

# INSURANCE TERMS AND CONDITIONS

## for Fixed-Term Health Insurance Policies of the Expat Series for Long-Term Travels (Terms and Conditions Part II - Allianz Partners AWP Health & Life)

### Description of Insurance Benefits

Benefits		EXPAT FLEXIBLE BASIS	EXPAT FLEXIBLE PLUS (in addition to EXPAT FLEXIBLE BASIS)
A1	<b>Outpatient Medical Treatment</b>	100% of the invoice amount charged for a medically necessary outpatient treatment as private patient, medically prescribed radiotherapy, light therapy and other physical treatments within the framework of the applicable official fee schedule for the respective professional group.	No supplementary coverage
A2	<b>Inpatient Medical Treatment</b>	100% of a medically necessary treatment in a hospital and a treatment-related accommodation in accordance with Art. 5 paragraph 8 of the Insurance Terms and Conditions Part I. In Germany, treatments will be covered within the framework of the general care class; outside Germany in derogation from the Insurance Terms and Conditions Part I, Art. 5 paragraph 8 as private patient in a double bedroom, if possible, and for medically necessary surgical interventions, radiotherapy, light therapies and diagnostics. In derogation from the Insurance Terms and Conditions Part I, Art. 6 paragraph 2b, medically necessary follow-up treatments shall be covered.	No supplementary coverage
A3	<b>Pharmaceutical Products, Bandages and Remedies</b>	100% if medically prescribed and necessary.	No supplementary coverage
A4	<b>Dental Treatment</b>	100% of the invoice amount charged for a medically necessary outpatient dental treatment. Inlays and onlays shall be excluded from coverage. Per year of the contractual term, a non-recurring preventive medical check-up and treatment shall be covered (inclusive of polishing and teeth cleaning).	No supplementary coverage
A5	<b>Tooth Replacement/ Orthodontic Treatment</b>	No coverage	In derogation from the Insurance Terms and Conditions Part I, Art. 6 paragraph 2q, insurance claims occurring after expiry of the qualifying period of 8 months shall be covered as follows: <ul style="list-style-type: none"> <li>• 60% of the invoice amount charged for a medically necessary denture; and</li> <li>• orthodontic treatments up to the age of 18 years within the framework of the official fee schedule valid at the time being;</li> <li>• but in no event more than a maximum amount of 500 Euro in the first insurance year;</li> <li>• up to a maximum amount of 800 Euro in the second insurance year;</li> <li>• up to a maximum amount of 1,200 Euro in each insurance year following thereafter.</li> </ul> Dentures becoming necessary due to accidents shall be covered during the contract term within the maximum limits without qualifying period. In the event of registrations/de-registrations during the year, the indicated amounts shall be calculated on a pro rata basis. Claims arisen in a specific insurance year cannot be transferred to other insurance years.
A6	<b>Preventive Medical Checkups</b>	No coverage	Outpatient preventive medical examinations for early detection of cancer according to statutory programmes introduced in Germany.
A7	<b>Benefits in Connection with Pregnancies and Deliveries</b>	No coverage	No coverage
A8	<b>Aids and Appliances</b>	No coverage	In derogation from the Insurance Terms and Conditions Part I, Art. 6 paragraph 2g, coverage shall include medically necessary and prescribed aids and appliances in a simple form and their repair costs up to 80% of the invoice amount, but in no case more than an aggregate amount of 1,000 Euro per insurance year. Costs for visual aids shall be reimbursed within the maximum limits up to 100 %, but in no case more than up to 50 Euro per Insured Person and per insurance year. In the event of registrations/de-registrations during the year, the indicated amounts shall be calculated on a pro rata basis.

Benefits		EXPAT FLEXIBLE BASIS	EXPAT FLEXIBLE PLUS (in addition to EXPAT FLEXIBLE BASIS)
A9	<b>Psychotherapy</b>	No coverage	No coverage
A10	<b>Other Benefits</b>	<p>a) <b>100%</b> for patient transports to the nearest reachable suitable hospital for inpatient treatments and, in the event of primary care after an accident, to the nearest reachable physician and back.</p> <p>b) In case of a medically necessary return transport or transfer to the country where the Insured Person has his or her usual abode or place of residence, the Insurer shall reimburse</p> <ul style="list-style-type: none"> <li>• up to 5,000 Euro in case of transports on one continent;</li> <li>• up to 10,000 Euro in case of transcontinental transports.</li> </ul> <p>In the event that a licensed air ambulance must be used for a return transport, said maximum limits shall not apply. To the extent that it is possible from a medical point of view, the most cost-effective means of transportation must be selected. A return transport is deemed to be required from a medical point of view if a sufficient medical care in the host country cannot be guaranteed. A certificate of the treating physician in the foreign country according to which the return transport is necessary from a medical point of view must be submitted.</p>	No supplementary coverage
A11	<b>Follow-Up Liability</b>	In the event that a person cannot be returned to his or her home country until the end of the insured long-term travel because the person is unfit for transportation and the disease is due to a necessary and unplannable medical treatment, the Insurer shall reimburse the costs for the medical treatment until the day when the person becomes fit for transportation, but in no event for more than 30 days after termination of the insurance coverage.	No supplementary coverage

## Contractual Fundamentals

C1	<b>Insurer</b>	Allianz Partners, Eurosquare 2, 7 rue Dora Maar, 93400 Saint-Ouen, France	
C2	<b>Policyholder</b>	BDAE Expat GmbH	
C3	<b>Parties Entitled to be Insured</b>	Natural persons and legal entities	
C4	<b>Insurable Persons</b>	Natural persons entitled to be insured or natural persons and their family members, as reported by legal entities who are entitled to be insured, always provided that they are eligible for insurance according to the Insurance Terms and Conditions Part I, Art. 1. The maximum age for being eligible for insurance shall be 66 years. Insurance coverage shall automatically terminate no later than upon expiry of the month during which the Insured Person completes his or her 67th year of age. Life-partners and children living in a common household shall be regarded as family members.	
C5	<b>Contractual Fundamentals</b>	Insurance Terms and Conditions for Fixed-Term Health Insurance Policies of the EXPAT Series for Long-Term Travels, Insurance Part I and Part II (EXPAT FLEXIBLE).	
C6	<b>Scope of Application</b>	<p>1. In compliance with the Insurance Terms and Conditions Part I, Art. 1 paragraphs 1 and 5 as well as the Insurance Terms and Conditions Part II, number B1, the Insured Person shall benefit from coverage during temporary stays outside of those countries where he or she has a usual place of abode or place of residence. Insurance cover is therefore provided in full for all the countries assigned to the selected zone and in all countries that are located in one of the zones below it. Permanent stays in the countries and regions marked as uninsurable in the 'Country zones' table are not insurable.</p> <p>a) If the 'Zone 1' area of validity is selected, insurance coverage shall exist for holiday- and work-related stays in countries not belonging to this zone for an aggregate term of not more than 42 days during the insurance year. Insurance coverage shall, however, in no case exist earlier than after 60 days as from the start of the insurance coverage indicated in the confirmation of cover. Insurance coverage shall, however, be limited to an acutely occurring need for treatment. If the need for treatment of a disease was already known prior to the entry, coverage shall be excluded. Treatments becoming necessary for periods exceeding 42 days shall not be covered. The Insurer shall be given notice of the stay prior to entry. Upon request, evidence of the start and end of a stay must be submitted.</p> <p>b) If the 'Zone 2' area of validity is selected, insurance coverage shall exist for holiday- and work-related stays in the non-insurable countries for an aggregate term of not more than 42 days during the insurance year. Insurance coverage shall, however, in no case exist earlier than after 60 days as from the start of the insurance coverage indicated in the confirmation of cover. Insurance coverage shall, however, be limited to an acutely occurring need for treatment. If the need for treatment of a disease was already known prior to the entry, coverage shall be excluded. Treatments becoming necessary for periods exceeding 42 days shall not be covered. The Insurer shall be given notice of the stay prior to entry. Upon request, evidence of the start and end of a stay must be submitted.</p> <p>c) With respect to holiday- or work-related stays of German citizens in Germany, insurance coverage shall exist for not more than an uninterrupted period of 60 days. As a whole, insurance coverage shall exist for a term of not more than 90 days per insurance year. Insurance coverage shall, however, in no case exist earlier than after 60 days as from the start of the insurance coverage indicated in the confirmation of cover. Upon request, evidence of the start and end of a stay must be submitted.</p> <p>2. In the countries where the Insured Person has a usual abode or place of residence, insurance coverage shall exist according to the Insurance Terms and Conditions Part I, Art. 1 and to the extent that such countries are included due to a selection of the corresponding scope of application (Insurance Terms and Conditions Part II, number B1). Restricted coverage shall exist for stays in the non-insurable countries subject to number 1. a) and b).</p> <p>3. It shall be the responsibility of the Insured Persons to check whether the insurance fulfils the legal or local requirements applicable in the country of the usual abode or place of residence.</p>	
C7	<b>Start of Insurance Coverage</b>	At the time indicated in the confirmation of cover by taking due account of the Insurance Terms and Conditions Part I, Art. 4.	
C8	<b>Insurance Year</b>	From 01 January to 31 December of a year.	
C9	<b>Term of the Insurance Relationship</b>	<b>EXPAT FLEXIBLE BASIS</b>	<b>EXPAT FLEXIBLE PLUS</b>
		Not more than 60 months	In accordance with the term of the Basis module; conclusion only possible in connection with the Basis module.
C10	<b>Termination of the Insurance Relationship</b>	The insurance relationship for individual Insured Persons may be terminated towards the Policyholder at any time by the Person Entitled to be Insured or the Insured Person. If it is terminated it shall end upon expiry of the month following the month of termination.	
C11	<b>Information on the State of Health</b>	For assessing the state of health at the time of contract execution, a health questionnaire shall be filled in completely and accurately for each Person to be Insured from who is 50 years of age or older. The Insurer or its authorised representative reserves the right to perform a risk analysis and shall decide upon the acceptance of the application. Depending on the outcome of the health check-up, the Insurer or its authorised representative reserves the right to incorporate additional provisions in the insurance terms. Please note the exclusions of benefits in the Insurance Terms and Conditions Parts I and II.	
C12	<b>Qualifying Period</b>	<b>EXPAT FLEXIBLE BASIS</b>	<b>EXPAT FLEXIBLE PLUS</b>
		No qualifying period	8 months for dentures and orthodontic measures.
C13	<b>Miscellaneous</b>	A subsequent change between the modules or a subsequent addition of a module shall not be possible. Ageing reserves shall not be made. The conclusion of an insurance for reinstatement of health care coverage after suspension is recommended.	