

Globality EcoGenio[®]

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 definitions at the end of this document.

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

Symbols used:

- ✓ Insured, i.e. we will reimburse 100 % of the eligible expenses, unless specified otherwise in our documents/description of benefits.
- ✗ Reimbursement is excluded from the scope of benefits.

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1. Fundamentals

1.1 Eligibility for insurance

The insurance policy is designed for expatriates. All employees/members of the *policyholder* who temporarily reside in a foreign country for at least three months by order of the *policyholder* or for business purposes are eligible for insurance. The marital or non-marital partner and *children* accompanying the *insured person* may also be insured.

Whilst we will endeavour 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.

In order to safeguard compliance with applicable laws, we reserve the right to terminate the group contract or to exclude single persons from the insurance cover if the insurance cover 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*.

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

Unless specified otherwise in the group contract, *existing medical conditions* are always included in the insurance.

Depending on the agreement reached with the *policyholder* in the group contract, however, the group contract may stipulate that the health questions contained in the declaration of accession must be answered completely and correctly and that each *insured person* must undergo a health check (see No. 1.3). In such cases, we may charge a higher premium and/or exclude certain benefits insofar as a higher risk exists.

1.3 Joining the group contract

To join the group contract, you will either be registered by the *policyholder* or you must complete a declaration of accession with which you can also purchase insurance for your marital or non-marital partner and *children*. The registration procedure is defined in the group contract.

Any questions in the declaration of accession concerning your current state of health and *existing medical conditions* must be answered completely and correctly. If insurance cover is required for another person, he or she will also be responsible – together with you – for ensuring that the questions are answered completely and correctly. We have the right to request further data should it be necessary for legal or compliance reasons or underwriting purposes.

The declaration of accession can be sent to us by surface mail, e-mail or fax. We will grant insurance cover in good faith, assuming that you have correctly and completely answered all the relevant questions raised before conclusion of the contract (precontractual duty to disclose information).

2. Your insurance cover

2.1 Scope of insurance cover

Insurance cover is granted for illnesses, *accidents* and other events specified in the General Conditions of Insurance (see No. 4). If an insured event occurs, we will reimburse the expenses incurred for medically necessary *treatment* and other agreed services.

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

2.2 Insured events

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

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

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

2.3 Commencement of insurance cover

Insurance cover for you and the *insured persons* commences on the date specified in the *insurance certificate* (inception of insurance). Insured events occurring before inception of the insurance will not be indemnified. Insured events occurring after conclusion of the insurance policy are only excluded from indemnification insofar as they occur before inception of the insurance. If the insurance policy is amended, the provisions of this paragraph will apply to the new, additional part of the insurance cover.

2.4 No waiting periods

There are no waiting periods.

2.5 Insurance year

The insurance cover commences on the date specified in the group contract and runs for 12 months. The insurance year for the individuals who join the insurance policy commences on the date indicated on their *insurance certificate* (inception of insurance) and runs until the renewal date of the group contract.

2.6 Termination of insurance

Notwithstanding other statutory grounds for ending or terminating the relationship, the insurer, *policyholder* and/or *insured persons* may terminate insurance under the group contract in the following cases:

- Amendment of the General Conditions of Insurance (see No. 10.1) or imposition of higher fees, *deductibles* and premiums, insofar as premiums must be paid by you as *insured person* (see No. 9). You may give notice of termination within three months of receiving notice of the change, with effect as per the date on which the change comes into force.
- Inadvertent violation of the duty to disclose information. In this case, we shall be entitled to terminate insurance under the group contract within one month of being informed of the violation of duty, provided that we can prove that we would not have insured the risk in any case.

Notice of termination of insurance under the group contract must be given in writing. Unless specified otherwise, the termination shall only become effective upon expiry of a period of at least one month as from the day following delivery or the date on which receipt is confirmed or from the date of delivery in the case of registered mail.

In the event that a sanction, prohibition 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 cover under this group contract, we shall have an extraordinary right of termination of this group contract or may exclude affected persons from the insurance cover.

2.7 Other reasons for termination

Notwithstanding other statutory grounds for nullity, insurance cover under the group contract shall be null and void if wilful violation of the duty to provide information changes our assessment of the risk in such a way that, had we known of the undisclosed circumstance, we would only have granted insurance subject to other terms. In such a case, you will be obliged to repay the insurance benefits received. Premiums paid will not be refunded.

2.8 Ending of insurance cover

Your insurance and that of the *insured persons* under the group contract ends in the following cases:

- a) When the group contract is ended by the *policyholder* or by us.
- b) When you or the *insured persons* are no longer eligible for insurance (see No. 1.1), for instance if you change your employer or upon completion of your delegation abroad as ordered by your employer.
- c) When you or the *insured persons* die(s).
- d) When you cancel your participation in the group contract or that of an *insured person*. If you have joined the group contract by submitting a declaration of accession, this is done by sending notice of cancellation to the insurer. Insurance cover for the *insured persons* ends simultaneously when you withdraw from the group contract. The cancellation is only valid if you can prove that the *insured persons* concerned have been informed of the cancellation.
- e) If the insurance is null and void (see No. 2.7).

Insurance cover always ends – also for pending, i.e. ongoing insured events – when the group contract or insurance relationship ends (see No. 2.8).

3. Area of cover

3.1 *Geographical area of insurance cover*

Insurance cover applies in the following *geographical areas*:

Geographical area I: **Worldwide including USA**

Geographical area II: **Worldwide excluding USA**

3.2 *Temporary exit from geographical area II*

The following special features apply if insurance cover “*Geographical area II – Worldwide excluding USA*” has been agreed: during periods of temporary absence from the *country of residence* (i.e. for not more than six weeks), we will grant insurance cover for medical *emergencies*, as well as for the consequences of an *accident* or death, even in *geographical area I*. If an eligible medical *emergency* occurs, we may transfer you to another country for *treatment*, if medically appropriate and if the situation allows. Journeys undertaken for the purpose of obtaining *treatment* in *geographical area I* are not insured. You must report a long-term change of *geographical area* for any *insured person* without delay as such a change will affect the amount of premium payable.

3.3 *Double outpatient limit for geographical area I*

If you are covered under *geographical area I* (worldwide including USA) we will double the overall maximum outpatient annual limit.

If we have agreed a *deductible*, it will not change.

4. Scope of benefits

4.1 General information concerning the scope of benefits

The plan comprises three plan levels – Classic, Plus and Top – with outpatient, inpatient, dental and assistance modules in each case. The individual plan levels differ with regard to the type and amount of benefits agreed. Which plan level can be insured and which combination of modules can be agreed for the insurance in question is governed by the group contract.

In accordance with the agreed plan level/combination of modules, we will reimburse the eligible expenses up to the *annual overall limit*, *maximum outpatient limit* and the *maximum dental limits* as specified in the following tables setting out the scope of benefits, unless stipulated otherwise in these tables, the general provisions of our General Conditions of Insurance, the group contract or the definitions.

For all planned inpatient and day case services, you must contact us in advance for pre-approval and also make use of our preferred providers (see No. 4.9).

4.2 Deductible options

The following *deductibles* can be agreed, but apply exclusively for outpatient expenses:

- Plan level Classic: with or without optional *deductible* of € 250/\$ 325
- Plan levels Plus and Top: with or without optional *deductible* of € 250/\$ 325, € 500/\$ 650 or € 1,000/\$ 1,300

Deductibles apply per insurance year and per *insured person*.

If a *deductible* has been agreed, we will reimburse the eligible expenses up to the *annual overall limit* and *maximum outpatient limit*, insofar as these exceed the *deductible*.








































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

All invoices need to be retained. We recommend that invoices only be submitted when the amount of the agreed *deductible* has been exceeded.

4.3 Annual overall limit

Benefits	Classic	Plus	Top
Annual overall limit	 € 2,500,000 / \$ 3,250,000	 € 8,000,000 / \$ 10,400,000	 unlimited

4.4 Scope of benefits: Inpatient treatment*

Benefits	Classic	Plus	Top
Accommodation in a private or semi-private room			
Medical treatment			
Nursing care by qualified nursing staff as directed by a doctor			
Other ancillary costs			
Inpatient surgery			
Drugs and dressings			
Therapies/physiotherapy, including massages			
Therapeutic aids and appliances	 only if needed as a life-saving measure, such as cardiac pacemakers	 if needed as a life-saving measure, such as cardiac pacemakers; in addition, reimbursement for non life-saving therapeutic aids and appliances, such as artificial limbs/prostheses up to € 2,000 / \$ 2,600	
Medical treatment related to pregnancy and childbirth, services of a midwife or obstetric nurse in the hospital, but excluding screenings related to pregnancy		 up to € 5,000 / \$ 6,500	
Complications of pregnancy and childbirth			
Newborn care			
Outpatient childbirth		 Lump sum of € 250 / \$ 325 per newborn baby without proof of costs on presentation of the birth certificate	 Lump sum of € 500 / \$ 650 per newborn baby without proof of costs on presentation of the birth certificate
Chemotherapy, oncological drugs and treatment (e.g. for cancer patients)	 up to € 50,000 / \$ 65,000	 up to € 100,000 / \$ 130,000	

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

* All planned treatments must be pre-approved by us in advance and our preferred providers have to be used, otherwise our reimbursement will be limited to 80% (see No. 4.9).

Benefits	Classic	Plus	Top
Transport to the nearest suitable <i>hospital</i> for initial <i>treatment</i> following an <i>accident</i> or an <i>emergency</i> , by an approved <i>emergency</i> service with conveyances appropriate to the situation	✓	✓	✓
Bone marrow and organ transplants	✗	✓ up to a maximum of € 150,000 / \$ 195,000 for the duration of the group contract	✓
Psychiatric <i>treatment</i>	✓ up to 20 days, provided that we have agreed in writing to pay benefits before <i>treatment</i> commences	✓ up to 20 days, provided that we have agreed in writing to pay benefits before <i>treatment</i> commences	✓ up to 50 days, provided that we have agreed in writing to pay benefits before <i>treatment</i> commences
Inpatient psychotherapy	✗	✓ up to 10 sessions, provided that we have agreed in writing to pay benefits before <i>treatment</i> commences	✓ up to 20 sessions, provided that we have agreed in writing to pay benefits before <i>treatment</i> commences
Parent rooming-in during inpatient <i>treatment</i> of an <i>underage child</i>	✗	✓	✓
Nursing care at home and <i>domestic help</i>	✗	✓ up to a period of 7 days	✓ up to a period of 14 days
Nursing care at home after childbirth, instead of a <i>hospital</i> stay	✗	✓ up to a period of 5 days if pre-approved	✓ up to a period of 5 days if pre-approved
Substitute cash plan benefit for inpatient <i>treatment</i> actually received, but for which no benefits have been claimed from us	✗	✓ € 50 / \$ 65 per day	✓ € 100 / \$ 130 per day
Inpatient <i>follow-up rehabilitation</i>	✗	✓ up to a period of 14 days provided that we have agreed in writing to pay benefits before <i>treatment</i> commences	✓ up to a period of 21 days provided that we have agreed in writing to pay benefits before <i>treatment</i> commences
<i>Hospice</i>	✗	✗	✓ up to 7 weeks
Inpatient dental <i>treatment</i>	✗	✓	✓
<i>Emergency</i> dental <i>treatment</i>	✓	✓	✓

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





































* All planned *treatments* must be pre-approved by us in advance and our preferred providers have to be used, otherwise our reimbursement will be limited to 80% (see No. 4.9).

4.5 Scope of benefits: Outpatient treatment

Benefits	Classic	Plus	Top
Maximum outpatient limit	€ 10,000 / \$ 13,000	Geo Area I: € 60,000 / \$ 78,000 Geo Area II: € 30,000 / \$ 39,000	unlimited
Medical treatment	✓ Max. outpatient limit applies	✓ Max. outpatient limit applies	✓
Outpatient surgery	✓ Max. outpatient limit applies	✓ Max. outpatient limit applies	✓
Chemotherapy, oncological drugs and treatment (e.g. for cancer patients)	✓	✓	✓
Health checks for adults and children aged 2 years old and over	✗	✓ up to € 500* / \$ 650*	✓ up to € 1,000 / \$ 1,300
Health checks for children aged under 2 years old	✗	✓ Max. outpatient limit applies	✓
Vaccinations of every kind, including the vaccines and prophylactic measures, insofar as these are recommended for the applicable country of residence, for adults and children aged 2 years old and over	✗	✓ up to € 250* / \$ 325*	✓
Vaccinations of every kind, including the vaccines and prophylactic measures, insofar as these are recommended for the applicable country of residence, for children aged under 2 years old	✗	✓ Max. outpatient limit applies	✓
Maternity care and childbirth, services of a midwife or obstetric nurse	✗	✓ up to € 2,000* / \$ 2,600*	✓
Complications of pregnancy and childbirth	✗	✓ up to € 10,000* / \$ 13,000*	✓
Pre and post-natal classes	✗	✗	✓ up to € 250 / \$ 325
Hormone replacement therapy	✗	✓ up to € 500* / \$ 650*	✓ up to € 1,000 / \$ 1,300
Acupuncture (needle technique), homeopathy, osteopathy and chiropractic, including drugs and dressings	✗	✓ up to € 500* / \$ 650*	✓ up to € 1,000 / \$ 1,300
Speech therapy	✗	✓ up to 10 sessions*, provided that we have agreed in writing to pay benefits before treatment commences	✓ up to 20 sessions, provided that we have agreed in writing to pay benefits before treatment commences

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


























* Maximum outpatient limit applies

Benefits	Classic	Plus	Top
Psychiatric <i>treatment</i>	 up to 10 sessions*, provided that we have agreed in writing to pay benefits before <i>treatment</i> commences	 up to 20 sessions*, provided that we have agreed in writing to pay benefits before <i>treatment</i> commences	 provided that we have agreed in writing to pay benefits before <i>treatment</i> commences
Outpatient psychotherapy		 up to 10 sessions*, provided that we have agreed in writing to pay benefits before <i>treatment</i> commences	 up to 20 sessions, provided that we have agreed in writing to pay benefits before <i>treatment</i> commences
Drugs and dressings	 <i>Max. outpatient limit</i> applies	 <i>Max. outpatient limit</i> applies	
Therapies/physiotherapy, including massages	 up to 10 sessions*	 up to 20 sessions*	
Therapeutic aids and appliances		 up to € 2,000* / \$ 2,600*	
Wigs and prosthetic bras following <i>cancer treatment</i>	 up to € 300* / \$ 390*	 up to € 300* / \$ 390*	 up to € 300 / \$ 390
Nutritional consultations		 up to € 125* / \$ 162.50*	 up to € 250 / \$ 325
Podiatry		 up to € 100* / \$ 130*	 up to € 200 / \$ 260
Vision aids			 up to € 200 / \$ 260
Hearing aids		 up to € 500* / \$ 650*	 up to € 2,000 / \$ 2,600
Transport to the nearest suitable <i>doctor</i> or <i>hospital</i> for initial <i>treatment</i> following an <i>accident</i> or an <i>emergency</i> , by an approved <i>emergency</i> service with conveyances appropriate to the situation			
Infertility <i>treatment</i>			 50% up to a maximum of € 10,000 / \$ 13,000 per insured couple per lifetime

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

* *Maximum outpatient limit* applies

4.6 Scope of benefits: Dental *treatment*

Benefits	Classic	Plus	Top
<i>Maximum dental limit</i>	€ 500 / \$ 650	€ 2,000 / \$ 2,600	€ 5,000 / \$ 6,500
Screenings	 100%* up to 2 screenings per year	 100%* up to 2 screenings per year	 100%* up to 2 screenings per year
Minor dental services	 50%*	 70% up to € 1,000* / \$ 1,300*	 90% up to € 2,000* / \$ 2,600*
Dentures (for example, prostheses, bridges and crowns)		 70%*	 90%*
<i>Implants</i>		 70%*	 90%*
<i>Treatment</i> related to analysis and therapy of dental function		 70%*	 90%*
Orthodontic <i>treatment</i> (up to age 18)		 70%*	 90%*
Dental laboratory work and materials		 70%*	 90%*
Compilation of a plan of <i>treatment</i> and costs		 70%*	 90%*
<i>Accidental dental treatment</i>	 100%*	 100%	 100%

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

* *Maximum dental limit* applies

4.7 Scope of benefits: Medical assistance

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

4.8 Scope of benefits: Additional assistance

Benefits	Classic	Plus	Top
Additional support	✗	✓	✓
Organizing visits for a relative to the patient	✗	✓ up to € 1,500 / \$ 1,950	✓ up to € 3,000 / \$ 3,900
Procurement and shipment of vital medication	✗	✓	✓
Organizing return journey	✗	✓ up to € 2,000 / \$ 2,600	✓ up to € 2,000 / \$ 2,600
Travel costs of insured members to be with a family member who is at peril of death or who has died	✗	✗	✓ up to € 3,000 / \$ 3,900
Travel costs for an accompanying person, in the event of repatriation of an <i>insured person</i>	✗	✓ up to € 1,500 / \$ 1,950	✓ up to € 3,000 / \$ 3,900
Organizing return transport or care for the <i>children</i>	✗	✗	✓
Organizing help in the event of legal difficulties	✗	✗	✓
Telemedicine	✓	✓	✓

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

4.9 Description of benefits

Please note: The benefits described in No. 4.9 may differ or may not be covered by the insurance, depending on the selected plan level.

Principles that apply for inpatient, outpatient and dental treatment

For all planned inpatient and day case services, you must contact us in advance for pre-approval and also make use of our preferred providers. You must contact your *Globality Health service centre* a minimum of 7 days before your *treatment* is planned to commence. If you do not receive pre-approval or you chose not to use one of the providers recommended to you by the service centre, then our reimbursement will be limited to 80% of eligible expenses.

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

Dental materials and laboratory work will be indemnified on the basis of average prices in the *country of residence* concerned. Dentures, *implants* and orthodontic *treatment* are deemed to be *treatments* performed by a *dentist* even when carried out by a *doctor*. They are not included in inpatient or outpatient *treatment*.

Fees will be reimbursed for all eligible medical and dental *treatment*, as well as for the services of other *therapists* if they are reasonably calculated according to an *acknowledged rate of fees* typical for the country in question. Expenses exceeding the maximum fees in accordance with these *acknowledged rates of fees* may also be reimbursed if they are caused by difficulties resulting from the illness or the medical findings and have been reasonably calculated. Our reimbursement for services by other *therapists*, such as masseurs,

midwives or practitioners of complementary medicine, for which a separate *acknowledged rate of fees* may not exist in the *country of residence*, will be based on the comparable fees for *doctors* and customary prices in the country of *treatment*. Within the scope of the insurance policy, we will reimburse the expenses incurred for examination and *treatment* methods, as well as *drugs*, which are generally accepted by conventional medicine. In addition, we will also reimburse the costs incurred for methods and *drugs* which have proved promising in practice or which are employed because conventional methods or *drugs* are not available; however, our benefits may be limited to the sums which would have been payable had conventional methods and drugs been available.

Requirements that must be met in conjunction with medically necessary inpatient treatment according to No. 4.4

Pre-approval for planned inpatient and day case treatments

For all planned inpatient and day case services, you must contact us in advance for pre-approval and also make use of our preferred providers. You can do this by contacting your *Globality Health service centre* a minimum of 7 days before your *treatment* is planned to commence. You will need to provide the following information:

- Medical report, or diagnosis if medical report is unavailable
- *Treatment* plan and cost estimate
- Planned *treatment* (admission) date
- Treating *doctor*

Your *Globality Health service centre* will issue a written confirmation that the *treatment* and related expenses are eligible on your selected plan level and will advise you about the preferred providers available to you. If you chose not to use one of the providers recommended to you by the *Globality Health service centre*, then our reimbursement will be limited to 80% of the eligible expenses.

If it is not possible to contact us 7 days prior to the *treatment* (for example if you are informed of the *treatment* less than 7 days before the planned *treatment* date), you must still contact your *Globality Health service centre* as soon as possible in order that we can issue a pre-approval of the *treatment* and arrange payment directly with the provider. If you do not receive pre-approval from your *Globality Health service*

centre in writing for the *treatment* in advance, then our reimbursement will be limited to 80% of the eligible expenses. This limited reimbursement will not apply in *emergencies* (non-elective *treatments*) where it is not possible to contact us in advance. However we must still be contacted as soon as possible.

Accommodation in a private or semi-private room

If inpatient *treatment* – including pre-hospital, post-hospital and *day case* inpatient *treatment* – is required, you or the *insured person* must go to a generally recognized *hospital* within the selected *geographical area*, which must be operated under constant medical management, have adequate diagnostic and therapeutic facilities and keep medical records. In the case of medically necessary *treatment* in *hospitals* which also provide health cures or sanatorium *treatment* or accept convalescent patients, but which meet with the above conditions in all other respects, benefits under the plan will only be paid if these have been confirmed in writing before *treatment* commences. Inpatient *treatment* in tuberculosis clinics and sanatoria will also be indemnified within the contractual scope for tuberculosis patients. Benefits will be paid without time limits for the duration of inpatient *treatment*. Your relevant *Globality Health service centre* must be contacted before or upon admission to the *hospital*.

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

Medical treatment

Eligible measures include all expenses incurred for examination, diagnosis and medical services within the framework of medically necessary inpatient *treatment* (including *Day case*) unless specifically mentioned elsewhere in the insurance policy. Eligible expenses also include those incurred for pathology, radiology, computer tomography, *magnetic resonance imaging*, *positron emission tomography* and *palliative medicine*.

Other ancillary costs

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

Inpatient surgery

The expenses incurred for services required for inpatient surgery (including *Day case*) will be reimbursed, such as medical services, anaesthesia and the use of special facilities. Please note that surgery including the use of robotics will only be reimbursed if and insofar as we have agreed in writing to reimburse these costs before *treatment* commences, and where the use of robotics is approved for the procedure and diagnosis by the local health authority in the country of treatment such as FDA (Food and Drug Administration) or EMA (European Medicine Agency). Expenses for robotic assisted technique will not be reimbursed when charged as an additional fee.

Drugs and dressings within the framework of inpatient treatment

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

Therapies/physiotherapy within the framework of inpatient treatment

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

Therapeutic aids and appliances within the framework of inpatient treatment

Eligible expenses include those incurred for therapeutic aids and appliances which are designed to serve as a lifesaving measure or which directly alleviate or compensate physical disabilities, such as cardiac pacemakers, artificial limbs/prostheses (but not dentures). They must be fitted during

the stay in *hospital* and remain in or on the body. Expenses for reasonable maintenance (such as an annual service or replacement batteries) and reparation of therapeutic aids and appliances will be reimbursed within the scope of these provisions.

Medical treatment related to pregnancy and childbirth, services of a midwife or obstetric nurse in the 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.

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.

Newborn care

Treatment of a routine or acute medical condition suffered by a newborn baby which manifests itself within 30 days following birth is covered under the newborn 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.

Outpatient childbirth

Outpatient childbirth is defined as either giving birth at home or leaving the *hospital*, maternity home or comparable institution within 24 hours of childbirth. The lump sum childbirth

allowance is paid per newborn baby on presentation of the birth certificate.

Chemotherapy, oncological drugs and medical treatment

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

Bone marrow and organ transplants within the framework of inpatient treatment

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

Psychiatric treatment

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

Inpatient psychotherapy

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

Parent rooming-in during child inpatient treatment

We will reimburse the additional costs incurred for accommodation of a parent during inpatient *treatment* of an insured *underage child*.

Nursing care at home and domestic help

We will reimburse the eligible expenses of medically prescribed nursing at home and *domestic help* by suitable, duly trained nursing staff instead of the medically recommended

hospital stay or in order to shorten the time spent in *hospital*. Nursing at home is supplementary to the medical *treatment* and will be reimbursed in addition to the latter.

Inpatient follow-up rehabilitation

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

Hospice

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

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

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

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

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

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

- *Cancer* in advanced stages
- Fully developed infectious *AIDS*
- Disorders of the nervous system, with unstoppable progressive paralysis

- Chronic kidney, liver, heart, digestive or pulmonary illness in a terminal stage

Inpatient dental treatment

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

Emergency dental treatment

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

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

Requirements to be met in conjunction with outpatient treatment according to No. 4.5

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 treatment

Eligible measures include all expenses incurred for examination, diagnosis and therapy within the framework of outpatient *treatment*, unless specifically mentioned elsewhere in the insurance policy. Expenses incurred for pathology, radiology, computer tomography, *magnetic resonance imaging*, *positron emission tomography* and *palliative medicine* will also be reimbursed.

Outpatient surgery

The expenses incurred for services required in this context will be reimbursed, such as medical services, anaesthesia and the use of special facilities. Please note that surgery including

the use of robotics will only be reimbursed if and insofar as we have agreed in writing to reimburse these costs before *treatment* commences, and where the use of robotics is approved for the procedure and diagnosis by the local health authority in the country of treatment such as FDA (Food and Drug Administration) or EMA (European Medicine Agency). Expenses for robotic assisted technique will not be reimbursed when charged as an additional fee.

Routine health checks for adults and *children* aged 2 years old and over

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
- Eye test

Routine health checks for *children* aged under 2 years old

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 (temperature, pulse, respirations, blood pressure)
- Height and weight
- Hearing and vision
- Cognitive, mental, and psychological development
- The general state of health, ensuring that the *child* is free from infectious diseases and serious health conditions

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, tests and all medically necessary diagnostic tests, including nuchal scan, 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. Corresponding examination and *treatment* costs by midwives are only covered if the costs for the same services have not been charged by a *doctor*.

In addition, we will cover 12 post-natal midwife home visits per pregnancy. Doula services are not reimbursable.

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.

Pre and post-natal classes

Globality Health reimburses pre- and postnatal classes depending on selected plan level. The classes must be performed by a qualified and licensed practitioner, such as midwife or physiotherapist. Yoga or Pilates classes are excluded from cover.

Hormone replacement therapy

We will reimburse eligible expenses for medically necessary hormone replacement therapy. Expenses incurred for prescribed *drugs* and consumables or cost of medical practitioner, specialist consultant and laboratory investigation will be reimbursed.

Acupuncture, homeopathy, osteopathy and chiropractic

We will reimburse a share of the eligible expenses only if the aforementioned *treatment* is provided by *doctors* or other *therapists* who can prove that they have received the requisite training and are licensed or authorized to practise in the country in which *treatment* is provided. *Drugs* and *dressings* prescribed by such *doctors* or *therapists* during *treatment* will also be reimbursed.

Speech therapy

We will 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 registered speech therapist. We will only refund these costs if we have approved in writing to refund them prior to starting *treatment*.

Psychiatric treatment

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

Outpatient psychotherapy

The costs of outpatient psychotherapy will only be reimbursed if the *treatment* is provided by a psychiatrist, psychotherapist or other specialist with appropriate qualifications in the field of psychiatry, psychotherapy or psychoanalysis.

Such *treatment* must be prescribed by a *doctor* before *treatment* commences and must specify the diagnosis, nature and number of sessions. Moreover, these costs will only be reimbursed if and insofar as we have agreed in writing to reimburse these costs before *treatment* commences.

Drugs and dressings

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

Therapies/physiotherapy

These are physical-medical therapies (inhalation, physiotherapy and physical exercise, massage, packs, hydrotherapy, medical baths, cryo- and thermotherapy, occupational therapy, electrotherapy or light therapy). Such physical-medical therapies must be provided by a licensed *doctor* or by a licensed medical assistant (e.g. physiotherapist) and must be prescribed by a *doctor*. The prescription must have been issued before *treatment* commences and must specify the diagnosis, nature and number of sessions.

If more than 20 sessions of physiotherapy are prescribed for a single diagnosis, prior approval will be required from us in writing.

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

Therapeutic aids and appliances in conjunction with outpatient treatment

Eligible expenses include the expenses incurred for artificial limbs and organs, as well as orthopaedic and other therapeutic aids and appliances designed to prevent, alleviate or compensate physical disabilities. Therapeutic aids and appliances must be prescribed by a *doctor* and should not be daily commodities.

Therapeutic aids and appliances within the framework of outpatient *treatment* include: bandages, trusses, insole supports for shoes, walking aids, compression stockings, corrective splints, artificial limbs/prostheses (excluding dentures), plaster shells for lying and sitting, orthopaedic arm, leg and body braces, as well as speaking aids (electronic larynx).

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

Nutritional consultations

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

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

Podiatry

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

Vision aids

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

Hearing aids

We will reimburse eligible expenses for a medically prescribed *hearing aid* within the agreed scope of benefits. Expenses incurred for replacement batteries for *hearing aids* will not be reimbursed.

Infertility treatment

Within the framework of the agreed scope of benefits, and provided that benefits have been pledged in writing beforehand, we will refund the costs for the following diagnostic tests and *treatments* to increase fertility, as well as *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

Requirements to be met in conjunction with dental treatment according to No. 4.6

Maximum dental limit

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

Screenings

Routine screenings for early detection of disorders of the teeth, mouth and jaw.

Minor dental services

General dental services:

- 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 took 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)

Dentures and 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 fastening (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

Implants

- 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.

Accidental dental treatment

Dental *treatment* required 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.

General dental 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 will cover the costs for *children* up to the age of 12.
- In addition in case of failure of local anesthesia
- *Treatment* under local anesthesia to be considered impossible due to severe psychologically and physically disabled patient

5. Help and support through our assistance services

If you or an *insured person* become ill or have an *accident* while abroad, you will find yourself confronted with several unfamiliar factors: a foreign language, an unfamiliar medical infrastructure, possible difficulties in making contact with the *doctors* or *hospitals* providing *treatment* and with your family in the *country of departure* or *home country*.

For this reason, we provide an extensive range of assistance services in addition to, and as part of, the health insurance cover as active support for you and the *insured person* during your time abroad.

We will assist you in problem cases and provide appropriate organizational help during your stay abroad.

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

You and the *insured persons* can claim this assistance/these services in accordance with the selected plan level whenever an insured event or *emergency* occurs. When your insurance cover or that of the *insured persons* ends, your/their entitlement to our assistance services will also end simultaneously.

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

5.1 Explanation of medical assistance (see No. 4.7)

Medical evacuation and repatriation

The scope of our reimbursements as regards transport for the patient is set out in Nos. 4.4 and 4.5. In addition, you are also entitled to cross-border transport by ambulance if inpatient medical care in the country where the incident occurs is inadequate.

In such a case, we will bear the cost of transporting a patient subject to the following conditions:

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

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

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

If necessary for medical reasons, we will also organize for a *doctor* to accompany the patient during transport. Return transport will not be covered.

Information on medical infrastructure

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

Support and information

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

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

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

Assumption of costs guarantee

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

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

Please note that it is standard practice in certain areas that your provider will ask for credit card details as a guarantee of payment. If deductibles apply, or if costs exceed your specific insurance limits, then your credit card might be charged with these expenses.

Organizational support in case of bereavement, share of repatriation costs

Your relevant *Globality Health service centre* can also help you in the event of death abroad.

- It will obtain the death certificate or accident report insofar as this is permitted by law.

- It will make contact with public authorities and consulates in the foreign country.
- It will establish which surviving relatives are authorized to decide on repatriation or cremation of the deceased.
- It will handle all the formalities for repatriation or cremation or a local funeral in accordance with the regulations of the country concerned.

We will reimburse

- the costs directly incurred for repatriating the deceased to the *country of departure* or *home country* (including all formalities), as well as a member of the family to travel with the mortal remains, if they were accompanying the deceased member at the time of death,
- the costs for repatriating the urn to the *country of departure* or *home country* if the deceased has been cremated in the *country of residence*, as well as a member of the family to travel with the mortal remains, if they were accompanying the deceased member at the time of death.

Funeral costs as such will not be reimbursed.

Additional, appropriate medical support

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

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

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

Online services

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

5.2 Explanation of additional assistance (see No. 4.8)

Family visits

If you or an *insured person* receive inpatient *treatment* on account of a medical *emergency* (both in the *country of residence* and while travelling on holiday or on business), your relevant *Globality Health service centre* will arrange for a member of the family to visit you or the *insured person*. We will make arrangements for one family member to travel to the *hospital* and back home if the stay in *hospital* lasts for more than seven days. We will pay the cost of transport (first class railway travel, economy class flight) and hotel accommodation (for up to seven days) up to the specified maximum limit, but only if your relevant *Globality Health service centre* has been contacted beforehand.

Drug procurement

If you or an *insured person* depend on a supply of vital *drugs* which, however, are not available in the *country of residence*, you can ask your relevant *Globality Health service centre* to procure these – legally approved – *drugs* and to send them to you insofar as their import and procurement are not prohibited by law.

Organizing return journey

If your return from the *country of residence* is delayed on account of a medical *emergency* rendering you unfit to travel, your relevant *Globality Health service centre* will ensure that your hotel accommodation and flight reservations are altered accordingly.

Travel costs of insured members to be with a family member who is at peril of death or who has died

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 the cost of transport (first class railway travel, economy class flight) to the place of

residence or the place of hospitalization of the family member, in the case of serious illness or *accident*; or to the place of burial, in the case of death of the family member.

Serious illness and serious *accident* are considered to be that which endangers the life of the family member. For the purposes of this coverage, relatives are considered to be the spouse or unmarried partner as well as the parents and *children* of the *insured*. Return transport costs due to serious illness and serious *accident* are only reimbursable on condition that the corresponding *Globality Health service centre* is contacted in advance. Transport costs due to death are only reimbursable prior to submission of the death certificate.

Travel costs for an accompanying person, in the event of repatriation of an insured person

In the event of a medically necessary repatriation of an *insured person*, for whom we have agreed in advance reimbursement of the costs and in accordance with No. 5.1 we will reimburse, the cost of transport (first class railway travel, economy class flight) for the accompanying person, to the *insured person's* last permanent place of residence in his/her *home country* or *country of departure*, or to the place where the *insured person* will receive inpatient *treatment* following the repatriation.

Organizing return transport or care for the children

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

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

Organizing help in the event of legal difficulties

Your relevant *Globality Health service centre* can refer you to English, German, French or Spanish-speaking lawyers or experts throughout the world. If necessary, your relevant *service centre* will arrange for an advance to pay the lawyers' fees, courts costs or bail. The advance is not paid by the relevant *Globality Health service centre*; it merely makes contact

with your bankers, for instance, or relatives and can help in transferring the money if applicable.

Telemedicine

The insurer provides all *insured persons* with access to tele-medical services. In cooperation with a third-party provider, the insurer provides a free app (iOS and Android). Access is available to all *insured persons* from the age of 18 who have active insurance coverage under this Group Contract and who have provided consent to the processing of personal data. The access and the data are protected using advanced technology to avoid any potential security breach.

The available services are: Telephone consultation, video consultation and chat. All services are provided in English, German and Spanish and can be used on a 24/7 basis.

6. Exclusions

In which cases do you not qualify for benefits?

Accommodation in nursing home

We will not reimburse any costs incurred for accommodation in a nursing home.

Acting or traveling against medical advice/failing to seek advice

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

Clinical trials, 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), Red Española de Agencias de Evaluación de Tecnologías Sanitarias y Prestaciones del Sistema Nacional de Salud (RedETS), 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.

Complications caused by excluded cover

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

Cosmetic/plastic surgery

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

Detoxification programmes including therapies

Detoxification programmes including therapies for drug addiction and alcoholism are not covered by the insurance. Without affecting this provision, the contractual benefits will be paid for an initial detoxification for which reimbursement of the costs or benefits in kind cannot be claimed elsewhere. In the case of inpatient detoxification, only the expenses incurred for general basic *hospital* services will be reimbursed. We will not cover any other *treatment* caused by or directly associated with harmful, hazardous or addictive use of any substance including alcohol and *drugs*.

Developmental disorders

The insurance does 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.

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.

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 by intent (self-inflicted injuries including attempted suicide)

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

Injuries caused by military service

We will not cover illnesses and *accidents* and their consequences 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) are not covered.

Nuclear, chemical and biological contamination

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

Sex change

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

Sterilisation, sexual dysfunction and contraception

We will not cover any procedure 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*).

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.

Surrogacy

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

Children born to a surrogate mother are excluded from cover.

Termination of pregnancy

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

Therapies and treatment in sanatoriums, convalescent and nursing homes as well as specific rehabilitation measures

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

Transport costs

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

Treatment by certain doctors, dentists and other therapists, as well as in certain hospitals

This includes *treatment* by *doctors*, *dentists*, other *therapists* and in *hospitals* whose invoices have been excluded from reimbursement by us for an important reason. However, this exemption from the obligation to pay benefits only applies to those insured events which occur after you and the *insured persons* have been informed of this exclusion of benefits. If an insured event has already occurred at the time of notification, our exemption from benefits will only apply for those expenses which are incurred more than three months after notification.

Treatment by marital or non-marital partners, parents or children

Costs for *treatment* by marital or non-marital partners, parents or *children* will not be reimbursed. The proven cost of materials necessary for the *treatment* will, however, be reimbursed in accordance 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 reimburse the costs of nutriments, tonics, mineral water, cosmetics, hygiene and body-care products and bath additives.

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 limitations that apply in respect of our obligation to pay benefits

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 usual, customary and reasonable, we will be entitled to reduce its payment/reimbursement and the *insured person* shall be responsible for all costs, which are not usual, customary and reasonable, as we do not cover any amount, which is not 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 usual, customary and reasonable.

If benefits can also be claimed from a statutory health insurance fund, statutory or private personal accident insurance, statutory pension insurance fund or any other provider of benefits or institution, the *insured person* is obliged to assign all such rights to us.

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

7. Points to note when an insured event occurs

7.1 Definition of “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 No. 6).
- g) Not for screening and preventive care purposes.

7.2 Requirements to be met in order to obtain benefits

For all planned inpatient and day case services, you must contact us in advance for pre-approval and also make use of our preferred providers. You must contact your *Globality Health service centre* a minimum of 7 days before your *treatment* is planned to commence. If you do not receive pre-approval or you chose not to use one of the providers recommended to you by the service centre, then our reimbursement will be limited to 80% of eligible expenses (see also No. 4.9).

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

Dental materials and laboratory work will be indemnified on the basis of average prices in the *country of residence* concerned. Dentures, *implants* and orthodontic *treatment* are deemed to be *treatments* performed by a *dentist* even when carried out by a *doctor*. They are not included in inpatient or outpatient *treatment*.

Fees will be reimbursed for all eligible medical and dental *treatment*, as well as for the services of other *therapists* if they are reasonably calculated according to an acknowledged rate of fees typical for the country in question. Expenses exceeding the maximum fees in accordance with these acknowledged rates of fees may also be reimbursed if they are caused by difficulties resulting from the illness or the medical findings and have been reasonably calculated. Our reimbursement for services by other *therapists*, such as masseurs, midwives or practitioners of complementary medicine, for which a separate acknowledged rate of fees may not exist in the *country of residence*, will be based on the comparable fees for *doctors* and customary prices in the country of *treatment*. Within the scope of the insurance policy, we will reimburse the expenses incurred for examination and *treatment* methods, as well as *drugs*, which are generally accepted by conventional medicine. In addition, we will also reimburse the costs incurred for methods and *drugs* which have proved promising in practice or which are employed because conventional methods or *drugs* are not available; however, our benefits may be limited to the sums which would have been payable had conventional methods and *drugs* been available.

7.3 What to do when an insured event occurs?

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

- a) We are only obliged to indemnify you when we have received all the invoices and documents requested by us; these invoices and documents become our property and we reserve the right to archive them.
- b) Please note:
Unless agreed otherwise with you, please send the invoices directly to your relevant *Globality Health service centre* when an insured event occurs. Always hand in original

documents in conformity with the respective legal regulations for invoices typical of the country concerned. (refer also to the requirements specified in No. 7.4). To make matters easier for you and so that costs can be reimbursed as quickly as possible, however, we will also accept documents and invoices sent by fax, e-mail or through the website of Foyer Global Health S.A., provided that the transmission quality permits subsequent processing. In justified cases, we may also request that original documents be handed in. If another health insurer or other institution has reimbursed part of the costs, it will be sufficient to send us duplicates of the invoices or documents with the other insurer's or institution's original confirmation of reimbursement. We may also pay benefits to the person or party bringing or sending the required original documents, with the effect of having discharged our obligation.

- c) Claims for insurance benefits may be neither assigned nor pledged (see No. 7.6 a)) with regard to the exception concerning medical providers.

7.4 Information to be contained in the invoices

- a) Invoices must specify the following particulars:
- First name and surname, as well as the date of birth of the *insured person*.
 - A precise designation of the illness (diagnosis) or otherwise a description of the symptoms by the *doctor*.
 - The individual medical services and *treatment* data with unit price.
 - Where dental *treatment* is concerned, the invoice must also specify which teeth have been treated or replaced and which services have been rendered in each instance.
- b) Further important points:
- All documents or invoices should preferably be issued in English, German, French, Dutch or Spanish and must use Arabic numerals and Latin characters (1, 2, 3 ... a, b, c ...) as well as the *ICD Code 9 or 10* (International Classification of Diseases).
 - Prescriptions must specify the first name and surname, as well as the date of birth of the *insured person*, the *drugs* which have been prescribed, their price and the receipt of payment.
 - Prescriptions must be submitted together with the corresponding doctor's invoice; invoices for therapies and therapeutic aids and appliances must be submitted with the corresponding prescription.

- If *substitute hospital cash plan benefits* are claimed instead of reimbursement of costs, a certificate confirming the inpatient *treatment* must be submitted with the first name, surname and date of birth of the person receiving *treatment*, the diagnosis, the date of admission and discharge, as well as the duration of leave if applicable.

Wherever possible, please use our "Health Insurance Claim Form" in order to apply for reimbursements; this form can be downloaded from our website or obtained from your relevant *Globality Health service centre* and must be signed by your *doctor*. Use of this form ensures that your claim for benefits can be processed without delay. As a rule, enquiries delaying reimbursement of your expenses can be avoided in this way.

7.5 What to do in the event of an *accident/emergency*

You can contact us at any time, day or night. Addresses, telephone numbers and e-mail address are stated in all our documents. Following the occurrence of a major insured event, particularly following an *accident, emergency* or in the case of inpatient *treatment*, the *insured person* or their representative must contact the relevant *Globality Health service centre* as soon as possible so that we may provide support and assistance.

7.6 Claims handling for benefits

a) Inpatient benefits

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

b) Outpatient and dental benefits

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

7.7 Reimbursement of claimed benefits

As a rule, benefits are paid according to the principle of reimbursement. In other words, we will reimburse the eligible costs incurred within the framework of medical *treatment*. As a special service at your request, we can pay our reimbursement directly to the party issuing the invoice, provided that they agree to such direct payment and this is not prevented by legal considerations (see No. 7.6 a).

7.8 Contractual currency

The euro (€) is the basic currency for all our plans. However, US dollar (\$) can also be selected as the contractual currency. The exchange rate for this currency is reviewed by the insurer every January and July and adjusted as required. This may result in higher or lower premiums if the contractual currency has to be brought into line with the rate of exchange of the euro.

7.9 Exchange rates

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

8. Your duties

- a) Planned *inpatient hospital treatment* must be reported to the relevant *Globality Health service centre* 7 days in advance, otherwise our reimbursement will be limited to 80% of the eligible expenses (see No. 4.9).
- b) You and the *insured persons* are obliged to provide all the information requested by us or the relevant *Globality Health service centre* in order to establish the occurrence of an insured event or to establish our obligation to pay benefits and the amount of benefit due. In addition, you must allow us or our *assisteur* to obtain all further information required in this context (above all by releasing medical professionals from their duty of confidentiality).
- c) We may request that you or the *insured persons* be examined by a *doctor* authorized by our company. We will reimburse the cost of such examinations and any travel expenses incurred in this context upon submission of documentary proof.
- d) You and the *insured persons* must make every effort to minimize the damage and desist from all actions detrimental to your or their convalescence.
- e) You and the *co-insured persons* must behave cost-consciously when an insured event occurs and limit expenses for treatment to the extent necessary, which may include opting for generic medication instead of branded medication.

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

Assignment of claims for benefits from a third party

If you or an *insured person* can claim non-insurance damages of any kind from a third party, you or the *insured person* are obliged to assign such claims to us in writing up to the amount to which expenses are reimbursed under the insurance policy, notwithstanding the statutory subrogation. If you or an *insured person* surrender such a claim or a right serving to secure the claim without our consent, we shall be relieved from our obligation to pay benefits insofar as we could have obtained compensation from the claim or right.

Setting off

You or the *insured persons* may only set off against our claims if the counterclaim is undisputed or has been established without appeal being granted.

Fraud

Entitlement to benefits does not exist if benefits are claimed incorrectly or fraudulently, or if third parties have fraudulently sought to obtain benefits under the present contract without legal foundation, but with your consent. All rights to benefits under this insurance policy will be extinguished in such cases. Payments remitted prior to disclosure of the fraudulent actions must be repaid to our company in the full amount.

9. Payment and charging of premiums

Payment of premiums

The amount of premium, due date and terms of payment are governed by the agreements reached in the group contract.

If the premium is stated in the *insurance certificate*, any additional premium loading will be stated separately.

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

Belated payment of premiums

The following rule applies if premiums are to be paid by you as *insured person*:

If the agreed premium is not paid within ten days of the due date, we may demand payment from you upon expiry of this time-limit. This demand for payment will be sent to you in an appropriate way to your last place of residence. If the premium has still not been paid within 30 days of receiving the demand for payment, we will be relieved of our obligation to indemnify for all insured events occurring after expiry of the time-limit, as permitted by Article 21 of the Luxembourg Act of 1997 concerning insurance contracts. You remain obliged to pay premiums in the future, too, even though we are no longer obliged to indemnify you.

If the premium has still not been paid ten days after expiry of the additional time-limit, we will be entitled to terminate the insurance with immediate effect. If the 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 on which we or our duly authorized person receive all outstanding sums. However, we are under no obligation to indemnify if you do not pay the sums outstanding until occurrence of the insured event has ceased to be uncertain. The insurance policy is deemed to have been terminated if premiums are not paid for a period of more than two years.

10. General information

10.1 Amendment of 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.

10.2 Communication between you and us

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

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

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

10.3 Insurance of newborn babies

The newborn baby is insured as from the moment of birth, without qualifying periods, provided that at least one parent is insured under this plan on the day on which the *child* is born and we receive the application for insurance within two months of the date of birth. If the application for insurance is received more than two months after the date of birth, insurance cover will commence – at the earliest – on the day

on which we receive the notification. If the birth is reported after expiry of the two-month period, a premium loading of not more than 100 % may be charged in addition to the plan premium following an assessment of the risk.

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

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

10.4 Change of contract data

Declarations of intent, *conversions* and notices concerning the insurance policy must always be addressed to us in writing.

New address or new name, for instance due to marriage

Please inform us of your new address or new name without delay, otherwise important information from us may not reach you on time or not at all.

New bank account

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

Change of credit card data

Please let us know if you have new credit card data and we will send you a new SaferPay link to update your details.

10.5 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 at www.globality-health.com.

10.6 Place of jurisdiction

Contrary to expectations, agreement sometimes cannot be reached when handling claims for insurance benefits. In such a case, claims can be asserted against us in a court of law. All disputes arising from the group contract will be brought before a court of law in the Grand Duchy of Luxembourg or before a court of law in the town in which the *policyholder* has its registered office or in which the *insured persons* reside.

If the *policyholder's* registered office or the *insured person's* place of residence is not in one of the member states of the European Union, jurisdiction will rest exclusively with the courts of law in the Grand Duchy of Luxembourg.

10.7 Applicable law

Unless national regulations stipulate the application of a different national law or a different national law has been contractually agreed, the group contract and the insurance relationship will be governed by the law of the Grand Duchy of Luxembourg.

10.8 Language

The contractual language is English. Unless we agree otherwise with you, all correspondence between you and us will be in English. In any case, the English version of the General Conditions of Insurance (GCI) will prevail over any other language or translation.

11. Definitions

Explanation of terms used

Accident

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

Acknowledged rate of fees

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

Acupuncture

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

AIDS

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

Annual overall limit

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

Assisteur

Our *assisteur* specializes in helping and advising the *insured persons* in *emergencies* or during *hospital* stays. He/she also provides additional services to make your stay and that of the *insured persons* easier in the foreign country and handles the reimbursement of certain costs, such as the cost of return transport.

Cancer

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

Children

Children include the *insured person's* natural offspring, as well as adopted, step and foster *children*, up to the age of 25.

Chiropractic

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

Conditions precedent

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

Conservative treatment

Conservative treatment is designed to preserve the teeth (e.g. fillings, *treatment* of the root canal).

Conventional medicine

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

Conversion

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

Country of departure

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

Country of residence

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

Cures and sanatorium treatment

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

Day case hospital treatment

Day case hospital treatment in a clinic or *hospital* means that the patient only remains in the clinic for a period between 8 and 24 hours and that a stay of longer than 24 hours is not necessary.

Deductible

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

Dentist

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

Doctor

A *doctor* is a medical professional (general practitioner or specialist) or holder of a medical diploma who has the statutory approbation and is licensed to practise medicine in the country in which *treatment* is provided (see *treatment*).

Domestic help

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

Dressings

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

Drugs

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

Emergency

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

Existing medical conditions

Existing medical conditions are defined as those illnesses and their consequences which already exist upon inception of the insurance, as well as the consequences of *accidents* already known to you or the *insured person* or for which you or the *insured person* are/is already receiving *treatment*.

Follow-up rehabilitation

Follow-up rehabilitation is a medical measure to restore the former physical condition following a serious illness/major surgery, such as bypass operations, cardiac infarction, organ transplants and surgery involving big bones or joints, as well as following serious *accidents*.

Geographical area

Insurance cover is provided for the following *geographical areas*:

Geographical area I: Worldwide including the USA

Geographical area II: Worldwide excluding the USA

Globality Service Card

You and the *insured persons* receive a personal *Globality Service Card* with the address and main telephone numbers of your relevant *Globality Health service centre*. The *Globality Service Card* is your personal proof of insurance for all medical providers.

Globality Health service centre

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

Globality Health service centres are familiar with the 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.

Hearing aid

A *hearing aid* is an electronic device worn in or behind the ear for amplifying sound.

Home country

The *home country* is the country of which you and the *insured persons* are citizens or to which you or they are to be repatriated in the event of death.

Homeopathy

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

Hospice

Institution for the limited purpose of supporting patients with a life expectancy of few months and relieving symptoms of the fatal illness by palliative medical care.

Hospital

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

Hydrotherapy

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

ICD Codes

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

Implants

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

Insurance certificate

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

Magnetic resonance imaging (MRI)

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

Maximum dental limit

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

Oncology

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

Osteopathy

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

Outpatient surgery

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

Palliative medicine

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

Policyholder/insured person

The *policyholder* is an organization with legal capacity, such as your employer or association, etc. which has concluded a group contract with us. The *insured persons* are the *policyholder's* employees or members who have joined the group contract of their own free will or have been registered for group insurance by the *policyholder*, as well as other persons for whom insurance cover is also granted, such as the *insured person's* marital or non-marital partner and *children*.

Positron emission tomography (PET)

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

Prophylactic measures

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

Second opinion

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

Substitute hospital cash plan benefits (see No. 4.4)

If you or an *insured person* 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 per day actually spent in *hospital* for the medically prescribed inpatient *treatment*, in accordance with the selected plan level.

Therapist

A *therapist* may be a *doctor*, but also anyone who has received acknowledged, in-depth training in his/her field and is licensed or authorized to give *treatment* in their field in the country in which *treatment* is provided.

Therapists include practitioners of complementary medicine, speech *therapists* and midwives/obstetric nurses, as well as members of state-approved assistant medical professions with their own practice (such as masseurs, physiotherapists).

Treatment

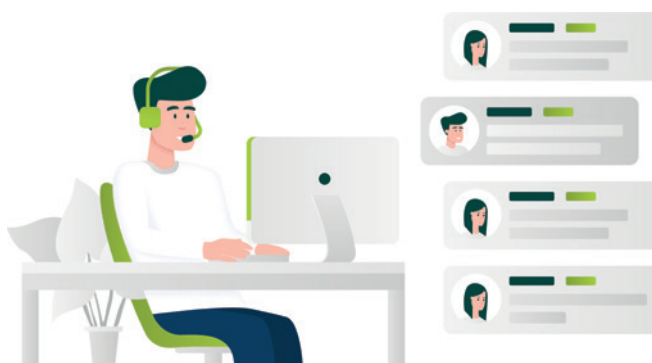
Treatment describes the diagnostic and therapeutic measures to be undertaken by the *doctor* in order to identify, alleviate or heal a disorder, illness or injury. A course of *treatment* is deemed medically necessary if it could reasonably be considered medically necessary in the light of objective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

Treatment relating to analysis and therapy of dental function

Examination and *treatment* method used in dentistry to diagnose disorders and illnesses of the entire masticatory apparatus.

Underage person/minor

Underage persons or *minors* are defined as persons who are under 18 years.



Get in touch with us

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

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Phone +352 270 444 35 01

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