

Translation from the German original-version
The German original-version has absolute priority above
translations

DAAD

Information and Conditions

of the health, accident and personal liability insurance in the DAAD Group for

Foreign DAAD scholarship holders and their family relatives during their stay in Germany, who extend their previous insurance to conclude their studies.

Tariff: 765/782

VERSICHERUNGSSTELLE BEIM
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BENEFITS

I. Health insurance

The Continentale Krankenversicherung a. G., Dortmund, provides insurance coverage for the named group of persons during the stay in Germany and for temporary residents in the states of the Schengen Agreement according to the following conditions. This information sheet is therefore to be presented to the doctor or hospital **before** the commencement of the treatment.

The costs for medically necessary outpatient and inpatient treatment on the grounds of a disease or consequences of an accident for each occurrence of an event insured against, in addition to the costs incurred for a return transport and funeral transport charges.

An event insured against is deemed to be the medically necessary treatment of an insured person on the grounds of a disease or consequence of an accident. The event insured against commences with the treatment; it terminates when there is no longer a treatment requirement according to medical findings. The following are also deemed to be events insured against:

- a) examinations and medically necessary treatments due to pregnancy and giving birth,
- b) outpatient examinations for the early detection of diseases which are executed in accordance with legally implemented programs (targeted medical screenings and check-ups)
- c) death, in as far as benefits have been agreed to for such a case.

Insured events for which there is no compensation, are mentioned under **Limitation of benefit Obligations** in section a).

Outpatient treatment

Medical performances

These include the entire outpatient medical – not dental – activity including radiodiagnostics and travel expenses to the next available physician.

The costs of outpatient treatment will be reimbursed with 100% of the invoiced amount up to a maximum of 1.7 times the **rate** as stipulated in the valid statutory scale of fees for physicians (GOÄ) with the exception of sections A, E, M and O. The medical performances of sections A, E and O are reimbursed with up to 1.3 times the GOÄ rate, those in section M with max. 1.15 times the rate.

Pharmaceutical products, surgical materials and remedies

The purchase of pharmaceutical products and surgical materials is subject to the insured person bearing an excess of 4.00 euros per package. Pharmaceutical products and surgical materials which cost less than 4.00 euros cannot be reimbursed.

Allopathic and homoeopathic medication are deemed to be pharmaceutical products.

Remedies are applications or treatments by state examined members of the medical assistance professions (e.g. masseurs) which serve to remedy or provide alleviation from diseases or the consequences of accidents.

These do not include medicinal bath sales, cosmetic products, disinfectants, nutritional products and restoratives, wines, mineral water, etc..

Adjuvants prescribed by a physician

The costs of adjuvants in a simple form are reimbursed.

Adjuvants are technical means or body replacement parts (not dental prostheses), which are to alleviate or compensate disabilities, disease consequences or accident consequences, the exceptions being hearing devices and other sanitary or medical-technical commodities.

These are also deemed to be corrective lenses up to a maximum amount of 80.00 euros. The reimbursement of the costs of corrective lenses is subject to a waiting period of 4 months. The waiting period for corrective lenses is not applicable if the corrective lenses are required as a result of an accident-related eye injury.

Transport costs

These are deemed to be necessary transportation with a special ambulance vehicle to and from the next physician or hospital.

Inpatient treatment

In the case of inpatient treatment, the costs for general hospital performances (standard benefits excluding private medical treatment and without a supplement for better accommodation).

In as far as a medically necessary follow-up treatment (AHB/Follow-up Health Measure AGM) follows on, we bear the costs (standard benefit).

Costs for the transportation to and from the next hospital.

Giving birth

There is no duty to perform with regard to the giving of birth within a period of 8 months as from the commencement of the insurance cover. The duty to perform exists for the giving of birth as from the 9th month after commencement of the insurance cover.

The costs for a midwife will be borne in as far as the performance substitutes a corresponding performance by a physician.

There is no duty to perform for prenatal and postnatal care by a midwife and for birth preparation and infant care courses.

Dental treatment

The costs for analgesic dental treatments and filling in a simple form (amalgam) will be reimbursed with 100% of the invoiced amount, max. 2,3 times the rate as stipulated in the valid statutory scale of fees for dental surgeons (GOZ); performances in accordance with sections A, E and O of the GOZ are reimbursed with up to 1.8 times the rate, those in section M with max. 1.15 times the rate. There is no entitlement to a dental restoration.

Return transport costs

The costs which are incurred for the medically necessary return transport of a sick person to the native country will be reimbursed if a treatment is not possible in the host country due to the clinical picture or a possible insufficient medical care and this is followed by inpatient treatment. The costs for an accompanying person will also be reimbursed in as far as the accompaniment was medically necessary or ordered by the responsible authorities or the airline.

Funeral transport charges

In the case of the insured person dying during a period of stay in the host country, the costs incurred for funeral transport charges as a result of the transportation to the native country or burial at the place of death will be reimbursed up to a maximum amount of 10,500.00 euros; these are exclusively the transportation and direct costs incurred for the inducing of this funeral transport by an undertaker or exclusively the funeral expenses which a local undertaker charges.

Restriction of the duty to perform

There is no duty to perform for

- a) insured events which occur prior to commencement of the insurance cover for the following events: HIV, multiple sclerosis, haemophilia, cancer including leukaemia and chronic kidney diseases as well as for the elimination of aesthetic faults and the treatment of anomalies existing prior to the start of insurance coverage.
- b) diseases and their consequences and the consequences of accidents and cases of death which result from the active participation in events of war or civil disturbances;
- c) diseases and accidents which result from intent including their consequences and for withdrawal treatments;
- d) spa and sanatorium treatments and for rehabilitation measures;
- e) the diagnosing and treatment of sterility, its causes and consequences and for artificial insemination and possible complications;
- f) treatment by spouses, parents or children, material expenses will be reimbursed;
- g) accommodation which is necessary due to a need of nursing care or compulsory detention, in addition to domestic nursing care;
- h) dental prostheses including dental crowns and for orthodontic treatment and inspections of the function of the dentures. The costs of the related pre-treatment and subsequent treatment and the material and laboratory costs are also not covered by the insurance;
- i) medical certificates and examinations for the obtaining of residence permits and tropical fitness examinations and follow-up topical examinations.

If there should be an entitlement to benefits from the statutory accident or statutory pensions insurance, the insurer only has a duty to perform with regard to the expenditures which remain necessary despite the statutory benefits.

Instructions on the claims settlement in the health insurance

All applications for reimbursements are to be submitted to the

Versicherungsstelle beim
Deutschen Akademischen Austauschdienst e.V.,
Postfach 200404, 53134 Bonn

together with the claims form which is enclosed with the insurance card. It is imperative that the insurance number be stated.

All invoices and documentary proofs (only originals) are to include the first name and surname of the treated person and the disease designation and each of the medical performances with the treatment dates.

Prescriptions are to clearly state the prescribed pharmaceutical product, the price and have been provided with a receipt.

In the case of dental treatment, the documents should state the designation of the treated teeth and the treatment they were subjected to.

If the treating physician should not state the diagnosis, this must be stated by the insured person.

In as far as unpaid invoices from Germany are submitted, the insurer transfers the reimbursement payments to the invoice issuer directly. It is therefore imperative that it is noted on the invoices if these have already been paid.

Cost of treatment taken by Germans abroad must be paid in advance there. In case of inpatient (hospital) treatment, the insurer is prepared to issue a declaration that treatment costs an expense will be defrayed. Please give as soon as possible a information to Continentale.

The insured person is to pay for medication immediately. Prescriptions and invoices for remedies and adjuvants are to be presented together with the doctors' invoices or the reimbursement will otherwise be refused.

In the case of an inpatient treatment in Germany, the insurer is prepared to issue cost assumption declarations in as far as the other benefit requirements have been met so that a settlement can be directly made with the hospital in the scope of this cost assumption declaration. Cost assumption applications can be made informally. Please inform the Continentale as soon as possible.

Additional costs can be deducted from the benefits should they be incurred by the insurer transferring payments abroad or selecting a particular form of transfer upon demand of the policyholder.

The processing period for submitted documentary proof of the incurred costs is approximately 4 weeks. Please state accounts for the transfer should you depart beforehand.

You can contact the Continentale at:

Telephone: +49 (0)231/919-3166 or +49 (0)231/919-2834

Fax: +49 (0)231/919-2869

Email: svk2@continentale.de

Nursing insurance

There is not a compulsory nursing insurance obligation due to the temporary duration of your study visit in Germany.

II. Accident and Personal Liability Insurance

These benefits are provided by the Generali Versicherung AG, Munich.

Accident insurance

Only for the DAAD scholarship holder, not for any co-insured family relatives -

The General Accident Insurance Conditions (AUB) are decisive for the accident insurance.

Death caused by an accident

5,500.00 euros will be paid in the event of death being caused by an accident.

Disability caused by an accident

26,000.00 euros with a progressive disability proportion (maximum benefit with 100% disability: 58,500.00 euros). In the case of partial disability, the percentage stipulated in the AUB.

Additional accident-related medical costs

In as far as the health insurer was unable to assume all costs, medical costs which have been incurred as a result of an accident will be reimbursed up to a maximum amount of 1,000.00 euros.

Accident-related salvage costs

In as far as the health insurer was unable to assume all costs, the costs incurred for search actions, salvage and transportation costs for the transportation of injured persons as a result of an accident will be reimbursed up to a maximum amount of 25,000.00 euros.

Costs for cosmetic surgery

In as far as another party which is liable to pay compensation or the health insurer are unable to assume all costs, the costs incurred for cosmetic surgery as a result of an accident will be reimbursed up to a maximum amount of 6,000.00 euros.

Personal liability insurance

The General Insurance Conditions for the Liability Insurance with the Explanations concerning the Personal Liability Insurance (AHB) are decisive.

Liability claims which are asserted against the insured person by third parties on the grounds of statutory liability provisions with a private law content are insured with a maximum lump-sum of 3,000,000.00 euros for personal injury and/or property damages including 250,000.00 euros for rental property damage caused to immovable objects. Damage to third party movable objects in rented rooms is insured with a maximum of 1,500.00 euros. The motor vehicle risk is not insured in the scope of this personal liability insurance.

Premiums

The monthly premiums per person are:

Students (m/w) 85,00 Euro

husband 138,00 Euro

wife 138,00 Euro

Children (under 18) 99,00 Euro

The insurance office at the German Academic Exchange Service holds the following bank account:

No. 0208512400 Commerzbank Köln (BLZ 370 800 40)

REGISTRATION, TERM OF THE INSURANCE, PROLONGATION

- The insurance is only taken out for the duration of the support or scholarship respectively.
- The insurance can be prolonged after termination of the scholarship as long as you are still in Germany for the purpose of studies. On the basis of Section 16 (4) of the German Residence Act, an application for a prolongation of the insurance cover for a maximum period of one year – in order to search for suitable employment after completion of studies - can be made after a successful completion.
- In the case of a prolongation for a period which is longer than the scholarship duration, the DAAD insurance section (Versicherungsstelle) is to be provided with written (e-mail or fax) notification of the expected duration of stay and the reason for the stay, together with the current address. After receipt of the query, the DAAD insurance section provides information concerning the amount of the monthly premiums and the account which the premiums are to be transferred to.
- The premium is to be transferred in good time prior to expiry of the original insurance term, stating the insurance number or the personal reference number.
- Insurance cover is provided for the period for which the premium has been transferred. Due to the administrative expense, the payments should be paid in a single sum if possible or at least paid quarterly.
- After receipt of the premium, the insured person will be issued with a new card as confirmation. Neither a premium demand nor any other form of receipt confirmation will be issued.
- Please note that you are personally responsible for the payment of your premiums in good time. Insurance premiums cannot be paid by direct debit.

The benefits of the group contract explained in this information sheet are based on the longstanding experience of the German Academic Exchange Service (Deutscher Akademischer Austauschdienst). The DAAD can unfortunately not assume any liability should the insurance cover not cover the costs in individual cases.