**Information about your insurance**

Dear Client,

We would like to inform you about the identity of the insurer and the material content of the insurance contract (Art. 3 of the Insurance Contract Act SR 221.229.1).

**Who is your contracting party?**
The insurer is EUROPÄISCHE Reiseversicherungs AG (hereinafter referred to as “ERV”), a stock corporation under Swiss law, with its registered office at St. Alban-Anlage 56, Postfach, 4002 Basel. The management of the product is delegated to Swisscare Switzerland AG, Insurance Broker, FINMA registration number 33060, Morgenstrasse 129, 3018 Bern in Switzerland, hereinafter “Swisscare”.

**Which risks are covered and what is the scope of the insurance coverage?**
The insurance application, the certificate and the corresponding General Insurance Conditions (GIC’s) stipulate the events upon whose occurrence ERV is obliged to make a payment.

**Which insurance benefits are paid?**
The amount and/or maximum limit and the type of insurance benefits can be gathered from the insurance application, the certificate and the corresponding GIC’s. The same applies to any deductibles or waiting periods.

**How high is the premium?**
The price of the premium is dependent on the selected coverage and the insured risks. Details of the premium and the statutory duties and fees (e.g. Swiss Federal stamp duty) can be found in the quote, the insurance application or on the certificate and premium note. The premium is generally paid once a year. Other types of payment are possible on request and may involve a supplemental charge.

**Duties of the Policyholder and Insured**
The essential duties of the Policyholder and the Insured include but are not limited to the following:

- In the event of a claim, it must be reported to ERV immediately using the contact information under article 1.2 of the present GIC’s.
- The Policyholder and Insured have a legal obligation to cooperate with ERV during the claims processing, especially in order to obtain further information and to minimize the claim (obligation to cooperate).
- In the event of a claim, reasonable action must be taken to mitigate damages (duty to minimize the claim).

**When does your contract of insurance commence and end?**
The contract commences on the date stated on the insurance application and on the certificate. If proof of insurance or a temporary coverage notice was issued, ERV will grant insurance coverage from the date specified therein until delivery of the certificate. After the expiration of the initial contract period, the contract will be tacitly renewed for successive terms of one calendar year unless one of the contracting parties gives three months written notice by signed letter (September 30th, post stamp is decisive) of termination to the end of the calendar year. The termination becomes final, once the Insured has handed in proof of the new insurance provider, ensuring that there is no coverage gap.
The contract may be terminated prematurely (extraordinary cancelation) for the following reasons:

- following a claim event for which ERV has made payments: by the Policyholder within 14 days of being notified of the payment; the insurance cover will be terminated 14 days after receipt of the notice of cancellation, at the latest at the end of the month;

- In the event of an increase in the premiums or deductibles by Swisscare, by the Policyholder, or the Insured at the end of the calendar year if written and signed notice has been given by the 31st of December of the current year. The termination becomes effective, once proof of the new insurance beginning on the 01.01 of the following year has been handed in. Officially prescribed adjustments (such as changes in the premiums, deductibles, the indemnity limits, the scope of coverage or the duties and fees) shall be reserved in the case of coverage regulated by legal provisions.

Data Protection ERV
Data acquisition and processing serve the business of insurance transactions, marketing, selling, administration, mediation of products and services and risk assessment, as well as the handling of insurance contracts and any secondary business associated with this.

The data is physically and/or electronically acquired, processed, stored and deleted in accordance with the regulations of the legislator. Data which concerns business correspondence must be stored for at least 10 years from contract termination and claims data for at least 10 years after completion of the claim.

In essence, the following data categories are processed: interested parties’ data, customer data, contract- and claims data, health-related data, data from injured parties and claimants as well as debt collection data.

ERV is authorized to disclose all this data to the extent required to co-insurers and reinsurers, official bodies, insurance companies and institutions, central information systems of the insurance companies, other entities within the group of companies, cooperation partners, hospitals, doctors, external experts and other involved parties in Switzerland and abroad and to obtain information from all of the above. This authorization includes, in particular, the physical and/or electronic storage of data, the use of the data for determining the premium, assessing risk, processing insured events, combating abuse, preparing statistical evaluations and, within the group of companies, including cooperation partners, also for marketing purposes, including the creation of client profiles for the purpose of offering the applicant individual products.

What fees are charged?
In the event of reminders and debt enforcement, Swisscare may charge the following fees:

- fee for a statutory reminder CHF 20,
- fee for initiating debt enforcement (plus official enforcement costs and court costs) CHF 50,
- fee for the deletion of a debt enforcement CHF 80 (deletion will only be performed if all outstanding amounts have been settled).

What else must be observed?
The actual insurance contract remains decisive in any case. In case of doubt about interpretation and content of all documentation, the English version shall prevail.
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4. GLOSSARY

5. BENEFITS LIST
1. GENERAL CONDITIONS

1.1 Basis of the insurance contract

A. The underwriter of this insurance is EUROPÄISCHE Reiseversicherungs AG, St. Alban-Anlage 56, Postfach, 4002 Basel. ERV undertakes to provide the insured benefits within the framework of the following conditions. The insured person shall reserve the right to assert a claim directly against ERV.

B. ERV has delegated the management of the insurance policies to Swisscare Insurance Services (Switzerland) AG, Morgenstrasse 129, 3018 Bern, in Switzerland (hereinafter “Swisscare”).

C. Where nothing else has been stated within this contract or in writing, the contract is governed by the provisions of the Swiss Federal Act on Insurance Contracts SR 221.229.1 (Insurance Contract Act, ICA).

D. The insurance quote, the insurance certificate and the general insurance conditions (GIC) form the basis of the insurance contract.

1.2 Aim of the insurance

A. Based on Art. 2.4 of the Ordinance of 27th June 1995 on health insurance (OAMal), the aim of this insurance is to guarantee to foreign persons living in Switzerland temporarily for educational purposes, insurance coverage for illness, accidents, and pregnancy. This coverage is based on the benefits of the Federal Law on Health Insurance of 18th March 1994 (LAMal).

B. These benefits are supplemented by the complementary insurance coverage according to Art. 3.1 to 3.7 of the present general insurance conditions (GIC).

1.3 Insured person

A. The person declared in the insurance certificate is considered to be the insured person.

B. Foreign persons living in Switzerland temporarily for educational purposes may apply for the health insurance, provided that they are eligible to be exempted from the obligation to obtain a Swiss state insurance under the Federal Law on Health Insurance (KVG / LAMal SR 832.10) and the applicable ordinances.

C. Insured and Policyholder are both implied by “Insured” in the following terms and conditions, especially concerning obligations.

1.4 Extent of the insurance

A. The insurance is valid in Switzerland.

B. When the Insured is outside of Switzerland temporarily, the insurance provides coverage only in cases of emergency and for a maximum of double the cost of the same treatment in the canton of residence in Switzerland.

C. An emergency is any unplanned medical treatment which necessitates immediate medical intervention and when the Insured cannot wait to return to Switzerland for treatment.
D. In case an illness or accident occurs in Switzerland, and the Insured elects to seek treatment abroad, the attending physician or hospital are obliged to send a request for coverage of medical costs to ERV. Voluntary non-emergent procedures abroad, will not be covered without ERV’s prior written consent.

1.5 Policy duration, renewal, and termination

A. The insurance coverage begins on the start date mentioned on the insurance certificate and on the day of entry to Switzerland at the earliest. The duration of the insurance contract is up to 31st December every year and is automatically renewed for another calendar year (1st January to 31st December). The maximum duration of the contract is in accordance with the delivered exemption of the compulsory health insurance in compliance with OAMal Art. 2.4 by the cantonal authorities.

B. After 12 months, the insured is entitled to cancel so long as three months notice are given before the end of the calendar year. The cancellation request must be signed by the insured and sent in a written notice (registered letter is recommended).

C. The contract may be terminated prematurely (extraordinary cancelation) for the following reasons:

- has completed his education or advanced training in Switzerland,
- has permanently left the canton of Ticino (date of departure),
- has moved his residence out of Switzerland,
- does no longer meet the cantonal regulation requirements,
- is required to take a Swiss LAMal insurance,
- is married to a Swiss citizen (date of marriage certificate)
- has obtained the residence permit C (date of permit),

1.6 Payment and change of the premium, plan level or deductible

A. The premium is always due in advance (before the period of coverage begins) for an annual duration. By special agreement, this premium can also be paid in monthly, quarterly or half-yearly installments.

B. The premium must be paid for the calendar month in full.

C. Premiums are due for payment according to the date specified on the invoice. If the premium is not paid on the respective due date, Swisscare sends the Policyholder or Insured, at his/her own expense, a written reminder calling upon him to make payment within 15 days as well as the consequences of failing to do so. If this reminder has no effect, coverage is suspended until the premiums have been paid in full.

D. In the event of reminders and debt enforcement, Swisscare charges the following fees:

- statutory reminder CHF 20,
- initiating debt enforcement (plus official enforcement costs and court costs) CHF 50,
- deletion of a debt enforcement CHF 80 (deletion will only be performed if all outstanding amounts have been settled).

E. At the start of a new calendar year, Swisscare may adjust the premiums, deductibles and shares on the basis of the trend of costs and claims and to comply with any changes in the law.
Swisscare must inform the Insured / Policyholder of the new provisions of the insurance contract no later than 30 days before the end of the current calendar year. In this case, the Insured is entitled to give the notice to terminate the insurance contract at the end of the current calendar year. The notice must be provided in writing to reach Swisscare no later than on 31.12. (date as postmarked).

If the insurance contract is not canceled within this deadline, the new premiums, deductibles, co participations and/or conditions will be considered as accepted.

### 1.7 Obligations of the Insured / Policyholder

A. The Insured and Policyholder must take all steps before and after a claim which can help avert or mitigate the consequences and clarify the circumstances of the loss or damage.

B. When the Insured wishes to make a claim for medical costs, all documents, reports, medical certificates, bills and receipts (non-exhaustive) as well as the account details (IBAN of bank or post office account) must be provided to ERV.

C. Changes in address, residence permit status, marital status or cases of death must be announced to Swisscare within 30 days. Contrary provisions are reserved. In cases of lateness or omission, Swisscare reserves the right to claim back any expenses incurred.

D. If the insured is leaving Switzerland permanently, he must notify Swisscare in advance and provide a confirmation of departure issued by the local authority or canton in which he resides. If the insured fails to so notify, Swisscare is entitled to terminate the insurance as soon as it becomes aware of the departure. Termination takes effect at the end of the month in which the notification of departure from Switzerland was given to the appropriate communal administration or cantonal authority.

E. The Insured specifically authorizes all medical personnel who have provided treatment during illness, accident or on other occasions, to provide the medical specialist at ERV with all the information necessary to assess the consequences of the claim. For this purpose, the Insured releases the medical professionals from their obligation of professional secrecy.

F. ERV reserves the right to seek, at its own expense, the opinions of doctors or specialists of its choice to evaluate the state of health or fitness for work of the Insured. The Insured must undergo these medical appraisals to determine the diagnosis and clarify his entitlement to the benefits.

### 1.8 Entitlement to benefits provided by third parties for the same claim

A. The insurance benefits of the present general insurance conditions are subsidiary to all other entitlements from foreign social and private insurances, in particular, obligatory foreign care insurances. In the case of double or multiple insurances, the benefits of the present general insurance conditions are subsidiary to any entitlement from third parties for the same claim. If the general insurance conditions of the third-party insurance also have a subsidiary clause, the rules of double insurance of the Insurance Contract Act SR 221.229.1 (LCA) will be applicable.

B. Upon the occurrence of the insured event, ERV shall be subrogated to the extent of the benefits provided to all the rights of recovery of the Insured, who shall execute all documents required and shall undertake all acts necessary to secure such rights and enable ERV bring suit to enforce such rights effectively. ERV is not bound by agreements made between the Insured and the liable third party.
1.9 Contact

**Policy Management**

SWISSCARE Switzerland AG  
Customer Care Unit  
Morgenstrasse 129  
CH-3018 Bern  
Tel. +41 (0)58 523 00 40  
Fax +41 (0)58 523 00 41  
info@swisscare.com  
www.swisscare.com

**Claims Management**

Europäische Reiseversicherung (ERV)  
Zweigniederlassung der Helvetia  
Schweizerische Versicherungsgesellschaft AG  
Swisscare Gestione dei sinistri  
St. Alban-Anlage 56  
Postfach  
4002 Basel  
Tel. +41 (0)58 275 27 27  
Fax +41 (0)58 275 27 30  
swisscare-claims@erv.ch

**Emergency 24 / 7**

Out of office hours and only in cases of emergency, the Insured or his Representative can contact the following number:  
Tel. +41 (0)44 655 12 59

1.10 Time-barring

Claims under the insurance contract are time-barred two years after the occurrence of the circumstance on which the obligation to provide benefits is based.

1.11 Applicable law and Jurisdiction

A. The contract is governed exclusively by Swiss Law, in particular by the Federal Law of 2nd April 1908 on Insurance Contracts (LCA).

B. The contractual obligations are governed by Swiss law and the applicable currency is Swiss Francs.

C. The person entitled to the benefits may choose exclusively between the Swiss place of residence or the domicile of ERV, Basel, as the place of jurisdiction.

D. In case of doubt about the interpretation and content of the GIC’s, the German version shall prevail.

2. MEDICAL COVERAGE

2.1 Extent and duration of the benefits

A. The Insured has a free choice of doctors and hospitals among the service providers recognized under KVG / LAMal, who are licensed to provide the necessary care services in the event of illness, accident or maternity in Switzerland.

B. In the event of inpatient treatment, ERV covers the costs of a stay in the general ward in Switzerland.
C. The insurance benefits must be efficient, appropriate and economical in accordance with art. 32 para. 1 and art. 56 of Swiss Health Insurance Act SR 832.10 (KVG / LAMal).

D. ERV's obligation to cover medical expenses ceases after the termination of the insurance contract. This is also applicable to any ongoing treatments. The date the treatment took place is decisive.

E. After the insurance contract has come into force, and the Insured is entitled to the benefits, the benefits are paid out chronologically, according to the date of treatment.

2.2 Insurance benefits and deductible

A. The extent of the benefits in the event of illness, accident, and maternity is determined by the Federal Health Insurance Swiss Health Insurance Act SR 832.10 (KVG / LAMal) and its implementing ordinances, in particular, the Ordinance on Benefits in Healthcare Insurance SR 832.112.31 (OPAS).

B. The insurance benefits do not supplement the compulsory health insurance (LAMal), but are provided in lieu of that social insurance.

C. The insurance benefits are subject to an annual deductible sum (fixed amount per calendar year). The annual deductible sum is stated on the insurance certificate.

D. The different benefits provided by the STANDARD, COMFORT and PREMIUM product variations are listed in the benefits list.

3. TRAVEL COVERAGE

The maximum sums insured for the following benefits are stated on the insurance certificate and in the benefits list below.

3.1 Hospital visit by a family member

*Concerns Comfort and Premium plan level only. Refer to the table of benefits.*

If the Insured must stay for more than seven days in a Swiss hospital, ERV will bear the cost of one family member for the travel to the sickbed of the Insured (flight in economy class/medium-priced hotel).

3.2 Return to home country (Repatriation)

*Concerns Comfort and Premium plan level only. Refer to the table of benefits.*

A. If the insured is unable to continue his studies in Switzerland because of a serious illness or serious injury, ERV will pay the cost of the return journey to the home country of the insured.

B. In the event of the death of the Insured, ERV will pay the costs of returning the coffin or urn to the home country of the Insured.

C. Only ERV's doctors decide on the necessity, nature, and timing of these benefits.

3.3 Accident capital

A. In case of death of the Insured person as the result of an accident or within five years of an accident as a consequence thereof, ERV shall pay the sum specified in the insurance certificate and in the benefits overview, namely to those beneficiaries specified in the insurance certificate or, if none are given, to the legal heirs; with the exception of the tax
authorities and the creditors of the estate. Any disability benefits already made as a result of this contract are deducted from the sum insured in case of death.

B. In case of disability which is medically diagnosed at the latest within five years of the date of the accident and is defined to be 100% according to the chart below of art. 3.3 par. C, ERV shall pay the capital specified in the insurance certificate and on the benefits list; in case of partial disability, an appropriate percentage thereof.

C. The degree of disability is stipulated as listed below:
   i. loss of both legs or feet, both arms or hands: 100%
   ii. loss of an arm or a hand and likewise a leg or a foot: 100%
   iii. full paralysis, untreated, any mental disorder preventing work: 100%
   iv. loss of an arm at or above the elbow joint: 70%
   v. loss of a lower arm or a hand: 60%
   vi. loss of a thumb: 22%
   vii. loss of an index finger: 15%
   viii. loss of another finger: 8%
   ix. loss of a leg at or above the knee joint: 60%
   x. loss of a leg below the knee: 50%
   xi. loss of a foot: 40%
   xii. loss of sight in both eyes: 100%
   xiii. loss of sight of one eye: 30%
   xiv. loss of sight of the second eye for one-eyed people: 70%
   xv. loss of hearing of both ears: 60%
   xvi. loss of hearing of one ear: 15%
   xvii. loss of hearing of one ear, if that of the other ear had already been completely lost before the insured event occurred: 45%

D. The complete loss of function of limbs or organs is treated the same as a loss. For partial loss or only partial loss of use of limbs, an appropriate lower degree of disability shall be applicable. If several body parts are affected, the severity of the disability, which cannot exceed 100%, is determined by adding the individual percentage rates together.

E. If the actual degree of loss is not of the stated combinations, the severity of the disability is determined on the basis of a medical diagnosis according to the percentages listed above, taking into account the circumstances of the Insured.

F. If body parts were partially or fully lost or unusable before the accident, the list above shall be used as a basis for calculating the severity of the disability.

3.4 Glasses and contact lenses
   Concerns Premium plan level only. Refer to the table of benefits.

ERV pays CHF 100 once every three years for spectacle lenses with a correction and contact lenses with a correction. For this purpose, the Insured must undergo an eyesight test performed by an ophthalmologist or optician and produce the supporting documentation to ERV.

3.5 Travel protection
   Concerns Comfort and Premium plan level only. Refer to the table of benefits.

A. ERV reimburses the provably incurred cancellation costs (excl. security fee and airport taxes) if the Insured is unable to start the booked travel service as a result of unforeseen severe
illness or severe injury, provided such an event begins after the insurance has been concluded and after the journey has been booked.

B. Exclusions:

a) if the service provider (e.g. travel company, hirer, organizer) cancels the agreed service or should have canceled the service for objective reasons;
b) if the illness/complaint which gave rise to the annulment is a complication or consequence of an operation already planned prior to the commencement of insurance coverage or at the time the journey was booked;
c) if an illness or the consequences of an accident, an operation or medical treatment already existed at the time of booking the trip and have not been resolved by the time of departure;
d) if the medical certificate was not made out as soon as the inability to travel could have been established;
e) in the event of cancellation as a result of conditions of fatigue and exhaustion, nervous, mental and psychosomatic disorders.

C. In the event of theft or loss of a passport, identity card, drivers license, vehicle log book and similar documents, ERV will bear the replacement costs. In order to be entitled to benefits from ERV, the insured person shall seek within 24 hours of the loss an official investigation at the nearest police station or obtain an official police report of the incident.

3.6 Exam protection
Concerns Comfort and Premium plan level only. Refer to the table of benefits.

A. If the Insured is unable to attend the final examination or test to obtain the intended certificate as a result of unforeseen severe illness or severe injury, the Insured is given a voucher equivalent to the examination fee charged, but a maximum of CHF 1,000, to enable the Insured to retake the equivalent examination at an internationally recognized institution within one year.

B. Not insured are conditions of fatigue and exhaustion, nervous, mental and psychosomatic disorders.

3.7 24h helpline

A. Please contact in cases of emergency the 24-hour helpline by dialing the number +41 (0)44 655 12 59. It will be available to you day and night (including Sundays and public holidays).

B. The 24-hour helpline will offer advice to you concerning the steps to be taken, and it will organize the necessary assistance and help you to locate a suitable doctor or hospital.

C. In the event of theft or loss of credit cards and mobile phones, the 24-hour helpline provides the organization (but not the cost) of blocking the device.
4. GLOSSARY

Abroad
Abroad is deemed to be not Switzerland and not the home country of the insured person.

Accident
An accident is a sudden unintended harmful effect of an unusual external factor on the human body which results in an impairment of the physical, mental or psychological health or death.

Cancellation costs
If the traveller cancels the contract, the tour operator loses the right to the agreed trip price. He may, however, claim reasonable compensation. The level of compensation is based on the trip price less the expenses saved by the tour operator and the price he can obtain by using the travel services elsewhere.

Home country
Home country is the country in which the insured person last had his place of residence in civil law or habitual abode before the commencement of the insured stay in Switzerland.

Illness
Illness means any impairment of the physical, mental or psychological health which is not a consequence of an accident and requires a medical examination or treatment or results in incapacitation from work.

Switzerland
For the purposes of territorial limits, Switzerland includes Switzerland and the Principality of Liechtenstein.

Travel service
Travel service means, for example, booking air, ship, coach or rail travel, a coach transfer or other transport to or from the location or locally booking a hotel room, holiday apartment, mobile home or houseboat or chartering a yacht.
Swisscare Studentpass Switzerland
Benefits List (BEN)
Foreign students, academics, interns, au pairs

<table>
<thead>
<tr>
<th>General</th>
<th>STANDARD</th>
<th>COMFORT</th>
<th>PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currency</td>
<td>CHF</td>
<td>CHF</td>
<td>CHF</td>
</tr>
<tr>
<td>Insurance sum</td>
<td>KVG/LAMAl (unlimited)</td>
<td>KVG/LAMAl (unlimited)</td>
<td>KVG/LAMAl (unlimited)</td>
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<td>Annual deductible</td>
<td>300/ 500/1000</td>
<td>300/ 500/1000</td>
<td>300/ 500/1000</td>
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<tr>
<td>Territoriality</td>
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<td>worldwide</td>
<td>worldwide</td>
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<table>
<thead>
<tr>
<th>Hospitalization / Inpatient Treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Switzerland (general ward)</td>
</tr>
<tr>
<td>Abroad (except USA, Canada, Japan)³</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ambulatory / Outpatient Treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
</tr>
<tr>
<td>General practitioner</td>
</tr>
<tr>
<td>Psychiatrist (in- and outpatient)</td>
</tr>
<tr>
<td>Psychologist⁴</td>
</tr>
<tr>
<td>Specialists</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Maternity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
</tr>
<tr>
<td>Childbirth in Switzerland</td>
</tr>
<tr>
<td>Childbirth abroad (except USA, Canada, Japan)³</td>
</tr>
<tr>
<td>Antenatal classes</td>
</tr>
<tr>
<td>Normal pregnancy check-up</td>
</tr>
<tr>
<td>Obstetric ultrasound examination</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Medicine</th>
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</thead>
<tbody>
<tr>
<td>Prescription medicine</td>
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<tr>
<td>Alternative medicine</td>
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<tr>
<th>Emergency treatments</th>
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<tbody>
<tr>
<td>Emergency treatments (in- and outpatient)</td>
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<table>
<thead>
<tr>
<th>Dental treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident</td>
</tr>
<tr>
<td>Illness³</td>
</tr>
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## Transport and rescue

<table>
<thead>
<tr>
<th>Service</th>
<th>Max. Amount 1</th>
<th>Max. Amount 2</th>
<th>Max. Amount 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance &amp; transport</td>
<td>50% max. 500</td>
<td>50% max. 1000</td>
<td>50% max. 2000</td>
</tr>
<tr>
<td>Rescue</td>
<td>50% max. 5000</td>
<td>50% max. 10,000</td>
<td>50% max. 20,000</td>
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</tbody>
</table>

## Hospital visit of a family member

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
<th>Amount 1</th>
<th>Amount 2</th>
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</thead>
<tbody>
<tr>
<td>Flight in the economy class/medium-priced hotel</td>
<td>no</td>
<td>2500</td>
<td>5000</td>
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## Return to home country

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
<th>Amount 1</th>
<th>Amount 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Return to home country (Repatriation)</td>
<td>no</td>
<td>50% max. 2000</td>
<td>50% max. 4000</td>
</tr>
<tr>
<td>Repatriation of mortal remains</td>
<td>no</td>
<td>yes</td>
<td>yes</td>
</tr>
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</table>

## Accidental capital

<table>
<thead>
<tr>
<th>Incident</th>
<th>Amount 1</th>
<th>Amount 2</th>
<th>Amount 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental death</td>
<td>10,000</td>
<td>20,000</td>
<td>30,000</td>
</tr>
<tr>
<td>Accidental disability</td>
<td>10,000</td>
<td>30,000</td>
<td>50,000</td>
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## Glasses and contact lenses

<table>
<thead>
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<th>Service</th>
<th>Coverage</th>
<th>Amount 1</th>
<th>Amount 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glasses and contact lenses</td>
<td>no</td>
<td>no</td>
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## Travel protection

<table>
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<th>Service</th>
<th>Coverage</th>
<th>Amount 1</th>
<th>Amount 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trip cancellation (accident and illness)</td>
<td>no</td>
<td>500</td>
<td>1000</td>
</tr>
<tr>
<td>Recovery of passport and ID card</td>
<td>no</td>
<td>100</td>
<td>200</td>
</tr>
</tbody>
</table>

## Exam protection

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
<th>Amount 1</th>
<th>Amount 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination fee (accident and illness)</td>
<td>no</td>
<td>500</td>
<td>1000</td>
</tr>
</tbody>
</table>

## 24-h helpline

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
<th>Amount 1</th>
<th>Amount 2</th>
<th>Amount 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help with the choice of a doctor and hospital</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>Mobile phone- and credit-card-blocking service</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td></td>
</tr>
</tbody>
</table>

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1. Only with ERV’s consent, according to GIC Art. 1.4 D.
2. Not delegated treatments in addition to KVG/LAMal.
3. Dental treatments in case of new illnesses which are not already covered by OPAS.