



Terms and conditions for health insurance - Incoming

Dear customer,

The scope of the insurance cover is set out in the insurance certificate, in any separate written agreements, in these insurance terms and conditions, and in the statutory provisions of the Federal Republic of Germany. In these insurance terms and conditions, policyholders and insured persons are referred to as “you”. You are a policyholder if you have taken out an insurance policy with Advigon. You are an insured person if, for example, you have been insured as a travel companion of the policyholder. You can be both an insured person and a policyholder. These insurance terms and conditions apply to you as a policyholder or to you as an insured person.

Your insurance terms and conditions comprise 3 sections.

Section I contains an overview of the types of benefit and the levels of premium associated with them.

In Section II, you will, in particular, find explanations about the insured persons, time limits for taking out insurance and premium payments.

The full description of the types of benefit can be found in Section III.

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Section I - Overview of benefits

The full description of the insured benefits and events is provided in the relevant clauses of Section III Description of benefits.

Insured benefits		Plan Basic Light	Plan Basic	Plan Optimal
The amount of the benefit depends on the plan that you select				
Deductible per insured event		EUR 50	None	None
2.1.1	Outpatient medical treatments in accordance with the fee schedule set out in section III 1.2	100%	100%	100%
2.1.2	Dental treatment for pain relief in accordance with the fee schedule set out in section III 1.2 per insurance year Up to 50% of the cost (where eligible) for repairs of existing dental prostheses, per insurance year	EUR 750 Not insured	EUR 750 EUR 300	100% EUR 2,600
2.1.3	Medications and surgical dressings	100%	100%	100%
2.1.4	Radiation therapy, light therapy and other physical treatments	100%	100%	100%
2.1.5	Massages, compresses, inhalations and physiotherapy	100%	100%	100%
2.1.6	Therapeutic aids following an accident	EUR 250	EUR 250	100%
2.1.7	Visual aids every three years	Not insured	Not insured	EUR 100
2.1.8	Inpatient medical treatment under general care insurance (multiple-bed room) without optional services (treatment by private doctor)	100%	100%	100%
2.1.9	Rehabilitation measures after inpatient stay	Not insured	Not insured	100%
2.1.10	Screening check-ups for early detection of illnesses per insurance year	Not insured	Not insured	100%
2.1.11	Outpatient psychoanalytical and psychotherapeutic treatments (up to 30 sessions per policy year)	Not insured	100%	100%
2.1.12	Vaccinations for children	Not insured	Not insured	100%
2.2	Dentures per insurance year	Not insured	Not insured	EUR 2,600
2.3.1	Treatment for pregnancy and treatment during premature birth	100%	100%	100%
2.3.2	Pregnancy examinations and delivery	100%	100%	100%
2.4.1	Ambulance transport to inpatient treatment	100%	100%	100%
2.4.2	Medically sanctioned repatriation	EUR 3,000	EUR 3,000	100%
2.5	Repatriation of mortal remains to the home country or funeral in the Federal Republic of Germany	EUR 3,000	EUR 3,000	EUR 10,000
2.6	Follow-up liability until ability to travel is regained	max. 4 weeks	max. 4 weeks	max. 4 weeks

Health insurance - Incoming

Section II - General provisions

1 Policyholder, insurable persons and insurance eligibility

- 1.1 The policyholder is the natural or legal person who has taken out the policy with Advigon. The insured persons are those referred to by name in the insurance certificate for whom the premium was paid. Newborn infants of insured persons shall be included in the policy after birth, on the same plan as their parents. This is subject to the following conditions:
- they are insured with Advigon within 2 months of the day of birth with retro spective effect, and
 - the insurance contract was concluded at least 3 months earlier without interruption and
 - no other insurance cover exists.
- 1.2 The following persons are insurable if, at the time of application, they are below the age of 45 and are foreign nationals and are temporarily residents of the Federal Republic of Germany:
- 1.2.1 Undergraduate and doctoral students, participants in language courses and holders of admission notices entitling them to study at a higher education institution, who are proven to be in further education or training at state or private institutions approved for that purpose.
- 1.2.2 In the Optimal tariff, graduates who have successfully completed their studies in Germany or successful doctoral students, who are allowed to stay in Germany for up to 12 months for the purpose of starting employment, may take out insurance for this period, if they have already been insured for at least twelve months on the Optimal, Basic or Basic Light tariffs.
- 1.2.3 Non-working family members of the persons listed in clauses 1.2.1 and 1.2.2.
- 1.3 The following persons are not eligible and will not be insured, even if payment of contributions is made:
- 1.3.1 those subject to mandatory health and/or care insurance in the country of destination (e.g. students enrolled at public universities up to the age of 30 who do not have a European Insurance Card (EHIC) or are not past the 14th semester, or are not privately insured in the home country);
- 1.3.2 persons permanently in need of care as well as persons whose participation in everyday life is permanently excluded. The mental condition and objective living conditions in particular of said persons shall be taken into account as regards classification. Persons in need of care are those persons who largely require external assistance to complete everyday tasks;
- 1.4 The insurance contract cannot be signed for persons who do not fulfil the requirements of Clauses 1.1 and 1.2, even if the premium is paid. If, however, the premium is paid for these persons, a refund is available to the person paying the premium.

2 Taking out insurance, commencement, duration and termination of the policy and insurance cover

2.1 Taking out insurance and commencement of the policy

- 2.1.1 The application for an insurance contract may be made at any time. It must be concluded for the total remaining period of the stay.
- 2.1.2 The insurance contract is concluded when Advigon has received the correctly completed application form for this and has sent you confirmation of insurance. The application is only considered correctly completed when it contains all the requested information in an unambiguous and complete form.
- 2.1.3 If clauses 2.1.1 or 2.1.2 are not met, the insurance contract is not valid even if the premium is paid. In this case, the person paying the premium is entitled to a refund.

2.2 Commencement of insurance cover

The insurance cover begins on the date indicated on the insurance certificate (commencement of insurance), after the waiting periods have elapsed. The prerequisite for this is that the policy is valid. No benefits are provided for insurance cases that arose before the start of insurance cover or before the waiting period elapsed.

2.3 Duration

The insurance applies for the agreed duration. The longest possible insurance term is 5 years. The maximum insurance period is also applicable under consideration similar insurance contracts that were not previously held with Advigon.

2.4 Termination

The statutory provisions concerning the right to termination for cause remain unaffected by these agreements. The insurance cover ends upon termination of the insurance contract. The insurance contract also ends for insured events not yet concluded or pending

- 2.4.1 at the agreed time;
- 2.4.2 with the death of the policyholder; the insured persons may extend the insurance policy within 2 months of the policyholder's death by nominating a future policyholder;
- 2.4.3 if the eligibility criteria are no longer met;
- 2.4.4 in the event of repatriation to the nearest suitable hospital in your home country.

2.5 Insurance year and waiting periods

- 2.5.1 An insurance year is considered to be a period of 12 months. The first insurance year commences on the date the insurance policy begins. If a benefit which is limited per insurance year is claimed in an insurance year, insurance cover for this benefit once the benefit limit is reached is restored only after this insurance year elapses. If a benefit is limited per insurance year, insurance cover for this benefit continues until the benefit limit is reached, even if the contract duration is less than 12 months.
- 2.5.2 If the insurance cover or benefits entail waiting times, these are calculated from the start of insurance. Unless special waiting times are specified below, the general waiting time is 3 months. The general waiting time does not apply if the application is made within 31 days of arrival. The date of arrival must be proven on request from Advigon. The waiting time also does not apply to accidents or to medical interventions to avert acute mortal danger. A comparable prior insurance policy that existed following arrival without interruption up to when this insurance commenced is counted against the general waiting time. The limitations on the obligation to pay benefits under section III 3 (Limitations to the insurance cover) and the special waiting times continue without restriction.

3 Scope of the insurance cover

- 3.1 The insurance cover applies during the temporary stay in Germany and for temporary trips outside Germany and outside your home country. For trips to the USA or Canada, this insurance cover is limited to 14 days per trip. Home country as per this condition is considered your permanent residence before your temporary stay abroad.
- 3.2 For insurance contracts lasting at least 12 months, insurance cover also applies during a temporary return to your home country, notwithstanding clause 3.1. Insurance cover in your home country is limited in the Basic Light and Basic tariffs to a maximum of 6 weeks and in the Optimal tariff to a maximum of 3 months for all stays in the home country per year of insurance and only applies in the Basic Light tariff after an uninterrupted contract period of three months.

4 What requirements must be complied with when paying the premiums?

4.1 Premium amount

The premium for an insured person is shown by the premium overview.

4.2 Payment of the first or one-off premium

4.2.1 The first or one-time premium is due at the start of the contract.

4.2.2 If you fail to pay the first or one-off premium on time, you have no initial insurance cover, unless the non-payment or delayed payment is for reasons outside of your control. If the reason for the failure to make payment on time is within your control, however, insurance cover starts only after payment.

4.2.3 In addition, Advigon will be entitled to terminate the contract so long as the premium remains unpaid. This does not apply if the reason for non-payment is beyond your control.

4.3 Payment of subsequent premiums

4.3.1 If the subsequent premium is not paid on time, Advigon will send you a reminder and will set a time limit of 2 weeks.

4.3.2 If you have still not made the payment when this deadline expires, Advigon is entitled to terminate the contract, if it has drawn your attention to this when the reminder was sent.

4.3.3 If Advigon has terminated the policy and you pay the amount demanded within one month of receiving the termination, the policy shall continue. However, no insurance cover is provided for insurance events that have occurred between the deadline and the payment.

4.4 Collection of premiums

If you have agreed to the premium being collected from your account by direct debit, this will take place as soon as the mandate has been set up. The payment is considered to have been made in a timely manner if Advigon can collect the premium on the due date, and you do not dispute collection of the correct payment.

If Advigon is unable to collect the premium due for a reason beyond your control, the payment shall still be considered to be on time if payment is made immediately upon receipt of the written reminder from Advigon.

4.5 Calculation of premium

How the premium is calculated is set out in the basic technical calculation criteria of the insurer. If the premiums change, including due to a change in the insurance cover, the premium-related age (age group) reached by the insured person when the change enters into force is taken into account.

5. What requirements must be met when the benefit payment is made?

5.1 Due date of the payment

Once the proof of insurance and premium payment are available and Advigon has confirmed the amount of benefit and its liability to pay it, Advigon will pay this within 2 weeks.

If the liability to pay is confirmed, but the amount of benefit has not been established within one month of receipt of the claim form by Advigon, a reasonable down-payment on the benefit can be demanded.

If official enquiries or a criminal prosecution have been initiated against you in connection with the insured event, Advigon can postpone the settlement of the claim until the legal conclusion of this process.

5.2 Costs incurred in foreign currencies

Advigon converts the costs using the euro exchange rate valid on the day the records are received. The official exchange rate applies unless the currency to pay the bills was acquired at a less favourable rate.

Advigon is entitled to deduct additional costs that arise if Advigon needs to make transfers abroad or if particular forms of payment are requested by you.

5.3 Benefits from other insurance policies

If, in the case of an insured event, a benefit can be claimed from another insurance policy, that other policy shall take precedence. If the insured event is reported to Advigon first, Advigon will make an advance payment and will contact the other insurer directly regarding cost-sharing.

6. Which legal jurisdiction applies, and what is the limitation period for claims from the policy? To whom do the provisions apply?

The German Insurance Contract Act (VVG) and in principle the laws of the Federal Republic of Germany apply in addition to these provisions, unless international law states otherwise. Any claims arising from this insurance contract expire in 3 years. Expiry by limitation is measured from the end of the year in which the claim can be made. When you make a claim, the limitation period will be suspended until you receive a written decision from Advigon. All provisions of the insurance policy also apply mutatis mutandis to the insured persons.

7 Offsetting

Counter-claims may be offset against claims of Advigon only if the counter-claim is uncontested or legally established.

8 What should be considered when contacting us?

All notifications and statements intended for Advigon should be directed in writing to the address stated in the insurance certificate. The language of the policy is German.

Section III - Description of benefits

1 Scope of insurance

- 1.1 Medically necessary treatment of an insured person due to illness or accident is considered to be an insured event. The insured event starts with your treatment. It ends once it is medically established that no further treatment is needed. If the treatment needs to be extended to an illness or consequences of an accident that is not causally linked to treatment up to that point, a new insured event shall be considered to have occurred. An insured event is also deemed to be the death of the insured person, examinations and medically necessary treatments for complaints during pregnancy and delivery, vaccinations as well as outpatient check-ups.
- 1.2 During your stay, you have free choice of the doctors, dentists and hospitals recognised and accredited in the country of destination. Hospitals must be under permanent medical management. They must have sufficient diagnostic and therapeutic facilities and manage case histories. For treatments in sanatoriums that also carry out cures or sanatorium treatments, our written confirmation must first be obtained. Advigon reimburses the costs arising in accordance with clause 2 (Insured benefits).
 - 1.2.1 In Germany, Advigon reimburses the costs for medically necessary medical treatment up to the so-called threshold values of the German Scale of Medical Fees (GOÄ) and the German Scale of Fees for Dentists (GOZ). The following are deemed to be the so-called threshold levels for payments
 - according to the fee schedule for dentists (GOZ), 1.7 times the fee rate,
 - according to the fee schedule for doctors (GOÄ) pursuant to no. 437 and Section M (laboratory services) of the fee schedule for doctors, 1.1 times the fee rate,
 - according to Sections A, E and O (technical services), 1.3 times the fee rate,
 - for all other services of the GOÄ, 1.7 times the fee rate.
 - 1.2.2 Outside Germany, Advigon assumes the costs arising from medically necessary treatment, if the fees were based on the relevant official current fee schedule - if available - or based on fees generally charged for similar medical care in the local area.
 - 1.3 Advigon only pays for diagnostic and treatment methods and medications that are universally or generally recognised by conventional medicine. In addition, it pays for methods and medications which have proved equally promising in practice, or which are used because no conventional methods or treatment are available (e.g. treatment and prescriptions following the specific therapeutic directions of homeopathy, anthroposophic medicine and phytotherapy). Advigon can, however, reduce payments to the amount that would have been incurred by the use of available conventional methods or medications.

2 Insured benefits

If an insured event occurs, Advigon provides the following benefits, if they are insured under the plan selected by you, the insured event occurred after the start of insurance cover, and the waiting times have elapsed. An overview of these can be found in Section I of these insurance terms and conditions.

If benefits for aids are foreseen in the plan selected, the following objects are considered to be aids: Bandages, trusses, inlays, crutches and compression stockings, hearing aids, corrective splints, artificial limbs/prostheses, cradles and seat shells, lifts with disabled access, breathing monitoring equipment, infusion pumps, inhalation devices, oxygen monitors, baby monitors, orthopaedic back, arm and leg support apparatus and speech devices.

2.1 Treatment expenses

Medical treatment within the meaning of these terms and conditions is defined as medically necessary

- 2.1.1 outpatient treatment by a doctor;
- 2.1.2 pain-relieving, preservative dental treatment, including simple fillings as well as repairs of existing dental prostheses, provided these are carried out or prescribed by a dentist;
- 2.1.3 medication and dressings prescribed by a doctor (medication does not include nutritional products and tonics or cosmetic preparations even if prescribed by a medical practitioner);
- 2.1.4 radiation therapy, light therapy and other physical treatments prescribed by a doctor;
- 2.1.5 massages, medicinal packs, inhalations and physiotherapy prescribed by a doctor;
- 2.1.6 basic aids prescribed by a doctor that are required for the first time solely as a result of an accident and used to directly treat the consequences of the accident;
- 2.1.7 Visual aids such as glasses and contact lenses, after the general waiting times have elapsed;
- 2.1.8 in-patient medical treatment that cannot be delayed under general care insurance (multiple-bed room) without optional services (treatment by private doctor);
- 2.1.9 Rehabilitation measures after inpatient stay (insurance cover exists only if our written commitment was obtained prior);
- 2.1.10 Screening check-ups for the early diagnosis of illnesses in accordance with statutory programmes introduced in Germany;
- 2.1.11 out-patient psycho-analytical or psycho-therapeutic treatment;
- 2.1.12 Vaccinations for children, which are recommended by the Standing Committee on Vaccination (STIKO) of the Federal Republic of Germany depending on age and gender alone - independent of occupation, travel and leisure habits.

2.2 Dental replacement benefits

Dental replacements in the terms of this plan include pivot teeth, inlays, crowns, bridges, orthodontic treatment, functional analysis and functional therapeutic measures and implant dental treatments. Advigon reimburses the eligible cost of medically necessary dentures in a simple design.

2.3 Insurance benefits in the event of pregnancy and birth

- 2.3.1 Advigon reimburses the costs that arise from medically necessary pregnancy treatment brought about by symptoms, childbirth up to the end of the 36th week of pregnancy (premature birth), treatment relating to a miscarriage, and a medically necessary abortion. The prerequisite for this is that the necessity for treatment was not yet determined when the insurance contract started.
- 2.3.2 If the pregnancy had not yet started at the beginning of the insurance contract, Advigon reimburses the costs for pregnancy care examinations and childbirth after the expiry of a waiting period of eight months. The reimbursement of corresponding inpatient examination and treatment costs by midwives is possible only if the costs are not also charged concurrently by a doctor.

2.4 Transportation costs

- 2.4.1 Advigon reimburses the costs for ambulance transport to inpatient treatment in the nearest suitable hospital and back to the accommodation.

- 2.4.2 Advigon reimburses the additional costs of repatriation to the nearest suitable hospital to your place of residence, provided the return transport is medically appropriate and reasonable.

2.5 Repatriation of mortal remains and funeral costs

Advigon reimburses the necessary additional costs that arise in the event of the death of an insured person through the transfer of the deceased to the home country, or assumes the cost of burial in Germany up to the level of costs that would have been incurred for the repatriation of mortal remains.

2.6 Follow-up liability

If an illness contracted during a stay abroad requires further treatment which extends beyond the end of the insurance coverage because the insured person is demonstrably unable to return home, Advigon is required under these terms and conditions to continue to provide coverage for up to a maximum of 4 weeks.

3 Restrictions to insurance cover

3.1 Deductible and restrictions of cover

- 3.1.1 In the Basic Light tariff, the tariff deductible amounts to EUR 50 per insured event.
- 3.1.2 If a medical treatment exceeds the medically necessary level or if the expenses for medical treatment exceed those generally charged for similar medical care in the local area, Advigon can reduce the benefits to a reasonable level.

3.2 Exclusions of cover

Advigon does not pay out

- 3.2.1 if you have wilfully brought about the insured event or attempt to make fraudulent representations to us as to the circumstances which are material to the grounds for providing cover and the amount of insurance benefits;
- 3.2.2 for treatments that were the sole reason or one of the reasons for commencing the trip and for treatments whereby it was clear at the start of the trip that such treatment would be necessary if the trip was undertaken as planned, unless the trip was undertaken due to the death of the spouse/civil partner as defined in the Civil Partnership Act or a relative of the first degree;
- 3.2.3 for treatment that was the sole reason or one of the reasons for taking out the insurance and for treatment whereby it was clear when the insurance was taken out that such treatment would be necessary during the duration of the contract;
- 3.2.4 in the Basic Light and Basic tariffs, for the costs for treatment of illnesses, complaints and consequences of accidents which were known of in the six months previous to the start of insurance. However, insurance cover exists for acute, medical emergencies to avert serious dangers to life and limb;
- 3.2.5 for such illnesses, including their consequences, or consequences of accidents which were caused by foreseeable acts of war or active participation in civil unrest and were not explicitly included in the insurance cover; acts of war or internal unrest are considered to be foreseeable if the Foreign Office of the Federal Republic of Germany - before the start of the journey - issues a warning against travel for the country in question;
- 3.2.6 for spa and sanatorium treatments, unless these treatments result from an insured, entirely in-patient hospital treatment due to a major stroke, major heart attack or serious skeletal disease (disc surgery, hip replacement) and serve to shorten the stay in an acute hospital, and services which were agreed in writing by the insurer before the start of treatment;
- 3.2.7 for addiction treatment, including withdrawal treatments;
- 3.2.8 for out-patient treatment in a spa or health resort; the restriction does not apply if the treatment becomes necessary due to an accident at the location; for illnesses it does not apply if you were visiting the spa or health resort only briefly and were not staying for the purposes of treatment;
- 3.2.9 for treatments by spouses, parents or children or by persons with whom you are living in your own home or in a home being visited; documented material costs will be reimbursed according to the plan selected;
- 3.2.10 for such illnesses, including their consequences or consequences of accidents caused by nuclear energy, or other interventions by authority;

- 3.2.11 for treatment or accommodation caused by infirmity, a need for care or custody;
- 3.2.12 for hypnosis, psycho-analytical and psycho-therapeutic treatment, provided no other regulations exist in the plan selected;
- 3.2.13 for dental implants, pivot teeth, bridges, crowns, bridges, orthodontic treatment, prophylactic treatment, dental splints and tracks, treatments and implant dental treatments involving functional analysis and functional therapeutic measures, provided no other regulations exist in the plan selected;
- 3.2.14 for immunisation measures;
- 3.2.15 for treatments due to disorders and damage to the reproductive organs, including sterility, artificial insemination and associated medical check-ups and follow-up treatment;
- 3.2.16 for organ donations and their consequences;
- 3.2.17 treatment by alternative practitioners;
- 3.2.18 outpatient midwifery services;
- 3.2.19 treatment by doctors, dentists and in hospitals whose bills we have excluded from the reimbursement for an important reason, if the insured event occurs after we have informed you about the exclusion of benefits. If an insured event is already pending at the time of the notification, there is no obligation to pay benefits after three months has elapsed after our notification.

pursued unless this person caused the damage deliberately.

- 4.4.2 Your claims towards treating personnel who have charged an excessively high fee will be transferred to Advigon if the latter has reimbursed the costs. If necessary, you have a duty to assist in pursuing the claims.

4.5 Consequences of non-compliance with obligations

If you deliberately fail to comply with the above-mentioned obligations, Advigon will be released from the obligation to provide benefits. In the event of failure to meet obligations as a result of gross negligence, Advigon is entitled to reduce the benefit in proportion to the extent proportional to the culpability of the individual. If you demonstrate that you did not fail to meet an obligation as a result of gross negligence, the insurance cover remains unchanged.

4 General obligations and consequences of breaches of obligations

4.1 Obligation to minimise costs

You have a duty to keep the claim as low as possible and to avoid anything that could lead to an unnecessary increase in costs. If you are fit to be transported, you must agree to return transport to your place of residence or to the nearest suitable hospital to your place of residence, if Advigon approves the return transport according to the type of illness and the necessity of treatment.

4.2 Obligation to provide information

You must promptly and accurately complete and return the claim form to Advigon. If Advigon considers it necessary, you have a duty to allow an examination by a doctor appointed by Advigon to take place.

4.3 Obligation to provide proof

You must submit the following proof, which thereby becomes the property of Advigon:

- 4.3.1 Original receipts containing the name of the person treated, the designation of the illness and the information from the doctor in attendance on the treatment provided showing type, location and period of treatment. If other insurance cover for treatment costs is available and if this is used first, then copies of invoices noting the refund are sufficient as evidence.
- 4.3.2 Prescriptions together with the doctor's invoice and invoices for medicines and aids together with the prescription.
- 4.3.3 Proof of the amount of the costs that would have been incurred had the return journey gone as planned, if payments for return transport are claimed. In addition, a medical certificate from the doctor treating the patient abroad is to be submitted with a detailed substantiation for medically expedient and reasonable return transport.
- 4.3.4 An official death certificate and a doctor's certificate which details cause of death, if costs of repatriation of mortal remains or burial are to be paid.
- 4.3.5 Further proof and receipts that Advigon requests in order to check its obligation to pay, if the procurement of such proof and receipts can reasonably be expected of you (e.g. proof of the date of arrival).

4.4 Obligation to secure claims for compensation against third parties

- 4.4.1 If you have a basis to claim compensation from a third party, this right shall be assigned to Advigon, provided that Advigon will pay the damages. You must protect your claim for compensation or your right to secure this claim, taking into account the applicable formal requirements and deadlines, and assist in pursuing the claim if necessary. If your claim for compensation is against a person with whom you were living at the time of the event, the assigned claim cannot be