

SPECIAL TERMS AND CONDITIONS

1. Subject, scope and validity of the cover

1. The insurer provides insurance cover for illnesses, accidents and other events named in the contract. He will reimburse the costs of medical treatment and other contractually agreed services on the unforeseen occurrence of an insured event in Europe during academic stays, as far as something else doesn't arise from paragraph 1, item 4.
2. An insured event is the medically necessary treatment of an insured person as a result of illness or the consequences of an accident. The insured event commences with the medical treatment and ends with the finding by a medical practitioner that no further treatment is needed. An insured event is also early detection check-ups for children U1-U9, standard vaccinations as well as death..
3. The scope of the insurance cover is as stated on the certificate of insurance, in later written agreements, in the general and special terms and conditions of insurance and as in the applicable laws.
4. The insurance cover extends to medical treatment worldwide (including home country up to six weeks). The reimbursement is based on the common German rates.

2. Commencement of insurance cover

1. The insurance cover shall commence on the day of entry stated on the application (commencement of insurance) but not before conclusion of the insurance contract, not before payment of the premium and not before the start of the stay of the insured person in Europe and not before the end of the waiting period. For insurance cases which occurred before the beginning of the insurance contract or the payment of the premium, there will be no reimbursements.
2. Newborn children will be covered immediately following birth, if the mother is insured by the Insurer at the date of birth and the newborn has been applied for insurance retroactively within one month after the birth.

3. Insurable persons; conclusion and duration of the insurance contract

1. The insurance is available to scholars, guest scientists and students having their permanent residence outside of Germany, who are temporarily outside their home country in Europe for scientific project work and who intend to return to their home country. The scholarship may not be subject to compulsory social security insurance. Economically dependant family members can be jointly insured in the contract together with the scholar.
2. The insurance contract will be concluded with the acceptance of the application (handing over the certificate of insurance or a written declaration of the acceptance of the application).
3. The insurance cover will be concluded for the initial period of not more than one year. It extends itself silently for one more year until the maximum period of five years is reached. The contract ends ahead of time if one of the events of section 13 occurs. The period of insurance includes preliminary language courses. A scholarship confirmation may be required.
4. The extension is dependant upon the premiums and conditions valid on the date of the extension.

4. Waiting period

The waiting period is calculated from the day of the beginning of the insurance contract and amounts to 8 months for dental prosthesis and delivery. The waiting period for delivery may be modified on a special agreement

5. Scope of cover

5.1. General

Types and amounts of reimbursements are fixed in these special terms and conditions.

The insured person has the free choice of established recognised doctors and dentists. Non-medical practitioners cannot be reimbursed.

Drugs and dressings must be prescribed by those persons treating mentioned above. Drugs have to be received from a pharmacy. Nutritional foods, restoratives, mineral waters, cosmetics, hair restorer, laxatives, products for personal hygiene, potency or weight loss as well as bathing supplements are not considered to be drugs.

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For a medically necessary inpatient treatment the insured person has the free choice of the public hospitals, which are under permanent medical control, which possesses sufficient diagnostic and therapeutic facilities and maintain patient histories.

5.2. Deductibles

Deductible for outpatient treatment according to section 5.3:

- € 20.- per consultation, per prophylaxis

Deductible for optional maternity care according to section 5.8:

- € 750.- per pregnancy

5.3. Outpatient treatment (self-paying patient)

- Physicians' fees - only within the range of the official German rate of doctors (GOÄ) and corresponding with the principles of assessment
- Drugs and dressings (see 5.1.)
- Early detection check-ups U1 to U9 and standard vaccinations according to our schedule
- Accident-related medical aids (without visual aids) up to € 500.- per 12 months
- Laboratory tests and simple x-rays (GOÄ 5000-5380)

The following are not covered:

- nuclear medicine (e.g. scintigraphy), magnetic resonance tomography (MRT), radiotherapy

5.4. Inpatient treatment (excluding optional benefits)

- Standard hospital treatment (accommodation in a multi-bedded room excluding private and semi-private treatment).
- Rehabilitation measures as medically necessary follow-up treatment

The following are not covered:

- the separately chargeable accommodation in a single- or in a double-room
- the separately chargeable treatment by a senior physician consultant
- the separately chargeable treatment by a visiting medical doctor / visiting midwife who is not employed by the hospital but treats his own patients within the hospital while using its equipment

5.5. Transport to the next suitable hospital

- Medically necessary transport for an inpatient treatment

5.6. Dental treatment

- dental / surgical treatment
- 100% dental treatment up to a limit of € 500.- per insurance year (12 months)
- 75% of the costs of dental prosthesis up to € 2,000.- within 2 years after 8 months waiting period

5.7. Return transport, Repatriation

Insured are:

- The additional costs for a medically necessary and prescribed return transport from Germany to the home country.
- The costs for an also insured companion are covered, as far as the companionship is medically necessary, officially ordered or mandatory on the part of the performing transport company.
- In case of death of an insured person: the resulting necessary additional costs up to € 10,000.- for the Repatriation of the deceased.

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5.8. Optional Maternity Care benefit

- Pregnancy test, treatments for pregnancy, obstetrics and lying-in period, treatment for miscarriage, tubal pregnancy medically indicated caesarean section (analogous to 5.2. - 5.5.).
- Advanced sonography diagnostics according to maternity guidelines up to 3 times per pregnancy.
- This optional benefit requires the payment of an additional premium and can be included for at least one whole insurance year (12 months), independently from the time of delivery. An inclusion within an insurance year or an early cancellation of the optional benefit is not possible. The optional benefit has to be applied for prior to the particular insurance year in written form.
- The waiting period of 8 months for the delivery can only be waived in case the commencement date of insurance corresponds with the beginning of the language scholarship or at least with the beginning of the research fellowship.

6. Premium

The monthly premiums due are:	Up to 18 months	from 19 months
- Policy holder	€ 56,43	€ 86,34
- Insured person	€ 60,00	€ 90,00
- Optional Maternity Care Benefit	€ 130,00	€ 150,00

7. Exclusions

The insurer has no obligation to pay for treatments of:

1. Pre-existing conditions: as pre-existing conditions count all illnesses and complaints existing and known to the insured person at the time of conclusion of contract, or of conclusion of a follow-up contract, and their foreseeable consequences, as well as all foreseeable consequences of illnesses and accidents of the insured person treated or diagnosed within the period of 12 months prior to the conclusion of contract which have or would have had required hospitalization and / or medical treatment and / or medications. The above definition of pre-existing conditions applies also in particular to any kind of chronic illnesses as well as existing dental defects and defective vision.
2. birth defects and congenital illnesses. Birth defects are deemed to include hereditary conditions.
3. disturbances and defects of reproductive organs; including infertility, artificial insemination and connected preventive medical examination and follow-up treatment.
4. mental illnesses, psychiatric and psychological disorders, all elimination examinations and all diseases caused by and/or related to mental diseases as well as all psychoanalytic and psychotherapeutic treatments.
5. Tuberculosis, AIDS and all diseases caused by and/or related to HIV, sexually transmitted diseases, all tropical diseases including but not limited to malaria, yellow fever, cholera, dysentery, leprosy.
6. diseases, actions and accidents including their consequences resulting from willful intent (e.g.: self-inflicted injury, suicide, abuse of alcohol, drug addiction or abuse) as well as for withdrawal treatment including withdrawal cures.
7. Loss of self-government or in case of necessary safe custody of the insured person, the stay and / or non-medical care which is provided at home, in a recreation or nursing home, in a psychiatric care facility or a similar institution.
8. diseases including their consequences as well as for the consequences of accidents and for deaths that are caused by nuclear, biological or chemical contamination, active participation in war, warlike events, riots or criminal activity.

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Following types of treatment are excluded from the cover:

1. Prostheses, glasses, contact lenses, hearing aids, bandages and all aids.
2. Electric and physical medical treatment: physiotherapy, therapeutic exercises, massages, hydrotherapy and packs, thermotherapy, electrotherapy and phototherapy
3. Alternative medicine (osteopathy, chiropractic, etc.).
4. Transplants and all related costs.
5. for cure and sanatorium treatment as well as measures of rehabilitation, unless otherwise agreed in 5.4.
6. Immunization measures.
7. Elective and/or cosmetic treatments (e.g. removal of warts).
8. Treatments or surgical procedures for visual corrections, e.g. laser surgery, refractive keratotomy (RK) and photorefractive keratotomy (PRK). Visual corrections are reimbursable if the treatment becomes necessary due to a disturbance, illness or injury (e.g. cataract or retinal detachment).
9. Any contraceptives (pill, spiral, etc.) and all consequences thereof as well as abortions.
10. Operative and hormonal adjustment of the biological sexual characteristics to the opposite sex.
11. Any missed vaccinations in accordance with our vaccination schedule and missed early detection check-ups U1-U9.
12. Reports, attestations, estimates, insofar these are to be provided by the insured person or policy holder.
13. Treatment by a family member and any auto therapy including prescription of drugs.
14. Any benefit, treatment and expenses not particularly covered and specified in the general and special terms.

If a medical or any other treatment, which services were agreed upon exceeds the medically necessary extent, the insurer may reduce his payment to an appropriate amount.

8. Refund of costs

1. The insurer shall only be obliged to make payment when the evidence demanded has been provided. Receipts become the property of the insurer.
2. The original invoices are to be submitted together with the corresponding treatment ticket, completed and signed by the doctor. Prescriptions for drugs, prescribed by doctors have to be submitted together with the corresponding doctor's invoice. The insurer accepts the digital transfer (Email) of documents if the quality allows the processing in order to speed up the process and to reimburse the costs as fast as possible. The insurer may demand original documents in case of justified concerns.
3. If an insured person has claims for damages against other insurers or existing claims for damages against third parties, the insurer is only responsible for those expenses, which remain necessary after the advance payment. Rights to claim for damages have to be assigned in writing to the insurer.
4. The insurer is entitled to make payment to the person submitting or sending the correct proof of treatment, unless he has reasonable doubts about the legitimacy of the person submitting or sending the documents.
5. The insurer may hand over the claims settlements to independent specialists for the handling of health insurance.

9. End of insurance cover

If an illness requires treatment beyond the end of the insurance cover, due to the fact that the return journey is impossible because of proven transportation inability, then the Insurance Cover within this tariff will continue for a maximum of 8 weeks until transportability is restored.

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10. Payment of premiums

1. The premium is a yearly premium and will be calculated from the start of the insurance on. The premiums are due on the first of every insurance year, they can be paid in equal monthly rates. The premium will be reviewed yearly and will be adjusted with effect of 01.01. of the following year if necessary.
2. If the insurance does not commence on the first day of a calendar month only the pro-rata amount of the first monthly premium rate becomes due.
3. If the insurance does not end on the end of a calendar month only the pro-rata amount of the monthly premium becomes due.
4. The premiums are to be paid to the place assigned by the insurer.
5. The delayed payment of a follow-up premium leads to the loss of the insurance coverage.

11. Obligations

1. Planned outpatient operations have to be announced in writing immediately.
2. The insured person has to submit the original invoices as soon as possible but no later than thirty days after the receipt together with a completely filled in and signed treatment ticket.
3. Every marriage with a German citizen and/or the receipt of the German citizenship is to be reported to the insurer immediately.

12. Consequences of infringement of obligations

The insurer shall be freed of the obligation to make payment if one of the obligations named in paragraph 11 is infringed.

13. End of insurance contract

1. The insurance shall end on expiry of the agreed insurance period, the end of the scholarship or an untimely end, which has been confirmed in writing, whatever event occurs first.
2. The contract ends with no delay in case of supplying false information or receiving or trying to receive reimbursements for a claim by fraud.
3. With the end of the insurance of the scholarship holder ends also the insurance for the family members.
4. The insurance relationship ends with the day of marriage with a German citizen and/or if a insured person receives the German citizenship.

14. Insurer

Insurer of the International Science HealthCare Plan is

Foyer Santé S.A.
Foyer Global Health
12, rue Léon Laval
L – 3372 Luxembourg

15. Communications and declarations of intent

Communications and declarations of intent must be made in writing.

Entitled to accept such communications and declarations is:

IHC-Company S.A.
23, Rue Aldringen
L – 1118 Luxembourg

The German version of the General and Special Terms and Conditions shall be legally binding.