

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 BUSINESS
A1	Outpatient Medical Treatment	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.
A2	Inpatient Medical Treatment	100% of a medically necessary treatment in a hospital and a treatment-related accommodation as private patient in a double bed-room, 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.
A3	Pharmaceutical Products, Bandages and Remedies	100% if medically prescribed and necessary.
A4	Dental Treatment	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).
A5	Tooth Replacement/Orthodontic Treatment	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"> • 80% of the invoice amount charged for a medically necessary denture and • orthodontic treatments up to the age of 18 years within the framework of the official fee schedule valid at the time being; • but in no event more than a maximum amount of 2,000 Euro in the first two insurance years, • up to a maximum amount of 3,000 Euro in the first three insurance years, • up to a maximum amount of 4,000 Euro per insurance year starting from the fourth insurance year. 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.
A6	Preventive Medical Checkups	Outpatient preventive medical examinations for children and for early detection of cancer according to statutory programmes introduced in Germany.
A7	Benefits in Connection with Pregnancies and Deliveries	Insurance coverage shall exist for: <ol style="list-style-type: none"> a) medical treatments including pregnancy examinations and treatments, provided that the Insured Person was not pregnant at the start of the insurance relationship, as well as treatments due to miscarriage; b) medically necessary terminations of pregnancy and childbirths until the end of the 36th week of pregnancy (premature birth), even if the Insured Person was already pregnant at the start of the insurance relationship, provided that the treatment was not yet necessary at that time; c) Childbirths after the expiration of the agreed waiting period.
A8	Aids and Appliances	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 2,000 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.
A9	Psychotherapy	In the event of trauma (the term used for an external event with a debilitating impact which is characterised by confrontation with injury or threat to the physical integrity of self or nearby persons, threat of death or actual death): 80% of the invoice amount charged for outpatient treatments up to 2,000 Euro per insurance year. In the event of registrations/de-registrations during the year, the indicated amounts shall be calculated on a pro rata basis. Inpatient stays up to 30 days per contract term. The exclusions from insurance coverage in accordance with the Terms and Conditions Part I, Art. 6, paragraph 2l and n shall remain unaffected by this. In derogation from the Insurance Terms and Conditions Part I, Art. 5, paragraph 6, treatments by alternative practitioners are not reimbursable.
A10	Other Benefits	<ol style="list-style-type: none"> a) 100% 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. 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 <ul style="list-style-type: none"> • up to 5,000 Euro in case of transports on one continent; • up to 10,000 Euro in case of transcontinental transports. <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>
A11	Follow-Up Liability	In the event that a Insured 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.