This information sheet provides you with a brief overview of the essential contents of our insurance product. The insurance cover is exhaustively described in the General Policy Conditions. To be fully informed, please read all documents.

What is this type of insurance?
MAWISTA Student Classic is a comprehensive Insurance and includes the following benefits: Health Insurance and Emergency Call Insurance.

What is insured?
Health Insurance and Emergency Call Insurance
✓ Illness or accident
✓ Pregnancy and childbirth (after the expiry of a waiting period of three or eight months respectively)

What events are insured?
✓ Illness or accident
✓ Pregnancy and childbirth (after the expiry of a waiting period of three or eight months respectively)

What will be reimbursed?
✓ Costs for outpatient treatment by a physician
✓ Costs for medical treatment and medication prescribed by a physician
✓ Costs for inpatient treatment in a hospital
✓ Costs for Pain-killing dental treatment
✓ Costs of the medically advisable and appropriate return transportation to the nearest suitable hospital to the place of residence and, in the event of death, the repatriation of mortal remains

As part of the Emergency Call Insurance: Assistance for personal emergencies (illness, accident, death) and organisation of repatriation with medically adequate means, as soon as this is medically advisable and reasonable.

Deductible: € 50 for outpatient and dental treatments for each insured event, max. € 5,000 per calendar year

What is not insured?
Health Insurance and Emergency Call Insurance
x Medical treatment and other measures ordered by a physician that the insured person knew were necessary prior to inception of insurance cover or at the time of taking out the insurance or which he or she could have expected in the circumstances of which he or she was aware.

x Treatment of pregnancies which occurred before the commencement of insurance cover.

x Treatment of pregnancies within the waiting period after the commencement of insurance cover.

x Psychoanalytical and psychotherapeutic treatment and hypnosis.

x Prophylactic examinations and check-ups.

x Dentures.

x Visual aids required as a result of an accident.

Are there any restrictions on cover?
Health Insurance and Emergency Call Insurance

✓ Pain-killing dental treatment: up to € 500

✓ Medically prescribed treatment (e.g. massages, fango or lymph drainage treatments): up to six (medical) applications

✓ Aids required as a result of an accident: up to € 250

✓ Repatriation costs: up to € 25,000

Where am I covered?

✓ Insurance cover is valid for insured persons with Germany as home country for the temporary stay outside Germany.

✓ Insurance cover is valid for insured persons with home country outside Germany for the temporary stays within Germany and the rest of the EU, as well as in Switzerland, Liechtenstein, Norway, United Kingdom and Iceland.

✓ In general, no coverage exists in areas for which the Federal Foreign Office of Germany has issued a travel warning at the time of your entry into this area.

What are my obligations?

- You are obliged to report the damage or loss to us promptly.

- In case of severe injuries or serious illnesses, particularly prior to hospitalisation, you have to contact us immediately.

When and how do I pay?
The premium is due for the first time on commencement of the insurance contract and is payable each month in advance. The payment of the premium can be made by using one of the available payment methods (e.g. SEPA direct debit or credit card). If a contract is valid for a term of longer than one month, the renewal premium is payable on the 1st day of the new month respectively.

When does the cover start and end?
Insurance cover begins at the time stated in the insurance policy (start of insurance), however not before applying for insurance, not before crossing the border and not before the expiry of any waiting periods. Waiting periods are calculated from the commencement of insurance. Insurance cover ends at the agreed time, at the latest at the end of the insured stay in the agreed area of validity. The insurance contract can be agreed for full months in each case and for a maximum term of 48 months.

How do I cancel the contract?
You may cancel your policy at any time. It will then expire at the end of that month.
Documents to Insurance Policy

Overview of Benefits

MAWISTA Student - Tariff Classic

- Health Insurance
  Deductible: € 50 for outpatient and dental treatments for each insured event, max. € 5,000 per calendar year
- Emergency Call Insurance

We are there for you

Assistance in an emergency
If you require help in an emergency, the Assistance is there for you. Our 24-hour emergency service guarantees rapid and expert assistance all over the world!

Phone: +49.89.6 24 24-496

Important for help in an emergency:

- Please hold the exact address and phone number of your current whereabouts ready to hand.
- Note down the name of your contacts, e.g. physician, hospital or police.
- Describe as exactly as possible the facts of the case and have the necessary information at hand.

Notification of claim
The simplest and quickest way of notifying us of your claim is via https://www.mawista.com/en/file-a-claim/ or alternatively by post to our MAWISTA Claims Department (see address on the right).

Complaints, Applicable Law and Withdrawal

Complaint Notice:
Our complaint procedures are designed to offer you an effective way of settling any disputes you may have. If you are not satisfied with our services, we require you to provide us with all relevant information.

You can send us your complaints regarding claims, contract issues or misuse of communication means (e.g. mail, email) by:
- E-Mail: service-reise@allianz.com
- Regular mail: AWP P&C S.A., Beschwerdemanagement, Bahnhofstraße 16, D - 85609 Aschheim (near Munich), Germany

In the event of complaints relating to all types of insurance, please contact the responsible supervisory authority, Bundesanstalt für Finanzdienstleistungsaufsicht (BaFin - the German Federal Financial Supervisory Authority), Grauhofdorfer Strasse 108, D - 53117 Bonn, Germany (www.bafin.de).

The contract is governed by the laws of the Federal Republic of Germany, unless this conflicts with international law. Legal action based on the insurance contract can be brought by the policyholder or the insured person before the court with jurisdiction over the principal place of business or the branch of the insurer. If the policyholder or the insured person is a natural person, legal action can also be brought before the court in the district of which the policyholder or the insured person has his place of residence when the legal action is brought or, if he does not have a place of residence, his habitual place of abode.

Terms and Conditions of Insurance

Data Protection and General Information in the Event of Claim

Terms and Conditions
- General Provisions
- Health Insurance
- Emergency Call Insurance
MAWISTA Student – Insurance Benefits at a Glance / Tariff Table

Table of contents

Area of validity: see §2 VB AB-CLA 20 MST
Maximum insured travel duration: The insurances are valid for the agreed term, maximum 48 months.
Insurable persons: see §1 No. 1 VB AB-CLA 20 MST
Guidelines on taking out insurance: The policy can be purchased at any time, effective on the first day of any month. Insurance cover commences at the time specified in the insurance policy, but not before applying for insurance, not before crossing the border and not before the expiry of any waiting periods.

Insurance cover is provided only for the person named on the insurance policy. The premium is due for the first time at the beginning of the insurance contract and is payable monthly in advance. The payment of the premium can be made by using one of the available payment methods (e.g. SEPA direct debit or credit card). If the insurer has been authorized to debit the premium from the selected payment method, the payment shall be deemed to have been made, if there is sufficient cover on the stated payment method at the time of debiting. The amount of the premiums is usually based on the selected insurance cover and the term of the contract.

Right to revoke contracts valid for a term of one month or more:
You can revoke your contractual declaration within 14 days in writing (e.g., letter, fax, e-mail) without stating reasons. The period begins after you have received the insurance certificate, the terms of the contract including the Terms and Conditions of Insurance, the additional information pursuant to § 7 (1) and (2) of the Insurance Contracts Act (VVG) in accordance with § 1 through 4 of the VVG Decreer on Information Duties - each of these notifications in written form. In case of contracts in electronic commerce (§ 312c (1) (1) of the German Civil Code (BGB)), this period shall not commence prior to our performance of our duties pursuant to § 312c (1) (2) of the German Civil Code in conjunction with Article 26c of the Introductory Law to the German Civil Code (EGGB).

The deadline for revocation is deemed met if the revocation is dispatched in good time. It must be sent to:
AWP P&C S.A., Bahnhofstraße 16, D - 85609 Aschheim (near Munich), Telefax: + 49.89.6 24 24-244, E-Mail: service-reise@allianz.com.

Consequences of revocation:
When revocation is effective, insurance cover ceases and we shall refund to you that portion of the premium allocated to the period after receipt of the revocation if you consented to insurance cover beginning prior to the end of the revocation period. We are entitled in this case to retain that portion of the premium that is allocated to the period until receipt of the revocation. This is a sum calculated proportionally by days. Amounts to be refunded will be remitted without undue delay, no later than 30 days after receipt of the revocation. If insurance cover does not commence prior to the end of the revocation period, then effective revocation means that payments received must be refunded and uses made thereof (e.g., interest) must be disbursed.

Special notes:
Your right of revocation lapses when the contract is completely performed both by you and also by us at your express request before you have exercised your right of revocation.

Your AWP P&C S.A., Germany Branch

If the insured event occurs, we will only be obliged to provide indemnity if the premium has been paid, or if you, as the policyholder, are not at fault for the non-payment of the premium. You are required to prove this to us.

This translation is for information purposes only. In the event of any conflict or inconsistency between the German and the English versions, the German original shall prevail.

AWP P&C S.A.
Niederlassung für Deutschland (Germany Branch)
Bahnhofstraße 16
D - 85609 Aschheim (near Munich)
Germany

General Representative: Jacob Fuest
Registration court: Munich HRB 4605
VAT ID No. DE 129274528

AWP P&C S.A.
Public Limited Company incorporated under French law
Registered Office: Saint-Ouen (France)
Commercial register: R.C.S. Bobigny 519 490 080
Chairman of the Board of Management: Sirma Boshnakova

- 1 -
In accordance with Art. 13 and 14 of the General Data Protection Regulation (GDPR), we are inform you about how your personal data is processed by AWP P&C S.A., Niederlassung für Deutschland (Germany Branch), and about the rights to which you are entitled under GDPR law. Please make all insured individuals (e.g. your spouse) aware of this policy.

I. Who is responsible for processing your personal data?
Responsibility for processing your personal data rests with:

AWP P&C S.A., Niederlassung für Deutschland
Bahnhofstraße 16
D - 85009 Aschheim (near Munich).

The Data Protection Officer can be contacted by standard mail at the aforementioned address, using the suffix “Data Protection Officer”, or by email at datenschutz-azpde@allianz.com.

II. For what purpose is your data processed, and on what legal basis does this take place?

1. What applies to all categories of personal data?
We process your personal data in compliance with the EU General Data Protection Regulation (GDPR), the German Federal Data Protection Act (BDSG), the provisions of the German Insurance Contract Act (VVG) relevant to data protection law, as well as all other applicable laws.

When you apply for insurance cover, we will require the information provided by you at this point in time to arrange the contract and to estimate the risk assumed by us. If the insurance contract comes into being, we will process this data for the implementation of the contractual relationship, such as for invoicing purposes. We require information about loss or damage in order to be able to assess whether an insured event has occurred and determine the extent of this loss or damage.

It is not possible to arrange and implement the insurance contract without processing your personal data.

Art. 6 (1) b) GDPR constitutes the legal basis for the processing of personal data for pre-contractual and contractual purposes.

Alongside that, Art. 6 (1) a) and c) – f) GDPR contain other legally defined situations in which we are entitled to process personal data.

We will process your data in order to fulfill a legal obligation in accordance with Art. 6 (1) c) GDPR, as such to review claims for settlement and if another insurer seeks recourse from us due to the existence of multiple insurance policies.

We will also process your data in order to uphold our legitimate interests or the legitimate interests of others, Art. 6 (1) f) GDPR.

This may be the case particularly:

• for ensuring IT security and IT operations
• for marketing our own insurance products, and for conducting marketing surveys and opinion polls
• for the prevention and investigation of criminal activities (in particular, we employ data analyses to detect possible indications of insurance fraud).

As a rule, we only process that data that we have received directly from you. In certain cases we may also receive such data from other sources (such as if another insurer seeks recourse from us due to the existence of multiple insurance policies).

We also process your personal data in order to fulfill other statutory obligations, such as regulatory requirements, as well as data retention obligations imposed by commercial and tax law.

In these cases, the legal basis of the data processing is provided by the relevant statutory regulations in conjunction with Art 6 (1) c) GDPR.

We may also process your data in accordance with Art 6 (1) d) GDPR in order to protect your vital interests, or if you have consented to the data processing, Art. 6 (1) a) GDPR.

If we wish to process your data for any purpose other than those specified above, we will notify you in advance within the framework of the statutory regulations.

2. What applies to special categories of personal data, especially health data?

There are special safeguards on the processing of special categories of personal data, of which health data is one. As a rule, processing is permitted only if you have consented to the processing in accordance with Art. 9 (2) a) GDPR, or if this is a case of one of the other situations defined by law, Art. 9 (2) b) – j) GDPR.

a) Processing of your special categories of personal data

In many cases, in order to review the benefit entitlement, we require personal data belonging to a special category (sensitive data). This includes health data, for example. If, in connection with a specific insured event, you provide us with such data together with a request to review and process the claim, you are explicitly permitting us to process your sensitive data necessary in order to process the insured event. We will again remind you specifically of this fact in the claim form.

You may revoke your consent at any time, with future effect. However, we explicitly inform you that it may in that case no longer be possible to review our indemnity obligations in connection with the insured event. If the review of the claim is already concluded, there may be statutory retention obligations that mean the data cannot be erased.

We may also process your sensitive data if this is necessary to protect your vital interests, and if you are physically or legally incapable of giving your consent, Art. 9 (2) d) GDPR. This may be the case if you suffer a serious accident while travelling, for example.

In the case of multiple insurance policies, if another insurer seeks recourse from us or if we seek recourse from another insurer, we may process your sensitive data in order to assert and defend the statutory claim for settlement, Art. 9 (2) j) GDPR.

b) Requesting health data from third parties for review of the indemnity obligation

In order to review our indemnity obligation, it may be necessary for us to review information about the state of your health, as provided by you for the substantiation of claims, or which is contained in the documents submitted (e.g. invoices, prescriptions, medical reports) or statements, such as from a doctor or other member of the healthcare profession.

For this purpose, we will require your consent, including a confidentiality waiver covering us and all agencies subject to a duty of confidentiality, and which are required to provide information for review of the indemnity obligation.

We will notify you in each specific case about which persons or institutions require information for what purpose. You may then decide in each case whether you consent to us collecting and using your health information, and whether to release the named persons or institutions and their duty of non-disclosure, and if you agree to the communication of your health data to us, or if you want to personally provide the necessary documentation.

III. To what recipients will we communicate your data?

Recipients of your personal data may include: selected external service providers (e.g. assistance service providers, benefit processors, transport service providers, technical service providers, etc.), other insurers (e.g. in the case of multiple insurance coverage).

We also insure some of the risks that we cover with specialist insurers (re-insurers). To this end, it may be necessary to send your contract and, where relevant, your claims information to a re-insurer, to enable it to form its own opinion of the risk or the insured event.

If you join a group insurance contract as an insured person, (e.g. when acquiring a credit card), we may disclose your personal data to the policyholder (a bank for example), if it has a legitimate interest in knowing this information.

In addition, we may also communicate your personal data to other recipients, such as public authorities for the fulfilment of statutory duties of notification (e.g. finance authorities or criminal investigation agencies).

The forwarding of data is a form of data processing, and is likewise performed within the framework of the principles set out in Art. 6 (1) and Art. 9 (2) GDPR.

IV. How long will we retain your data?

We will retain your data for the period during which claims may be made against our company (statutory limitation period of 3 to 30 years).

We will also retain your data if we are under a legal obligation to do so, e.g. according to the provisions of the German Commercial Code, the German Fiscal Code or the German Money Laundering Act. The relevant retention periods range up to ten years.

V. Where will your data be processed?

If we have to transfer your data to service providers located outside of the European Economic Area (EEA), the transfer within the Allianz Group will be performed on the basis of “Binding Corporate Rules”, which have been approved by the data protection authorities. These form part of the “Allianz Privacy Standard”. These Corporate Rules are binding on all companies within the Allianz Group, and they ensure an appropriate level of protection for personal data. The “Allianz Privacy Standard” and the list of Allianz Group companies bound by this standard, can be viewed here: https://www.allianzpartners.com/allianz-partners—binding-corporate-rules.html.

In those cases in which the “Allianz Privacy Standard” does not apply, the transfer of data to third countries will take place in accordance with Art. 44 – 50 GDPR.

VI. What are your rights?

You have the right to be informed about all of the information retained by us, and to demand that incorrect data be rectified. Under certain conditions, you also have the right to the erasure of data, the right to object to processing, the right to the restriction of processing and the right to data portability.

Right of objection
You may object to the processing of your data for direct marketing purposes. If we process your data in order to protect legitimate interests, you may object to this processing for reasons pertaining to your particular situation.

If you have any objections concerning the handling of your data, you may contact the aforementioned Data Protection Officer in this connection. You are also entitled to lodge an objection with a data protection supervisory authority.

General Information in the Event of Claim

What do you do in any case of damage?

The insured person must inform us immediately and document the damage as far as possible. For this reason, please ensure that you have suitable proof of the occurrence of the damage (e.g. confirmation of damage, medical certificate) and of the extent of damage (e.g. bills, receipts).

What should you do if you fall ill, injure yourself or any other emergency occurs during your stay in the agreed area of validity?

(Health Insurance, Emergency Call Insurance)

Please immediately contact the Assistance in case of severe injuries or serious illnesses, particularly prior to hospitalisation, so that adequate treatment can be ensured or repatriation transport arranged. For the reimbursement of the costs you have paid at the location, please submit original bills and/or prescriptions.

Important: The bills must show the name of the person receiving treatment, the name of the illness, the treatment data and the individual medical services provided and the costs of these. Prescriptions must provide information on the medications prescribed, the prices and bear the stamp of the pharmacy.

Right of objection
You may object to the processing of your data for direct marketing purposes. If we process your data in order to protect legitimate interests, you may object to this processing for reasons pertaining to your particular situation.

If you have any objections concerning the handling of your data, you may contact the aforementioned Data Protection Officer in this connection. You are also entitled to lodge an objection with a data protection supervisory authority.
1. The insurance contract can be agreed for full months in each

2. For persons with temporary resident status in Germany, a

3. The terms and conditions of AWP P&C S.A., Germany Branch

1. The following are eligible for insurance cover:

2. The insurer reimburses the following:

3. What applies if the insurer has claims for damages against third parties?

4. What term of validity does the contract have? When is the

5. If the premium has not been paid upon the occurrence of the insured event, the insurer shall not have a duty to indemnify, unless the failure to pay was not caused by the insured event itself. If the insurer is also not responsible for non-payment. If the insurer has been authorized to debit the premium from the selected payment method, the payment shall be deemed to have been made when, if there is sufficient cover on the stated payment method at the time of debiting.

6. The contract enters into force again. However, no insurance cover is provided for insured events occurring after the expiry of the period set for payment.

7. Where does the insurance begin and end?

8. Damage or loss due to war or events similar to war; however, insurance cover does exist if the damage or loss occurs in the first 14 days after the beginning of the events; insurance cover continues if the end of travel is delayed for reasons for which the insured person is not responsible. This does not apply in case of stays in countries in whose territory war or civil war is already ongoing or where such an outbreak was foreseeable. Damage or loss through active participation in war, civil war or events similar to war.

9. The insured person is entitled to:

10. The insurance is valid for insured persons who are residents of Germany who are travelling abroad as language pupils, students, scholarship holders, candidates for a doctorate or post-doctoral researchers, or who are participating in work- and holiday-programs as well as accompanying members of his or her family.

11. The requirement is that the person has not yet reached their 55th birthday on the date on which the insurance policy begins.

12. Insurance cover applies to the person, specified name by name, in the insurance policy documentation for their temporary period of residence in accordance with the agreed area of validity.

13. The T erms and Conditions (VB) printed below apply to the respec-

14. The insurer reimburses the following:

15. What is the insurer’s obligation in the event of a claim?

16. What are the obligations and duties of the insured person in the event of a claim?

17. Defence and payment to the amount which would have been incurred if conventional medical methods or medicine had been applied because no conventional medical methods or medication is available. However, the insurer may reduce the payment to the amount which would have been incurred if conventional medical methods or medicine had been applied. The insurer reimburses the costs in accordance with the conditions for a duration of up to six weeks after the agreed term of validity of the insurance contract until the date when the insured event can be transported at the latest, if patient repa-

18. What costs are reimbursed for medical treatment?

19. The insurer reimburses expenditures for all necessary medical treatment in the agreed area of validity, including costs incurred for:

20. Damages or losses intentionally caused by the insured person.

21. Incapacity for work or earning caused by an insured event.

22. The claim to an insurance benefit lapses in three years, calculated from the end of the year in which the claim occurred. The claim to an insurance benefit lapses in three years, calculated from the end of the year in which the claim occurred and the insured person obtained knowledge of the circumstances in order to assert the claim, or would have obtained knowledge without gross negligence.

23. The claim to an insurance benefit lapses in three years, calculated from the end of the year in which the claim occurred.

24. What must be followed for submitted declarations of intent?

25. If the insurer has been authorized to debit the premium from the selected payment method, the payment shall be deemed to have been made when, if there is sufficient cover on the stated payment method at the time of debiting.

26. The contract enters into force again. However, no insurance cover is provided for insured events occurring after the expiry of the period set for payment. The effect of the termination is to apply
2. The actual costs of up to € 25,000 for the repatriation of the deceased insured person for a funeral in his or her home country or, alternatively, the actual costs of a local funeral up to the costs of repatriation at the maximum.

§ 4 What limitations on insurance cover are to be noted?
No insurance cover is provided for the following:
1. Medical treatment and other measures ordered by a physician, where the purpose of the stay in the agreed area of validity was to seek such treatment.
2. Medical treatment and other measures ordered by a physician that the insured person knew were necessary prior to the stay in the agreed area of validity or at the time of taking out the insurance or which he or she could have expected in the circumstances of which he or she was aware.
3. Nutriment and tonics.
4. Orthodontic treatment, dental treatment other than pain-killing treatment, repairs to dentures and provisional measures.
5. Medical treatment (e.g. massages, fango or lymph drainage treatments) which exceed eight treatments per insurance year.
6. The purchase of prostheses and other medical aids; notwithstanding this, insurance cover is provided up to € 250 per year for aids required as a result of an accident.
7. Treatment of alcoholism, drug addiction and other addictions as well as the consequences thereof.
8. Treatment of pregnancies which occurred before the commencement of insurance and for the treatment of pregnancies within the waiting period after the commencement of insurance.
9. Treatment or accommodation caused by infertility, need of nursing care or detention.
10. Psychoanalytical and psychotherapeutic treatment and hypnosis.
11. For fees and charges which exceed the extent considered generally customary and reasonable in the country concerned and for optional benefits such as a single room or treatment by the head physician. The physician may be reduced to the customary rates in the country.
12. Patient repatriation transport caused by one of the reasons mentioned under no. 1, 2, 7 and 9.
13. Prophylactic examinations and check-ups, check-ups of children and young people, dental check-ups and dental prophylaxis, vaccinations as well as any charges and fees for medical certificates, reports on diagnostic findings and doctor’s certificates for inability to work, which were not requested by the insured.

§ 5 What are the duties and obligations of the insured person in case of damage or loss?
The insured person is obliged to:
1. Contact the Assistance immediately in the event of inpatient treatment at a hospital, prior to the commencement of any extensive diagnostic or therapeutic procedures as an inpatient or outpatient, and prior to any submission of acknowledgements of payment. The insurer will reimburse the documented costs for the insured person.
2. Consent to return or repatriation to his or her home country, assuming the insured person is fit to be transported and provided that the requirements under § 3 No. 1 VB K-CLA 20 MST have been met, if the Assistance authorises the return journey in view of the nature of the illness and the treatment required.
3. Submit to the insurer the original invoices or duplicates with an original reimbursement stamp by another insurance company concerning the benefits granted; these will then become the property of the insurer.

§ 6 What deductible does the insured person pay?
The deductible is € 50 for each insured event, however a maximum of € 5,000 per calendar year.
<table>
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<th>Provisions</th>
<th>MAWISTA Student Classic ®</th>
<th>MAWISTA Student Classic ® plus</th>
<th>MAWISTA Student Comfort ®</th>
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<td>Insurance cover for Germans in Germany if the stay abroad is</td>
<td>not insured</td>
<td>not insured</td>
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<td><strong>Health Insurance</strong></td>
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<tr>
<td>§ 2 No. 1</td>
<td>Amount of costs reimbursed for ...</td>
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<td>Outpatient treatment</td>
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<td>unrestricted</td>
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<td>Medical treatment of a newborn baby if born prematurely</td>
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<td>max. € 100,000</td>
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<td>Medically necessary patient transportation to a hospital</td>
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<td>unrestricted</td>
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<td>Pain-killing dental treatment per insurance year</td>
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<td>max. € 500</td>
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<td></td>
<td>Dentures per insurance year</td>
<td>not insured</td>
<td>not insured</td>
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<td></td>
<td>Treatment of pregnancy</td>
<td>unrestricted, after the expiry of a waiting period of 8 months</td>
<td>unrestricted, after the expiry of a waiting period of 8 months</td>
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<td>Aids required as a result of an accident per insurance year</td>
<td>max. € 250</td>
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<td>Visual aids required as a result of an accident per insurance year</td>
<td>not insured</td>
<td>not insured</td>
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<td>Vaccination</td>
<td>not insured</td>
<td>not insured</td>
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<td>Treatment (e.g. massages, fango and lymph drainage treatment) per insurance year</td>
<td>max. 6 treatments</td>
<td>max. 8 treatments</td>
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<td>Rehabilitation measures</td>
<td>unrestricted</td>
<td>unrestricted</td>
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<td>Provision of the insurance benefit subsequently after the expiry of the insurance contract if the insured person is unfit to travel</td>
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<td>max. 6 weeks</td>
</tr>
<tr>
<td>§ 3 No. 1</td>
<td>Patient repatriation transportation to the home country</td>
<td>The costs of the medically advisable and justifiable patient repatriation transportation to the nearest hospital in the insured person’s home country at an unlimited amount, also if hospital treatment lasts longer than 14 days on request by the insured person.</td>
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<tr>
<td>§ 3 No. 2</td>
<td>Reimbursement of costs for repatriation of mortal remains to home country</td>
<td>max. € 25,000</td>
<td>max. € 25,000</td>
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<tr>
<td>§ 3 No. 2</td>
<td>Reimbursement of costs for local funeral</td>
<td>up to the costs of the repatriation of mortal remains at the maximum</td>
<td>up to the costs of the repatriation of mortal remains at the maximum</td>
</tr>
<tr>
<td>§ 6</td>
<td>Deductible</td>
<td>€ 50 per claim for outpatient and dental treatments</td>
<td>no deductible</td>
</tr>
<tr>
<td><strong>Emergency Call Insurance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>§ 1 – § 4</td>
<td>Offers immediate assistance worldwide in case of an emergency in the agreed area of validity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>§ 2 No. 2</td>
<td>Declaration of amount of costs assumed for inpatient treatment</td>
<td>max. € 15,000</td>
<td>max. € 15,000</td>
</tr>
<tr>
<td><strong>Accident Insurance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>§ 3</td>
<td>Sum insured in case of death</td>
<td>not insured</td>
<td>€ 10,000</td>
</tr>
<tr>
<td>§ 4</td>
<td>Sum insured in case of disability</td>
<td>not insured</td>
<td>max. € 140,000</td>
</tr>
<tr>
<td>§ 6 No. 1</td>
<td>Rescue costs</td>
<td>not insured</td>
<td>max. € 5,000</td>
</tr>
<tr>
<td>§ 6 No. 2</td>
<td>Health spa allowance</td>
<td>not insured</td>
<td>max. € 1,500</td>
</tr>
<tr>
<td><strong>Liability Insurance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>§ 1</td>
<td>Sums insured</td>
<td>not insured</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• max. € 1,000,000 for personal injury and property damage</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• max. € 250,000 for damage to rented property</td>
</tr>
<tr>
<td><strong>Monthly Premiums</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>up to 40 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration of insurance in months</td>
<td>€ 33.10</td>
<td>€ 59.70</td>
<td>€ 63.80</td>
</tr>
<tr>
<td></td>
<td>1st to 12th</td>
<td>13th to 48th</td>
<td>13th to 48th</td>
</tr>
<tr>
<td>41 to 55 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration of insurance in months</td>
<td>€ 69.90</td>
<td>€ 114</td>
<td>€ 119</td>
</tr>
<tr>
<td></td>
<td>1st to 12th</td>
<td>13th to 48th</td>
<td>13th to 48th</td>
</tr>
</tbody>
</table>