single or twin-bed room

The Insured Party may freely choose the hospital in which Medical Treatment is to be received. Medical Treatment in a hospital means any Medical Treatment, in which the Insured Party is admitted to a hospital for at least 24 hours in order to receive the relevant Medical Treatment.

When Medical Treatment is carried out in hospitals that also provide Sanatorium Treatment, the Insurance Policy only covers the treatments that qualify as Medical Treatment, except where the Insurer has approved other treatments in writing before the Start of Treatment.

The Insurance Policy covers the entire Medical Treatment received as inpatient treatment without any time limit, provided that the Insurer's service center is contacted and informed of the relevant hospital stay and Medical Treatment before, or within three calendar days of admission to the hospital.

Medical services (including pathology, radiology, computed tomography, Magnetic Resonance Imaging, Positron Emission Tomography and Palliative Care)

The Insurance Policy shall cover any expenses incurred for any Medical Treatment as an inpatient for examinations, diagnostics and therapy.

Hospital costs, including operating room, intensive care and laboratory work

This refers to other costs for the use of specialised facilities such as operating rooms, intensive care units and the laboratories.

Surgery and anesthesia

This refers to costs incurred in relation to surgery, such as for example medical services, anaesthesia and the use of specialised facilities.

Expenses for outpatient surgery are also eligible for Benefits under the Insurance Policy in so far as such outpatient surgery replaces an inpatient treatment.

Operations performed as an outpatient instead of inpatient

This refers to outpatient Medical Treatment, which can be performed in a Doctor's surgery or in a hospital, but does not require to be followed by a stay overnight and a hospital stay.

Drugs and Dressings

In order to be covered by the Insurance Policy, Drugs, Dressings, treatment and medical aids must have been prescribed by a competent Medical Authority in the hospital during an inpatient stay. In addition, the Drugs must have been obtained from a pharmacy or by another source that is approved by the competent authorities.

Classic Homoeopathy Drugs are also considered as fully-fledged Drugs that qualify as Medical Treatment.

Nutritional food, tonics, mineral water, cosmetics, products for personal hygiene as well as bath salts are not considered to be Drugs qualifying as Medical Treatment covered under the Insurance Policy.

Physiotherapy

In order to be covered by the Insurance Policy, physiotherapy and massages must have been prescribed by a competent Medical Authority as part of inpatient Medical Treatment. In addition, they must be performed by a Doctor or a qualified and certified therapist. The prescription must be issued before the Start of Treatment and must mention the diagnosis and the type and number of sessions.

Therapies, including occupational therapy, light therapy, Hydrotherapy, inhalations, packs, medical baths, cold and/or heat treatment, electrotherapy

In order to be covered by the Insurance Policy, physio-medical therapies must have been prescribed by a hospital Doctor as part of inpatient Medical Treatment. In addition, they must be performed by a Doctor or a qualified and certified therapist. The prescription must be issued before the Start of Treatment and must mention the diagnosis and the type and number of sessions.

Therapeutic aids and appliances

The Insurance Policy covers costs incurred for therapeutic aids and appliances that serve as a life-saving measure or directly mitigate or compensate for physical disabilities, such as cardiac pacemakers and artificial limbs/prostheses (except dentures). These must be adjusted during the inpatient stay and remain in or on the body.

Expenses for the repair of such medical aids are also eligible for Benefits under the above terms and conditions.

Services for pregnancy and childbirth, services of a midwife or attendant in the hospital

The Insurer will cover eligible expenses up to EUR 20,000* for childbirth in a hospital, a maternity or a comparable institution, as well as the expenses for nursing care at home or domestic help, that is necessary due to the pregnancy or pregnancy-related illness, as well as for the services of a midwife or attendant.

A Waiting Period of 10 months shall apply in that respect.

Pregnancy and childbirth complications

The *insurer* will cover eligible expenses in connection with premature birth, miscarriage, medically indicated abortion, stillbirth, ectopic pregnancy, molar pregnancy, caesarean birth, post-partum hemorrhaging, placenta retention and complications from these conditions.

A Waiting Period of 10 months shall apply in that respect.

Newborn Care

Treatment of a routine or acute medical condition of a newborn baby. The Newborn Care covered under this plan is stipulated in the General Terms and conditions of Insurance.

Congenital conditions

The Insurance Policy covers expenses for Medical Treatment related to congenial conditions up to a maximum amount of EUR 200,000 for the entire lifetime, for all disorders or diseases found at birth, anomalies, birth defects and malformations, errors during birth, prematurity and malformations including related illnesses.

Cancer therapy, Oncology Drugs and Medical Treatment, including reconstructive surgery after breast Cancer

As part of inpatient hospital care the Insurance Policy covers medical expenses for Medical Treatment relating to Cancer, such as medical services, diagnostic tests, radiation therapy, Cancer therapy, Drug and hospital costs.

Bone marrow or organ transplantation (costs for both donors and recipients)

In cases of bone marrow or organ transplantation (for example heart, kidney, liver, pancreas) the Insurance Policy covers medical expenses for an Insured Party acting both as the recipient as well as the donor.

Expenses eligible for Benefits are expenses associated with organ procurement from an organ donor, the costs for organ transportation to where the recipient is located as well as the expenses for possible inpatient stay for the donor, but not the costs for searching for an organ or a suitable donor.

* The quoted amounts apply – if not otherwise specified – per Insured Party and Insurance Year

Psychiatric treatment

The Insurance Policy covers the expenses for psychiatric services as part of inpatient Medical Treatment, provided the *Insurer* has given its prior written approval before the beginning of the Start of Treatment. A Waiting Period of 10 months shall apply in this respect.

Inpatient Psychotherapy

A prerequisite for a refund is that Medical Treatment is given by a psychiatrist, a psychotherapist or a Doctor further trained in the specialist field of psychiatry, psychotherapy or psychoanalysis. For inpatient psychotherapy the *Insurer covers* provided the Insurer has given its prior written approval before the beginning of the Start of the Treatment.

A Waiting Period of 10 months shall apply in this respect.

Parent accommodation during inpatient treatment of a minor up to 18 years

The Insurance Policy covers the additional expenditure for the prescribed presence of a parent at the bedside of an Insured Party that is under 18 years old and that is admitted for inpatient Medical Treatment.

Home nursing care and domestic help instead of a hospital stay

The Insurance Policy covers the expenses for prescribed home nursing care and domestic help by appropriate, trained persons as a substitute for a medically recommended hospital stay or to shorten such a stay. Home nursing care includes domestic help in the form of assistance for normal regularly recurring chores of domestic daily life, such as grocery shopping, cooking, cleaning the home, washing up, changing and washing clothes as well as ensuring comfort of the home is maintained.

Home nursing care does not qualify as Medical Treatment but is nevertheless covered under the Insurance Policy in addition to Medical Treatment, to the extent that the relevant Benefits shall consist in a refund of the incurred expenses for a maximum of 90 days per hospital stay per Insurance Year, and provided that prior written approval for such extension of insurance cover and Benefits has been received from the Insurer.

Substitute hospital cash back benefit, for treatments not claimed with the insurer

If the Policyholder does not claim reimbursement from the Insurer for an Insured Party in respect of inpatient Medical Treatment, the Insurance Policy grants the payment, depending on the plan level, a of a daily hospital allowance per prescribed day in hospital. Such allowance shall amount to EUR 200* per day.

Inpatient follow-up Rehabilitation

The Insurance Policy covers costs for Inpatient Rehabilitation in continuation of inpatient hospital Medical Treatment, for example, after bypass surgery, a heart attack, organ transplantation, as well as operations on large bones or joints, provided and to the extent that the Insurer has given its prior written approval.

Sanatorium Treatments as well as cures and stays in cure establishments, spas and convalescent homes as well as in nursing homes are not covered under the Insurance Policy.

The relevant Benefits shall consist in the refund of the costs incurred for the relevant Inpatient Rehabilitation for a maximum of 35 days per hospital stay.

In order to be eligible for Benefits, the Inpatient Rehabilitation must begin within 2 weeks after discharge from the hospital, except if otherwise agreed in writing by the Insurer.

Hospice

If no non-hospital care for the Insured Party can be provided in their own or a family member's home, and under the condition that the Hospice works with experienced Palliative Care nurses and Doctors as well as being under the technical responsibility of a nurse or other qualified person, who has several years' experience in Palliative Care or has appropriate training and can prove training for a responsible position in Palliative Care, the Insurance Policy shall cover the expenses for accommodation, food, care and support in a Hospice subject to the below conditions.

A prerequisite for the granting of benefits for full or semi-inpatient Hospice treatment is that the Insured Party must be suffering from an illness:

- That it is progressive, meaning that it is progressively getting worse, and has already reached a very advanced stage; and
- Recovery is not possible so that inpatient Palliative Care is necessary and only a limited life expectancy of weeks or a few months can be expected.

Hospice Benefits shall be granted amongst others for the following:

- Advanced Cancer.
- Full-blown state of the infectious disease Aids.
- Disease of the nervous system with inexorable progressive paralysis.
- Final stage of chronic kidney, liver, heart, digestive tract or lung disease.

Benefits for Hospice expenses are limited to a maximum stay of up to 9 weeks for the duration of the Insurance Policy.

Day hospital and partly inpatient treatment

Day hospital treatment shall mean Medical Treatment in a hospital without overnight stay.

Partly inpatient treatment means a stay in a day or night clinic or hospital, in which the patient is in the hospital during the day or at night but for which a full-day (24-hour) inpatient basis is no longer required.

In both cases, the length of the stay in hospital is between 8 and 24 hours and may not exceed 24 hours.

Transport to the next available suitable hospital for primary care after an Accident or in an Emergency

The Insurance Policy covers the reasonable transport costs to the nearest suitable hospital or to the nearest suitable medical facility.

4.3.3. Outpatient treatment

Overview

The following Medical Treatments are covered as outpatient treatment under the Insurance Policy, subject to the detailed description of the relevant granted Benefits below:

Outpatient treatment
Medical services (including pathology, radiology, computed tomography, Magnetic Resonance Imaging, Positron Emission Tomography and Palliative Care)
Cancer therapy, Drugs, and Oncology medical services
Health check-ups
Services for pregnancy and childbirth, services of a midwife or attendant
Pregnancy and childbirth complications
Congenital conditions
Acupuncture, Homoeopathy, Osteopathy and Chiropractic, including Drugs and Dressings
Speech therapy
Psychiatric treatment
Outpatient psychotherapy
Drugs and Dressings
Over-the-counter Drugs
Physiotherapy
Therapies, including occupational therapy, light therapy, hydrotherapy, inhalation, packs, Medical baths, cold and/or heat treatment, electrotherapy
Therapeutic aids and appliances
Vaccinations and immunisations
Visual aids, including eye test
Transport to the nearest suitable Doctor or hospital for primary care after an Accident or Emergency by rescue services recognized using transportation means that are appropriate in the situation
Fertility Treatment

Detailed Benefit descriptions

Medical services (including pathology, radiology, computed tomography, Magnetic Resonance Imaging, Positron Emission Tomography and Palliative Care)

The Insurance Policy covers the expenses incurred for examinations, diagnoses and therapies for outpatient medical treatment.

Benefits consist, inter alia, in the reimbursement of costs for pathology, radiology, computed tomography, Magnetic Resonance Imaging, Positron Emission Tomography, chemotherapy and other oncology (Cancer) medical services as well as for Prophylactic Measures.

Cancer therapy, Drugs, and Oncology medical services

The Insurance Policy covers outpatient services in connection with chemotherapy and Oncology medical services.

Health check-ups

Routine health checks are examinations or screening tests carried out, without the presence of clinical symptoms.

These tests, which are carried out depending on age for the purpose of detecting anomalies or Diseases, include the following examinations:

- Vital parameters (blood pressure, cholesterol, pulse, breathing, temperature, etc.)
- Cardiovascular examination
- Neurological examination
- Cancer screening
- Pediatric screening
- Diabetes screening
- HIV and AIDS screening
- Gynecological check-up.

The Insurer will reimburse these services up to an amount of EUR 500* per Insurance Year.

Services for pregnancy and childbirth, services of a midwife or attendant

The Insurance Policy covers eligible expenses up to EUR 20,000* resulting from pregnancy, or a pregnancy related Disease, including (routine) screening, childbirth and the services of a midwife or attendant. For women over 35 this includes amniocentesis and nuchal translucency measurement.

A Waiting Period of 10 months shall apply in this respect.

Pregnancy and childbirth complications

The Insurance Policy covers eligible expenses in connection with premature birth, miscarriage, abortion, stillbirth, ectopic pregnancy, molar pregnancy, caesarean birth, post-partum hemorrhaging, placenta retention and complications from these conditions.

A Waiting Period of 10 months shall apply in this respect.

Congenital conditions

The Insurance Policy covers expenses for Medical Treatment related to congenial conditions up to a maximum amount of EUR 200,000, for the entire lifetime, for all disorders or diseases found at birth, anomalies, birth defects and malformations, errors during birth, prematurity and malformations including related illnesses.

Acupuncture, Homoeopathy, Osteopathy and Chiropractic, including Drugs and Dressings

The Insurance Policy covers expenses in relation to the relevant Medical Treatments only if the latter are carried out by Doctors or other Practitioners, who prove to have certified appropriate training in the country where the Medical Treatment is provided and that they are approved or authorised there to dispense such treatment.

The Drugs and Dressings prescribed by those Doctors or Practitioners in the course of the relevant Medical Treatment are also covered under the Insurance Policy.

The Benefits granted under the Insurance Policy in this respect consist in the reimbursement of the relevant expenses up to a maximum amount of EUR 5,000* per Insurance Year.

* The quoted amounts apply – if not otherwise specified – per Insured Party and Insurance Year

Speech therapy

In speech and voice disorders the Insurer will cover eligible expenses for prescribed practice sessions, provided that these are conducted by a Doctor or speech therapist the *Insurance Policy* covers for this provided that the Insurer has given its prior written approval before the Start of Treatment.

Psychiatric treatment

The Insurance Policy covers the expenses for psychiatric services provided the *Insurer* has agreed in writing to the reimbursement of such expenses before the Start of Treatment.

A Waiting Period of 10 months applies in this respect.

Outpatient Psychotherapy

A prerequisite for refund is that Treatment is given by a psychiatrist, a psychotherapist or a Doctor further trained in the specialist field of psychiatry, psychotherapy or psychoanalysis. The Insurance Policy covers the expenses for outpatient psychiatric services provided the Insurer has given its prior written approval before the beginning of the treatment.

A Waiting Period of 10 months shall apply in that respect.

Drugs and Dressings

In order to be covered by the Insurance Policy, Drugs and Dressings must be prescribed by a Doctor, Practitioner or Dentist or a person working under their authority. Such Drugs and Dressings must come from a pharmacy or other officially approved supplier.

Nutritional food, tonics, mineral water, cosmetics, products for personal hygiene as well as bath salts are not considered to be Drugs and do hence not qualify as Medical Treatment covered under the Insurance Policy.

Over-the-counter Drugs

Non-prescription Drugs may be bought without a prescription; usually they are for the treatment of symptoms of common Diseases for which the Insured Party does not necessarily have to visit a Doctor.

The Insurance Policy covers expenses for such over-the-counter Drugs up to an amount of EUR 100* per Insurance Year.

Physiotherapy, including massage

This means physio-medical services (physiotherapy and exercise therapy, massages), that are available on prescription. In addition, they must be performed by a Doctor or a qualified and certified therapist. The prescription must be issued before the Start of Treatment and mention the diagnosis and the type and number of sessions.

Therapies, including occupational therapy, light therapy, hydrotherapy, inhalations, packs, medical baths, cold and/or heat treatment, electrotherapy

These are physio-medical services (occupational therapy, light therapy, hydrotherapy, inhalations, packs, medical baths, cold and/or heat treatment, electrotherapy and exercise therapy) for which a prescription is required. In addition these must be provided by a Doctor or certified therapist and must have been prescribed by the Doctor as part of outpatient Medical Treatment. The prescription must be issued before the Start of Treatment and mention the diagnosis and the type and number of sessions.

Therapeutic aids and appliances

The Insurance Policy covers costs incurred for the purpose of outpatient Medical Treatment for orthopedic and prosthetic appliances, as well as other material devices, which are used to prevent physical disabilities or directly to mitigate or compensate for this. Medical aids must be prescribed by a Doctor and must not qualify as general consumer goods.

Medical aids for the purpose of outpatient Medical Treatment shall mean: Bandages, trusses or shoe inlays, crutches, hearing aids, compression stockings, artificial limbs/ prostheses (excluding dental prostheses), lounger and seat pans, orthopedic body, arm and leg support devices and speech equipment (electronic larynx).

The following medical aids are covered under the Insurance Policy only after prior written agreement of the Insurer: Wheelchairs, cardiac and respiratory monitoring devices, infusion pumps, inhalation devices, oxygen equipment and surveillance monitors for babies.

Other aids are not considered as medical aids and do not qualify as Medical Treatment covered under the Insurance Policy.

Expenses for the repair of medical aids are covered under the Insurance Policy eligible for reimbursement under subject to the above terms and conditions.

Expenses for sanitary supplies such as pads and massage devices for example, as well as for use and maintenance of such supplies are not covered under the Insurance Policy.

Vaccinations and immunizations

Costs incurred for preventive vaccination and prophylactic measures are refundable, in so far as they are recommended for the insured person's particular country of residence, including the medical costs for the administration of the vaccine and the cost of the vaccine itself.

Visual aids, including Eye Test

Costs incurred for spectacle frames and lenses, as well as contact lenses and refraction measurement are refundable up to EUR 250* per Insurance Year.

Transport to the next available suitable hospital for primary care after an Accident or in an Emergency

The Insurance Policy covers the expenses of transportation to the nearest suitable hospital for primary care after an Accident or in case of an Emergency.

Fertility Treatment

With the Insurer's prior written approval stipulating that the Insurer will bear the costs in the terms and conditions of the agreed scope of cover, the Insurer can cover for example the following recognized Treatments:

- In-vitro fertilisation (IVF).
- Intracytoplasmic sperm injection (ICSI).

Costs will be assumed under the condition that;

- At the time of Medical Treatment (first stimulation day of each cycle or else the first cycle day if insemination without hormonal stimulation) both spouses or partners have not reached the age of 45.
- There is organic-related infertility of the insured persons that can be overcome by means of assisted reproductive techniques alone.
- Medical assessment has ascertained a significant possibility of success of over 15 % for the selected method and that the man and the woman have international insurance with the *insurer*.

The Insurance Policy covers 50% of the costs incurred in connection with undergoing fertility treatment, including diagnosis and Medical Treatment, up to a maximum of EUR 15,000 for the whole duration of the Insurance Policy cover.

A Waiting Period of 24 months shall apply for both spouses or partners.

4.3.4. Dental treatment

Overview

The following dental treatments are covered as Medical Treatments under the Insurance Policy, subject to the detailed description of the relevant granted Benefits below:

Benefits overview: Dental treatment

General dental care

- Two preventive dental check-ups per year of insurance
- X-ray examination
- Tartar removal and polishing
- Treatment for oral mucosa and gum disease
- Simple fillings
- Surgery, Anesthetist costs, extractions, root canal work
- Night splint
- Dental care after an Accident

Comprehensive dental care

- Dental care after an Accident
- Dental Prostheses (e.g. prostheses, bridges and crowns, inlays)
- Implant Treatment
- Orthodontic services
- Dental laboratory work and materials
- Drawing up treatment plan and estimate of costs
- Dental care after an Accident

Detailed Benefit descriptions

General dental care

- Two preventive dental check-ups per Insurance Year of insurance.
- X-ray examination.
- Tartar removal and polishing.
- Treatment of mouth and gum disorders.
- All simple fillings - either amalgam (silver) or plastic (white).
- Root canal work.
- Anesthetist costs.
- Surgery.
- Extractions.
- Night splint.
- Dental care after an Accident.

Comprehensive dental care
Comprehensive dental services include the following types of more complex measures and curative care. The Insurance Policy covers the following services up to EUR 5,000* per Insurance Year.

- Dental Prostheses (e.g. prostheses, bridges and crowns).
- Inlays (gold, porcelain), including dental laboratory work and materials.
- Inlays.
- Up to four implants per jaw and the dentures to be secured to these implants.
- Orthodontic treatment in children under the age of 18, including metal braces and retainers, as well as drawing up treatment plan and cost estimate.
- Dental laboratory work and materials.
- Drawing up treatment plan and estimate of costs.

A Waiting Period of 10 months shall apply in that respect.

Dental care after an Accident

If dental *treatment is* necessary as a result of an Accident, all Waiting Periods are waived. The Accident must be proven to the Insurer by a Doctor or police report.

4.4. Insurance cover limitations

The insurance cover provided for under the Insurance Policy does not extend to Diseases and Bodily Injuries, including their consequences, nor to death, which occur as a result of war, military operations, military service, riot and civil commotion, unless such Diseases, Bodily Injuries and death are expressly included and covered in the Insurance Policy.

The Insurance Policy does not cover Medical Treatments for Diseases or Bodily Injuries caused willfully nor Medical Treatments incurred in relation to drug addictions.

Unless otherwise expressly agreed in writing with the Insurer, the Insurance Policy does not cover expenses for Sanatorium Treatments or cures, treatments or rehabilitations in a spa.

The Insurance Policy does not cover the Medical Treatment of spouses, parents or children of the Policyholder or Insured Party.

The Insurance Policy does not cover attempted suicide.
For any treatment provided by Doctors, Practitioners, Dentists, Naturopaths and in hospitals, for which the Insurer has validly refused the granting of Benefits under the Insurance Policy, no Benefit is due. If at the time of claims, notification treatment has not yet finished, there is no obligation to refund costs incurred more than three months after said notification.

The Insurance Policy does not cover the accommodation due to dependency (long-term care) or minding.

The Insurance Policy does not cover any expenses incurred in relation to medical reports, treatment and expense summaries that the Policyholder or Insured Parties are bound to supply.

The Insurance Policy does not cover the Insured Party's loss of autonomy or any expenses incurred because of the Insured Party's needs to be constantly looked after. The Insurance Policy does not cover any expenses incurred in relation to staying at home and/or receiving non-medical care at home or in a convalescence home or similar or in a psychiatric home or similar.

* The quoted amounts apply – if not otherwise specified – per Insured Party and Insurance Year

If any medical care or other treatment delivered to the Insured Party exceeds what is Medically Necessary, the Benefits are reduced to the part of the care or treatment that is Medically Necessary and that hence qualifies as Medical Treatment covered under the Insurance Policy. A reduction in the Benefits granted under the Insurance Policy shall also apply if excessive sums (according to the general level of prices applicable in the relevant country) are charged for a Medical Treatment.

Claims or part of Claims arising before the Effective Date or during the Waiting Period shall be excluded from the cover and Benefits granted under the Insurance Policy .

The Insurance Policy does not cover the operational and hormonal approximation of the biological sexual characteristics of the other sex.

The Insurance Policy *does* not cover the treatment or surgery to correct vision, for example by laser, refractive keratotomy (RK) and photo refractive keratotomy (PRK). The Insurance Policy does, however, cover the correction of vision when the trouble in the vision has been caused by a Disease or Bodily Injury (*e.g.* cataract or detached retina).

5. Tariff

The premium shall be defined after the signature of the Application Form in consideration notably of the country in which the *Insured Parties* are having the habitual residence.

If there is any change of the Insured Party's habitual residence during the term of an Insurance Policy covering Region 2, the premiums shall be adjusted immediately.

If there is a change of the Insured Party's habitual residency during the term of an Insurance Policy covering Region 1, the premiums shall be adjusted immediately.

If after a birthday the Insured Party moves into another age category, the premium will be adjusted to the new age category.

The above adjustments shall be implemented in accordance with the provisions of the General Terms and Conditions and the applicable legal provisions.

The amount of the premium applicable to the Insurance Policy is indicated in the Particular Conditions.

II. Terms and Conditions for Medical Assistance Services and Additional Services

In association with a health insurance product from Foyer Global Health

1. Object of the Medical Assistance Services and Additional Services

The insurer provides the medical assistance services and additional services within the scope of medically necessary treatments for illnesses, accidents, in particular emergencies, and other events.

2. Geographical coverage

The medical assistance services and additional services are effective worldwide.

3. Services

3.1. General information

The type and scope of the medical assistance services and additional services provided by the insurer are in accordance with the following service overviews, unless otherwise stated in these service overviews, our general remarks in the general conditions, or in the definitions.

3.2. Medical Assistance Services

The medical assistance services and the additional services can only be concluded in conjunction with a health insurance product from Foyer Global Health.

Overview

24-hour telephone and email service with experienced advisers, doctors and consultants
Medically necessary ambulance service and return transport
Information on the medical infrastructure/care with due consideration for the required language
Support and information (second opinion, monitoring the course of the illness)
Guaranteed payment of costs, particularly in preparation for the stay in hospital
Payment of an advance
Support and information on the type, possible causes and treatment options/forms of therapy for the illness and information about specialist medical terms
Support in organising a "doctor-to-doctor" discussion
Assistance in choosing the prescribed medication, comparable preparations and their side effects
Medical support and advice prior to travelling (vaccinations, putting together a first-aid kit)

Detailed medical assistance services

24-hour telephone and email service with experienced advisers, doctors and consultants

Medical assistance is available 24 hours a day, 7 days a week and 365 days a year by calling the medical assistance hotline.

Ambulance service and return transport

This service covers a medically justified and necessary ambulance service and return transport, both in the country of residence or to a cross-border location. The costs of medically justified and necessary accompaniment during transport are also included in the service provided.

- The ambulance service and return transport may also be carried out due to inadequate medical care and inadequate standards of hygiene in the hospital providing the treatment.
- The ambulance service and return transport must be ordered by the doctor in charge, and there must be a prior approval from the insurer to cover the cost.
- The ambulance service and return transport to a hospital suitable to provide further treatment will occur after this has been agreed between the doctor in charge and the insurer.
- Subject to agreement with the insurer, return transport can also be to the insured's current place of residence or last permanent place of residence in the insured's home country or country of origin, if the insured event occurred outside the country of residence.

Information on the medical infrastructure/medical care with due consideration for the required language

- Designation of doctors, hospital consultants, hospitals and specialist hospitals in the surrounding area of the insured party, particularly with regard to the required language.
- Advice and support in the selection of a treatment location in the case of a medically necessary transfer/change of care provider.

Support and information (second opinion, monitoring the course of the illness)

- Support and organisation of a second medical opinion (medical findings) from a specialist in the relevant medical field in the event of life-threatening and serious illnesses and health disorders.
- Support in selecting a specialist and hospital, and in the organisation of admittance and discharge.
- Organisation and support in monitoring the course of the illness/ recovery by doctors and the insurer's contacts.

Guaranteed payment of costs, particularly in preparation for the stay in hospital

- Submission of a cost payment guarantee, e.g. in the event of planned inpatient treatment.
- Direct settlement of costs with the doctor/ hospital in charge is possible.

Payment of an advance

Payment of an advance to the insured person(s) if the care provider and/or hospital only accepts cash payments.

Support and information on the type, possible causes and treatment options/forms of therapy for the illness and information on specialist medical terms

Advice, clarification and explanation of medical matters in the event of the insured person becoming ill, particularly with regard to causes and treatment options/forms of therapy for an illness and explanation of specialist medical terms.

Support in organising a "doctor-to-doctor" discussion

In the event of illness and a deterioration in health, e.g. in the case of chronic ailments, the insurer will help to organise a "doctor-to-doctor" discussion, e.g. between the patient's doctor in the country of departure/ origin and in the country of residence

Assistance in choosing the prescribed medication, comparable preparations and their side effects

- Information on drugs and their side effects and interactions with other preparations and pre- existing medical conditions.
- Information on comparable and identical preparations.

Medical support and advice prior to travel (vaccinations, putting together a first-aid kit)

- Medical information on standards of hygiene in the country of residence.
- Advice and information on recommended vaccinations for the country of residence, especially in the event of pre-existing medical conditions.
- Support in putting together a first-aid kit with due consideration for the standards of hygiene and weather conditions in the country of residence.
- Advice and information can be obtained from the insurer by telephone and email.

3.3. Additional Services

There will be an entitlement to receive "additional services" if the insurance service is agreed for the insured party in accordance with the certificate of insurance (CP).

Overview of additional services

Return transport to the country of residence
Organisation of patient visits for relatives
Delaying the return journey
Procurement and dispatch of essential drugs
Organisation of return transport or childcare
Transfer of the mortal remains and organisational support in the event of death
Help with any psychological problems arising from the stay abroad
Document storage (storage and obtaining replacements in the event of loss)
Arrangement of legal assistance in the event of legal difficulties
Arrangement of a relocation service
Arrangement of intercultural training (information on the local culture)

Detailed overview of additional services

Return transport to the country of residence

When it is agreed by the insurer, and it is medically necessary to transport the insured party for treatment, the insurer will reimburse the transportation costs (first class rail ticket, Economy Class flight) for the insured party's return trip to the country of residence, subject to prior agreement, up to a value of EUR 3,000.

Organisation of patient visits for relatives

In the event of inpatient treatment due to an emergency, the insurer will organise the visit of one family member to the place of treatment and back home, and will pay the travel costs up to a total of €3,000*, if the inpatient treatment lasts at least 7 days and the insurer's cost payment guarantee is available. (The costs of a first class rail ticket and Economy Class flight will be paid).

Delaying the return journey

If the return journey from the country where the patient is staying has to be delayed (when travelling back to the country of origin/home country or to a new country) due to a medical emergency affecting an insured party, resulting in the inability to travel, the insurer will reimburse the costs to change/cancel the hotel and flight bookings up to €3,000*.

Procurement and dispatch of essential drugs

If an insured person takes essential drugs that are not available in the country where the insured person is staying, the insurer will endeavour to obtain these drugs as quickly as possible. This is provided that the drug is legally approved in the country where the insured person is staying and its import does not contravene any legal regulations.

Organisation of return transport or childcare

- In the event of both parents being required to stay in hospital because of a medical emergency, the insurer will organise childcare by a suitable service provider, and will pay the costs for this, for the duration of the inpatient treatment but no longer.
- If both parents are treated as inpatients in hospital during a holiday because of a medical emergency, the insurer will reimburse the costs for the children (up to 18 years of age) to travel to their current place of residence in their country of residence.

Transfer of the mortal remains and organisational support in the event of death

- Completion of the necessary formalities to transfer or cremate the mortal remains, in particular obtaining the death certificate, the accident report, establishing contact with the authorities/consulate and establishing which relatives are entitled to authorise transfer or cremation.
- Reimbursement of the costs for the transfer of the mortal remains to the country of departure or home country and the costs for the formalities associated with the transfer up to an amount of €10,000*.
- Transfer of the urn to the country of departure or home country in the event of cremation.
- Funeral costs are not insured.

Help with any psychological problems arising from the stay abroad

- The insurer will offer counselling in the event of a psychologically stressful situation
- The insured person(s) will receive psychologically therapeutic support by telephone from experienced doctors, and advice on the course of action to take, up to a maximum of 5 conversations

Document storage (storage and obtaining replacements in the event of loss)

- The insurer offers a storage facility for important documents (e.g. passport, visa, driving licence, vaccination certificate, and other important documents).
- If the original document is lost, a copy will be sent by email, fax or courier, and support will be provided in obtaining a replacement.

Arrangement of legal assistance in the event of legal difficulties

If required, the insurer will provide selected English-, German- or French-speaking lawyers/experts in the country of residence.

Arrangement of a relocation service

If required, the insurer will arrange special service providers to organise relocation and provide support in looking for accommodation if necessary.

* The quoted amounts apply – if not otherwise specified – per person and insurance year

Arrangement of intercultural training (information on the local culture)

If required, the insurer will arrange country-specific and intercultural training on living and working abroad preparation for the stay abroad.

4. Tariff

The insurance premium is indicated in the certificate of insurance (CP).

III.Glossary

Accident	A sudden unexpected external event that causes a Disease of a Bodily Harm.
Acupuncture	Acupuncture is a method in ancient Chinese traditional medicine that cures Diseases and Bodily Injuries or reduces pain with the help of fine needles placed into the body. Orthodox medicine recognises this primarily as a method for pain relief.
Assistance Company	The Assistance Company is a company specialized in providing Insured Parties with advice and help in Emergency situations or for hospital treatment. Additional services that may facilitate the Insured Party's stay abroad, as well as the reimbursement of certain costs, for example repatriation costs shall be provided through the Assistance Company.
Cancer	Cancer is the general term for all malignant diseases caused by a proliferation of modified cells (tumor, carcinoma). These cells can destroy the surrounding tissue and produce secondary tumors (metastases).
Chiropractic	A Chiropractic is also known as manual therapist. Displaced or distorted vertebrae are "put back" again or other joints "reset" using special techniques.
Conservation treatment	Conservation treatment is treatment for the conservation of teeth (e.g., fillings, root canal work).
Conventional Medicine	Conventional Medicine is the university based, scientific and therefore generally accepted and applied form of medicine.
Country of Origin	The country of origin is the country of which the Insured Party is a national or in which the Insured Party was having its habitual residence before relocating to its current country of habitual residence.
Country of Residence	The country in which the Insured Party has its current habitual residence or its current temporary residence.
Deductible	Fraction of the costs incurred by the Insured Party for Medical Treatment covered under the Insurance Policy that the Policyholder and Insured Party agree to bear themselves and to not be entitled to claim from the Insurer under the Insurance Policy. If a Deductible has been agreed, such Deductible will be documented in the Particular Conditions.
Dentist	A Doctor or Practitioner who focuses on diseases of the teeth and mouth.
Doctor	Physician (general practitioner or specialist) holding a medical diploma, which is recognized by law in the country in which the Medical Treatment is provided, who is authorized to provide medical care.
Emergency	The sudden and unforeseen occurrence of an acute Disease or Bodily Harm, causing a direct threat to the state of health of the Insured Party.
Homoeopathy	Homoeopathy is based on three pillars: the similarity rule, the remedy picture and the potentiality of the substances. A specialist in Homoeopathy assumes that a Disease that manifests itself in specific symptoms can be cured by a substance that causes similar symptoms in healthy people.

Hospice	An institution that exclusively serves the purpose of providing patients with a life expectancy of only a few months or less with care and alleviating the life- threatening symptoms by Palliative Care.
Hydrotherapy	Hydrotherapy is the targeted treatment by external application of water.
Dental implant Services	Services that consist in inserting dental implants (metal or ceramic) as root substitutes or in toothless gums.
Inpatient Rehabilitation	A medical procedure to restore a person back to its previous physical condition after a serious Disease or Bodily Injury or operation, for example, after bypass surgery, heart attack, transplantation of organs, as well as operation on large bones or joints.
Insurance Year	Period of 12 months that starts either on the Effective Date or the date of the renewal of the Insurance Policy, as the case may be.
Conservation treatment	Conservation treatment is treatment for the conservation of teeth (e.g. fillings, root canal work).
Magnetic Resonance Imaging (MRI)	This is understood as a diagnostic technique for visualisation of the internal organs and tissues with the help of magnetic fields and radio waves.
Oncology	A branch of internal medicine, which is concerned with the development, diagnosis, and treatment of tumors and tumor-related Diseases.
Osteopathy	The osteopathic approach to medicine includes comprehensive manual diagnostics and therapy of the malfunctioning of the body's musculoskeletal framework, internal organs and the nervous system. It is mainly used in chronic pain of the vertebral column and the peripheral joints.
Palliative Care	Palliative therapy is the extensive and active treatment of patients with a limited life expectancy for which curative therapy is no longer possible in their condition. This type of treatment provides the best possible quality of life for the patient and his/her family.
Positron emission tomography (PET)	A non-invasive imagery process based on the detection and imagery of a substance with positron emitters spread inside the patient's body. The concentration of these "markers" in a tumor can then be quantified, the substance is injected intravenously, and the radiation is detected with external detectors. With the help of PET important biological processes can be visualised in tumors.
Practitioner	A person who, besides doctors, also has recognised and well-founded training in their area of treatment and are authorised for treatment in that speciality in the country in which the treatment is to be provided. The following are understood to be practitioners: naturopaths, speech therapists and midwives as well as independent practitioners practicing in state approved medical ancillary professions (for example massage therapists and medical attendants, physiotherapists). The Insured Parties are free to choose a practitioner who meets these criteria.

Pre-Existing Conditions	Medical conditions, Diseases, Bodily Injuries and their consequences, or the results of an Accident, of which the Policyholder or the Insured Persons were aware or had treatment for before the signature of the Application Form. By special written agreement with the Insured Party, Pre-existing Conditions may in principle be covered under the Insurance Policy, provided they have been property disclosed beforehand. Pre- Existing Conditions that were not disclosed in the Application Form are not insured under the Insurance Policy.
Prophylactic Measures	Individual and general measures that are part of preventive medicine and aim at preventing imminent Diseases (e.g. passive immunisation, precautionary medication at the point of entry in areas at risk, accident prevention etc.).
Region	Geographical region for which the cover provided for under the Insurance Policy is valid, i.e.: • Region 1: Worldwide. • Region 2: Worldwide excluding the United States.
Second Opinion	Medical advice by another Doctor, who has so far not been involved, as to a life threatening and severe condition or permanent health problem.
Sanatorium treatment	A cure or treatment different from a Medical Treatment that serves to rehabilitate a person's state of health or Fitness.