

## INFORMATION SHEET

### SUMMARY OF INSURANCE COVER

#### ACCORDING TO PLAN SKV BASE

(Please present this sheet to the medical provider before starting treatment)

The main features of insurance cover according to plan **SKV Base** are listed below.

**The scope of cover is governed exclusively by the applicable General Terms of Insurance and the skeleton agreement concluded with the German National Association for Student Affairs (Deutsches Studentenwerk).**

Benefits	Plan SKV Base
<i>Outpatient treatment</i>	100% of the costs up to the GOÄ <sup>1</sup> rates specified below; transport for initial treatment following an accident/emergency
<i>Drugs, dressings, therapies, therapeutic aids and appliances</i>	100% of the costs as prescribed by a doctor; therapies up to the GOÄ <sup>1</sup> rates specified below, therapeutic aids and appliances exclusively for acute care following an accident up to max. EUR 250 per insured event
<i>Glasses/contact lenses</i>	No reimbursement of costs
<i>Dental treatment</i>	100% of the costs up to the GOÄ <sup>1</sup> /GOZ <sup>2</sup> rates specified below for pain-killing dental treatment, simple fillings in conjunction with acute toothache, max. EUR 750 within 12 months
<i>Dentures</i>	50% of the costs up to the rates specified below for repairing existing dentures, max. EUR 300 within 12 months
<i>Inpatient treatment</i>	100% of the costs for accommodation and nursing care in a hospital (general hospital services), treatment by a doctor with private bed quota up to the GOÄ <sup>1</sup> rates specified below
<i>Return transport</i>	Max. EUR 3,000 for return transport from Germany after receiving confirmation of benefits, insofar as such transport is medically necessary because treatment cannot be assured in Germany
<i>Repatriation and funeral costs</i>	Max. EUR 3,000
<i>Pregnancy and childbirth</i>	Screenings and treatment during pregnancy (3-month qualifying period) and childbirth (8-month qualifying period) are covered in accordance with the maternity guidelines
<i>Psychic treatment</i>	Psychotherapeutic treatment according to state insurance (= 5 exploratory sessions + 25 sessions with initial application + possibility of extension year-independent)
<i>No reimbursement of costs for</i>	<ul style="list-style-type: none"><li><input type="checkbox"/> Prior illness and insured events occurring before conclusion of the contract</li><li><input type="checkbox"/> Screening expenses and vaccinations</li><li><input type="checkbox"/> Mental disorders</li><li><input type="checkbox"/> Consequences of active participation in acts of war or civil commotion</li><li><input type="checkbox"/> Wilful intent</li><li><input type="checkbox"/> Withdrawal/detoxification treatment</li><li><input type="checkbox"/> Health cures/rehabilitation measures</li><li><input type="checkbox"/> Accommodation (nursing care/long-term custody)</li><li><input type="checkbox"/> HIV infections known before inception of the insurance</li><li><input type="checkbox"/> Abortions/sterility/artificial insemination</li><li><input type="checkbox"/> Individual health services (so-called IGeL services)</li><li><input type="checkbox"/> Dentures, orthodontic treatment, prophylactic treatment and treatment of the oral mucosa, periodontic treatment</li><li><input type="checkbox"/> Practitioners of complementary medicine (Heilpraktiker)</li><li><input type="checkbox"/> Outpatient treatment by a midwife</li></ul>
<i>Geographical scope</i>	Germany
<i>Break in travel</i>	After 3 months, insurance cover is also extended to travel outside Germany for up to 6 weeks within a period of 12 months (for acute illness and accidents)
<i>Eligible rates</i>	Outpatient/inpatient treatment: As a matter of principle 1.7 times the GOÄ <sup>1</sup> rate; 1.3 times the rate for technical services according to GOÄ <sup>1</sup> -section A, E and O and 1.1 times the rate for services according to section M Dental treatment: As a matter of principle 1.7 times the GOZ <sup>2</sup> /GOÄ <sup>1</sup> rate; 1.3 times the rate for technical services according to GOÄ <sup>1</sup> -section A, E and O and 1.1 times the rate for services according to section M

1 GOÄ: German Schedule of Fees for Doctors, 2 GOZ: German Schedule of Fees for Dentists

#### Note:

Costs can be settled directly with the medical provider concerned, insofar as the provider has read this information sheet and prepared the invoice in accordance with the specified requirements, especially the maximum rates permitted for this plan. In such a case, the **medical provider** must sign below to confirm that he/she has read this information sheet and **enclose it with the invoice**. Costs will be reimbursed within the scope agreed under the plan, provided that the person receiving treatment is insured according to plan SKV Base at the time of receiving treatment and there are no qualifying periods still outstanding.

#### Contact:

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Signature of the provider