

INTERNATIONAL HEALTH AND HOSPITAL PLAN



YOUR HEALTH ABOVE ALL



International
Health
Insurance
danmark a/s

YOUR INSURANCE GUIDE

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WE PUT YOUR HEALTH ABOVE ALL



Have you ever thought about what would happen to your family, career and financial situation if you were struck by an unexpected illness? Our experience shows that long-term illness may have serious financial and social consequences.

International Health Insurance danmark a/s (IHI) guarantees to put your health above all, offering you the best suited insurance plan and advising you on health and wellbeing.

IHI – A COMPANY YOU CAN TRUST

IHI is a part of the worldwide health and care organisation BUPA (British United

Provident Association), which was established in 1947 and reported reserves of USD 2,6 billion in their accounts for 2004.

250,000 private and corporate clients in over 190 countries rely on IHI. For more than 30 years, we have built up a global network of business partners, local offices and well-respected medical consultants.

As a Danish company, we are regulated by the strict standards set by the Danish Insurance Contracts Act and the European supervisory authorities.

In all, IHI is a company you can trust.

MORE THAN A HEALTH INSURANCE COMPANY

You can feel confident that no matter where you live, travel or work, you and your family have the best health insurance and support should you need it:

BENEFITS

- Worldwide cover with complete freedom of choice concerning specialists, hospitals, etc.
- Full cover regardless of your job, leisure interests and sports activities.
- Chronic conditions are covered in full if diagnosed after enrolment or if accepted by IHI.
- Cover of accidents resulting from terrorist acts.
- Guaranteed renewal of the policy for life – regardless of your age and state of health.

SERVICES

- 24-hour multilingual Emergency Service.
- Advice on choice of hospitals and doctors all over the world.
- Access to IHI's highly qualified medical consultants for advice and second opinion.
- Access to IHI's unique preventative health programme, including our bonus programme.
- Access to a broad range of online services, e.g. the possibility of managing your policy on our website.



YOUR COVER OPTIONS

Health insurance requirements differ from country to country, and everyone has individual needs depending on their age and occupation. This is why we offer a flexible modular system that allows you to tailor your own insurance policy.

The Hospital Plan is the fundamental cover providing comprehensive inpatient cover, and it can be taken out on its own or you can choose to add one or more of the following modules:

- Non-Hospitalisation Benefits.
- Medicine & Appliances.
- Medical Evacuation & Repatriation.
- Dental & Optical cover.

You can choose to take out your insurance:

- With or without a deductible. The deductibles available are USD 400, USD 1,600, USD 5,000 and USD 10,000.
- Denominated in Euros, Pounds Sterling or US Dollars. The chosen currency is binding, meaning that you cannot switch currency.

The modular system can be supplemented with cover for IHI Critical Illness, IHI Personal Accident and/or IHI Travel.

In the List of Reimbursements, you can see in detail which benefits are covered under the different modules, and how they can be combined to give you exactly the cover you want.



The compulsory Hospital Plan covers hospitalisation expenses such as hospital services, childbirth, organ transplant, rehabilitation and emergency room treatment. The annual insurance sum is USD 1,800,000.

Module 1 – Non-Hospitalisation Benefits cover outpatient treatment such as general practitioners, specialists and other medical assistance 100% up to specific maximum amounts. The overall annual maximum for Module 1 is USD 35,000.

Module 2 – Medicine & Appliances are covered up to USD 2,500 per year. Hearing aids are covered 50% with specific maximum limits. Other appliances and medicine are covered 100% up to the annual maximum.

Module 3 – Medical Evacuation & Repatriation covers transportation to a qualified place of treatment if you have a serious illness or injury. For instance, we will cover expenses for transportation by aeroplane or helicopter. Expenses for an accompanying person are also covered.

Modules 4A & 4B – Dental & Optical cover gives you the right to reimbursement of dental treatment, glasses and contact lenses. Routine dental treatment is covered 80% with maximum amounts. Special dental treatment is covered 50% up to an annual maximum. Glasses and contact lenses are covered 80% with specific maximum limits. The overall annual maximum for Module 4A is USD 5,000 and for Module 4B USD 7,500.

SUPPLEMENTARY INSURANCES

IHI Critical Illness, IHI Personal Accident and IHI travel

IHI Critical Illness provides you with a cash sum if you are diagnosed with, or undergo surgery for a major critical illness, such as heart attack or cancer.

IHI Personal Accident provides a cash sum in the event of an accident resulting in e.g. the loss of an arm or leg, loss of sight, loss of the use of a hand or foot, death, etc.

The cash sum can be used for any purpose; e.g. supplement any loss of income while you recover, or finance any changes you may need to make to your home or car following the accident/illness.

IHI Travel offers you the best possible protection if you suffer a sudden, unexpected illness or injury when travelling outside your country of residence. There is no deductible on IHI Travel, this means that the deductible chosen on International Health and Hospital Plan will be covered by IHI Travel. You are covered for e.g. next-of-kin accompaniment and repatriation if relatives at home get seriously, acutely ill. If you take out IHI Travel in addition to International Health and Hospital Plan you will receive a discounted rate on the travel plan.

The Policy Conditions for the IHI Critical Illness, IHI Personal Accident and IHI Travel supplements are described in separate brochures.



MANAGE YOUR HEALTH AND POLICY ONLINE

Make use of our online facilities not only to manage your policy, but also your health. Simply by logging on to your personal myPage on www.ihl.com, you can get personal guidance about health, wellbeing and much more. Join our bonus programme with the possibility of qualifying for additional health check-ups and premium reductions.

FIRST TIME LOGIN

Username: first seven digits of your policy number
Password: date of birth of the policyholder (ddmmyyy)

myPage

POLICY ADMINISTRATION

- **Policy information:** see a complete overview of your policy schedule (e.g. the people insured, the covers chosen) and your last three claims. Product guide with conditions and application forms are available for download.
- **Premium payment:** pay your premium online and see your premium receipts.
- **Policy changes:** make changes to your policy, e.g. change of address and e-mail.
- **Claims:** find information on how to report a claim.

IHI OPTIMYSE – Your health and wellbeing services

- **Health and Travel Guide:** country specific information, e.g. disease outbreaks, travel alerts and required vaccinations.
- **Optimyse online doctors:** IHI’s medical consultants give general advice on life-style diseases and provide second opinions and counselling on treatments.
- **Health assessment and target plan:** get a personalised report on your health and set personal health targets (required to enter our bonus programme).
- **Optimyse bonus:** keep your health targets and obtain the following advantages:

1st-4th year on health target	additional annual health check-up
5th and 6th year on health target	5% premium reduction
7th-9th year on health target	7% premium reduction
10th year on health target	10% premium reduction

All services and benefits are subject to specific and general terms and conditions. For more information, please refer to “Disclaimers” on www.ihl.com. As a corporate client, you have access to the services and benefits under myPage to the extent agreed between your employer and IHI.

IF YOU NEED HELP

IHI's Emergency Service is at your disposal any time, day or night, 365 days a year. We are working closely with global networks of highly qualified hospitals, doctors, assistance and ambulance companies and offer sound advice on local treatment of specific conditions and recommend hospitals and specialists all over the world. For medical advice, second opinions and in situations where you may require immediate contact with a doctor, IHI's medical consultants will be available to assist and guide you.



OUR 24-HOUR IN-HOUSE EMERGENCY SERVICE

We only hire the most caring people with excellent linguistic skills and a comprehensive understanding of cultural differences. Our staff go the extra mile to provide personal and professional service.

Our emergency staff handle approx. 80,000 inquiries a year, including around 450 medical evacuations. We take care of everything from plane ticket upgrades due to e.g. a sprained ankle, to seriously ill persons requiring transportation in an air ambulance with an intensive care unit and doctors team on board.

Tel.: +45 33 15 33 00 (we also accept reverse charge calls)

E-mail: emergency@ihi.com

THE INSURANCE CARD

Each paying insured person receives a personal insurance card. You should always carry the card with you. On the back of the card, you will find information on how to contact IHI – including contact details for our 24-hour Emergency Service.

YOUR PREMIUM

The premium is age-related. The age-related premium is applied at the first coming premium payment. If you have reached the age of 60 at the time of application, the premium will be increased. The insurance plan must be taken out before you reach the age of 80. A previous medical history may cause a higher premium, and in some instances, an exclusion in the insurance cover.

Your policy premium may be subject to Insurance Premium Tax based on your country of residence. If this is the case, the amount of any taxes, levies or charges will be shown on your premium notice. For more detailed information on any taxes in your country of residence, please refer to IHI or your local representative.

Annual premium per person in USD*:

AGE BRACKETS	0-9	10-25	26-44	45-59	60+**
PLANS AVAILABLE WITHOUT DEDUCTIBLE					
Hospital Plan	0	2,091	3,259	3,885	3,964
Module 1 Non-Hospitalisation Benefits	0	1,314	1,904	2,326	2,475
Module 2 Medicine & Appliances	0	390	653	946	951
PLANS AVAILABLE WITH USD 400 DEDUCTIBLE					
Hospital Plan	0	1,417	2,517	3,119	3,259
Module 1 Non-Hospitalisation Benefits	0	922	1,460	1,911	2,071
Module 2 Medicine & Appliances	0	272	515	772	794
PLANS AVAILABLE WITH USD 1,600 DEDUCTIBLE					
Hospital Plan	0	1,054	1,913	2,441	2,546
Module 1 Non-Hospitalisation Benefits	0	441	745	955	1,042
Module 2 Medicine & Appliances	0	18	37	45	45
PLANS AVAILABLE WITH USD 5,000 DEDUCTIBLE					
Hospital Plan	0	837	1,518	1,938	1,992
Module 1 Non-Hospitalisation Benefits	0	349	591	754	816
Module 2 Medicine & Appliances	0	15	29	35	35
PLANS AVAILABLE WITH USD 10,000 DEDUCTIBLE					
Hospital Plan	0	628	1,138	1,454	1,494
Module 1 Non-Hospitalisation Benefits	0	263	443	565	612
Module 2 Medicine & Appliances	0	11	21	27	27

E. & O. E.

AGE BRACKETS	0-9	10-25	26-44	45-59	60+**
SUPPLEMENTARY COVERS***					
Module 3 Medical Evacuation & Repatriation	0	244	412	482	482
Module 4A Dental & Optical	0	353	509	628	628
Module 4B Dental & Optical	0	672	969	1,187	1,187

E. & O. E.

HOW IS THE PREMIUM PAID?

If you have not stated your credit card information on the Application Form, we will send you a premium notice. As IHI must receive payment before the cover can start, we advise you to pay the premium within 30 days. You can choose between the following payment options:

- Credit card payment via ihi.com.
- International credit card: American Express, VISA, Eurocard/MasterCard, JCB or Diners.
- International cheque.
- Eurocheque.
- International bank transfer to our bank:
Citibank N.A., London, UK
USD Account No.: 8237581
BIC / Swift Code: CITIGB2L
Bank Sort Code: 18 50 08
IBAN: GB63CITI18500808237581
Account holder:
International Health Insurance danmark a/s.

Regardless of how you pay, we kindly ask you to always state your policy number.

* Semi-annual premium payments are 53% of annual premium payments. Quarterly premium payments are 27% of annual premium payments.

** Renewals only.

*** No deductible applies.

COVER OF YOUR EXPENSES

WAITING PERIODS

In the event of an acute, serious illness or injury, the cover will come into force immediately on the policy commencement date. Under other circumstances, there will be a waiting period of four weeks from the policy commencement date – subject to the following exceptions:

- If you switch to IHI from another equivalent international health insurance plan with another company, the cover will come into force immediately on the policy commencement date.
- The waiting period is 12 months in connection with pregnancy and childbirth. After the waiting period, newborn babies are covered from birth provided that a birth certificate is sent to IHI no more than three months after the birth.
- In case of orthodontics, the waiting period is 24 months.

If you subsequently upgrade your cover, e.g. if you add an additional module, the waiting period will again apply under the new module. During the waiting period, the previous cover applies.

HOSPITAL TREATMENT

We have, for many years, worked with hospitals throughout the world and are therefore thoroughly aware of the practical circumstances that must be in place prior to a hospital admission. If you wish, we can take care of the details in connection with planned or non-acute admissions.



If you are hospitalised, we can issue a payment guarantee – matched to the cover selected by you. The bill can then be sent directly to us, enabling you to concentrate on getting better.

In the event of emergency admission, we should be notified as soon as possible in order to avoid misunderstandings about the insurance cover. You must state the date of admission, diagnosis, treatment and expected date of discharge.

Expenses in connection with the notification of hospital admission will be refunded by IHI (e.g. your call to IHI from another country).

OTHER TREATMENT

To claim reimbursement for expenses for outpatient treatment, such as a bill from a specialist, doctor or dentist, you can send the bill to any of our offices mentioned on the back of the brochure.

To make it as easy as possible, you do not need to send in a claim form. We do, however, need the original, paid, receipted and clearly itemised bills. Physicians' bills should also include a diagnosis and bills for medicines must be accompanied by the corresponding prescriptions.



MEDICAL EVACUATION & REPATRIATION

If you have extended your insurance to cover Medical Evacuation & Repatriation, your policy will cover expenses in connection with medical transport if the treatment required is not available at your location. Regardless of the circumstances, you must inform us before the transport is commenced, either directly or through the attending physician. Medical Evacuation & Repatriation must be pre-approved by IHI. In consultation with the attending physician, our medical consultants will choose an alternative place of treatment.

Please remember to state your policy number in all correspondence with IHI.

DO YOU WANT TO KNOW MORE?

Please contact your intermediary or IHI at +45 33 15 30 99 or visit ihi.com.

LIST OF REIMBURSEMENTS

VALID FROM 01.01.2006

Please note that the List of Reimbursements is part of the Policy Conditions. It is therefore recommended to read both the List of Reimbursements and the Policy Conditions carefully.

HOSPITAL PLAN

Reimbursements under the Hospital Plan are effected at 100% of the expenses, unless you have chosen a deductible. In this case, you will be reimbursed as soon as qualified expenses exceed the amount of the deductible.

Reimbursements will not in any event exceed the following amounts or the overall annual maximum cover per person per policy year of USD 1,800,000.

All amounts are in USD

HOSPITAL SERVICES - DURING HOSPITALISATION	100%
Semi-private/private room	100%
Intensive care room	100%
Room and board for a parent accompanying an insured child	100%
Surgery	100%
Medical treatment, laboratory tests, X-rays	100%
Medicine while in hospital	100%
Pacemaker	100%
Psychiatric treatment	100%
OUTPATIENT TREATMENT IN A HOSPITAL OR CLINIC	
Surgery	100%
Chemotherapy, radiotherapy	100%
Dialysis	100%
<i>Other outpatient treatment is reimbursed under Module 1 Non-Hospitalisation Benefits</i>	

CHILDBIRTH	Hospital Plan	Hospital Plan incl. Module 1 – Non-hospital- isation Benefits
Normal delivery, complicated delivery and elective caesarean delivery, incl. pre- and postnatal treatment Max. per delivery	100% 6,500	100% 11,000
Medically prescribed caesarean, incl. pre- and postnatal treatment Max. per delivery	100% 12,000	100% 14,000
Delivery/caesarean following fertility treatment Excluding pre- and postnatal treatment, max.	100% 5,000	100% 8,000
<i>The above maximum rates for maternity shall be reduced by the deductible chosen</i>		
CHILDBIRTH / HOME DELIVERY		
Doctor/specialist, midwife		165
Home nursing in connection with home delivery		487
<i>Pre- and postnatal examinations are reimbursed under Module 1 Non-Hospitalisation Benefits</i>		
ORGAN TRANSPLANT		
Organ transplant		100%
Per diagnosis and course of treatment all included, max. <i>Only human organs</i> <i>The procurement of the organ must be pre-approved by the Company</i>		300,000
EMERGENCY ROOM TREATMENT		
Emergency room treatment in connection with acute illness or accident		100%
LOCAL TRANSPORT BY AMBULANCE		
Medically prescribed transport to and from hospital		100%
Per policy year, max.		1,600
REHABILITATION		
Medically prescribed rehabilitation in connection with treatment at an authorised rehabilitation centre		100%
Max. per day for max. 3 months per illness		350
HOME NURSING		
For expenses incurred for medically prescribed assistance in your private home by a certified nurse		100%
Max. per day for max. 40 days per policy year		135
HOSPITAL CASH BENEFIT		
If room, board and treatment are received free of charge, per night max.		100
<i>Max. 60 nights per policy year (must be pre-approved by the Company)</i>		

EMERGENCY DENTAL TREATMENT	
Acute emergency dental treatment due to serious accident requiring hospitalisation	100%
<i>In case of doubt, the decision will be left with the Company's dental consultant</i>	

IHI OPTIMYSE

IHI OPTIMYSE	
Access to IHI's medical consultants: general advice and second opinions	free
Online services, such as the possibility of administering your policy online	free
Access to a range of health related information and the IHI Bonus Programme	free

MODULE 1 ■ NON-HOSPITALISATION BENEFITS

Reimbursements under this supplementary module are effected at 100% of the expenses, unless you have chosen a deductible. In this case you will be reimbursed as soon as qualified expenses exceed the amount of the deductible.

Reimbursements will not in any event exceed the following amounts or the annual maximum limit of USD 35,000.

GENERAL PRACTITIONERS AND SPECIALISTS	
GP consultations, per consultation	80
Chinese doctor consultation, per consultation (if charged separately) Max. USD 200 per policy year	20
Eye and ear specialists/other specialists, per consultation	110
Psychiatrists, per consultation	130
<i>Expenses are reimbursed for a max. of 15 consultations within a 30-day period</i>	
THERAPISTS	
Dietetic guidance, speech therapy per consultation Max. 4 consultations per policy year	50
Physiotherapy, ergotherapy per consultation	75
Max. per policy year	1,200
Chiropractor/osteopath all inclusive, per consultation	60
Max. per policy year	1,200
MEDICAL CHECK-UP ALL INCLUSIVE, PER YEAR	300

EXAMINATIONS AND OTHER MEDICAL ASSISTANCE	
Laboratory test, analysis	500
X-ray	500
ECG	500
Scan and endoscopic examinations, per examination	750
Injection and vaccination	55
Acupuncture and homeopathic treatment, performed by a physician	60
Acupuncture and homeopathic treatment shall only be covered when performed by a physician/doctor authorised in the country of practise.	
Special assistance	325
SURGICAL INTERVENTION	
	100%

MODULE 2 ■ MEDICINE & APPLIANCES

Reimbursements under this module are according to the list below. If you have chosen a deductible, you will be reimbursed when qualified expenses exceed the deductible.

HEARING AIDS	
Prescribed hearing aids, per appliance, max.	325
Max. 2 appliances are reimbursed per policy year up to max.	650
OTHER APPLIANCES	
Slings and bandages	100%
Arch support	100%
Rent of medical appliances	100%
MEDICINE	
Prescribed medicine and traditional Chinese medicine	100%
Traditional Chinese medicine administered by a traditional Chinese practitioner up to 10 sessions per policy year, up to an annual max. of USD 300	
Limited to recognised traditional Chinese practitioners registered to practice locally	
<i>There is no reimbursement for homeopathic or naturopathic medicines and medicine which could have been purchased without a physician's prescription</i>	
Medicine and other appliances are reimbursed up to an annual max.	2,500

MODULE 3 ■ MEDICAL EVACUATION & REPATRIATION

Medical Evacuation & Repatriation covers transportation to a qualified place of treatment if you have a serious illness or injury.

MEDICAL EVACUATION & REPATRIATION	
Transportation expenses by aeroplane or helicopter	100%
Accompanying person	100%
Return journey to residential address abroad/home country within 3 months after completion of treatment	100%
Statutory arrangements in case of death, such as embalming and zinc coffin Transportation of the urn/coffin	100%
<i>Expenses are covered up to the overall annual insurance sum of your policy</i>	
<i>In all circumstances, we must be notified before the transport takes place, either directly or through the attending physician</i>	
<i>Medical Evacuation & Repatriation must be pre-approved by the Company</i>	

MODULES 4A & 4B ■ DENTAL & OPTICAL

Reimbursements under these two modules are effected at 50-80%, but they will not in any event exceed the following amounts or the respective annual maximums of Module 4A: USD 5,000 and Module 4B: USD 7,500.

	Module 4A	Module 4B
ROUTINE DENTAL TREATMENT	80%	80%
Examinations, max.	20	40
Tooth cleaning, max.	40	60
ROUTINE DENTAL TREATMENT	80%	80%
Fillings per tooth, max.	60	110
Root treatment per tooth, max.	70	140
Tooth extractions per tooth, max.	40	100
Surgery, max.	81	195
X-ray, max.	40	50
Anesthesia, max.	15	20
Special assistance, max.	40	80

... Continued	Module 4A	Module 4B
SPECIAL DENTAL TREATMENT	50%	50%
Bridgework Crowns Periodontitis Orthodontics (tooth adjustment) Dentures		
Special dental treatment per policy year, max.	2,000	3,000
GLASSES AND CONTACT LENSES	80%	80%
One pair of glasses (excl. frames) per policy year, max.	160	220
Contact lenses, per policy year, max.	100	130
<i>Frames and sunglasses are not covered</i>		

IHI CRITICAL ILLNESS AND IHI PERSONAL ACCIDENT AND IHI TRAVEL

IHI CRITICAL ILLNESS (not automatically included)	USD
Cover for 11 critical illnesses and surgeries. You can choose between the following 4 insurance sums	25,000 50,000 75,000 100,000
<i>The conditions regulating IHI Critical Illness are found in separate brochures</i>	
IHI PERSONAL ACCIDENT (not automatically included)	USD
Cover for accidental disablement and death. You can choose between the following 3 insurance sums	50,000 100,000 150,000
<i>The conditions regulating IHI Personal Accident are found in separate brochures</i>	
IHI TRAVEL (not automatically included)	USD
Annual insurance sum	300,000
Cover for sudden unexpected illness or injury when travelling outside your country of residence	
Next-of kin accompaniment	
Repatriation in case of a relative falling seriously, acutely ill	
No deductible is applied	
<i>The conditions regulating IHI Travel are found in separate brochures</i>	

POLICY CONDITIONS

VALID FROM 01.01.2006

In accordance with the Danish Insurance Contracts Act.

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ART. 1 ACCEPTANCE OF THE INSURANCE

1.1: International Health Insurance Danmark a/s, hereinafter called the Company, shall decide whether the insurance can be accepted. In order for the insurance to be accepted and the Company to become liable, the application must be approved by the Company and the necessary premium paid to the Company.

1.2: In order for the insurance to be accepted by the Company on standard terms, the applicant must be of sound health at the time of acceptance and must not suffer nor have suffered from any recurring disease, illness, injury, bodily infirmity or physical disability, and the applicant must not have attained 60 (sixty) years of age at the time of acceptance.

1.2.1: If the conditions in Art. 1.2 are not met and the applicant has not attained 80 (eighty) years of age at the time of acceptance, the Company may offer the insurance on special terms. If the Company decides to offer the insurance on special terms, the policyholder will receive a policy schedule in which these terms are stated.

1.2.2: All underwriting and issuance of policy schedules are made from the Company's headquarters in Copenhagen, Denmark.

1.3: In the event of a change in the applicant's state of health after the application has been signed and before the Company's approval thereof, the applicant shall be under the obligation to notify the Company of such change immediately.

1.4: The currency chosen for the insurance cannot be changed after the Company's acceptance of the application.

ART. 2 COMMENCEMENT DATE

2.1: The insurance shall be valid as of the date on which the application is approved by the Company. The commencement date is stated in the policy schedule. The Company may agree on another date with the policyholder.

ART. 3 WAITING PERIODS IN CONNECTION WITH NEW INSURANCE CONTRACTS AND EXTENSION OF COVER

3.1: When a new insurance contract is entered into, the right to reimbursement under the new insurance contract shall only take effect 4 (four) weeks after the commencement date of the insurance. However, this does not apply when the policyholder can prove simultaneous transference from an equivalent insurance with another international health insurance company.

3.1.1: In the event of acute serious illness and serious injury, the right to reimbursement shall, however, take effect concurrently with the commencement date of the insurance.

3.1.2: In addition, the waiting periods listed below shall apply for the insurance contract:

- a) for expenses incurred in connection with pregnancy and childbirth and consequences thereof, the right to reimbursement shall only take effect 12 (twelve) months after the commencement date of the insurance.
- b) for expenses incurred for orthodontics the right to reimbursement shall only take effect 24 (twenty-four) months after the commencement date of the insurance.

3.2: The insured may change his/her insurance cover to another type of cover as from a policy anniversary by giving 1 (one) month's written notice to the Company and subject to proof of insurability according to Art. 1.

3.3: The Company will process the extension of cover as a new application in accordance with Art. 1.

3.4: If extended cover is taken out under the insurance contract, the right to reimbursement under such extension shall only become effective 4 (four) weeks after the commencement date of the extension. However, Art. 3.1.2 a) and b) shall still apply. During the waiting period, the previous cover shall apply.

3.4.1: In the event of acute serious illness and serious injury, the right to reimbursement under the extended cover shall, however, take effect concurrently with the commencement date of the extension.

ART. 4 WHO IS COVERED BY THE INSURANCE?

4.1: The insurance shall cover the insured person(s) named in the policy schedule, including children registered therein.

4.2: Children under 10 (ten) years of age can be insured free of charge if the requirements for acceptance on

standard terms, cf. Art. 1.2, are met. A maximum of 2 (two) children free of charge per paying adult, and a total maximum of 4 (four) children free of charge per insurance apply.

4.2.1: Free cover of children shall furthermore be subject to:

- the child being registered with the Company, and
- 1 (one) of the insured persons having legal custody of the child, and
- the child being registered at the same address as the insured having legal custody of the child.

4.3: An application must be submitted for newborn children.

4.3.1: If the insurance of 1 (one) of the parents has been valid for a minimum of 12 (twelve) months, newborn children of the parent can be insured, irrespective of Art. 1.2, without submitting an application, cf. however Art. 12.2 h). A copy of the birth certificate must, however, be submitted within 3 (three) months after the birth.

4.3.2: In case of adoption, the insured must submit a Medical Questionnaire for the adopted child.

ART. 5 WHERE IS COVER PROVIDED?

5.1: The insurance shall provide worldwide cover unless otherwise stated in the policy schedule.

ART. 6 WHAT IS COVERED BY THE INSURANCE?

6.1: The insurance shall cover the medical expenses incurred by the insured in accordance with the cover chosen and the applicable reimbursement rates. The valid reimbursement rates are stated in the List of Reimbursements.

6.2: Reimbursement shall be paid following the Company's approval of the expenses as being covered by the insurance after the original, receipted and itemised bills, provided with the policy number, have been received by the Company.

6.3: Once the covered expenses have met the annual deductible, the reimbursable amount will be paid. The deductible shall be reduced by amounts not exceeding the maximum rates specified in the valid List of Reimbursements. The deductible shall apply per person per policy year.

6.3.1: In case of accident where 3 (three) or more family members insured with the Company are involved, only 1 (one) deductible, the highest, is applied.

6.4: Physicians, specialists, dentists, etc. performing the treatment must have

authorisation in the country of practice. Furthermore, the method must be approved by the public health authorities in the country, where the treatment takes place. Methods of treatment not yet approved by the public health authorities, but under scientific research will only be covered if approved in advance by the Company's medical consultants.

6.5: In no event shall the amount of reimbursement exceed the amount shown on the bill. If the insured receives reimbursement from the Company in excess of the amount to which he/she is entitled, the insured shall be under the obligation to repay the Company the excess amount immediately, otherwise the Company will set off the excess amount in any other account between the insured and the Company.

6.6: Reimbursements shall be limited to the usual, customary and reasonable charges in the area or country in which the treatment is provided.

6.7: Any discount which has been negotiated directly between the Company and providers will be specifically used by the Company for the overall benefit of the insured persons within the insurance product as a whole.

6.8: Any ex-gratia payments are at the Company's discretion. If the Company makes a payment to which the insured is

not entitled under the insurance, this will still count toward the annual maximum cover per person per policy year.

ART. 7 HOSPITAL PLAN

7.1: The Hospital Plan must be taken out before any other supplementary module(s) can be added. The following terms shall also apply:

7.1.1: The Hospital Plan shall cover the medical expenses incurred by the insured's hospitalisation in accordance with the deductible chosen and the applicable reimbursement rates as stated in the List of Reimbursements. It is required that the insured is hospitalised in order to get reimbursement under this plan.

7.1.2: The Company shall be notified immediately of any stays in hospital in accordance with Art. 13.3.

ART. 8 MODULE 1 - NON-HOSPITALISATION BENEFITS

8.1: If the insurance has been extended to include Module 1, the following terms shall also apply:

8.1.1: Module 1 can only be taken out as a supplement to the Hospital Plan.

8.1.2: Module 1 shall cover the insured's expenses in accordance with the deductible chosen and the applicable reimburse-

ment rates as stated in the List of Reimbursements.

8.1.3: Any bill for expenses incurred by outpatient treatment shall be reported by submitting the original, receipted and itemised bills provided with the policy number to the Company. Physician's bills must also include a diagnosis of the illness being treated.

ART. 9 MODULE 2 - MEDICINE AND APPLIANCES

9.1: If the insurance has been extended to include Module 2, the following terms shall also apply:

9.1.1: Module 2 can only be taken out as a supplement to the Hospital Plan.

9.1.2: Module 2 shall cover the expenses in accordance with the deductible chosen and the applicable reimbursement rates as stated in the List of Reimbursements.

9.1.3: Any bill for expenses incurred by outpatient medicine and appliances shall be reported by submitting the original, receipted and itemised bills provided with the policy number to the Company. Bills for medicine should also be accompanied by a copy of the prescription.

ART. 10 MODULE 3 - MEDICAL EVACUATION & REPATRIATION

10.1: If the insurance has been extended to include Module 3, the following terms shall also apply:

10.1.1: Module 3 can only be taken out as a supplement to the Hospital Plan.

10.1.2: Module 3 shall cover the reasonable expenses incurred for the insured's medical evacuation/repatriation in the event of acute serious illness, serious injury or death in accordance with the applicable reimbursement rates as stated in the List of Reimbursements.

10.1.3: Cover shall be provided subject to the attending physician and the Company's medical consultant agreeing on the necessity of transferring the insured and agreeing whether the insured should be transferred to his/her country of residence/home country or to the nearest suitable place of treatment.

10.1.4: The insurance shall cover reasonable and necessary transportation expenses for 1 (one) person accompanying the insured.

10.1.5: Only 1 (one) transportation is covered in connection with 1 (one) course of an illness.

10.1.6: Module 3 shall only apply if the illness is covered under the insurance.

10.1.7: In the event that the insured is evacuated/repatriated for the purpose of receiving treatment, he/she and the accompanying person, if any, shall be reimbursed for the expenses for a return journey to the insured's place of residence/home country. The return journey shall be made within 3 (three) months after treatment has been completed. Cover shall only be provided for travel expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum.

10.1.8: In the event that the insured has received treatment covered by the insurance, but now has reached the terminal phase, he/she and the accompanying person, if any, shall be reimbursed for the expenses of the return journey to the insured's place of residence.

10.1.9: In the event of death, expenses shall be reimbursed for home transportation of the deceased and for statutory arrangements such as embalming and a zinc coffin.

The next-of-kin have the following options:

- a) cremation of the deceased and home transportation of the urn or
- b) home transportation of the deceased.

10.1.10: The Company cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond the Company's control.

ART. 11 MODULES 4A & 4B - DENTAL AND OPTICAL

11.1: If the insurance has been extended to include Module 4, the following terms shall also apply:

11.1.1: Module 4 can only be taken out as a supplement to the Hospital Plan.

11.1.2: Module 4 shall cover the insured's expenses for dental treatments and glasses and lenses in accordance with the applicable reimbursement rates as stated in the List of Reimbursements.

11.1.3: Any bill for expenses incurred by dental treatment and glasses and lenses shall be reported by submitting the original, receipted and itemised bills provided with the policy number to the Company.

ART. 12 EXCEPTIONS FOR REIMBURSEMENT

12.1: The insurance shall not cover expenses incurred for any disease, illness or injury known to the policyholder and/or the insured at the time of application, unless agreed upon with the Company.

12.2: Furthermore, the Company shall not be liable to pay reimbursement for expenses which concern, are due to or are incurred as a result of:

- a) cosmetic surgery and treatment unless medically prescribed and approved by the Company,
- b) obesity surgery,
- c) venereal diseases, AIDS, AIDS-related diseases and diseases relating to HIV antibodies (HIV positive). However, diseases relating to AIDS and HIV antibodies (HIV positive) are covered, if proven to be caused by a blood transfusion received after the commencement of the policy. The HIV-virus will also be covered if proven to be contracted as the result of an accident occurring during the course of a normal occupation. The insured shall notify the Company within 14 (fourteen) days after such accident and at the same time provide a negative HIV antibody test,
- d) abuse of alcohol, drugs and/or medicines,
- e) intentional self-inflicted bodily injury,
- f) contraception, including sterilisation,
- g) induced abortion unless medically prescribed,

- h) any kind of fertility test and/or treatment, including hormone treatment, insemination or examinations and any procedures related hereto, including expenses for pregnancy, pre- and post-natal treatments of the newborn child/ children. An application must therefore be submitted for children born as a result of fertility treatment and/or born by a surrogate mother. The application will undergo the standard underwriting procedure, according to Art. 1,
- i) treatment of sexual dysfunction,
- j) any kind of care which is experimental, not part of a medical or surgical treatment, including stays in nursing homes,
- k) treatment by naturopaths or homoeopaths and naturopathic or homoeopathic medications and other alternative methods of treatment, unless specified in the List of Reimbursements,
- l) health certificates,
- m) treatment of diseases during military service,
- n) treatment for sickness or injuries directly or indirectly caused while actively engaging in:
 - war, invasion, acts of a foreign enemy, hostilities (whether war has been declared or not), civil war, terrorist acts, rebellion, revolution, insurrection, civil commotion, military or usurped power, martial law, riots or the acts of any lawfully constituted authority, or army, naval or air services operations whether war has been declared or not,
- o) nuclear reactions or radioactive fallout,
- p) treatment performed by the insured, his/her spouse, parents or children or an enterprise owned by 1 (one) of the aforesaid persons,
- q) epidemics which have been placed under the direction of public authorities,
- r) treatment by a psychologist.

ART. 13 HOW TO REPORT A CLAIM

13.1: Any claim for reimbursement of expenses incurred for treatment by a physician or specialist as well as hospital treatment and medicine shall be reported by submitting original, receipted and itemised bills provided with the policy number to the Company.

13.2: Any claim shall be reported to the Company immediately and no later than 3 (three) months after the circumstances underlying the claim have become known to the insured.

13.2.1: Complaints regarding the Company's claims handling shall be filed no later

than 30 (thirty) days after receipt of the amount of reimbursement.

13.3: The Company shall be notified immediately of any stays in hospital, and such notification must include the physician's diagnosis. All notifications should be made by telephone, fax or e-mail; the Company shall defray all expenses incurred in this connection.

ART. 14 COVER BY THIRD PARTIES

14.1: Where there is cover by another insurance policy or healthcare plan, this must be disclosed to the Company when claiming reimbursement.

14.2: In these circumstances, the Company will co-ordinate payments with other companies and the Company will not be liable for more than its rateable proportion.

14.3: If the claim is covered in whole or in part by any scheme, programme or similar, funded by any Government, the Company shall not be liable for the amount covered.

14.4: The policyholder and any insured person undertake to co-operate with the Company and to notify the Company immediately of any claim or right of action against third parties.

14.5: Furthermore, the policyholder and any insured person shall keep the Company fully informed and shall take any reason-

able step in making a claim upon another party and to safeguard the interests of the Company.

14.6: In any event, the Company shall have the full right of subrogation.

ART. 15 PAYMENT OF PREMIUM

15.1: Premiums are determined by the Company and shall be payable in advance. The Company adjusts the premiums once a year as from the anniversary date on the basis of changes in the cover and/or the loss experience in the insurance class during the previous calendar year.

15.2: The premium is age-related and will therefore also be adjusted on the first due date after the insured's birthday. In the case of a child turning 10 (ten), a pro rata premium will be charged on the due date prior to the child's 10th birthday.

15.3: The initial premium shall fall due on the commencement date. The policyholder may choose between quarterly, semi-annual and annual payment.

15.4: Changes in the terms of payment can only be made at 30 (thirty) days' written notice prior to the policy anniversary.

15.5: There are 10 (ten) days of grace on each premium due date.

15.6: The policyholder shall be responsible for punctual payment of the premium to the Company, and if a premium is not received by the Company within the 10 (ten) days' grace period at any premium due date, the Company's liability shall cease.

15.7: The policyholder's attention is drawn to Art. 6.5 regarding payment of outstanding amounts.

ART. 16 INFORMATION NECESSARY TO THE COMPANY

16.1: The policyholder and/or the insured shall be under the obligation to notify the Company in writing of any changes of name or address and changes in health insurance cover with another company. The Company must also be notified in the event of death of the policyholder or an insured. The Company shall not be liable for the consequences if the policyholder and/or the insured fails to notify the Company in such events.

16.2: The policyholder and/or the insured shall also be under the obligation to provide the Company with all obtainable information required for the Company's handling of the policyholder's and/or the insured's claims against the Company.

16.3: In addition, the Company shall be entitled to seek information about the insured's state of health and to contact any

hospital, physician, etc. who is treating or has been treating the insured for physical or mental illnesses or disorders. Furthermore, the Company shall be entitled to obtain any medical records or other written reports and statements concerning the insured's state of health.

ART. 17 ASSIGNMENT, CANCELLATION AND EXPIRY

17.1: Without the prior written consent of the Company, no party shall be entitled to create a charge on or assign the rights under the insurance.

17.2: The insurance is automatically renewed on each policy anniversary.

17.2.1: The insurance can be cancelled by the policyholder as from the anniversary date with 3 (three) months' written notice. The insurance shall be effective for 12 (twelve) months as a minimum.

17.3: Where upon taking out the insurance or subsequently, the policyholder and/or the insured has fraudulently changed original documents or disclosed incorrect information or withheld facts which may be regarded as being of importance to the Company, the insurance contract shall be void and shall not be binding on the Company.

17.4: Where upon taking out the insurance or subsequently, the policyholder and/or the insured has disclosed incor-

rect information, the insurance contract shall be void, and the Company shall not be liable if the Company would not have accepted the insurance if the correct information had been disclosed. If the Company would have accepted the insurance but on other terms, the Company shall be liable to the extent to which the Company would have undertaken the obligations in accordance with the agreed premium.

17.5: Where upon taking out the insurance, the policyholder and/or the insured neither knew nor should have known that the information disclosed by him/her was incorrect, the Company shall be liable as if such incorrect information had not been disclosed.

17.6: The Company can stop or suspend an insurance product at 3 (three) months' notice prior to the policy anniversary, and offer the insured an equivalent insurance cover.

17.7: Upon expiry of the insurance, the right to reimbursement shall cease. However, expenses covered under the insurance and defrayed during the insurance period shall be reimbursed up to 3 (three) months after the expiry of the insurance. After-effects of an injury or illness incurred during the insurance period shall not be covered for more than 3 (three) months after the expiry of the insurance.

ART. 18 DISPUTES, VENUE, ETC.

18.1: Any disputes arising out of or in connection with the insurance contract shall be settled in accordance with Danish law, with Copenhagen as the agreed venue. The Company is affiliated to Ankenævnet for Forsikring, Anker Heegaards Gade 2, 1572 Copenhagen V, Denmark (The Insurance Appeals Board).

GLOSSARY

A guide to some of the terminology:

Acute serious illness: an “acute serious illness” shall be determined to exist only after review and agreement by both the attending physician and the Company’s medical consultant.

Anniversary date: the renewal of the insurance.

Applicant: a person named on the Application Form and the Medical Questionnaire as an applicant for insurance.

Application: the Application Form and Medical Questionnaire.

Claim: the financial demand covered in whole or in part by the insurance. In the Company’s evaluation/determination of the claim, the time of treatment is decisive, not the time of the occurrence of the injury/illness.

Commencement date: the date indicated in the policy schedule on which the insurance commences, unless otherwise stated in the Policy Conditions.

Deductible: the total amount of money noted in the policy schedule which each insured agrees to pay each policy year before being reimbursed by the Company.

Documents: any written information related to the insurance including original bills, policy schedules and the like.

Due date: date on which a premium is due to be paid.

Hospitalisation: surgery or medical treatment in a hospital or clinic as an inpatient when it is medically necessary to occupy a bed overnight.

Insurance: the Policy Conditions and policy schedule representing the insurance contract with the Company and setting out the scope of the insurance terms, the premium payable, deductible and reimbursement rates.

Insured: the policyholder and/or all other insured persons as listed in the valid policy schedule.

Normal occupation: normal occupation in accordance with Art. 12.2.c) includes only the following professions: doctors, dentists, nurses, laboratory personnel, ancillary hospital workers, medical and dental assistants, ambulance personnel, midwives, fire brigade personnel, policemen/-women, and prison officers.

Outpatient: surgery or medical treatment in a hospital or clinic where it is not medically necessary to occupy a bed.

Policy Conditions: the terms and conditions of the insurance purchased.

Policyholder: the person identified as the policyholder on the Application Form.

Policy schedule: policy details showing the type of insurance purchased, deductible and any special terms.

Pre-existing condition: the medical history, including the illnesses and conditions listed in the Medical Questionnaire, which may affect the Company's decision to insure or not to insure or to impose special terms.

Reimbursement rates: the maximum amount of money which will be paid by way of reimbursement of medical expenses in 1 (one) year from the commencement date or from each anniversary date, as further detailed in the Policy Conditions.

Renewal: the automatic renewal of the insurance as per the anniversary date.

Serious injury: a "serious injury" shall be determined to exist only after review and agreement by both the attending physician and the Company's medical consultant.

Special terms: restrictions, limitations or conditions applied to the Company's standard terms as detailed in the policy schedule.

Standard terms: the Company's standard insurance terms with no special restrictions, limitations or conditions.

Subrogation: the insurer's right to enforce a remedy which the insured has against a third party and the insurer's right to require the insured to repay the insurer if the insurer has paid expenses recouped by the insured from a third party.

Surgery: a surgical treatment/intervention, which does not include endoscopies and scannings even though these examinations may require anesthesia.

Terminal phase: when the advent of death is highly probable and medical opinion has rejected active therapy in favour of the relief of symptoms and support of both patient and family. This decision must be confirmed by the Company's medical consultants.

Waiting period: a period of time from the commencement date where the insurance provides no cover unless as per specification in Art. 3.

**Valid from 1 January 2006
E. & O. E.**

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