

INSURANCE TERMS AND CONDITIONS

for International Health Insurance Policies (Insurance Terms and Conditions Part II – Allianz Partners AWP Health & Life)

Description of Insurance Benefits

Benefits		EXPAT INFINITY BASIC	EXPAT INFINITY CLASSIC	EXPAT INFINITY PREMIUM
	Maximum annual amount	1.000.000 Euro	unlimited	unlimited
A1	Outpatient Medical Treatment	No coverage	100% of the invoice amount charged for a medically necessary outpatient treatment as private patient, medically prescribed radiotherapy, light therapy and other physical treatments within the framework of the applicable official fee schedule for the respective professional group, but in no case more than 15,000 Euro per insurance year.	100% of the invoice amount charged for a medically necessary outpatient treatment as private patient, medically prescribed radiotherapy, light therapy and other physical treatments within the framework of the applicable official fee schedule for the respective professional group.
A2	Inpatient Medical Treatment	<p>a) 100% of a medically necessary treatment in a hospital and treatment-related accommodation. In a foreign country as private patient in a double bedroom, in Germany in the general care class (in this respect, please note the Insurance Terms and Conditions Part I, Art. 5, paragraph 8).</p> <p>b) 100% for medically necessary surgical interventions, radiotherapy, light therapies and diagnostics.</p> <p>c) In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2b, medically necessary follow-up treatments shall be covered.</p>	<p>a) 100% of a medically necessary treatment in a hospital and treatment-related accommodation. In a foreign country as private patient in a double bedroom, in Germany in the general care class (in this respect, please note the Insurance Terms and Conditions Part I, Art. 5, paragraph 8).</p> <p>b) 100% for medically necessary surgical interventions, radiotherapy, light therapies and diagnostics.</p> <p>c) In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2b, medically necessary follow-up treatments shall be covered.</p>	<p>a) 100% of a medically necessary treatment in a hospital and treatment-related accommodation as private patient in a single room of the simplest form, if possible.</p> <p>b) 100% for medically necessary surgical interventions, radiotherapy, light therapies and diagnostics.</p> <p>c) As a replacement for or for reducing a medically necessary inpatient stay in a hospital, an amount of no more than 100 Euro per day shall be paid per insurance year for a period of up to 90 days for health care at home and household assistance, always provided that the Insurer or its authorised representative has given its prior written benefit promise. Health care at home and household assistance must take place in addition to the medical treatment and must in any case be carried out by a professional nurse. Health care at home and household assistance may not be used in case of a permanent need for care.</p> <p>d) 100% of the costs for the accommodation of a parent as accompanying person if insured minor children undergo an inpatient treatment.</p> <p>e) In derogation from the Insurance Terms and Conditions Part I, Art. 6 paragraph 2b, medically necessary follow-up treatments shall be covered.</p>
A3	Pharmaceutical Products, Bandages and Remedies	Within the framework of inpatient treatments (see A2).	100% , if medically prescribed and necessary.	100% , if medically prescribed and necessary.
A4	Dental Treatment	No coverage	<p>a) 100% of the invoice amount charged for a medically necessary outpatient dental treatment. Inlays and onlays shall be excluded from coverage.</p> <p>b) Per year of the contractual term, a non-recurring preventive medical check-up shall also be covered to 100% of the invoice amount.</p> <p>c) Costs for preventive treatments (professional teeth cleaning and fluoridation) shall not be reimbursed.</p>	<p>a) 100% of the invoice amount charged for a medically necessary outpatient dental treatment. Inlays and onlays shall exclusively be covered as dental replacement treatment.</p> <p>b) Per year of the contractual term, a preventive medical check-up shall also be covered twice to 100% of the invoice amount.</p> <p>c) 100% of the invoice amount for preventive treatments (professional teeth cleaning and fluoridation), but no more than 150 Euro per year of the contractual term.</p>

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Benefits		EXPAT INFINITY BASIC	EXPAT INFINITY CLASSIC	EXPAT INFINITY PREMIUM
A5	Tooth Replacement/ Orthodontic Treatment	No coverage	No coverage	<p>In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2q, insurance claims occurring after expiry of the qualifying period of 8 months shall be covered as follows:</p> <ul style="list-style-type: none"> • 90% of the invoice amount charged for a medically necessary denture and • medically necessary orthodontic treatments up to the age of 18 years, • but in no event more than a maximum amount of 3,000 Euro in the first two insurance years, • up to a maximum amount of 5,000 Euro in the first three insurance years, • up to a maximum amount of 4,000 Euro per insurance year starting from the fourth insurance year. <p>Dentures becoming necessary due to accidents shall be covered during the contract term within the maximum limits without qualifying period. In the event of registrations/de-registrations during the year, the indicated amounts shall be calculated on a pro rata basis.</p>
A6	Preventive Medical Check-ups	No coverage	<p>In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2f and i, insurance coverage shall exist for</p> <ol style="list-style-type: none"> a) outpatient preventive medical examinations for children, inclusive of all vaccinations according to statutory programmes introduced in Germany. b) outpatient preventive medical examinations for adults for early detection of cancer according to statutory programmes introduced in Germany. 	<p>In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2f and i, insurance coverage shall exist for</p> <ol style="list-style-type: none"> a) outpatient preventive medical examinations for children, inclusive of all vaccinations according to statutory programmes introduced in Germany. Travel vaccinations for children up to 250 Euro per insurance year, inclusive of vaccines and prophylactic measures shall be covered. b) Vaccinations, inclusive of travel vaccinations as from the 18th year of age up to 600 Euro per insurance year, inclusive of vaccines and prophylactic measures. c) outpatient preventive medical check-ups for adults for early detection of cancer according to statutory programmes introduced in Germany. d) the following preventive medical check-ups: general medical check-ups, ECG, stress-ECG, cholesterol and blood glucose levels, urine test, but not more than 300 Euro per insurance year and Insured Person and always provided that the results of the check-up are submitted together with the invoice.

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Benefits		EXPAT INFINITY BASIC	EXPAT INFINITY CLASSIC	EXPAT INFINITY PREMIUM
A7	Benefits in Connection with Pregnancies and Deliveries	No coverage	No coverage	<p>Insurance coverage shall exist for</p> <ul style="list-style-type: none"> a) medical treatments, including pregnancy examinations and treatments, always provided that the Insured Person was not pregnant at the start of the insurance relationship, as well as treatments due to miscarriage; b) medically necessary treatments during pregnancy due to acute conditions and treatments due to miscarriage as well as medically necessary terminations of pregnancy and childbirths until the end of the 36th week of pregnancy (premature birth), even if the insured person was already pregnant at the start of the insurance relationship, provided that the treatment was not yet necessary at that time; c) Childbirths after the expiration of the agreed waiting period; d) accommodation for inpatient deliveries in a family room in the simplest form in each case. 100% of the costs for the accommodation of the spouse/life-partner, if the latter is insured under the same contract, but in no case more than 200 Euro per day.
A8	Infertility Treatments	No coverage	No coverage	<p>In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2h, insurance coverage shall, after prior examination and written benefit promise by the Insurer or its authorised representative and after expiry of a qualifying period of 24 months per insured couple, exist for infertility treatments, inclusive of artificial insemination up to 60% of the complete treatment costs, but in no case more than 6,000 Euro, calculated over the whole period of life. A couple shall be defined as spouses or life-partners verifiably living in a common household. For an assumption of costs, the following prerequisites must be fulfilled:</p> <ul style="list-style-type: none"> • the treatments performed must be carried out within the framework of the statutory requirements applicable in Germany (inter alia Embryo Protection Law (EschG) and Act on Preimplantation Diagnostics (PräimpG)); • at the time of the start of the treatment, women must be younger than 40 and men younger than 50 years old; • infertility must exist due to a natural, organically related condition and can only be overcome by means of assisted reproduction; • both the woman and the man must have been insured under the same contract for no less than 24 months.

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Benefits		EXPAT INFINITY BASIC	EXPAT INFINITY CLASSIC	EXPAT INFINITY PREMIUM
A9	Aids and Appliances	No coverage	In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2g, coverage shall include medically necessary and prescribed aids and appliances in a simple form and their repair costs up to 80% of the invoice amount, but in no case more than an aggregate amount of 1,000 Euro per insurance year. In the event of registrations/de-registrations during the year, the indicated amounts shall be calculated on a pro rata basis.	In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2g, coverage shall include medically necessary and prescribed aids and appliances in a simple form and their repair costs up to 80% of the invoice amount, but in no case more than an aggregate amount of 2,000 Euro per insurance year. In the event of registrations/de-registrations during the year, the indicated amounts shall be calculated on a pro rata basis.
A10	Visual Aids inclusive of Eyesight Tests	No coverage	In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2g, visual aids shall be covered up to 50 Euro per Insured Person and insurance year. Eyesight tests shall be covered up to 100% .	In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2g, insurance coverage for visual aids shall exist after a qualifying period of 12 months. After expiry of this qualifying period, up to 600 Euro shall be paid per Insured Person in intervals of three insurance years. In the event of registrations/de-registrations during the year, the indicated amounts shall be calculated on a pro rata basis. Eyesight tests shall be covered up to 100% .
A11	Eye Lasering	No coverage	No coverage	After prior review and written benefit promise on the part of the Insurer or its authorised representative as well as after expiry of a qualifying period of 12 month, eye lasering as well as all examinations and treatments related thereto prior to and after lasering shall be covered up to a total amount of 2,500 Euro per eye and per contract term.
A12	Psychotherapy	No coverage	No coverage	In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2e, a) outpatient psychotherapeutic treatments up to 80% of the invoice amount in each case, but in no case more than an aggregate amount of 2,000 Euro per insurance year shall be covered. In the event of registrations/de-registrations during the year, the indicated amounts shall be calculated on a pro rata basis. Claims belonging to a certain insurance year must not be carried forward to the following insurance years. b) inpatient psychotherapeutic treatments up to 30 days per contract term shall be covered. Exclusions from coverage according to the Insurance Terms and Conditions Part I, Art. 6, paragraph 2l and n shall remain unaffected. In derogation from the Insurance Terms and Conditions Part I, Art. 5, paragraph 6, psychotherapeutic treatments by alternative practitioners shall not be reimbursed.

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Benefits		EXPAT INFINITY BASIC	EXPAT INFINITY CLASSIC	EXPAT INFINITY PREMIUM
A13	Ambulance Transport/ Return Transport/ Transfer	<p>a) 100% for patient transports to the nearest reachable suitable hospital for inpatient treatments and, in the event of primary care after an accident, to the nearest reachable physician and back.</p> <p>b) In case of a medically necessary return transport to the permanent place of residence of the Insured Person, the Insurer shall reimburse:</p> <ul style="list-style-type: none"> • up to 5,000 Euro in case of transports on one continent; • up to 10,000 Euro in case of transcontinental transports. <p>In the event that a licensed air ambulance must be used for a return transport, said maximum limits shall not apply. To the extent that it is possible from a medical point of view, the most cost-effective means of transportation must be selected. A return transport is deemed to be required from a medical point of view if a sufficient medical care in the host country cannot be guaranteed. A certificate of the treating physician in the foreign country according to which the return transport is necessary from a medical point of view must be submitted.</p> <p>c) For a transfer to the permanent place of residence of the Insured Person, the Insurer shall reimburse:</p> <ul style="list-style-type: none"> • up to 5,000 Euro in case of transports on one continent; • up to 10,000 Euro in case of transcontinental transports. <p>For the transfer, the most cost-effective means of transportation must be chosen.</p>	<p>a) 100% for patient transports to the nearest reachable suitable hospital for inpatient treatments and, in the event of primary care after an accident, to the nearest reachable physician and back.</p> <p>b) In case of a medically necessary return transport to the permanent place of residence of the Insured Person, the Insurer shall reimburse:</p> <ul style="list-style-type: none"> • up to 5,000 Euro in case of transports on one continent; • up to 10,000 Euro in case of transcontinental transports. <p>In the event that a licensed air ambulance must be used for a return transport, said maximum limits shall not apply. To the extent that it is possible from a medical point of view, the most cost-effective means of transportation must be selected. A return transport is deemed to be required from a medical point of view if a sufficient medical care in the host country cannot be guaranteed. A certificate of the treating physician in the foreign country according to which the return transport is necessary from a medical point of view must be submitted.</p> <p>c) For a transfer to the permanent place of residence of the Insured Person, the Insurer shall reimburse:</p> <ul style="list-style-type: none"> • up to 5,000 Euro in case of transports on one continent; • up to 10,000 Euro in case of transcontinental transports. <p>For the transfer, the most cost-effective means of transportation must be chosen.</p>	<p>a) 100% for patient transports to the nearest reachable suitable hospital for inpatient treatments and, in the event of primary care after an accident, to the nearest reachable physician and back.</p> <p>b) In derogation from the Insurance Terms and Conditions Part I, Art. 5, paragraph 12, the Insurer shall reimburse in case of a medically reasonable return transport to the permanent place of residence of the Insured Person:</p> <ul style="list-style-type: none"> • up to 5,000 Euro in case of transports on one continent; • up to 10,000 Euro in case of transcontinental transports. <p>In the event that a licensed air ambulance must be used for a return transport, said maximum limits shall not apply. For the return transport, the most cost-effective means of transportation must be chosen, if possible from a medical point of view. A return transport shall be regarded as medically reasonable in the event that a sufficient medical treatment is not guaranteed in the host country or if the prospects of a successful treatment are greater in case of a treatment at the permanent place of residence. Upon request, a medical certificate of the treating physician in the foreign country must be submitted.</p> <p>c) For a transfer to the permanent place of residence of the Insured Person, the Insurer shall reimburse:</p> <ul style="list-style-type: none"> • up to 5,000 Euro in case of transports on one continent; • up to 10,000 Euro in case of transcontinental transports. <p>For the transfer, the most cost-effective means of transportation must be chosen.</p>
A14	Follow-Up Liability	No coverage	In the event that a person cannot be returned to his or her home country until the end of the insured long-term travel because the person is unfit for transportation and the disease is due to a necessary and unplannable medical treatment, the Insurer shall reimburse the costs for the medical treatment until the day when the person becomes fit for transportation, but in no event for more than 30 days after termination of the insurance coverage.	In the event that a person cannot be returned to his or her home country until the end of the insured long-term travel because the person is unfit for transportation and the disease is due to a necessary and unplannable medical treatment, the Insurer shall reimburse the costs for the medical treatment until the day when the person becomes fit for transportation, but in no event for more than 30 days after termination of the insurance coverage.
A15	Congenital Medical Conditions	No coverage	In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2r and with due consideration to C12, treatments due to congenital medical conditions shall be covered.	In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2r and with due consideration to C12, treatments due to congenital medical conditions shall be covered.
A16	Other Benefits	No coverage	The maximum amounts indicated under A1, A9 and A10 shall be doubled if insurance coverage has been applied for zone 4, irrespective of the place where the treatment actually took place.	The maximum amounts indicated under A2, A5, A6, A8, A9, A10, A11 and A12 shall be doubled if insurance coverage has been applied for zone 4, irrespective of the place where the treatment actually took place.

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