Central Administration:
Siegfried-Wedells-Platz 1 • D-20352 Hamburg

HanseMerkur
Reiseversicherung AG

Terms and Conditions of Travel Insurance for Au Pairs, as Provided by HanseMerkur Reiseversicherung AG VB-KV 2008 (AP)

§ 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 cover are those who accept an offer as an au pair by the age of 30 (30th birthday), provided they satisfy one of the following prerequisites:
   a) Persons of foreign nationality with a permanent place of residence abroad, during the period of their stay in the Federal Republic of Germany;
   b) Persons of German nationality and a permanent place of residence in the Federal Republic of Germany, as well as citizens of the EU countries with a permanent place of residence in the Federal Republic of Germany during a period abroad;
   c) Persons of another nationality during a period spent abroad, provided they have had their permanent residence in the Federal Republic of Germany for at least two years.
3. Persons not eligible for insurance cover, even though they pay the premiums, are persons who are permanently in need of care, and persons who are mentally ill. Persons in need of care are persons who generally require the help and assistance of others to master the daily routines.

§ 2 – Conclusion and Ending of the Contract

1. Application for insurance cover must be submitted prior to the commencement of the period abroad, or within 31 days following arrival in the Federal Republic of Germany. The date of arrival in the Federal Republic of Germany, or of departure for a foreign destination, must be proven, upon request, in the form of verification of a border crossing. After departure for a foreign destination, or after expiry of a period of a month following entry to the Federal Republic of Germany, conclusion of an insurance contract is no longer possible.
2. The contract comes into effect in that the application foreseen by the insurer for this purpose is submitted to the insurer properly completed, and that the insurer sends a confirmation of insurance to the policyholder. The application has only been properly completed if it contains all of the details requested and these have been provided clearly and completely.
3. In cases of persons for whom the prerequisites for eligibility for insurance cover, as specified in section § 1, point 3 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. The insurance contract must be concluded for the entire period of the stay.
5. The maximum period of insurance cover amounts to three years.
6. In the event of an extension of the period of stay within the maximum insurance period, the originally agreed insurance period can only be extended by a follow-up contract if the application for the follow-up contract has been submitted to (i.e. received by) HanseMerkur before expiry of the original insurance agreement and HanseMerkur has explicitly consented to this follow-up contract.
   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).
7. An insured person working as an au pair on the basis of a written contract can, in the event of a change in the host family within the original period of the insurance, conclude an amendment contract within the framework of these terms and conditions, provided:
   a) the application is made within a period of two months following the change in the host family;
   b) the initial period was insured by HanseMerkur;
   c) the commencement of the amendment contract immediately follows the previous contract;
   d) the amendment contract was applied for before the ending of the previous contract;
   e) the amendment contract is to end at the same time as initially specified in the previous contract.
   Rights and obligations arising from the previous contract shall pass to the amendment contract.
   Maximum rates of insurance cover provided shall be calculated collectively.
   In connection with health insurance, illnesses and complaints occurring for the first time during the previous contract(s) with HanseMerkur will be co-insured in the amendment contract.
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) with the ending of the temporary period of stay of the insured person in the Federal Republic of Germany or abroad;
    d) when the prerequisites for a temporary period of stay in the Federal Republic of Germany, or abroad, no longer apply,
       - as when the insured person has decided to remain permanently in the Federal Republic of Germany, or abroad, or
       - the insured person has returned to his or her homeland for good;
    e) if the prerequisites determining eligibility for insurance cover no longer apply to the insured person.

§ 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 within the scope of these conditions for insured persons who, while travelling, are temporarily in the Federal Republic of Germany, or are abroad.
   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:
      For insurance contracts with a minimum duration of one year, insurance cover shall remain active even in the event that the insured person returns to his/her home country for a short period – this period be limited to a total 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 before entry into the Federal Republic of Germany, or before leaving Germany for a foreign country;
   c) not before payment of the premium;
   d) not until expiry of any waiting period.
3. End of Insurance Cover
   The insurance ends
   a) at the agreed point in time;
   b) with the ending of the insurance contract;
   c) with the ending of the temporary period of stay of the insured person in the Federal Republic of Germany, or abroad;
   d) if the prerequisites determining eligibility for insurance cover no longer apply to the insured person.
4. Subsequent Liability
   If an illness lasts beyond the end of the period of insurance cover, because the return journey is not possible due to proven inability to be transported, liability within the limits of this tariff will be continued until such times as the ability to be transported is restored, though for a maximum period of three 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 occurring unexpected 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 other countries 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 delivery is eight months and for accident-related dental prostheses six 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;
   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 treatment of tuberculosis, diabetes or tumours, or for dialysis, if the illness or the need for treatment was already known at the time of commencement of the insurance;
   d) for treatment and examinations due to pregnancy, if this was already known at the time of commencement of the insurance, unless the insurance tariff foresees some other procedure;
   e) 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;
   f) for illnesses, accidents and their consequences resulting from wilful intent;
   g) for treatment given in a health resort or sanatorium;
   h) for rehabilitation treatment, unless the tariff includes such treatment;
   i) for withdrawal treatment including withdrawal cures;
   j) 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;
   k) for treatment by the insured party's spouse, parents or children. Proven material cost will be reimbursed in accordance with the insurance tariff;
   l) 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;
   m) for treatment or accommodation due to infirmity, need of care or safe custody;
   n) for psychoanalytic and psychotherapeutic treatment;
   o) for immunization measures;
   p) for medical supplies;
   q) 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;
   r) for treatment of HIV infections and their consequences;
   s) for dental prostheses, post crowns, inlays, caps and crowns, orthodontic treatment, implants, occlusal overlays and gnathological measures;
   t) for suicide, attempted suicide and the consequences;
   u) 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 culpably 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 – culpably – 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.

§ 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 Travel Health Insurance Offered by HanseMerkur Reiseversicherung AG for Au Pairs VB-KV 2008 (VB AP)

Tariff VB AP Basic

I. Costs of Medical Treatment

1. The insurance company reimburses the costs of necessary medical treatment
   a) 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.

   b) during a stay outside Germany, provided such costs are within the bounds of what might be described as customary for the region in question.
2. 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 250 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) necessary medical rehabilitation;
l) child delivery – after expiry of waiting period.

3. Costs of Dental Treatment
Taking item 1 into account, the insurance company also reimburses costs incurred during the journey for:
a) all painkilling and preservative dental treatment, including simple fillings, at a rate of 100% of the costs up to an invoice amount of EUR 250 per insurance year, and thereafter 50%, though only to a maximum total of EUR 1,000 per insurance year;
b) measures to restore the functioning of dental prosthesis (repairs) at a rate of 50% of the invoice amount up to a maximum total of EUR 1,000 per insurance year;

An insurance year is a period of 12 months as from the date of commencement of the insurance, including all dates of extension of contract.

II. Return Transportation, Transportation Costs / Funeral Expenses

The insurance company provides reimbursement – except for periods of stay in the insured person's home country in accordance with section § 1, item 2 of these terms and conditions – for

1. extra costs associated with medically required and prescribed return transportation from abroad. Return transportation is medically required if no adequate medical care is provided in the country being visited. The costs incurred by a co-insured, accompanying person will be accepted if such accompaniment is seen as being medically necessary, or is ordered by the official authorities or is required by the transporting company.
2. 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, will be borne up to a maximum of EUR 10,000.
3. 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.

III. Subsequent Liability

If an illness lasts beyond the end of the period of insurance cover, because the return journey is not possible due to proven inability to be transported, liability within the limits of this tariff will be continued until such times as the ability to be transported is restored, though for a maximum period of three months only.

Tariff VB AP Profi

I. Costs of Medical Treatment

1. The insurance company reimburses the costs of necessary medical treatment
a) 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.

b) during a stay outside Germany, provided such costs are within the bounds of what might be described as customary for the region in question.

2. 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 500 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) necessary medical rehabilitation;
l) child delivery – after expiry of waiting period.

3. Costs of Dental Treatment
Taking item 1 into account, the insurance company also reimburses costs incurred during the journey for:
a) all painkilling and preservative dental treatment, including simple fillings, at a rate of 100% of the costs up to an invoice amount of EUR 750 per insurance year, and thereafter 75%, though only to a maximum total of EUR 2,000 per insurance year;
b) measures to restore the functioning of dental prosthesis (repairs) at a rate of 50% of the invoice amount up to a maximum total of EUR 1,500 per insurance year;
c) initial preparation or repair of dental prostheses due to an accident, at a rate of 100% of the invoice amount up to a maximum value of EUR 2,500 per insurance year.

An insurance year is a period of 12 months as from the date of commencement of the insurance, including all dates of extension of contract.

4. Hospital Day-Payment Benefits
As from the 6th day of a period of in-patient treatment in hospital covered by these terms of insurance, hospital day-payment benefits of EUR 10 per day will be made for a maximum of 90 days per insurance year as compensation for loss of income.

II. Return Transportation, Transportation Costs / Funeral Expenses

The insurance company provides reimbursement – except for periods of stay in the insured person's home country in accordance with section § 1, item 2 of these terms and conditions – for

1. extra costs associated with medically required and prescribed return transportation from abroad. Return transportation is medically required if no adequate medical care is provided in the country being visited. The costs incurred by a co-insured, accompanying person will be accepted if such accompaniment is seen as being medically necessary, or is ordered by the official authorities or is required by the transporting company.
2. 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, will be borne up to a maximum of EUR 10,000.
3. 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.

III. Subsequent Liability

If an illness lasts beyond the end of the period of insurance cover, because the return journey is not possible due to proven inability to be transported, liability within the limits of this tariff will be continued until such times as the ability to be transported is restored, though for a maximum period of three months only.

IV. Hospital Visit

If it is clear that the insured person will have to spend more than 14 days in hospital, HanseMerkur will arrange, at the request of the insured person, a one-time journey to the place of the hospital for a person close to the insured person, and from there back again to the place of residence, and will accept the resulting transport costs incurred for the journey there and back (standard class). A prerequisite here, however, is that the insured person's period of stay in hospital has not yet ended at the time of arrival of the person close to the insured person.

Tariff VB AP Premium

I. Costs of Medical Treatment

1. The insurance company reimburses the costs of necessary medical treatment
   a) during the insured person's stay in Germany within the framework of the valid scale of fees for doctors "Gebührenordnung für Ärzte (GOÄ)" and dentists "Gebührenordnung für Zahnärzte (GOZ)".
   b) during a stay outside Germany, provided such costs are within the bounds of what might be described as customary for the region in question.
2. Medical treatment in the sense of these terms and conditions includes:
   a) medical treatment including pregnancy examinations, pregnancy treatment, unless the pregnancy already existed at the start of the insurance or extension contract, and treatment due to miscarriage;
   b) medical treatment as a result of severe 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 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) necessary medical rehabilitation;
   l) child delivery – after expiry of waiting period.
3. Costs of Dental Treatment
   Taking item 1 into account, the insurance company also reimburses costs incurred during the journey for:
   a) all painkilling and preservative dental treatment, including simple fillings, at a rate of 100% of the costs up to an invoice amount of EUR 1,000 per insurance year, and thereafter 75%, though only to a maximum total of EUR 2,000 per insurance year;
   b) measures to restore the functioning of dental prosthesis (repairs) at a rate of 50% of the invoice amount up to a maximum total of EUR 2,000 per insurance year;
   c) initial preparation or repair of dental prostheses due to an accident, at a rate of 100% of the invoice amount up to a maximum value of EUR 2,500 per insurance year.

   An insurance year is a period of 12 months as from the date of commencement of the insurance, including all dates of extension of contract.
4. Hospital Day-Payment Benefits
   As from the 6th day of a period of in-patient treatment in hospital covered by these terms of insurance, hospital day-payment benefits of EUR 10 per day will be made for a maximum of 90 days per insurance year as compensation for loss of income.

II. Return Transportation, Transportation Costs / Funeral Expenses

The insurance company provides reimbursement – except for periods of stay in the insured person's home country in accordance with section § 1, item 2 of these terms and conditions – for

1. extra costs associated with medically required and prescribed return transportation from abroad. Return transportation is medically required if no adequate medical care is provided in the country being visited. The costs incurred by a co-insured, accompanying person will be accepted if such accompaniment is seen as being medically necessary, or is ordered by the official authorities or is required by the transporting company.
2. 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, will be borne up to a maximum of EUR 15,000.
3. 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 15,000.

III. Subsequent Liability

If an illness lasts beyond the end of the period of insurance cover, because the return journey is not possible due to proven inability to be transported, liability within the limits of this tariff will be continued until such times as the ability to be transported is restored, though for a maximum period of three months only.

IV. Hospital Visit

If it is clear that the insured person will have to spend more than 14 days in hospital, HanseMerkur will arrange, at the request of the insured person, a one-time journey to the place of the hospital for a person close to the insured person, and from there back again to the place of residence, and will accept the resulting transport costs incurred for the journey there and back (standard class). A prerequisite here, however, is that the insured person's period of stay in hospital has not yet ended at the time of arrival of the person close to the insured person.