Central Administration:
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HanseMerkur
Reiseversicherung AG

Terms and Conditions of Foreign Travel Health Insurance, as Provided by HanseMerkur Reiseversicherung AG for Foreign Guests VB-KV 2008 (AGL)

A: General Part (Valid for tariffs cited in Part B, AGL Basic and AGL Profi)

§ 1 - Insured Persons and Eligibility for Insurance

1. Insured persons are those identified by name in the insurance policy, for whom the agreed premium has been paid.
2. Persons eligible for insurance are those who have not yet completed their 75th year (75th birthday), provided they
   a) are of foreign nationality and are in the Federal Republic of Germany, the member countries of the European Union, Switzerland or Liechtenstein for a temporarily stay only;
   b) are of German nationality and have had their permanent residence abroad for more than two years. The term "abroad" is also used in this context to refer to the national territory of the Federal Republic of Germany.
3. Persons non-eligible for insurance and not insured, despite having paid the premiums, are those who
   a) are in need of permanent care, and/or are mentally ill. Persons in need of care are persons who generally require the help and assistance of others to master the daily routines;
   b) engage in sporting activities in return for payment;
   c) have a limited residence permit for the Federal Republic of Germany and for whom, at the time of application, the overall period of insurance for all health insurance contracts concluded during the period of the stay has exceeded five years.

§ 2 - Taking-Out and Ending the Insurance Contract

1. The application for an insurance contract has to be made within 31 days following entry into the Federal Republic of Germany, the member states of the European Union, Switzerland or Liechtenstein. Upon request, proof of the date of entry must be provided.
2. The contract comes into effect upon receipt, by the insurance company, of the application for insurance made using the form foreseen by the insurance company for this purpose. The application has only been properly completed if it contains all of the details requested and these have been provided clearly and completely. If the applicant uses the printed payment form issued by the insurance company the contract becomes valid upon payment of the premium, provided it includes clear and complete information about the start of the insurance contract, about the product selected by the applicant and about the persons to be insured.
3. In cases of persons for whom the prerequisites for eligibility for insurance cover, as specified in section § 1, point 2 of these terms and conditions, have not been satisfied, no insurance contract shall come into effect, even if payment of the premiums is made. If premiums are paid for a person not eligible for insurance cover, the sum paid is available to the sender.
4. If the insured person had already taken out an insurance contract based on this tariff and has completed a temporary stay in the member states of the European Union, Switzerland or Liechtenstein, it is only possible to take out another insurance policy if the person has spent a minimum of two months in his or her native country before re-entering the territory of any of the above-mentioned states. If premiums are nevertheless paid for a person affected by this regulation, the sum paid is available to the sender.
5. The insurance contract must be concluded for the entire period of the stay.
6. The maximum period of insurance cover amounts to five years.
7. If the period of stay is extended within the maximum insurance period an independent extension contract can be taken out, provided the following preconditions are met:
   a) The maximum insurance period of five years must not be exceeded – taking the previous and existing health insurance contracts also into account – with the extension contract.
   b) The application for extension must be made on a form issued by HanseMerkur specifically for this purpose, and this form must be submitted to HanseMerkur before the original insurance contract expires.
   c) HanseMerkur must give its explicit consent to the extension contract. If a premium is paid for a contract which has not explicitly been accepted, the paid amount shall be placed at the payer's disposal.
   d) As regards persons holding a limited residence permit for the Federal Republic of Germany, an extension is only possible if the total insurance period of health insurance policies valid in the Federal Republic of Germany would not exceed five years. The policyholder is obliged to inform HanseMerkur of all health insurance contracts previously valid during the temporary period of stay. In the event of such an extension, insurance cover is only provided for claims, illnesses, complaints and the consequences of such, that have newly occurred after the application for extension (date and time of postmark).
8. If the policyholder and the insured person are not identical, cancellation by the policyholder will only be valid if the insured person(s) affected by the cancellation has/have been informed of the cancellation accordingly and the policyholder provides proof of this. The insured persons affected have the right to continue the insurance contract, provided a future policyholder is named. The statement relating to this must have been received within two months of receipt of the notice of cancellation.
9. The statutory regulations relating to rights of cancellation for exceptional reasons remain unaffected by the agreements reached here.
10. The insurance contract ends
    a) on the agreed date;
    b) upon the death of the policyholder or upon his or her departure from (i.e. leaving) the Federal Republic of Germany; the insured persons nevertheless have the right to continue the insurance contract by naming a future policyholder. This declaration must be made within a period of two months following the death or departure of the policyholder.
    c) at the end of the insured person's temporary period of stay in the member states of the EU, Switzerland or Liechtenstein,
       - if the insured person decides to remain permanently in any of the countries of the EU, Switzerland or Liechtenstein, or
       - if the insured person returns to his or her home country for good;
    d) at that point in time at which an insured person holding a limited residence permit for the Federal Republic of Germany exceeds a total insurance period of five years. This also holds for previous insurance policies that were not taken out with HanseMerkur.

§ 3 - The Premium

1. Payment of the Initial Premium
   a) The initial premium is due upon commencement of the insurance contract.

b) If the initial premium is not paid on time, the insurer is entitled to withdraw from the contract for as long as the payment remains unpaid, unless the policyholder cannot be held answerable for the non-payment.
c) If the initial premium has not been paid at the time of occurrence of an event covered by the insurance, the insurer is not compelled to pay benefits, unless the policyholder cannot be held answerable for the non-payment.

2. Payment of Subsequent Premiums
a) If the subsequent premium is not paid on time, the insurer will send the policyholder a reminder and will set a deadline of two months within which the payment must be made.
b) If an event covered by the insurance occurs after this deadline and the policyholder has still not paid the premium at the time of occurrence of this event, or is in default as regards payment of associated interest and/or costs, the insurer is not compelled to pay benefits.
c) The insurer combines this two-month payment deadline with notice of termination of the contract as per expiry of this date. Termination will become effective with the expiry of the set deadline, if the policyholder is still in default of payment at this point in time.
d) The termination will become ineffective if the policyholder makes payment within a month of its having become (initially) effective. The contents of letter b, above, shall remain unaffected by this. The same applies in the event that the insured person names a new policyholder within two months of having been informed of the notice of termination and this named person pays the premium demanded. The contents of letter b, above, shall remain unaffected by this.

§ 4 - Area of Application, Commencement, Period and End of the Insurance Cover

1. Area of Application
a) HanseMerkur offers insurance cover for insured persons who, while travelling, are only temporarily in the Federal Republic of Germany, the member countries of the European Union, Switzerland or Liechtenstein.
b) An event for which insurance cover is normally provided is not insured if this occurs in the home country of the insured person. The home country in the sense of these contract provisions is the country in which the insured person has his or her permanent place of residence and/or the country of his or her nationality.
c) However, departing from "b)", insurance cover will be granted to the insured person in his/her home country under the following conditions:
- With respect to insurance contracts with a minimum period of a year, insurance cover will be provided even in the event of a brief return to the insured person's home country. The insurance cover provided in the home country is limited, however, to a maximum of 6 weeks for all stays in the native country per insurance year. The insurance year shall be a period of 12 months as from the commencement of the insurance.
In the event of a claim the insured person is required to provide dates and proof of the start and end of each trip to the home country, if requested by the insurance company to do so. In this connection, please refer in particular to section § 8, item 1 e).

2. Commencement of Insurance Cover
The insurance cover begins at the point in time indicated in the insurance policy (Commencement of Insurance), though
a) not before the insurance contract has come into effect,
b) not prior to entering the Federal Republic of Germany, the member states of the European Union, Switzerland or Liechtenstein,
c) not before payment of the premium;
d) not until expiry of any waiting period.

3. For events covered by the insurance, illnesses, complaints, and the consequences of such, occurring before commencement of the insurance cover or existing at the time of commencement of the insurance cover, no benefit will be paid.

4. End of Insurance Cover
Insurance cover shall end, even in cases of pending events covered by the insurance
a) at the agreed point in time;
b) with the ending of the insurance contract;
c) at the end of the insured person's visit – to the Federal Republic of Germany, the member states of the European Union, Switzerland or Liechtenstein – at the latest;
d) if the requirements for a temporary stay in the Federal Republic of Germany, member states of the European Union, Switzerland or Liechtenstein are no longer satisfied.

5. Subsequent Liability
If an illness needs medical treatment beyond the end of the period of insurance cover, because a return journey is impossible due to the patient's proven inability to be transported, the insurance company is obliged to provide cover within the bounds of this tariff,
a) with contract terms of up to six months, including all contract extensions required until recovery of ability to be transported, for a maximum period of one further month;
b) with contract terms of more than six months, including all contract extensions required until recovery of the ability to be transported, though for a maximum period of three further months only;

§ 5 - Subject Matter of the Insurance Cover Provided and the Extent of Liability in Respect of Benefits

I. In General

1. HanseMerkur provides compensation for insured events that occur acutely during a period of travel.
2. An event covered by the insurance is medical treatment required by an insured person due to illness or consequences of an accident. The insured event begins with the required medical treatment and ends at that point in time at which no further medical treatment is required, as medically confirmed. If the medical treatment has to be extended to an illness or to accident consequences not causally related to the previously administered treatment, this constitutes the existence of a new event covered by the insurance. Other events covered by the insurance include
a) examination and required medical treatment due to pregnancy, unless the patient was already pregnant prior to the commencement of insurance cover;
b) death.
3. The extent of the insurance cover provided is specified in the insurance policy, in any separate agreements concluded in writing, in these general terms and conditions of insurance, and in the statutory regulations of the Federal Republic of Germany.
4. In the Federal Republic of Germany, the insured person may be treated by the licenced doctors and dentists of his/her choice. In the countries of the European Union, as well as in Switzerland and in Liechtenstein, the insured person may choose from among state-recognized and licenced doctors and dentists in the given country, provided these charge for their services in accordance with the official scale of medical fees for doctors and dentists – if existing – or their fees are in keeping with those normally charged locally.
5. Medicine, dressings, medical supplies and adjuvants must be prescribed by the attending medical professionals referred to under item 4, and the

medicine must be obtained from a pharmacist's. Foodstuff and restoratives, mineral water, disinfectants and cosmetics, dietary and baby food, etc. do not qualify as medicine – even if prescribed as such.

6. Should in-patient hospital treatment be medically required, the insured person may freely choose from among public and private hospitals that provide permanent medical supervision, have adequate diagnostic and therapeutic facilities, keep records of clinical histories, and neither offer cures and sanatorium therapy, nor accept convalescents.
7. Within the scope of the contract, the insurance company pays for examination, treatment and medicaments that are widely approved by classical medicine. It also pays for treatment and medicaments that have proven to be just as successful in practice, or are used when no classical methods of treatment or medicaments are available. In such cases, however, the insurance company is entitled to reduce the benefits paid to the level that would have been due had such methods and medicine been available.
8. Within the limits of the contract, the insurance company pays for transportation and funeral costs in the event that an insured person dies as a result of an event covered by this contract.

II. Waiting Periods

1. Waiting periods are calculated as from the time of commencement of the insurance and, in the case of a follow-up contract, as from the time of commencement of the follow-up contract.
2. The waiting period for childbirth deliveries is eight months.

III. Costs of Medical Treatment

Details as to the costs covered by benefits are given, for the various tariffs, in Part B of these provisions.

IV. Transportation Costs / Funeral Expenses

Details as to the costs covered by benefits are given, for the various tariffs, in Part B of these provisions.

§ 6 - Limitations on Insurance Cover

1. No insurance cover exists
   a) for treatment abroad constituting the sole reason, or one of the reasons, for embarking on the journey in the first place and for treatment for which it was clear, at the outset of the journey, that, assuming the trip was carried out as planned, it (the treatment) would be necessary. Or unless the journey had been undertaken due to the death of the spouse or a first-degree relative;
   b) for illnesses and complaints known to the insured person at the time of conclusion of contract, or of conclusion of a follow-up contract, and their foreseeable consequences, or for the foreseeable consequences of illnesses and accidents of the insured person treated within a period of six months prior to the conclusion of contract;
   c) for diseases, accidents or death, including the consequences of such, caused by strike action, war, warlike occurrences, nuclear energy or active participation in civil disturbances and not expressly included in the insurance cover;
   d) for illnesses, accidents and their consequences resulting from wilful intent;
   e) for treatment given in a health resort or sanatorium, and for rehabilitation therapy;
   f) for withdrawal treatment including withdrawal cures;
   g) for out-patient therapy in a spa or health resort. This limitation does not apply, if the therapy becomes necessary as the result of an accident that happened there. In the event of illness, this limitation does not apply if the insured person's stay in the spa or health resort was for a short period only and was not for curative purposes;
   h) for treatment by the insured party's spouse, parents or children. Proven material cost will be reimbursed in accordance with the insurance tariff;
   i) for treatment of persons with whom the insured person lives together within his or her own family or the host family. Proven material cost will be reimbursed in accordance with the insurance tariff;
   j) for treatment or accommodation due to infirmity, need of care or safe custody;
   k) for psychoanalytic and psychotherapeutic treatment;
   l) for immunization measures;
   m) for medical supplies, unless some alternative is foreseen by the tariff;
   n) for treatment required because of disorders and damage of the reproductive organs; including sterility, artificial insemination or associated precautionary medical examinations and follow-up treatment;
   o) for treatment of HIV infections and their consequences;
   p) for dental prostheses, post crowns, inlays, caps and crowns, orthodontic treatment, implants, occlusal overlays and gnathological measures;
   q) for suicide, attempted suicide and the consequences;
   r) for organ donations and the consequences.
2. HanseMerkur is discharged from the obligation to compensate, if:
   a) the policy-holder or the insured person has wilfully caused the event covered by the insurance;
   b) the policyholder or the insured person has wilfully attempted to deceive HanseMerkur as to circumstances of importance relating to the reason for, or the amount of, benefits presumably due.
3. If the cost of medical treatment exceeds that of essential medical treatment, the insurance company may reduce its benefits to an appropriate amount.
4. If a claim for benefits from statutory accident or pension insurance, or from statutory medical or accident care exists, the insurance company may deduct the level of statutory benefits due from the insurance benefits due.

§ 7 - Obligations and the Consequences of Violation of Such Obligations

1. The policyholder and the insured persons are obliged, upon the occurrence of an event covered by the insurance
   a) to keep the level of damage as low as possible and to avoid any action that could lead to an unnecessary increase in costs;
   b) to report the damage to HanseMerkur without delay, and upon conclusion of the journey at the latest;
   c) to permit HanseMerkur to undertake all reasonable investigations as to the cause of the occurrence and the level of benefits due, to provide all useful information in this connection, to submit original receipts, etc. and, in the event of death, to submit the death certificate;
   d) to contact HanseMerkur, in the event that in-patient treatment is required, before commencement of extensive diagnostic and therapeutic measures.
2. At the request of the insurance company, the insured person shall be obliged to permit examination by a doctor appointed by HanseMerkur.
3. Consequences of Breach of Obligations
   If the policyholder or the insured person wilfully violates a contractually agreed obligation, HanseMerkur is not obliged to pay benefits. In the case of gross negligence leading to violation of the obligation, HanseMerkur is entitled to reduce the insurance benefits by an amount corresponding to the seriousness of the fault attributable to such behaviour by the policyholder or the insured person. The onus of proof that gross negligence did not play a role lies with the policyholder.

§ 8 - Payment of Insurance Benefits

1. The insurance company is only obliged to pay benefits if the following evidence – which will become the insurer's property – has been submitted:
   a) original receipts bearing the name of the person treated, identification of the illness and details as to

the type of treatment provided by the attending doctor, as well as to the location and the period of treatment. If other insurance protection exists and claims for the medical costs have first been made to this, copies of the invoices indicating the compensation payments made are adequate;

b) prescriptions must be submitted together with invoices for treatment, invoices for medicaments and those for adjuvants;

c) an official death certificate and a medical certificate stating the cause of death, if claims for transportation or funeral costs are to be met;

d) proof of the first and last days of any visit to a member country of the European Union, Switzerland or Liechtenstein, if the insurer requests this;

e) proof of the first and last days of any visit to the home country, if the insurer requests this;

f) proof of all health insurance taken out during the visit to the Federal Republic of Germany and providing insurance cover within the Federal Republic of Germany, if the insurer requests this.

2. One month after notification of the insurer as to the damage incurred, part-payment of the claim amount may be requested for the minimum sum due, on the basis of the facts on hand. This period may be extended if the processing of the claim by HanseMerkur is delayed for reasons for which the policyholder or the insured person can be held responsible.
3. Within the context of examining entitlement to benefits, HanseMerkur may be required to obtain personal health data available within the legally permissible boundaries. If the policyholder or the insured person refuses consent to such procedure thereby effectively preventing HanseMerkur from completing its assessment of the amount and extent of benefit entitlements due, this will result in a postponement of the due date of payment. The same applies if institutions and individuals questioned have not been released from their obligation to confidentiality with respect to HanseMerkur.
4. Costs incurred in a foreign currency are converted to the currency valid in the Federal Republic of Germany at the rate of exchange applicable on the day on which the receipts were received by the insurer. For traded currencies, the exchange rate of the day is the official exchange rate as stipulated in Frankfurt/Main, whereas for non-traded currencies the rate is as stipulated in "Währungen der Welt", publications of the German Central Bank Deutsche Bundesbank in Frankfurt/Main (latest version in each case), unless it can be proven that the foreign currency required for the payment of invoices was purchased at a less favourable exchange rate.
5. Additional costs incurred by the insurer in making necessary transfers abroad or in complying with the request of the policyholder that special forms of transfer be used, can be deducted from the benefits due.
6. Insurance claims may neither be assigned nor pledged.
7. Claims based on this insurance contract fall under the statute of limitations after three years. The period of limitation begins at the end of the year in which the claim for benefit was first raised.

§ 9 - Indemnification from Other Insurance Contracts and Claims Against Third Parties

1. If, in the case of an event covered by the insurance, indemnification can be claimed from another insurance contract, this other contract shall have priority over the current contract. This also applies if, in one of the other insurance contracts, such a subordinate-contract clause has also been agreed, regardless of when the other insurance contract was concluded. If the event covered by the insurance is first reported to HanseMerkur, it will initially undertake payment and will then contact the other insurer directly for purposes of sharing the costs. HanseMerkur will, however, waive sharing the costs with a private health insurance company if this would be to the disadvantage of the insured person, e.g. loss of premium refund.
2. Claims of the policyholder, or of the insured person, against third parties shall pass to HanseMerkur Reiseversicherung AG inasmuch as this is legally permissible, and to the extent that the latter has paid indemnity for the damage incurred. If necessary, the policyholder, or the insured person, must sign a transfer declaration to the benefit of the insurer. The insurer's obligation to pay benefits shall be dormant until such a declaration of assignment has been received.
3. Claims of the policyholder, or of the insured person, against attending medical personnel or organizations on the basis of excessive fees shall pass to HanseMerkur, inasmuch as this is legally permissible, to the extent that the latter has settled the relevant invoices. If necessary, the policy-holder or insured person must provide assistance in enforcing such claims. In addition, the policy-holder or the insured person is obliged, if necessary, to make a declaration of assignment towards HanseMerkur. The insurer's obligation to pay benefits shall be dormant until such a declaration of assignment has been received.

§ 10 - Offsetting

The policyholder can only offset claims of the insurer to the extent that the counterclaim is uncontested, or has been legally established.

§ 11 - Declarations of Intent and Notifications

Declarations of intent and notifications intended for the insurer must be submitted in writing.

§ 12 - Applicable Law, Contract Language

German law is applicable, provided this is not prohibited by international law. The contract language is German.

§ 13 - Participatory Bonus

This insurance does not entail any participatory bonus.

B: Special Part of the Terms and Conditions of Foreign Travel Health Insurance Offered by HanseMerkur Reiseversicherung AG VB-KV 2008 (AGL)

Tariff AGL Basic

I. Costs of Medical Treatment

1. The insurance company reimburses the insured person
   a) subject to a deductible contribution of EUR 25 per event covered by the insurance, for the necessary costs of medical treatment incurred.
   b) during the insured person's stay in Germany up to the so-called threshold value of the valid scale of fees for doctors "Gebührenordnung für Ärzte (GOÄ)" and dentists "Gebührenordnung für Zahnärzte (GOZ)". These threshold values for benefits are
      - for GOZ, a factor of 2.3 times the listed rate,
      - for GOÄ, according to no. 437 and section M (laboratory costs), a factor of 1.15 times the listed rate,
      - according to sections A, E and O (technical performance), a factor of 1.8 times the listed rate,
      - for all other GOÄ charges, 2.3 times the listed rate.
2. Of the refundable costs of medical treatment
   a) for illnesses and complaints known to exist at the commencement of the insurance cover or at the commencement of the extension of contract, and for their consequences, or
   b) for illnesses and accidents treated within six months prior to commencement of insurance cover, or to commencement of the extension contract,

the policyholder must bear a self-contribution of EUR 5,000 per person insured and per new insurance year begun. The insurance year shall in each case be a period of 12 months as from the commencement of the insurance. Even in the event of a shortened insurance period this self-contribution component will not be reduced.

The benefits payable by HanseMerkur in this connection are limited to a maximum sum of EUR 30,000 per insured person over the entire period of the contract. Section § 2, item 7, section § 4, item 3 and section § 6, item 1 a) of the General Part, Part A of the terms and conditions of insurance, shall remain unaffected by this regulation.

3. Medical treatment in the sense of these terms and conditions includes:
   a) medical treatment including pregnancy examinations, pregnancy treatment, provided the pregnancy did not already exist at the start of the insurance or extension contract, and treatment due to miscarriage;
   b) medical treatment as a result of acute complaints, necessary medical treatment due to pregnancy and treatment due to miscarriage, as well as medically required abortions and child delivery up until the end of the 36th week of pregnancy (premature birth), even if the insured person was already pregnant at the beginning of the insurance or extension contract, provided no need for such treatment had been established at this point in time;
   c) prescribed medicaments and dressing materials;
   d) prescribed radiation treatment, light therapy and other physical forms of treatment;
   e) prescribed massages, medical packs and inhalation treatment up to a maximum value of EUR 300 per insurance year;
   f) prescribed medical supplies necessary for the first time solely as the result of an accident and directly serving to treat the consequences of the accident;
   g) X-ray diagnosis;
   h) urgent in-patient treatment under general nursing care (multiple-bed room) without selective treatment (private medical care);
   i) transport by ambulance to the nearest suitable hospital for in-patient treatment, and to the nearest appropriate treatment point for primary medical care following an accident, and transport back again;
   j) urgent operations which cannot be postponed;
   k) child delivery – after expiry of waiting period.
4. Costs of Dental Treatment

   Taking items I.1. and I.2. into account, the insurance company also reimburses costs incurred during the journey for:
   a) all painkilling and preservative dental treatment, including simple fillings;
   b) measures to restore the functioning of dental prosthesis (repairs).

   Altogether, the insurance company will refund the costs of the dental treatment referred to, in the case of a period of contract
   a) of up to six months, including all contract extensions, a maximum of EUR 300,
   b) of more than six months, including all contract extensions, a maximum of EUR 600

   per insurance year and insured person. An insurance year, in this context, is a period of twelve months.

II. Transportation Costs / Funeral Expenses

Except for periods of stay in the home country, HanseMerkur reimburses

1. in the event of the death of an insured person, the additional costs incurred in returning the deceased person to his or her permanent place of residence, up to a maximum of EUR 10,000;
2. the costs of a funeral abroad up to the amount that would have been incurred for transportation, though no higher than a maximum of EUR 10,000.

Tariff AGL Profi

I. Costs of Medical Treatment

1. The insurance company reimburses the costs of necessary medical treatment
   a) subject to a deductible contribution of EUR 25 per event covered by the insurance, for the necessary costs of medical treatment incurred;
   b) during the insured person's stay in Germany up to the so-called threshold value of the valid scale of fees for doctors “Gebührenordnung für Ärzte (GOÄ)” and dentists “Gebührenordnung für Zahnärzte (GOZ)”. These threshold values for benefits are
      - for GOZ, a factor of 2.3 times the listed rate,
      - for GOÄ, according to no. 437 and section M (laboratory costs), a factor of 1.15 times the listed rate,
      - according to sections A, E and O (technical performance), a factor of 1.8 times the listed rate,
      - for all other GOÄ charges, 2.3 times the listed rate.
2. Of the refundable costs of medical treatment
   a) for illnesses and complaints known to exist at the commencement of the insurance cover or at the commencement of the extension of contract, and for their consequences, or
   b) for illnesses and accidents treated within six months prior to commencement of insurance cover, or to commencement of the extension contract,

   the policyholder must bear a self-contribution of EUR 5,000 per person insured and per new insurance year begun. The insurance year shall in each case be a period of 12 months as from the commencement of the insurance. Even in the event of a shortened insurance period this self-contribution component will not be reduced.

   The benefits payable by HanseMerkur in this connection are limited to a maximum sum of EUR 30,000 per insured person over the entire period of the contract. Section § 2, item 7, section § 4, item 3 and section § 6, item 1 a) of the General Part, Part A of the terms and conditions of insurance, shall remain unaffected by this regulation.
3. Medical treatment in the sense of these terms and conditions includes:
   a) medical treatment including pregnancy examinations, pregnancy treatment, provided the pregnancy did not already exist at the start of the insurance or extension contract, and treatment due to miscarriage;
   b) medical treatment as a result of acute complaints, necessary medical treatment due to pregnancy and treatment due to miscarriage, as well as medically required abortions and child delivery up until the end of the 36th week of pregnancy (premature birth), even if the insured person was already pregnant at the beginning of the insurance or extension contract, provided no need for such treatment had been established at this point in time;
   c) prescribed medicaments and dressing materials;
   d) prescribed radiation treatment, light therapy and other physical forms of treatment;
   e) prescribed massages, medical packs and inhalation treatment;
   f) prescribed medical supplies. These are reimbursed as follows:
      - bandages and dressings, hernia bandages, inlays, crutches, etc. and elastic (medical) stockings at a rate of 100% of the invoice sum to a maximum of EUR 500 per insurance year,
      - first-time purchases of hearing aids, corrective splints, artificial limbs/prostheses, supportive shells for sitting and lying, wheel-chairs, respiration-monitoring devices, intravenous piston pumps, inhalators, oxygen insufflators, surveillance monitors for infants, orthopaedic body-supportive devices, arm-support devices and leg-support devices, as well as speaking devices

subject to the prior written consent of the insurance company, at a rate of 100% of the invoice amount to a maximum of EUR 500 per insurance year;

- costs of repair of existing medical supplies at a rate of 100 % of the invoice amount to a maximum of EUR 250 per insurance year.

An insurance year is a period of twelve months as from the date of commencement of this insurance tariff and all dates of extension of contract. For insurance periods of less than twelve months, the maximum reimbursement sum is calculated proportionately;

g) Seeing aids, such as glasses and contact lenses, to a sum of EUR 200 per insurance year, if the vision has altered by at least 0.5 dioptre or at the earliest after two insurance years in each case. An insurance year is a period of twelve months as from the date of commencement of this tariff.
h) X-ray diagnosis;
i) urgent in-patient treatment under general nursing care (multiple-bed room) without selective treatment (private medical care);
j) transport by ambulance to the nearest suitable hospital for in-patient treatment, and to the nearest appropriate treatment point for primary medical care following an accident, and transport back again;
k) urgent operations which cannot be postponed;
l) child delivery – after expiry of the waiting period.
m) out-patient precautionary medical check-ups for children, as well as early cancer-detection examinations in accordance with the statutory programs introduced in Germany to a maximum of EUR 300 per insurance year. An insurance year is a period of twelve months as from the date of commencement of this tariff.

4. Costs of Dental Treatment
   Taking items I.1 and I.2 into account, the insurance company also reimburses costs incurred during the journey for:
   a) painkilling and preservative dental treatment including simple fillings,
   b) measures to restore the functioning of dental prostheses (repairs).
   Altogether for a) and b) a maximum total of EUR 1000 will be covered per insurance year / insured person. An insurance year, in this context, is a period of twelve months.
5. Dental Prostheses
   Other than as stated in section § 6, item 1. o) of the General Part (Part A) of the terms and conditions of insurance, the insurance company will reimburse refundable costs of medically necessary dental prostheses at a rate of 80% of the invoice amount
   a) up to a sum of EUR 750 in the first two insurance years
   b) and a maximum sum of EUR 1,250 per insurance year as from the third insurance year.
   An insurance year is a period of twelve months as from the date of commencement of this insurance tariff and all dates of extension of contract. The term dental prostheses, as used in connection with this tariff, applies to post crowns, inlays, caps and crowns, orthodontic treatment, function-analytic and function-therapeutic performance and implantology-specific dental measures.

II. Transportation Costs / Funeral Expenses

Except for periods of stay in the home country, HanseMerkur reimburses

1. in the event of the death of an insured person, the additional costs incurred in returning the deceased person to his or her permanent place of residence, up to a maximum of EUR 10,000;
2. the costs of a funeral abroad up to the amount that would have been incurred for transportation, though no higher than a maximum of EUR 10,000.