

Overview of changes to Globality YouGenio® World

Valid as of 01.01.2017

Why is Globality YouGenio® World being amended?

We are making changes to the General Conditions of Insurance for Globality YouGenio® World in order to clarify certain benefits covered by your insurance policy. This will simplify the handling of your cover. Claims will be processed according to the conditions in place at the time of the treatment. For any claims made for treatment which occurs over the renewal date, we will ensure that the claim is treated fairly and that you are not disadvantaged.

For reference only. The General Conditions of Insurance (GCI) remain the leading document.

Current wording

Gobalites® Service Card

1.3 Moratorium

Instead of applying for full medical underwriting, if the insured person is 55 or younger, you may choose a 'moratorium'. In that case any pre-existing medical condition that an insured person has experienced during the last five years will be covered after a continuous two-year period free of medical treatment, symptoms, advice or medication relating to the pre-existing medical condition. If an insured person has any treatment, advice or medication during the first two years of cover relating to a pre-existing medical condition, the two-year period (free of any treatment, advice or medication) may start again for that pre-existing medical condition. We will cover any new and unrelated medical conditions immediately.

2.5 Waiting periods (part of)

The waiting period is 10 months from the start date of insurance for psychiatric treatment, psychotherapy and major dental services regardless of the number of insured persons. For an insurance policy with two or more insured adults on the same insurance policy, a waiting period of 12 months will apply to treatment of pregnancy and childbirth. For an insurance policy with only one insured adult, a waiting period of 24 months will apply to treatment of pregnancy and childbirth. This does not apply to infertility treatment, where there is a waiting period of 24 months regardless of the number of insured persons. If the insurance policy is amended, the waiting periods will apply to any new, extra part of the insurance cover, depending on the agreed plan level.

New wording

Globality Service Card

1.3 Moratorium

Instead of applying for full medical underwriting, if the insured person is 55 or younger **and if we agree, you may choose a 'moratorium'**. In that case any **known** pre-existing medical condition that an insured person has experienced during the last five years will be covered after a continuous two-year period free of medical treatment, symptoms, advice or medication relating to the **known** pre-existing medical condition. If an insured person has any treatment, advice, **symptoms** or medication during the first two years of cover relating to a pre-existing medical condition, the two-year period (free of any treatment, advice or medication) may start again for that pre-existing medical condition. We will cover any new and unrelated medical conditions immediately.

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2.6 Policy period

This policy will initially last for one year. The insurance year begins on the date shown in the insurance policy, in other words, the start date of insurance (see also 2.7 and 2.9) and ends 12 months later (end date of insurance).

2.7 Renewal

We renew the insurance policy for a further period of 12 months at the end of each insurance year. We reserve the right to apply changes to the general conditions of insurance of your insurance policy for the new insurance year which follows after the end date of your insurance policy (see also 8.2).

You may give three months written notice if you do not want us to renew the policy at the end of any insurance year. Any changes in insurance cover are only possible from the beginning of the next insurance year (currency, deductible, plan level).

3.2 Temporary cover for geographical area I

If we have agreed on insurance cover for 'Geographical area II – Worldwide excluding USA' and you or any insured person are temporarily away from the country of residence, we will grant insurance cover for medical emergencies, as well as for the consequences of an accident or death, also in geographical area I for trips up to six weeks.

If an insured event happens within the six weeks and you need emergency treatment in the USA, there is no specific time limit on the treatment itself.

We will not cover journeys carried out for the purpose of getting treatment in geographical area I.

If any of the insured persons move to a different geographical area for any length of time, you must let us know as soon as possible as the change will affect the premium due.

Outpatient surgery instead of inpatient treatment

Outpatient surgery which can be carried out by either a doctor or in a hospital, but which does not make it necessary to spend the night in hospital and need not be followed by a stay in hospital.

2.6 Policy period

This policy will initially last for one year. The insurance year begins on the date shown in the insurance policy, in other words, the start date of insurance (see also 2.7 and 2.9) and ends 12 months later (end date of insurance). **The insurance year for dependants who later join the insurance policy commences on the date indicated on their insurance certificate (start date of insurance) and runs until the renewal date of the main insured member (see also 2.7).**

2.7 Renewal

We renew the insurance policy for a further period of 12 months at the end of each insurance year. We reserve the right to apply changes to the general conditions of insurance of your insurance policy for the new insurance year which follows after the end date of your insurance policy (see also 8.2).

You may give three months written notice if you do not want us to renew the policy at the end of any insurance year. **Any changes in insurance cover are only possible from the beginning of the next insurance year and if we agree.**

3.2 Temporary cover for geographical area I

If we have agreed on insurance cover for 'Geographical area II – Worldwide excluding USA' and you or any insured person are temporarily away from the country of residence, we will grant insurance cover for medical emergencies, as well as for the consequences of an accident or death, also in geographical area I for trips up to six weeks.

If an insured event happens within the six weeks and you need emergency treatment in the USA, there is no specific time limit on the treatment itself.

However, if an eligible medical emergency occurs, we may transfer you to another country for treatment if medically appropriate and if the situation allows.

We will not cover journeys carried out for the purpose of getting treatment in geographical area I.

If any of the insured persons move to a different geographical area for any length of time, you must let us know as soon as possible as the change will affect the premium due.

Outpatient surgery instead of inpatient treatment

Elective surgery which is usually performed as an inpatient procedure, but where there is an option for the surgery to be carried out on an outpatient basis. This benefit does not include surgeries which are grade 1 or minor (any invasive operative procedure in which only skin or mucus membranes and connective tissue are resected) or invasive operative procedures for procurement of tissue samples or bodily fluids (such as biopsies and colonoscopies).

Maternity care and childbirth, services of a midwife or obstetric nurse in a hospital

We will refund the eligible expenses for childbirth in a hospital, maternity home or similar institution, the expenses for nursing at home or domestic help resulting from pregnancy or pregnancy-related illness and midwife or obstetric nurse services.

A waiting period of 12 months applies to insurance policies with two or more insured adults. A waiting period of 24 months applies to insurance policies with only one insured adult.

Maternity care and childbirth, services of a midwife or obstetric nurse in a hospital

We will refund the eligible expenses for childbirth, pregnancy or pregnancy-related illness in a hospital, maternity home or similar institution, the expenses for nursing at home or domestic help resulting from pregnancy or pregnancy-related illness and midwife or obstetric nurse services.

A waiting period of 12 months applies to insurance policies with two or more insured adults. A waiting period of 24 months applies to insurance policies with only one insured adult. **Regardless of the number of insured adults or the insured member's start date of insurance, each individual member must pass the minimum waiting period of 12 months.**

Newborn care

Newborn babies are insured from the moment of birth, without qualifying periods, as long as the birth mother has been insured under the Globality YouGenio® World plan on the date of birth for at least six months in a row before birth and we receive the application for insurance within two months.

If the birth mother has not passed the waiting period for maternity care, fees relating to maternity care will not be covered, however newborn cover will still be provided as long as the above mentioned conditions are met.

If the birth mother has not been insured under the Globality YouGenio® World plan on the date of birth for at least six months in a row before birth and/or we do not receive the application for insurance within two months we do not provide coverage for newborn babies without medical underwriting.

If we receive the application for insurance more than two months after the date of birth, insurance cover will begin – at the earliest – on the day on which we receive the notification.

If the birth is reported after the end of the two-month period, we might charge an extra premium. It cannot be more than 100 %, charged for insurance medical reasons as well as the plan premium following an assessment of the risk. The insurance cover for the newborn baby must not be greater or more comprehensive than that of one of the insured parents.

For an adopted minor child, medical underwriting applies. We may charge an extra premium of not more than 500 % for insurance medical reasons as well as the plan premium following an assessment of the risk.

Newborn care

Treatment of a routine or acute medical condition being suffered by a new born baby, and which manifests itself within 30 days following birth, is covered under the new born benefit of the child's policy and not under any other benefit on the policy. Complications of assisted conception or childbirth, including premature or multiple births, are excluded from this benefit. If a congenital condition occurs in a newborn, cover will be provided under the congenital conditions benefit of the child's policy.

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If the birth mother has not passed the waiting period for maternity care, fees relating to maternity care will not be covered, however newborn cover will still be provided as long as the above mentioned conditions are met.

If the birth mother has not been insured under the Globality YouGenio® World plan on the date of birth for at least six months in a row before birth and/or we do not receive the application for insurance within two months we do not provide coverage for newborn babies without medical underwriting.

If we receive the application for insurance more than two months after the date of birth, insurance cover will begin – at the earliest – on the day on which we receive the notification.

If the birth is reported after the end of the two-month period, we might charge an extra premium. It cannot be more than 100 %, charged for insurance medical reasons as well as the plan premium following an assessment of the risk. The insurance cover for the newborn baby must not be greater or more comprehensive than that of one of the insured parents.

For an adopted minor child, medical underwriting applies. We may charge an extra premium of not more than 500 % for insurance medical reasons as well as the plan premium following an assessment of the risk.

Outpatient surgery

Outpatient surgery which can be carried out by either a doctor or in a hospital, but which does not make it necessary to spend the night in hospital and need not be followed by a stay in hospital.

Maternity care and childbirth, services of a midwife or obstetric nurse

We will refund the eligible expenses resulting from pregnancy or pregnancy-related illness, including preventive (routine) screenings, childbirth and midwife or obstetric nurse services. This also includes an amniocentesis and nuchal scan for women over the age of 35.

A waiting period of 12 months applies to insurance policies with two or more insured adults. A waiting period of 24 months applies to insurance policies with only one insured adult.

Maternity care and childbirth, services of a midwife or obstetric nurse

We will refund the eligible expenses resulting from pregnancy or pregnancy-related illness, including preventive (routine) screenings, childbirth and midwife or obstetric nurse services. This also includes an amniocentesis and nuchal scan for women over the age of 35, but excludes all other forms of genetic testing.

A waiting period of 12 months applies to insurance policies with two or more insured adults. A waiting period of 24 months applies to insurance policies with only one insured adult. Regardless of the number of insured adults or the insured member's start date of insurance, each individual member must pass the minimum waiting period of 12 months.

Infertility treatment

Within the framework of the agreed scope of benefits, we will refund the costs for the following usual, customary and reasonable forms of treatment:

- In vitro fertilisation (IVF)
- Intracytoplasmic sperm injection (ICSI)
(IVF and ICSI may only be applied alternatively)
- Gamete intrafallopian transfer (GIFT)
- Zygote intrafallopian transfer (ZIFT)
- Artificial insemination (AI)
- Prescribed drug treatment and laboratory work.

Infertility treatment

Within the framework of the agreed scope of benefits, we will refund the costs for the following usual, customary and reasonable forms of diagnostics and treatments to increase fertility including treatments to prevent future miscarriages, investigation into miscarriage and assisted reproduction and related complications:

- Diagnostic investigations, consultations and tests including invasive procedures such as hysterosalpingogram, laparoscopy or hysteroscopy
- Laboratory work
- Prescribed drug treatment including but not limited to ovulation stimulation
- In vitro fertilisation (IVF)
- Intracytoplasmic sperm injection (ICSI)
- Gamete intrafallopian transfer (GIFT)
- Zygote intrafallopian transfer (ZIFT)
- Artificial insemination (AI)

Basic dental services

- Two check-ups or exams per insurance year
- X-rays
- Scale-and-polish cleaning
- Treating oral mucosa or paradontium
- All simple fillings – either amalgam (silver) or composite (white)
- Root-canal treatment
- Anaesthesia costs
- Surgery
- Extractions
- Night guard
- Accidental dental treatment

Basic dental services

- Two check-ups or exams per insurance year
- X-rays
- Scale-and-polish cleaning
- Treating oral mucosa or paradontium
- All simple fillings – either amalgam (silver) or composite (white)
- Root-canal treatment
- Anaesthesia costs
- Surgery including pre and post surgical treatments
- Extractions
- Night guard
- Accidental dental treatment

Orthodontic treatment for a child under the age of 18, including metal braces and retainers and a treatment plan

Orthodontic treatment for a child received before the date of their 18th birthday, including metal braces and retainers and a treatment plan

Eyesight

We will not cover any treatment or surgery to correct an insured person's eyesight, such as laser treatment, refractive keratotomy (RK) and photorefractive keratectomy (PRK).

We pay for treatment of eyesight if it is needed as a result of a disease, illness or injury such as cataracts or a detached retina.

Eyesight

We will not cover any treatment or surgery to correct an insured person's eyesight, such as laser treatment, refractive keratotomy (RK) and photorefractive keratectomy (PRK).

Cosmetic and plastic surgery

We will only refund expenses for cosmetic or plastic surgery if they are related to medically necessary treatments, unless we say otherwise in the scope of benefits.

Cosmetic and plastic surgery

Expenses incurred for cosmetic or plastic surgery and treatment will not be reimbursed.

Force Majeure

Costs related to treatment and/or medical evacuations and/or repatriations directly or indirectly arising from force majeure and where we are prevented from providing assistance, or where the situation is taken out of our control by local authorities will not be reimbursed, unless otherwise agreed by us in writing. Force majeure may include, but is not limited to, events which are unpredictable, unforeseeable or unavoidable, such as earthquakes, epidemics, extremely severe weather, fire, floods, landslides, subsidence, and any other act or event that is outside of our reasonable control.

Developmental disorders

We will not cover any services, therapies, education testing, or training related to learning disabilities or disorders of psychological development, such as developmental delays, scholastic skills, pervasive disorders, mental retardation, perceptual handicap, brain damage not caused by accidental injury or illness, minimal brain dysfunction, dyslexia or apraxia.

Acting or travelling against medical advice

We do not cover treatment required as a result of you failing to seek or follow medical advice, or as a result of you travelling against medical advice.

Genetic testing

We shall not be liable for costs of genetic testing, except where specifically named genetic tests are included within your plan, or where we specifically agree otherwise in writing.

Detoxification programmes including therapies

We do not cover detoxification programmes including treatments for drug addiction and alcoholism. Without affecting this condition, we will pay the benefits for an initial detoxification if you cannot claim a refund from anywhere else as long as we have agreed in writing to this before the treatment begins. We may agree to this after getting an appraisal of the chances of success by a doctor we have authorised. In the case of inpatient detoxification, we will only refund the expenses for basic hospital services, including medical treatment and drugs.

Detoxification programmes including therapies

We do not cover detoxification programmes including treatments for drug addiction and alcoholism. Without affecting this condition, we will pay the benefits for an initial detoxification if you cannot claim a refund from anywhere else as long as we have agreed in writing to this before the treatment begins. We may agree to this after getting an appraisal of the chances of success by a doctor we have authorised. In the case of inpatient detoxification, we will only refund the expenses for basic hospital services, including medical treatment and drugs. **We will not cover further treatment caused by or directly associated with harmful, hazardous or addictive use of any substance including alcohol and drugs.**

We do not cover complications resulting from an excluded condition.

Delete (repeted - mentioned elsewhere)

6.6 Refunding claimed benefits

As a rule, we pay benefits according to the principle of refunds. In other words, we will refund the eligible costs involved for covered treatment. As a special service, if you ask, we can pay our refund directly to the organisation or person issuing the invoice, for instance if particularly large sums are involved (over €2,000, \$2,600 or £1,680).

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As a rule, we pay benefits according to the principle of refunds. In other words, we will refund the eligible costs involved for covered treatment. As a special service, if you ask, we can pay our refund directly to the organisation or person issuing the invoice, **provided that they agree to this direct payment and it is not prevented by legal considerations.**

Exchange rates

We refund invoices in the currency agreed with you. We convert foreign-currency costs into the contractual currency (€, \$ or £) at the rate which applies on the day that we receive the documents. This is based on the official exchange rate of the Federal Reserve System (Fed) for the agreed currency. We also deal with currencies which are not traded and for which reference rates are not defined in a similar way at the current rate given by the Federal Reserve System (Fed). This is unless you can send us bank vouchers proving that you bought the necessary currency at a less advantageous rate to pay the invoices.

Exchange rates

We refund invoices in the currency agreed with you. We convert foreign-currency costs **at the rate which applies on the day that the invoice was issued.** This is unless you can send us bank vouchers proving that you bought the necessary currency at a less advantageous rate to pay the invoices.

8.3 How to complain

If you need to complain, please contact us by post, phone, fax or email.

Globality S.A.
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Phone: +352/ 270 444 3601
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Internet: www.globality-health.com

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