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 glossary at the end of this document.

We are at your service throughout the world:
Globality S.A.
1A, rue Gabriel Lippmann
L-5365 Munsbach
Luxembourg

Telephone: +352 270 444 3601
Fax: +352 270 444 3699

E-mail: service-yougenio@globality-health.com
Internet: www.globality-health.com

The supervisory authority for Globality S.A. can be contacted at the following address:
Commissariat aux Assurances, 7, boulevard Joseph II,
L-1840 Luxembourg

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.
Contents

1. General conditions 4
   1.1 Eligibility 4
   1.2 Pre-existing medical conditions 4
   1.3 Moratorium 4
   1.4 How to apply 4
   1.5 Right of withdrawal 5

2. Your insurance cover 6
   2.1 What your cover includes 6
   2.2 Insured event 6
   2.3 Medically necessary 6
   2.4 Start of your insurance cover 6
   2.5 Waiting periods 6
   2.6 Policy period 6
   2.7 Renewal 6
   2.8 Termination of your insurance policy 7
   2.9 Ending your insurance cover 7

3. Area of cover 8
   3.1 Geographical area of cover 8
   3.2 Temporary cover for geographical area 1 8

4. Scope of benefits 9
   4.1 Deductibles 9
   4.2 Double benefits for geographical area 1 9
   4.3 Annual overall limit 10
   4.4 Scope of benefits: Inpatient treatment 10
   4.5 Scope of benefits: Outpatient treatment 13
   4.6 Scope of benefits: Dental treatment 16
   4.7 Scope of benefits: Medical assistance 17
   4.8 Scope of benefits: Additional assistance 18
   4.9 Description of benefits 19

5. Exclusions 28
   5.1 Requirements to get medical benefits 31
   5.2 If an insured event happens 31
   5.3 Information to be shown in invoices 32
   5.4 If there is an accident or emergency 32
   5.5 Claims for benefits 32
   5.6 Refunding claimed benefits 33
   5.7 Claims 33
   5.8 Claiming benefits from a third party and ‘setting off’ 33
   5.9 Fraud 33

6. How to claim 31
   6.1 Requirements to get medical benefits 31
   6.2 If an insured event happens 31
   6.3 Information to be shown in invoices 32
   6.4 If there is an accident or emergency 32
   6.5 Claims for benefits 32
   6.6 Refunding claimed benefits 33
   6.7 Eclaims 33
   6.8 Claiming benefits from a third party and ‘setting off’ 33
   6.9 Fraud 33

7. Payment and charging premiums 34
   8. General information 35
   8.1 Changing contract information 35
   8.2 Changes to the general conditions of insurance 35
   8.3 Communication between you and us 35
   8.4 How to complain 35
   8.5 Place of jurisdiction 35
   8.6 Applicable law 35
   8.7 Language 35

9. Definitions 36
1. General conditions

1.1 Eligibility
The insurance policy is designed for expatriates. Anyone who stays abroad for at least three months is eligible for insurance unless we agree otherwise. If you return to your home country to make it the main country of residence, you can keep your policy, if we agree, as long as it is compliant with local national legislation. Please note that we cannot cover anyone who is permanently resident in the USA.

In case that an insured person should become a permanent resident of the USA, we will cease to provide insurance cover. For change of residence in all other countries, we may review whether or not the insurance contract is compliant with applicable law on a case by case basis in order to decide whether to issue, modify, or terminate the insurance cover.

Whilst we will endeavor 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.

We may terminate the individual insurance contract due to legal changes in a country, which result in a breach of regulations governing the provision of healthcare cover to local nationals, residents or citizens.

1.2 Pre-existing medical conditions
We do not cover pre-existing medical conditions. They are governed by the moratorium clause (see 1.3). However, you can choose to include pre-existing medical conditions when applying for insurance.

To check whether we can cover the pre-existing medical conditions from the start date of the insurance policy, you will need to answer all the health questions listed in the application correctly and to the best of your knowledge. Any applicant will also need a medical evaluation in this case. The medical evaluation may result in us adding conditions to the policy, charging an extra premium, adding an exclusion or rejecting your application/an insured person. We will also treat medical conditions which arise between you filling in the application form and us confirming that we will provide cover as ‘pre-existing’.

1.3 Moratorium
Instead of applying for full medical underwriting, if the insured person is 55 or younger and if we agree, you may choose a ‘moratorium’.

In that case any known pre-existing medical condition that an insured person has experienced during the last five years will be covered after a continuous two-year period free of medical treatment, advice, symptoms or medication relating to the pre-existing medical condition. If an insured person has any treatment, advice, symptoms or medication during the first two years of cover relating to a known pre-existing medical condition, the two-year period (free of any treatment, advice or medication) may start again for that pre-existing medical condition. We will cover any new and unrelated medical conditions immediately.

1.4 How to apply
You can apply for cover by filling out an application form which you can get from your insurance intermediary, direct from us or through our website. You must answer all questions on the form completely and correctly so that we can check the application. If you need insurance cover for another person, they will also be responsible – together with you – for making sure that the questions are answered completely and correctly. You can send the application to us by post, email or fax.

The application does not bind either you or us to conclude the contract. However, we will notify you, within 30 days of the receipt of the application form, of an insurance offer, the subjection of the insurance to an inquiry or survey, or the refusal to insure. We have the right to request further data should it be necessary for legal reasons.

We will provide insurance cover in good faith, assuming that you have correctly and completely answered all the relevant questions raised before the start of the insurance policy (this is known as your ‘pre-contractual duty to disclose information’).
1.5 Right of withdrawal

You may withdraw from this insurance policy in writing within 14 calendar days, without penalty and without giving us any reason. This 14-day period begins on the day on which you receive the insurance policy and the general conditions of insurance. So that you meet this deadline, you can send your notice of withdrawal by post, email or fax before the end of the 14 days.

If you withdraw from your insurance policy within this 14-day period, we will refund any premiums you might have already paid. If you do not withdraw from your insurance policy within the 14 days, your insurance policy will become final.
2. Your insurance cover

2.1 What your cover includes
We provide insurance cover for illnesses, accidents and other events shown in the general conditions of insurance (see 4.3 to 4.8). If an insured event happens, we will refund the expenses for medically necessary treatments and other agreed services.

The insurance cover is set out in the insurance policy, future written agreements, the general conditions of insurance and the statutory regulations.

2.2 Insured event
An insured event is defined as the medically necessary treatment (see 6.1) you need due to an illness, an accident and other events shown in the general conditions of insurance (see 4.3 to 4.8).

The insured event begins with treatment and ends when medical findings show that you no longer need treatment.

If you need treatment for an illness, an accident and other events shown in the general conditions of insurance (see 4.3 to 4.8) which was not related to the original event, we will treat this as a new insured event.

2.3 Medically necessary
By this we mean all medical measures which are the most appropriate method of treating you to heal or relieve your condition, illness or injury.

2.4 Start of your insurance cover
Insurance cover starts on the date shown in the insurance policy (start date of insurance), but not before you have paid your first premium and not before the end of the waiting periods (see also 1.3 and 2.5). We will not cover insured events which happen before the start date of the insurance. If the insurance policy is amended, this paragraph will apply to the new, extra part of the insurance cover.

2.5 Waiting periods
Waiting periods only apply for maternity care (including complications), childbirth, psychiatric treatment, psychotherapy, infertility treatment and major dental services.

The waiting period is 10 months from the start date of insurance for psychiatric treatment, psychotherapy and major dental services regardless of the number of insured persons. For an insurance policy with two or more insured adults on the same insurance policy, a waiting period of 12 months will apply to treatment of pregnancy and childbirth. For an insurance policy with only one insured adult, a waiting period of 24 months will apply to treatment of pregnancy and childbirth. This does not apply to infertility treatment, where there is a waiting period of 24 months regardless of the number of insured persons. If the insurance policy is amended, the waiting periods will apply to any new, extra part of the insurance cover, depending on the agreed plan level.

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 applicable to each benefit.

2.6 Policy period
This insurance policy will initially last for one year. The insurance year begins on the date shown in the insurance policy, in other words, the start date of insurance (see also 2.7 and 2.9) and ends 12 months later (end date of insurance).

The insurance year for insured persons who later join the insurance policy commences on the date indicated on their insurance certificate (start date of insurance) and runs until the end date of insurance (see also 2.7).

2.7 Renewal
We renew the insurance policy for a further period of 12 months at the end of each insurance year. We reserve the right to apply changes to the general conditions of insurance of your insurance policy for the new insurance year which follows after the end date of your insurance policy (see also 8.2).

You may give three months written notice if you do not want us to renew the policy at the end of any insurance year.

Any changes in insurance cover are only possible from the beginning of the next insurance year and if we agree.
2.8 Termination of your insurance policy
As well as other legal reasons for terminating the relationship, or other reasons allowed under the general conditions of insurance, we and you may also terminate the insurance policy in the following cases.

- You may terminate the insurance policy if we make a change to the general conditions of insurance (see 8.2) or if we increase the fees and premiums (see 7). You may give notice of termination within three months of receiving notice of the change. This notice will come into force on the date on which the change comes into force. However, you cannot terminate the insurance policy if we amend the premium as a result of you or an insured person moving up to the next age band. You may give notice of termination within one month of receiving notice of the change. The policy will actually end at midnight on the date on which the next yearly premium is due.
- You may terminate the insurance policy when your home country becomes your country of residence before the anniversary date of the insurance policy (see also 2.6). The insurance policy ends only when we have received a termination notice from you.
- We may terminate the insurance policy if you fail to give us any information we ask for. In this case, we can terminate the insurance policy within one month of becoming aware that you failed to give us this information. Unless we say otherwise, the policy will only end on the date given in the termination letter.
- In order to safeguard compliance with applicable laws, we reserve the right to terminate the insurance policy or to exclude single persons from the insurance cover if the insurance policy 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.

As well as any other reasons to make the policy void (without legal effect) which are listed in the general conditions of insurance, the policy will become void if you deliberately fail to provide information that would have affected our decision to accept your application for insurance or would have added conditions to our acceptance. In this case, anyone who received a claim payment will have to return any money paid, and we will not refund any premiums paid.

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

2.9 Ending your insurance cover
The policy and any cover for an insured person will end:

a) if an insured person dies (if you die, the other insured persons can continue as new policyholder as long as this is requested within two months of your death);
b) if you object to renewing the insurance policy after the end of the insurance year (see 2.7);
c) if the insurance policy is terminated or declared void (see 2.8).

You need to send us proof that all insured persons have been informed about the termination of the policy.
3. Area of cover

3.1 Geographical area of cover
Insurance cover applies in the following geographical areas:

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

3.2 Temporary cover for geographical area I
If we have agreed on insurance cover for ‘Geographical area II – Worldwide excluding USA’ and you or any insured person are temporarily away from the country of residence, we will grant insurance cover for medical emergencies, as well as for the consequences of an accident or death, also in geographical area I for trips up to six weeks.

If an insured event happens within the six weeks and you need emergency treatment in the USA, there is no specific time limit on the treatment itself.

However, if an eligible medical emergency occurs, we may transfer you to another country for treatment if medically appropriate and if the situation allows.

We will not cover journeys carried out for the purpose of getting treatment in geographical area I.

If any of the insured persons move to a different geographical area for any length of time, you must let us know as soon as possible as the change will affect the premium due.
4. Scope of benefits

The Globality YouGenio® World plan has four plan levels – Essential, Classic, Plus and Top. The individual plan levels depend on the type and amount of benefits agreed.

Depending on the plan level you have chosen, we will refund up to 100% of the eligible expenses up to the annual overall limit listed in the scope of benefits set out below, unless we say otherwise in the following scope of benefits, our general information, the general conditions of insurance or in the definitions.

4.1 Deductibles
We have agreed the following deductibles for the Globality YouGenio® World plan.

- Globality YouGenio® World Essential: does not apply
- Globality YouGenio® World Classic:
  - 0
  - € 250, $ 325 or £ 210
  - € 500, $ 650 or £ 420
  - € 1,000, $ 1,300 or £ 840
- Globality YouGenio® World Plus or Top:
  - 0
  - € 250, $ 325 or £ 210
  - € 500, $ 650 or £ 420
  - € 1,000, $ 1,300 or £ 840
  - € 2,500, $ 3,250 or £ 2,100

Deductibles apply for each insurance year and for each insured person. They apply only for expenses linked to out-patient and dental treatment. Deductibles do not apply for accidental dental treatment.

If we have agreed to a deductible, we will refund up to 100% of the eligible expenses up to the annual overall limit/maximum outpatient limit which are more than the deductible.

Expenses are attributed to the insurance year in which the doctor or therapist was consulted and in which the drugs, dressings and therapeutic aids and appliances were provided.

4.2 Double benefits for geographical area I
If you are covered under geographical area I (worldwide including USA) we will double the maximum sums and lump sums shown in 4.3, 4.4, 4.5 and 4.6 (whether the treatment takes place in the USA or not).

If a benefit is limited to a certain number of days or sessions, this limit will not change. If we have agreed a deductible, it will not change.
### 4.3 Annual overall limit

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Essential</th>
<th>Classic</th>
<th>Plus</th>
<th>Top</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual overall limit</strong></td>
<td>![Icon]</td>
<td>![Icon]</td>
<td>![Icon]</td>
<td>![Icon]</td>
</tr>
<tr>
<td>€ 2,000,000/ $ 2,600,000/ £ 1,680,000</td>
<td>€ 3,000,000/ $ 3,900,000/ £ 2,520,000</td>
<td>€ 5,000,000/ $ 6,500,000/ £ 4,200,000</td>
<td>€ 7,500,000/ $ 9,750,000/ £ 6,300,000</td>
<td></td>
</tr>
</tbody>
</table>

### 4.4 Scope of benefits: Inpatient treatment

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

All amounts apply per person per insurance year unless we say otherwise.
<table>
<thead>
<tr>
<th>Benefits</th>
<th>Essential</th>
<th>Classic</th>
<th>Plus</th>
<th>Top</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity care and childbirth, services of a midwife or obstetric nurse in the hospital</td>
<td>–</td>
<td>–</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>– up to € 5,000/ $ 6,500/ £ 4,200 per lifetime</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiting period of 12 months (for two or more insured adults)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiting period of 24 months (for one insured adult)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– up to € 20,000/ $ 26,000/ £ 16,800 per lifetime</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiting period of 12 months (for two or more insured adults)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiting period of 24 months (for one insured adult)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complications of pregnancy and childbirth</td>
<td>–</td>
<td>–</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>– Waiting period of 12 months (for two or more insured adults)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiting period of 24 months (for one insured adult)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newborn care</td>
<td>–</td>
<td>–</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>– up to a maximum of € 150,000/ $ 195,000/ £ 126,000 per lifetime</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congenital conditions</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>– up to a maximum of € 150,000/ $ 195,000/ £ 126,000 per lifetime</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer treatment, oncological drugs and treatment, including reconstructive surgery for breast cancer</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>– up to a maximum of € 2,000,000/ $ 2,600,000/ £ 1,680,000 per lifetime</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dialysis</td>
<td>–</td>
<td></td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>– up to a maximum of € 2,000,000/ $ 2,600,000/ £ 1,680,000 per lifetime</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bone marrow and organ transplants (costs for donor and receiver)</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>– up to a maximum of € 100,000/ $ 130,000/ £ 84,000 per lifetime</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric treatment</td>
<td>–</td>
<td>–</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>– Up to 20 days if pre-approved Wait period of 10 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

All amounts apply per person per insurance year unless we say otherwise.
### 4.5 Scope of benefits: Outpatient treatment

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

*Max. outpatient limit applies
All amounts apply per person per insurance year unless we say otherwise.
<table>
<thead>
<tr>
<th>Benefits</th>
<th>Essential</th>
<th>Classic</th>
<th>Plus</th>
<th>Top</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient childbirth cash benefit</td>
<td>–</td>
<td>–</td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lump sum of € 250/ $ 325/ £ 210* for each new-born baby without proof of costs after presenting the birth certificate</td>
<td>Lump sum of € 500/ $ 650/ £ 420 for each new-born baby without proof of costs after presenting the birth certificate</td>
</tr>
<tr>
<td>Acupuncture (needle technique), homeopathy, osteopathy, chiropractic and traditional Chinese medicine</td>
<td>–</td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
</tr>
<tr>
<td></td>
<td></td>
<td>up to € 1,000/ $ 1,300/ £ 840* if pre-approved</td>
<td>up to € 2,500/ $ 3,250/ £ 2,100* if pre-approved</td>
<td>up to € 5,000/ $ 6,500/ £ 4,200* if pre-approved</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
</tr>
<tr>
<td>Speech therapy</td>
<td>–</td>
<td>–</td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>if pre-approved*</td>
<td>if pre-approved</td>
</tr>
<tr>
<td>Psychiatric treatment</td>
<td>–</td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
</tr>
<tr>
<td></td>
<td></td>
<td>up to € 1,000/ $ 1,300/ £ 840* if pre-approved</td>
<td>up to € 5,000/ $ 6,500/ £ 4,200* if pre-approved</td>
<td>up to € 5,000/ $ 6,500/ £ 4,200* if pre-approved</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
</tr>
<tr>
<td>Outpatient psychotherapy</td>
<td>–</td>
<td>–</td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>up to 10 sessions* if pre-approved</td>
<td>up to 20 sessions if pre-approved</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
</tr>
<tr>
<td>Drugs and dressings</td>
<td>–</td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Max. outpatient limit applies</td>
<td>Max. outpatient limit applies</td>
<td>Max. outpatient limit applies</td>
</tr>
<tr>
<td>Over-the-counter drugs (OTC)</td>
<td>–</td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
</tr>
<tr>
<td></td>
<td></td>
<td>up to € 50/ $ 65/ £ 42*</td>
<td>up to € 75/ $ 97.50/ £ 63*</td>
<td>up to € 100/ $ 130/ £ 84*</td>
</tr>
<tr>
<td>Physiotherapy, including massages</td>
<td>–</td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
</tr>
<tr>
<td></td>
<td></td>
<td>up to 15 sessions*</td>
<td>up to 20 sessions*</td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
</tr>
<tr>
<td>Therapies, including ergotherapy, light therapy, hydrotherapy, inhalation, packs, medical baths, cryotherapy, thermotherapy, electrotherapy</td>
<td>–</td>
<td>–</td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
</tr>
<tr>
<td>Therapeutic aids and appliances</td>
<td>–</td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
</tr>
<tr>
<td></td>
<td></td>
<td>up to € 1,000/ $ 1,300/ £ 840*</td>
<td>up to € 2,000/ $ 2,600/ £ 1,680*</td>
<td><img src="https://via.placeholder.com/150" alt="image" /></td>
</tr>
</tbody>
</table>

* Max. outpatient limit applies

All amounts apply per person per insurance year unless we say otherwise.
<table>
<thead>
<tr>
<th>Benefits</th>
<th>Essential</th>
<th>Classic</th>
<th>Plus</th>
<th>Top</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccinations and immunization</td>
<td>–</td>
<td>–</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>up to € 250*/ $ 325*/ £ 210*</td>
<td></td>
</tr>
<tr>
<td>Vision aids, including an eye test</td>
<td>–</td>
<td>–</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>up to € 150*/ $ 195*/ £ 126*</td>
<td>up to € 250/ $ 325/ £ 210</td>
</tr>
<tr>
<td>Transport to the nearest suitable doctor or hospital for initial treatment following an accident or an emergency</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Infertility treatment</td>
<td>–</td>
<td>–</td>
<td>50 %*</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>up to € 2,000/ $ 2,600/ £ 1,680 for each insured couple, per lifetime Waiting period of 24 months</td>
<td>50 % up to € 10,000/ $13,000/ £ 8,400 for each insured couple, per lifetime Waiting period of 24 months</td>
</tr>
</tbody>
</table>

* Max. outpatient limit applies
All amounts apply per person per insurance year unless we say otherwise.
4.6 **Scope of benefits: Dental treatment**

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Essential</th>
<th>Classic</th>
<th>Plus</th>
<th>Top</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic dental services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two check-ups or exams per insurance year</td>
<td>–</td>
<td>–</td>
<td>●</td>
<td>○</td>
</tr>
<tr>
<td>X-rays</td>
<td>–</td>
<td>–</td>
<td>●</td>
<td>○</td>
</tr>
<tr>
<td>Scale-and-polish cleaning</td>
<td>–</td>
<td>–</td>
<td>●</td>
<td>○</td>
</tr>
<tr>
<td>Treating oral mucosa and paradontium</td>
<td>–</td>
<td>●</td>
<td>●</td>
<td>○</td>
</tr>
<tr>
<td><strong>Simple fillings</strong></td>
<td></td>
<td></td>
<td>●</td>
<td>○</td>
</tr>
<tr>
<td>Surgery, extractions, root-canal treatment</td>
<td>–</td>
<td>●</td>
<td>●</td>
<td>○</td>
</tr>
<tr>
<td>Night guard</td>
<td>–</td>
<td>–</td>
<td>●</td>
<td>○</td>
</tr>
<tr>
<td><strong>Accidental dental treatment</strong></td>
<td></td>
<td>●</td>
<td>●</td>
<td>○</td>
</tr>
<tr>
<td><strong>Major dental services</strong></td>
<td></td>
<td>●</td>
<td>●</td>
<td>○</td>
</tr>
<tr>
<td>Dentures (for example, prostheses, bridges and crowns, inlays)</td>
<td>–</td>
<td>–</td>
<td>●</td>
<td>○</td>
</tr>
<tr>
<td>Implants</td>
<td>–</td>
<td>–</td>
<td>●</td>
<td>○</td>
</tr>
<tr>
<td>Orthodontic treatment</td>
<td>–</td>
<td>–</td>
<td>●</td>
<td>○</td>
</tr>
<tr>
<td>Dental laboratory work and materials</td>
<td>–</td>
<td>–</td>
<td>●</td>
<td>○</td>
</tr>
<tr>
<td>Treatment plan</td>
<td>–</td>
<td>–</td>
<td>●</td>
<td>○</td>
</tr>
</tbody>
</table>

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

All amounts apply per person per insurance year unless we say otherwise.
### 4.7 Scope of benefits: Medical assistance

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

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

All amounts apply per person per insurance year unless we say otherwise.
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

Accommodation 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 dentures). They must be fitted during the stay in hospital and
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, without qualifying periods, as long as the birth mother has been 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 reconstructive surgery for breast cancer.
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 on top of the medical treatment and we will refund it as well 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 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: Wheelchairs, cardiac and respiratory monitors, infusion pumps,
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 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.

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.

No waiting periods apply.
**Assistance benefits**

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

The Globalites® network 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 counselors, 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 give you and the insured persons 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 docu-
ments (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 con-
tact 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 
to 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.
6. How to claim

6.1 Requirements 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
- Parkinson’s disease
• 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.
Globalities®

Globalities® – 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.

Globalities® 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 of life by using palliative care.

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 health insurance cover with us.

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 have chosen.
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
Get in touch with us

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

Lines are open
Monday to Friday: 8am to 5pm (CET)

Phone  +352 270 444 36 01
Fax     +352 270 444 36 99

Or contact us anytime at:
service-yougenio@globality-health.com

Globality S.A.
1A, rue Gabriel Lippmann
L-5365 Munsbach
Luxembourg

www.globality-health.com
R.C.S. Luxembourg B 134.471