

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.
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.
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 in Europe (without home country). The reimbursement is based on the common German rates.

2. Commencement of insurance cover

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. For insurance cases which occurred before the beginning of the insurance contract or the payment of the premium, there will be no reimbursements.

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

1. The insurance is available to persons having their permanent residence outside of Germany, who are temporarily outside their home country visiting Europe.
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 can be applied for a maximum period of 3 months. An extension beyond the maximum insurance period is not possible.

4. Scope of cover

4.1. 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.

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.

4.2. 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 4.1.)
- Accident-related medical aids (without visual aids) up to € 100.-
- Laboratory tests and simple x-rays (GOÄ 5000-5380)

The following are not covered:

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

4.3 Inpatient treatment (excluding optional benefits)

- Standard hospital treatment (accommodation in a multi-bedded room excluding private and semi-private 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

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- 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

4.4. Transport to the next suitable hospital

- Medically necessary transport for an inpatient treatment

4.5. Dental treatment

- 100% dental treatment up to a limit of € 150.-
- Emergency treatment to restore and replace sound natural teeth, which were lost or damaged due to an accident. The treatment has to be started within 48 hours following accident

The following are not covered:

- crowns, inlays, bridges, new dentures and all consequences thereof

5. Premium

Daily premium per person	€ 1,90
Minimum premium per person	€ 9,50

6. 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.

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 4.4.
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. Maternity care, childbirth, any contraceptives (pill, spiral, etc.) and all consequences thereof as well as abortions.

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10. Prophylaxis (e.g. cancer) and routine medical examinations (including vaccinations).
11. Operative and hormonal adjustment of the biological sexual characteristics to the opposite sex.
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. Emergency medical evacuations and repatriation costs.
15. 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.

7. 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.

8. End of insurance cover

The insurance cover shall end – including cover for insured events which are not yet complete – with the end of the insurance contract, at the latest with the end of the stay in Europe.

9. Payment of premiums

1. The premium is a daily premium and will be calculated from the start of the insurance on.
2. The premiums are to be paid to the place assigned by the insurer.

10. 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.

11. Consequences of infringement of obligations

The insurer shall be freed of the obligation to make payment if one of the obligations named in paragraph 10 is infringed.

12. 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.

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13. Insurer

Insurer of the International Science HealthCare Plan is

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

14. 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.