

## Overview of changes to Globality YouGenio® World (V22)

Valid as of 01.01.2023

For reference only. The General Conditions of Insurance (GCI) remain the leading document.

### Current Wording

#### 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.

### New Wording

#### 2.3 Medically necessary

Medically necessary are all appropriate medical measures, based on internationally approved medical standards at the respective time and location, which are used to diagnose, treat, heal or relieve the disease condition, illness or injury and are recognized as appropriate by the insurer.

These measures must be:

- a) carried out in a health care facility authorized and licensed by the authorities in the country of treatment.
- b) the most appropriate considering both patient safety and cost effectiveness.
- c) Consistent with the diagnosis, symptoms or treatment of the underlying condition.
- d) Clinically appropriate, in terms of type, frequency, extent, site, and duration, and considered effective for the patient's illness, injury, or disease.
- e) Not required purely for comfort or convenience of the patient, medical providers, therapists or doctors.
- f) Not for clinical trial, experimental, investigational, or cosmetic purposes (see also 5).
- g) Not for screening and preventive care purposes.

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#### 4.9 Description of benefits

##### 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
- In vitro fertilisation (IVF)
- Intracytoplasmic sperm injection (ICSI)
- Gamete intrafallopian transfer (GIFT)
- Zygote intrafallopian transfer (ZIFT)
- Artificial insemination (AI)

#### 4.9 Description of benefits

##### Infertility treatment

Within the framework of the agreed scope of benefits **and insofar as benefits have been approved in writing beforehand**, 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
- In vitro fertilisation (IVF)
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- Gamete intrafallopian transfer (GIFT)
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Moreover, we will only pay benefits as long as:

- the woman is aged under 40 and the man under 50 at the time of treatment (first stimulation day in each treatment cycle or first cycle day in the case of insemination without hormone stimulation);
- the insured person's sterile condition is due to organic causes and can only be overcome with the aid of reproductive help; and
- both the man and the woman benefiting from the treatment are insured with us and are eligible for treatment on their selected plan level.

A waiting period of 24 months applies.

## 5. Exclusions

### 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.

(part of) **6.2 If an insured event happens**

Moreover, we will only pay benefits as long as:

- the woman is aged under 40 and the man under 50 at the time of treatment (first stimulation day in each treatment cycle or first cycle day in the case of insemination without hormone stimulation);
- the insured person's sterile condition is due to organic causes and can only be overcome with the aid of reproductive help; and
- both the man and the woman benefiting from the treatment are insured with us and are eligible for treatment on their selected plan level.

A waiting period of 24 months applies.

## 5. Exclusions

### War, civil unrest, acts of terrorism

The insurance does not cover illnesses or accidents and their consequences, as well as death attributable to acts of war, civil unrest or acts of terrorism, unless the insured person is injured as an uninvolved third party who has not wilfully or negligently disregarded the danger and the insured person has not deliberately entered the area of conflict.

Insurance cover shall not be granted under any circumstances if the uninvolved third party enters an area of direct warfare or renders services for one of the warring parties. The exclusion of benefits shall apply regardless of whether or not war has been declared.

If the insured person acquires knowledge of the war, civil unrest or terrorist acts while in the country, the insurance will only cover emergency, life-saving treatment and only for as long as the insured party is prevented from leaving the country or region concerned, but for not more than 28 days at most.

(part of) **6.2 If an insured event happens**

h) You and any insured person must behave cost-consciously when an insured event occurs and limit expenses for treatment to the extent necessary, which may include opting for generic medication instead of branded medication.