

What do I have to do if I need to see a doctor?

After having submitted an application you will receive medical treatment certificates with your confirmation of insurance coverage. These contain important information for your doctor about your Care Expatriate international health care insurance coverage. Please print out these treatment certificates and take them along to the doctor so that s/he can forward the bill directly on to us. As, however, no contractual relationship exists between us and the doctor, s/he may send the invoices to you or ask that the costs be settled directly after treatment.

Does Care Expatriate international health care insurance allow free choice of doctor?

If you are feeling unwell and require medical treatment, your Care Expatriate plan generally allows you to choose any doctor. In Germany you can choose from any of the registered, approved doctors and dentists and any other officially approved practitioners who are able to carry out medically necessary treatment and who have had recognized and solid training in their area of expertise. Outside of Germany you are free to choose a doctor or dentist who is officially recognized and approved in the respective country or any other officially approved practitioners who are able to carry out any medically necessary treatment and who have had recognized and solid training in their area of expertise. Information about approved doctors outside of Germany is, for example, available from embassies, consulates, chambers of commerces and other similar institutions.

I have received treatment from a doctor. What do I do next?

If you have consulted a doctor and have received a bill directly after treatment or later in the regular mail, please forward the original bill to the following address for verification:

Care Concept AG
Leistungsabteilung
Postfach 30 02 62
53182 Bonn

In order to process the bill we always require the name of the disease (diagnosis). Generally this will be specified on the bill. Please do, however, check the invoice as a precaution and ask the doctor to add the diagnosis if s/he has not done so. X-ray and laboratory bills often do not contain a diagnosis. In this case we also require the bill from the attending physician who arranged for the examination in order to assess your claim. If you have not yet received the bill from the doctor in charge, please notify us and forward the bill on to us once you have received it. We will then assess your claim and, in line with your policy terms and conditions, pay the reimbursable costs to the specified payment recipient.

Do I always have to provide original versions of doctor's bills or prescriptions?

Yes! We always need the original medical bills and prescriptions to assess your claim for reimbursement. Please state your policy number on the documents (this is specified on the medical treatment certificates you received at the start of your coverage). If you have already settled the bill, please inform us by writing this clearly on the bill or via a separate letter. In this case we would reimburse the amount to the specified account of the policyholder. Please inform us of your correct or changed bank details.

To what extent are costs for outpatient or inpatient treatment reimbursed under the Care Expatriate plan?

The amount of costs to be reimbursed depends – apart from the contractual agreements – on whether or not a standard payment scheme exists for the settlement of medical bills in the destination country. In Germany, the treatment costs for

services carried out by the practitioner are reimbursed to the contractually agreed upon extent, provided that the costs are billed in accordance with the respective German Schedule of Fees for Doctors and Dentists (*GOÄ/GOZ*), the German Hospital Fee Act (*Krankenhausentgeltgesetz*) or any other applicable official or statutory fee basis.

Outside of Germany, medical treatment expenses are reimbursed up to the contractually agreed upon amounts for the services provided by the medical professional and which are charged and are appropriate given the local schedule of fees (e.g. fee structure for doctors, remuneration agreements between doctors and public or private health insurance companies, etc.) of the country in which the insured is treated. Where no country-specific fee structure exists, the reimbursement of costs shall be comparable to fees generally charged in the country.

Can I contact Care Concept prior to any treatment?

If you are unsure or require advice you can contact us at any time. During our office hours (Monday to Friday 8 am to 6 pm) you can reach the claims department at: +49 228 97735-22. You can also contact us by email at:

leistung@care-concept.de

. You will generally receive a reply 24 hours after receiving your email.

Emails sent during the weekend or public holidays will be answered on the following work day. But we can also be contacted outside of our office hours. You can reach our highly qualified contact persons at our 24-hr. hotline, which is listed in your policy documents. Please use this phone number, in particular in emergencies.

I am in a former NAFTA country (USA, Canada, Mexico) and have to consult a doctor. Is there anything I need to consider?

We are also there for you in former NAFTA countries. The doctor's fee in former NAFTA countries is generally agreed upon between you and the doctor, with prices varying considerably. It is therefore imperative that you contact MedCare prior to consulting a doctor and, in particular, prior to any hospital treatment.

MedCare International Inc.

12480 West Atlantic Blvd, Suite 2, Coral Springs, FL 33071, USA

Tel.: +1 954-345-5650, **Fax:** +1 954-340-4245

E-mail: care-concept@medcareinternational.com **Internet:** www.MedCareInternational.com

MedCare will help you find a doctor, organize medical assistance, answer any questions you might have about the health care system and offer you other assistance. It also issues declarations of cost coverage after having reviewed claims. So in addition to finding a qualified doctor, you will also be safeguarded against any unnecessary financial burdens.

When do I have to inform Care Concept of a hospital stay?

Inpatient/hospital stays generally result in considerable costs. In order to minimize the cost risk to you and the insurance company, Care Concept AG must be informed immediately by phone or in writing of hospital stays in Germany and abroad no later than 5 days after commencement of the treatment.

Are vaccinations covered?

No, they are not covered with a Care Expatriate plan. An exception applies only in the case of vaccinations for newborns or children and if the vaccinations are part of statutory prevention programs.

Are there any outpatient or inpatient services for which a coverage of costs declaration must be applied from Care Concept prior to commencement of the treatment?

Yes! In order to avoid unnecessary cost risks to you and the insurance company, a treatment guarantee must be obtained from Advigon Versicherung AG or Care Concept AG in writing (email, fax or regular mail) prior to treatment for the following services, provided that these benefits are included in your policy:

- Diagnostic examinations including imaging methods such as, in particular, magnetic resonance imaging (MRI), CAT scans, positron emission tomography (PET) and computer positron emission tomography (CT-PET),
- oncology/oncological treatments,
- palliative care,
- partial inpatient/day clinic treatment,
- medically necessary follow-up treatment (rehabilitation measures),
- outpatient surgery,
- medical transportation or repatriation,
- repatriation in the event of death

Are there any dental services for which a coverage of costs declaration must be applied from Care Concept prior to commencement of the treatment?

Yes! An application for coverage of costs must be submitted in the event dental prostheses are needed, even when this is due to an accident. In this case, the dentist must prepare a "treatment plan and cost estimate" for the planned measures. Please forward the original version of the plan and estimate specifying your complete policy number to the following address within 2 weeks:

Care Concept AG
Leistungsabteilung
Postfach 30 02 62
53182 Bonn

We will review the treatment plan and cost estimate as quickly as possible upon receipt and will inform you if all or some of the calculated costs will be paid by us or if we require further information or documents from you or the dentist.

Does Care Expatriate international health care insurance include tooth cleanings and dental check-ups?

Yes, tooth cleanings and annual preventive check-ups are included at all rates of Care Expatriate.

What does "dental prosthesis" refer to?

"Dental prosthesis" refers to prosthetic measures, including pivot teeth (post crowns), inlays, crowning (also for individual teeth) and orthodontic treatments.

Are screenings/check-ups covered?

Yes, screening examinations aimed at early detection of disease are included in our "Care Expatriate Comfort" (max. €250.00/policy year) and "Care Expatriate Premium" (max. €500.00/policy year) plans. The following services in particular are included:

- screening examinations for the early detection of cancer
- preventive examinations for early detection of cardiovascular diseases, kidney disease and diabetes
- preventive examinations to ensure the normal physical and mental development of a child

Are treatment costs settled directly with the physician or hospital by Care Concept AG?

During a stay in Germany, any treatment costs arising may be settled directly with the physician or hospital. Should the biller insist on sending the bill to you, you may forward it to us for reimbursement purposes. In this case, please note on the medical bill whether we should refund the costs to the physician or, if you paid in advance, to you.

How are costs for prescriptions and laboratory bills reimbursed?

Prescriptions and lab bills must always be submitted together with the medical bill. If you still haven't received the bill from the doctor treating you, please let us know, and send us the invoice as soon as you receive it. Please also note your policy number on every individual document you send to us.

Do documents (medical bills, prescriptions) need to be submitted in a certain language?

Yes, medical bills and prescriptions should be in the language of the destination country. One of the advantages of the services we provide at Care Concept AG is the multilingual skills of our employees. We can communicate in many languages used internationally– e.g. Chinese, English, Spanish, Arabic, Russian, French, Turkish, Portuguese and German – and, when necessary, can communicate with foreign entities in order to provide you with quality service. This has, of course, major advantages for all those involved in the process. We do, however, prefer to work in German or English and therefore kindly request that you make use of this if possible and inform the physician treating you.

What information do medical bills/prescriptions have to contain?

Doctor's bills/prescriptions should be issued in the language of the country in which the insured is staying and should be calculated in the official currency of the country. They must also contain the name of the treated person, the exact name of the illness as well as information about the services rendered by the attending physician including the type of treatment, where treatment took place and the time period in which it took place.

The invoiced amount is lower than the agreed upon deductible. Do I still have to submit medical or laboratory bills/prescriptions?

When a deductible is part of your policy, this amount is generally deducted from your first reimbursement. As the deductible does not, however, apply to each insurance claim/insured event but to all insurance claims during a policy year, prescriptions and doctor's/laboratory/ other bills should also be submitted in original form if the amount is lower than the deductible. We will review the bills submitted by you and inform you of the amount reimbursable according to your policy terms and conditions as well as what will be offset against your deductible and what (remaining) amount will then "only" be offset, where applicable, against future bills. It is therefore always advantageous to submit invoices in their original form.

When can I expect my reimbursement?

Once the originals of all required information and documents have been submitted and reviewed, all payments to be made shall be carried out to the specified recipient within 10 working days, according to the policy terms and conditions.

Who receives the reimbursement?

Unless we receive other instructions from you, we will transfer the reimbursable amount to the account you provided us. We can also settle the bill directly with the doctor if you notify us accordingly. Please also inform us of the **complete bank details** of the doctor treating you unless this information is listed on the bill(s) you have sent us. For international payment transactions we require the international sort code (BIC/Swift Code) and the international account number (IBAN) as well as the name of the bank at which the doctor maintains his/her account.

Is there a deadline by which invoices have to be submitted? Can I also submit bills when I am back in Germany or in my home country?

No, there is generally no deadline by which bills have to be submitted. You can therefore also send us any invoices for assessment of your claim after you have returned from your stay abroad.

Please do, however, observe the following:

Claims generally become time-barred within three years from the end of the year in which the claim for reimbursement was able to be made. If you or the doctor treating you only submit the bill(s) after expiration of this period, claims can no longer be effectively made. There may also be questions that arise during the assessment of a claim, or further medical documents may be required. Should a claim no longer be able to be assessed or fully assessed due to the time elapsed, this could have negative consequences for you—the insurer may have no or only partial obligation to grant the insurance benefits. We therefore recommend that you, in general, send us any doctor's bills and prescriptions as soon as possible and, if possible, 2 weeks after having received them, at the latest.

Does the deductible decrease (proportionally) if the duration of coverage is less than one year?

No, also for policies with durations of coverage of less than one year, the deductible is offset in full against the reimbursable costs.

Legal note: The information contained in this publication does not constitute the basis of any contract, but rather serves solely as to provide a product overview/description. Only the General Terms and Conditions of Insurance and the policy terms and conditions, upon which your contract is based, are binding.

Please note that the English translation is offered as a service for convenience only. The legally binding version is the German one.