4.3 *Annual overall limit*

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

4.4 Scope of benefits: *Inpatient treatment*

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

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

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

4.5 Scope of benefits: *Outpatient treatment*

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

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

Benefits	Essential	Classic	Plus	Top
Vaccinations and immunization	–	–	● up to € 250*/ $ 325*/ £ 210*	●
Vision aids, including an eye test	–	–	● up to € 150*/ $ 195*/ £ 126*	● up to € 250/ $ 325/ £ 210
Transport to the nearest suitable *doctor* or *hospital* for initial *treatment* following an *accident* or an *emergency*	●	●	●	●
Infertility *treatment*	–	–	● 50 %* up to € 2,000/ $ 2,600/ £ 1,680 for each insured couple, per lifetime *Waiting period* of 24 months	● 50 % up to € 10,000/ $ 13,000/ £ 8,400 for each insured couple, per lifetime *Waiting period* of 24 months

4.6 Scope of benefits: Dental *treatment*

Benefits	Essential	Classic	Plus	Top
Basic dental services				
Two check-ups or exams per insurance year	–	–	●	●
X-rays	–	–	●	●
Scale-and-polish cleaning	–	–	●	●
Treating oral mucosa and paradontium	–	● Pain relief only	●	●
Simple fillings	–	● Pain relief only	●	●
Surgery, extractions, root-canal *treatment*	–	● Pain relief only	●	●
Night guard	–	–	●	●
Accidental dental treatment	–	●	●	●
Major dental services	–	–	● Reimbursement for the following benefits up to € 2,000/ $ 2,600/ £ 1,680 *Waiting period* of 10 months	● Reimbursement for the following benefits up to € 5,000/ $ 6,500/ £ 4,200 *Waiting period* of 10 months
Dentures (for example, prostheses, bridges and crowns, inlays)	–	–	●	●
Implants	–	–	● up to four *implants* per jaw and the dentures to be secured to these *implants*	● up to four *implants* per jaw and the dentures to be secured to these *implants*
Orthodontic *treatment*	–	–	●	●
Dental laboratory work and materials	–	–	●	●
Treatment plan	–	–	●	●

4.7 Scope of benefits: Medical assistance

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

4.8 Scope of benefits: Additional assistance

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

4.9 Description of benefits

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

Inpatient benefits

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

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

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

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

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

Surgery and anaesthetics
We will refund the expenses for services needed in this context, such as medical services, anaesthesia and using special facilities, if directed by a specialist. *We* will also cover the expenses for outpatient surgery instead of *inpatient treatment*.

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

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

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

Therapies, including ergotherapy, light therapy, *hydrotherapy*, inhalation, packs, medical baths, cryotherapy, thermotherapy, electrotherapy
These physical-medical services must be prescribed by a *hospital doctor* alongside *inpatient treatment*. Also, they must be carried out by a *doctor* or professional *therapist*. They must also be referred by the *doctor* during *inpatient treatment*. The prescription must have been issued before *treatment* begins and must specify the diagnosis, nature and number of sessions needed.

Therapeutic aids and appliances within the framework of *inpatient treatment*
Eligible expenses include those for therapeutic aids and appliances which are designed to serve as a life-saving measure or which directly help relieve physical disabilities, such as cardiac pacemakers, artificial limbs and prostheses (but not

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

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

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

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

Complications of pregnancy and childbirth
We will refund the eligible expenses for premature birth, miscarriage, an abortion which is medically necessary, stillbirth, ectopic pregnancy, hydatidiform mole, caesarean section, post-partum haemorrhage, retained placental membrane and complications following any of these conditions.

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

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

Newborn babies are insured from the moment of birth, with-

insured under the Globality YouGenio® World plan on the date of birth for at least six months in a row before birth and *we* receive the *application* for insurance within two months.

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

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

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

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

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

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

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

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

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

Bone marrow and organ transplants within the framework of *inpatient treatment*
In the case of bone marrow or organ transplants (for example heart, kidney, liver and pancreas), *we* will refund the eligible expenses for both the person receiving the transplant and the donor. Eligible expenses are defined as the costs incurred by the donor in conjunction with getting the organ, the cost of transporting the organ to the patient and the expenses for *hospital* accommodation of the donor if necessary, but not the cost of finding the organ to be transplanted or a suitable donor.

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

A *waiting period* of 10 months applies.

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

A *waiting period* of 10 months applies.

Parent accommodation during *inpatient treatment* of a minor child
We will refund the extra costs for accommodation for one parent staying with a child under the age of 18.

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

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

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

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

Hospice
We will refund the expenses for accommodation, nursing care and support if outpatient care at home or in a family member's home is not possible and as long as the *hospice*:
- works together with nursing staff and *doctors* with experience in palliative medical care; and
- is operated under the professional supervision of a nurse, or other suitably qualified person, with several years of experience in palliative medical care or with relevant qualifications, as well as a supervisory nursing care or management qualification. *We* will reimburse the expenses for accommodation, nursing care and support in line with the patient's state of health for up to seven weeks.

We only grant benefits for full-or part-time inpatient *hospice* care if the *insured person* is suffering from an illness which:
- is progressive (in other words, it continues to get worse) and has already reached an advanced stage;
- is incurable, so that inpatient palliative care has become necessary; and
- only gives a life expectancy of weeks or a few months.

We pay *hospice* benefits for, among others, the following illnesses:
- *Cancer* in advanced stages
- Fully developed infectious *AIDS*

- Disorders of the nervous system, with progressive paralysis which cannot be stopped
- Chronic kidney, liver, heart, digestive or pulmonary illness in a terminal stage.

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

Transport to the nearest suitable *hospital* for initial *treatment* following an *accident* or an *emergency*
We will reimburse *usual, customary and reasonable* costs of transport to the nearest appropriate *hospital* or medical facility.

Return to *country of residence* after *repatriation*
We will pay the costs of transport (first-class railway travel, economy-class flight) up to the maximum shown in the scope of benefits, but only if *you* have contacted the relevant *Globalite* beforehand.

Outpatient benefits

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

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

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

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

Health check
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:
- Vital signs (blood pressure, cholesterol, pulse, respiration, temperature, and so on)
- Cardiovascular exam
- Neurological exam
- *Cancer* screening
- Well-child test
- Diabetes test
- HIV and *AIDS* test
- Gynaecological screening.

Maternity care and childbirth, services of a midwife or obstetric nurse
We will refund the eligible expenses resulting from pregnancy or pregnancy-related illness, including preventive (routine) screenings, childbirth and midwife or obstetric nurse services. This also includes an amniocentesis and nuchal scan for women over the age of 35, but excludes all other forms of genetic testing.

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

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

Complications of pregnancy and childbirth
We will refund the eligible expenses for premature birth, miscarriage, abortion which is medically necessary, stillbirth, ectopic pregnancy, hydatidiform mole, caesarean section, post-partum haemorrhage, retained placental membrane and complications following any of these conditions.

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

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

***Acupuncture* (needle technique), *homeopathy*, *osteopathy*, *chiropractic* and traditional Chinese medicine**
We will refund the eligible expenses only if the *treatment* is provided by *doctors* or other *therapists* who can prove that they have received the training needed and are authorised to practise in the country in which *treatment* is provided. *We* will also refund the costs of *drugs* and *dressings* prescribed by these *doctors* or *therapists* during *treatment*.

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

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

A *waiting period* of 10 months applies.

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

A *waiting period* of 10 months applies.

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

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

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

Therapies, including ergotherapy, light therapy, *hydrotherapy*, inhalation, packs, medical baths, cryotherapy, thermotherapy, electrotherapy
These physical-medical services must be prescribed by a *doctor*. Also, they must be carried out by a *doctor* or a professional *therapist* and must be referred by the *doctor* during *outpatient treatment*. The prescription must have been issued before *treatment* begins and must specify the diagnosis, nature and number of sessions needed.

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

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

We will only pay for the following therapeutic aids and appliances if *we* have agreed beforehand to pay benefits: Wheel-

inhalation devices, oxygen devices and monitors for newborn babies, as well as speaking aids (electronic larynx). All other devices do not qualify as therapeutic aids and appliances.

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

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

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

Infertility *treatment*
Within the framework of the agreed scope of benefits, *we* will refund the costs for the following *usual, customary and reasonable* forms of diagnostics and *treatments* to increase fertility including *treatments* to prevent future miscarriages, investigation into miscarriage and assisted reproduction and related complications:
- Diagnostic investigations, consultations and tests including invasive procedures such as hysterosalpingogram, laparoscopy or hysteroscopy
- Laboratory work
- Prescribed *drug treatment* including but not limited to ovulation stimulation
- Invitro fertilisation (IVF)
- Intracytoplasmatic 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 couple has been unable to conceive naturally for at least 12 months despite regular sexual intercourse, or has a medically proven reason for infertility, such as blocked fallopian tubes, endometriosis, male factor infertility, hormonal 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*.

A *waiting period* of 24 months applies.

Dental benefits

Basic dental services
- Two check-ups or exams per insurance year
- X-rays
- Scale-and-polish cleaning
- Treating oral mucosa or paradontium
- All simple fillings – either amalgam (silver) or composite (white)
- Root-canal *treatment*
- Anaesthesia costs
- Surgery including pre and post surgical *treatments*
- Extractions
- Night guard
- *Accidental dental treatment*

Major dental services
Major dental services include those types of procedures and *treatments* that are more complex in nature.
- Dentures (prostheses, bridges and crowns)
- Inlays (gold, porcelain), including dental laboratory work and materials
- Onlays
- *Implants*
- Orthodontic *treatment* for a child received before the date of their 18th birthday, including metal braces and retainers and a *treatment plan*
- Dental laboratory work and materials
- *Treatment plan*

A *waiting period* of 10 months applies for major dental services.

Accidental dental treatment
Benefits will be paid in full up to the overall limit if *you* need dental *treatment* as a result of an *accident*. *You* will need to provide proof of the *accident* through a medical or police report.

Assistance benefits

You and any *insured person* can claim the services of our *Globalites*® network of health-care specialist in line with the plan level *you* have chosen whenever an insured event or *emergency* happens.

The *Globalites*® is the worldwide network of healthcare service satellites which offer a seamless service and first-class care. This network is represented in more than 180 countries and delivers excellent support, reliability and service.

The *Globalites*® network provides a wide range of services as well as, and as part of, the health insurance cover to support *you* during *your* time abroad (for covered conditions only).

These services are available 24 hours a day, 7 days a week, 365 days a year. If *you* need help from them, simply call the number shown in *your* insurance documents at any time, day or night.

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

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

Medical evacuation and *repatriation*
The refunds *we* will make in terms of transport are set out in 4.7 and 4.8. *You* and any *insured person* are also entitled to cross-border transport by ambulance if the inpatient medical care in the *country of residence* is not adequate.
In this case, *we* will pay the cost of transporting a patient but with the following conditions:

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

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

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

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

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

Support and information
You can contact *your Globalites*® by phone as soon as *you* need medical support locally.

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

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

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

Guarantee of payment (GOP)
If there is an *emergency* which means *you* need *inpatient treatment*, *you* must contact *your* relevant *Globalite* as soon as possible.

If *inpatient treatment* is planned, *you* must contact *your* relevant *Globalite* at least seven days before being admitted to the *hospital*. This also applies in the case of outpatient surgery instead of *inpatient treatment*. This is essential when planning *inpatient treatment* or in the event of *emergency inpatient treatment* so that *your* relevant *Globalite* can settle the formalities needed to guarantee the costs or to pay an advance to *doctors* or the *hospital*. This includes carrying out a medical review of the invoices to make sure that they are *usual, customary and reasonable*.

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

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

Return of mortal remains
The relevant *Globalite* will get the death certificate or *accident* report if this is allowed by law. They will:

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

We will refund:

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

We will not refund the funeral costs.

Additional appropriate medical support
Whether an insured event has happened or not, *your* relevant *Globalite* will provide general information (about the country, customs, formalities), as well as medical information (vaccinations, medical information by phone) to help prepare for the journey. They will also advise *you* on what to take for *your* personal first-aid kit.

If an insured event happens, the relevant *Globalite* will provide general information on the nature, possible causes and possible *treatment* of the illness and will explain the medical terms used. The *Globalite* is also responsible for providing information on *drugs*, their side effects and how they interact.

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

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

Additional assistance

Compassionate family visit
If *you* or an *insured person* receive *inpatient treatment* because of a medical *emergency* (both in the *country of residence* and while travelling on holiday or on business), the relevant *Globalite* will arrange for a member of *your* family to visit, if the stay in *hospital* lasts for more than seven days. They will make arrangements for one family member to travel to the *hospital* and back home.

We will pay the costs of transport (first-class railway travel, economy-class flight) and hotel accommodation (for up to seven days) up to the limit shown in the scope of benefits, but only if *you* have contacted the relevant *Globalite* beforehand.

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

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

Return transport or care for children
If a medical *emergency* means both parents need to receive *inpatient treatment* in the *country of residence*, *we* will organise a child welfare service to look after the children for as long as *inpatient treatment* is needed. If both parents suffer a medical *emergency* while travelling on holiday (up to six weeks) and need *inpatient treatment*, *you* are entitled to claim return transport for the child (under the age of 18) with a companion to the *country of residence*.

Help with psychological problems caused by the stay abroad
If the stay abroad gives rise to psychological conflicts for the *insured persons*, the relevant *Globalite* will give *you* psychological help by phone and will also arrange for suitable local help if necessary.

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

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

This storage is available during the insured period only.

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

Arranging intercultural training (information about local culture and so on)
To help *you* prepare for the stay abroad, the relevant *Globalite* can refer *you* to special institutions which provide specific training for the country or region concerned, taking into account aspects of living and working abroad.

5. Exclusions

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

Acting or traveling against medical advice/failing to seek advice
We do not cover *treatment* required as a result of *you* failing to seek or follow medical advice, or as a result of *you* travelling against medical advice.

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

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

Detoxification programmes including therapies
We do not cover detoxification programmes including *treatments* for drug addiction and alcoholism. Without affecting this condition, *we* will pay the benefits for an initial detoxification if *you* cannot claim a refund from anywhere else as long as *we* have agreed in writing to this before the *treatment* begins. *We* may agree to this after getting an appraisal of the chances of success by a *doctor we* have authorised. In the case of inpatient detoxification, *we* will only refund the expenses for basic *hospital* services, including medical *treatment* and *drugs*.

We will not cover further *treatment* caused by or directly associated with harmful, hazardous or addictive use of any substance including alcohol and *drugs*.

Developmental disorders
We will not cover any services, therapies, education testing, or training related to learning disabilities or disorders of psychological development, such as developmental delays, scholastic skills, pervasive disorders, mental retardation, perceptual handicap, brain damage not caused by accidental injury or illness, minimal brain dysfunction, dyslexia or apraxia.

Experimental *treatments*
We will not cover any form of *treatment* or drug therapy which, in our reasonable opinion, is experimental or unproven based on generally accepted medical practice.

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

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

Need for long-term care and custody
We will not refund any costs incurred for accommodation in conjunction with the need for long-term care and custody.

Non-medical *hospital* expenses
Accompanying partner, all non-medical consumables and catering and all media related expenses (such as TV and radio).

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

Post-natal classes
We will not cover post-natal classes following birth to deal with the physical effects on the body of being pregnant and giving birth.

Professional sports
We do not cover *treatments* or diagnostic procedures of injuries or illnesses arising from taking part in *professional sports*.

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

Sleep disorder
We do not cover investigations into, or *treatment* of, sleep disorders, including insomnia. This includes CPAP (continuous positive airway pressure machine) and BIPAP (bilevel positive airway pressure machine).

Spa and wellness massages
We will not cover stays in a cure centre, a bath centre, a spa, a health resort or a recovery centre, even if they are medically prescribed. This also includes thermal baths, saunas and any kind of wellness massages.

Sterilisation, sexual dysfunction and contraception
We will not cover any procedure which is aimed at making a person unable to reproduce, any procedure, *treatment* or medication to prevent a pregnancy or any *treatment* of sexual dysfunction (unless part of IVF *treatment*).

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

Termination of pregnancy
Unless *we* say otherwise in the general conditions of insurance, *we* will not cover termination of pregnancy, unless there is danger to the life of the pregnant woman.

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* say otherwise in the general conditions of insurance, *we* will not refund *your* transport costs other than *emergency* ambulance services.

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

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

***Treatment* by wives, husbands, non-marital partners, parents or children**
We will not refund the costs if *you* are treated by *your* wife, husband, non-marital partner, parents or children. However, *we* will refund the proven cost of materials needed for *your treatment* in line with the plan.

Vitamins and minerals
We will not refund the costs of products classified as vitamins or minerals (except during pregnancy or to treat diagnosed, clinically significant vitamin-deficiency syndromes), nutritional or dietary consultations and supplements, including, but not limited to, special infant formula and cosmetic products, even if medically recommended, prescribed or acknowledged as having therapeutic effects.

We do not recognise nutriments, tonics, mineral water, cosmetics, hygiene and body-care products and bath additives as medically necessary. Because of this *we* will not refund the costs of them.

War and terrorism
The *insurance policy* does not cover illnesses and their consequences, as well as the consequences of *accidents*, and deaths caused by foreseeable acts of war, civil unrest or a criminal act unless the *insured person* suffers the injuries as a non-involved third party who has not put themselves in danger in a deliberate or negligent way.

We will not provide cover if the *insured person* moves to a territory where direct combat is taking place or provides services for any of the parties involved in that conflict.

The exclusion on paying benefits does not depend on whether the war has been declared or not. In the event that the *insured persons* acknowledge during their stay the occurrence of war, civil unrest or terrorist acts, and provided that their stay is not justified by working reasons, only medical *emergencies* shall be covered (such as lifesaving measures) and only as long as, through no fault of their own, the *insured persons* had no possibility of leaving the country or region in question up to 28 days.

Other limits
If the *treatment* or other measure for which benefits have been agreed is more than is medically necessary or if the amount claimed for is not within the *usual, customary and reasonable*, *we* will be entitled to reduce its payment/reimbursement and the insured shall be responsible for all costs, which are not within the *usual, customary and reasonable*, as *we* do not cover any amount, which is not within the *usual, customary and reasonable*.

We reserve the right to have any cost or cost estimate evaluated by *doctors* in order to establish if a cost can be considered within the *usual, customary and reasonable*.

If *you* or the *insured person* can also claim benefits from a statutory health insurance fund or from any other provider of benefits or any other institution, *we* will only have to refund those expenses which are still necessary despite these benefits.

We do not cover complications resulting from an excluded condition.

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

6. How to claim

6.1 Reqirements to get medical benefits

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

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

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

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

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

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

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

6.2 If an insured event happens

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

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

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

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

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

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

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

f) *We* can ask that the *insured person* is examined by a *doctor we* have authorised. *We* will pay the cost of these examinations.

g) The *insured person* must make every effort to reduce, as far as possible, any damage and not do anything which may affect their convalescence.

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

6.3 Information to be shown in invoices

a) Invoices must include the following:

- First name and family name, as well as the date of birth.
- A precise identification of the illness (diagnosis) or otherwise a description of the symptoms by the *doctor*.
- The individual medical services and *treatment* dates with itemized prices.
- Where dental *treatment* is concerned, the invoice must also say which teeth have been treated or replaced and which services have been provided in each instance.

b) Further important points:

- All documents or invoices should preferably be issued in English, German, French, Dutch or Spanish and must use Arabic numerals and Latin characters (1, 2, 3 … a, b, c …) as well as the *ICD* code 9 or 10 (international classification of diseases).
- Prescriptions must show *your* first name and family name, as well as *your* date of birth, the *drugs* which have been prescribed, their price and the receipt for *your* payment.
- *You* must send prescriptions together with the *doctor*'s invoice. *You* need to send invoices for therapies and therapeutic aids and appliances with the corresponding prescription.
- If *you* are claiming *substitute hospital cash plan benefits* instead of a refund of costs, *you* must send *us* a certificate confirming the *inpatient treatment* with the first name, family name and date of birth of the person receiving *treatment*, the diagnosis, the date of admission and discharge, as well as a confirmation that there have been no further costs.

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

6.4 If there is an *accident* or *emergency*

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

6.5 Claims for benefits

a) Inpatient benefits

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

An *insured person* may also transfer its right to receive the payment to the *doctor*, *therapist* or *hospital* providing the *treatment* or services by signing a 'declaration of assignment' for the *hospital*.

However, *we* can only pay the costs directly if the *hospital* agrees to this (if this is normal practice in the country concerned).

b) Outpatient and dental benefits

You have a contract with the *doctor* or *therapist you* go to see. When *treatment* begins, the *doctor* or *therapist* will have a contract for treating *you* as the basis on which they can then create an invoice. *You* can give this invoice to the relevant *Globalite* so that *we* can pay out the contractually agreed benefits.

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

6.6 Refunding claimed benefits

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

Exchange rates

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

6.7 *Eclaims*

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

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

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

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

6.9 Fraud

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

7. Payment and charging premiums

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

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

Paying other charges and insurance premium tax (IPT)
We must invoice *you* for the statutory charges, dues or taxes associated with *your insurance policy* in addition to the insurance premiums. This will be shown in *your insurance policy*. Unless *we* say otherwise, *we* will collect the insurance premium tax and dues or charges together with the insurance premium.

Charging premiums
The insurance premium depends on the state of health of the *insured person* (at the time an *application* is being accepted by *us*), the individual premium according to the current table of premiums and the age of an *insured person* on the first day of the insurance year. The age bands are set out as follows: 0 to 19, 20 to 24, 25 to 29, 30 to 34, 35 to 39, 40 to 44, 45 to 49, 50 to 54, 55 to 59, 60 to 64, 65 to 69, 70 to 74, 75 to 79. If the beginning of a new insurance year involves increasing the age band, *we* will change the premium according to the new age band.

Adjustment of costs/premiums
We are entitled to pass on to *you* all increases in statutory charges, dues or taxes or similar payments.

We may further review all premium levels. *We* will inform *you* in writing about any premium change at least three months before the beginning of the next insurance year. The change will then apply from the beginning of the next insurance year.

If *you* do not agree to the premium change, *you* may terminate the *insurance policy* within three months of receiving our notice. The policy will end on the date on which the change would otherwise become effective.

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

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

If *you* have still not paid the premium 10 days after the end of the extra 30 days, *we* will be entitled to terminate the *insurance policy* immediately. If the *insurance policy* is not terminated, our obligation to indemnify will be reinstated for all new insured events occurring if *you* have paid the sums and proven default costs due up to this point in time. Insurance cover will then resume at midnight of the day after which *we* or our duly authorised person has received all amounts *you* owe.

We are under no obligation to pay benefits if the insured event has ceased to be uncertain before *you* have paid the full outstanding amount. The *insurance policy* is deemed to have been terminated if premiums are not paid for a period of more than two years.

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

8. General information

8.1 Changing contract information
You must tell *us* immediately about any new address, especially any change in the *country of residence*, any change of nationality or citizenship, or new name for *you* and any *insured person*. *We* can ask *you* to provide proof of residence. If *you* fail to do so, *we* cannot guarantee cover.

8.2 Changes to the general conditions of insurance
We may amend or change the general conditions of insurance. *We* will inform *you* in writing about the amended or changed general conditions of insurance at least three months before the beginning of the next insurance year.

The amendment or change of the general conditions of insurance will then apply from the beginning of the next insurance year.

If *you* do not agree to the amendment or change of the general conditions of insurance, *you* may terminate the *insurance policy* within three months of receiving our notice. The policy will end on the date on which the change would otherwise become effective.

8.3 Communication between *you* and *us*
Without prejudice to article 8.2 above, *you* agree that any information owed by *us* in application to the *insurance policy* or pursuant to any applicable law, be validly supplied on paper or electronically, through the website of Globality S.A., by e-mail or by any other mean of communication agreed between *you* and *us.*

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

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

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

Globality S.A.
1A, rue Gabriel Lippmann
L-5365 Munsbach
Luxembourg
Telephone: +352 270 444 3601
Fax: +352 270 444 3699
E-mail: feedback@globality-health.com
Internet: www.globality-health.com

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

8.5 Place of jurisdiction
There are times when *you* may disagree with how *we* handle *your* claim. In this case *you* can take *your* claim to a court of law. All disputes arising from this *insurance policy* will be brought before a court of law in the Grand Duchy of Luxembourg or before a court of law in the town in which *you* reside. If *your* place of residence is not in one of the member states of the European Union, the courts of law in the Grand Duchy of Luxembourg will deal with any dispute.

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

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

9. Definitions

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

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

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

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

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

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

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

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

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

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

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

Congenital
Present at birth.

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

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

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

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

Critical illness
- Heart attack
- Multiple sclerosis
- *AIDS* and HIV
- Stroke
- Hepatitis A, B and C
- Tuberculosis

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

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

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

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

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

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

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

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

Dressings
The material used for dressing wounds.

Drugs
Active agents which are administered alone or with other substances to treat illnesses, disorders, disabilities or pathological conditions. Foods, cosmetics, and body-care articles are not recognised as *drugs*. *Drugs* must be prescribed by a *doctor* and must be from a pharmacy. Medication, medicine and pharmaceuticals are the same thing.

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

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

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

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

Geographical area
We provide insurance cover for the following geographical areas.

Geographical area I:	Worldwide including the USA
Geographical area II:	Worldwide excluding the USA

Globalite
Our service partner who handles claims or other services, on our behalf.

Globalites®
Globalites® – the global network of Healthcare Service Satellites are a coalition of healthcare service partners represented worldwide.

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

Call the number indicated on the reverse of *your Globality Service Card* to contact *your* personal *Globalite* – 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.

Globalites® are familiar with the healthcare system and the local structures of *your* new *country of residence*. They will recommend *doctors* and *hospitals*, make appointments or procure medication. *Your Globalite* can give a guarantee for payment or will ensure for the quick and straightforward reimbursement of costs.

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

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

Homeopathy
A homeopath proceeds on the assumption that an illness which produces certain symptoms can be healed with remedies which produce similar symptoms in healthy people.

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

Hospital
An institution for inpatient and sometimes *outpatient treatment* which is approved and licensed in the country in which it operates. *We* will only pay benefits if the *hospital* is under constant medical management, has adequate diagnostic and therapeutic facilities and keeps medical records.
We do not consider convalescent and nursing homes, health centres, health resorts and spas, *hospices* as well as sanatoriums as *hospitals*.

Hydrotherapy
A specific *treatment* using water outside the body.

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

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

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

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

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

Magnetic resonance imaging (MRI)
A diagnostic technique in which radio waves generated in a strong magnetic field are used to provide images of the body's tissues and organs.

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

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

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

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

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

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

Palliative medicine
Provides relief from pain and other distressing symptoms to improve the quality of life, and may also positively influence the course of an illness. It also describes the comprehensive and acute *treatment* given to patients whose life expectancy is limited, whose illness can no longer be cured and for whom the purpose of *treatment* is to achieve the best possible quality of life for the patient and their relatives.

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

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

Pre-existing medical conditions
A *medical condition* that has existed before the start date of

For the purpose of this definition, *medical condition* means:
- any medical, dental condition or related condition for which *you* have received medical *treatment* for, had symptoms of, asked advice on, consulted any *doctor* for medical *treatment* (including check-ups), or taken medication for (including *drugs*, medicines, special diets or injections), or to the best of the person's knowledge already existed at the start of the insurance; or
- pregnancy, childbirth, postpartum complications and related consequences.

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

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

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

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

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

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

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

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

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

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

Treatment plan
You can send *us* a plan of *treatment* and costs put together by the *doctor* or *dentist* at the beginning *treatment* if dentures or rehabilitation measures of a larger extent and orthodontic *treatment* are planned. *We* will then tell *you* how much of these costs *we* will refund.

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

Us, We
Globality S.A.

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

You, Your
Policyholder