

Insurance coverage for stays abroad

Europe without Switzerland*

with stable value

Expatriates Gold
QEXPYA 3 2017/S

The following benefits are available up to a maximum amount of EUR 2.602.000,00 per calendar year.

I. In-hospital treatment (Items 5.8. to 5.14. of the General Conditions of Insurance); Item A. Supplementary Insurance Conditions)

The insurance coverage includes services for medically-indicated in-patient hospital stays in Europe (see Europe List) due to illness, accident or child delivery to the following extent:

1. FULL GUARANTEE OF COST COVERAGE

1.1. In case of in-patient hospital stays (multiple-bed rooms or single-bed rooms) in Europe (see Europe List), the costs are paid fully and directly, insofar as UNIQA's SOSservice (see SOS card) is contacted before the in-patient admittance and it handles the insurance case.

1.2. If UNIQA's SOSservice (see SOS card) is not called upon the costs of an in-patient hospital stay (multiple-bed room or single-bed room) in Europe (see Europe List) are reimbursed upon presentation of the settled original invoice less a 20% excess. The excess amounts to a maximum of EUR 3.900,00 per hospital stay.

The excess will not be deducted if the urgency of the in-patient treatment does not allow the prior establishment of contact with UNIQA's SOSservice and its handling of the insurance case.

2. ACCOMPANYING PERSON

For hospital stays of children up to age 18 insured according to this tariff, the costs for an accompanying person - are paid in full if the stay is reimbursed according to Item 1.1 - if the stay is as listed in Item 1.2, the costs will be reimbursed upon presentation of the settled original invoices less a 20% excess. The excess amounts to a maximum of EUR 390,00 per hospital stay.

The excess is omitted if no excess is applicable for the in-patient stay of the insured child.

3. PER DIEM HOSPITAL ALLOWANCE, CHILD DELIVERY FLAT FEE

If no costs arise for the insurer for an in-patient hospital stay, a daily hospital allowance of EUR 156,00 will be paid, in the case of child delivery a child delivery flat fee of EUR 1.560,00 will be paid.

II. Day hospital or day clinic area (supplementary to Item 5.8 and in amendment to Item 5.10. of the General Conditions of Insurance); Item A. Supplementary Insurance Conditions)

1. If a medically-indicated treatment in Europe (see Europe List) requires a hospital stay of less than 24 hours and an overnight stay is not medically necessary, insofar as UNIQA's SOSservice (see SOS card) is contacted and it handles the insurance case, the costs will be paid in full. In cases in which direct settlement is not possible, the costs will be reimbursed upon presentation of the settled original invoice.

2. If UNIQA's SOSservice (see SOS card) is not called upon, the costs of the day hospital or day clinic treatment in Europe (see Europe List) will be reimbursed upon presentation of the settled original invoice less a 20% excess. The excess amounts to a maximum of EUR 3.900,00 per treatment.

The excess will not be deducted if the urgency of the in-patient treatment does not allow the prior establishment of contact with UNIQA's SOSservice and its handling of the insurance case.

III. Patient transport (supplementary to Item 5.12. of the General Conditions of Insurance); Item A. Supplementary Insurance Conditions)

1. Cost reimbursement for medically-indicated transports in Europe (see Europe List) for a treatment according to Item I or Item II amounts to a maximum of EUR 1.950,00.

2. Insofar as for medical reasons a medically-indicated transport is only possible via helicopter, the annual maximum amount listed under Item I increases to EUR 3.900,00.

IV. Out-patient treatment (Items 5.2 to 5.7 and 5.13 to 5.15 General Conditions of Insurance); Item A. Supplementary Insurance Conditions)

The insurance coverage includes services for medically-indicated out-patient treatments in Europe (see Europe List) due to illness, accident or pregnancy to the following extent:

- 1. The full costs will be reimbursed for:
 - a) Out-patient medical treatment (including complementary medicine)
 - b) Medically-indicated medicines (including homeopathic remedies)
 - c) Medically-indicated auxiliaries (treatment aids)
 - d) Medically-indicated physiotherapeutic treatment (treatment aids), ergotherapy, logopedics
 - e) Medically-indicated psychotherapeutic treatment provided by persons who are authorised to practice psychotherapy independently

up to a total of EUR 6.500,00 per calendar year.

In case of life threatening disease (oncological illness, immune - or autoimmune disease respectively dysfunction of blood coagulation) and after reaching the above mentioned maximum rate for outpatient reimbursement, the costs are paid fully for medically indicated drugs and blood substitute.

Up to this maximum rate expenses will be reimbursed for - Visual aids (glasses and contact lenses) per two calendar years up to EUR 390,00.

If the annual maximum amount listed under item IV.1. has been exhausted, 80% of the costs for

- a) out-patient medical treatments (item IV.1.a)
 - per medical consultation up to EUR 48,30
 - per specialised medical consultation up to EUR 77,30
 - per medical housecall up to EUR 77,30

b) out-patient medical special services (e.g.: injections, infusions, EKG)

- per medical consultation up to EUR 96,60
- per specialised medical consultation up to EUR 154,60
- per medical housecall up to EUR 154,60

2. For medically-indicated dialysis,

- in contracting facilities, the full costs
- in all other cases, per treatment up to EUR 390,00 will be paid.

V. Dental treatment (Items 5.2. and 5.5. as well as 5.13. and 5.14. of the General Conditions of Insurance); Item A. Supplementary Insurance Conditions)

The insurance coverage includes benefits for dental treatment in Europe (see Europe List) to the following extent:

80% of the costs will be reimbursed per calendar year for:

a) Preservative dental treatment
b) Dental x-rays
c) Tooth extraction
d) Prosthetic care (e.g. crowns, bridges)
e) Oral surgery
f) Dental implantology
g) Periodontosis
h) Dentofacial orthopedics
i) Prophylactic measures to help preserve and maintain teeth such as oral hygiene, removal of dental calculus, fluoridation and fissure sealing

up to a total of EUR 3.250,00 per calendar year.

Up to this maximum rate expenses will be replaced for -Dentofacial orthopedics up to a total of EUR 650,00.

If this annual maximum amount is exhausted, for additional dental consultations, up to EUR 234,20 is available per calendar quarter.

VI. Child delivery at home (Item A. Supplementary Insurance Conditions)

For a child delivery at home in Europe (see Europe List), EUR 1.560,00 is reimbursed in lieu of all other benefits.

VII. Rehabilitation (in amendment to Item 5.10. of the General Conditions of Insurance); Item A. Supplementary Insurance Conditions)

The costs of a medically-indicated in-patient rehabilitation treatment in Europe (see Europe List)

A. Supplementary Conditions

1. Waiting periods (Item 3. of the General Conditions of Insurance)

The general waiting period does not apply.

The special waiting period for benefits according to Item V (dental services) - excluding dental treatments, which serve the immediate purpose of preventing pain and first aid after accidents - as well as for child delivery, miscarriages, pregnancy check-ups and pregnancy-related disorders and their consequences is 8 months. Insurance coverage is provided for premature child delivery or

related to previous insured in-hospital treatment due to a cardiac or circulatory illness, TBC illness or due to an accident will be reimbursed per day up to EUR 195,00, for a maximum of 90 days.

VIII. Cure (in amendment to Item 5.10. of the General Insurance Conditions)

For medically-indicated rehabilitation stays in Europe (see Europe List), that have been prescribed by a physician and for which the cost of the therapy and stay have been verified, a rehabilitation per diem allowance of EUR 45,50 is paid during a 2 calendar year period for a maximum of 28 days.

IX. Rescue costs (Item A. Supplementary Insurance Conditions)

Rescue costs in Europe (see Europe List) will be reimbursed per case up to EUR 1.950,00.

X. Patient repatriation and transport of a deceased person (supplementary to Item 5.12. of the General Insurance Conditions; Item A. Supplementary Insurance Conditions)

1. Patient repatriation

The insurance coverage includes services for patient repatriations in Europe (see Europe List) due to illness or accident to the following extent:

the full costs will be reimbursed for:

a) a medically-indicated patient repatriation from the European foreign country to a hospital in the dispatch or homeland or to the residence in the dispatch or homeland.

b) The transport of a person close to the person transported

The patient repatriation must be organised by UNIQA's SOSservice (see SOS card), otherwise a maximum of EUR 2.470,00 shall be reimbursed.

The aforementioned benefits will not be paid if the patient repatriation is in conjunction with a planned treatment.

2. Transport of a deceased person

The full costs of standard transport of a deceased person within Europe (see Europe List) to their home will be reimbursed.

The transport must be organised by UNIQA's SOSservice (see SOS card), otherwise up to EUR 1.040,00 will be reimbursed.

miscarriages that under normal circumstances would have led to childbirth after 8 months.

2. Cost coverage guarantee

The prerequisites for the cost coverage guarantee and direct settlement in the (listed) hospitals under contract are (furthermore)

- a valid mandate for direct settlement, which was granted for the specific service and
- a valid individual consent declaration for the case that further health data are required for the examination.

3. Dental and dentofacial treatments

The reimbursement of costs for dental and oral surgery treatments as well as tooth x-rays is strictly in accordance with Item V (dental treatment).

4. Out-patient treatment (Item IV)

In addition to Items 1.2. and 5.15. of the General Conditions of Insurance the insurance coverage also includes treatments provided by a physician in accordance with complementary medical findings (curative methods such as homeopathy, acupuncture, chiropractics), including homeopathic remedies prescribed by a physician.

5. Rehabilitation (Item VII)

Insurance coverage is provided for rehabilitation treatments in suitable, in-patient facilities recognised by the authorities.

6. Rescue costs (Item IX)

Rescue costs are the confirmed costs of searching for the insured person and their transport to the next passable road or to the hospital nearest the accident location.

They will be reimbursed if the insured person has suffered an accident or has fallen into distress in the mountains or water and must be rescued, injured or uninjured, or if they have been killed as a consequence of distress in the mountains or water and their body must be recovered. Equivalent to an accident is if the insured person has to be rescued immediately due to a health event. The benefit for rescue by helicopter is paid if the rescue could not be performed in any other way.

7. Patient repatriation (Item X)

a) The prerequisite for patient repatriation is, in addition to the ability of the insured person to be transported, that:

- there is a life-threatening disturbance of his/her state of health
- an in-patient hospital stay of more than 5 days can be expected.

b) in case of a patient repatriation, the UNIQA SOSservice must be informed. In order to be able to take the required measures, the SOSservice requires the details requested on the SOS card. Based on the details communicated, the SOSservice contacts the treating physician and decides given the criteria specified in Item a) about the execution and type of transport (depending on the situation using an ambulance, train, passenger airplane or ambulance jet). The decision is made in cooperation with the physicians treating on location; however the final decision will be made by the SOSservice physician.

8. Payment of the insurance benefit

Complementing Article 7 of the General Insurance Conditions, invoices must be presented in German, English or French.

9. Secondary liability

Any existing legal social insurance or other private insurance as well as claims based on legal provisions or agreements must be claimed preferentially. If UNIQA has paid benefits, then equivalent claims of the insured party against third parties are transferred to them.

10. End of work abroad, return to the permanent place of residence, relocation abroad

The insurance coverage (tariff) is based on a secondment abroad or temporary work abroad. An adjustment to the

insurance is required in the following cases:

- end of the secondment abroad or temporary work abroad
- a return to the permanent place of residence (home country)
- a relocation of the permanent place of residence abroad

The insurer must be notified immediately if one of these events occurs in order to ensure that appropriate insurance coverage is still maintained. The insurer will then make an adjustment to the tariffs in line with the new circumstances.

B. Benefit and premium adjustments

1.a) UNIQA commits itself to maintain the value of its insurance coverage or adjust its benefits in the case of a change in the price of health-care services so that the cost coverage guarantee remains in all items in which it is explicitly provided.

b) An adjustment must also be made if the following circumstances or factors change:

- The average life expectancy
- The frequency with which benefits are claimed

2. The benefit adjustment for Items I., II. and X. must be made in accordance with the change in the prices of the health-care services as well as of the contractual partners.

For all other items, adjustment shall be made based on a comparison of the latest European consumer price index (ECPI) with the index of the previous year or with the index on which the last adjustment was based. The fixed excesses must also be adjusted according to this index.

Any changes in health care or the applicable legal provisions that make a change in the benefits necessary must also be taken into account when adjusting those benefits.

3. The adjustment of the benefits must occur without age limit, waiting period for additional services, and regardless of any decline in health condition.

4. The new calculation of premiums shall be based on the benefit adjustment according to Items 1 and 2 and shall take into consideration changes in average life expectancy, the frequency of utilisation of benefits and their cost, and the health system or governing legal provisions.

5. The new services and premiums shall become effective on the 1st of the month after the insured person is informed in writing.

6. For one month, the insured person shall be entitled to refuse the adjustment of services and premiums in writing. In such a case, the insurance shall be continued at a substitute tariff with a change in benefits.

C. Miscellaneous

SOS card

For in-patient, day hospital or clinic treatments as well as for patient repatriations and the transport of a deceased person, please make contact with UNIQA's SOSservice at the telephone number on the SOS card.

EUROPE LIST

Albania	Finland	Malta	Serbia
Andorra	France	Moldova	Slovakia
Austria	Germany	Monaco	Slovenia
Belarus	Greece	Montenegro	Spain
Belgium	Hungary	Netherlands	Sweden
Bosnia-Herzegovina	Iceland	Norway	Turkey
Bulgaria	Ireland	Poland	Ukraine
Croatia	Italy	Portugal	United Kingdom of Great Britain and Northern Ireland
Cyprus	Latvia	Romania	
Czech Republic	Liechtenstein	Russia	
Denmark	Lithuania		
Estonia	Luxemburg		
Macedonia	San Marino		

* Insurance coverage in Switzerland only applies to primary care after an accident, in a suitable hospital located closest to the site of the accident.

Adjustment of premium of a comparable tariff QEXP 3 2016 over a period of the last 5 years:

Year	Increase per %
2016	3,48
2015	3,48
2014	2,87
2013	3,00
2012	3,60

The adjustments of premium in the past do not allow any conclusion for the future progression of the premium level.