

## **EXPAT INFINITY DESCRIPTION OF BENEFITS**

	EXPAT INFINITY  BASIC	EXPAT INFINITY CLASSIC	EXPAT INFINITY PREMIUM
Total			
Maximum Annual Amount	1,000,000 Euro	unlimited	unlimited
Inpatient treatment			
Accommodation	foreign country: <b>in a double bedroom</b> Germany: in the general care class	foreign country: <b>in a double bedroom</b> Germany: in the general care class	single room
Accommodation of a parent accompanying minor children	$\otimes$	$\otimes$	
Surgical interventions			
Diagnostics			$\bigcirc$
Radiotherapy, light therapies and diagnostics	$\bigcirc$	$\bigcirc$	<b>&gt;</b>
Follow-up treatments			$\bigcirc$
Health care at home for reducing a inpatient stay	$\otimes$	$\otimes$	up to 90 days per insurance year up to 100 Euro per day
Pharmaceutical Products, Bandages and Remedies	$\bigcirc$	<b>Ø</b>	<b>⊘</b>
Psychotherapy	$\otimes$	$\otimes$	up to 30 days per contract term
Outpatient treatment			
Inpatient Medical Treatment (incl. radiotherapy, light therapy and physical treatments)	$\otimes$	up to 15,000 Euro per insurance year	<b>⊘</b>
Pharmaceutical Products, Bandages and Remedies	$\otimes$		
Preventive medical examinations for adults for early detection of cancer	$\otimes$		<b>⊘</b>
General medical checkups, ECG, stress- ECG, cholesterol and blood glucose levels, urine test	$\otimes$	$\otimes$	up to 300 Euro per insurance year
Vaccinations for adults inclusive of travel vaccination	$\otimes$	$\otimes$	up to 600 Euro per insurance year
Preventive Medical Check-ups for children	$\otimes$	$\bigcirc$	<b>⊘</b>
Vaccinations for children (according to statutory program- mes introduced in Germany)	$\otimes$		$\bigcirc$
Travel vaccinations for children	$\otimes$	$\otimes$	up to 250 Euro per insurance year
Psychotherapy	$(\times)$	$(\times)$	up to 80%, up to 2.000 Euro per yea

This table presents the most important benefits and exclusions of EXPAT INFINITY international health insurance. For complete information, please refer to the Insurance Terms and Conditions Parts I and II.

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	EXPAT INFINITY  BASIC	EXPAT INFINITY CLASSIC	EXPAT INFINITY PREMIUM
Prescribed aids and appliances	$\otimes$	up to 80%, up to 1,000 Euro per year	up to 80%, up to 2,000 Euro per year
Visual Aids	$\otimes$	up to 50 Euro per insured person and insurance year	up to 600 Euro per insured person in intervals of three years qualifying period of 12 months
Eyesight Test	$\otimes$	$\bigcirc$	$\bigcirc$
Eye Lasering	$\otimes$	$\otimes$	up to 2,500 Euro per eye and per contract term qualifying period of 12 months
Dental treatment			
Medical treatment	$\otimes$	<b>Ø</b>	<b>⊘</b>
Inlays und Onlays	$\otimes$	$\otimes$	$\bigcirc$
Preventive dental check-up	$\otimes$	1x per year	2x per year
Preventive treatment (professional teeth cleaning and fluoridation)	$\otimes$	$\otimes$	up to 150 Euro per year
Tooth Replacement/Orthodon- tic Treatment	$\otimes$	$\otimes$	90% for a medically necessary denture medically necessary orthodonic treatmennts (up to the age of 18 year maximum amounts: 3,000 Euro in the first two years 5,000 Euro in the three years up to 4,000 Euro per year strarting from the fourth year.  qualifying period of 8 months, except dentures becoming necessary due to accidents
Pragnancy and Delivery			
Pregnancy examinatiotions and treatmens as well as treatmens due to miscarriage (if the insured person was not pregnant at the start of the insurance relationship)	$\otimes$	$\otimes$	
Medically necessary treatment during pregnancy due to acute conditions and treatments due to miscarriage as well as medically necessary terminations of pregnancy and childbirths until the end of the 36th week of pregnancy (even if the insured person was already pregnant at the start of the insurance relationship, provided that the treatment was not yet necessary at that time)	$\stackrel{\textstyle{\times}}{}$	$\otimes$	
Childbirths	$\otimes$	$\otimes$	qualifying period of 8 months
Accommodation for inpatient deliveries	$\otimes$	$\otimes$	family room
Accommodation of the spouse/ life-partner (if the latter is insured under the same contract)	$\otimes$	$\otimes$	up to 200 Euro per day

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	EXPAT INFINITY  BASIC	EXPAT INFINITY CLASSIC	EXPAT INFINITY PREMIUM
			qualifying period of 24 months
Infertility Treatments	$(\times)$	$(\times)$	If conditions are met according to insurance terms and conditions
Transports and transfers			
Patient transports for inpatient treatments (to the nearest reachable suitable hospital)	<b>⊘</b>	<b>⊘</b>	
Patient transports in the event of primary care after an accident (to the nearest reachable physician and back)			igwedge
medically return transport to permanent place of residence	if medically <b>necessary</b>	medically <b>necessary</b>	if medically <b>reasonable</b>
	up to 5,000 Euro on one continent up to 10,000 Euro transcontinental	up to 5,000 Euro on one continent up to 10,000 Euro transcontinental	up to 5,000 Euro on one continent up to 10,000 Euro transcontinental
	in the most cost-effective, medically suitable means of transport	in the most cost-effective, medically suitable means of transport	in the most cost-effective, medically suitable means of transport
	In the event that a licensed air ambulance must be used for a return transport, said maximum limits shall not apply	In the event that a licensed air ambulance must be used for a return transport, said maximum limits shall not apply	In the event that a licensed air ambulan ce must be used for a return transport, said maximum limits shall not apply
Transfer	up to 5,000 Euro on one continent up to 10,000 Euro transcontinental	up to 5,000 Euro on one continent up to 10,000 Euro transcontinental	up to 5,000 Euro on one continent up to 10,000 Euro transcontinental
	in the most cost-effective means of transport	in the most cost-effective means of transport	in the most cost-effective means of transport
Addional benefits			
Follow-Up Liability	$\otimes$	up to 30 days after termination of the insurance coverage	up to 30 days after termination of the insurance coverage
Known congenital conditions	$\otimes$	insurable via risk markup	insurable via risk markup
Doubling of benefit limits for in- surance cover in country zone 4 (regardless of the place of treat- ment)	$\otimes$	Outpatient Medical Treatment, Aids and Appliances, Visual Aids, Eyesight Tests	Inpatient medical treatment, Tooth Replacement, Orthodontic Treatment, Preventive Medical Check-ups, Infertility Treatments, Aids and Appliances, Visua Aids inclusive of Eyesight Tests, Eye Lase ring, Psychotherapy
Legal Expenses Insurance for Patients	<b>⊘</b>	$\bigcirc$	$\bigcirc$
Medical Assistance		$\bigcirc$	$\bigcirc$
Medical assessment via DoctorChat (Medical Assistant "Emma")	$\bigcirc$	<b>Ø</b>	$\bigcirc$

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