Overview – Health Insurances

The following insurance products offer comprehensive health insurance within the meaning of section 11 para 2 subpara 3 Austrian Settlement and Residence Act (Niederlassungs- und Aufenthaltsgesetz, NAG) if a supplementary policy declaration has been made (listed with the individual products). This is neither an exhaustive enumeration (in particular, as insurance companies are regularly offering successor products), nor a product recommendation.

**GENERALI:**

“SHN 515 MedCare Allgemeine Gebührenklasse" in combination with “3AHN MedCare Privatarzt & Alternative Vorsorge für Nichtsozialversicherte“ [general fee class + private treatment & alternative provision for persons not covered by social insurance]

“SHN 973 MedCare Sonderklasse" in combination with “3AHN MedCare Privatarzt & Alternative Vorsorge für Nichtsozialversicherte“ [special class + private treatment & alternative provision for persons not covered by social insurance]

Required supplementary declaration:

“It is herewith confirmed that the person named below […] is insured as follows: XXX contractual basis: General Terms and Conditions of Insurance for Sickness Costs and Hospital Day Allowance Insurance [ Allgemeine Versicherungsbedingungen für die Krankheitskosten- und Krankenhaustagegeldversicherung (AVBKV 2012)], Supplementary contractual provisions for the tariffs below.

Scope of insurance: In accordance with the concluded tariffs SHN 515 [or SHN 973,…], 3 AHN,....

Given the requirements applicable to the acquisition of a residence title under NAG, health insurance is extended to cover all risks. The following General Terms and Conditions of Insurance therefore are deemed to have been agreed as amended:

1. Deviating from section 6 para 1 AVBKV 2012 medical treatments which started before the commencement of insurance are covered by insurance.

2. The exclusions pursuant to section 6 para 4 AVBKV 2012 (alcohol and narcotic drugs abuse, accommodation for self-endangerment/endangerment of others, etc.) are deemed not to have been agreed.

3. No waiting periods apply (provisions in section 4 AVBKV 2012 are deemed not to have been agreed)."

“SJN 612 MedCare Allgemeine Gebührenklasse" [general fee class] in combination with “3 AJN MedCare Privatarzt & Alternative Vorsorge für Nichtsozialversicherte“ [private treatment + alternative provision for persons not covered by social insurance]

“SJN 1069 MedCare Sonderklasse" [special fee class] in combination with "3 AJN MedCare Privatarzt & Alternative Vorsorge für Nichtsozialversicherte“ [private treatment + alternative provision for persons not covered by social insurance]
Required supplementary declaration:

“[...] it is herewith confirmed that the person named below is insured within the framework of our unlimited health insurance as follows:

Person insured: [...] term of contract: starting [...]”

Contractual basis: General Terms and Conditions of Insurance for Sickness Costs and Hospital Day Allowance Insurance [Allgemeine Versicherungsbedingungen für die Krankheitskosten- und Krankenhaustagegeldversicherung] (AVBKV 2017), Supplementary contractual provisions for the tariffs below.

Scope of insurance: in accordance with the concluded tariffs SJN 612, SJN 1069, 3 AJN (provided that premiums were paid)

Given the requirements applicable to the acquisition of a residence title under NAG, health insurance is extended to cover all risks. The following General Terms and Conditions of Insurance therefore are deemed to have been agreed as amended:

1. Deviating from section 6 para 1 AVBKV 2017 medical treatments which started before the commencement of insurance are covered by insurance.

2. Deviating from section 6 para 2 AVBKV 2017 illnesses and the sequelae of accidents which occurred before the commencement of insurance but lead to medical treatment only after the commencement of insurance, are covered.

3. The exclusions pursuant to section 6 para 3 AVBKV 2017 (alcohol and narcotic drugs abuse, accommodation for self-endangerment/endangerment of others, etc.) are deemed not to have been agreed.

4. Deviating from section 5 para 1 AVBKV 2017 insurance covers body replacement parts, implants and other therapeutic aids, in particular devices that replace organs or support their functions.

5. No waiting periods apply (section 4 AVBKV 2017 is deemed not to have been agreed).

6. Deviating from benefit tariff 3 AJN, it is agreed that dental treatment is subject to an annual maximum amount of EUR 1,500."

Short-term health insurance for stays in Austria and in the Schengen area - Tariff 10RB

There is no need for a supplementary policy declaration by the insurance company.

On the basis of information currently available, insurance is taken out for just one year, which is why any temporal gaps in coverage need to be bridged by taking out additional comprehensive insurance (e.g. insurance offered by a private company or self-insurance with one of the statutory regional health insurers with timely expiry of any waiting period).
"Privat rundum – Heilkostentarif für Nicht-Pflichtversicherte für die allgemeine Gebührenklasse: QHDYA 9/2017" or QHDYB 9/2917 [full cover private insurance – medical costs for persons not covered by statutory social insurance for the general fee class]

"Privat rundum – Heilkostentarif für Nicht-Pflichtversicherte für die Sonderklasse: QHNYA 9/2017" or QHNYB 9/2017 [full cover private insurance – medical costs for persons not covered by statutory social insurance for the special class]


"Versicherungsschutz für Auslandsaufenthalte-Sonderklasse – Expatriates Gold: QEXPYA 3 2018/S" or QEXPYB 3 2018/S [insurance coverage for stays abroad – special class ]


"Versicherungsschutz für Auslandsaufenthalte-Sonderklasse – Expatriates Exclusive: QEXPYA 5 2018/S" or QEXPYB 5/2018/S insurance coverage for stays abroad – special class - expatriates exclusive]

Required supplementary declaration:

“We confirm that Mr/Mrs XXXXXXXXX is insured under policy number XXX/XXXXX under a medical treatment tariff (tariff name XXXXX) with our company. The detailed benefits can be found in the Tariff Regulations. [...]

In order to meet official requirements for permanent settlement within the meaning of NAG, health insurance is herewith extended to cover all risks. This is why the General Terms and Conditions of Insurance for Sickness Costs and Hospital Day Allowance Insurance apply in an amended form (version 1999).

We have waived exclusions for alcohol and narcotic substances abuse, self-endangerment and medical treatments which started before the commencement of insurance and a waiting period does not apply. (This also concerns Supplementary Terms and Conditions, point 1 of the Tariff Regulations). Deviating from the tariff regulations of Expatriates Insurance Coverage (item I.1.2.) there is no co-payment applicable with in-patient hospital stays in Austria – even if the SOS service is not used.”

WIENER STÄDTISCHE:

MEDplus XCA 6/18 (or successor product MEDplus XCA 6/19)
**MEDplus XCS 6/18** (or successor product MEDplus XCS 6/19)

**Required supplementary declaration:**

“Herewith it is confirmed that the person specified below [...] is insured under policy number XXXX under tariff XCA [XCS]: XXXX

In order to meet official requirements for permanent settlement within the meaning of NAG, health insurance is herewith extended to cover all risks. This is why the General Terms and Conditions of Insurance for Sickness Costs and Hospital Day Allowance Insurance apply in an amended form.

We have waived exclusions such as alcohol and narcotic drugs substance, self-endangerment and medical treatments which began before the commencement of insurance. Equally, no waiting period applies. This also holds for childbirth and treatments in connection with pregnancy. In deviation, the annual maximum benefit has been raised to EUR 1,000 for psychotherapy and to EUR 1,500 for dental treatment."

"Reisekrankenversicherung Austria mit SOS Rückholdienst nach Tarif RVV"  
[Travel Health Insurance Austria including SOS repatriation service under tariff RVV]

There is no supplementary policy declaration required by the insurance company.

On the basis of information currently available, this insurance is taken out for just one year, which is why any temporal gaps in coverage may have to be bridged by taking out additional comprehensive insurance (e.g. insurance offered by a private company or self-insurance with one of the statutory regional health insurers with timely expiry of any waiting period).

**ALLIANZ ELEMENTAR VERSICHERUNGS-AG:**

Hospital cost insurance: tariff NY 256 or tariff NY 363 in combination with private patient insurance for out-patient medical treatments: tariff AW2/2019 or tariff AW2Z/2019

**Required supplementary declaration:**

“It is herewith confirmed that health insurance has been taken out for Mr/Mrs ... first name, family name, born DD/MM/YYYY, starting DD/MM/YYYY for an indefinite period of time.

In order to meet official requirements for being granted permanent residence within the meaning of NAG, health insurance is herewith extended to cover all risks. This is why the General Terms and Conditions of Insurance for Sickness Costs and Hospital Day Allowance Insurance (AVBK 1998) apply in an amended form.

This means that all limitations of insurance coverage, such as e.g. pursuant to section 1 para 2c and sections 4 and 6, as well as section 5 B, point 11, 2nd enumeration of the General Terms and Conditions of Insurance for Sickness Costs and Hospital Day Allowance Insurance (AVBK 1998) do not apply if the insured event occurs."
Amending benefit tariff NY256 and/or tariff NY363, the amount of benefit for patient transports is increased to EUR 1,500 per case and the allowance for rehabilitation/curative stays to EUR 100 per day.

Amending benefit tariff AW2/2019 and/or tariff AW2Z/2019, the amount of benefit for psychotherapeutic treatments is increased to EUR 1,000 per calendar year. Amending benefit tariff AW2/2019, the amount of benefit for dental treatment and dentures is raised to EUR 1,500 per calendar year."

Hospital Cost Insurance Tariff NZ 256 or NZ 363 in combination with private patient insurance for out-patient treatments: tariff PN1/2019 of tariff PN1/2019

Required supplementary declaration:

“[...] this is to confirm that health insurance has been taken out for Mr/Mrs [...] for an indefinite period of time.

In order to meet official requirements for being granted permanent residence within the meaning of NAG, health insurance is herewith extended to cover all risks. This is why the General Terms and Conditions of Insurance for Sickness Costs and Hospital Day Allowance Insurance (AVBK 1998) apply in an amended form.

This means that all limitations to insurance coverage such as under section 1 para 2c and sections 4 and 6, as well as section 5 B item 11, 2nd enumeration of the General Terms and Conditions of Insurance for Sickness Costs and Hospital Day Allowance Insurance (AVBK 1998) do not apply if the event insured occurs.

Amending benefit tariff NZ 256 and/or tariff NZ 363, the amount of benefit is increased to EUR 1,500 per case for patient transports and to EUR 100 per day for rehabilitation/curative stay allowances.

Amending benefit tariff PN1/2019 and/or tariff PNP1/2019, the amount of benefit for psychotherapeutic treatments is increased to EUR 1,000 per calendar year.

Amending benefit tariff PN1/2019, the amount of benefit for dental treatment and dentures is increased to EUR 1,500 per calendar year. [...]”

CARE CONCEPT AG:

All products (in particular also Care Economy, Care Au Pair, Care Expatriate, Care College, Care Student-S14_1 and Care Student S14_5 and Care Austria)

Required supplementary declaration:

“We confirm that Mr/Mrs XXXXXXXXX (born on XX/XX/XXXX) has valid health insurance under
policy number XXX/XXXX under [specify contractual product] with our company.

The contract is concluded [for xxxxxx; note: at least until the expiry of the residence permit to be granted].

In order to meet official requirements for being granted permanent residence within the meaning of NAG, health insurance is deemed to have been concluded with the coverage that is offered by the competent statutory regional health insurer, deviating from the General Terms and Conditions of Insurance [and other contractual bases]. Accordingly:

1. all health risks covered by the statutory regional health insurer are deemed to have been covered. Any exclusions or limitations such as e.g. alcohol and narcotic drug abuse, self-endangerment and medical treatments which started before the commencement of insurance, which are incompatible therewith and contained in the other contractual terms and conditions, are hence waived;
2. no waiting period or deadlines regarding the receipt of benefits are deemed to have been agreed;
3. cost caps and co-payments are deemed to have been agreed to that extent to which costs are defrayed by the statutory regional health insurer for corresponding services and/or co-payments apply vis-à-vis the latter.

DONAU-Versicherung:

- SecurMed XCA 6/19
- Secur Med XCS 6/19

Required supplementary declaration:

"It is herewith confirmed that the person named below [...] is insured under policy number XXXX according to tariff XCA [XCS]: XXXX

In order to meet official requirements for permanent settlement within the meaning of NAG, health insurance is herewith extended to cover all risks. This is why the General Terms and Conditions of Insurance for Sickness Costs and Hospital Day Allowance Insurance apply in an amended form.

We have waived exclusions such as alcohol and narcotic drugs substance, self-endangerment and medical treatments which began before the commencement of insurance. Equally, no waiting periods apply. This also holds for childbirth and treatments in connection with pregnancy. In deviation, the annual maximum benefit has been raised to EUR 1,000 for psychotherapy and to EUR 1,500 for dental treatment."
No comprehensive insurance exists for the following exclusions:

- diseases and sequelae of accidents which pre-existed upon conclusion of the contract
- detention or placement in an institution on account of self-endangerment or endangerment of others, consequences of attempted suicide
- pregnancy treatments, deliveries, miscarriages
- dental treatment other than primary care for immediate pain relief (only prosthetic treatments which would not be covered by statutory insurance can be validly excluded)
- diseases and accidents and their consequences which occur or deteriorate due to abuse of alcohol or narcotic drugs or whose medical treatment is significantly impeded due to such consumption
- diseases and accidents and their consequences which are caused by active involvement in unrest, culpable participation in a brawl or the commission of a criminally punishable act which pre-supposes intention
- medical treatment during trips which are made in violation of a medical recommendation
- sequelae of accidents which are caused by active participation in sports contests and competitions and during the official training for such events
- rehabilitation.

Likewise, waiting periods until insurance benefits become payable as well as significant cost caps, in particular with in-patient treatment, preclude the existence of comprehensive insurance coverage within the meaning of section 11 para 2 subpara 3 NAG.