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INFORMATION ON TRAVEL HEALTH INSURANCE FOR FELLOWS AND AWARDEES OF ALEXANDER VON HUMBOLDT-FOUNDATION AND MAX PLANCK SOCIETY ACCORDING TO TARIFF VB-KV 2014 (AvH)

(The following information are abstracts which do not replace the complete General Terms and Conditions)

Who is insured?

- The insurance is available for the fellows and awardees, their partners and children.
- The insurant may register a new born child with effect from the date of birth (in Germany) within a period of 2 months retroactively.

Premium:

• 75.00 EUR per month per person; equally for men, women and children.

Supplementary option for childbirth:

- 115.00 EUR **extra per month**; the supplementary option must be taken out with effect from the start of the main insurance and cannot be cancelled separately.
- Waiting period: 8 months / deductible: 700.00 EUR per case

Please note the following preconditions:

- The deadline for the announcement is 31 days after your arrival in Germany. The deadline can be neglected if you have got a previous insurance and announce in time before it will expire.
- For the announcement please use the application form. On the separate SEPA form you can provide an order for direct debit of the premiums.
- The insurance period is limited to 5 years.
- If the insurance period is shorter than 5 years it can be only prolonged on duly request and by explicit permission of the insurer.
- The insurance is effective in Germany.
- Travels to other countries are also covered, limited to 6 weeks per year (with proportional effect for insurances with a term of less than one year).
 Coverage for travels to your home country, however, is only included in contracts with a term of at least one year. The insurer may demand a proof of the start and the end of travelling outside Germany.

The benefits are:

Your travel health insurance covers the costs for medical treatment by a doctor/dentist in case of acute illness or in case of an accident (the official scale of charges - GOÄ/GOZ - is applicable). The benefits include primarily:

- ambulant treatment (also including prenatal examinations, miscarriage); treatments by a nonmedical practitioner are not covered *
- · medication and dressings prescribed by a doctor (cosmetics/nutrient products/tonics are not covered)
- prescribed radiation treatment, light therapy or other forms of physical treatment *
- medical massages, wet packs and inhalations prescribed by a doctor *
- medical aid, prescribed by a doctor and necessitated for the first time because of an accident in order to cure the effects of an accident
- X-ray diagnosis *
- ambulant cancer prevention in accordance with the German public health care programs and medical checkups for children and adolescents; to a maximum of 200.00 EUR per year, waiting period: 6 months
- hospitalization in the common ward please note: optional services as accommodation in the private ward (one- or two-bed-room) and treatment by a chief physician are not covered!
- expenses for moving of a sick person to or from the next hospital
- dental treatment, including fillings in simple finish and repair of dentures
- costs for repatriation of remains or funeral costs up to 10,000.00 EUR

Exclusions / not covered are:

- diseases and disorders that are known/are already existing before the insurance started
- effects of an disease or an accident that were treated during the last six months before the insurance started
- psychoanalytic and psychotherapeutic treatment
- checkups for achieving the residence permit
- vaccination
- medical aid (such as glasses, contact lenses, support stockings, trusses, insoles for shoes)
- childbirth (unless you have the supplementary option for childbirth) and abortion
- dentures/implants, inlays, orthodontic treatment and professional dental cleaning
- treatments of alcoholism or drug addiction

How to deal with claims:

Doctors and dentists will charge you according to their scale of charges GOÄ (Gebührenordnung für Ärzte) resp. GOZ (Gebührenordnung für Zahnärzte). Medical prescriptions as well as X-Ray and laboratory bills must be submitted with the related principal bill, except for receipts that have already been provided with the doctor's diagnosis which can be submitted right away. You will be reimbursed either by cheque or by transferring the money into your account. A direct payment to the doctor is possible on specific demand only. In case of hospitalization the assumption of costs for the common ward and common services can be taken over by HanseMerkur directly on request of the hospital.

^{*} with a deductible of 10.00 EUR per case