
**Long term worldwide travel insurance by
including rescue, transport and repatriation costs
for persons covered by the ÖAMTC Schutzbrief**

ÖAMTC

World Travel Health Insurance 2024

Who can take out the World Travel Health Insurance?

World Travel Health Insurance can only be taken out by holders of the ÖAMTC "Schutzbrief" (a travel insurance for Austria and Europe) with an Austrian address (residence) and must be taken out before departing Austria. The Austrian address (residence) must be available at the time the contract is drafted and during the period abroad.

Where is World Travel Health Insurance valid?

World Travel Health Insurance is valid for travel abroad in countries outside the Schutzbrief coverage.

Who is insured?

World Travel Health Insurance is valid for the Schutzbrief holder, his/her partner demonstrably living in a common household and their children up to the end of the calendar year in which they reach 19 years of age, regardless of whether they travel together or alone (family cover).

How long is the insurance valid?

The insurance is valid for the duration of one calendar year and is automatically renewed if it is not cancelled by 30 November. Requirements for insurance coverage are a paid ÖAMTC membership and a paid ÖAMTC Schutzbrief.

Duration of insurance coverage while travelling

The insurance coverage is always valid for the first 92 days of travel, starting from the date of departure. Insurance coverage ends upon the return to the place of residence, at the latest 92 days after departure. Costs of insurance claims incurred during this period that arise after the end of 92 days are only covered (within the limits of the sum insured) if and as long as the return from abroad is not possible due to medical reasons.

Which services are provided by the insurer?

1. Medical expenses

An insured person has an accident or an acute and unexpected illness. The insurance covers the costs incurred by urgent acute medical care within the limits of the sum insured.

The insurance pays the costs

a) of an urgent medically necessary treatment including medically prescribed medication,

b) emergency medical transportation to the nearest suitable hospital

until medical repatriation can take place,

up to the insured sum of EUR 343.000,00 per insured person.

2. Rescue costs

The cost of rescue is covered up to EUR 14.300,00 per insured person.

Rescue costs are the established costs of searching for the insured person and their transport to the next passable road or to a suitable hospital nearest the accident location.

These costs will be reimbursed if the policy holder has an accident or has experienced an emergency in mountainous terrain or in water and has to be rescued, injured or uninjured, or has suffered death due to a mountain or water emergency and has to be retrieved. An accident is deemed equivalent to when the policy holder must be rescued immediately because of an incidence of illness.

3. Medical repatriation to Austria (in addition to point 5.12 of the general insurance conditions):

The insurance coverage includes services for medical repatriation due to illness or accident in the following scope:

All costs are reimbursed

a) for medically necessary transportation to an Austrian hospital or to the permanent residence in Austria;

b) for the transportation of one person in a close relationship to the person being transported as well as the additional costs for premature repatriation of co-travellers and co-insured family members;

c) for the travel expenses abroad of a parent joining a co-insured child that is not fit for travel in the event of illness or accident

until medical repatriation can take place.

The transport must strictly be organised through the ÖAMTC Schutzbrief emergency hotline (Telephone: +43/1/25 12020), otherwise a maximum of EUR 3.100,00 will be reimbursed.

4. Transport of a deceased person

The full cost of the standard transport of a deceased person to their Austrian place of residence will be reimbursed.

The transport must strictly be organised through the ÖAMTC Schutzbrief emergency hotline (Telephone: +43/1/25 12020), otherwise a maximum of EUR 3.100,00 will be reimbursed.

A. Supplementary conditions of insurance

What is not covered by the insurance?

In addition to point 2 of the general insurance conditions, there is no cover for:

1. medical treatments that have started before the insurance coverage commences;

2. treatments of chronic illnesses, except as a consequence of acute seizures or attacks;

3. treatments that serve as the purpose of the stay;

4. dental treatment and dental prostheses that do not serve as direct treatment for pain relief. Dental treatment and dental prostheses are only covered up to a maximum of EUR 590,00 when the ÖAMTC Schutzbrief emergency hotline (+43/1/25 120 20) is not contacted first;

5. pregnancy examinations and childbirth while abroad, with the exception of premature childbirth occurring at least 2 months before the estimated due date;
6. treatment resulting from excessive alcohol consumption, abuse of illicit drugs and prescription medication;
7. cosmetic treatment, spa treatments, and rehabilitative measures;
8. treatment that is not viewed by generally recognised medical science as suitable to restore health, to improve conditions or to prevent deterioration;
9. prophylactic vaccinations;
10. treatment of illnesses and accidents that arise from acts of war of any nature and from active participation in unrest or intentional criminal acts;
11. treatments and consequences of accidents from actively participating in and training for publicly held sporting competitions in return for payment;
12. treatment of illnesses and consequences of accidents that arise from the harmful effects of nuclear energy;
13. treatment of illnesses and consequences of accidents arising from participation in high mountain tours on mountains with an elevation of more than 6,000m.
14. treatment of illnesses and the consequences of accidents caused on journeys that began although the Austrian Ministry for Foreign Affairs announced a travel warning.

What to do in the event of an insured event?

1. In the case of outpatient treatment, it is the patient's responsibility to initially cover the costs. The invoice received from the issuer must adhere to the guidelines stipulated under point 7 of the general insurance conditions.
2. In the case of an inpatient hospital stay, please contact the ÖAMTC Schutzbrief emergency hotline (Telephone: +43/1/25 120 20).
3. To organise a medical repatriation transportation to Austria it is essential to notify the ÖAMTC Schutzbrief emergency hotline (Telephone: +43/1/25 120 20). The ÖAMTC physician and the attending physician abroad collaborate to select a suitable mode of transport and time of transport. In case of particular emergencies, a specially equipped air ambulance (jet) will be used to fly the patient back to Austria. The final decision regarding the medical repatriation transport lies with the ÖAMTC physician.

Omission of the general waiting period

The waiting period stipulated in point 3 of the general insurance conditions is omitted.

Do you have other insurance?

Possible existing compulsory or other private insurance as well as claims on the basis of legal requirements or on the basis of contracts take priority. If UNIQA has rendered services, similar claims from the insured against third parties shall pass to UNIQA.

B. Changes to flat-rate premium or insurance coverage

1. We are entitled to unilaterally change the flat-rate premium or the insurance coverage after the closing of a contract. Decisive circumstances for changes in the flat-rate premium or insurance coverage are changes in the following factors:

- 1.1. the consumer price index published by the "Federal Statistical Office of Austria" (Statistics Austria) (VPI) 2015,
- 1.2. the average life expectancy,
- 1.3. the frequency of claiming benefits and their costliness according to the type of contract and its complexity, applied to the persons insured under this tariff,
- 1.4. the ratio between the benefits agreed under this contract and the equivalent reimbursement of costs of legally-stipulated social insurance,
- 1.5. the charges determined by law, regulation, other public act or by contract between the insurer and the healthcare institutions stipulated in the insurance contract for the use of these institutions and
- 1.6. the healthcare and the legal conditions that apply.
- 1.7. for group insurance in addition to the circumstances mentioned in 1.1 to 1.6: also a change in the circumstances mentioned in 1.2 and 1.3 merely among the insured persons belonging to this group, also as a result of a change in the average age of the group.
2. The declaration of a change in flat-rate premium or insurance coverage according to Point 1 shall only take effect from the first day of the month following its issue. If we increase the flat-rate premium in accordance with Point 1, we will offer the policy holder (in the case of group insurance, the main person insured), at their request, the opportunity to continue the contract with at least the same flat-rate premium and appropriately amended benefits.
3. Declarations of changes in flat-rate premium or insurance coverage according to Point 1 shall be made four times each year on the following reference dates: 1st February, 1st March, 1st May and 1st August. The adjustment to group insurance may deviate from the above-mentioned dates by agreement with the policy holder.
4. If Statistics Austria no longer publishes the index agreed in Point 1.1, it shall be replaced by the index which Statistics Austria designates as its successor index; in the absence of such a successor index, it shall be replaced by the index published by Statistics Austria or its successor organisation which comes closest to the index according to Point 1.1.
5. Adjusting flat-rate premiums can lead to them increasing significantly during the contract period.

C. Consent to data transfer

The insured person authorises UNIQA Österreich Versicherungen AG to obtain all information considered necessary from third parties (physicians, hospitals, social insurance providers, and other insurance providers) and absolve the respondents in advance of any medical or other professional confidentiality.

D. Legal basis

The general insurance conditions for medical costs and hospital daily allowance insurance are valid.

Austrian law applies. Contract language is German.

Regulatory authority:
Financial Market Authority, 1090 Vienna,
Otto-Wagner-Platz 5