

# I. SPECIAL CONDITIONS

## Foyer Global Health

### Student Protect Switzerland

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Special Conditions  
Foyer Global Health  
Student Protect Switzerland – LFAMBSTV1E/LFSASSV1E  
LFSSTASTPV1E/LFSZAHSTPV1E

## 1. Scope of cover

The insurer provides benefits for the *diseases*, accidents, and other events stipulated in the policy.

In the event of a claim the insurer provides reimbursement of the cost of treatment and other agreed benefits.

Within the monetary limits of this policy the insurer pays for the medical expenses of each of the insured persons set out in the policy schedule and who have taken out cover under the terms of this policy.

## 2. Geographic scope

The insurance is valid for the following region:

- Switzerland

The insurance cover in Switzerland extends to outpatient and inpatient treatment.

The insured is also covered during his travels from his country of origin to Switzerland or from Switzerland to his country of origin, provided that he has concluded his insurance contract before his travel.

## 3. Insurability

All persons who are not resident in Switzerland and who are temporarily staying in Switzerland for the purpose of university or vocational training and who are exempt from the obligation to be insured with a Swiss health insurance fund (in accordance with the Swiss Federal Law on Health Insurance (KVG/ KVG/LAMal<sup>1</sup> SR 832.10 or any other provision that may replace it) are eligible for insurance.

The minimum duration of the insurance contract is one (1) month.

The insurer may terminate the individual insurance contract if the legal framework of the insurance changes, or if it would constitute a violation of national law, or if the granting of exemption from compulsory insurance has been refused by the cantonal insurance body or any other competent territorial body. The conditions for termination are set out in the general conditions applicable to the insurance contract

The insurer may cancel the individual insurance if the legal framework of the insurance changes, or if it would constitute a violation of national law, or if the granting of exemption from the insurance obligation has been refused by the cantonal insurance body.

## 4. Benefits

### 4.1. General information

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<sup>1</sup> Federal Health Insurance Act (KVG)/ Federal Law on Health Insurance (LAMal) of 18 March 1994 as amended)

The *insurer* will provide a 100% refund of eligible expenses, as described and to the extent set out in the following benefit overviews, unless otherwise agreed in the policy conditions or policy definitions.

## 4.2. Deductibles-General

The *insurer* will provide 100% refund of eligible expenses up to the maximum annual limit specified in the following benefit overviews, unless otherwise agreed in those benefit overviews, the general information, the policy conditions or policy definitions.

### 4.2.1 Deductibles

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Reimbursements for outpatient medical treatment are subject to a compulsory excess of EUR 250.

This excess applies to each insurance year and to each insured person.

It is the insured's responsibility to submit proof of outpatient treatment to the insurer. The insurer will not reimburse as long as the cumulative amount of the receipts submitted does not exceed the excess of EUR 250. The first reimbursement will be made on the receipt whose amount, together with the amounts of the previous receipts, would exceed the excess, and only for the part exceeding the excess. The insurer will subsequently reimburse outpatient medical treatment for which it receives proof, subject to the special conditions set out below.

Expenses are allocated to the policy year in which the doctor or medical practitioner has been consulted and the medication, dressings and medical aids were provided.

## 4.3. Benefits- General

### 4.3.1. Medical care equivalent to KVG/LAMAL

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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.

In the event of inpatient treatment, Foyer Santé covers the costs of a stay in the general ward in Switzerland.

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).

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

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).

The insurance benefits concerning health insurance coverage that is equivalent to the benefits foreseen by the Swiss Health Insurance Act SR 832.10 (KVG / LAMal) are not complementary, they constitute equivalent coverage.

### 4.3.2. Inpatient treatment

#### Overview

General hospital treatment and accommodation and care in a single or twin-bed room
Medical services (including pathology, radiology, computed tomography, magnetic resonance imaging, positron emission tomography and palliative care)
Hospital costs, including operating room, intensive care and laboratory
Surgery and anaesthesia
Operations performed as an outpatient instead of inpatient
Drugs and dressings
Physiotherapy, including massage
Therapies, including occupational therapy, hydrotherapy, inhalations, packs, medical baths, cold and/or heat treatment, electrotherapy
Therapeutic aids and appliances
Services for pregnancy and childbirth, services of a midwife or attendant in the hospital
Pregnancy and childbirth complications
Congenital conditions
Cancer therapy, oncology medicines and medical treatment, including reconstructive surgery after breast cancer
Bone marrow or organ transplantation (costs for both donors and recipients)
Psychiatric services
Inpatient rehabilitation
Hospice
Day hospital (partly inpatient) treatment
Transport to the next available suitable hospital for primary care after an accident or in an emergency

#### Detailed benefit descriptions

##### General hospital treatment and accommodation and care in a single or twin-bed room

When medically treatment becomes necessary in a hospital environment then the insured person can choose freely between hospitals in the country where treatment is to take place. Treatment in a hospital means any treatment, in which the person to be treated is admitted to a hospital for at least 24 hours to be treated medically and receive care.

When medically necessary treatment is carried out in hospitals that also provide cures or sanatorium or convalescence treatment, cover is only provided for those benefits set out in the policy and where the insurer has approved these in writing before the start of treatment.

The *insurer* provides cover for the duration of inpatient treatment without any time limit. The *insurer's* service centre must be contacted before, or on admission to, the hospital.

##### Medical services (including pathology, radiology, computed tomography, magnetic resonance imaging, positron emission tomography and palliative care)

Cover shall apply to the expenses incurred for the necessary medical treatment as an inpatient for examinations, diagnostics and therapy.

### **Hospital costs, including operating room, intensive care and laboratory work**

This refers to other costs for the use of specialised facilities such as operating theatres, intensive care units and the laboratories.

### **Surgery and anaesthesia**

This refers to costs incurred for the necessary services, such as for example medical services, anaesthesia and the use of specialised facilities. Expenses for outpatient surgery are also eligible in so far as these replace an inpatient stay.

### **Operations performed as an outpatient instead of inpatient**

Outpatient treatment, which can be performed in a doctor's surgery or in a hospital, but does not require to be followed by a stay overnight or a hospital stay.

### **Drugs and dressings**

Medicinal products, dressings, treatment and medical aids must have been prescribed by a competent medical authority in the hospital during an inpatient stay. In addition, the medicines must have been obtained from a pharmacy supplied by a source approved by the authorities.

Classic homoeopathy medicines are also considered as fully-fledged medicines.

Nutritional food, tonics, mineral water, cosmetics, products for personal hygiene as well as bath salts are not considered to be medicines.

### **Physiotherapy, including massage**

Physiotherapy and massages must have been prescribed by a hospital doctor as part of inpatient medical treatment. In addition, they must be performed by a doctor or a certified therapist. The prescription must be issued before the start of treatment and mention the diagnosis and the type and number of sessions.

### **Therapies, including occupational therapy, , hydrotherapy, inhalations, packs, medical baths, cold and/or heat treatment, electrotherapy**

These physio-medical services must have been prescribed by a hospital doctor as part of inpatient medical treatment. In addition, they must be performed by a doctor or a certified therapist. The prescription must be issued before the start of treatment and mention the diagnosis and the type and number of sessions.

### **Therapeutic aids and appliances**

Cover applies to costs incurred for those medical aids that serve as a life-saving measure or directly mitigate or compensate for physical disabilities, such as cardiac pacemakers. These must be adjusted during the inpatient stay and remain in or on the body. Expenses for the repair of such medical aids are eligible for reimbursement under the above terms and conditions.

### Services for pregnancy and childbirth, services of a midwife or attendant in the hospital

The *insurer* will cover eligible expenses for childbirth in a hospital, a maternity or a comparable institution, as well as the expenses for nursing care at home or domestic help, that is necessary due to the pregnancy or pregnancy-related illness, as well as for the services of a midwife or attendant.

### Pregnancy and childbirth complications

The *insurer* will cover eligible expenses in connection with premature birth, miscarriage, abortion, stillbirth, ectopic pregnancy, molar pregnancy, caesarean birth, post-partum haemorrhaging, placenta retention and complications from these conditions.

### Congenital conditions

The *insurer* provides cover for eligible expenses up to a maximum amount of EUR 100,000 for the entire lifetime for all disorders or diseases found at birth, anomalies, birth defects and malformations, errors during birth, prematurity and malformations including related illnesses.

### Cancer therapy, oncology medicines and medical treatment, including reconstructive surgery after breast cancer

As part of inpatient hospital care the *insurer* assumes the eligible expenses for medical services, diagnostic tests, radiation therapy, cancer therapy, medicine and hospital costs.

### Bone marrow or organ transplantation (costs for both donors and recipients)

In cases of bone marrow or organ transplantation (for example heart, kidney, liver, pancreas) the *insurer* assumes the eligible expenses for both the patient as well as the donor up to a maximum amount of EUR 150,000 over the person's entire lifetime. Recoverable costs are those associated with organ procurement from an organ donor, the costs for organ transportation to where the patient is located as well as the expenses for possible inpatient stay for the donor, but not the costs for searching for an organ or a suitable donor.

### Psychiatric services

The *insurer* will refund the expenses for psychiatric services as part of inpatient treatment, provided he has given a written approval before the beginning of the treatment.

### Inpatient rehabilitation

Costs are refundable for inpatient rehabilitation in continuation of medically necessary inpatient hospital treatment, for example, after bypass surgery, a heart attack, organ transplantation, as well as operations on large bones or joints, provided and to the extent that the *insurer* has accepted this in writing. Inpatient rehabilitation must in principle begin within 2 weeks after discharge from the hospital. Cures and stays in cure establishments, spas, sanatoriums and convalescent homes as well as in nursing homes are not insured. The *insurer* will refund inpatient rehabilitation for a maximum of 21 days per hospital stay after written approval.

### Hospice

If no non-hospital care for the insured persons can be provided in their own or a family member's home, and under the condition that the hospice works with experienced palliative medicine nurses and doctors as well as being under the technical responsibility of a nurse or other qualified person, who has several years' experience in palliative care or has appropriate training and can prove training for a responsible positions in palliative care, the *insurer* will reimburse expenses for accommodation, food, care and support depending on the condition.

A prerequisite for the granting of benefits for full or semi-inpatient hospice treatment is that the insured person must be suffering from an illness

- that it is progressive, meaning that it is progressively getting worse, and has already reached an advanced stage and
- Recovery is not possible so that inpatient palliative care is necessary and only a limited life expectancy of weeks or a few months can be expected.

Hospice benefits will be granted in particular for the following conditions:

- Advanced cancer
- Full-blown state of the infectious disease Aids
- Disease of the nervous system with inexorable progressive paralysis
- Final state of chronic kidney, liver, heart, digestive tract or lung disease.

Hospice expenses will be refunded for a stay of up to 5 weeks per policy period.

#### **Day hospital (partly inpatient) treatment**

Day hospital treatment shall mean treatment in a hospital without overnight stay. The length of the stay in hospital is between eight and 24 hours.

#### **Transport to the next available suitable hospital for primary care after an accident or in an emergency**

The *insurer* will reimburse the reasonable transport costs to the nearest suitable hospital or to the nearest suitable medical facility.

### 4.3.3. Outpatient treatment

#### Overview

Medical services (including pathology, radiology, computed tomography, magnetic resonance imaging, positron emission tomography and palliative care)
Cancer therapy, medicines, and oncology medical services
Services for pregnancy and childbirth, services of a midwife or attendant
Pregnancy and childbirth complications
Congenital conditions
Acupuncture, homoeopathy, osteopathy and chiropractic, including medicines and dressings
Psychiatric services
Drugs and dressings
Physiotherapy, including massage
Therapeutic aids and appliances
Transport to the nearest suitable doctor or hospital for primary care after an accident or emergency by rescue services recognized using transportation means that are appropriate in the situation

#### Detailed benefit descriptions

##### Medical services (including pathology, radiology, computed tomography, magnetic resonance imaging, positron emission tomography and palliative care)

Cover shall apply to the expenses incurred for the necessary medical treatment as an inpatient for examinations, diagnostics and therapy.

Eligible expenses are, inter alia, costs for pathology, radiology, computed tomography, magnetic resonance imaging, positron emission tomography, chemotherapy and other oncology (cancer) medical services as well as for vaccination and prophylactic measures.

##### Cancer therapy, medicines, and oncology medical services

Outpatient services are refunded in connection with chemotherapy and oncology medical services.

##### Services for pregnancy and childbirth, services of a midwife or attendant

The *insurer* will cover eligible expenses resulting from pregnancy, or a pregnancy disease, including (routine) screening, childbirth and the services of a midwife or attendant. For women over 35 this includes amniocentesis and nuchal translucency measurement.

##### Pregnancy and childbirth complications

The *insurer* will cover eligible expenses in connection with premature birth, miscarriage, abortion, stillbirth, ectopic pregnancy, molar pregnancy, caesarean birth, post-partum haemorrhaging, placenta retention and complications from these conditions.

##### Congenital conditions

The *insurer* provides cover for eligible expenses up to a maximum amount of EUR 100,000 for the entire lifetime for all disorders or diseases found at birth, anomalies, birth defects and malformations, errors during birth, prematurity and malformations including related illnesses.



### Acupuncture, homoeopathy, osteopathy and chiropractic, including medicines and dressings

The insurer only participates in reimbursable costs if the above-mentioned treatments are carried out by doctors or other practitioners with sufficiently recognised training and on condition that they are recognised by the KVG/ LAMAL in accordance with Art. 35 ff.

The medicines and dressings prescribed by those doctors or physicians in the course of the treatment are also eligible for reimbursement.

The *insurer* will reimburse these services up to an amount of EUR 1,000\* per year of insurance.

### Psychiatric services

The *insurer* will refund the expenses for psychiatric services provided the *insurer* has agreed to reimbursement of these costs in writing before the beginning of the treatment.

### Drugs and dressings

Medicines and dressings must be prescribed by a medical doctor or dentist or a person working under their authority. Such medicines must come from a pharmacy or other officially approved supplier. Nutritional food, tonics, mineral water, cosmetics, products for personal hygiene as well as bath salts are not considered to be medicines.

### Physiotherapy, including massage

This means physio-medical services (physiotherapy and exercise therapy, massages), that are available on prescription. In addition, they must be performed by a doctor or a certified therapist. The prescription must be issued before the start of treatment and mention the diagnosis and the type and number of sessions.

The *insurer* will reimburse up to 15 sessions per person per year of insurance.

### Therapeutic aids and appliances

Costs eligible for refund are those incurred for the purpose of outpatient treatment for orthopaedic and prosthetic appliances, as well as other material which are used to prevent physical disabilities or directly to mitigate or compensate for this. Medical aids must be prescribed by a doctor and must not be considered as general consumer goods.

Medical aids for the purpose of outpatient treatment shall mean: Bandages, trusses or shoe inlays, crutches, hearing aids, compression stockings, artificial limbs/ prostheses (excluding dental prostheses), lounge and seat pans, orthopaedic body, arm and leg support devices and speech equipment (electronic larynx).

The following medical aids are eligible only after prior written agreement of the insurer: Wheelchairs, cardiac and respiratory monitoring devices, infusion pumps, inhalation devices, oxygen equipment and surveillance monitors for babies. Other aids are not considered as medical aids.

Expenses for the repair of such medical aids are eligible for reimbursement under the above terms and conditions. Expenses for sanitary supplies such as pads and massage devices for example, as well as for use and maintenance of such aids are not eligible for refund.

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\* The quoted amounts apply – if not otherwise specified – per person and insurance year

### Transport to the next available suitable hospital for primary care after an accident or in an emergency

Cover shall apply to the expenses of transportation to the nearest suitable hospital for primary care after an accident or in an emergency.

#### 4.3.4. Dental treatment

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##### Overview

Benefits overview: Dental treatment
<b>General dental care</b>
- Treatment for oral mucosa and gum disease
- Surgical treatment, extractions, root canal work

##### Detailed benefit descriptions

##### General dental care

- Treatment of mouth and gum disorders
- Root canal work
- Anaesthetist costs
- Surgery

This dental treatment only serves to alleviate pain.

#### 4.4. Cover limitations

Cover does not extend to *diseases*, including their consequences, as well as for death and the consequences of accidents due to military operations, military service, riot and civil commotion, not expressly included in the insurance.

There is no cover for illnesses, treatment and accidents caused wilfully nor their consequences or for treatment or stays in an institution for drug withdrawal.

Unless otherwise laid down in the tariffs, there is no cover for *cures* and treatments as well as for rehabilitation in a sanatorium.

There is no liability to provide cover for treatment provided by spouses, parents or children. Proven material expenses will be reimbursed.

There is no cover for cosmetic measures of all types and their consequences.

There is no cover for attempted suicide.

For treatment provided by doctors, dentists, naturopaths and in *hospitals*, for which the insurer has refused refunds for serious reasons, no benefit is payable if the insured event occurs after the

policyholder has been notified of the exclusion. If at the time of claims notification treatment has not yet finished, there is no obligation to refund costs incurred more than three months after said notification.

There is no cover for accommodation due to dependency (long-term care) or minding.

There is no cover for medical reports, treatment and expense summaries that the policyholder or insured persons are bound to supply.

There is no cover for the insured person's loss of autonomy or when the insured person needs to be constantly looked after. Staying at home and/or receiving non-medical care at home or in a convalescence home or similar or in a psychiatric home or similar shall give rise to no cover.

If medical care or other treatment delivered shall exceed that which is medically necessary then the insurer may reduce its benefits accordingly. In addition, the *insurer* shall be entitled to such a reduction, if excessive sums are charged for such medically necessary treatment or for any other service.

For claims arising before inception of policy cover, that part of the claim falling before inception or during the waiting period shall be excluded.

The *insurer* does not provide cover for the operational and hormonal approximation of the biological sexual characteristics of the other sex.

The *insurer* does not provide cover for treatment or surgery to correct vision, for example by laser, refractive keratotomy (RK) and photo refractive keratotomy (PRK). Cover does apply to the correction of vision when this is necessary due a disorder, illness or injury (e.g. cataract or detached retina).

## 5. Tariff

The insurance premium is indicated in the certificate of insurance (CP).

If after a birthday the insured person moves into another age category then the premium will be adjusted to the new age.

## II. Medical Assistance Services

In association with a health insurance product from Foyer Global Health

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## 1. Object of the Medical Assistance Services

The insurer provides the medical assistance services within the scope of medically necessary treatments for illnesses, accidents, in particular emergencies, and other events.

## 2. Geographical coverage

The medical assistance services are effective worldwide.

## 3. Services

### 3.1. General information

The type and scope of the medical assistance services provided by the insurer are in accordance with the following service overviews, unless otherwise stated in these service overviews, our general remarks in the general conditions, or in the definitions.

### 3.2. Medical Assistance Services

The medical assistance services can only be concluded in conjunction with a health insurance product from Foyer Global Health.

#### Medical assistance overview

24-hour telephone and email service with experienced advisers, doctors and consultants
Medically necessary ambulance service and return transport
Information on the medical infrastructure/care with due consideration for the required language
Support and information (second opinion, monitoring the course of the illness)
Guaranteed payment of costs, particularly in preparation for the stay in hospital
Payment of an advance
Support and information on the type, possible causes and treatment options/forms of therapy for the illness and information about specialist medical terms
Support in organising a "doctor-to-doctor" discussion
Assistance in choosing the prescribed medication, comparable preparations and their side effects
Medical support and advice prior to travelling (vaccinations, putting together a first-aid kit)

### **24-hour telephone and email service with experienced advisers, doctors and consultants**

Medical assistance is available 24 hours a day, 7 days a week and 365 days a year by calling the medical assistance hotline.

### **Ambulance service and return transport**

This service covers a medically justified and necessary ambulance service and return transport, both in the country of residence or to a cross-border location. The costs of medically justified and necessary accompaniment during transport are also included in the service provided.

- The ambulance service and return transport may also be carried out due to inadequate medical care and inadequate standards of hygiene in the hospital providing the treatment.
- The ambulance service and return transport must be ordered by the doctor in charge, and there must be a prior approval from the insurer to cover the cost.
- The ambulance service and return transport to a hospital suitable to provide further treatment will occur after this has been agreed between the doctor in charge and the insurer.
- Subject to agreement with the insurer, return transport can also be to the insured's current place of residence or last permanent place of residence in the insured's home country or country of origin, if the insured event occurred outside the country of residence.

### **Information on the medical infrastructure/medical care with due consideration for the required language**

- Designation of doctors, hospital consultants, hospitals and specialist hospitals in the surrounding area of the insured party, particularly with regard to the required language
- Advice and support in the selection of a treatment location in the case of a medically necessary transfer/change of care provider

### **Support and information (second opinion, monitoring the course of the illness)**

- Support and organisation of a second medical opinion (medical findings) from a specialist in the relevant medical field in the event of life-threatening and serious illnesses and health disorders
- Support in selecting a specialist and hospital, and in the organisation of admittance and discharge
- Organisation and support in monitoring the course of the illness/ recovery by doctors and the insurer's contacts

### **Guaranteed payment of costs, particularly in preparation for the stay in hospital**

- Submission of a cost payment guarantee, e.g. in the event of planned inpatient treatment
- Direct settlement of costs with the doctor/ hospital in charge is possible

### **Payment of an advance**

Payment of an advance to the insured person(s) if the care provider and/or hospital only accepts cash payments

**Support and information on the type, possible causes and treatment options/forms of therapy for the illness and information on specialist medical terms**

Advice, clarification and explanation of medical matters in the event of the insured person becoming ill, particularly with regard to causes and treatment options/forms of therapy for an illness and explanation of specialist medical terms

**Support in organising a "doctor-to-doctor" discussion**

In the event of illness and a deterioration in health, e.g. in the case of chronic ailments, the insurer will help to organise a "doctor-to-doctor" discussion, e.g. between the patient's doctor in the country of departure/ origin and in the country of residence

**Assistance in choosing the prescribed medication, comparable preparations and their side effects**

- Information on drugs and their side effects and interactions with other preparations and pre-existing medical conditions.
- Information on comparable and identical preparations

**Medical support and advice prior to travel (vaccinations, putting together a first-aid kit)**

- Medical information on standards of hygiene in the country of residence
- Advice and information on recommended vaccinations for the country of residence, especially in the event of pre-existing medical conditions
- Support in putting together a first-aid kit with due consideration for the standards of hygiene and weather conditions in the country of residence.
- Advice and information can be obtained from the insurer by telephone and email

## **4. Tariff**

The insurance premium is indicated in the certificate of insurance (CP).

### III. Definitions

Accident	Accident is a sudden unexpected external event that affects the body and damages health
Acupuncture.	Acupuncture is a method in ancient Chinese traditional medicine that cures illnesses or reduces pain with the help of fine needles placed into the body. Orthodox medicine recognises this primarily as a method for pain relief.
Assistance company	An assistance company is specialised in providing insured persons with advice and help in emergency situations or for hospital treatment. Additional services that may facilitate the insured person's stay abroad, as well as the reimbursement of certain costs, for example repatriation costs will be provided through the assistance partner. The complete range of services can be found in the enclosed Assistance conditions.
Cancer	Cancer is the general term for all malignant diseases caused by a proliferation of modified cells (tumour, carcinoma). These cells can destroy the surrounding tissue and produce secondary tumours (metastases).
Chiropractic	A Chiropractic is also known as manual therapist. Displaced or distorted vertebrae are "put back" again or other joints "reset" using special techniques.
Conservation treatment	Conservation treatment is treatment for the conservation of teeth (e.g. fillings, root canal work).
Conventional Medicine	Conventional Medicine is the university based, scientific and therefore generally accepted and applied form of medicine.
Conversion	Conversion is the alteration of policy cover with the insurer, e.g. change of deductible or amount of the deductible whereby the policyholder and the insured persons retain the guarantees and rights the policyholder has acquired out of policy cover that has remained uninterrupted with the insurer.
Country of Origin	The country of origin is the country in which the insured person was permanently living in before relocating to another country abroad.
Country of residence	The country of residence is the country in which the insured person will be living in after the beginning of the stay abroad.
Daily hospital allowance	If the policyholder does not claim reimbursement from the insurer for an insured person in respect of medically necessary inpatient treatment then the insurer will pay depending on the plan level, a daily hospital allowance per prescribed day in hospital occurs.
Deductible	A deductible causes the insured persons to retain a certain portion of the costs themselves. A deductible is the self-retention of the policyholder and/or the insured person in the insurer's reimbursement payments. If a deductible has been agreed this will be documented in the policy schedule
Dentist	A practitioner who focuses on diseases of the teeth and mouth.
Doctor	A doctor is a physician (general practitioner or specialist) or holder of a medical diploma, which is recognized by law in the country in which the treatment is provided and who is authorised to provide medical care (see treatment). The insured persons are free to choose a doctor, who meets these criteria.
Domestic help	Domestic help is a part of home nursing care. It includes assistance for normal regularly recurring chores of domestic daily life, such as grocery shopping, cooking, cleaning the home, washing up, changing and washing clothes and ensuring comfort of the home is maintained.



Dressings	Dressings are material applied as a bandage
Drugs	Drugs are active substances which are used, alone or in a mixture with other substances in the diagnosis or treatment of disease, suffering, bodily injury or pathological complaints. Food, cosmetics and toiletries are not considered to be drugs. Drugs must be prescribed by a physician and must be delivered by a pharmacy. Commonly stated as: Medicines, pharmaceuticals.
Emergency	An emergency is understood to be the sudden occurrence of an acute illness or acute deterioration in health, which is a direct threat to the state of health of the insured person.
Functional therapeutic and functional analytical services	An investigation and treatment method for diagnosing disorders and diseases of the entire mouth area that is associated to dental treatments.
Home Country	The home country is the country of which the insured person is a national, or to which he/she is to be transferred to in the event of death
Homoeopathy	Homoeopathy is based on three pillars: the similarity rule, the remedy picture and the potentiality of the substances. A specialist in homoeopathy assumes that a disease that manifests itself in specific symptoms can be cured by a substance that causes similar symptoms in healthy people.
Hospice	An institution that exclusively serves the purpose of providing patients with a life expectancy of only a few months with care and alleviating the life-threatening symptoms by palliative medical care
ICD codes	ICD stands for International Classification of Diseases. It is an international system for coding and classification of all known diagnoses.
Implant treatment	Implant dentistry services are understood to be the inserting of dental implants (metal or ceramic) as root substitutes or in toothless gums.
Inpatient rehabilitation	Inpatient rehabilitation is a medical procedure to restore a person back to their previous physical condition after a serious illness/operation, for example, after bypass surgery, heart attack, transplantation of organs, as well as operation on large bones or joints, or a serious accident.
Insurance proposal	The application for insurance is made by a person/ policyholder and/or the insured persons by means of a proposal form provided by the insurer.
Insured	The person(s) named in the insurance policy.
Insurer	The term "insurer" shall mean Foyer Santé S.A. 12, rue Léon Laval, L-3372 Leudelange, being the insurance company issuing this policy.
Magnetic resonance imaging (MRI)	This is understood as a diagnostic technique for visualisation of the internal organs and tissues with the help of magnetic fields and radio waves.
Medical treatment	Medical treatment is understood to be the diagnostic and therapeutic measures classified as medical services which serve to recognise or alleviate and cure health problems, disease or injury. Treatment is deemed to medically necessary on the basis of objective medical findings and scientific knowledge at the time of treatment, it is seen as reasonable and therefore medically necessary.
Medically necessary	Medically necessary are all actions that are suitable for healing or alleviating a disease/ an illness

Oncology	Oncology is a branch of internal medicine, which is concerned with the development, diagnosis, and treatment of tumours and tumour-related diseases.
Operations performed as an outpatient instead of inpatient	Operations that can be performed on an outpatient basis at the doctor's surgery or in the hospital but do not require an overnight or longer stay in the hospital.
Osteopathy	The osteopathic approach to medicine includes comprehensive manual diagnostics and therapy of the malfunctioning of the body's musculoskeletal framework, internal organs and the nervous system. It is mainly used in chronic pain of the vertebral column and the peripheral joints.
Palliative Care	Palliative therapy is the extensive and active treatment of patients with a limited life expectancy for which curative therapy is no longer possible in their condition. This type of treatment provides the best possible quality of life for the patient and his/her family.
Partly inpatient treatment	Partly inpatient treatment means a stay in a day or night clinic or hospital, in which the patient is in the hospital during the day or at night but for which a full-day (24-hour) inpatient basis is no longer required.
Policyholder	The person who takes out the insurance policy and is responsible for premium payment, or else any person who as a result of an agreement between the parties acts on their behalf, or the dependants of the policyholder on his/her death.
Policy schedule	The insurance cover that has been agreed for the insured persons as well as the premium due are documented in the schedule.
Positron emission tomography (PET)	Positron emission tomography (PET) is a non-invasive imagery process based on the detection and imagery of a substance with positron emitters spread inside the patient's body. The concentration of these "markers" in a tumour can then be quantified, the substance is injected intravenously, and the radiation is detected with external detectors. With the help of PET important biological processes can be visualised in tumours
Practitioner	Practitioners can be a person(s) who besides doctors also have recognised and well-founded training in their area of treatment and are authorised for treatment in that speciality in the country in which the treatment is to be provided.  The following are understood to be practitioners: Naturopaths, speech therapists and midwives as well as independent practitioners practising in state approved medical ancillary professions (for example massage therapists and medical attendants, physiotherapists). The insured persons are free to choose a practitioner who meets these criteria.
Pre-existing conditions	Pre-existing conditions are conditions and their consequences, or the results of an accident, of which the policyholder or the insured persons were aware or had treatment for before policy inception. By special agreement with the insured person these can in principle be included. Pre-existing conditions that were not disclosed on proposing for insurance are not insured.
Prophylactic Measures	Prophylactic measures are a part of preventive medicine. These are individual and general measures to prevent imminent diseases (e.g.

	vaccination, passive immunisation, precautionary medication at the point of entry in areas at risk, accident prevention etc.).
Region	Insurance cover is valid for the following region: <ul style="list-style-type: none"> <li>• Switzerland</li> </ul>
Scale of charges	A scale of charges is the foundation on which the calculation of medical or dental services is based. These may differ from country to country.
Second Opinion	Second opinion or medical opinion is medical advice by another doctor, who has so far not been involved, as to a life threatening and severe condition or permanent health problem.