

Insurance terms for travel health insurance - Young Travel
VB-KV 2013 (YT-Out)

Your insurance terms comprise three sections.

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

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

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

Section I. Overview of benefits

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

Travel health insurance

Insured benefits		Tariff Basic	Tariff Premium
The amount of the benefits depends on the tariff selected by you.			
2.1.1	Out-patient treatment	100%	100%
2.1.2	Pain-relieving dental treatment per insurance year	EUR 250	100%
2.1.3	Medication and dressings	100%	100%
2.1.4	Radiation, light and other physical therapies	100%	100%
2.1.5	Massages, packages, inhalations and physiotherapy	-	100%
2.1.6	Prescribed aids	100%	100%
2.1.7	Diagnostic radiology	100%	100%
2.1.8	Operations	100%	100%
2.1.9	In-patient treatment	100%	100%
2.1.10	Medically necessary rehabilitation measures	100%	100%
2.1.11	Preventive check-ups (after 6-month qualifying period) - per insurance year	-	EUR 200
2.1.12	Out-patient psychoanalytical treatment (up to 5 sessions per insurance year)	-	1,000.00 EUR
2.2.1	Dental prostheses required as a result of an accident	EUR 500	EUR 2,000
2.2.2	Dental prostheses (50%) (after 6-month qualifying period)	-	EUR 2,000
2.3.1	Medically necessary pregnancy treatment and early births	100%	100%
2.3.2	Pregnancy check-ups per insurance year	EUR 250	100%
	Births incl. check-up and costs of treatment by midwives after a qualifying period of 8 months	100%	100%
2.4.1	Transport of a sick person for in-patient treatment	100%	100%
2.4.2	Transport of a sick person back to the original location, if this makes medical sense	100%	100%
2.4.3	Costs for companion upon repatriation of a sick person	100%	100%
2.5	Transfer/funeral expenses	EUR 10,000	100%
2.6	Hospital visit for a hospital stay of more than 14 days	-	1,000.00 EUR
2.7	Subsequent liability abroad	100%	100%
2.8.1	Dispatch of medication	-	100%
2.8.2	Information regarding local physicians	100%	100%
2.8.3	Transfer of information between physicians	100%	100%
2.9	Phone costs on contacting the emergency centre	-	EUR 25
2.10	Compensation for expenses: for in-patient treatment, up to 14 days, per day for out-patient treatment, once	EUR 25 EUR 15	EUR 75 EUR 25
2.11	Alternatively hospital daily benefits, up to 30 days, per day	EUR 25	EUR 75
2.12	Treatment costs in home country	100%	100%

Section II. General provisions

1st Insurable persons and eligibility for insurance

- 1.1 Insured persons are those named in the insurance certificate and for whom the agreed premium was paid.
- 1.2. Persons are insurable at the time of submitting the application if they are: au-pairs, students, language students, university students, scholarship students or doctoral students, participants in work & travel programs or other persons until their 35th year, if evidence can be provided that they are abroad in order to take part in such training measures and if they have their permanent residence in the Federal Republic of Germany when submitting the application.
- 1.3 For persons that do not meet the eligibility criteria for insurance set out in these terms, the insurance contract is not concluded even if the premium is paid. If the premium is paid for a person not eligible for insurance, the amount shall be available to the payer.

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

2.1 Conclusion

2.1.1 The application for conclusion of an insurance contract must be submitted before the trip. An insurance contract can no longer be concluded after the trip abroad has commenced.

2.1.2 The contract becomes effective through the appropriate application being received, correctly completed, by the us and us sending you a confirmation of insurance. The application is deemed correctly completed if all required information is stated clearly and completely.

2.2 Inception

2.2.1 The coverage begins on the date cited (contract inception), but not before the insurance contract has become effective, not before possible waiting times have passed and not before the border to the foreign country is crossed.

2.2.2 Children born after the contract has been concluded are insured after the birth without additional waiting times contrary to the rules of insurability in items 1.2 and 1.3, to the extent that the application for insurance cover was sent retroactively within two months of the birth.

2.3 Term

2.3.1 The application for conclusion of an insurance contract must be submitted for the entire stay. The maximum insurance

term is five years.

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

2.4 End

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

- 2.4.1 after the agreed term, but at the latest upon the end of the insured trip. Coverage is extended past the agreed date if the planned end date of the trip is postponed for reasons that are not the insured person's responsibility.
- 2.4.2 upon death;
- 2.4.3 upon termination of the insured person's temporary stay abroad.
- 2.4.4 if the conditions for a temporary stay abroad are no longer met, because the insured person has decided to stay abroad permanently or because the insured person returns to their home country permanently.
- 2.4.5 if the insured person no longer meets the eligibility criteria.

2.5 Policy period and qualifying periods

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

3. Scope of the coverage

- 3.1 Coverage applies to trips abroad for the agreed local scope. The state territory of the Federal Republic of Germany and the state territory in which your residence is located on contract conclusion are not deemed to be abroad. To the extent that the agreed scope has geographical boundaries (e.g. for tariffs without the scope USA and Canada), this restriction does not apply under the following conditions:
- In the case of transit stops, for the duration of the transit.
 - In the case of insurance contracts with a term of at least 1 year, for stays of up to 14 days.
- 3.2 Contrary to 3.1, coverage also applies if the insured person temporarily returns to their home country in the case of insurance contracts with a term of at least one year. The coverage in the home country is limited to a maximum of six weeks for all stays in the home country per insurance year.

4. Important information regarding payment of premiums

4.1 Payment of the first premium

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

4.2 Payment of subsequent premiums

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

4.3 Amount of premiums

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

4.4 Collection of premiums

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

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

5. Important information regarding payment of compensation

5.1 Conversion of costs in foreign currency

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

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

5.2 Due date of our payment

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

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

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

5.3 Compensation from other insurance contracts

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

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

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

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

7. Offsetting

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

8. Important information regarding notifications made to us

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

1. Subject of the coverage

1.1 Insured event

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

1.2 Choice of physicians and hospitals

Abroad, the insured person has the choice of physicians, dentists and hospitals legally approved and certified for the country of stay, to the extent that these charge fees based on the relevant official, applicable fee schedule for physicians and dentists - if this exists - or based on the usual local rates.

1.3 Insured treatment methods

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

2. Benefits covered by your travel health insurance

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

2.1 Costs of curative treatment abroad

Curative treatment within the meaning of these terms describes medically necessary

- 2.1.1 out-patient treatment by physicians
- 2.1.2 pain-relieving, conserving dental treatment, including simple dental fillings and repairs of existing dental prostheses, to the extent that these are performed or prescribed by a dentist;
- 2.1.3 medication and dressings prescribed by a physician (medication does not include nutriment and tonics or cosmetic supplements - even if these are medically prescribed);
- 2.1.4 medically prescribed radiation, light and other physical therapies;
- 2.1.5 medically prescribed massages, medicinal packages, inhalations and physiotherapy;
- 2.1.6 The rental change for medically necessary aids prescribed by a physician, to the extent that these become necessary as a result of an insured event that occurred. Compensation is paid for the costs of acquiring these aids, to the extent that rental is not possible or the rental fee exceeds the purchase costs. Compensation is not paid for visual aids or hearing aids.
- 2.1.7 diagnostic radiology;
- 2.1.8 operations that cannot be postponed;
- 2.1.9 in-patient treatment that cannot be postponed, to the extent that this is performed in a facility approved and certified as a hospital in the country of stay, is under permanent medical supervision, has sufficient diagnostic and therapeutic options and maintains hospital files;
- 2.1.10 medically necessary rehabilitation measures
- 2.1.11 out-patient preventive check-ups for early diagnosis of cancer after the qualifying period has passed.
- 2.1.12 out-patient psychoanalytical and psychotherapeutic treatments.

2.2 Dental prostheses

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

2.2.1 We compensate for the costs of dental prostheses, if these become necessary for the first time as a result of an accident during the insured period.

2.2.2 After the qualifying period has passed, we also pay compensation for the costs of a medically required dental prosthesis.

2.3 Insurance benefits for pregnancy and births

2.3.1 We pay compensation for the costs incurred due to medically necessary pregnancy treatment caused by complaints, and childbirth up to the end of the 36th week of the pregnancy (premature birth), treatment due to miscarriages or medically necessary abortions.

2.3.2 To the extent that pregnancy did not commence until after the start of the insurance or follow-on contract, we compensate for the costs of pregnancy check-ups and birth after the end of the qualifying period. The costs of examination and treatment by midwives are only compensated if a physician does not charge for these costs at the same time;

2.4 Transport/Transfer/Funeral expenses

2.4.1 We compensate for the costs of transporting a sick person for in-patient treatment in the nearest suitable hospital and back to their accommodation.

2.4.2 We compensate for the additional costs of a transport back to the nearest hospital at the insured person's place of residence, to the extent that a transport makes medical sense and is justifiable or if, according to the treating physician's estimate, hospital treatment abroad is likely to exceed 14 days.

2.4.3 We also pay for the costs of a companion or, if necessary, an accompanying physician, to the extent that this attendance is medically necessary, officially stipulated or specified by the company performing the transport.

2.5 Transfer/funeral expenses

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

2.6 Hospital visit

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

2.7 Continued liability abroad

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

2.8 Services

2.8.1 Dispatch of medication

If the insured person requires medically prescribed medication, which is lost on the trip, we in consultation with the insured person's GP, shall provide replacement substances and send them to the insured person. The insured person shall repay us for the costs of the replacement substances within one month of the end of the trip.

2.8.2 Information regarding local physicians

In the case of illness or accidents, we inform you on request via our emergency service of the options regarding medical care for the insured person. If possible, we specify a German-speaking or English-speaking physician.

2.8.3 Transfer of information between physicians

If the insured person is treated as an in-patient at a hospital due to illness or the consequences of an accident, we shall set up contact between a physician commissioned by us and the insured person's GP as well as the treating hospital physicians on request via our emergency service, and during the hospital stay, we shall ensure transfer of

information between the physicians involved. We inform relatives on requests.

2.9 Phone costs on contacting the emergency centre

In an insured event, we pay compensation for phone costs, which the policyholder incurs by making contact with our emergency centre, up to the amount shown in Section I.

2.10 Compensation for expenses

If all curative treatment costs incurred abroad, which are covered by the payment obligation in these provisions, are submitted to another service provider / insurance company participating in the compensation of costs before the claim is submitted to us, we pay - in addition to the compensation of costs - an additional EUR 50 per day for in-patient hospital treatment lasting for a maximum of 14 days. In the case of out-patient treatment (regardless of the number of treatments and diseases), we pay an additional one-off amount of the amount in Section I. per treated person.

2.11 Alternative hospital daily benefits

On trips abroad, in the case of a medically necessary and in-patient curative treatment of an illness or injury occurring during the trip abroad, the insured persons have the option of a compensation of costs for in-patient treatment or hospital daily benefits of the amount specified in Section I. per day from the start of in-patient hospital treatment. The option must be exercised immediately before the start of in-patient treatment.

2.12 Treatment costs in home country

To the extent that cover also applies in Germany according to Section II., Item 3.2, we pay compensation for the costs of the limit values of the fee schedule for physicians (GOÄ) and the fee schedule for dentists (GOZ) valid in Germany. Limit values are:

- 2-3 times the fee rate according to the GOZ;
- 1.15 times the fee rate according to No. 437 and Section M (laboratory services) of the GOÄ;
- 1.8 times the fee rate according to sections A, E and O (technical activities) of the GOÄ;
- 2.3 times the fee rate for all other services of the GOÄ.

For in-patient treatment that cannot be postponed, compensation is paid for the costs in the general care class (shared room) without optional services (treatment by private physician);

3. Important information regarding coverage limits

3.1 Excluded benefits

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

3.2 Release from obligation to perform

We do not pay benefits for:

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

3.2.8 treatment by the spouse, parents or children as well as by individuals sharing accommodation with the insured person in their own or a host family; compensation is paid according to the tariff for any material costs for which evidence can be provided;

3.2.9 diseases including their consequences as well as the consequences of accidents which are caused by nuclear power or higher authority interventions;

03/02/2010 treatment or accommodation made necessary because of infirmity, a need of care or custody;

3.2.11 hypnosis, psychoanalytical and psychotherapeutic treatment, to the extent that no provisions have been agreed to the contrary under the tariff;

3.2.12 dental prostheses, pivot teeth, inlay fillings, crowns, orthodontic treatment, preventive treatment, occlusal appliances and tracks, functional analytical and functional therapeutic services and implantological dental services, to the extent that no provisions have been agreed to the contrary;

3.2.13 immunisation measures and preventive screenings, to the extent that no provisions have been agreed to the contrary under the tariff;

3.2.14 treatment due to defects or damage to the reproductive organs;

3.2.15 organ donations and their consequences.

3.3 Wilful deceit

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

4. Your obligations in the case of an insured event

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

4.1 Obligation to reduce costs

Please keep the damage to a minimum and avoid everything that might result in an unnecessary cost increase. If you are unsure, please do not hesitate to get in touch with us.

We must agree to the transport back to the place of residence or the hospital nearest the place of residence if the insured person is able to travel, if we approve the transport back according to the type of illness and the required treatment.

4.2 Immediate contact

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

4.3 Obligation to provide information

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

The following evidence, which becomes our property, must be submitted to us:

4.3.1 original receipts containing the name of the treated person, the illness and the details of the services provided by the treating physician according to type, location and treatment period. If other coverage exists for curative treatment costs, and if this is used first, the invoice copies with compensation notes suffice as evidence;

4.3.2 prescriptions together with the physician's invoice and invoices for medication and aids together with the prescription;

4.3.3 a physician's note by the treating physician abroad regarding the necessity of the medically prescribed transport back. This shall not affect the necessity for a consultation with the company's medical examiner;

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

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

4.4 Obligation to secure compensation claims against third parties

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

4.5 Consequences if obligations are not observed

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