

IHI

Superior



IHI SUPERIOR ■ 2006

by International Health Insurance danmark a/s

YOUR INSURANCE GUIDE

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IHI – A COMPANY YOU CAN TRUST

International Health Insurance danmark a/s (IHI) is a Danish company registered in Copenhagen, specialising in worldwide medical insurance.

IHI is 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.

IHI has provided international medical insurance to clients of all nationalities for more than 30 years. More than 250,000 private and corporate clients in more than 190 countries rely on IHI.

You can rest assured that IHI is a financially sound company. We are regulated by the strict standards set by the Danish Insurance Contracts Act and the European supervisory authorities.

With IHI Superior, you can relax in the knowledge that wherever you live or travel, you and your family will have access to the best possible health care and support, whenever you may need it.

In 1972, the founder and former CEO of IHI received a letter from Mauritius. It was written by a Danish pilot who lacked the kind of comprehensive medical insurance he was used to back home. Thus, the idea of offering medical insurance to residents and expatriates all over the world was born. Today, IHI offers high-quality medical insurance to customers in more than 190 countries – including Mauritius.

IHI SUPERIOR

– WHEN ONLY THE BEST WILL DO

IHI Superior has been designed to encompass the very best elements of all the IHI insurance plans. It brings together our newest, most extensive and most exclusive services in one plan. It is simply unmatched by any other global medical insurance. We are at your service 24 hours a day – anytime, anywhere. We hope you will enjoy the unlimited comfort of IHI Superior!

IHI Superior takes over where other health insurance plans give up. It is simply second to none. IHI Superior's coverage is truly unique. Most international health insurance plans will limit the services you are covered for – with IHI Superior you will find that the sky is the limit. IHI Superior's unrivalled services offer you the ultimate degree of convenience.

IHI Superior is aimed at those who never settle for anything but the ultimate solution – it is the insurance plan our prominent clients have requested.

The following are just a few of the unique features of the IHI Superior plan:

- > all inpatient benefits are covered 100% up to the overall annual maximum of USD 5,000,000 / EUR 5,370,000.
- > outpatient benefits are covered 100% with a high annual maximum of USD 50,000 / EUR 53,700.
- > dental and optical benefits are covered 100% with a high annual maximum of USD 10,000 / EUR 10,750.
- > your Personal Service Team, people whom you will know by name, will be at your service 24 hours a day, whenever you need them.
- > your Personal Service Team will take care of all practical details and ensure that you deal with an absolute minimum of paperwork.
- > access to IHI's medical consultants by telephone 24 hours a day.
- > evacuation in case of epidemics, war, civil commotion, terrorist incidents etc.
- > travel coverage, including repatriation and compassionate emergency visits worldwide.
- > preventive and alternative treatments.
- > reimbursement of your claims within seven days.

YOU ARE COVERED IN ALL SITUATIONS

As an IHI Superior client, you will benefit from a number of features unique to IHI Superior, as well as the most exclusive benefits from the IHI product portfolio.

Among other things, these benefits include:

HOSPITALISATION AND OUTPATIENT BENEFITS

Your insurance will provide cover for:

- > all hospitalisation services, childbirth, outpatient services at any hospital or clinic, emergency treatment and any pre- or post-hospitalisation examinations.
- > recovery at a health resort or rehabilitation centre, home nursing or hospice treatment, visits to specialists and psychiatrists as well as laboratory tests and scans. Medicine and medical appliances are also covered.
- > ambulance transportation, medical evacuation or repatriation, and any other travel-related expenses – also illnesses and injuries resulting from civil disturbances or persecution beyond your control.
- > even accidents resulting from terrorist acts are covered.

LIFETIME GUARANTEE

Individuals of all nationalities under the age of 80 are eligible to apply. Once accepted, you have guaranteed lifetime renewability, regardless of age and changes in your health. Even if you develop a chronic condition, your cover will continue unchanged.

WORLDWIDE COVER

Because IHI Superior is a truly international insurance plan, you are free to receive treatment anywhere in the world – in the country you live in, or any other country you visit while travelling abroad on business, holiday or as part of your education.

IHI Superior offers you complete coverage regardless of your profession or your leisure and sports activities. This insurance even covers professional and high-risk sports.

You have complete freedom to choose the hospitals, clinics, doctors or specialists you prefer – worldwide.

AUTOMATIC COVER OF CHILDREN

Newborn babies are covered automatically from birth, irrespective of their state of health, after the parent's policy has been in force for ten months. Two children under ten years of age per paying adult are covered free of charge.

Upon becoming an adult, he/she may choose to continue the insurance on a separate policy under the exact same conditions, without having to undergo new medical underwriting.



ALTERNATIVE TREATMENT

IHI Superior covers preventive and alternative examinations and treatments, vaccinations and injections, treatment by therapists such as chiropractors, osteopaths and homeopaths, acupuncturists, reflexiologists, naturopatists and kinesiologists, and much more.

COVER FOR DENTAL AND OPTICAL SERVICES

We offer maximum flexibility: you are covered for expenses relating to dental care and treatment as well as glasses or contact lenses.

You will find a detailed description of the coverage in the List of Reimbursements.

MEDICAL EVACUATION

IHI Superior covers transportation to a qualified place of treatment in case of serious illness or injury and if there is no qualified place of treatment locally. We will cover expenses for transportation by aeroplane, helicopter and/or ground ambulance.

EVACUATION

If you need to be evacuated because of epidemics, war, civil commotion, civil war, terrorist incidents, revolution or any other similar situation, this will naturally be covered by IHI Superior.

TRAVEL BENEFITS

IHI Superior will pay for unexpected travel expenses if one of your family members suddenly becomes seriously ill and you need to return home.

A DEDICATED PERSONAL SERVICE TEAM IS STANDING BY

We take pride in offering you the most committed and personalised service possible. For this reason, we have created the Personal Service Team, which consists of people you will know by name.

In this way, you can be certain that the same group of people is always there to meet your needs. Our objective is to build a solid, long-lasting relationship with you. With this aim in mind, your Personal Service Team will establish a close co-operation with you in order to satisfy your specific needs and requirements as the circumstances of your life may change.

Your Personal Service Team will ensure that:

- > any situation or query is immediately dealt with.
- > all your telephone calls, faxes or e-mails are promptly answered.
- > a positive dialogue is established and maintained with you, your medical providers, and any other parties who are relevant to your needs.
- > you deal with a minimum amount of paperwork.
- > your needs are dealt with in a sincere and professional manner.

MANAGE YOUR HEALTH AND POLICY ONLINE

If you prefer not to use the Internet to gain access to these services, you are of course welcome to contact your Personal Service Team instead.

As a corporate client, you have free access to 'myPage'. You have access to the services and benefits under 'myPage' to the extent agreed between your employer and IHI.

At IHI, we believe that prevention is better than cure. We therefore offer you as our customer a free tool to help you maintain and improve your health.

On www.ihl.com, you can gain access with your personal password to your own private page – 'myPage' – and a number of IHI advantages and services:

- > free doctor's consultations: IHI's medical consultants answer your questions about both general and specific health issues and treatments. The medical consultants can also provide a second opinion or advice and assistance in a medical emergency.
- > advice on choice of hospital or clinic.
- > the opportunity to manage your policy online: pay your premium, see your last three claims and make changes to your policy.
- > a personal log where you can save all your personal health details.
- > country specific information, and advice and information about safety, health and vaccinations.
- > the opportunity to participate in the IHI Bonus Programme. You can achieve discounts on your insurance premium or other bonuses by developing a Health Plan in conjunction with our medical consultants and adhering to the plan. In order to participate, all you need to do is complete an IHI Bonus Questionnaire which can be downloaded under 'myPage' or ordered from your Personal Service Team. All information in the questionnaire will be treated with confidentiality and will not have any effect on your policy conditions.

All services and benefits are subject to specific and general terms and conditions. For more information, please refer to 'Disclaimers' on www.ihl.com.

HOW TO CONTACT IHI

You are very welcome to:

- > call your Personal Service Team at the IHI head office on +45 33 15 30 99.
- > contact any of our regional offices.
- > fax us on +45 33 32 25 60.
- > e-mail us at superior@ihi.com.

You can also choose to visit our website at www.ihi.com, where you can get instant online help or fill in our online response form.

AT IHI, YOUR
HEALTH IS OUR
FIRST PRIORITY

IHI is more than a health insurance company. Our goal is to help every one of our customers achieve lifelong health and personal safety.

We take our reputation for integrity and a high ethical standard very seriously: we aim to keep you safe and well – for life.

YOUR PRODUCT GUIDE

This is your guide to the services and insurance cover of IHI Superior.
Your Personal Service Team is available to deal with these matters for you.

COVER OF YOUR EXPENSES

WAITING PERIODS

In the event of an acute, serious illness or injury, the cover will come into force immediately from 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 transfer from another equivalent international medical insurance, the four-week waiting period does not apply.
- cover for pregnancy and childbirth begins when the insurance has been in effect for ten months.
- for orthodontics, the waiting period is 24 months.

HOSPITALISATION SERVICES

We have worked with hospitals throughout the world for many years and are therefore thoroughly aware of the practical circumstances that must be in place prior to a hospital admission. If you wish, your Personal Service Team can take care of the details in connection with planned or non-acute admissions. Furthermore, we can offer you advice on which medical providers can best handle your specific situation.

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

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

DIRECT PAYMENT

We will pay the hospitals directly in connection with any hospitalisation – all you have to do is contact us via our 24-hour Emergency Service. Your Personal Service Team will take over from here and you can concentrate on getting better.

SPECIAL TRAVEL BENEFITS ABROAD

The insurance covers up to three of your family members who are summoned from their residential address to stay with you in case of serious illness or injury during travel abroad.

If you or your family should ever need to make use of these services, IHI will make all the necessary arrangements: we will book plane tickets, make hotel reservations and take care of all other practical details.

MEDICAL EVACUATION AND EVACUATION

Should you find yourself in a situation where there is no possibility of receiving qualified treatment locally, our medical consultants will choose an appropriate place of treatment in consultation with the attending physician, and we will arrange for your immediate evacuation.

We need to be contacted straight away in order to pre-approve the service. We will then take care of every detail to ensure that both transportation and hospitalisation are managed as efficiently as possible for you and your family.

Furthermore, if you need to be evacuated because of epidemics, war, civil commotion, civil war, terrorist incidents, revolution or any other similar situation, IHI should be contacted as soon as possible in order to pre-approve the service.

OUTPATIENT MEDICAL TREATMENT AND OTHER NON-HOSPITALISATION SERVICES

Your Personal Service Team is responsible for the reimbursement of your outpatient medical expenses, such as bills from specialists, physicians and dentists.

To make reimbursement as simple as possible for you, we do not require a claim form. When you present your claim to IHI, simply enclose the original, itemised and receipted bills indicating the diagnosis, along with your policy number. Bills for medicines should be accompanied by a copy of the prescription.

Your claim will be reimbursed within seven days after we have received it. You can receive the reimbursement in any currency of your choice.

IF YOU NEED HELP

24-HOUR SERVICE: PERSONAL SERVICE TEAM AND EMERGENCY SERVICE

You can contact IHI at any time of the day or night, 24 hours a day, 7 days a week, 365 days a year. Your Personal Service Team and our Emergency Service will always be ready to deal with any problems or queries you may have.

Your Personal Service Team will give you the most dedicated and committed service. For more information, please see the enclosed sheet where we present your Personal Service Team.

Our 24-hour Emergency Service is manned by multilingual IHI staff with in-depth knowledge of your insurance plan. They will help you in a crisis situation, regardless of where you are in the world and the time of day. You can call or e-mail us – we also accept reverse charge calls.

You can contact our 24-hour Emergency Service at any time in the following ways:

Telephone: +45 33 15 33 00
Fax: +45 33 32 25 60
E-mail: emergency@ihi.com

YOUR INSURANCE CARD

All paying insured clients receive a personal insurance card. Children insured free of charge share an insurance card with one of the insured parents. You should always carry the card with you as it is proof to the hospital that you are insured by IHI.

On the back of the card, you will find information about how to contact IHI – including our 24-hour Emergency Service.

ANNUAL MAXIMUM COVER

You decide whether the currency of your plan should be either USD or EUR. We can always refund your expenses in any currency of your choice. The maximum cover, per person per policy year is USD 5,000,000 or EUR 5,370,000.

MAJOR MEDICAL EXPENSES

HOSPITALISATION

| | |
|---|------|
| Private or semi-private room | 100% |
| Intensive care room | 100% |
| Room and board at the hospital or nearby hotel for 3 family members accompanying an insured | 100% |
| Surgery | 100% |
| Anesthesia | 100% |
| Medical treatment, laboratory tests, X-rays | 100% |
| Medicine treatment during a stay in hospital | 100% |
| Chemotherapy, radiation and dialysis | 100% |
| Prostheses, corrective devices and medical appliances which are medically and surgically required | 100% |
| Organ transplant <i>Only human organs</i> <i>The procurement of the organ must be pre-approved by the Company</i> | 100% |
| <i>All hospitalisations must be reported to the Company immediately</i> | |

LOCAL TRANSPORT BY AMBULANCE

| | |
|--|------|
| Medically prescribed transportation to and from hospital | 100% |
|--|------|

MEDICAL EVACUATION

| | |
|---|------|
| Medical Evacuation | 100% |
| <i>Medical Evacuation must be pre-approved by the Company</i> | |

EVACUATION

| | |
|---|------|
| Evacuation in case of outbreak of war, war-like situations or epidemics | 100% |
| <i>Evacuation must be pre-approved by the Company</i> | |

SPECIAL TRAVEL BENEFITS ABROAD

| | |
|---|------|
| Provisional pain-stilling dental treatment during travel | 100% |
| Next-of-kin accompaniment, up to 3 persons | 100% |
| Compassionate emergency visit, up to 3 persons | 100% |
| Board, lodging and local transport for up to 3 persons summoned or accompanying the insured | 100% |
| Compassionate emergency repatriation | 100% |
| Statutory arrangements in case of death | 100% |
| Repatriation of the deceased | 100% |
| <i>All transportations must be pre-approved by the Company</i> | |

CHILDBIRTH

| | |
|--|------|
| Normal and complicated delivery | 100% |
| Medically prescribed caesarean | 100% |
| <i>Pre- and postnatal care are reimbursed according to the benefits for non-hospitalisation treatment</i> | |
| <i>Delivery following fertility treatment will be reimbursed to a maximum of the customary charges for normal delivery</i> | |

HOSPITAL/CLINIC OUTPATIENT BENEFITS

| | |
|---|------|
| Outpatient surgery in hospital/clinic | 100% |
| Examinations, tests and check-ups before and after hospitalisation | 100% |
| Emergency room treatment in connection with acute illness or accident | 100% |
| Chemotherapy, radiation and dialysis | 100% |
| Emergency dental treatment due to accident <i>In case of doubt, the decision will be left with the Company's dental consultant</i> | 100% |

PRESCRIBED REHABILITATION

| | |
|---|------|
| Medically prescribed rehabilitation at an authorised rehabilitation centre following hospitalisation due to serious accident/injury | 100% |
| <i>Up to 30 days per incident</i> | |
| <i>Rehabilitation must be pre-approved by the Company</i> | |

HOME NURSING

| | |
|--|------|
| Medically prescribed home nursing by a registered nurse following hospitalisation due to serious accident/injury | 100% |
| <i>Up to 30 days per incident Home nursing must be pre-approved by the Company</i> | |

HOSPICE AND TERMINAL TREATMENT

| | |
|---|------|
| Medically prescribed hospice or terminal care at home | 100% |
| <i>Up to 30 days Hospice and terminal treatment must be pre-approved by the Company</i> | |

NON-HOSPITALISATION BENEFITS

Expenses for non-hospitalisation benefits are reimbursed 100% with very few exceptions. The annual maximum amount is USD 50,000 or EUR 53,700.

DOCTORS AND SPECIALISTS

| | |
|---------------------------------------|------|
| Doctors | 100% |
| Specialists | 100% |
| Surgical intervention in consultation | 100% |
| Psychiatrists | 100% |

MEDICAL CHECK-UP

Up to USD 2,000 or EUR 2,150 per check-up, up to two check-ups per year. Children under five years are allowed up to five check-ups per year.

THERAPISTS

| | |
|--|------|
| Dietetic guidance by an authorised dietician | 100% |
| Speech therapy | 100% |
| Physiotherapy and chiropractor | 100% |
| Occupational therapy, acupuncture, reflexology, osteopath, homeopath, naturopath and kinesiology | 100% |

EXAMINATIONS AND OTHER MEDICAL ASSISTANCE

| | |
|--|------|
| Laboratory test, analysis | 100% |
| X-ray | 100% |
| Echocardiography, ultrasound, etc. | 100% |
| MRI scan | 100% |
| CAT scan | 100% |
| Endoscopy e.g. gastroscopy, colonoscopy, and cystoscopy | 100% |
| Injection and vaccination, including children's inoculations | 100% |

HEALTH RESORTS

| | |
|---|------|
| Medically prescribed stays at recognised health resorts following serious illness, up to 30 days per incident | 100% |
| <i>Health resort stay must be pre-approved by the Company</i> | |

MEDICAL APPLIANCES

| | |
|--|------|
| Prescribed hearing aids, 2 appliances per year | 100% |
| Glass eye | 100% |
| Slings and bandages | 100% |
| Arch support | 100% |
| Rent of medical appliances | 100% |

MEDICINE

| | |
|---|------|
| Prescribed medicine | 100% |
| <i>Alternative medicine has to be prescribed by registered homoeopath or medical doctor</i> | |

IHI OPTIMYSE

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

DENTAL AND OPTICAL BENEFITS

Expenses for dental and optical benefits are reimbursed 100%. The annual maximum amount is USD 10,000 or EUR 10,750.

DENTAL TREATMENT

| | |
|--------------------|------|
| Examinations | 100% |
| Tooth cleaning | 100% |
| Fillings | 100% |
| Root treatment | 100% |
| Tooth extractions | 100% |
| Surgery | 100% |
| X-ray | 100% |
| Anesthesia | 100% |
| Special assistance | 100% |

SPECIAL DENTAL TREATMENT

| | |
|---------------------------------|------|
| Bridgework | 100% |
| Crowns | 100% |
| Periodontosis | 100% |
| Orthodontics (tooth adjustment) | 100% |
| Dentures | 100% |

GLASSES AND CONTACT LENSES

| | |
|--|------|
| Glasses | 100% |
| Contact lenses | 100% |
| <i>Frames and sunglasses are not covered</i> | |

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Glossary

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, an application must be submitted prior to the applicant attaining the age of 80 (eighty). The Company has the right to waive this requirement in exceptional cases.
 - 1.2.1 All underwriting and issuance of policy schedules are made from the Company's headquarters in Copenhagen, Denmark.
- 1.3 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.
 - 1.3.1 If the conditions in Art. 1.3 are not met, 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.
- 1.4 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.
- 1.5 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

- 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 However, for pregnancy and childbirth and consequences thereof, the right to reimbursement shall only take effect 10 (ten) 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.

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. 1.3, 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,
 - > 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 10 (ten) months, newborn children of the parent can be insured without submitting an application, cf. however Art. 11.2 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.

- 5.2 The special travel benefits, cf. Art. 8 and 9, do not apply in the country where the insured has a residential address.

ART. 6 WHAT IS COVERED BY THE INSURANCE?

- 6.1 The insurance shall cover the insured's medical expenses either in the home country or when travelling on business, holiday, leisure or study in accordance with the cover and the applicable reimbursement rates, as stated in the List of Reimbursements.
- 6.2 Reimbursement shall be paid following the Company's approval of the medical expenses as being covered by the insurance after the original, receipted and itemised bills have been submitted to the Company.
- 6.3 Physicians, specialists, etc. performing treatment must have authorisation in the country of practice. Furthermore, the method must be approved by the public health authorities in the country where 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.
- 6.3.1 Alternative treatment and medicine must be prescribed by registered physicians and hospitals.
- 6.4 In no event shall the amount of reimbursement exceed the amount shown on the bill. If the insured receives compensation from the Company in excess of the amount to which the insured is entitled, the insured shall be under an 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.

- 6.5 Reimbursements shall be limited to the usual, customary and reasonable charges in the area or the country in which treatment is provided.
- 6.6 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.
- 6.7 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 towards the annual maximum cover per person per policy year.

ART. 7 MEDICAL EVACUATION

- 7.1 Reimbursement shall be paid for reasonable expenses incurred for the insured's medical evacuation in the event of acute serious illness.
- 7.2 The insurance shall provide cover subject to the treating physician and the Company's medical consultant agreeing on the necessity of transferring the insured and agreeing on whether the insured should be transferred to his/her country of residence or to another place of treatment.
- 7.3 Only 1 (one) transportation is covered in connection with 1 (one) course of an illness.
- 7.4 In the event of the insured's death, expenses for home transportation of the deceased and for the statutory arrangements such as embalming and a zinc coffin shall be reimbursed.

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.

Expenses shall be reimbursed for repatriation for any 3 (three) of the summoned relatives or fellow-travellers of the deceased. The Company shall compensate travel expenses equivalent to the cost of an aeroplane ticket on business class, as a maximum.

- 7.5 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.
- 7.6 In the event that the insured is evacuated for the purpose of receiving treatment, he/she shall be reimbursed for the expenses for 1 (one) return journey. Should the insured choose to travel to his/her residence, the Company shall only provide cover for travel expenses if the insured's return ticket does not apply. The return journey must be made within 1 (one) week after treatment has been completed. The insurance shall provide cover for travel expenses equivalent to the cost of an aeroplane ticket on business class, as a maximum.

ART. 8 COMPASSIONATE EMERGENCY REPATRIATION

- 8.1 The insurance shall provide cover in the event that the insured has to terminate his/her journey prematurely due to the death, serious acute illness or injury resulting in hospitalisation, of a family member. Reimbursement shall be paid for reasonable additional travel expenses equivalent to the cost of an aeroplane ticket on business class, as a maximum. A family member is defined as being a partner residing and registered at the same address as the insured, a child, a son- or daughter-in-law, a grandchild, a parent, a grandparent, a parent-in-law, a brother, a sister, a brother-in-law or a sister-in-law.

- 8.2 Only 1 (one) transportation is covered in connection with 1 (one) course of an illness.
- 8.3 No reimbursement shall be paid if the injured in question is a fellow-traveller who has already been repatriated.
- 8.4 Repatriation shall only be covered if the ensuing time of arrival is at least 12 (twelve) hours earlier than the insured's originally planned time of arrival.

ART. 9 NEXT-OF-KIN ACCOMPANIMENT AND COMPASSIONATE EMERGENCY VISIT

- 9.1 The insurance shall cover accompaniment in the event of serious acute illness, serious injury, death and/or medical evacuation of the insured. It is a condition for the cover that the Company's medical consultant and the attending physician agree that the duration of the stay in hospital will be a minimum of 5 (five) days and nights, or that the condition of the insured is life-threatening.
- 9.2 The Company shall reimburse travel expenses equivalent to the cost of a return aeroplane ticket on business class per fellow-traveller/summoned person. Furthermore, reimbursement shall be made for expenses in connection with accommodation, board and local transport.
- 9.3 The insured is entitled to up to 3 (three) fellow-travellers to accompany him/her in case of medical evacuation, or to choose up to 3 (three) relatives to be summoned from the home country.

ART. 10 EVACUATION

- 10.1 The insurance shall cover repatriation if the insured's return ticket cannot be used due to:
- a) epidemics in the region where the insured is staying if epidemics were declared and documented by the Danish Ministry of Foreign Affairs, the Danish Embassy or a similar institution, and if the situation arose after the insured left for the region.
 - b) war, civil commotion, civil war, terrorist incidents, martial law, revolution or other similar situations in the region where the insured is staying, if such a situation was declared and documented by the Danish Ministry of Foreign Affairs, the Danish Embassy or a similar institution, and arose after the insured left for the region.
- 10.2 If the insured is detained by the authorities in a country due to war or impending war, the insurance will provide coverage for up to three (3) months for reasonable and documented extra expenses for accommodation and meals, plus the costs of necessary domestic transport.
- 10.3 Coverage is subject to the condition that the insured has not previously neglected to follow an evacuation recommendation from the Danish Ministry of Foreign Affairs.
- 10.4 The Company cannot be held responsible for the extent to which transportation may be carried out, but will co-operate with the Danish Ministry of Foreign Affairs in such cases where assistance is necessary.

ART. 11 EXCEPTIONS FOR COMPENSATION

- 11.1 The insurance shall not cover medical 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.

- 11.2 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 postnatal 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 long-term care establishments, convalescent homes and similar institutions,
 - k) 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, army, naval or air services operations, whether war has been declared or not,

- l) treatment performed by the insured, his/her spouse, parents or children or any enterprise owned by one of the aforesaid persons,
- m) nuclear reactions or radioactive fallout,
- n) treatment by psychologists, unless prescribed by the treating physician in connection with emergency relief.

ART. 12 HOW TO REPORT A CLAIM

- 12.1 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.
- 12.2 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.
 - 12.2.1 Complaints regarding the Company's claims handling shall be filed no later than 30 (thirty) days after receipt of the amount of reimbursement.
- 12.3 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.
- 12.4 Under the above conditions, the Company will process the claim within 7 (seven) days. However, the Company may need additional time to settle the claim in case further

medical information is required or if any unforeseen event occurs, irrespective of whether this is due to the insured or the Company.

ART. 13 COVER BY THIRD PARTIES

- 13.1 Where there is cover by another insurance policy or healthcare plan, this must be disclosed to the Company when claiming reimbursement.
- 13.2 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.
- 13.3 If the claim has been 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.
- 13.4 The policyholder and/or any insured person undertakes to co-operate with the Company and to notify the Company immediately of any claim or right of action against third parties.
- 13.5 Furthermore, the policyholder and/or any insured person shall keep the Company fully informed and must take any reasonable step in making a claim upon another party and to safeguard the interests of the Company.
- 13.6 In any event, the Company shall have the full right of subrogation.

ART. 14 PAYMENT OF PREMIUM

- 14.1 Premiums are determined by the Company and shall be payable in advance. The Company adjusts the premium once a year as from the anniversary date on the basis

of changes in the covers and/or the loss experience in the insurance class during the previous calendar year.

- 14.2 The premium is age-related and will therefore also be adjusted on the first due premium 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.
- 14.3 The initial premium shall fall due for payment on the commencement date. The policyholder may choose between semi-annual and annual premium payments.
- 14.4 Changes in the term of payment can only be made at 30 (thirty) days' written notice prior to the policy anniversary.
- 14.5 There are 10 (ten) days of grace on each premium due date.
- 14.6 The policyholder shall be responsible for punctual payment 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.
- 14.7 The policyholder's attention is drawn to Art. 6.4 regarding payment of outstanding amounts.

ART. 15 INFORMATION NECESSARY TO THE COMPANY

- 15.1 The policyholder and/or the insured shall be under an 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 of such events.

- 15.2 The insured shall also be under an obligation to provide the Company with all obtainable information required for the Company's handling of the insured's claims against the Company.
- 15.3 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. 16 ASSIGNMENT, CANCELLATION AND EXPIRY

- 16.1 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.
- 16.2 The insurance is automatically renewed on each policy anniversary.
 - 16.2.1 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.
- 16.3 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.

- 16.4 Where upon taking out the insurance or subsequently, the policyholder and/or the insured has disclosed incorrect information, the insurance contract shall be void, and the Company shall not be liable provided 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.
- 16.5 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.
- 16.6 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 IHI medical insurance cover.
- 16.7 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 after the expiry of the insurance.

ART. 17 DISPUTES, VENUE, ETC.

- 17.1 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.

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 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. 11.2.c) includes only the following professions: doctors and 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, 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 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.

IHI.COM

INTERNATIONAL HEALTH INSURANCE danmark a/s

DENMARK - COPENHAGEN HEAD OFFICE

International Health Insurance danmark a/s
8, Palaegade, DK-1261 Copenhagen K
Denmark

Opening hours for telephone inquiries:
08:00 a.m. – 10:00 p.m. (CET) on weekdays

Telephone: +45 33 15 30 99
Fax: +45 33 32 25 60
E-mail: ihi@ihi.com

SPAIN - FUENGIROLA (MÁLAGA)

Telephone: +34 952 47 12 04
E-mail: spain@ihi.com

FRANCE - NICE

Telephone: +33 (0)4 92 17 42 42
E-mail: france@ihi.com

ISLE OF MAN

Telephone: +44 1624 677 412
E-mail: iom@ihi.com

MOROCCO - CASABLANCA

Representative office
Telephone: +212 22 99 04 34
E-mail: ihimaroc@menara.ma

USA - CORAL GABLES, FLORIDA

Telephone: +1 (305) 476-9200
E-mail: us@ihi.com
Toll Free Number: 1-888-5DANMARK

BOLIVIA - SANTA CRUZ

Telephone: +591 3 3412842 / +591 3 3412841
E-mail: bolivia@ihi.com

MEXICO - MEXICO CITY

Telephone: +52 55 5281 5588
E-mail: mexico@ihi.com

HONG KONG

Telephone: +852 2529 2723
E-mail: hongkong@ihi.com

JAPAN - TOKYO

Representative office
Telephone: +81 3 34 05 07 94
E-mail: info@ihidanmark.jp

24-HOUR EMERGENCY SERVICE

- Telephone: +45 33 15 33 00
- E-mail: EMERGENCY@IHI.COM
- WWW.IHI.COM
- Reg. No. CVR 88076516



A member of the **BUPA** group