Private Health Insurance

Insurance Product Information Document





With this information sheet you receive a compact overview regarding the insurance according to the above-mentioned tariff and the benefits included. This information sheet is not complete and the examples given below are only an extract of the total benefit catalogue. The entire content is listed in the following documents:

- Your insurance application and our offer
- The insurance policy and any further stipulated agreement
- The General terms and conditions of insurance GCI
- The tariff conditions of the insured tariff

Please read carefully all of the documents in order to be fully informed on your insurance cover.

What type of insurance is it?

Additional protection for holders of a statutory insurance, without aging reserves



What is insured?

Outpatient treatment

✓ Visual aids up to 250 € every two years (spectacles incl. frames/contact lenses), lasik treatment * Reimbursement independent of the confirmation of the statutory health insurance or a change in diopter

Dental treatment

- ✓ Dental treatment
- ✓ Dental deep cleaning up to 75 € every year, such as
- Replacement teeth (prostheses, implants, pontics), crowns, inlays
- Orthodontics

Inpatient treatment

- ✓ Medical treatment
- ✓ Costs for treatment by chief physician
- ✓ Accomodation costs
- ✓ Additional costs for accommodation in single or shared room
- ✓ One-Day-Clinic
- ✓ Costs for telephone connection and hire of TV set
- ✓ Rooming-in for one parent with coinsured children (for children up to the age of 12 years)
- ✓ Accommodation of the father in the hospital at childbirth
- ✓ Transportation to the hospital in an ambulance up to 400 km
- ✓ Hospital daily benefit of 30 € per day

Optional service: Best Care Premium

- Access to a specialist for the corresponding diagnosis
- ✓ Appointment guarantee within 5 workdays
- ✓ Second opinion drawn by a specialist for the corresponding diagnosis
- ✓ Further benefits and services are listed in the tariff brochure "Best Care Premium"



What is not insured?

- X No insurance cover for claims which arise prior to the onset of insurance cover.
- X All further treatments
- X Damage caused by exposure to radiation or nuclear energy and damage caused by war, civil war, unrest, terrorism or comparable situations
- X Prevention, health cure and sanatorium treatment
- X Not medical necessary treatments
- X No insurance cover for expenses occurring after the termination date of the insurance contract



Are there any restrictions on cover?

- Insurance cover is defined by the type and extent of cover described in the General Terms and Conditions of Insurance and in the tariff conditions of the corresponding tariff.
- No reimbursement of expenses for claims occurring during the waiting period
- I The amount of reimbursement is limited on expenses incurred.
- Other limitations such as:
 - Breach of obligations
 - If the policyholder does not arrange for payment of instalments due in due time
 - During sojourn in a non-European country



Where am I covered?

- ✓ Insurance cover applies to Europe
- ✓ Insurance cover is provided during the first month of a temporary sojourn in a non-European country



What are my obligations?

- The policyholder and the person insured are obliged to furnish on demand any information and documentation necessary in order to determine an insurance claim
- Persons insured are obliged to undergo a medical examination performed by a medical consultant on behalf of the company if requested to do so by the insurance company
- The policyholder is obliged to pay the agreed premium plus taxes on time



When and how do I pay?

- The first instalment/premium payment must be paid at the latest immediately after the insurance policy has been given to the policy holder, however, not before the inception date of insurance cover indicated on the insurance policy
- All other premiums are due, depending on the agreed method of payment, at the beginning of the agreed contribution period
- Premium payment can be effected via bank transfer or via direct debit mandate in favor of the insurer. Should you opt for monthly instalments, it is indispensable to arrange for a direct debit mandate in favor of the insurer



When does the cover start and end?

- Insurance cover commences in accordance with the time period stated in the policy document (commencement of insurance);
 however, not before the insurance contract has been concluded, i.e. not before the insurance policy has been signed by both contractual partners and not before the termination of waiting periods
- Insurance cover ends including any insurance claims which may be still pending when the insurance contract is terminated
- Insurance cover is terminated, for example; in case of:
 - Cancellation of the insurance contract
 - Death of the insured person
 - Non-compliance with the requirements of a risk/person to be insured stipulated in the tariff conditions



How do I cancel the contract?

- The policyholder can contest the automatic renewal of the insurance contract by notifying the insurance company with effect at the end of the insurance year, however, not before termination of the second insurance year at the earliest
- Cancellation must be effected in writing
- Period of notice to cancel the insurance contract is 30 days
- As a policyholder, you may limit the cancelation of the insurance to a single insured person in your insurance contract
- The cancellation is only valid provided that the policyholder can prove that the insured persons affected by this were informed
 of notification to cancel
- In some situations, you might have an extraordinary cancellation right, e.g. if premium contributions are subject to an increase