

Terms & Conditions for health insurance - Young Travel

VB-KV 2013 (YT-In)

Your insurance terms comprise three sections.

Section I. contains an overview of the types of benefit and the benefit levels assigned to these in accordance with the tariff.

In section II. you will find, in particular, information on insured persons, conclusion periods and payment of premiums.

The exact wording of the types of benefit can be found in section III.

Section I. Overview of benefits

The exact wording of the insured benefits and incidents can be found under the cited items in section III. Description of benefits.

Health insurance			
Insured benefits		Tariff Basic	Tariff Premium
The amount of the benefits depends on the tariff selected by you.			
2.1.1	Costs of out-patient curative treatment according to the fee schedule for physicians – in accordance with no. 437 and section M (laboratory services) up to – in accordance with sections A, E and O (technical services) up to – in all other cases up to	1.15 times 1.8 times 2.3 times	Maximum rates Maximum rates Maximum rates
2.1.2	Pain-relieving dental treatment according to the fee schedule for dentists per insurance year	EUR 250	100%
2.1.3	Medication and dressings	80%	100%
2.1.4	Radiation, light and other physical therapies	100%	100%
2.1.5	Massages, packages, inhalations and physiotherapy	-	100%
2.1.6	Aids prescribed as the result of an accident	100%	100%
2.1.7	Diagnostic radiology	100%	100%
2.1.8	Operations	100%	100%
2.1.9	Costs of in-patient curative treatment in the general care class (shared room) without optional services (treatment by private physician)	100%	100%
2.1.10	Medically necessary rehabilitation measures	100%	100%
2.1.11	Preventive check-up (after 6-month qualifying period) per insurance year	-	EUR 200
2.1.12	Out-patient psychoanalytical treatment (up to 5 sessions per insurance year)	-	1,000.00 EUR
2.2.1	Dental prostheses required as a result of an accident	EUR 500	EUR 2,000
2.2.2	Dental prostheses (50%) (after 6-month qualifying period)	-	EUR 2,000
2.3.1	Medically necessary pregnancy treatment and early births	100 %	100%
2.3.2	Pregnancy check-ups per insurance year Births incl. check-up and costs of treatment by midwives after a qualifying period of 8 months	EUR 250 100 %	100% 100%
2.4.1	Transport of a sick person for in-patient treatment	100%	100%
2.4.2	Transport of a sick person back to the original location, if this makes medical sense	100%	100%
2.4.3	Companion upon transport of a sick person back to the original location	100%	100%
2.5	Transfer to the home country or funeral in the Federal Republic of Germany	EUR 20,000	100%
2.6	Hospital visit for a hospital stay of more than 14 days	-	1,000.00 EUR
2.7	Continued liability after ability to travel has been regained	100%	100%

Section II. General provisions

1 Insurable persons and eligibility for insurance

- 1.1 Insured persons are those named in the insurance certificate and for whom the agreed premium was paid.
- 1.2 Persons are insurable at the time of submitting the application if they are: au-pairs, students, language students, university students, scholarship students or doctoral students, participants in work & travel programs or other persons until their 35th year, if evidence can be provided that they are in the Federal Republic of Germany in order to take part in such training measures and insofar as they are a citizen of a foreign country and have a permanent residence abroad.
- 1.3 People cannot be insured, and are not insured in spite of paying the premium, if they are subject to the statutory sickness and/or care insurance obligation in the country in which they are staying.
- 1.4 Persons who are permanently dependent on care and whose participation in general everyday life is permanently excluded cannot be insured and will not be insured, even if contributions are paid. In terms of such a classification, the mental state and objective standard of life of the person in particular shall be taken into account. Persons dependent on care are those who rely preponderantly on the assistance of third persons to carry out everyday activities.
- 1.5 For persons that do not meet the eligibility criteria for insurance set out in these terms, the insurance contract is not concluded even if the premium is paid. If the premium is paid for a person not eligible for insurance, the amount shall be available to the payer.

2 Conclusion, term and end of the insurance contract and coverage

2.1 Conclusion

- 2.1.1 The application for conclusion of an insurance contract can be submitted at any time. It must be made for the entire remaining duration of the stay in the Federal Republic of Germany. The general qualifying period is 31 days. This is calculated from the contract inception. The qualifying period does not apply if the application is made within 31 days of arrival. The date of arrival must be proven at our request. The qualifying period also does not apply to accidents and for help from physicians in order to avoid acute risk to life for the insured person. A comparable preexisting insurance, which can be shown to have applied without gaps until contract inception, can be offset with the general qualifying period. The excluded benefits according to Section III., 3. (Limitation of the payment obligation) continued to be excluded without limits.
- 2.1.2 The contract becomes effective through the appropriate application being received, correctly completed, by the us and us sending you a confirmation of insurance. The application is deemed correctly completed if all required information is stated clearly and completely.
- 2.1.3 If these terms are not observed, the insurance contract is not concluded even if the premium is paid. In such a case, the payer is entitled to the paid premium.

2.2 Inception

- 2.2.1 The coverage begins on the date cited (contract inception), but not before the insurance contract has become effective, not before possible waiting times have passed and not before the border to the foreign country is crossed.
- 2.2.2 Children born after the contract has been concluded are insured after the birth without additional waiting times contrary to the rules of insurability in items 1.2 and 1.3, to the extent that the application for insurance cover was sent retroactively within two months of the birth.

2.3 Term

- 2.3.1 The application for conclusion of an insurance contract must be submitted for the entire stay. The maximum insurance term is five years.
- 2.3.2 In the event of extension of the stay within the maximum insurance term, the originally agreed contract term can only be extended with a follow-on contract if the application for a follow-on contract is submitted to us before the end of the original insurance contract and we expressly approve the follow-on contract. In the event of contract renewals, coverage only exists for insured events, illnesses, complaints and their consequences arising or occurring after application for renewal (date and time of the post mark/online application).

2.4 End

The insurance contract and coverage ends, including for not yet concluded insured events,

- 2.4.1 after the agreed term, but at the latest upon the end of the insured trip. Coverage is extended past the agreed date if the planned end date of the trip is postponed for reasons that are not the insured person's responsibility.
- 2.4.2 upon death;
- 2.4.3 upon termination of the insured person's temporary stay in the Federal Republic of Germany;
- 2.4.4 if the prerequisites for a temporary stay in the Federal Republic of Germany or abroad are no longer met;
- 2.4.5 if the insured person no longer meets the eligibility criteria.

2.5 Policy period and qualifying periods

- 2.5.1 The policy period is a period of twelve months from contract inception.
- 2.5.2 The qualifying periods are calculated from the contract inception or the inception of the follow-on contract.

3 Scope of the coverage

- 3.1 Coverage applies to trips abroad for the agreed local scope. The home country is not deemed to be abroad.

The home country within the meaning of these contractual terms is the country in which the insured person has their permanent residence and/or of which the insured person is a citizen.
- 3.2 Contrary to 3.1, coverage also applies if the insured person temporarily returns to their home country in the case of insurance contracts with a term of at least one year. The coverage in the home country is limited to a maximum of six weeks for all stays in the home country per insurance year.
- 3.3 Coverage also applies for the insured person worldwide outside of the Federal Republic of Germany and the home country during a temporary trip. The coverage is limited to 14 days per trip in the case of trips to the USA or Canada.

4 Important information regarding payment of premiums

4.1 Payment of the first premium

- 4.1.1 The first premium becomes due on contract inception.
- 4.1.2 If the first premium is not paid in time, we may withdraw from the contract for the duration of the premium not being paid. Said withdrawal is excluded if the policyholder is not responsible for the non-payment.
- 4.1.3 If the first premium is not paid when an insured event occurs, we are not obligated to pay the benefit unless the policyholder is not responsible for the non-payment.

4.2 Payment of subsequent premiums

- 4.2.1 If the subsequent premium is not paid in time, we shall send the policyholder a payment request and set a payment period of two months.
- 4.2.2 If the policyholder is still in default on the payment by the end of this payment period, we may terminate the contract if the policyholder has been informed of this in the payment request.
- 4.2.3 If we have provided notification of termination and the policyholder pays the requested amount within a month of receipt of said notification, the contract shall continue to apply. However, no coverage shall apply for insured events occurring between the end of the payment period and receipt of the payment.

4.3 Amount of premiums

The premiums for insured persons can be found in the overview of premiums.

4.4 Collection of premiums

If premiums are collected from an account, this is done immediately after the mandate is granted. The payment is regarded as being on time if the premium can be drawn on the transfer date and you do not object to the justified drawing of the payment.

If the due premium could not be drawn by us through no fault of your own, the payment shall still be regarded as on time if it takes place immediately upon receipt of our written payment request.

5 Important information regarding payment of compensation

5.1 Conversion of costs in foreign currency

Costs incurred in foreign currency are converted into the currency currently applicable in the Federal Republic of Germany at the rate applicable on the day on which the evidence is received by us. The daily rate for traded currencies is the official exchange rate of Frankfurt/Main; for non-traded currencies the rate is set in accordance with the "currencies of the world" publications of the Deutsche Bundesbank, Frankfurt/Main in the latest version, unless it can be proven that the currency required to pay the invoices was obtained at a less favourable rate.

Additional costs incurred for making transfers abroad or using certain forms of transfer requested by the insured person may be deducted from the benefits.

5.2 Due date of our payment

As soon as we have received evidence of the insurance and premium payment, and have determined our payment obligation and the amount of the compensation, we pay within 2 weeks at the latest.

If we have determined our payment obligation, but cannot determine the amount of the compensation within one month of receiving the claim notification, you can request a suitable advance payment of the compensation.

If official inquiries or criminal law proceedings are initiated against you or an insured person, we can postpone settlement of the claim until these proceedings have been completed.

5.3 Compensation from other insurance contracts

If, in the case of an insured event, a compensation from a different insurance contract can be claimed, the other contract takes precedence. If the insured event is reported to us first, we shall make an advance payment and will contact the other insurance company directly regarding sharing of costs. We will refrain from sharing costs with a private health insurance company if this results in disadvantages for the insured person, e.g. contribution is not reimbursed.

5.4 Cost sharing by third parties

If you are entitled to benefits from statutory health, accident or pension insurance, to statutory healthcare or accident assistance, or to aid, we may deduct the statutory benefits from the insurance benefits, which does not affect entitlement to hospital daily benefits.

6 Applicable law and limitation periods on claims under the contract; persons affected by the provisions

In addition to these provisions, the Insurance Policy Act (VVG) as well as German law in general applies, to the extent that this is not in contradiction to international law. Claims under this insurance contract have a limitation period of 3 years. Limitation starts with the end of the year in which the benefit can be requested. If you or the insured person reported a claim, limitation is postponed until you or the insured person receives our decision in writing.

All provisions of the insurance contract also apply to the insured persons.

7 Offsetting

Offsetting against our claims is only possible to the extent that the counter-claim is undisputed or legally established.

8 Important information regarding notifications made to us

All notifications and explanations addressed to us must be in writing (letter, fax, email, electronic data carried etc.) and must be addressed to our head office or to the address shown on the insurance certificate. The contract language is German.

Section III. Description of benefits

1 Subject of the coverage

1.1 Insured event

An insured event is the medically necessary curative treatment of an insured person due to illness or the consequences of an accident. The insured event starts with the curative treatment; it finishes once there is no longer medical evidence for the need for treatment. If curative treatment must be extended to an illness or consequence of an accident, which is not causally related to that previously treated, a new insured event arises. An insured event also includes the medically necessary treatment due to complaints during pregnancy, premature births up to the 36th week of the pregnancy, miscarriages, medically necessary abortions and death.

1.2 Insured treatment methods

The contractual scope includes examination and treatment methods as well as medication fully or largely accepted by traditional medicine. In addition, we pay for methods and medication, which have become established in practice as equally promising or which are used because no traditional medicine methods or medication are available (e.g. curative treatments and prescriptions according to the special therapeutic approaches homoeopathy, anthroposophical medicine and phytotherapy). However, we may at any time reduce our benefits to the amount that would have been incurred had existing traditional methods or medication been used.

2 Benefits covered by your travel health insurance

In the case of an insured event (restrictions according to Item 3.), compensation is paid for the following costs. Depending on the tariff that you have agreed, compensation is paid up to the amount specified in Section I.

2.1 Curative treatment costs

Curative treatment within the meaning of these terms describes medically necessary

- 2.1.1 out-patient treatment by physicians
- 2.1.2 pain-relieving, conserving dental treatment, including simple dental fillings and repairs of existing dental prostheses, to the extent that these are performed or prescribed by a dentist;
- 2.1.3 medication and dressings prescribed by a physician (medication does not include nutriment and tonics or cosmetic supplements - even if these are medically prescribed);
- 2.1.4 medically prescribed radiation, light and other physical therapies;
- 2.1.5 medically prescribed massages, medicinal packages, inhalations and physiotherapy;
- 2.1.6 medically prescribed aids, which become necessary as a result of an accident or which are used to treat the consequences of an accident;
- 2.1.7 diagnostic radiology;
- 2.1.8 operations that cannot be postponed;
- 2.1.9 in-patient treatment that cannot be postponed in the general care class (shared room) without optional services (treatment by private physician), to the extent that this is performed in a facility approved and certified as a hospital, is under permanent medical supervision, has sufficient diagnostic and therapeutic options and maintains hospital files;
- 2.1.10 medically necessary rehabilitation measures
- 2.1.11 out-patient preventive check-up for early diagnosis of cancer according to the programs introduced by law in Germany after the qualifying period.
- 2.1.12 out-patient psychoanalytical and psychotherapeutic treatments.

2.2 Dental prosthesis treatment;

Dental prostheses within the meaning of this tariff include pivot teeth, inlay fillings, crowns, bridges, orthodontic treatment, functional analytical and functional therapeutic services and implantological dental services.

- 2.2.1 We compensate for the costs of dental prostheses, if these become necessary for the first time as a result of an accident during the insured period.
- 2.2.2 After the qualifying period has passed, we also pay compensation for the costs of a medically required dental prosthesis.

2.3 Insurance benefits for pregnancy and births

- 2.3.1 We pay compensation for the costs incurred due to medically necessary pregnancy treatment caused by complaints, and childbirth up to the end of the 36th week of the pregnancy (premature birth), treatment due to miscarriages or medically necessary abortions.
- 2.3.2 To the extent that pregnancy did not commence until after the start of the insurance or follow-on contract, we compensate for the costs of pregnancy check-ups and birth after the end of the qualifying period. The costs of examination and treatment by midwives are only compensated if a physician does not charge for these costs at the same time;

2.4 Transport costs

- 2.4.1 We compensate for the costs of transporting a sick person for in-patient treatment in the nearest suitable hospital and back to their accommodation.
- 2.4.2 We compensate for the additional costs of a transport back to the nearest suitable hospital at the insured person's place of residence, to the extent that a transport makes medical sense and is justifiable.
- 2.4.3 We also pay for the costs of a companion or, if necessary, an accompanying physician, to the extent that this attendance

is medically necessary, officially stipulated or specified by the company performing the transport.

2.5 Transfer/funeral expenses

We pay compensation for additionally required costs incurred as a result of the demise of an insured person due to transporting the deceased to their permanent residence, or compensate for the costs of a funeral in Germany up to the amount of the expenses that would have been incurred for a transfer.

2.6 Hospital visit

If it has been confirmed that the hospital stay of an insured person will exceed 14 days, we shall on request organise the trip of a person close to the insured person to the hospital location and back to their place of residence and compensate for any costs of transport for the return trip. However, the condition for this is that the hospital stay has not ended by the time that the associated person arrives.

2.7 Continued liability

If illness makes necessary curative treatment exceeding the end of the coverage because the journey back is no longer possible as a result of an inability to travel, for which evidence has been provided, benefits must be paid under these conditions (including for a transport back if this becomes necessary) until the ability to travel is restored.

3 Important information regarding coverage limits

3.1 Excluded benefits

If curative treatment exceeds what is medically necessary or if the costs of curative treatment exceed the usual local amount, we may reduce benefits to a suitable amount.

3.2 Release from obligation to perform

We do not pay benefits for:

- 3.2.1 treatment abroad if this treatment was the sole reason, or one of the reasons, for the trip;
- 3.2.2 treatment where it was clear before the trip that it would have to be performed if the trip took place as planned, except if the trip took place because of the death of a spouse or immediate kin;
- 3.2.3 diseases and complaints existing upon conclusion of the insurance contract or follow-on contract and known to the insured person, and their foreseeable consequences, as well as consequences of diseases and accidents treated in the six months preceding the conclusion of the contract, which are foreseeable for the insured person;
- 3.2.4 diseases including their consequences as well as the consequences of accidents which are caused by foreseeable war events and an active participation in unrest, and which are not explicitly included in the cover. War events and civil unrest are deemed foreseeable if the Foreign Office of the Federal Republic of Germany releases a travel warning for the relevant country before the start of the trip;
- 3.2.5 diseases and accidents caused intentionally including their consequences;
- 3.2.6 health resort and sanatorium treatments, except if these treatments follow a covered, fully in-patient hospital treatment due to a severe stroke, severe heart attack, or severe skeletal disease (spinal disc operation, hip prosthesis), in order to reduce the stay in the acute-care hospital, and the insurance company approved such benefits before the start of the treatment in writing;
- 3.2.7 withdrawal measures including withdrawal treatment;
- 3.2.8 out-patient curative treatment at a spa or health resort. This restriction does not apply if curative treatment becomes necessary due to an accident occurring there. This does not

apply to illnesses where the insured party is only at the spa town or health resort temporarily and not for treatment;

- 3.2.9 treatment by the spouse, parents or children as well as by individuals sharing accommodation with the insured person in their own or a host family; compensation is paid according to the tariff for any material costs for which evidence can be provided;
- 3.2.10 diseases including their consequences as well as the consequences of accidents which are caused by nuclear power or higher authority interventions;
- 3.2.11 treatment or accommodation made necessary because of infirmity, a need of care or custody;
- 3.2.12 hypnosis, psychoanalytical and psychotherapeutic treatment, to the extent that no provisions have been agreed to the contrary under the tariff;
- 3.2.13 dental prostheses, pivot teeth, inlay fillings, crowns, orthodontic treatment, preventive treatment, occlusal appliances and tracks, functional analytical and functional therapeutic services and implantological dental services;
- 3.2.14 immunisation measures and preventive screenings, to the extent that no provisions have been agreed to the contrary under the tariff;
- 3.2.15 treatment due to defects or damage to the reproductive organs;
- 3.2.16 organ donations and their consequences.

3.3 Wilful deceit

We do not pay compensation if you or an insured person attempts to wilfully deceive us regarding circumstances, which affect the reason or amount of the benefit.

4 Your obligations in the case of an insured event

We cannot provide our service without the cooperation of the insured persons. Please ensure that you and the insured persons observe the following items to avoid jeopardising the coverage.

4.1 Obligation to reduce costs

Please keep the damage to a minimum and avoid everything that might result in an unnecessary cost increase. If you are unsure, please do not hesitate to get in touch with us. We must agree to the transport back to the place of residence or the hospital nearest the place of residence if the insured person is able to travel, if we approve the transport back according to the type of illness and the required treatment.

4.2 Immediate contact

In the case of in-patient treatment at a hospital and before the start of extensive diagnostic and therapeutic measures, you or the insured person must make contact with our global emergency service immediately.

4.3 Obligation to provide information

The claim notification that we send must be filled out correctly by you or the insured person and returned immediately. If we deem this to be necessary, the insured person is obligated to be examined by a physician commissioned by us. The following evidence, which becomes our property, must be submitted to us:

- 4.3.1 original receipts containing the name of the treated person, the illness and the details of the services provided by the treating physician according to type, location and treatment period. If other coverage exists for curative treatment costs, and if this is used first, the invoice copies with compensation notes suffice as evidence;
- 4.3.2 prescriptions together with the physician's invoice and invoices for medication and aids together with the prescription;
- 4.3.3 a physician's note by the treating physician abroad regarding the necessity of the medically prescribed transport back.

This shall not affect the necessity for a consultation with the company's medical examiner;

- 4.3.4 an official death certificate and a physician's note stating the cause of death, if compensation is to be paid for transport or funeral costs

- 4.3.5 additional evidence and receipts, which we consider to be necessary for checking our payment obligation, which we request from you in the case of an insured event, and which we can reasonably expect you to procure.

4.4 Obligation to secure compensation claims against third parties

If you or the insured person is entitled to a compensation claim against a third party, this entitlement is passed on to us to the extent that we compensate you for the damage. The transfer cannot be asserted to your disadvantage. You shall observe the compensation entitlement or a right whose purpose is to secure this entitlement taking account of the applicable formal requirements and deadlines and, if required, assist in its enforcement. If your compensation entitlement is against a person, with whom you lived in a common household when the damage occurred, the transfer cannot be asserted, except if this person has wilfully caused the damage. Your entitlements, or those of the insured person, against health workers due to disproportionate fees are passed to us in the legal extent, to the extent that we paid compensation for the relevant invoices. If required, you or the insured person are obligated to assist in enforcing these entitlements. In addition, you or the insured person are obligated, if required, to make a declaration of assignment in our favour.

4.5 Consequences if obligations are not observed

If you or the insured person wilfully violates one of the obligations above, we are no longer obliged to make a payment. In the case of a grossly negligent violation of the obligation, we are entitled to reduce the payment according to the severity of the fault. If you provide evidence that the obligation was not violated in gross negligence, the coverage continues.