

CareMed[®]

International Travel Insurance



Your personal
travel insurance assistant

CareMed[®] *Insurance Services* *2008/2009*

This Policy Booklet is effective for
policy holders with a departure date of
March 1, 2008 - February 28, 2009



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Welcome to CareMed. Thank you for choosing one of our worldwide insurance coverage plans. We hope that you have a wonderful time traveling and that your trip provides you with a lifetime of memories. Travel safe!

Before Going to a Doctor or Hospital & How to Submit a Claim

When you are in the United States, you are able to use any medical provider/facility of your choice. CareMed does however recommend the following services provided by the First Health Network. Please visit our website www.caremed-assistance.com or call CareMed Assist, our 24-hour assistance center, to locate the nearest medical facility. Kindly note that when calling or visiting a physician or Medical Facility, please make sure to present your CareMed ID Card and to mention that you are “Insured under the CareMed Insurance Plan which is part of the First Health Network”.

If you are traveling outside of the United States of America, you are able to use any medical provider/facility of your choice. If you need assistance locating a physician/ Medical facility in your area, you may contact CareMed Assist, our 24-hour assistance center.

There are two Claim Centers that process claims for CareMed international travel insurance. The Claim Center that services you is based on the country you travel to.

Claim Center 1

If your travel destination is:
North and South America

CareMed Claims

CISI Claim Department
River Plaza
9 West Broad Street
Stamford, CT 06902-3788, USA
Opening hours: 8 am – 5 pm EST
Phone: ++ 1 – 203 – 399 – 54 13
Phone: ++ 1 – 866 – 404 – 2062 (Press #1)
Phone: ++ 1 – 203 – 399 – 51 83
Fax: ++ 1 – 203 – 399 – 55 96

Laura Jaworowski

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Claim Center 2

If your travel destination is:
Any other country, excluding North and South America

CareMed Claims

ACE European Group Limited
Direktion für Deutschland
Lurgallee 10
60439 Frankfurt, Germany
Opening hours: 8 am – 5 pm CET

Phone: ++ 49 – (0) 69 – 756 13 500
Fax: ++ 49 – (0) 69 – 756 13 250

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1. Within 60 days after incurring the first medical bill, mail or fax the following to the appropriate Claim Center:
 - claim form completed by the Insured
 - all original itemized bills, receipts and records related to a particular claim (please keep in mind to make copies for your own records)
 - medical reports from the Physician including any reports, laboratory and X-ray documents, etc. Enclose in one envelope and send to the appropriate Claim Center above. The Insurer reserves the right to refuse payment if the reason and the necessity for the treatment can no longer be established as a result of the claim being filed late or incomplete.
2. Call the CareMed Assist 24-hour number prior to being admitted to a hospital or before surgery.
3. Present the CareMed ID-Card to every medical service provider prior to receiving treatment.
4. The Physician or other medical service provider may contact the Claim Center number to obtain a verification of benefits.
5. The Insured and the Insured's Physician should complete the claim form for each claim event. Obtain additional claim forms from CareMed, CareMed's website www.caremed-assistance.com or the Claim Center. A photocopy of the blank form for future claims is acceptable.
6. There may be instances where the Insured will be asked to provide payment to the physician/Medical Facility prior to receiving medical care. If this situation occurs, we recommend the following steps:
 - a) Contact CareMed Assist and explain the situation. CareMed Assist will be able to confirm to the physician/Medical Facility the Benefits, Terms and Conditions of the insurance and that you are eligible.
 - b) If applicable, CareMed Assist can provide the physician/Medical Facility with a Letter Guarantee.
 - c) If the physician/Medical Facility stills requires the Insured to pay in advance, all the Insured needs to do is complete a CareMed claim form and submit the claim form with any and all applicable information as outlined under the Claims Provision section on page 24.

If you have a general question about the CareMed travel insurance plan you may check the CareMed website at www.caremed-assistance.com or contact CareMed Assist. If you have questions about an existing claim contact the Claim Center.

Your personal data:

Family name

Given name

Date of birth (dd/mm/yy)

Address in home country:

I will return to my home country on (dd/mm/yy):

c/o (name of host family)

Street

Street

City, Zip Code

City, Zip Code

State

State

Country

Country

Phone number

Phone number

e-mail address

e-mail address

Your medical treatment:

Type of illness or accident

If illness, have you had it before? If yes, when?

In case of accident

own responsibility

caused by a third party

If accident, please provide details

Reimbursement: (The insured shall pay bank fees)Have you already paid the doctor's bill? yes no **If no**, payment will be made directly to the doctor/hospital

Name of attending physician/hospital _____

Address of attending physician/hospital _____

If yes, would you like to receive reimbursement by check to (possible for Zone 1 + 2): Address in home country Address in foreign country or**If yes**, you will receive reimbursement by wire transfer to your account (possible for Zone 2 only) Name of bank _____

Address & country of bank _____

Name of account holder _____

Account number _____

SWIFT (please indicate in any case) _____

Claim documents**Send completed claim form with original invoices to the claims office indicated below based upon your country of destination.****INCOMPLETE OR WRONG INFORMATION WILL CAUSE A PAYMENT DELAY.****If you traveled to:**

North and South America	Any other country excluding North and South America
CareMed Claims	CareMed Claims
GISI Claim Department	ACE European Group Limited, Direktion für Deutschland
River Plaza, 9 West Broad Street	Lurgiallee 10, 60439 Frankfurt, Germany
Stamford, CT 06902-3788, USA	

I hereby authorize any hospital, physician or other person who has attended or examined me, including those in my home country to furnish to the Assistance Center, or its representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical reports. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date _____

Signature of Insured _____

CAREMED ASSIST – 24-Hour Emergency Medical Assistance Service

Your CareMed Insurance Plan includes CareMed Assist, a worldwide 24-Hour Emergency Medical Assistance Service. Multilingual help and advice may be furnished for the Insured in the event of an emergency during the Policy term. To access these services you must call CareMed Assist at the phone numbers shown below. Please note, the phone number you call is based on the country you travel to.

CareMed Assist 24-Hour Medical Emergency Numbers:

USA & Canada	All other destinations
1-866-509-7714 (toll-free)	access code + 866-509-7714 (toll-free)

At anytime you may call On Call collect. To do so, contact the local operator and ask to make call to 1-603-328-1714

Fax: 1-603-898-9172 / e-mail: mail@oncallinternational.com

access code:

Please dial the access code for the country you are calling from as indicated in the policy booklet and at www.caremed-assistance.com

- CareMed Assist must approve and arrange all medical transportation services insured under this policy. Failure to contact CareMed Assist prior to arranging the following transportation services may result in a denial or reduction of claims payment.

- Return to the Insured's Home Country
- Transportation and subsistence allowance for parents
- Repatriation of deceased

- Here is a brief summary of the additional services provided under CareMed Assist **Medical Assistance**

- Referral to First Health Network
- Medical monitoring
- Prescription Drug replacement/shipment
- Emergency Message transmittal

Travel Assistance

- Assistance in obtaining emergency cash (CareMed Assist can assist you in obtaining an advance of funds for travel emergencies by coordinating directly with your Family, or your credit card company, bank, employer, plan sponsor or other sources of credit.)
- Lost or delayed luggage tracking if lost on a common carrier
- Replacement of lost or stolen airline ticket

Technical Assistance

- Locating legal services
- Bail bond services

FAQ'S

How do I know which Physician I can go to?

You are free to choose the Physician of your choice. If you are traveling in the United States and you are unsure what Physician to use, please refer to our website www.caremed-assistance.com and click on Find a Provider. If you are traveling outside of the United States and you are unsure what Physician to use, please call our assistance service under the number, which is indicated on your Insurance ID-Card and on page 7.

Pre-Existing Conditions are excluded from coverage. What does that mean?

Pre-Existing Condition shall mean any injury or illness which meets the following criteria: Condition(s) that would have caused a person to seek medical advice, diagnosis, care or treatment during the 12 month prior to the effective date of coverage and/or condition(s) for which manifestation, medical advice, diagnosis, care or treatment was recommended, received or noticed during the 12 month prior to the effective date of coverage.

Is pregnancy covered?

Any treatment for pregnancy will not be covered.

How will I know if the sport I am participating in will be covered if I get injured?

On page 21, section 10 you will find a listing of all hazardous sports for which no benefits shall be payable.

My braces need adjusting, is this covered?

There is no coverage for orthodontic care.

Does CareMed cover lost wages, if I am injured at work?

This plan will cover the medical treatment costs incurred as a result of an injury occurring while working, but does not provide for reimbursement of lost wages.

When does the non-emergent Emergency Room illness deductible apply?

The emergency room deductible applies in case of illness only, accidents are always covered, for Zone 1 participants only. If you go to an emergency room with an illness (cold, cough, stomach pain etc) the deductible of 250 USD will not be reimbursed by the insurer. The deductible applies unless you are admitted to the hospital as an inpatient (overnight patient).

How do I know under which insurance plan I am covered?

The type and extent of benefits, the geographical limits as well as the inception and termination of insurance coverage are explained in the insurance code section on page 10 and documented on your Insurance ID card.

What is the average length of time for claim reimbursement?

The average length of time for a claim to be paid is between 10-15 business days (from the date received), providing the claims department has the following from the Insured and/or Physician/Facility:

- a) Claim form that has been filled out with NEAT handwriting,
- b) An itemized bill and Physicians notes from the applicable Physician/Facility (Kindly note that the claims staff needs to have an itemized bill in order to pay the claim as this contains relative information. In many cases a balance due bill is submitted without these codes and then this is where a delay can happen).
- c) Valid address as to where to send the applicable payments.

Will I be covered for an injury or illness in my home country?

No, the CareMed Insurance Plan will not cover you for medical expenses incurred in your home country.

I want to stay longer than originally foreseen. Can I extend my insurance?

Original insurance contracts are not extended; however, you may reapply for additional policy periods subject to the terms of insurance available at that time. Pre-Existing conditions are not covered in a subsequent policy period. In order to extend your insurance please contact your exchange organization or travel agency.



Preamble to the CareMed International Travel Insurance

CareMed GmbH provides the Insured with international travel insurance programs marketed under the CareMed® trademark.

The Insurer is ACE European Group Limited with offices in Frankfurt, Germany, designated as “The Insurer” in the following. The Insurer offers insurance coverage based upon the insurance policy coverage options selected.

Gold G, Silver S and Bronze B establishes the framework of benefits in the CareMed Travel Insurance Plan. Benefits may be agreed upon without a deductible “A” or with a deductible of €/US\$ 50 “B”, €/US\$ 100 “C”, or €/US\$ 250 “D” claim event. The type and extent of benefits, the geographical limits as well as the inception and termination of insurance coverage are explained in the insurance code below and documented on the CareMed-ID card. This brochure contains a description of the insurance benefits and CareMed Assist services. All insurance plans include CareMed Assist.

Please ensure you read all limitations, exclusions and provisions of this plan as there are some conditions not covered hereunder.

Insurance Codes (indicated on the policy and ID-card)	
HA - Travel Health/Accident Insurance I - Travel Indemnity in case of accident T - Travel Assistance L - Travel Luggage Insurance 3 - Travel Third Party Liability	Example of Insurance Codes in a policy number: HAITL3Z1LGA - Comprehensive (Travel Health/Accident Insurance, Travel Indemnity in case of accident, Travel Assistance, Travel Luggage Insurance, Travel Third Party Liability Insurance) - USA & Canada - Long-term - Gold coverage - Without deductible
Z1 - Destination: USA & Canada Z2 - Destination: worldwide except USA & Canada	HAZ1LSB - Travel Health and Accident Insurance - USA & Canada - Long-term - Silver coverage - €/US\$ 50 deductible
L - Long-term S - Short-term	
G - Gold unlimited medical coverage S - Silver €/US\$ 250.000 max. medical coverage B - Bronze €/US\$ 50.000 max. medical coverage	
A - No Deductible B - €/US\$ 50 deductible C - €/US\$ 100 deductible D - €/US\$ 250 deductible	



ACE European Group Limited is rated A+ by Standard & Poor's and A+ by A.M. Best

General Information for CareMed Travel Insurance

Sect. 1 Who is insured?

The persons named in the Policy application form or in the Policy Schedule shall be insured provided such persons are at least 6 years old and under the age of 70 on the effective date of insurance, their Policy application is confirmed by CareMed and the premium has been paid to CareMed.

Sect. 2 Where is coverage provided

The policy shall provide coverage on a Covered Trip/Program for travel destinations worldwide. We divide travel destinations into two zones

- Zone 1 – travel destinations USA and Canada
 - Zone 2 – travel destinations worldwide except USA and Canada
- Insurance coverage shall not apply in the Home Country of the Insured.

Sect. 3 When does the Insured's coverage begin and end?

- The policy shall commence at 12:01 A.M. on the later of:
 - The effective date selected by the Insured, provided the appropriate premium has been paid prior to the start of the Covered Trip/Program; or
 - On the date CareMed accepts the Policy application and premium; or
 - The moment the Insured departs their Home Country.
- The policy shall end on the earlier of:
 - 11:59 P.M. on the day stipulated on the insurance Identification Card (ID Card) as the termination date of insurance; or
 - Upon the return of the Insured to his/her Home Country; or
 - To the date through which premiums have been paid.
- The maximum term of coverage for any policy period may not exceed 13 months.
- Insurance coverage shall extend beyond the termination date specified in the ID Card if:
 - The Insured's return journey is held up due to delays in transportation for which the Insured cannot be held responsible, but for no longer than 72 hours;
 - The Insured is hospitalized on the expiration date of the Policy and determined by a Physician to be unfit to be transported, up to a maximum period of 90 days; and
 - It can be established that the duration of the school year prolongs due to an unforeseen event. For such extension the Insured must notify CareMed in advance and additional premium must be paid in advance of the extension.

For an extension due to the reason in 4c above, the Insured shall pay additional premium for the extension period at the same rates charged for the initial policy term. If the Insured refuses to pay the extension premium, coverage will end on the original termination date on the ID Card.

Sect. 4 Can the Insured extend the Policy?

Original insurance contracts are not extended however, the Insured may reapply for additional policy periods subject to the terms of insurance available at that time. Pre-Existing conditions will not be covered in a subsequent period of coverage.

Sect. 5 What insurance benefit limits apply?

The Benefit limits under the policy are in US\$ or € currency based upon the country the Insured has traveled to:

- USA & Canada: Benefits limits are in US\$
Any other country except USA & Canada: Benefits limits are in €

SCHEDULE OF BENEFITS

The following coverages are not available to all Insureds. The Policy Number on your CareMed ID Card defines what coverages are available to you. Please refer to Insurance Codes on Page 10 to interpret your Policy Number and the coverages available to you.

Travel Health Insurance (HA)	CareMed GOLD	CareMed SILVER	CareMed BRONZE
Expenses incurred during the Insured's period of coverage			
Medical Expenses in case of injury	€/US\$ Unlimited	€/US\$ 250.000	€/US\$ 50.000
Medical Expenses in case of Acute Illness	€/US\$ Unlimited	€/US\$ 250.000	€/US\$ 50.000
Deductible Options – Per Injury or Illness	€/US\$ 0, 50, 100, 250	€/US\$ 0, 50, 100, 250	€/US\$ 0, 50, 100, 250
Non-Emergent Emergency Room Illness Deductible (for Zone 1 Insureds only)	US\$ 250	US\$ 250	US\$ 250
Choice of Physician/Hospital	For First Health Network contact the	Assistance provider or www.caremed-assistance.com	
Emergency Dental Care – Relief of Pain	€/US\$ 500	€/US\$ 250	€/US\$ 100
Dental Treatment in Case of Accident	€/US\$ 1.500	€/US\$ 750	€/US\$ 500
Psychiatric Evaluation	€/US\$ 500	€/US\$ 250	€/US\$ 100
Medical Evacuation	€/US\$ 100.000	€/US\$ 50.000	€/US\$ 25.000
Repatriation of Remains	€/US\$ 10.000	€/US\$ 10.000	€/US\$ 7.500
Medical Expenses in case of Accident	€/US\$ Unlimited	€/US\$ 250.000	€/US\$ 50.000
Out-patient Physiotherapy	€/US\$ 750	€/US\$ 500	€/US\$ 250
Out-Patient Diagnostic Testing			
Diagnostic X-Ray and Lab Services:	€/US\$ 500	€/US\$ 500	€/US\$ 500
Diagnostic CAT Scans and MRI:	€/US\$ 1.000	€/US\$ 1.000	€/US\$ 1.000
Medical Aids	€/US\$ 250	€/US\$ 150	€/US\$ 100

The above medical benefits are subject to the terms, limitations and exclusions of this policy.

Travel Accident Insurance (I)	GOLD	SILVER	BRONZE
Death	€/US\$ 13.000	€/US\$ 13.000	€/US\$ 13.000
* Complete Disability	max. €/US\$ 50.000	max. €/US\$ 50.000	max. €/US\$ 10.000
Salvage Search and Rescue Charges	€/US\$ 5.000	€/US\$ 5.000	€/US\$ 5.000
* Covers compensation for disability and loss of life or limb. Medical costs resulting from accidents are covered within the Travel Health Insurance and are subject to the maximum limits.			

Travel Assistance (T)	GOLD	SILVER	BRONZE
Family Members to the bedside of the Insured	€/US\$ 2.500	€/US\$ 2.000	€/US\$ 1.500
Flight back home in case of death of parents or siblings (available for long-term traveler only – 3 months +)	€/US\$ 2.000	€/US\$ 1.500	€/US\$ 1.000

Travel Luggage Insurance (L)	GOLD	SILVER	BRONZE
Deductible any one event (does not apply to checked luggage)	€/US\$ 50	€/US\$ 50	€/US\$ 50
Theft/damage of personal property	€/US\$ 1.500	€/US\$ 1.000	€/US\$ 500
Watches and Valuables – 50% of sum Insured	€/US\$ 750	€/US\$ 500	€/US\$ 250
Checked Luggage Delay	€/US\$ 500	€/US\$ 500	€/US\$ 500
Eyeglasses and Contact lenses	€/US\$ 250	€/US\$ 250	€/US\$ 250
Lost airline ticket	€/US\$ 100	€/US\$ 100	€/US\$ 100

Travel Third Party Liability Insurance (3)	GOLD	SILVER	BRONZE
Personal Liability	€/US\$ 500.000	€/US\$ 100.000	€/US\$ 50.000
Damage to Property	€/US\$ 150.000	€/US\$ 25.000	€/US\$ 15.000
	Overall for personal liability and damage to property not to exceed €/US\$ 500.000	Overall for personal liability and damage to property not to exceed €/US\$ 100.000	Overall for personal liability and damage to property not to exceed €/US\$ 50.000
Host Family – Property Damage	€/US\$ 1.000	€/US\$ 1.000	€/US\$ 1.000

The Aggregate Limit for the Personal Liability coverage per Insured equals the limit above.

GENERAL DEFINITIONS

Acute shall mean having rapid onset, not Chronic.

Automobile means a land motor vehicle, trailer, or semi-trailer (including any machinery or apparatus attached thereto) registered or licensed for travel on public roads.

Insurer means ACE European Group Limited

Covered Trip/Program means any class of scheduled foreign travel, shown in the Application for which the Insured paid the required premium to CareMed. This policy shall not apply when the Insured is in his/her permanent place of residence.

Chronic Disease shall mean a condition that is long-lasting and recurrent, or characterized by long suffering.

Eligible Person means a person who has not yet reached the age of 70 on the inception of the insurance, for which enrollment has been confirmed and accepted by CareMed prior to the inception of the insurance, and the Insurer has been notified and the appropriate premium has been paid.

Home Country shall mean the country where the Insured Person; 1) has his or her true, fixed and permanent home and principal residence; and 2) has declared with CareMed at time of enrollment.

Hospital shall mean except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and Treatment of sick or Injured persons with organized facilities for diagnosis and Surgery and having 24-hour nursing service and medical supervision. Shall mean a place that

- 1.) is legally operated for the purpose of providing medical care and Treatment to sick or injured persons for which a charge is made that the Insured Person is legally obligated to pay in the absence of insurance;
- 2.) provides such care and Treatment in medical, diagnostic, or surgical facilities on its premises, or those prearranged for its use;
- 3.) provides 24-hour nursing service under the supervision of a Registered Nurse at all times; and
- 4.) operates under the supervision of a staff of one or more Doctors. Hospital also means a place that is accredited as a Hospital by the Joint Commission on Accreditation of Hospitals, American Osteopathic Association, or the Joint Commission on Accreditation of Health Care Organizations (JCAHO).

Hospital does not mean:

- a convalescent, nursing, or rest home or facility, or a home for the aged;
- a place mainly providing Custodial, Educational or Rehabilitative Care; or
- a facility mainly used for the Treatment of drug addicts or alcoholics.

Host Family means the person(s) responsible for providing the Insured's room, board, general welfare, and care while on a Covered Trip/Program.

Insured means an Eligible Person while covered under this Policy.

Injury shall mean bodily injury caused solely and directly by violent, accidental, external, and visible means independent of Illness.

Illness shall mean sickness or disease of any kind contracted and commencing while this plan is in force. Any complication or any condition arising out of an Illness for which the Insured is being treated or has received treatment will be considered as part of the original Illness.

Physician means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the jurisdiction where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

Deductible shall mean the amount of Covered Expenses which is the Insured's responsibility to pay before benefits under this plan are payable.

Benefit Period shall mean the allowable time period the insured has to receive treatment for a Covered Injury or Illness.

Family Member shall mean a spouse, parent, sibling or child of the Insured Person.

Non-Emergent Emergency Room Illness Deductible shall mean the amount of Covered Expenses which is the Insured's responsibility to pay, when services are rendered in an Emergency Room for an illness that does not result in the Insured being admitted to the hospital as an inpatient.

Inpatient shall mean if the Insured is confined in an institution and is charged for room and board.

Outpatient shall mean if the Insured receives care in a Hospital or another institution, including: ambulatory surgical center; convalescent/skilled nursing facility; or physician's office, for an Illness or Injury, but who is confirmed and is not charged for room and board.

Period of Coverage shall mean the policy period issued by the Insurer to the Insured, beginning with when the coverage begins and ending with when the coverage ends.

Pre-Existing Condition shall mean any injury or illness which meets the following criteria: Condition(s) that would have caused a person to seek medical advise, diagnosis, care or treatment during the 12 month prior to the effective date of coverage and/or condition(s) for which manifestation, medical advise, diagnosis, care or treatment was recommended, received or noticed during the 12 month prior to the effective date of coverage.

Prescriptions:

1. Must be prescribed by Physician, as the result of a Covered Injury or Illness under the CareMed Insurance Plan
2. Prescriptions are always paid up-front (Pay and Submit). The insured must complete and submit a claim form for reimbursement.
3. The Prescription receipt must be submitted along with the Claim Form (Sorry, general store receipts are not acceptable).

Reasonable and Customary shall mean the maximum amount that the Insurer determines is reasonable and customary for covered expenses the insured person receives, up to but not to exceed charges actually billed. The Insurer's determination considers:

- amounts charged by other service providers for the same or similar service in the locality where received, considering the nature and severity of the bodily injury or illness in connection with which such services and supplies are received;
- any usual medical circumstances requiring additional time, skill or experience; and
- other factors the Insurer determines are relevant, including but not limited to, a resource based relative value scale.

Rehab is covered as follows:

Inpatient: In the hospital only, rehab centers are not covered.

Outpatient: Rehab centers are covered up to the limit under the Physiotherapy benefit.

TRAVEL HEALTH INSURANCE (HA)

The Insurer shall pay for all medically necessary expenses incurred while the Insured is traveling outside their Home Country for treatment of acute illness or injury up to the limit in the Schedule of Benefits. Eligible expenses shall be those listed below and which are not excluded in the Exclusions and Limitations:

- a) Reasonable and customary charges made by a Physician for diagnosis, treatment and surgery. In addition, the Insurer shall pay for examination and treatment methods and medicine which have also proved to be successful or are applied in practice because no classical medical examination or treatment method or medicine is available. The Insurer can reduce the benefit amount paid under the Policy to the amount which would have incurred if existing methods or medicine were applied;
- b) Medical treatment and preparations as prescribed by a licensed Physician for the Insured;
- c) In-patient care in generally recognized Hospitals;
- d) Transportation, as may be deemed medically necessary, to the nearest Hospital in the agreed upon geographical area for the purpose of inpatient care and return transportation to the Insured's accommodation;
- e) Hearing and speaking devices, walking aids, supporting apparatuses, orthopedic supports, orthopedic shoes, bandages, hernia supports, elastic stockings, artificial limbs and wheelchairs. The Insurer shall reimburse the cost or rental of the simplest version, up to the purchase price of these aids which are medically necessary for the medical treatment of acute illness or injury.
- f) Hospital charges: standard daily semi-private room and board rate for inpatient accommodation and subsistence including standard nursing care, Intensive Care, Coronary Care. Outpatient charges shall be covered the same as any inpatient charges. If the foreign stay is in the Federal Republic of Germany, insurance coverage for Hospitalization shall be restricted to the costs of general Hospital services and the accommodation adequate to such services respectively as well as medical services and any incidental expenses;
- g) Surgical charges on an inpatient or outpatient basis, including operating room charges and charges for the cost and administration of anesthetics;
- h) Medication prescribed by a Physician;
- i) X-rays, laboratory and diagnostic tests: fees for technical and diagnostic services;
- j) Medical preparations and medical devices: restricted to a period of 60 days;
- k) Psychiatric evaluation to determine an illness, but not psychotherapy;
- l) In-patient and outpatient physiotherapy.
- m) Out-patient Diagnostic X-ray and Lab Services up to a maximum per policy period of \$500. Outpatient Diagnostic Cat Scans and MRI up to a maximum per policy period of \$1,000;
- n) Emergency Pain-Relieving dental treatment to sound, natural teeth. With respect to Accidental dental, an eligible dental condition shall mean emergency dental repair or replacement to sound, natural teeth damaged as a result of a covered Accident.

Neither the Insurer nor CareMed Assist shall be liable for the availability, quantity and quality or success of any and all medical treatment the Insured receives or for the refusal on the part of the Insured to accept any medical assistance offered.

Medical Transportation/Evacuation

1. The costs of any transport deemed medically necessary by CareMed Assist shall be paid by the Insurer for the transport of the Insured as a result of covered injury or illness. The Insurer will also pay for the following medically necessary costs for the transport of the Insured:
 - a) to the nearest suitable Hospital;
 - b) to a suitable Hospital in the vicinity of the Insured's permanent place of residence or to a Hospital in the Home Country of the Insured;
2. Whenever possible, the Insured's return flight ticket shall be used for return transport.

Medical Treatment in Home Country:

If it is not acutely necessary to have the Physician provide an expensive and medically necessary treatment immediately and if the costs for the treatment in the Host Country exceed the costs for transporting the Insured home and the condition of the Insured's health allows said transport, the Insurer has the right to decide to transport the Insured home at the cost of the Insurer to have the treatment performed there. The costs of such treatment in the Home Country shall not be paid by the Insurer. The medical reports on the Insured's health condition shall form the basis for said decision. If the Insurer decides to transport the Insured home and should the Insured nevertheless insist upon having the treatment done in the Host Country, the costs of the treatment shall exclusively be the responsibility of the Insured. In this case, the Insurer shall only reimburse the amount that would have been incurred for transport home. The Insurer reimburses this to the Insured directly. The Insured must make a decision within 72 hours after receiving notification from the Insurer of its decision to transport.

REPATRIATION OF MORTAL REMAINS

The direct costs of repatriation of mortal remains shall be reimbursed by the Insurer provided that CareMed Assist has granted its prior approval and CareMed Assist has organized the transportation. In the event of the Insured's death, this plan shall pay for expenses incurred to obtain necessary government authorization, preparation and transportation of an insured remains to his or her place of residence or to the place of burial, embalming, or cremation in a minimally necessary casket or air tray.

TRAVEL ACCIDENT INSURANCE (I)

The Insurer shall provide insurance benefits based upon the principal sum in the Schedule of Benefits if an injury to the Insured resulting from a covered accident directly results in the death or permanent disability of the Insured.

A covered accident shall be deemed to have occurred:

1. If the Insured involuntarily suffers bodily injury as a result of an occurrence which has a sudden and external impact on his/her body; and
2. If a joint is dislocated or muscles, tendons, ligaments or capsules are strained or torn by an increased effort on limbs or spinal column; and
3. The accident which caused injury occurs during the policy period.

Provided the accidental death of the Insured occurs within one year of the date of accident, the Insurer shall pay the principal sum insured in the Schedule of Benefits for Accidental Death.

If the injury to the Insured results in the permanent impairment of the Insured's physical or mental abilities (disability), the Insured shall be entitled to claim benefit based on the principal sum insured for disability. Disability must have commenced within one year after the date of accident and must be determined by a licensed Physician to be permanent 15 months after the date of accident.

The disability benefits payable shall depend on the degree of disability and the part of the body which is permanently impaired. Notwithstanding any evidence substantiating a higher or lower degree of disability, the following maximum percentage of the disability principal sum in the Schedule of Benefits shall apply:

Permanent Impairment Table

Arm to the shoulder joint	70 %	Thumb	20 %
Arm to above the elbow joint	65 %	Forefinger	10 %
Arm to below the elbow joint	60 %	Other finger	5 %
Hand to the wrist	55 %		

Leg above the middle of the thigh	70 %	Foot to the ankle	40 %
Leg up to the middle of the thigh	60 %	Big toe	5 %
Knee	50 %	Other toe	2 %
Leg up to the middle of the lower leg	45 %		

Eye	50 %
Hearing in one ear	30 %
Sense of smell	10 %
Sense of taste	5 %

1. In the case of partial loss or functional impairment of one of these parts of the body or sensory organs, the corresponding proportion shall be determined on the basis of the respective percentage as stipulated in the Permanent Impairment Table above.
2. Should the accident affect parts of the body or sensory organs, the loss or functional incapacity of which is not specified above, the degree of disability shall be measured by the extent to which the Insured's normal physical or mental capacity is impaired from a purely medical perspective.
3. Should the accident result in the impairment of several physical or mental functions, the degrees of disability specified under the Permanent Impairment Table shall be added up. Such addition shall, however, not total more than one hundred (100) per cent disability.

Should the accident affect a physical or mental function already subject to permanent impairment prior to the accident, an appropriate deduction shall be made to the extent of such prior disability. Such disability shall be measured in accordance with the Permanent Impairment Table above.

If, as a result of injury sustained from the accident, the Insured should die within one year after the date of accident, there shall be no claim to disability benefits.

If, for reasons unrelated to the accident, the Insured should die within one year after the date of accident or should he/she die more than one year after the date of accident and had a claim had arisen previously for disability benefits, benefits shall be paid in the measure of the degree of disability which would have been reasonably expected on the grounds of the last medical examination conducted.

Should illness or ailments have contributed to the cause of the accident, the benefits payable shall be reduced in the proportion of the contributing factor of such illness or ailments, provided the contributing factor is at least twenty-five (25) percent.

Payments shall be made to the following: a beneficiary noted by the Insured. If a beneficiary is not otherwise designated by the Insured, benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

1. the Insured's spouse;
2. the Insured's child or children jointly;
3. an Insured's parents jointly if both are living, or the surviving parent if only one survives;
4. an Insured's brothers and sisters jointly; or
5. the Insured's estate.

Salvage Search and Rescue charges

The Insurer shall pay a total of the necessary costs incurred up to the agreed upon amount insured for:

1. search, rescue or salvaging work of rescue services and the fees normally charged for this;
2. for costs the Insured is responsible for, although they have not suffered an injury, if an accident was imminent;
3. transporting the Insured to the nearest Hospital or to a special clinic if this is medically necessary and ordered by a Physician;
4. additional expenditures, when returning the Insured to his/her permanent place of residence as long as the additional expenditures are based upon Physician's orders or were unavoidable due to the type of injury; and.
5. transportation to the last permanent place of residence in case of death.

TRAVEL LUGGAGE INSURANCE (L)

A deductible of €/US\$ 50 for any one event shall be borne by the Insured in respect of damaged or lost luggage with the exception of damaged or lost checked luggage. **Please refer to number 4 below for a list of limitations on certain personal luggage items.**

Any and all personal items and effects of the Insured during the term of the policy as well as gifts and souvenirs shall be deemed insured luggage.

1. Checked luggage
 - a) Luggage shall be insured where lost or damaged while in the custody of a carrier, accommodation or lodging provider or left-luggage office.
 - b) If checked luggage fails to reach the destination on the same day as the Insured due to delays in transportation, expenses shown to have been incurred in recovering said luggage and for the purchase of essential replacement items to allow the journey to continue shall be reimbursed up to a maximum of €/US\$ 500 for any one contract provided it can be proved that the airline or responsible party does not render compensation.
2. Luggage left in parked vehicles:

Insurance coverage shall apply in the case of theft from a parked vehicle and from packing boxes secured thereto by lock if said vehicle or packing box was firmly enclosed and secured by a lock, and the loss occurred between 6 a.m. and 10 p.m. Where the trip is interrupted for a period lasting no longer than two hours, insurance coverage shall also apply during the night.
3. All other travel periods:

During the remaining travel period insurance coverage shall apply if luggage is lost or damaged as a result of:

 - a) theft, burglary, robbery, armed robbery, intentional damage to property by third parties;
 - b) accidents involving injury to the Insured or damage to the means of transport;
 - c) fire, elemental occurrences, force majeure;

4. Maximum indemnity for the following shall be limited as follows:
 - a) Photo equipment, film and video cameras, cell phones (including accessories) and personal electronic devices (i.e. iPod, MP3 players, PDA devices, personal video players), as well as furs – 50 percent of the sum insured;
 - b) The laptop computer of an Insured – 50 percent of the sum insured;
 - c) Eyeglasses and contact lenses €/US\$ 250 any one event.
5. In the event of an insured loss the Insurer shall indemnify as follows for all other items of luggage up to the limit of the sum insured:
 - a) Actual cash value in respect of lost or damaged property. The actual cash value shall be that amount which is generally needed to purchase new items of comparable kind and quality less an amount corresponding to the state of the insured object (age, wear and tear, use, etc.); for items acquired during the trip the purchase price shall be the maximum amount;
 - b) The necessary repair costs for damaged property and possibly the remaining depreciation, the actual cash value representing the maximum amount payable;
 - c) Material value in respect of films, sound and data carriers;
 - d) Official fees for the replacement of identification papers.
6. If an airline ticket was lost, the Insurer reimburses any fees incurred for the issuing of a new ticket up to an amount of €/US\$ 100 but not the value of the ticket itself.
7. The insured sums are first-loss amounts, i.e., no other insurance will be taken into account in case of claim.

TRAVEL ASSISTANCE (T)

Travel Assistance

1. The Insurer shall bear the costs to return the Insured to the Insured's **Home Country** in the event of death of a parent or sibling of the Insured, and the Insured wishes to attend the funeral. All arrangements must be coordinated through CareMed Assist.
The Insurer shall bear the cost to return the Insured back to the **Host Country** if all of the following conditions have been met:
 - a) The insured must be a long-term traveler with CareMed and is insured for > than 3 months.
 - b) There must be a minimum of 6 weeks left on the Insured's scheduled stay*.
*Exception to this rule are participants in school exchange programs who need to complete exams and/or take part in graduation ceremonies
 - c) All arrangements must be coordinated through CareMed Assist.
 - d) Whenever possible, the Insured's return flight ticket shall be used for return transport.
2. The Insurer shall cover the expenses for transport and accommodation for close family members which have been arranged by CareMed Assist up to the benefit maximum when the Insured is Hospitalized on an inpatient basis due to a life threatening condition or when the Insured's inpatient stay exceeds a period of 10 consecutive days.

GENERAL LIMITATIONS & EXCLUSIONS

No Benefit shall be payable for Travel Health Insurance, Travel Accident Insurance, Travel Luggage Insurance, Medical Transportation/Evacuation and Travel Assistance, and Repatriation of Mortal Remains as the result of or for:

1. War or acts of war (whether war be declared or not), rebellion, revolution, terrorism, hijacking of aircraft, insurrection, civil commotion, strikes, armed force of any kind, enforcement of law and emergency services, actual or attempted criminal offences, brawling or violence and acts by public authorities;
2. Loss, damage, costs or expense of whatsoever nature resulting directly or indirectly from the discharge, explosion, or use of any device, weapon, material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of any other causes or events concurrently or in any sequence thereto;
3. Losses intentionally perpetrated by the Insured;
4. Physical work undertaken for wage or profit. The Insured may accept such light duties such as child-care or au-pair services or participate in a training program. There is also cover for all activities within the framework of a J1, J2 and H2B visa for entry into the U.S. or a Working Holiday Visa for entry into Australia or New Zealand;
5. Any Injury or Illness which is Pre-Existing Condition as defined hereunder.
6. Sexually transmitted diseases;
7. HIV (acquired immune deficiency syndrome, AIDS) and all possible consequences if transmitted by sexual contact;
8. Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;
9. Suicide, attempted suicide or self-inflicted injuries; mental illness, mental or emotional disorders or reactions – including, stress, anxiety, attacks of panic, depression, eating disorders, or weight problems; pathological disorder as a result of psychic reactions, even if they are caused by an accident;
10. Poisoning by ingesting solid or liquid substances through the throat;
11. Misuse of intoxicants, narcotics or addictive drugs or their derivatives as well as impairments due to such means, irrespective of whether they were directly or indirectly responsible for the costs incurred; misuse of medical preparations;
12. Accidents caused by mental disorders or impairment of consciousness, strokes, epileptic fits or cramps seizing the whole body. This shall also apply insofar as the condition is due to the influence of alcohol or drugs;
13. Injury sustained while taking part in boxing; combat sports; aerial sports, heli-skiing; mountaineering; rock climbing; hang gliding, parachuting; bungee jumping; horseracing, motor vehicle or speed races; driving or riding on a motorcycle, motor scooter or all-terrain vehicle, scuba diving (unless the Insured has scuba diving qualifications recognized by the competent local authority in the country of destination); white water rafting; jet skiing; snowmobile if exercised as a sports activity; snorkeling; water skiing; spelunking; caving; parasailing; professional sports; amateur sports; interscholastic sports;
For participants on High School Exchange programs Interscholastic Sports shall be covered up to a maximum of €/US\$ 5,000 per Period of Coverage;
For participants on Work and Travel programs snow skiing and snowboarding shall be covered up to a maximum of €/US\$ 5,000 per Period of Coverage;

14. Driving any type of motorized means of transport on land or on water or air if the Insured person has not yet completed the 18th year of his/her life or possesses no valid driving license required for this. There is, however coverage, for participation in the school-organized preparation of the driving test for motor vehicles. There is also coverage for driving mopeds or motorized bicycles provided the Insured person has the necessary driving license and the maximum speed of such vehicle is 50 km/hr;
15. There is no coverage for co-pilots or passengers of a non-commercial flight and pillion riders of a motorbike, snow mobile if used as sports vehicle, any type of off-road vehicles, racing car or any type of go-cart vehicle, however, there is coverage for front-seat passengers or passengers of motorized means of transport including snow mobiles if used as means of transport;
16. No liability shall exist for interest, financing costs or fees with respect to payment reminders;
17. The insured event was not an acute illness or an unforeseen event for the Insured;
18. Travel undertaken for the reason to secure medical treatment;
19. Medical treatment which the Insured knew to be necessary prior to departure;
20. Costs of dentures, orthodontics, dental crowns and routine treatments, such as scaling, will not be reimbursed;
21. Routine examinations and treatment, including routine examinations of the eyes;
22. Exclusions from the above the costs of visual acuity testing will be reimbursed provided such testing becomes necessary for the purchase of new glasses and when a confirmation of coverage had been given for the loss or damage of these glasses within the scope of the Travel Luggage Insurance;
23. Medical Treatment and Surgery which can be postponed and are not absolutely medically necessary;
24. Treatments to stabilize Chronic Illness;
25. Allergic tests;
26. Treatment and medication for convalescence and recovery;
27. Over-the-counter medical preparations, preventive inoculations, injections or medical preparations, contraceptives, fertility drugs, vitamins;
28. Plastic or cosmetic surgery, unless the Insurer has given its prior approval with respect to repairing damage caused by accidents;
29. Impairment to health caused by curative measures and other interventions performed on the body of the Insured; radiation and infections;
30. Eyeglasses and contact lenses unless covered under the Travel Luggage Insurance benefit; replacement, removal or repair of existing prostheses;
31. Medical treatment and medication received outside the term of the policy or in the country of permanent residence of the Insured;
32. Pregnancy and birth; elective abortion;
33. Congenial abnormalities or genetic disorders;
34. Cholelithiasis, lithotripsy, lithotripsy, hernia and varicose veins.

The following additional exclusions apply to Travel Luggage Insurance:

1. The following articles shall be excluded from the insurance coverage:
 - a) Cash/money, securities, tickets and documents of any and every kind.
 - b) Computer equipment, software and accessories (except as provided herein);
 - c) Motor-driven land, air and water vehicles including accessories;

2. Restrictions applying to insurance coverage:
 - a) Insurance shall not apply to jewellery and valuables left in check-in luggage and in parked vehicles. During the remaining travel period insurance coverage shall apply if such items are kept securely deposited in a safe or any other stationary locked container, or retained in personal custody.
 - b) Pure financial consequential losses shall not be covered.
 - c) Insurance coverage for damage to or loss of luggage during tenting and camping trips shall apply only where sustained on official camping sites.
 - d) There is insurance coverage for bicycles, surfboards, skis and snowboards, only if they were stored in a closed space.
3. Any lost, damaged or stolen luggage where the Insured did not take reasonable measures to protect, save and/or recover their property.

GENERAL PROVISIONS

The following provisions apply for Travel Health Insurance, Travel Accident Insurance, Travel Luggage Insurance, Medical Transportation/Evacuation and Travel Assistance, Repatriation of Mortal Remains, and Third Party Liability:

MISREPRESENTATION AND FRAUD

The Insurer shall be freed from its duty to indemnify insurance benefits under the Policy if the Insured attempts to defraud the Insurer after the occurrence of a claim by submitting inaccurate details of circumstances which are of significance regarding whether and to what extent the Insurer's duty to indemnify under the Policy exists.

SUBROGATION

The Insurer shall have rights to claim damages against third parties up to the level of claim payments effected by the Insurer. The Insured shall be obliged to subrogate in this scope and up to the amount any and all claims to damages to the Insurer. The Insured shall support the Insurer in pursuing and subrogating claims.

1. The insurance provided under this policy (other than Travel Accident Insurance benefits for death and disability) are in excess of any other valid and collectible insurance. Any and all duties to indemnify arising from any and all other insurance contracts shall have precedence over this insurance policy. This shall apply in particular to statutory benefits payable by social insurance funding authorities and benefit claims of the Insured against a liability insurance underwritten by the Insurer (e.g. motor-vehicle insurance or personal liability insurance). Claims submitted by the Insured to the Insurer in the form of original bills shall be regarded as an advance notice, but the Insured shall first submit such bills under any other insurance policies for payment.
2. If the Insured has made a claim to costs reimbursed against a private health insurance company and received relevant benefits in connection with an event Insured against, the Insured shall not have a claim to the amount that any insurance policy or provider has reimbursed costs.
3. The Insured shall submit proof of payment to the Insurer with the reimbursement notification to any other health accident property or liability insurer or pension insurance fund with higher priority to pay benefits. If the Insured gives up a claim for other insurance without the consent of the Insurer, The Insurer shall be freed to indemnify to the extent that the Insured could have received reimbursement on that claim.

WHEN AN INSURED'S COVERAGE BEGINS

The Policy shall commence at 12:01 A.M. on the later of the effective date selected by the Insured, provided the appropriate premium has been paid prior to start of the Covered Trip/Program or on the date CareMed accepts the Policy application and premium, if this date is later than the effective date on the Insured's Policy Application.

WHEN AN INSURED'S COVERAGE ENDS

The Policy shall end on the earlier of 11:59 P.M. on the day stipulated on the insurance Identification Card (ID Card) as the termination date of insurance, or upon the return of the Insured to his/her Home Country, or to the date through which premiums have been paid. The Policy shall extend beyond the expiration date on the ID Card if:

1. The Insured's return journey is held up due to delays in transportation for which the Insured cannot be held responsible, but for no longer than 72 hours;
2. The Insured is Hospitalized on an outpatient basis on the expiration date of the Policy and determined by a Physician to be unfit to be transported, up to a maximum period of 90 days; and
3. It can be established that the duration of the school year prolongs due to an unforeseen event. For such extension the Insured must notify CareMed in advance and additional premium must be paid in advance of the extension.

For an extension due to the reason in Number 3 above, the Insured shall pay additional premium for the extension period at the same rates charged for the initial policy term. If the Insured refuses to pay the extension premium, coverage will end on the original termination date on the ID Card.

PREMIUMS

1. Premiums due for the Policy shall be remitted to CareMed in advance of the effective date per the premium basis and rates.
2. Payment of the premium must have been received in full by CareMed prior to the effective date of the policy. Insurance coverage shall not be deemed to exist if checks are submitted for payment without a currency denomination.
3. If the policy is cancelled prior to the effective date, the premium shall be refunded in full.
4. If the policy is cancelled after the effective date, the Insured shall be reimbursed the premium for the remaining full months less a processing fee for the remaining term if no claims have been paid by the Insurer. If the Insurer has paid claims under the insurance, no refund will be paid. The cancellation cannot be processed any earlier than the date CareMed has received notification of cancellation. Premium refunds shall be processed 60 days after the date CareMed receives written notification from the Insured.

CLAIMS

The Insured shall be obliged to comply with the following provisions in respect to any claim. If the Insured violates any one of the following provisions intentionally or through gross negligence, or attempts to defraud the Insurer by submitting inaccurate details of significance regarding the circumstances of the claim, the Insurer shall be freed from its duty to indemnify under the Policy:

1. Contact CareMed Assist for travel assistance benefits;
2. Contact CareMed Assist or the Claims Center before entering the Hospital or having any surgery;
3. Report the claim to the appropriate Claims Center without delay;

4. Failure on the part of the Insured to contact the Claims Center or CareMed Assist without delay if Hospitalized or having surgery shall render the Insured liable for any additional costs incurred;
5. Minimize the loss as far as possible and to avoid unnecessary costs;
6. Describe the event, scope and all pertinent information of the claim to the Claims Center. The Insured shall furnish a completed claim form and proof in the form of original bills and receipts. The bills have to include the first and last name of the person treated, the description and diagnosis treated, information on the individual services of the person doing therapy and the date of treatment. It must be possible to clearly see the medicine prescribed, the price and the receipt from the pharmacy for prescription drugs.
7. The Insured shall release attending or examining physicians from their professional confidentiality obligation and allow the Claims Center to reasonably examine the cause and amount of the asserted claim and also to obtain information from health and other authorities.
8. Submit to the appropriate Claims Center within 60 days after occurrence of the insured event a fully completed claim form, medical reports, original itemized bills and any and all pertinent proof of costs incurred in an orderly fashion.
9. If the Insured violates any one of these obligations intentionally or through gross negligence, the Insurer shall be free from its duty to indemnify expenses incurred by the Insured under the policy.

The following additional Claim Provisions shall apply to Travel Accident Insurance only:

1. The Insured shall be obligated to undergo a medical examination by a Physician appointed by the Claims Center. The necessary costs of such examination and any loss of income caused thereby shall be borne by the Claims Center; and
2. As soon as the Claims Center has received the documents which are to be submitted by the Insured for the purposes of proving the circumstances and consequences of the accident and on completion of the curative treatment necessary for determining the degree of disability, the Claims Center shall declare within three months whether and to what extent it recognizes a claim.
3. Prior to completion of curative treatment, disability benefits may be claimed within one year after occurrence of the accident only up to the level of the sum payable at death.
4. The Insured and the Claims Center shall be entitled to have the degree of disability determined annually by a Physician up to a period not exceeding three years after the occurrence of the accident. To exercise this right, the Claims Center must so state jointly with the declaration made in accordance with Number 2 above, and the Insured must respond within one month after receipt of such declaration. Should the final assessment of disability result in higher disability benefits than the Claims Center has paid so far, such extra amount shall be subject to payment at 4 percent annual interest.

The following additional Claim Provisions shall apply to Travel Luggage Insurance only:

1. The Insurer shall be exempted from its duty to indemnify if the Insured intentionally or wantonly brought about the occurrence of the Insured event or if the Insured intentionally makes false statements in respect of an Insured event, in particular a loss notification, even if the Insurer suffers no disadvantage as a result.
2. Lost or damaged checked luggage shall be reported without delay to the carrier and/or accommodation or lodging provider. A confirmation of loss or damage by the respective company shall be submitted to the Claims Center. Loss or damage not externally recognizable shall be reported in writing to the carrier immediately on discovery, at the latest within seven days.

- Losses or damage due to criminal acts shall be notified to the nearest or next available police station in the form of a report accompanied by a list of all lost or damaged items. A certified copy of such report shall be submitted to the Claims Center.

PROOF OF LOSS

The Insured shall submit to the Claims Center a fully completed claims form, medical reports, original itemized bills and any and all pertinent proof of costs incurred, in an orderly fashion within 60 days from the date of accident, onset of illness, or date of loss.

SETTLEMENT OF LOSS

- As soon as the Claims Center has determined whether and to what extent it has a duty to indemnify, the claim shall be paid within two weeks in € or US\$ or at the Claims Center's discretion in that currency stipulated in the receptive bill.
- Reimbursement to the Insured shall be based on itemized original bills showing proof of payment. If required, payment may be made directly to the service provider or a rightful third party claimant.
- Foreign currency conversions shall be based on the exchange rate ruling on the day of the service of bills by the Insurer or the Claims Center.
- The Insured shall pay bank fees.

DISAGREEMENT OVER SIZE OF LOSS.

- Civil action may be made pending against the Insurer at the court of the Insurer's principal place of business.
- Claims from the insurance policy shall be statute-barred in two years. This period of limitation shall commence at the end of the year when the insurance benefit becomes due for payment. If the claim was reported to the Insurer, the period between notification and receipt of the written decision of the Insurer shall not be included in the calculation of the period.
- If the Insurer has refused to pay a claim, the Insurer shall be freed to indemnify to the extent that the claim is not asserted in court by the Insured within six (6) months. This period shall only commence after the Insurer has rejected the claim in writing stating the reasons involved.

THIRD PARTY LIABILITY INSURANCE (3)

The Insurer will pay on behalf of the Insured all sums which the Insured shall become legally obligated to pay as Damages for personal liability Claims first made against the Insured and reported to the Claims Center, during the Policy Term that the Third Party Liability Insurance Coverage is in force, arising out of any Incident covered under this Policy, provided always that such Incident happens:

- on or after the Policy Effective Date; and
- outside the Insured's Home Country

The Insurer shall have the right and duty to defend any suit against the Insured (except for outside the U.S., Puerto Rico, and Canada, the Insurer shall have the right but not the duty to defend), seeking Damages to which this insurance applies even if any of the allegations of the suit are groundless, false or fraudulent. The Insurer may make such investigation and settlement of any Claim, or suit as it deems expedient. In no event shall the Insurer be obligated to pay Damages or Claim Expenses or to defend, or continue to defend, any suit after the applicable limit of the Insurer's liability has been exhausted by payment of Damages.

Host Family Homeowner Coverage:

This coverage only applies while the Insured is residing with a Host Family. If an Incident results in an eligible claim under a valid and collectible homeowner's insurance policy of the Host Family or similar insurance policy covering Property Damage to the Insured Location, the Insurer will pay the loss incurred up to the amount of the deductible under the Host Family's homeowner's insurance policy (or similar insurance policy), not to exceed €/US\$ 1.000 per Insured per Policy Term. In case that the host family has no Homeowner insurance the maximum benefits will be paid.

The Insurer will pay the benefit pursuant to this provision only after the Insured has submitted to the Insurer due proof of the Property Damage amount which was incurred.

OTHER INSURANCE

If any other insurance is available to the Insured, Host Family, or Third Party for a covered loss under Third Party Liability Insurance Coverage, the Insurer's obligations under this insurance are excess of such insurance. In no event shall this insurance apply until all other insurance has paid its applicable limit of insurance.

DEFINITIONS FOR THIRD PARTY LIABILITY INSURANCE

Claim(s) means a demand for money or the service of a suit naming an Insured and alleging an Incident. Claim does not include proceedings seeking injunctive or other non-pecuniary relief. Punitive damages will not be covered.

Claim Expenses means:

- Fees charged by an attorney or attorneys designated by the Insurer and all other fees, costs, and expenses resulting from the investigation, adjustment, defense settlement and appeal of a Claim, suit or proceeding arising in connection therewith, if incurred by the Insurer, or incurred by the Insured with written consent of the Insurer, but does not include salary charges or expenses of regular employees or officials of the Insurer, or fees and expenses of independent adjusters;

2. All costs against the Insured in such suits and all interest on the entire amount of any judgment therein which accrues after entry of the judgment and before the Insurer has paid or tendered or deposited, whether in court or otherwise, that part of the judgment which does not exceed the limit of the Insurer's liability thereon;
3. Premiums on appeal bonds and premiums on bonds to release attachments in such suits, but not for bond amounts in excess of the applicable limit of liability of this policy. The Insurer shall have no obligation to pay for or furnish any bond.

Damages means compensatory judgments, settlement or awards, but does not include punitive or exemplary damages, fines or penalties, the return of fees or other consideration paid to the Insured, or that portion of any award or judgment caused by the trebling or multiplication of actual damages under federal or state law.

Incident means any act or omission committed by the Insured during the Policy Term which results in Personal Injury or Property Damage.

Insured Location means the residence premises and the part of any other premises; structures and grounds used by the Insured other than any property owned by the Host Family.

Personal Injury means bodily injury, sickness (but not any communicable disease) or disease sustained by any person, including death.

Property Damage means physical injury to or destruction of tangible property, including the loss of use thereof at any time resulting there from.

EXCLUSIONS TO THIRD PARTY LIABILITY INSURANCE

The following exclusions apply to Third Party Liability Insurance. This insurance does not apply to any Claim or suit:

1. for Bodily Injury or Property Damage arising out of the ownership, operation or use of (1) any Automobile; (2) any type of land vehicle including off road vehicles, snowmobiles, mopeds, motorbikes; (3) any watercraft; (4) any aircraft or anything that flies and (5) any motorized equipment. This exclusion does not apply if you are a passenger on any of the above items;
2. for Bodily Injury or Property Damage arising out of participating in high-risk sports including: Hunting activities, boxing, combat sports, mountaineering or rock climbing, caving, aerial sports, heli-skiing, motorized racing or speed trials, bungee jumping, scuba diving (unless the Insured has the qualifications recognized by the competent local authority in the contracted destination), wild water rafting, jet-skiing, professional sports, and participation in competitive sporting events of any kind;
3. based on or arising out of liability assumed by the Insured under any contract or agreement including interest penalties or debts;
4. arising from the transmission of illness or communicable disease by the Insured or transmission of or infection by, or the testing or the failure to test for the presence of Acquired Immune Deficiency Syndrome (AIDS), any AIDS related virus or any other disease transmitted through sexual contact or another person's body fluids;

5. based on or arising out of an actual or attempted dishonest, fraudulent, criminal, intentional tortious acts, or malicious act or omission or deliberate misrepresentation committed by, at the direction of, or with the knowledge of any Insured including brawling or acts of violence or the initiation of a confrontation;
6. Discrimination by the Insured against others because of their race, creed, age, sex, color, sexual preference, or national origin;
7. arising from acts by any Insured expected or intended to cause Bodily Injury or Property Damage sustained (This exclusion does not apply to Bodily Injury resulting from the use of reasonable force to protect person or property.);
8. of Property Damage to:
 - a) property owned by or in the custody of the Insured, or
 - b) property rented to, occupied by or on loan to the Insured or in the Insured's care to the extent that the Insured is obligated by contract to provide insurance for such property;
 - c) property of the Host Family except as provided under the Host Family Homeowner coverage;
 - d) property obtained through unlawful interference; or
 - e) rented furniture or furnishings, or damage to buildings or installations of youth centers or hostels of any kind, however, liability arising from damage to rented holiday accommodation and hotel rooms shall be included;
9. brought against any Insured alleging, in whole or part, sexual assault, abuse, corporal punishment, molestation, physical or mental abuse, or similar criminal behavior that was threatened, committed, or alleged to have been committed, by any Insured;
10. for Bodily Injury or Property Damage arising from the consumption of alcohol or the misuse of intoxicants, narcotics, or addictive drugs or their derivatives as well as impairments due to such means, irrespective of whether they were directly or indirectly responsible for the damages incurred; misuse of medical preparations; mental illness, mental or emotional disorders or reactions, including stress, anxiety, panic attacks, depression, eating disorders, or weight problems;
11. for Bodily Injury or Property Damage due to war or acts of war, whether or not declared, rebellion, revolution, terrorism, hijacking of aircraft, insurrection, civil commotion, strikes, armed force of any kind, enforcement of law and emergency services, and acts by public authorities;
12. for Personal Injury or bodily Injury to the Insured;
13. brought against any Insured arising out of the Insured's professional activities or any other physical work undertaken for wage or profit, or the Insured's rendering of services when such services are for persons other than the host family;
14. for injuries caused directly or indirectly by nuclear reaction, radiation, contamination whether radioactive or not, regardless of how it was caused;
15. for Bodily Injury or Property Damage among or between Insureds traveling together and Insureds and their accompanying relatives.

GENERAL PROVISIONS FOR THE THIRD PARTY LIABILITY BENEFIT

These provisions are in addition to the General Provisions noted above for all benefits.

ACTION AGAINST THE INSURER

No action shall lie against the Insurer unless, as a condition precedent thereto, there shall have been full compliance with all of the terms of this policy, but not until the amount of the Insured's obligation to pay shall have been finally determined either by judgment against the Insured after actual trial or by written agreement of the Insured, the claimant and the Insurer.

ASSIGNMENT

The interest of any Insured is not assignable. If any Insured shall die or be judged incompetent, this insurance shall thereupon terminate for such person but shall cover the Insured's legal representative as the Insured with respect to liability previously incurred and covered by this insurance.

ASSISTANCE AND COOPERATION OF INSURED IN THE EVENT OF CLAIM OR SUIT

Upon the Insured becoming aware of any Incident which could reasonably be expected to be the basis of a Claim covered hereby, written notice shall be given by the Insured to the Insurer together with the fullest information obtainable. If Claim is made or suit is brought against the Insured, the Insured shall immediately forward to the Insurer every demand, notice, summons or other process received by the Insured or the Insured's representative. The Insured shall cooperate with the Insurer and, upon the Insurer's request, assist in making settlements in the conduct of suits and in enforcing any right of contribution or indemnity against any person or organization who may be liable to the Insured because of Damages with respect to which this insurance applies. The Insured shall attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses. The Insured shall not, except at the Insured's own cost, voluntarily make any payments, assume any obligation or incur any expense. Intentional or wonton violation of any of these obligations by the Insured may exempt the Insurer of its duty to indemnify.

WHEN CLAIM IS TO BE CONSIDERED AS FIRST MADE

1. When the Claims Center first receives written notice from the Insured that a Claim has been made; or
2. When the Claims Center first receives written notice from the Insured of specific circumstances involving a particular person or entity which may result in a Claim.

All Claims arising out of the same or related Incident shall be considered as having been made at the time the first such Claim is made, and shall be subject to the same limit of liability.

LIMIT OF LIABILITY – CLAIMS

Regardless of the number of Insureds under this Policy, the number of persons or organizations which sustain injury, or the number of Claims made or suits brought, the Insurer's liability for the Coverages provided is stated in the Schedule of Benefits.

The limit of liability stated in the Schedule of Benefits as applicable to "each claim" is the limit of the Insurer's liability for all Damages because of each Claim covered hereby. All Claims arising from the same or related Incident shall be considered a single Claim for the purpose of this insurance and shall be subject to the same limit of liability. The limit of liability stated in the Schedule of Benefits as "Aggregate" is subject to the above provision respecting "each claim", the total limit of the Insurer's liability under this Policy for all Damages as a result of all Claims made and reported to the Insurer during the Policy Term, including any Extended Reporting Period. Claim Expenses are included within the applicable limit of liability stated in the Schedule of Benefits.

POLICY PERIOD, TERRITORY

The insurance afforded by this policy applies to Claims which are first made and reported during the Policy Term in effect provided Claim is made or suit, if any, is brought within the United States of America, its territories or possessions, Puerto Rico, Canada, or any county in which the Insured is traveling while on a Covered Trip/Program.

POLICY TERM

With respect to each insured, the Policy Term shall effect and terminate in concurrence with the Insured's Coverage Begin date and Insured's Coverage End date as outlined in the General Provisions Section of the Policy.

REIMBURSEMENT

While the Insurer has no duty to do so, if the Insurer pays Damages or Claim Expenses:

1. within the amount of the applicable deductible; or
 2. in excess of the applicable limit of liability,
- the Insured shall, upon written demand, repay such amounts to the Insurer within thirty (30) days thereof. Failure to pay any amounts indicated above may lead to policy cancellation and the Insured shall not have the right to any Extended Reporting Period option.

SUBROGATION

If the Insurer makes a payment under the Policy and the person to or for whom payment was made has a right to recover damages from another, the Insurer shall be subrogated to that right. That person shall do:

1. Whatever is necessary to enable the Insurer to exercise the Insurer's rights; and
2. Nothing after the loss to prejudice those rights.

If the Insurer makes a payment under the Policy and the person to or for whom payment is made recovers damages from another, that person shall:

1. Hold in trust for the Insurer the proceeds of the recovery; and
2. Reimburse the Insurer to the extent of the Insurer's payment.

If you are in	dial
Dominica	1800-872-2881
The Dominican Republic	1800-872-2881
- E -	
Ecuador	1-999-119 or 1-800-225-528
Egypt from Cairo	510-0200
Egypt outside of Cairo	02-510-0200
El Salvador	800-1288
Estonia	0-800-12-001
- F -	
The Fiji Islands	004-890-1001
Finland	08001 10015
France	0-800-99-0011
The French Antilles from Martinique, St. Martin, St. Barthelemy or Guadeloupe	0800-99-0011
French Guiana	0-800-99-0011

If you are in	dial
- G -	
Gabon Republic	00 ^-001 (^ Indicates second dial tone)
Gambia	00111
Georgia	8 ^ 0288 (^ Indicates second dial tone)
Germany	0800-225-5288
Ghana	0191
Gibraltar	8800
Greece	00-800-1311
Grenada	1800-872-2881
Guam	1800-225-5288
Guatemala	138-126
Guatemala City	
Guatemala outside of Guatemala City	999-9190
Guyana	159
- H -	
Haiti	183
Honduras	800 0 123

If you are in	dial
Hong Kong	800-96-1111 or 800-93-2266
Hungary	06-800-01111
- I -	
Iceland	00 800 22255288
India	000-117
Indonesia	001-801-10
Ireland	1-800-550-0000 or 00-800-222-55-288
Ireland	0-800-89-0011
Northern Ireland use the UK access number	
Israel	1-800-94-94-94/9 or 1-800-92-22-222
Italy	800-172-444
Includes Vatican City	
Ivory Coast	00-111-11
- J -	
Jamaica	1-800-872-2881
Japan	00-539-1111 or 00-665-5111
Jordan	1-880-0000

If you are in	dial
- K -	
Kazakhstan	8 ^ 800-121-4321 (^ Indicates second dial tone)
Republic of Korea	00-729-11 or 00-369-11
- L -	
Latvia	800-2-288
Lebanon within Beirut	426-801
Lebanon outside of Beirut	01-426-801
Liechtenstein	809-2288
Lithuania	8 ^ 800-900-28 (^ Indicates second dial tone)
Luxembourg	800 2 0111
- M -	
Macau	0800-111
Republic of Macedonia	99-800-4288
Malaysia	1-800-80-0011
Malta	800-90110
The Marshall Islands	1-800-225-5288

If you are in	dial
Mauritius	01 120
Mexico	01-800-288-2872 or 001-800-462-4240
Mexico - for a Spanish speaking operator	01-800-112-2020 or 001-800-658-5454
Micronesia	288
Monaco	800-90-288
Montserrat	1800-872-2881
Morocco	002-11-0011
- N -	
Nepal	0800-77-001
The Netherlands	0800-022-9111
The Netherlands Antilles	001-800-872-2881
New Zealand	000-911
Nicaragua	174
Norway	800-190-11
- P -	
Pakistan	00 800 01001
Panama, Republic of	00-800-001-0109

If you are in	dial
Papua New Guinea	0507-12880
Paraguay	008-11-800
Peru	0-800-50-288
The Philippines	105-11
Poland	0-0-800-111-1111
Portugal	800-800-128
Puerto Rico	1-800-225-5288
- R -	
Reunion Island	0-800-99-0011
Romania	021-800-4288
Russia	755-5042
from within Moscow	
Russia	8-095-755-5042
from areas outside of Moscow	
Russia	325-5042
from within St. Petersburg	
Russia	8-812-325-5042
from areas outside of St. Petersburg	
Russia	8 ^ 10-800-110-1011 (^ Indicates second dial tone)
from Ekaterinburg, Irkutsk, Novosibirsk, Omsk, Rostov-on-Don, Samara, Vladivostok and other cities	

If you are in	dial	If you are in	dial
- S -			
Saipan	1800-225-5288	Taiwan	00801-102-880
San Marino	800-172-444	Thailand	1-800-001-33 or 001-999-11111
Saudi Arabia	1-800-10	Trinidad and Tobago	1800-872-2881
Senegal	3072	Turkey	00-800-122-77
Sierra Leone	1100	Turks and Caicos	01-800-872-2881
Singapore	800-011-1111 or 800-001-0001	- U -	
Slovakia	0-800-000-101	Uganda	800-001
Slovenia	088932420	Ukraine	8 ^ 100-11 (^ Indicates second dial tone)
The Solomon Islands	0811	The United Arab Emirates	800-121
South Africa	0-800-99-0123	The United Kingdom	0-800-89-0011 or 0-500-89-0011
Spain	900-99-0011	Uruguay	000-410
Sri Lanka	430-430	Uzbekistan	8 ^ 641-740010 (^ Indicates second dial tone)
St. Kitts and Nevis	1800-872-2881	- V -	
St. Lucia	1800-872-2881	Venezuela	0800-225-5288
St. Pierre and Miquelon	0-800-99-0011		
St. Vincent	1800-872-2881		
Sudan	800-001		
Suriname	156		
Sweden	020-799-111		
Switzerland	0-800-89-0011		
Syria	0-801		
- Y -			
		Yemen	00-800-101
- Z -			
		Zambia	00-899
		Zimbabwe	110-98990