



Globality YouGenio[®] World

General Conditions of Insurance

Insurance conditions, benefits and exclusions



Globality YouGenio® World means... worldwide private health insurance for individuals

Well-structured. Comprehensible. Comprehensive.

One partner, many opportunities. Wherever you go, Globality Health will be at your side, paving the way for you and looking after all aspects of your health. With benefits that are unrivalled.

The general conditions of insurance contain all the information you need with regard to your rights and duties under the insurance contract. They also contain important information concerning your insurance cover. We look forward to a cooperative partnership during the term of the contract.

Do you have any further questions?

We are at your service throughout the world:

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No. in the Register of Companies: B 134.471

Terms which are printed in *italics* are explained in the definitions at the end of this document.

The supervisory authority for Globality S.A. can be contacted at the following address:
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General conditions

1.1 Eligibility

The *insurance policy* is designed for expatriates. Anyone who stays abroad for at least three months is eligible for insurance unless we agree otherwise. If you return to your home country to make it the main country of residence, you can keep your policy, if we agree, as long as it is compliant with local national legislation. Please note that we cannot cover anyone who is permanently resident in the USA.

In case that an *insured person* should become a permanent resident of the USA, we will cease to provide insurance cover. For change of residence in all other countries, we may review whether or not the insurance contract is compliant with applicable law on a case by case basis in order to decide whether to issue, modify, or terminate the insurance cover.

Whilst we will endeavor to take all appropriate measures to ensure compliance of the insurance cover abroad, we have no control over adherence to other possible requirements. It is therefore the obligation of the *policyholder* to ensure compliance with local social security provisions and regulations for all *insured persons* under the *insurance policy*.

We may terminate the individual insurance contract due to legal changes in a country, which result in a breach of regulations governing the provision of healthcare cover to local nationals, residents or citizens.

1.2 Pre-existing medical conditions

We do not cover *pre-existing medical conditions*. They are governed by the moratorium clause (see 1.3). However, you can choose to include *pre-existing medical conditions* when applying for insurance.

To check whether we can cover the *pre-existing medical conditions* from the start date of the *insurance policy*, you will need to answer all the health questions listed in the *application* correctly and to the best of your knowledge. Any applicant will also need a medical evaluation in this case. The medical evaluation may result in us adding conditions to the policy, charging an extra premium, adding an exclusion or rejecting your *application*/an *insured person*. We will also treat *medical conditions* which arise between you filling in the *application* form and us confirming that we will provide cover as 'pre-existing'.

1.3 Moratorium

Instead of applying for full medical underwriting, if the *insured person* is 55 or younger, you may choose a 'moratorium'.

In that case any *pre-existing medical condition* that an *insured person* has experienced during the last five years will be covered after a continuous two-year period free of medical *treatment*, symptoms, advice or medication relating to the *pre-existing medical condition*. If an *insured person* has any *treatment*, advice or medication during the first two years of cover relating to a *pre-existing medical condition*, the two-year period (free of any *treatment*, advice or medication) may start again for that *pre-existing medical condition*. We will cover any new and unrelated *medical conditions* immediately.

1.4 How to apply

You can apply for cover by filling out an *application* form which you can get from your insurance intermediary, direct from us or through our website. You must answer all questions on the form completely and correctly so that we can check the *application*. If you need insurance cover for another person, they will also be responsible – together with you – for making sure that the questions are answered completely and correctly. You can send the *application* to us by post, email or fax.

The *application* does not bind either you or us to conclude the contract. However, we will notify you, within 30 days of the receipt of the *application* form, of an insurance offer, the subjection of the insurance to an inquiry or survey, or the refusal to insure. We have the right to request further data should it be necessary for legal reasons.

We will provide insurance cover in good faith, assuming that you have correctly and completely answered all the relevant questions raised before the start of the *insurance policy* (this is known as your 'pre-contractual duty to disclose information').

1.5 Right of withdrawal

You may withdraw from this *insurance policy* in writing within 14 calendar days, without penalty and without giving us any reason. This 14-day period begins on the day on which you receive the *insurance policy* and the general conditions of insurance. So that you meet this deadline, you can send your notice of withdrawal by post, email or fax before the end of the 14 days.

If you withdraw from your *insurance policy* within this 14-day period, we will refund any premiums you might have already paid. If you do not withdraw from your *insurance policy* within the 14 days, your *insurance policy* will become final.



Your insurance cover

2.1 What your cover includes

We provide insurance cover for illnesses, accidents and other events shown in the general conditions of insurance (see 4.3 to 4.8). If an insured event happens, we will refund the expenses for medically necessary treatments and other agreed services.

The insurance cover is set out in the *insurance policy*, future written agreements, the general conditions of insurance and the statutory regulations.

2.2 Insured event

An insured event is defined as the medically necessary treatment (see 6.1) you need due to an illness, an accident and other events shown in the general conditions of insurance (see 4.3 to 4.8).

The insured event begins with treatment and ends when medical findings show that you no longer need treatment.

If you need treatment for an illness, an accident and other events shown in the general conditions of insurance (see 4.3 to 4.8) which was not related to the original event, we will treat this as a new insured event.

2.3 Medically necessary

By this we mean all medical measures which are the most appropriate method of treating you to heal or relieve your condition, illness or injury.

2.4 Start of your insurance cover

Insurance cover starts on the date shown in the *insurance policy* (start date of insurance), but not before you have paid your first premium and not before the end of the *waiting periods* (see also 1.3 and 2.5).

We will not cover insured events which happen before the start date of the insurance.

If the *insurance policy* is amended, this paragraph will apply to the new, extra part of the insurance cover.

2.5 Waiting periods

Waiting periods only apply for maternity care (including complications), childbirth, psychiatric treatment, psychotherapy, infertility treatment and major dental services.

The *waiting period* is 10 months from the start date of insurance for psychiatric treatment, psychotherapy and major dental services regardless of the number of *insured persons*. For an *insurance policy* with two or more

insured adults on the same *insurance policy*, a *waiting period* of 12 months will apply to treatment of pregnancy and childbirth. For an *insurance policy* with only one insured adult, a *waiting period* of 24 months will apply to treatment of pregnancy and childbirth. This does not apply to infertility treatment, where there is a *waiting period* of 24 months regardless of the number of *insured persons*. If the *insurance policy* is amended, the *waiting periods* will apply to any new, extra part of the insurance cover, depending on the agreed plan level.

2.6 Policy period

This *insurance policy* will initially last for one year. The insurance year begins on the date shown in the *insurance policy*, in other words, the start date of insurance (see also 2.7 and 2.9) and ends 12 months later (end date of insurance).

2.7 Renewal

We renew the *insurance policy* for a further period of 12 months at the end of each insurance year.

We reserve the right to apply changes to the general conditions of insurance of your *insurance policy* for the new insurance year which follows after the end date of your *insurance policy* (see also 8.2).

You may give three months written notice if you do not want us to renew the policy at the end of any insurance year.

Any changes in insurance cover are only possible from the beginning of the next insurance year (currency, deductible, plan level).

2.8 Termination of your insurance policy

As well as other legal reasons for terminating the relationship, or other reasons allowed under the general conditions of insurance, we and you may also terminate the *insurance policy* in the following cases.

- You may terminate the *insurance policy* if we make a change to the general conditions of insurance (see 8.2) or if we increase the fees and premiums (see 7). You may give notice of termination within three months of receiving notice of the change. This notice will come into force on the date on which the change comes into force. However, you cannot terminate the *insurance policy* if we amend the premium as a result of you or an *insured person* moving up to the next age band. You may give notice of termination within one month of receiving notice of the change. The policy will actually end at midnight on the date on which the next yearly premium is due.

- You may terminate the *insurance policy* when your home country becomes your country of residence before the anniversary date of the *insurance policy* (see also 2.6). The *insurance policy* ends only when we have received a termination notice from you.
- We may terminate the *insurance policy* if you fail to give us any information we ask for. In this case, we can terminate the *insurance policy* within one month of becoming aware that you failed to give us this information. Unless we say otherwise, the policy will only end on the date given in the termination letter.
- In order to safeguard compliance with applicable laws, we reserve the right to terminate the *insurance policy* or to exclude single persons from the insurance cover if the *insurance policy* is or becomes non-compliant with national laws or regulations applicable in the home country or in the country of residence of the policyholder or of the insured persons.

As well as any other reasons to make the policy void (without legal effect) which are listed in the general conditions of insurance, the policy will become void if you deliberately fail to provide information that would have affected our decision to accept your application for insurance or would have added conditions to our acceptance. In this case, anyone who received a claim payment will have to return any money paid, and we will not refund any premiums paid.

In the event that a sanction, prohibition or restriction under United Nations resolutions, trade or economic sanctions, laws or regulations of the European Union or the United Kingdom, or sanctions of the United States of America are imposed which hinder us, directly or indirectly, from providing insurance under this *insurance policy*, we shall have an extraordinary right of termination of this *insurance policy* or may exclude affected persons from the insurance cover.

2.9 Ending your insurance cover

The policy and any cover for an insured person will end:

- a) if an insured person dies (if you die, the other insured persons can continue as new policyholder as long as this is requested within two months of your death);
- b) if you object to renewing the *insurance policy* after the end of the insurance year (see 2.7)
- c) if the *insurance policy* is terminated or declared void (see 2.8).

You need to send us proof that all insured persons have been informed about the termination of the policy.

3.1 Geographical area of cover

Insurance cover applies in the following geographical areas.

Geographical area I: Worldwide including USA

Geographical area II: Worldwide excluding USA

3.2 Temporary cover for geographical area I

If we have agreed on insurance cover for 'Geographical area II – Worldwide excluding USA' and you or any insured person are temporarily away from the country of residence, we will grant insurance cover for medical emergencies, as well as for the consequences of an accident or death, also in geographical area I for trips up to six weeks.

If an insured event happens within the six weeks and you need emergency treatment in the USA, there is no specific time limit on the treatment itself.

We will not cover journeys carried out for the purpose of getting treatment in geographical area I.

If any of the insured persons move to a different geographical area for any length of time, you must let us know as soon as possible as the change will affect the premium due.



Scope of benefits

The Globality YouGenio® World plan has four plan levels – Essential, Classic, Plus and Top. The individual plan levels depend on the type and amount of benefits agreed.

Depending on the plan level *you* have chosen, we will refund up to 100% of the eligible expenses up to the *annual overall limit* listed in the scope of benefits set out below, unless we say otherwise in the following scope of benefits, our general information, the general conditions of insurance or in the definitions.

4.1 Deductibles

We have agreed the following *deductibles* for the Globality YouGenio® World plan.

- Globality YouGenio® World Essential:
 - does not apply
- Globality YouGenio® World Classic:
 - 0
 - € 250, \$ 325 or £ 210
 - € 500, \$ 650 or £ 420
 - € 1,000, \$ 1,300 or £ 840
- Globality YouGenio® World Plus or Top:
 - 0
 - € 250, \$ 325 or £ 210
 - € 500, \$ 650 or £ 420
 - € 1,000, \$ 1,300 or £ 840
 - € 2,500, \$ 3,250 or £ 2,100

Deductibles apply for each insurance year and for each *insured person*. They apply only for expenses linked to *outpatient* and dental *treatment*. *Deductibles* do not apply for *accidental dental treatment*.

If we have agreed to a *deductible*, we will refund up to 100% of the eligible expenses up to the *annual overall limit/maximum outpatient limit* which are more than the *deductible*.

Expenses are attributed to the insurance year in which the *doctor* or *therapist* was consulted and in which the *drugs*, *dressings* and *therapeutic aids* and appliances were provided.

4.2 Double benefits for geographical area I

If *you* are covered under *geographical area I* (worldwide including USA) we will double the maximum sums and lump sums shown in 4.3, 4.4, 4.5 and 4.6 (whether the *treatment* takes place in the USA or not).

If a benefit is limited to a certain number of days or sessions, this limit will not change. If we have agreed a *deductible*, it will not change.

4.3

Annual overall limit

All amounts apply per person per insurance year unless we say otherwise.

— not covered ● Paid in full/covered

Benefits	Essential	Classic	Plus	Top
Annual overall limit	●	●	●	●
	€2,000,000 / \$2,600,000 / £1,680,000	€3,000,000 / \$3,900,000 / £2,520,000	€5,000,000 / \$6,500,000 / £4,200,000	€7,500,000 / \$9,750,000 / £6,300,000

4.4

Scope of benefits: Inpatient treatment

All amounts apply per person per insurance year unless we say otherwise.

— not covered ● Paid in full/covered

Benefits	Essential	Classic	Plus	Top
Accommodation in a private or semi-private room	●	●	●	●
Consultations and diagnostic services, including pathology, radiology, <i>computed tomography (CT)</i> , <i>magnetic resonance imaging (MRI)</i> , <i>positron emission tomography (PET)</i> and <i>palliative medicine</i>	●	●	●	●
<i>Hospital charges</i> , including operating theatres, anaesthesia, intensive care wards and laboratories	●	●	●	●
Surgery and anaesthetics	●	●	●	●
<i>Outpatient surgery</i> instead of <i>inpatient treatment</i>	●	●	●	●
<i>Drugs and dressings</i>	●	●	●	●
Physiotherapy, including massages	●	●	●	●

— not covered ● Paid in full/covered

Benefits	Essential	Classic	Plus	Top
Therapies, including ergotherapy, light therapy, hydrotherapy, inhalation, packs, medical baths, cryotherapy, thermotherapy, electrotherapy	●	●	●	●
Therapeutic aids and appliances	● Such as cardiac pacemakers, if needed as a life-saving measure	● Such as cardiac pacemakers, if needed as a life-saving measure	● Such as cardiac pacemakers, if needed as a life-saving measure Up to €2,000 / \$2,600 / £1,680 For therapeutic aids and appliances, such as artificial limbs and prostheses	●
Maternity care and childbirth, services of a midwife or obstetric nurse in the hospital	—	—	● Up to €5,000 / \$6,500 / £4,200 Waiting period of 12 months (for 2 or more insured adults) Waiting period of 24 months (for one insured adult)	● Up to €20,000 / \$26,000 / £16,800 Waiting period of 12 months (for 2 or more insured adults) Waiting period of 24 months (for one insured adult)
Complications of pregnancy and childbirth	—	—	● Waiting period of 12 months (for 2 or more insured adults) Waiting period of 24 months (for one insured adult)	● Waiting period of 12 months (for 2 or more insured adults) Waiting period of 24 months (for one insured adult)
Newborn care	—	—	●	●

— not covered ● Paid in full/covered

Benefits	Essential	Classic	Plus	Top
<i>Congenital conditions</i>	● Up to a maximum of €150,000 / \$195,000 / £126,000 per lifetime	● Up to a maximum of €150,000 / \$195,000 / £126,000 per lifetime	● Up to a maximum of €150,000 / \$195,000 / £126,000 per lifetime	● Up to a maximum of €150,000 / \$195,000 / £126,000 per lifetime
<i>Cancer treatment, oncological drugs and treatment, including reconstructive surgery for breast cancer</i>	●	●	●	●
<i>Dialysis</i>	—	● Up to a maximum of €2,000,000 / \$2,600,000 / £1,680,000 per lifetime	● Up to a maximum of €2,000,000 / \$2,600,000 / £1,680,000 per lifetime	● Up to a maximum of €2,000,000 / \$2,600,000 / £1,680,000 per lifetime
<i>Bone marrow and organ transplants (costs for donor and receiver)</i>	● Up to a maximum of €100,000 / \$130,000 / £84,000 per lifetime	● Up to a maximum of €150,000 / \$195,000 / £126,000 per lifetime	● Up to a maximum of €200,000 / \$260,000 / £168,000 per lifetime	●
<i>Psychiatric treatment</i>	—	—	● Up to 20 days if pre-approved <i>Waiting period of 10 months</i>	● Up to 40 days if pre-approved <i>Waiting period of 10 months</i>
<i>Inpatient psychotherapy</i>	—	—	● Up to 20 sessions if pre-approved <i>Waiting period of 10 months</i>	● Up to 40 sessions if pre-approved <i>Waiting period of 10 months</i>
<i>Parent accommodation during inpatient treatment of a minor child</i>	●	●	●	●

— not covered ● Paid in full/covered

Benefits	Essential	Classic	Plus	Top
Nursing care at home and <i>domestic help</i> , instead of a <i>hospital stay</i>	—	● Up to 30 days if pre-approved	● Up to 60 days if pre-approved	● Up to 90 days if pre-approved
<i>Substitute hospital cash plan benefit</i>	● €50 / \$65 / £42 per day	● €75 / \$97.50 / £63 per day	● €150 / \$195 / £126 per day	● €200 / \$260 / £168 per day
<i>Inpatient follow-up rehabilitation</i>	● Up to 21 days if pre-approved	● Up to 21 days if pre-approved	● Up to 28 days if pre-approved	● Up to 28 days if pre-approved
<i>Hospice</i>	—	● Up to 7 weeks	● Up to 7 weeks	● Up to 7 weeks
<i>Daycare</i>	●	●	●	●
Transport to the nearest suitable <i>hospital</i> for initial <i>treatment</i> following an <i>accident</i> or an <i>emergency</i>	●	●	●	●
Return to <i>country of residence</i> after <i>repatriation</i>	—	—	● Up to €1,500 / \$1,950 / £1,260	● Up to €1,500 / \$1,950 / £1,260

4.5

Scope of benefits: Outpatient treatment

All amounts apply per person per insurance year unless we say otherwise.

— not covered ● Paid in full/covered

Benefits	Essential	Classic	Plus	Top
Maximum outpatient limit	—	€7,500 / \$9,750 / £6,300	€15,000 / \$19,500 / £12,600	●
Consultations and diagnostic services, including pathology, radiology, computed tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET) and palliative medicine	—	● Max. outpatient limit applies	● Max. outpatient limit applies	●
Critical illness, following inpatient treatment	Up to a combined limit of €3,000 / \$3,900 / £2,520	● Max. outpatient limit applies	● Max. outpatient limit applies	●
Cancer treatment	●	●	●	●
Health checks	—	—	● Up to €250 / \$325 / £210*	● Up to €500 / \$650 / £420
Maternity care and childbirth, services of a midwife or obstetric nurse	—	—	● Up to €3,000 / \$3,900 / £2,520* Waiting period of 12 months (for 2 or more insured adults) Waiting period of 24 months (for one insured adult)	● Up to €5,000 / \$6,500 / £4,200 Waiting period of 12 months (for 2 or more insured adults) Waiting period of 24 months (for one insured adult)
Complications of pregnancy and childbirth	—	—	● Up to €3,000 / \$3,900 / £2,520* Waiting period of 12 months (for 2 or more insured adults) Waiting period of 24 months (for one insured adult)	● Waiting period of 12 months (for 2 or more insured adults) Waiting period of 24 months (for one insured adult)

* Max. outpatient limit applies

— not covered ● Paid in full/covered

Benefits	Essential	Classic	Plus	Top
Outpatient childbirth cash benefit	—	—	● Lump sum of €250 / \$325 / £210* for each new-born baby without proof of costs after presenting the birth certificate	● Lump sum of €500 / \$650 / £420 for each new-born baby without proof of costs after presenting the birth certificate
<i>Acupuncture</i> (needle technique), <i>homeopathy</i> , <i>osteopathy</i> , <i>chiropractic</i> and traditional Chinese medicine	—	● Up to €1,000 / \$1,300 / £840*	● Up to €2,500 / \$3,250 / £2,100*	● Up to €5,000 / \$6,500 / £4,200
Speech therapy	—	—	● if pre-approved*	● if pre-approved
Psychiatric <i>treatment</i>	—	● Up to €1,000 / \$1,300 / £840* if pre-approved <i>Waiting period</i> of 10 months	● Up to €5,000 / \$6,500 / £4,200* if pre-approved <i>Waiting period</i> of 10 months	● if pre-approved <i>Waiting period</i> of 10 months
Outpatient psychotherapy	—	—	● Up to 10 sessions* if pre-approved <i>Waiting period</i> of 10 months	● Up to 20 sessions if pre-approved <i>Waiting period</i> of 10 months
<i>Drugs and dressings</i>	—	● <i>Max. outpatient limit</i> applies	● <i>Max. outpatient limit</i> applies	●
Over-the-counter <i>drugs</i> (OTC)	—	● Up to €50 / \$65 / £42*	● Up to €75 / \$97.50 / £63*	● Up to €100 / \$130 / £84
Physiotherapy, including massages	—	● Up to 15 sessions*	● Up to 20 sessions*	●

* *Max. outpatient limit* applies

— not covered ● Paid in full/covered

Benefits	Essential	Classic	Plus	Top
Therapies, including ergotherapy, light therapy, hydrotherapy, inhalation, packs, medical baths, cryotherapy, thermotherapy, electrotherapy	—	—	● Up to 10 sessions*	●
Therapeutic aids and appliances	—	● Up to €1,000 / \$1,300 / £840*	● Up to €2,000 / \$2,600 / £1,680*	●
Vaccinations and immunization	—	—	● Up to €250 / \$325 / £210*	●
Vision aids, including an eye test	—	—	● Up to €150 / \$195 / £126*	● Up to €250 / \$325 / £210
Transport to the nearest suitable <i>doctor</i> or <i>hospital</i> for initial <i>treatment</i> following an <i>accident</i> or an <i>emergency</i>	●	●	●	●
Infertility <i>treatment</i>	—	—	● 50%* Up to €2,000 / \$2,600 / £1,680 for each insured couple, per lifetime <i>Waiting period</i> of 24 months	● 50% Up to €10,000 / \$13,000 / £8,400 for each insured couple, per lifetime <i>Waiting period</i> of 24 months

* *Max. outpatient limit* applies

4.6

Scope of benefits: Dental treatment

All amounts apply per person per insurance year unless we say otherwise.

— not covered ● Paid in full/covered

Benefits	Essential	Classic	Plus	Top
Basic dental services				
Two check-ups or exams per insurance year	—	—	●	●
X-rays	—	—	●	●
Scale-and-polish cleaning	—	—	●	●
Treating oral mucosa and paradontium	—	● Pain relief only	●	●
Simple fillings	—	● Pain relief only	●	●
Surgery, extractions, root-canal treatment	—	● Pain relief only	●	●
Night guard	—	—	●	●
<i>Accidental dental treatment</i>	—	●	●	●
Major dental services	—	—	● Reimbursement for the following benefits up to €2,000 / \$2,600 / £1,680 Waiting period of 10 months	● Reimbursement for the following benefits up to €5,000 / \$6,500 / £4,200 Waiting period of 10 months
Dentures (for example, prostheses, bridges and crowns, inlays)	—	—	●	●

— not covered ● Paid in full/covered

Benefits	Essential	Classic	Plus	Top
<i>Implants</i>	—	—	● Up to four <i>implants</i> per jaw and the dentures to be secured to these <i>implants</i>	● Up to four <i>implants</i> per jaw and the dentures to be secured to these <i>implants</i>
Orthodontic <i>treatment</i>	—	—	●	●
Dental laboratory work and materials	—	—	●	●
<i>Treatment plan</i>	—	—	●	●

4.7

Scope of benefits: Medical assistance

All amounts apply per person per insurance year unless we say otherwise.

— not covered ● Paid in full/covered

Benefits	Essential	Classic	Plus	Top
24-hour phone and email service with experienced counsellors, <i>doctors</i> and specialists	●	●	●	●
Medical evacuation and <i>repatriation</i>	●	●	●	●
Information on medical infrastructure (local medical care and names and addresses of <i>doctors</i> who speak several languages)	●	●	●	●
Support and information (by our medical service, <i>second opinion</i> , monitoring the course of the illness)	●	●	●	●
Guarantee of payment (GOP) (preparing for a stay in <i>hospital</i>)	●	●	●	●
Return of mortal remains	●	●	●	●
	Up to €2,500 / \$3,250 / £2,100	Up to €5,000 / \$6,500 / £4,200	Up to €7,500 / \$9,750 / £6,300	Up to €10,000 / \$13,000 / £8,400
Additional, appropriate medical support (information on the nature, possible causes and possible <i>treatment</i> of an illness)	●	●	●	●
Online services	●	●	●	●

4.8

Scope of benefits: Additional assistance

All amounts apply per person per insurance year unless we say otherwise.

— not covered ● Paid in full/covered

Benefits	Essential	Classic	Plus	Top
Compassionate family visit	—	—	● Up to €1,500 / \$1,950 / £1,260	● Up to €3,000 / \$3,900 / £2,520
Delayed return trip	—	—	● Up to €2,000 / \$2,600 / £1,680	● Up to €2,000 / \$2,600 / £1,680
Getting hold of and shipping vital medication	—	—	●	●
Return transport or care for children	—	—	—	●
Help with psychological problems possibly caused by the stay abroad	—	—	● Psychological and therapeutic help by phone Up to three calls	● Psychological and therapeutic help by phone Up to five calls
Document storage (safe custody, help in getting replacements)	—	—	—	●
Organizing help if you have legal difficulties	—	—	—	●
Arranging intercultural training (information about local culture and so on)	—	—	—	●

4.9 Description of benefits

The benefits described in 4.9 may be different or may not be covered by the insurance, depending on the plan level you have chosen.

Inpatient benefits

Accommodation in a private or semi-private room

If you need *inpatient treatment* – including *pre-hospital*, *post-hospital* and *daycare*, you must go to a recognised *hospital* in the country you are being treated in. The *hospital* must be run under constant medical management, have suitable diagnostic and therapeutic facilities and keep complete medical records. We will pay benefits up to the *annual overall limit* for the time you need medically necessary *inpatient treatment*.

Accommodation means standard private or semi-private accommodation as shown in the table of benefits. We will not cover any sort of deluxe rooms, executive rooms and suites.

You or the *insured person* must contact the relevant *Globalite*, shown on your *Globalites® Service Card*, before or when the *insured person* is admitted to *hospital*. If this does not happen, we might not pay the full claim.

Consultations and diagnostic services, including pathology, radiology, CT, MRI, PET and palliative medicine

Eligible claims include all expenses for examination, diagnosis and therapy which are seen as medically necessary *inpatient treatment*. Eligible expenses also include those for pathology, radiology, *computed tomography (CT)*, *magnetic resonance imaging (MRI)*, *positron emission tomography (PET)* and *palliative medicine*.

Hospital charges, including operating theatres, anaesthesia, intensive-care wards, laboratories

These are defined as the extra costs for the using special facilities, such as operating theatres, intensive-care wards and laboratories.

Surgery and anaesthetics

We will refund the expenses for services needed in this context, such as medical services, anaesthesia and using special facilities, if directed by a specialist. We will also cover the expenses for outpatient surgery instead of *inpatient treatment*.

Outpatient surgery instead of inpatient treatment

Outpatient surgery which can be carried out by either a *doctor* or in a *hospital*, but which does not make it necessary

to spend the night in *hospital* and need not be followed by a stay in *hospital*.

Drugs and dressings

These must be prescribed by a *hospital doctor* or *dentist* alongside *inpatient treatment*. *Drugs* must also be dispensed by a pharmacy, *hospital pharmacy* or other officially approved dispensary.

Physiotherapy, including massages

Physiotherapy and massages must be prescribed by a *hospital doctor* alongside *inpatient treatment*. Also, they must be carried out by a *doctor* or a professional *therapist*. They must also be referred by the *doctor* during *inpatient treatment*. The prescription must have been issued before *treatment* begins and must specify the diagnosis, nature and number of sessions needed.

Therapies, including ergotherapy, light therapy, hydrotherapy, inhalation, packs, medical baths, cryotherapy, thermotherapy, electrotherapy

These physical-medical services must be prescribed by a *hospital doctor* alongside *inpatient treatment*. Also, they must be carried out by a *doctor* or professional *therapist*. They must also be referred by the *doctor* during *inpatient treatment*. The prescription must have been issued before *treatment* begins and must specify the diagnosis, nature and number of sessions needed.

Therapeutic aids and appliances within the framework of inpatient treatment

Eligible expenses include those for therapeutic aids and appliances which are designed to serve as a life-saving measure or which directly help relieve physical disabilities, such as cardiac pacemakers, artificial limbs and prostheses (but not dentures). They must be fitted during the stay in *hospital* and stay in or on *your body*. We will refund expenses for repairing therapeutic aids and appliances within the scope of these conditions during the insured period.

Maternity care and childbirth, services of a midwife or obstetric nurse in a hospital

We will refund the eligible expenses for childbirth in a *hospital*, maternity home or similar institution, the expenses for nursing at home or *domestic help* resulting from pregnancy or pregnancy-related illness and midwife or obstetric nurse services.

A *waiting period* of 12 months applies to *insurance policies* with two or more insured adults. A *waiting period* of 24 months applies to *insurance policies* with only one insured adult.

Complications of pregnancy and childbirth

We will refund the eligible expenses for premature birth, miscarriage, an abortion which is medically necessary, stillbirth, ectopic pregnancy, hydatidiform mole, caesarean section, post-partum haemorrhage, retained placental membrane and complications following any of these conditions.

A *waiting period* of 12 months applies to *insurance policies* with two or more insured adults. A *waiting period* of 24 months applies to *insurance policies* with only one insured adult.

Newborn care

Newborn babies are insured from the moment of birth, without qualifying periods, as long as the birth mother has been insured under the Globality YouGenio® World plan on the date of birth for at least six months in a row before birth and we receive the *application* for insurance within two months.

If the birth mother has not passed the *waiting period* for maternity care, fees relating to maternity care will not be covered, however newborn cover will still be provided as long as the above mentioned conditions are met.

If the birth mother has not been insured under the Globality YouGenio® World plan on the date of birth for at least six months in a row before birth and/or we do not receive the *application* for insurance within two months we do not provide coverage for newborn babies without medical underwriting.

If we receive the *application* for insurance more than two months after the date of birth, insurance cover will begin – at the earliest – on the day on which we receive the notification.

If the birth is reported after the end of the two-month period, we might charge an extra premium. It cannot be more than 100 %, charged for insurance medical reasons as well as the plan premium following an assessment of the risk.

The insurance cover for the newborn baby must not be greater or more comprehensive than that of one of the insured parents.

For an adopted minor child, medical underwriting applies. We may charge an extra premium of not more than 500 % for insurance medical reasons as well as the plan premium following an assessment of the risk.

Congenital conditions

We will refund the eligible expenses for any disease or illness, abnormality, birth defect, premature birth, malformation present at birth including any related condition, whether diagnosed or not.

Cancer treatment, oncological drugs and treatment, including reconstructive surgery for breast cancer

We will refund the eligible expenses for medical *treatment*, diagnostic tests, radiation therapy, chemotherapy, *drugs* and *hospital* costs linked to *inpatient treatment* as well as reconstructive surgery for breast *cancer*.

Dialysis

We will refund the eligible expenses for *dialysis* including necessary medication and all related costs up to the lifetime limit. Eligible expenses include *treatment* on an inpatient, outpatient and *daycare* basis.

Bone marrow and organ transplants within the framework of inpatient treatment

In the case of bone marrow or organ transplants (for example heart, kidney, liver and pancreas), we will refund the eligible expenses for both the person receiving the transplant and the donor. Eligible expenses are defined as the costs incurred by the donor in conjunction with getting the organ, the cost of transporting the organ to the patient and the expenses for *hospital* accommodation of the donor if necessary, but not the cost of finding the organ to be transplanted or a suitable donor.

Psychiatric treatment

We will refund the expenses for *inpatient* psychiatric *treatment* if we have agreed in writing to refund these costs before *treatment* begins.

A *waiting period* of 10 months applies.

Inpatient psychotherapy

We will only refund the costs of inpatient psychotherapy if the *treatment* is provided by a psychiatrist, psychotherapist or other specialist with appropriate qualifications in the field of psychiatry, psychotherapy or psychoanalysis. We must also agree to these costs in writing before *treatment* begins.

A *waiting period* of 10 months applies.

Parent accommodation during inpatient treatment of a minor child

We will refund the extra costs for accommodation for one parent staying with a child under the age of 18.

Nursing care at home and domestic help, instead of a hospital stay

We will refund the eligible expenses of medically necessary nursing at home and *domestic help* by trained nursing staff instead of the medically recommended *hospital* stay or to

shorten the time spent in *hospital*. Nursing at home applies on top of the medical *treatment* and we will refund it as well as the medical *treatment*. Moreover, these costs will only be refunded if we have agreed to refund them in writing before *treatment* begins.

Substitute hospital cash plan benefit

Cover is provided, up to the amount shown in the scope of benefits, for any covered *inpatient treatment* actually received, but for which *you* have not claimed any benefits.

Inpatient follow-up rehabilitation

We will refund the expenses for inpatient *follow-up rehabilitation* to continue the medically necessary inpatient *hospital treatment* (for example after bypass surgery, cardiac infarction, transplants and surgery involving large bones or joints) if we have agreed to this in writing beforehand.

Inpatient *follow-up rehabilitation* must in all cases begin within two weeks of being discharged from *hospital*.

Hospice

We will refund the expenses for accommodation, nursing care and support if *outpatient* care at home or in a family member's home is not possible and as long as the *hospice*:

- works together with nursing staff and *doctors* with experience in palliative medical care; and
- is operated under the professional supervision of a nurse, or other suitably qualified person, with several years of experience in palliative medical care or with relevant qualifications, as well as a supervisory nursing care or management qualification. We will reimburse the expenses for accommodation, nursing care and support in line with the patient's state of health for up to seven weeks. We only grant benefits for full-or part-time inpatient *hospice* care if the *insured person* is suffering from an illness which:
- is progressive (in other words, it continues to get worse) and has already reached an advanced stage;
- is incurable, so that inpatient palliative care has become necessary; and
- only gives a life expectancy of weeks or a few months.

We pay *hospice* benefits for, among others, the following illnesses:

- *Cancer* in advanced stages
- Fully developed infectious *AIDS*
- Disorders of the nervous system, with progressive paralysis which cannot be stopped
- Chronic kidney, liver, heart, digestive or pulmonary illness in a terminal stage.

Daycare

Daycare refers to the *treatment* received in *hospital* without involving an overnight stay. The length of stay in *hospital* is between eight and 24 hours.

Transport to the nearest suitable hospital for initial treatment following an accident or an emergency

We will reimburse usual, customary and reasonable costs of transport to the nearest appropriate *hospital* or medical facility.

Return to country of residence after repatriation

We will pay the costs of transport (first-class railway travel, economy-class flight) up to the maximum shown in the scope of benefits, but only if *you* have contacted the relevant *Globalite* beforehand.

Outpatient benefits

Maximum outpatient limit

This is the maximum amount which we will pay for all *outpatient* benefits in total, per person, per insurance year for that particular insurance plan, unless we say otherwise in the scope of benefits.

Consultations and diagnostic services, including pathology, radiology, CT, MRI, PET and palliative medicine

Eligible claims include all expenses for examination, diagnosis and therapy during medically necessary *outpatient treatment*. Eligible expenses also include those for pathology, radiology, *computed tomography (CT)*, *magnetic resonance imaging (MRI)*, *positron emission tomography (PET)* and *palliative medicine*.

Cancer treatment, oncological drugs and treatment

Eligible expenses include all measures needed for examination, diagnosis and therapy during *outpatient* medical *treatment*, chemotherapy and other *oncological* performances.

Health check

Routine health checks are tests or screenings that are carried out without any clinical symptoms being present.

These tests include the following examinations performed, at an appropriate age, to detect illness or disease:

- Vital signs (blood pressure, cholesterol, pulse, respiration, temperature, and so on)
- Cardiovascular exam
- Neurological exam

- Cancer screening
- Well-child test
- Diabetes test
- HIV and AIDS test
- Gynaecological screening.

Maternity care and childbirth, services of a midwife or obstetric nurse

We will refund the eligible expenses resulting from pregnancy or pregnancy-related illness, including preventive (routine) screenings, childbirth and midwife or obstetric nurse services. This also includes an amniocentesis and nuchal scan for women over the age of 35.

A *waiting period* of 12 months applies to *insurance policies* with two or more insured adults. A *waiting period* of 24 months applies to *insurance policies* with only one insured adult.

Complications of pregnancy and childbirth

We will refund the eligible expenses for premature birth, miscarriage, abortion which is medically necessary, stillbirth, ectopic pregnancy, hydatidiform mole, caesarean section, post-partum haemorrhage, retained placental membrane and complications following any of these conditions.

A *waiting period* of 12 months applies to *insurance policies* with two or more insured adults. A *waiting period* of 24 months applies to *insurance policies* with only one insured adult.

Outpatient childbirth cash benefit

Outpatient childbirth is defined as either giving birth at home or leaving the *hospital*, maternity home or comparable institution after admission within 24 hours of childbirth. We will pay the lump-sum childbirth allowance per newborn baby if we receive a birth certificate and, if it applies, a certificate issued by the medical provider confirming the length of stay.

Acupuncture (needle technique), homeopathy, osteopathy, chiropractic and traditional Chinese medicine

We will refund the eligible expenses only if the *treatment* is provided by *doctors* or other *therapists* who can prove that they have received the training needed and are authorised to practise in the country in which *treatment* is provided. We will also refund the costs of *drugs* and *dressings* prescribed by these *doctors* or *therapists* during *treatment*.

Speech therapy

We will refund the eligible expenses of medically prescribed exercises and therapy for treating voice and speech disorders, as long as the *treatment* is provided by a *doctor* or

speech *therapist*. We will only refund these costs if we have agreed in writing to refund them before *treatment* begins.

Psychiatric treatment

We will refund the expenses for *outpatient* psychiatric *treatment* if we have agreed in writing to reimburse these costs before *treatment* begins.

A *waiting period* of 10 months applies.

Outpatient psychotherapy

We will only refund the cost of *outpatient* psychotherapy if the *treatment* is provided by a psychiatrist, psychotherapist or other specialist with appropriate qualifications in the field of psychiatry, psychotherapy or psychoanalysis. Moreover, we will only refund these costs, if we have agreed in *writing*, to refund them before *treatment* begins.

A *waiting period* of 10 months applies.

Drugs and dressings

Drugs and *dressings* must be prescribed by a *doctor* or *dentist*. *Drugs* must also be dispensed by a pharmacy or other officially approved dispensary.

Over-the-counter drugs (OTC)

Over-the-counter (OTC) *drugs* can be purchased without a prescription and they are commonly used to treat symptoms of common illnesses that may not need for *you* to see a *doctor*.

Physiotherapy, including massages

These physical-medical services must be prescribed, by a *doctor*. Also, they must be carried out by a *doctor* or or a professional *therapist*. They must be referred by the *doctor* during *outpatient treatment*. The prescription must have been issued before *treatment* begins and must specify the diagnosis, nature and number of sessions needed.

Therapies, including ergotherapy, light therapy, hydrotherapy, inhalation, packs, medical baths, cryotherapy, thermotherapy, electrotherapy

These physical-medical services must be prescribed by a *doctor*. Also, they must be carried out by a *doctor* or a professional *therapist* and must be referred by the *doctor* during *outpatient treatment*. The prescription must have been issued before *treatment* begins and must specify the diagnosis, nature and number of sessions needed.

Therapeutic aids and appliances

Therapeutic aids and appliances must be prescribed by a *doctor*. Eligible expenses include the expenses for artificial limbs

and organs, as well as orthopaedic and other therapeutic aids and appliances designed to prevent or help relieve physical disabilities.

Therapeutic aids and appliances within the framework of *outpatient treatment* are:

Bandages, trusses, insole supports for shoes, walking aids, hearing aids, compression stockings, corrective splints, artificial limbs and prosthetics (but not dentures), plaster shells for lying and sitting, orthopaedic braces for arms, legs and the whole body.

We will only pay for the following therapeutic aids and appliances if we have agreed beforehand to pay benefits:

Wheelchairs, cardiac and respiratory monitors, infusion pumps, inhalation devices, oxygen devices and monitors for newborn babies, as well as speaking aids (electronic larynx).

All other devices do not qualify as therapeutic aids and appliances.

Vaccinations and immunization

We will refund expenses for vaccinations and *prophylactic measures* recommended for *your country of residence*, including the cost of consultation for giving the vaccine, as well as the cost of the vaccine.

Vision aids, including an eye test

We will pay the expenses for spectacle frames and glasses, as well as for contact lenses and one refraction test in each insurance year.

Transport to the nearest suitable doctor or hospital for initial treatment following an accident or an emergency

We will refund eligible expenses for *emergency* transport to the nearest suitable *doctor, hospital* or institution following an *accident or emergency*.

Infertility treatment

Within the framework of the agreed scope of benefits, we will refund the costs for the following usual, customary and reasonable forms of *treatment*:

- In vitro fertilisation (IVF)
- Intracytoplasmic sperm injection (ICSI) (IVF and ICSI may only be applied alternatively)
- Gamete intrafallopian transfer (GIFT)
- Zygote intrafallopian transfer (ZIFT)
- Artificial insemination (AI)
- Prescribed drug *treatment* and laboratory work.

Moreover, we will only pay benefits as long as:

- the woman is aged under 40 and the man under 50 at the time of *treatment* (first stimulation day in each *treatment* cycle or first cycle day in the case of insemination without hormone stimulation);
- the *insured person's* sterile condition is due to organic causes and can only be overcome with the aid of reproductive help; and
- both the man and the woman benefiting from the *treatment* are insured with us.

A *waiting period* of 24 months applies.

Dental benefits

Basic dental services

- Two check-ups or exams per insurance year
- X-rays
- Scale-and-polish cleaning
- Treating oral mucosa or paradontium
- All simple fillings – either amalgam (silver) or composite (white)
- Root-canal *treatment*
- Anaesthesia costs
- Surgery
- Extractions
- Night guard
- *Accidental dental treatment*

Major dental services

Major dental services include those types of procedures and *treatments* that are more complex in nature.

- Dentures (prostheses, bridges and crowns)
- Inlays (gold, porcelain), including dental laboratory work and materials
- Onlays
- *Implants*
- Orthodontic *treatment* for a child under the age of 18, including metal braces and retainers and a *treatment plan*
- Dental laboratory work and materials
- *Treatment plan*

A *waiting period* of 10 months applies for major dental services.

Accidental dental treatment

Benefits will be paid in full up to the overall limit if *you* need dental *treatment* as a result of an *accident*. *You* will need to provide proof of the *accident* through a medical or police report.

No *waiting periods* apply.

Assistance benefits

You and any *insured person* can claim the services of our *Globalites*® worldwide network of health-care specialist in line with the plan level *you* have chosen whenever an insured event or *emergency* happens.

The *Globalites*® is the worldwide network of health-care service satellites which offer a seamless service and first-class care. This network is represented in more than 180 countries and delivers excellent support, reliability and service.

The *Globalites*® network provides a wide range of services as well as, and as part of, the health insurance cover to support *you* during *your* time abroad (for covered conditions only). These services are available 24 hours a day, 7 days a week, 365 days a year. If *you* need help from them, simply call the number shown in *your* insurance documents at any time, day or night.

You can claim help services in line with the plan level *you* have chosen whenever an insured event or *emergency* happens. When the insurance according to the Globality YouGenio® World cover ends, *you* will no longer be entitled to these services (see 2.7, 2.8 and 2.9).

24-hour phone and email service with experienced counsellors, doctors and specialists

We are available 24 hours a day, seven days a week, 365 days a year by phone or email if *you* need help from our team, the *assistance company* or *doctors* who all speak several languages.

Medical evacuation and repatriation

The refunds we will make in terms of transport are set out in 4.7 and 4.8. *You* and any *insured person* are also entitled to cross-border transport by ambulance if the inpatient medical care in the *country of residence* is not adequate.

In this case, we will pay the cost of transporting a patient but with the following conditions:

- The evacuation or *repatriation* must have been prescribed by the treating *doctor* and must be medically necessary.
- *Your* relevant *Globalite* must agree beforehand to refund these costs.

After consulting *your* relevant *Globalite* and the attending physician, the *insured person* will be transported (within the selected *geographical area*) to:

- a place in another country which is more suitable for treating them;

- the *insured person's country of residence* if the insured event has happened outside this country;
- the *insured person's country of departure* or *home country*.

If medical reasons make it necessary, we will also organize for a *doctor* to go with *you* during the journey.

We will only cover transport to a place suitable for *treatment*.

Information on medical infrastructure

If there is an insured event or *emergency*, *your* relevant *Globalite* will tell *you* what medical care is available locally. *Your* relevant *Globalite* will also give *you* the names and addresses of *doctors* and *hospital* services which speak English, German, French, Spanish and Dutch, as well as the addresses of *hospitals*, special clinics and the possibilities for transfer.

Support and information

You can contact *your* *Globalites*® by phone as soon as *you* need medical support locally.

If an *insured person* asks, the relevant *Globalite* can tell the *insured person's* relatives that an insured event or *emergency* has happened – if this is technically possible.

You can also consult a second *doctor* directly or, if potentially fatal illnesses or serious permanent disabilities are involved, through *your* relevant *Globalite* to get a *second opinion*.

Globalites® will help *you* when planning to go to or leave the *hospital* for *inpatient treatment*.

The course of an illness can be monitored by *doctors* at *your* relevant *Globalite* as well as by the *assistance company* if *you* need *inpatient treatment*. This also applies in the case of *treatment* which is provided on an *outpatient* basis to avoid having to stay in *hospital*.

Guarantee of payment (GOP)

If there is an *emergency* which means *you* need *inpatient treatment*, *you* must contact *your* relevant *Globalite* as soon as possible.

If *inpatient treatment* is planned, *you* must contact *your* relevant *Globalite* at least seven days before being admitted to the *hospital*. This also applies in the case of *outpatient surgery* instead of *inpatient treatment*. This is essential when planning *inpatient treatment* or in the event of *emergency inpatient treatment* so that *your*

relevant *Globalite* can settle the formalities needed to guarantee the costs or to pay an advance to *doctors* or the *hospital*. This includes carrying out a medical review of the invoices to make sure that they are usual, customary and reasonable.

We will also reach agreement with the *hospital* on which address to send invoices to and the terms of payment. We will make sure that the invoices are paid directly. In this case, the *Globalite* will tell *you* in writing or by email about the procedure.

If *you* or the *insured person* does not tell the *Globalite* beforehand, or immediately in case of an *emergency*, we may not pay the full claim.

Return of mortal remains

The relevant *Globalite* will get the death certificate or *accident* report if this is allowed by law. They will:

- contact public authorities and consulates in the foreign country;
- find out which relatives are authorized to decide on sending the mortal remains home or having them cremated; and
- handle all the formalities for returning mortal remains, cremation or arranging a local funeral in line with the regulations of the country concerned.

We will refund:

- the direct costs of returning the mortal remains to the *country of departure* or *home country* (including all formalities); or
- the costs for sending the urn to the *country of departure* or *home country* if the person has been cremated in the *country of residence*.

We will not refund the funeral costs.

Additional appropriate medical support

Whether an insured event has happened or not, *your* relevant *Globalite* will give *you* and the *insured persons* general information (about the country, customs, formalities), as well as medical information (vaccinations, medical information by phone) to help prepare for the journey. They will also advise *you* on what to take for *your* personal first-aid kit.

If an insured event happens, the relevant *Globalite* will provide general information on the nature, possible causes and possible *treatment* of the illness and will explain the

medical terms used. The *Globalite* is also responsible for providing information on *drugs*, their side effects and how they interact.

If *outpatient treatment* is needed, *your* relevant *Globalite* will co-ordinate and monitor the *treatment* and progress made, through consultations between *doctors* if necessary, as well as the further support needed.

Online services

You are entitled to use our dedicated online-service in the provided online member area.

Additional assistance

Compassionate family visit

If *you* or an *insured person* receive *inpatient treatment* because of a medical *emergency* (both in the *country of residence* and while travelling on holiday or on business), the relevant *Globalite* will arrange for a member of *your* family to visit, if the stay in *hospital* lasts for more than seven days. They will make arrangements for one family member to travel to the *hospital* and back home.

We will pay the costs of transport (first-class railway travel, economy-class flight) and hotel accommodation (for up to seven days) up to the limit shown in the scope of benefits, but only if *you* have contacted the relevant *Globalite* beforehand.

Delayed return trip

If an *insured person*'s return from the *country of residence* is delayed because of a medical *emergency* which means *you* are not fit to travel, we will pay the extra costs for altering hotel accommodation and flight reservations up to the limit shown in the scope of benefits.

Getting hold of and shipping vital medication

If an *insured person* relies on a supply of vital *drugs* which are not available in the *country of residence*, the *insured person* can ask the relevant *Globalite* to get these – legally approved – *drugs* and to send them to *you* as long as importing them in this way is not forbidden by law.

Return transport or care for children

If a medical *emergency* means both parents need to receive *inpatient treatment* in the *country of residence*, we will organise a child welfare service to look after the children for as long as *inpatient treatment* is needed. If both parents

suffer a medical *emergency* while travelling on holiday (up to six weeks) and need *inpatient treatment*, you are entitled to claim return transport for the child (under the age of 18) with a companion to the *country of residence*.

Help with psychological problems caused by the stay abroad

If the stay abroad gives rise to psychological conflicts for the *insured persons*, the relevant *Globalite* will give you psychological help by phone and will also arrange for suitable local help if necessary.

Document storage (safe custody, help in getting replacements)

You can ask your *Globalite* to keep copies of personal documents (for example passport, ID card, visa, credit card, driving licence, vehicle registration certificates, proof of vaccinations, allergy pass and business documents – up to 20 A4-sized sheets) in a sealed envelope with a personal password.

If the originals are lost – whether or not an insured event has happened – the copies will be sent to the *insured person* by post, courier service or fax to help you get replacements. We keep these documents for five years unless an *insured person* updates them.

This storage is available during the insured period only.

Organising help if you are having legal difficulties

The relevant *Globalite* can refer you to lawyers or experts throughout the world who speak English, German, French, Dutch or Spanish.

If necessary, the *Globalite* will arrange for an advance to pay the lawyers' fees, court costs or bail. The advance is not paid by the relevant *Globalite*. They just contact banks or relatives and can help in transferring the money if this applies.

Arranging intercultural training (information about local culture and so on)

To help you prepare for the stay abroad, the relevant *Globalite* can refer you to special institutions which provide specific training for the country or region concerned, taking into account aspects of living and working abroad.

We do not cover expenses for the following *treatments* or *medical conditions* (including consequences arising from them) under the *insurance policy*, unless they are confirmed in the scope of benefits or in any other written addendum to the *insurance policy*.

Complications caused by excluded cover

We will not cover expenses caused by complications directly caused by an illness, injury or *treatment* for which we exclude or limit cover.

Cosmetic and plastic surgery

We will only refund expenses for cosmetic or plastic surgery if they are related to medically necessary *treatments*, unless we say otherwise in the scope of benefits.

Detoxification programmes including therapies

We do not cover detoxification programmes including *treatments* for *drug* addiction and alcoholism. Without affecting this condition, we will pay the benefits for an initial detoxification if you cannot claim a refund from anywhere else as long as we have agreed in writing to this before the *treatment* begins. We may agree to this after getting an appraisal of the chances of success by a *doctor* we have authorised. In the case of inpatient detoxification, we will only refund the expenses for basic *hospital services*, including medical *treatment* and *drugs*.

Experimental treatments

We will not cover any form of *treatment* or *drug* therapy which, in our reasonable opinion, is experimental or unproven based on generally accepted medical practice.

Eyesight

We will not cover any *treatment* or surgery to correct an *insured person's* eyesight, such as laser *treatment*, refractive keratotomy (RK) and photorefractive keratectomy (PRK).

We pay for *treatment* of eyesight if it is needed as a result of a disease, illness or injury such as cataracts or a detached retina.

Illnesses, accidents and their consequences caused deliberately (self-inflicted)

We will not cover illnesses and *accidents*, as well as their consequences, which have been caused deliberately. We consider an illness or *accident* as being caused deliberately if the person concerned had at least some idea of the consequences of their actions and accepted the fact of the damage caused.

Injuries caused by military service

We will not cover illnesses and *accidents* and their consequences, which are caused while the *insured person* is carrying out their military duties.

Need for long-term care and custody

We will not refund any costs incurred for accommodation in conjunction with the need for long-term care and custody.

Non-medical hospital expenses

Accompanying partner, all non-medical consumables and catering and all media related expenses (such as TV and radio).

Nuclear, chemical and biological contamination

We do not cover illnesses and *accidents*, as well as their consequences, which have been caused by nuclear energy (nuclear reactions, radiations, and contamination), as well as illnesses and *accidents* and their consequences caused by chemical or biological weapons.

Post-natal classes

We will not cover post-natal classes following birth to deal with the physical effects on the body of being pregnant and giving birth.

Professional sports

We do not cover *treatments* or diagnostic procedures of injuries or illnesses arising from taking part in *professional sports*.

Sex change

We will not cover changing the biological sexual characteristics, by surgery and hormone *treatment*, to those of the opposite sex.

Sleep disorder

We do not cover investigations into, or *treatment* of, sleep disorders, including insomnia. This includes CPAP (continuous positive airway pressure machine) and BIPAP (bilevel positive airway pressure machine).

Spa and wellness massages

We will not cover stays in a cure centre, a bath centre, a spa, a health resort or a recovery centre, even if they are medically prescribed. This also includes thermal baths, saunas and any kind of wellness massages.

Sterilisation, sexual dysfunction and contraception

We will not cover any procedure which is aimed at making a person unable to reproduce, any procedure, *treatment* or medication to prevent a pregnancy or any *treatment* of sexual dysfunction (unless part of IVF *treatment*).

Surrogacy

We will not refund the cost of *treatments* directly relating to surrogacy, whether *you* are acting as a surrogate or are the intended parent.

Termination of pregnancy

Unless we say otherwise in the general conditions of insurance, we will not cover termination of pregnancy, unless there is danger to the life of the pregnant woman.

Therapies and treatment in sanatoriums, convalescent and nursing homes as well as specific rehabilitation measures

We will not cover therapies and *treatments* in sanatoriums or convalescent and nursing homes. However, depending on the plan level *you* have chosen, we will refund a share of the expenses for *follow-up rehabilitation*.

Transport costs

Unless we say otherwise in the general conditions of insurance, we will not refund *your* transport costs other than *emergency* ambulance services.

Treatments by specific doctors, dentists and other therapists, as well as in specific hospitals

This includes *treatments* by *doctors*, *dentists*, other *therapists* and in *hospitals* whose invoices we have refused to pay for an important reason.

However, this exemption from the obligation to pay benefits only applies to those insured events that happen after *you* have been told about the exclusion of benefits. If an insured event has already happened at the time we give *you* notice, our exemption from benefits will only apply for those expenses that arise more than one month after receiving notice.

Treatment by wives, husbands, non-marital partners, parents or children

We will not refund the costs if *you* are treated by *your* wife, husband, non-marital partner, parents or children. However, we will refund the proven cost of materials needed for *your treatment* in line with the plan.

Vitamins and minerals

We will not refund the costs of products classified as vitamins or minerals (except during pregnancy or to treat diagnosed, clinically significant vitamin-deficiency syndromes), *nutritional or dietary* consultations and *supplements*, including, but not limited to, special infant formula and cosmetic products, even if medically recommended, prescribed or acknowledged as having therapeutic effects.

We do not recognise nutriments, tonics, mineral water, cosmetics, hygiene and body-care products and bath additives as medically necessary. Because of this we will not refund the costs of them.

War and terrorism

The *insurance policy* does not cover illnesses and their consequences, as well as the consequences of *accidents*, and deaths caused by foreseeable acts of war, civil unrest or a criminal act unless the *insured person* suffers the injuries as a non-involved third party who has not put themselves in danger in a deliberate or negligent way.

We will not provide cover if the *insured person* moves to a territory where direct combat is taking place or provides services for any of the parties involved in that conflict.

The exclusion on paying benefits does not depend on whether the war has been declared or not. In the event that the *insured persons* acknowledge during their stay the occurrence of war, civil unrest or terrorist acts, and provided that their stay is not justified by working reasons, only medical emergencies shall be covered (such as life-saving measures) and only as long as, through no fault of their own, the *insured persons* had no possibility of leaving the country or region in question up to 28 days.

Other limits

If the treatment or other measure for which benefits have been agreed is more than is medically necessary or if the amount claimed for is not within the usual, customary and reasonable, we will be entitled to reduce its payment/reimbursement and the Insured shall be responsible for all costs, which are not within the usual, customary and reasonable, as we do not cover any amount, which is not within the usual, customary and reasonable.

We reserve the right to have any cost or cost estimate evaluated by doctors in order to establish if a cost can be considered within the usual, customary and reasonable.

If *you* or the *insured person* can also claim benefits from a statutory health insurance fund or from any other provider of benefits or any other institution, we will only have to refund those expenses which are still necessary despite these benefits.

We do not cover complications resulting from an excluded condition.

In the interest of all involved parties, we will follow the international sanctions regulations in force. We shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit under this *insurance policy* to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose *us* to any sanction, prohibition or restriction under United Nations resolutions, to the trade or economic sanctions, laws or regulations of the European Union or the United Kingdom, or to sanctions of the United States of America.

6 How to claim

6.1 Requirements to get medical benefits

You can choose from all the *doctors* and *dentists* that are licensed in the country in which you need *treatment* to provide medical or dental *treatment*. You also have the same choice in terms of other *therapists*.

We will only refund expenses for medical and dental *treatments* that are needed for medically necessary *treatment* in relation to medical or dental practice.

We will refund fees for medical and dental *treatment*, as well as for the services of other *therapists*, if they are worked out reasonably according to a *usual, customary and reasonable* rate of fees typical for the country where you receive the *treatment*.

We may also refund expenses which are more than the maximum fees in relation to these *usual, customary and reasonable* rates of fees if the expenses are caused by difficulties resulting from the illness or the medical findings and as long as the expenses have been worked out reasonably.

The amount we will refund for services by other *therapists*, such as masseurs, midwives or practitioners of complementary medicine (for which there may not be a separate *usual, customary and reasonable* rate of fees in the country where the *treatment* is provided), will be based on the comparable fees for *doctors* and customary usual prices in the country where the *treatment* is provided.

We will cover dental materials and laboratory work on the basis of average prices in the country where the *treatment* is provided. Dentures, *implants*, dental surgery and orthodontic *treatment* are seen as dental *treatments* carried out by a *dentist* even when carried out by a *doctor* in a *hospital*. They are not included in *inpatient* or *outpatient treatment*.

Under the insurance cover, we will refund the expenses for examination and *treatment* methods, as well as *drugs*, which are generally accepted by *conventional medicine*. We will also refund the costs for methods and *drugs* which have been proven in practice or which are used because conventional methods or *drugs* are not available. However, we may limit our benefits to the amounts which we would have paid if conventional methods and *drugs* had been available.

6.2 If an insured event happens

You must declare any claim and send us the relevant invoices immediately when the *treatment has ended*.

- a) We only have to pay a claim when we have received all invoices and documents. The invoices and documents become our property and we can keep them for as long as we feel appropriate.
- b) Unless we agree otherwise, the *insured person* should send the invoices directly to the relevant *Globalite* when an insured event happens. The invoices must meet the standard legal requirements for issuing invoices in the respective country (See also 6.3).

To make sure we can process and pay the expenses as quickly as possible, we will also accept receipts by email or fax as long as the quality of transmission is good enough to process the claim. You or any *insured person* can also send us your claim online using *Eclaims*. This is our online claims tool and offers convenient online services so you can get a refund of eligible medical expenses. You can find *Eclaims* on our website at www.globality-health.com, by entering your username and password.

If we have a good reason, we may ask for the original receipts. So, please keep them in your records.

If another health insurer or institution has refunded part of the cost, it will be enough to send us copies of the invoices or documents with the other insurer's or institution's original confirmation of the refund.

We may also pay benefits to the person or organisation bringing or sending the documents we need. This will then end our responsibility under the claim.

- c) You or any *insured person* cannot transfer any legal rights to any claim to anyone else.
- d) You or any *insured person* must report *hospital treatment* to the relevant *Globalite* immediately, latest within seven days of the *treatment* beginning.
- e) Any *insured person* must give us all the information we ask for so we or your *Globalite* can check the insured event or to decide on whether we have a responsibility to pay benefits and the amount of benefit due. The *insured person* must also allow us or the *Globalite* to gather all further information we need in relation to this (this applies especially in terms of releasing medical

- professionals from their duty of confidentiality).
- f) We can ask that the *insured person* is examined by a *doctor* we have authorised. We will pay the cost of these examinations.
- g) The *insured person* must make every effort to reduce, as far as possible, any damage and not do anything which may affect their convalescence.

If the *insured person* fails to keep to any of the conditions above, we will not have to pay benefits, or we may limit our benefits, depending on any restriction shown in the legal regulations. This only applies in cases of deliberate action or gross negligence. If an *insured person* does this, we will treat it as if *you* had done so.

6.3 Information to be shown in invoices

- a) Invoices must include the following:
- First name and family name, as well as the date of birth.
 - A precise identification of the illness (diagnosis) or otherwise a description of the symptoms by the *doctor*.
 - The individual medical services and *treatment* dates with itemized prices.
 - Where dental *treatment* is concerned, the invoice must also say which teeth have been treated or replaced and which services have been provided in each instance.
- b) Further important points:
- All documents or invoices should preferably be issued in English, German, French, Dutch or Spanish and must use Arabic numerals and Latin characters (1, 2, 3 ... a, b, c ...) as well as the ICD code 9 or 10 (international classification of diseases).
 - Prescriptions must show *your* first name and family name, as well as *your* date of birth, the *drugs* which have been prescribed, their price and the receipt for *your* payment.
 - *You* must send prescriptions together with the *doctor's* invoice. *You* need to send invoices for therapies and therapeutic aids and appliances with the corresponding prescription.
 - If *you* are claiming *substitute hospital cash plan benefits* instead of a refund of costs, *you* must send *us* a certificate confirming the *inpatient treatment* with the first name, family name and date of birth of the person receiving *treatment*, the diagnosis, the date of admission and discharge, as well as a confirmation that there have been no further costs.

Wherever possible, please use our 'Health Insurance Claim Form' to apply for any refunds. *You* can download a form from our internet website or get one from the relevant *Globalite*. If *you* provide this document, signed by the *doctor*, we will be able to deal with *your* claim quickly and will usually mean we do not need to ask for more information and so it will not delay *your* refund.

6.4 If there is an accident or emergency

You can contact *us* at any time, day or night. Our addresses, phone numbers and email addresses are shown in all our documents and on *your Globalites® Service Card*.

If *you* contact *your* relevant *Globalite* after a major insured event, particularly following an *accident*, *emergency* or *inpatient treatment*, we will offer to call *you* back immediately.

6.5 Claims for benefits

- a) Inpatient benefits
- If *you* ask, we can pay directly to the organisation issuing the invoice for fixed costs, such as the rate for nursing care or the costs for *hospital* accommodation or the fees for transport by ambulance.

An *insured person* may also transfer its right to receive the payment to the *doctor*, *therapist* or *hospital* providing the *treatment* or services by signing a 'declaration of assignment' for the *hospital*.

However, we can only pay the costs directly if the *hospital* agrees to this (if this is normal practice in the country concerned).

- b) *Outpatient* and dental benefits
- You* have a contract with the *doctor* or *therapist* *you* go to see. When *treatment* begins, the *doctor* or *therapist* will have a contract for *treating you* as the basis on which they can then create an invoice. *You* can give this invoice to the relevant *Globalite* so that we can pay out the contractually agreed benefits.
- c) All claims made on this contract must be made within three years, beginning from the onset of the cause of action from which the claim is based.



Payment and charging premiums

6.6 Refunding claimed benefits

As a rule, we pay benefits according to the principle of refunds. In other words, we will refund the eligible costs involved for covered *treatment*. As a special service, if you ask, we can pay our refund directly to the organisation or person issuing the invoice, for instance if particularly large sums are involved (over €2,000, \$2,600 or £1,680).

Exchange rates

We refund invoices in the currency agreed with you. We convert foreign-currency costs into the contractual currency (€, \$ or £) at the rate which applies on the day that we receive the documents. This is based on the official exchange rate of the Federal Reserve System (Fed) for the agreed currency. We also deal with currencies which are not traded and for which reference rates are not defined in a similar way at the current rate given by the Federal Reserve System (Fed). This is unless you can send us bank vouchers proving that you bought the necessary currency at a less advantageous rate to pay the invoices.

6.7 Eclaims

The online claims tool offers convenient online services so you can claim refunds for eligible medical expenses from us. We strongly encourage you to send us invoices via *Eclaims*.

6.8 Claiming benefits from a third party and 'setting off'

If an *insured person* can claim non-insurance damages of any kind from anyone else, the *insured person* must legally transfer those claims to us in writing up to the limit that expenses are refunded under the *insurance policy*. If an *insured person* gives up a claim or a right linked to a claim without our permission, we will not have to pay any benefits if we could have got compensation from the claim or right.

Our claims may only be set off if the counterclaim is undisputed or has been established without appeal being granted.

6.9 Fraud

You are not entitled to any benefits if you claim them incorrectly, fraudulently or if others have fraudulently tried to claim benefits under the present *insurance policy* without legal reason, but with your permission. You will lose all rights to benefits under this *insurance policy* in these cases. You must refund any payments we may have made before finding out about your fraudulent actions.

Paying premiums

You must pay the premium shown in the *insurance policy* in advance. We will show any additional premium charged for insurance medical reasons separately. The first premium or premium instalment is due as soon as we have accepted your *application* for insurance by sending out the *insurance policy*.

If the insurance does not start on the first day of the calendar month or if it ends before the last day of the calendar month, you will only have to pay a prorated monthly premium for the first or last insurance month.

Paying other charges and insurance premium tax (IPT)

We must invoice you for the statutory charges, dues or taxes associated with your *insurance policy* in addition to the insurance premiums. This will be shown in your *insurance policy*. Unless we say otherwise, we will collect the insurance premium tax and dues or charges together with the insurance premium.

Charging premiums

The insurance premium depends on the state of health of the *insured person* (at the time an *application* is being accepted by us), the individual premium according to the current table of premiums and the age of an *insured person* on the first day of the insurance year. The age bands are set out as follows: 0 to 19, 20 to 24, 25 to 29, 30 to 34, 35 to 39, 40 to 44, 45 to 49, 50 to 54, 55 to 59, 60 to 64, 65 to 69, 70 to 74, 75 to 79. If the beginning of a new insurance year involves increasing the age band, we will change the premium according to the new age band.

Adjustment of costs/premiums

We are entitled to pass on to you all increases in statutory charges, dues or taxes or similar payments.

We may further review all premium levels. We will inform you in writing about any premium change at least three months before the beginning of the next insurance year. The change will then apply from the beginning of the next insurance year.

If you do not agree to the premium change, you may terminate the *insurance policy* within three months of receiving our notice. The policy will end on the date on which the change would otherwise become effective.



General information

If you are late in paying premiums

If *you* do not pay the agreed premium within 10 days of the due date, *we* may demand payment from *you* at the end of this time limit. *We* will send *you* this demand for payment by registered mail addressed to *your* current place of residence. *We* will assume the notice has been delivered even if *you* refuse to accept the letter.

If *you* still have not paid the premium within 30 days of receiving the demand for payment, *we* will not have any responsibility for providing cover under the policy after the end of the 30 days. *You* will still have to pay premiums in the future even though *we* do not have to provide cover.

If *you* have still not paid the premium 10 days after the end of the extra 30 days, *we* will be entitled to terminate the *insurance policy* immediately. If the *insurance policy* is not terminated, our obligation to indemnify will be reinstated for all new insured events occurring if *you* have paid the sums and proven default costs due up to this point in time. Insurance cover will then resume at midnight of the day after which *we* or our duly authorised person has received all amounts *you* owe.

We are under no obligation to pay benefits if the insured event has ceased to be uncertain before *you* have paid the full outstanding amount. The *insurance policy* is deemed to have been terminated if premiums are not paid for a period of more than two years.

Contractual currency

The euro (€) is the basic currency for all our plans. However, *you* can choose US dollars (\$) or pounds sterling (£) as the contractual currency. *We* review the exchange rates for these currencies twice a year and change them when necessary. This may result in higher or lower premiums if *we* have to bring the contractual currency into line with the rate of exchange of the euro.

8.1 Changing contract information

You must tell *us* immediately about any new address, especially any change in the *country of residence*, any change of nationality or citizenship, or new name for *you* and any *insured person*. *We* can ask *you* to provide proof of residence.

If *you* fail to do so, *we* cannot guarantee cover.

8.2 Changes to the general conditions of insurance

We may amend or change the general conditions of insurance. *We* will inform *you* in writing about the amended or changed general conditions of insurance at least three months before the beginning of the next insurance year.

The amendment or change of the general conditions of insurance will then apply from the beginning of the next insurance year.

If *you* do not agree to the amendment or change of the general conditions of insurance, *you* may terminate the *insurance policy* within three months of receiving our notice. The policy will end on the date on which the change would otherwise become effective.

8.3 How to complain

If *you* need to complain, please contact *us* by post, phone, fax or email.

Globality S.A.
13, rue Edward Steichen
L-2540 Luxembourg
Phone: +352/ 270 444 3601
Fax: +352/ 270 444 3699
Email service-yougenio@globality-health.com
Website: www.globality-health.com

You can also contact the ombudsman for insurances or the supervisory authorities. *You* can find details in *your* personal 'My Globalite' world at www.globality-health.com.

8.4 Place of jurisdiction

There are times when *you* may disagree with how *we* handle *your* claim. In this case *you* can take *your* claim to a court of law. All disputes arising from this *insurance policy* will be brought before a court of law in the Grand Duchy of Luxembourg or before a court of law in the town in which *you* reside. If *your* place of residence is not in one of the member states of the European Union, the courts of law in the Grand Duchy of Luxembourg will deal with any dispute.

8.5 Applicable law

The *insurance policy* will be governed by the law of the Grand Duchy of Luxembourg as long as another law which applies according to national regulations does not contain conditions which are not compatible with the law of the Grand Duchy of Luxembourg.

8.6 Language

The language of the *insurance policy* is English. Unless we agree otherwise with *you*, all correspondence between *you* and *us* will be in English. The English version will prevail over any other language or translation. *You* can find the policy in *your* personal 'My Globalite' world at www.globality-health.com.

9 Definitions

Explanation of terms used in conjunction with the Globality YouGenio® World plan



Accident

An accident is a sudden and unexpected event acting on the body externally and which damages health.

Accidental dental treatment

Treatment received immediately after an *accident* and within 30 days following the date of the *accident* for damage to *your* sound natural tooth/teeth.

Acupuncture

A method where thin needles are pricked into the body to heal illnesses or help relieve pain. In *conventional medicine*, it is mainly approved for treating pain.

AIDS

Acquired Immune Deficiency Syndrome, which is a serious disorder of the immune system.

Annual overall limit

The maximum which will be paid for all benefits in total for each *insured person*, each insurance year.

Application

The application for insurance is filed for *you* and the other *insured persons* using an application form we have provided.

Assistance company

An assistance company specialises in giving the *insured person* help and advice in emergencies or during

hospital stays. It also provides other services to make *your* stay easier in the foreign country and handles refunding certain costs, such as the cost of return transport. The full range of services is set out in the scope of benefits.



Cancer

The general term used for all malignant disorders caused by the uncontrolled multiplication of mutated cells (new growths or tumours). These cells can destroy the surrounding tissue and produce metastases (secondary growths).

Chiropractic

A system of diagnosis and *treatment* based on the idea that the nervous system co-ordinates all of the body's functions, and that disease results from a lack of normal nerve function. A chiropractor uses manipulation to change body structures, such as the spinal column, to relieve pressure on nerves coming from the spinal cord caused by a vertebrae being displaced.

Computed tomography (CT)

Computed tomography (CT) is a diagnostic procedure that uses special x-ray equipment to get cross-sectional pictures of the body. The CT computer displays these pictures as detailed three-dimensional images of organs, bones, and other tissues.

This procedure is also called CT scanning, computerized tomography, or computerized axial tomography (CAT).

Congenital

Present at birth.

Congenital condition

Any disease or illness, abnormality, birth defect, premature birth or malformation present at birth including any related condition, whether diagnosed or not.

Conventional medicine

The form of medicine based on accepted scientific methods which are taught at universities and so are generally acknowledged and used.

Country of departure

The country in which *you* permanently lived before *your* stay abroad.

Country of residence

Any country where *you* are considered by the relevant authorities to be a resident.

Critical illness

- Heart attack
- Multiple sclerosis
- AIDS and HIV
- Stroke
- Hepatitis A, B and C
- Tuberculosis
- Parkinson's disease
- Cholera
- Diphtheria
- Malaria
- Tetanus
- Typhus and paratyphus

Essential plan

We will only refund *outpatient* expenses for any of the illnesses mentioned above if *treatment* is given immediately after an *inpatient treatment*.

A combined limit of cover per insurance year applies for all listed conditions.



Daycare

Daycare refers to the *treatment* received in *hospital* without involving an overnight stay. The length of stay in *hospital* is between eight and 24 hours.

Deductible

The effect of a deductible is that the *insured person* bears a certain portion of the costs. The deductible is the share to be borne by the *insured persons*, up to an agreed limit. If a deductible has been agreed, this will be shown in the *insurance policy* (see 4.1).

Dentist

A *therapist* who mainly deals with disorders of the teeth and mouth.

Dialysis

Dialysis is primarily used to provide an artificial replacement for lost kidney function (renal replacement therapy) due to kidney failure. Dialysis may be used for sudden but temporary loss of kidney function (acute renal failure) or for persons who have permanently

lost their kidney function (end-stage kidney disease). Dialysis is done in dialysis units which are part of *hospitals* and clinics or at home.

Doctor

A medical professional (general practitioner or specialist) or someone who holds a medical diploma who is licensed to practise medicine in the country in which *treatment* is provided (see '*Treatment*'). You can choose any doctor who meets these conditions.

Domestic help

Part of the nursing care provided at home. It includes help with the usual, recurrent tasks of everyday life associated with running a home, such as shopping, cooking, cleaning the home, washing-up, changing clothes and washing the laundry, as well as heating the home.

Dressings

The material used for dressing wounds.

Drugs

Active agents which are administered alone or with other substances to treat illnesses, disorders, disabilities or pathological conditions. Foods, cosmetics, and body-care articles are not recognised as drugs. Drugs must be prescribed by a *doctor* and must be from a pharmacy. Medication, medicine and pharmaceuticals are the same thing.



Eclaim

A claim which *you* made online through the *Eclaims tool*.

Eclaim tool

The online claims tool which offers online services so *you* can get a refund for eligible medical expenses.

Emergency

A sudden, acute illness or the acute deterioration of some aspect of health directly putting the *insured person's* general state of health at risk.



Follow-up rehabilitation

A medical *treatment* aiming at recovering the initial state of health after an illness or serious surgery, for example following bypass surgery, cardiac infarction, transplants and surgery involving large bones or joints, or after a serious *accident*.



Geographical area

We provide insurance cover for the following geographical areas.

Geographical area I:

Worldwide including the USA

Geographical area II:

Worldwide excluding the USA

Globalite

Our service partner who handles claims or other services, on our behalf.

Globalites®

Globalites® – the global network of Healthcare Service Satellites are a coalition of healthcare service partners represented worldwide.

You can claim help services in line with the plan level you have chosen whenever an insured event or *emergency* happens. When the insurance according to the Globality YouGenio® World cover ends, you will no longer be entitled to these services (see 2.7, 2.8 and 2.9).

Call the number indicated on the reverse of your *Globalites® Service Card* to contact your personal Globalite – 24 hours a day, 7 days a week. Please always have the nine digit "Insurance No." indicated on the front side of your service card at hand.

Globalites® are familiar with the healthcare system and the local structures of your new country of residence. They will recommend *doctors* and *hospitals*, make appointments or procure medication. Your Globalite can give a guarantee for payment or will ensure for the quick and straightforward reimbursement of costs.

Globalites® Service Card

Please present your *Globalites® Service Card* in all cases as it identifies you to *doctors*, pharmacists, *dentists* or *hospitals* as a patient with worldwide premium private insurance. That way you ensure that direct settlement of the cost options are identified.



Home country

The country where the *insured person* is a citizen or national of or has habitual/permanent residence or where their mortal remains will be sent if they die.

Homeopathy

A homeopath proceeds on the assumption that an illness which produces certain symptoms can be healed with remedies which produce similar symptoms in healthy people.

Hospice

An institution where the only purpose is to care for patients with limited life expectancy for whom curative *treatment* is no longer available.

It aims to offer the best possible quality of life by using palliative care.

Hospital

An institution for *inpatient* and sometimes *outpatient treatment* which is approved and licensed in the country in which it operates. We will only pay benefits if the *hospital* is under constant medical management, has adequate diagnostic and therapeutic facilities and keeps medical records.

We do not consider convalescent and nursing homes, health centres, health resorts and spas, *hospices* as well as sanatoriums as hospitals.

Hydrotherapy

A specific *treatment* using water outside the body.



ICD

The International Classification of Diseases is an international system for encoding and classifying all known diagnoses.

Implants

Dental implants (metal or ceramic) which are embedded as a substitute for the root of a tooth or in the toothless jaw.

Inpatient treatment

Treatment for which, based on medical reasons, a patient has to stay in a *hospital* bed overnight or longer (more than 24 hours).

Insurance policy

The *application* form, the general conditions of insurance, the special conditions and any possible additions to them.

Insured person

The insured persons are all those covered by the insurance, for example, you and your husband, wife or partner and children.



Magnetic resonance imaging (MRI)

A diagnostic technique in which radio waves generated in a strong magnetic field are used to provide images of the body's tissues and organs.

Maximum outpatient limit

This is the maximum amount which we will pay for all *outpatient* benefits in total, per person, per insurance year for that particular insurance plan, unless we say otherwise in the scope of benefits.

Medical condition

Any illness, disease, injury or any physical, mental or psychological abnormality as well as pregnancies.



Nutritional and/or dietary supplements

Products used to boost the nutritional content of the diet, including vitamins, minerals, herbs, meal supplements, sports nutrition products, natural food supplements.



Oncology

A subsection of medicine which deals with diagnosing and treating malignant tumours and related illnesses.

Osteopathy

The manual diagnosis and therapy of problems in the locomotor system, internal organs and nervous system. It is mainly used for treating chronic pain of the spinal cord and peripheral joints.

Outpatient treatment

Any *treatment* given by a qualified and licensed medical professional which does not need an overnight stay (also *hospital* stays for less than eight hours).



Palliative medicine

Provides relief from pain and other distressing symptoms to improve the quality of life, and may also positively influence the course of an illness. It also describes the comprehensive and acute *treatment* given to patients whose life expectancy is limited, whose illness can no longer be cured and for whom the purpose of *treatment* is to achieve the best possible quality of life for the patient and their relatives.

Policyholder

You are the policyholder, as *you* have concluded the insurance contract with *us*.

Positron emission tomography (PET)

An imaging process where a radioactive substance is injected into the body and tracked on a scan to give an internal picture of the body. The concentration of this kind of 'marker' in a tumour can also be measured.

Pre-existing medical conditions

A *medical condition* that has existed before the start date of health insurance cover with *us*.

For the purpose of this definition, *medical condition* means:

- any medical, dental condition or related condition for which *you* have received medical *treatment* for, had symptoms of, asked advice on, consulted any *doctor* for medical *treatment* (including check-ups), or taken medication for (including *drugs*, medicines, special diets or injections), or to the best of the person's knowledge already existed at the start of the insurance; or
- pregnancy, childbirth, postpartum complications and related consequences.

We treat conditions arising between filling in the *application* form and *us* confirming that we accept the *application* as 'pre-existing'.

Professional sports

Any sports *you* are being paid for taking part in.

Prophylactic measures

Preventive measures which include individual and general measures to avoid the threat of illness (for example, vaccinations, passive immunisation, preventive medication when travelling to dangerous areas, preventing *accidents* and so on).



Repatriation

If a medical necessary *treatment* for which *you* are covered is not available locally, we cover *your* return to *your home country* for *treatment*, rather than to the nearest appropriate medical centre. This only applies when *your home country* is located within *your geographical area* of cover.



Second opinion

The medical advice given by a second independent *doctor* not involved in the *treatment*.

You can also consult a second *doctor* through *your* relevant *Globalite* to get a second opinion if potentially fatal illnesses or serious permanent disabilities are involved.

Substitute hospital cash plan benefit

If *you* do not claim any benefits from *us* for medically necessary *inpatient treatment* covered by the insurance, we will instead pay a substitute *hospital* cash plan benefit for every day actually spent in *hospital* for the medically recommended *inpatient treatment*. This is in line with the plan level *you* have chosen.



Therapist

A *doctor*, but also anyone who has received in-depth training in their field and is licensed or authorised to give *treatment* in the country in which *treatment* is provided. This includes practitioners of complementary medicine, speech therapists and midwives and obstetric nurses, as well as members of state-approved assistant medical professions with their own practice, such as masseurs and physiotherapists. *You* can choose any therapist who meets these conditions.

Treatment

The diagnostic and therapeutic measures to be carried out by the *doctor* to identify, help relieve or heal a disorder, illness or injury.

A course of *treatment* is seen as medically necessary if it could reasonably be considered medically necessary in the light of independent medical and scientific findings at the time of treatment.

Treatment plan

You can send *us* a plan of *treatment* and costs put together by the *doctor* or *dentist* at the beginning *treatment* if dentures or rehabilitation measures

of a larger extent and orthodontic *treatment* are planned.

We will then tell *you* how much of these costs we will refund.



Usual, customary and reasonable

The amount or most usual charges for a particular medical service rendered in a particular geographic area, at a particular medical service provider.

Us, We

Globality S.A.



Waiting period

The time, beginning on *your* insurance start date or policy entry date, during which we will not pay for certain benefits.



You, Your

Policyholder

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Globality YouGenio® World – FAQ



Why chose Globality YouGenio® World?



- All plans include the unique worldwide Globalites® service network for expert local knowledge and the best on-the-ground support for claims and assistance.
- All plans can cover pre-existing medical conditions, one of the most important areas of international private medical insurance.
- All plans cover in- and outpatient cancer treatment and organ transplant.
- All plans are regionally priced to ensure premiums are relative to local costs of treatment and remain stable in the future.
- All plans have no minimum or maximum age restrictions.
- Within a family group any combination of plan levels and options are available.



What level of coverage can you offer?



Globality Health offers four levels of coverage: **Essential, Classic, Plus** and **Top**. Please see the General Conditions of Insurance for more information of what is covered by each level.



What is the Essential plan?



Essential is a new level of cover which provides benefits towards inpatient treatment and a defined list of serious illnesses. There is no deductible applicable as routine outpatient treatment is not covered. Please see the General Conditions of Insurance for further information.



Will a deductible apply?



Globality YouGenio® World offers the following deductible options:

Globality YouGenio® World Essential	Globality YouGenio® World Classic	Globality YouGenio® World Plus or Top
Does not apply	0 EUR / 0 USD / 0 GBP	0 EUR / 0 USD / 0 GBP
	250 EUR / 325 USD / 210 GBP	250 EUR / 325 USD / 210 GBP
	500 EUR / 650 USD / 420 GBP	500 EUR / 650 USD / 420 GBP
	1,000 EUR / 1,300 USD / 840 GBP	1,000 EUR / 1,300 USD / 840 GBP
		2,500 EUR / 3,250 USD / 2,100 GBP

Deductibles apply for each insurance year and for each insured person. They apply only for expenses linked to outpatient and dental treatment. Deductibles do not apply for accidental dental treatment.



What are the overall plan limits?



The following annual overall limits apply:

Globality YouGenio® World Essential	Globality YouGenio® World Classic	Globality YouGenio® World Plus	Globality YouGenio® World Top
2,000,000 EUR / 2,600,000 USD / 1,680,000 GBP	3,000,000 EUR / 3,900,000 USD / 2,520,000 GBP	5,000,000 EUR / 6,500,000 USD / 4,200,000 GBP	7,500,000 EUR / 9,750,000 USD / 6,300,000 GBP

For information on specific benefit limits, please refer to the General Conditions of Insurance.



Who is eligible for cover?



Anyone who stays abroad for at least three months is eligible for insurance.

Please note that we are unable to provide cover in certain countries due to restrictions of local legislation.



What are geographical areas and pricing zones?



Globality Health offers two geographical areas of coverage: **Worldwide** and **Worldwide excluding the USA**. These areas dictate where the insured member is covered for treatment under their plan.

Furthermore, Globality Health has developed a premium concept, splitting the world into 5 pricing zones. The country in which you reside dictates the pricing zone. This concept allows the policyholder to pay a premium which reflects the cost of medical treatment in that zone.

However, any client who wishes to be covered for treatment in the USA, must pay the premium for zone 1 as the USA boasts the highest medical costs in the world which raises the premiums for geographical area 1, without affecting those who wish to exclude the USA (geographical area 2).

Please note that we are unable to provide cover in certain countries due to restrictions of local legislation. For this reason it is imperative that we are informed immediately if there is a change of country of residence of any insured member.



Do all insured persons have to undergo full medical underwriting?



Not necessarily. Anyone aged 55 or younger at inception can apply for moratorium cover. In that case any pre-existing medical condition that an insured person has experienced during the last five years will be covered after a continuous two-year period free of medical treatment, symptoms, advice or medication relating to that pre-existing medical condition. If an insured person has any treatment, advice or medication during the first two years of cover relating to a pre-existing medical condition, the two-year period (free of any treatment, advice or medication) will start again for treatment related to that pre-existing medical condition. We will cover any new and unrelated medical conditions immediately.



What currency can the premium be paid in?



We provide policies in EUR, USD or GBP.



What languages are available?



We have 5 contractual languages, English, German, French, Spanish and Dutch.



How long does the policy last for?



The policy initially lasts for one year and is then renewed annually. The product has a lifetime guarantee of renewal. The renewal date is the same for every insured member on a single policy.

If changes have been made to the policy during the insurance year, the renewal date still refers to the first commencement date of the contract and not the date of which the change took place.



Is it possible to change between plan levels?



It is only possible to change the plan level at the renewal date.

Please note that if the level of cover is upgraded, we will ask that a medical questionnaire is completed and further underwriting terms, exclusions and waiting periods may apply.



Is it possible to change the deductible?



It is possible to change the deductible on the plan, however this can only be effective from renewal.



Do any waiting periods apply?



Yes, some benefits are subject to a waiting period. These are indicated in the General Conditions of Insurance.



Do any credit card loadings apply?



As stated as in the application form, the following loadings apply to premium payment by credit card for the respective payment frequencies: 0% for yearly payment, 2% for half-yearly payment, 3% for quarterly payment and 4% for monthly payment.



Is there a right of withdrawal or termination?



The policy can be cancelled within 14 days of receipt of the policy documents without any financial penalties. We can be informed of cancellation by post, fax or email within the 14 days.

The policy holder has a right to terminate the Health Insurance Policy by notifying us within three months of receiving the renewal notice. In that case, the termination of the Health Insurance Policy will take effect on the date of renewal (not the date of receiving the notice of cancellation).



If the policy is terminated, will claims be reimbursed within the termination period?

Yes, claims are still eligible for reimbursement during the termination period.



Even if the contract is terminated, claims can be reimbursed provided that the treatment date is before the termination date. The termination date, after which treatments will no longer be covered, is the foreseen renewal date, even if the notice of termination is sent and received before that date.

The termination of the insurance will only take effect from the renewal date. The subscription of a new insurance policy at that time will be subject to the same conditions, i.e. to the new premium rate.



Do you offer a "no claims discount"?

No. Currently we do not offer the possibility of a no claims discount.



Is the previous Globality YouGenio® product still available?



As of the launch date of Globality YouGenio® World, Globality YouGenio® is no longer available. However, children and spouses can be added to an existing policy. Existing Globality YouGenio® policies will continue to be renewed as Globality YouGenio®; however policy holders do have the option to switch to Globality YouGenio® World at renewal.

In relation to the insurance of newborns, if the parents are insured on Globality YouGenio®, then the child can be insured on a separate Globality YouGenio® World plan, under a new contract with the parents as policyholders. There cannot be a mix of Globality YouGenio® and Globality YouGenio® World on one plan.



Can clients migrate from Globality YouGenio® to Globality YouGenio® World? What will happen to the waiting periods?



Yes this is possible. If the same plan level is kept, then the waiting periods will continue. However if a more comprehensive level of cover is chosen, then medical underwriting will apply and new waiting periods will apply to any benefits which were not covered on the Globality YouGenio® level of cover.



Is it possible to have a combination of benefits from both Globality YouGenio® and Globality YouGenio® World?



No, this is not possible.



What happens to applications that are already in the pipeline? Is there a transition period?



Yes, any Globality YouGenio® applications which are in process, or for which we have issued a quote which is still valid, can still be issued. Quotes are valid for 30 days.



Will the policy remain effective in case of permanent return to the home country?



This situation is reviewed on a case by case basis. If we are in line with the required local legislation then cover can continue in the home country.



Do you have a family plan/ family discounts?



Unfortunately at this time we do not have a family price plan in place. Pricing is based on the age of all insured members.



Do all family members on the same policy have to have the same level of cover?



No, family members can have different levels of cover. However, there cannot be a mix of Globality YouGenio® and Globality YouGenio® World within one policy.



Do you have any regional plans?



Yes, we have a separate product which is only available to inbound (country of residence) and outbound (country of habitual residence) clients of Germany. Please contact sales for more information on this product and the conditions which apply. Due to German law, we cannot insure permanent residents in Germany.

For any questions please feel free to contact your direct sales representative at Globality Health or get in touch with us today:

+352 270 444 22 -

English - 01

Deutsch - 02

Français - 03

Español - 04

Lines are open Monday to Friday: 8am to 5pm (CET).

E-mail: contact@globality-health.com