

IHI SUPERIOR

GUIDE TO REIMBURSEMENTS, HEALTH PREVENTATIVE PROGRAMME AND POLICY CONDITION

IHI SUPERIOR



International Health Insurance danmark a/s

**YOU CAN FEEL SAFE KNOWING THAT EVERYTHING
IS TAKEN CARE OF**

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

INDEX

GUIDE TO REIMBURSEMENTS AND EMERGENCIES PAGE 3

GUIDE TO THE HEALTH PREVENTATIVE PROGRAMME, IHI OPTIMYSE® PAGE 5

LIST OF REIMBURSEMENTS PAGE 10

POLICY CONDITIONS PAGE 14

GLOSSARY PAGE 25

GUIDE TO REIMBURSEMENTS AND EMERGENCIES

WHEN DOES COVER COMMENCE?

As a general rule there is a waiting period of 4 weeks from the policy commencement date before you can start using the insurance. However, there are certain exceptions to this rule:

- ◆ If you transfer from another international medical insurance, the 4-week waiting period will not apply.
- ◆ In the event of injury or serious acute illness, you are covered from the date of commencement.
- ◆ The cover for pregnancy and child birth will commence after the insurance has been in effect for 10 months.
- ◆ For orthodontics the waiting period is 24 months.

OUTPATIENT MEDICAL TREATMENT AND OTHER NON-HOSPITALISATION SERVICES

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

When you present the claim to the Company, please send in the original, itemised and receipted bills indicating the diagnosis and your policy number. Bills for medicine should be accompanied by a copy of the prescription. To make this situation as simple as possible for you, we do not require a claim form.

Upon receipt of the claim we will proceed with the reimbursement immediately, which can be effected in any currency of your choice.

HOSPITALISATION AND INPATIENT SERVICES

From our many years of experience in working with hospitals, we know that there are many practical details to be dealt with before being admitted to a hospital. If you wish, we can take care of the details of the admission procedure in connection with non-acute hospitalisations.

If you are hospitalised we must be notified immediately either by yourself, your family, your physician or the hospital. This will prevent any misunderstandings regarding the cover of your insurance. We must receive a medical report including date of first symptom, date of admission, diagnosis, treatment and the expected date of discharge.

When notified in advance, we will send a guarantee of payment to the hospital in accordance with your cover. We will then settle the bills directly with the hospital, and you can concentrate fully on your recovery.

MEDICAL EVACUATION

If there is no possibility of receiving qualified treatment locally, our physicians together with the attending physician will choose an appropriate place of treatment.

The Company must be contacted immediately in order to pre-approve the service, and also we will take care of every detail to ensure that the transportation and the hospitalisation are managed as efficiently as possible for you and your family.

At all times you can contact our 24-hour Emergency Service at:

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

This information is also found on the back of your IHI Superior insurance card.

GUIDE TO THE PREVENTATIVE HEALTH PROGRAMME, IHI OPTIMYSE®

The health preventative programme IHI Optimyse® is part of the services and coverage under IHI Superior. IHI Optimyse® is a 3 level programme, which helps you stay fit, improve your health – and rewards you for doing so.

The IHI Optimyse® services are available from our homepage, www.ih.dk under the section “myPage”.

Also your Personal Service Team can manage the Optimyse® services for you and subtract information of interest to you.

ONLINE SELF CARE SERVICES

Under the “myPage” section at www.ih.dk you can access the following services any time:

lifePlanner

Our medical consultants have developed a series of evidence based assessment tools to enable you to assess your health and well-being. Based on your score you will be presented with personal recommendations and the possibility to set your own goals for further development and monitoring of your progress.

With the “lifePlanner” you will get a preventative and proactive tool for improving your health and well-being. The assessment is confidential and can only be read by you.

myHealth Record

We also provide “myHealth Record” which organises all your health and medical information in one place. “myHealth Record” can be printed in full, or in a special travel version dealing with questions which can be vital to you when travelling.

Hospital search

Finding the right and most professional medical provider is not always easy. IHI has knowledge about where to find the most qualified doctors and hospitals around the world.

With our “Hospital search” – including hospitals, doctors and specialists – you can ask us to find the most suitable medical providers for you either in your area or around the world.

Country advice and vaccination

Travelling to foreign places around the world often means you should take certain health and personal safety precautions. As a truly global company IHI has expertise within this field and we can supply

you with country related health risk advice. E.g. the basic health situation of particular areas, availability of medical supplies and medicine, risk of cholera and other epidemics, food and water supplies.

When you travel we can give you recommendations for vaccinations needed for the countries you intend to visit.

Medicine translator

Medicine has different names in different countries. This can be a serious problem if you need medication on a holiday or while living abroad. The “Medicine translator” gives you the local name of your medicine in different countries.

Online medicine

If your local pharmacy does not have the exact medication or it is too far away, IHI works with trusted partners to bring you the medicine.

This service means you can order the medicine online and have it delivered directly to your home or wherever you may be in the world.

e-Shops

With “e-Shops” you can find relevant links from our web site to special e-shops, which sell health related goods online e.g. fitness products, blood pressure and cholesterol monitors, medicine and

mobility aid products. The list is continuously expanded to give you an ever-wider choice of items and possibilities.

Credit card record

With the service “Credit card record” you can enter details about your credit cards, giving you instant access to the information from anywhere in the world, in case you lose a card and therefore need to close your account.

Health literature

“Health literature” is a collection of general health information and medical information. This includes “Medical Articles”, which is a collection of articles on specific issues written by our own medical consultants and “Medical Links”, where we provide you with direct links to well-known and serious health sites.

Links to travel and expatriate websites

IHI is constantly analysing and evaluating information and knowledge which could be of interest to our travelling customers.

To service these customers IHI has created a list of links to serious providers of travel and expatriate related information – the list is continuously updated.

OPTIMYSE® ONLINE DOCTORS

Under the “myPage” section you can also access the “Optimyse® online doctors”, which offers you two different services you can use as often as you like:

A) “Doctor’s opinion”

“Doctor’s opinion” gives you direct access to the highly qualified in-house medical consultant team at IHI, representing all specialties within the medical field.

You can have advice on general medical issues and treatments and 2nd opinions related to a specific diagnosis.

Should you be in a health crisis situation and need immediate contact with a medical professional the in-house medical consultant will be available to assist you in making the right decision.

B) “Personalised health assessment and target plan”

We offer you the possibility of doing an in-depth analysis of your health, and thereby setting a personal goal for your own well-being. This service is performed by an external medical consultant under full discretion and with no reporting to IHI.

To make the personalised health assessment you must:

- ◆ Have a cholesterol test taken and your blood pressure measured
- ◆ Complete the Medical Questionnaire Optimyse®

A health target plan could e.g. advise you to lower your cholesterol level or blood pressure, work on a special health related diet or take lifestyle actions to prevent or reduce the risk of family related diseases. The external medical consultant will give you advice and recommendations on how to achieve successful results.

THE OPTIMYSE® BONUS PROGRAMME

If you are interested in enjoying the Optimyse® bonus benefits you must have your personal health targets set under the “Optimyse® online doctors” and the health target plan must be released to IHI.

In order for IHI to get access to this confidential information, you will have to sign an “I agree” contract giving the external medical consultant the right to release your personal health target plan to IHI.

BONUSES AVAILABLE:

Bonus benefits	Number of years on target
5% premium reduction on your insurance policy	5 years
7% premium reduction on your insurance policy	7 years
10% premium reduction on your insurance policy	10 years

To maintain the premium reductions you must stay in the Optimyse® bonus programme and follow your personal health target plan year after year.

REDUCE YOUR MEDICAL LOADINGS

If you have a premium loading on your insurance policy due to one of the following diagnoses you cannot immediately enjoy the Optimyse® bonus benefits:

- ◆ Cardiac diseases
- ◆ Hypertension
- ◆ High cholesterol
- ◆ Overweight
- ◆ Diabetes

First we offer you the possibility to have the loading gradually removed from your policy. You need to join the Optimyse® bonus programme and have your personal health target set and monitored – and improve the condition. The reductions of the loading can take place once a year or every 2nd year according to evaluations by the IHI in-house medical consultants and depending on whether you achieve the goals of your health target plan.

When your premium loading has been eliminated and you continue to stay on your health target plan, you can be accepted into the Optimyse® bonus programme.

If you have a loading on the policy which is not due to one of the above diagnoses you can still apply to participate in the Optimyse® bonus programme.

HOW TO BENEFIT FROM THE IHI OPTIMYSE® SERVICES

To get access to the Optimyse® self care services you can contact your Personal Service Team to request the information needed. Alternatively, if you wish to access the information yourself:

- ◆ Enter the IHI web site at www.ihl.dk
- ◆ Enter "myPage" in the main menu
- ◆ Create your own myPage by entering your policy number in the user name box and your birth date in the password box
- ◆ Register your personal log on code to secure the privacy of your personal page
- ◆ You can now access all the online services
- ◆ You can return to myPage any time and the settings can be adjusted as you please

To get access to the "IHI online doctors":

- ◆ Benefit from the online doctors any time you have a need or a question
- ◆ It is optional to do the personalised health assessment and get your health target plan under Optimyse® online doctors

To enter the Optimyse® bonus programme you need to:

- ◆ Do the personalised health assessment and get your health target plan under Optimyse® online doctors
- ◆ Release your personal health target plan to IHI by signing an "I agree" contract
- ◆ Have your personal health target plan evaluated once a year by the external medical consultant
- ◆ Enjoy the Optimyse® bonus benefits as you fulfil the health target plan

For more information please do not hesitate to call your service team at +45 33 15 30 99 or visit www.ihl.dk.

IHI SUPERIOR LIST OF REIMBURSEMENTS VALID FROM 1.1.2003

Annual Maximum Cover

You decide your plan currency to be either US Dollars, USD or Euro, EUR. We can always refund your expenses in any currency at your convenience. 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 & Board at the hospital or nearby hotel for 3 family members accompanying an insured	100%
Surgery	100%
Anaesthesia	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	100%

All hospitalisations must be reported to IHI immediately.

Local Transport by Ambulance

Medically prescribed transport to and from hospital	100%
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Medical Evacuation

Medical evacuation	100%
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Medical evacuation must be pre-approved by IHI.

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%

All transportations must be pre-approved by IHI.

Childbirth

Normal & complicated delivery	100%
Medically prescribed caesarean delivery	100%
<i>Pre-natal & post-natal care is 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 Out-patient 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	100%
<i>In case of doubt, the decision will be left with the Company's dental consultant.</i>	

Prescribed Rehabilitation

Medically prescribed rehabilitation at an authorised rehabilitation centre following hospitalisation due to serious accident/injury	100%
<i>For up to 30 days per incident.</i>	
<i>Rehabilitation must be pre-approved by IHI.</i>	

Home Nursing

Medically prescribed Home Nursing by a registered nurse following hospitalisation due to serious accident/injury	100%
<i>For up to 30 days per incident.</i>	
<i>Home Nursing must be pre-approved by IHI.</i>	

Hospice and Terminal Treatment

Medically prescribed Hospice or Terminal care at home	100%
<i>For up to 30 days.</i>	
<i>Hospice and Terminal Treatment must be pre-approved by IHI.</i>	

NON-HOSPITALISATION BENEFITS

Reimbursements for non-hospitalisation benefits are effected at 100% of the expenses up to an annual maximum limit of USD 50,000 or EUR 53,700 with very few exemptions.

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 2 check-ups per year. Children under 5 years are allowed up to 5 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%
Health resort stay must be pre-approved by IHI.

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%
Alternative medicine has to be prescribed by registered homeopath or medical doctor.

DENTAL & OPTICAL SUPPLEMENTARY COVER

Reimbursements under this cover are effected at 100% of the expenses and will not in any event exceed the annual maximum amount of 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%
Anaesthesia	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%

Frames and sunglasses are not covered.

In accordance with the Danish Insurance

POLICY CONDITIONS

Contracts Act

- Art. 1** Acceptance
- Art. 2** Date of commencement
- Art. 3** Waiting periods in connection with new insurance contracts
- Art. 4** Who is covered by the insurance?
- Art. 5** Where is cover provided?
- Art. 6** What is covered by the insurance?
- Art. 7** Medical evacuation
- Art. 8** Compassionate Emergency Repatriation
- Art. 9** Next-of-kin Accompaniment and Compassionate Emergency visit
- Art. 10** Exceptions for reimbursement
- Art. 11** How to report a claim
- Art. 12** Cover by third parties
- Art. 13** Payment of premium
- Art. 14** Information necessary to the Company
- Art. 15** Assignment, cancellation and expiry
- Art. 16** Disputes, venue etc.

Glossary

**ART. 1
ACCEPTANCE**

- 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. The Company has the right to waive this requirement in exceptional cases.
- 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 an obligation to notify the Company of such change immediately.

**ART. 2
DATE OF COMMENCEMENT**

- 2.1** The insurance shall be valid as of the date on which the application is approved by the Company. The date of commencement 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 date of commencement of the insurance. However, this does not apply when the policyholder can prove simultaneous transference from another international health insurance plan.
- 3.1.1** In the event of acute serious illness and serious injury, the right to reimbursement

shall, however, take effect concurrently with the date of commencement of the insurance.

3.1.2 However, for pregnancy and childbirth and consequences thereof the right to compensation shall only take effect 10 (ten) months after the date of commencement 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 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 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 two children free of charge per paying adult, and totally

four children free of charge per insurance applies.

4.2.1 Free cover of children shall furthermore be subject to:

- ◆ the child being registered with the Company,
- ◆ 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 form must be submitted for newborn children.

4.3.1 If the insurance of 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 form, cf. however Art. 10.2 h). A copy of the birth certificate must, however, be submitted within 3 (three) months after the birth.

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 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.

6.3.1 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 for 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 the 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 toward 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 one transportation is covered in connection with one course of an illness.
- 7.4** In the event of the insured's death, expenses for home transportation of the deceased and for 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 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 one return journey. Should the insured choose to travel to his/her residence the Company shall only provide cover for travelling expenses if the insured's return ticket does not apply. The return journey must be made within one week after treatment has been completed, provided that the insurance period has not yet expired at the time of the return flight. The insurance shall provide cover for travelling 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 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 in the country of residence. Reimbursement shall be paid for reasonable additional travelling expenses equivalent to the cost of an aeroplane ticket on business class, as a maximum. A family member is defined as being a spouse, 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 one transportation is covered in connection with 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 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 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 three fellow-travellers to accompany him/her in case of medical evacuation, or to choose up to three relatives to be summoned from the home country.

ART. 10

EXCEPTIONS FOR COMPENSATION

10.1 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.

10.2 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 provably caused by a blood transfusion received after the commencement of the policy. The HIV-virus will also be covered if provably contracted as the result of an accident occurring during the course of a normal occupation. The insured shall notify the Company within 14 days after such accident and at the same time provide a negative HIV antibody test.
- d) abuse of alcohol and/or 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 or examinations and any procedures related hereto, including expenses for pregnancy, prenatal and postnatal treatments of the newborn child/children. An application form must therefore be submitted for children born as a result of fertility treatment and undergo the standard underwriting procedure, according to Art. 1,
- i) treatment of sexual dysfunction,
- j) any kind of care which is 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. 11 **HOW TO REPORT A CLAIM**

- 11.1** Any claim for reimbursement for 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.
- 11.2** Any claim shall be reported to the Company immediately and not later than 3 (three) months after the circumstances underlying the claim have become known to the insured.
 - 11.2.1** Complaints regarding the Company's claims handling shall be filed not later than 30 (thirty) days after receipt of the amount of compensation.
- 11.3** 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. 12 **COVER BY THIRD PARTIES**

- 12.1** Where there is cover by another insurance policy or healthcare plan, this must be disclosed to the Company when claiming reimbursement.
- 12.2** 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.
- 12.3** 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.
- 12.4** 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.
- 12.5** Furthermore, the Policyholder and/or any Insured Person will keep the Company fully informed and will take any reasonable step in making a claim upon another party and to safeguard the interests of the Company.

12.6 In any event the Company shall have the full right of subrogation.

**ART. 13
PAYMENT OF PREMIUM**

13.1 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 covers and/or the claims experience in the insurance class during the previous calendar year.

13.2 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 a pro rata premium will be charged on the due date prior to the child's 10th birthday.

13.3 The initial premium shall fall due for payment on the date of commencement. The policyholder may choose between semi-annual and annual premium payments.

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

13.5 There are 10 (ten) days' of grace on each premium due date.

13.6 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 lapse.

13.7 The policyholder's attention is drawn to Art. 6.4 regarding payment of outstanding amounts.

**ART. 14
INFORMATION NECESSARY TO THE COMPANY**

14.1 The policyholder and/or the insured shall be under an obligation to notify the Company 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.

14.2 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.

14.3 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. 15
ASSIGNMENT, CANCELLATION AND EXPIRY**

15.1 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.

15.2 The insurance is automatically renewed on each policy anniversary.

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

15.3 Where, upon taking out the insurance or subsequently, the policyholder or the insured has fraudulently changed original documents or disclosed incorrect informa-

tion 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.

15.4 Where upon taking out the insurance or subsequently, the policyholder 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.

15.5 Where, upon taking out the insurance, the policyholder 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.

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

15.7 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. 16
DISPUTES, VENUE ETC.

16.1 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

The Glossary is a guidance to your understanding of 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:

policy renewal, twelve months from the commencement date and the same date in each year thereafter.

Applicant:

a person named on the application form and the medical questionnaire as an applicant for Insurance.

Application:

the application form and medical questionnaire.

Commencement date:

the date indicated in the policy schedule on which the insurance commences, unless otherwise stated in the policy conditions.

Day care:

surgery in a hospital or clinic that is not received as an inpatient but medically necessitates the pre-arranged occupation of a bed or comparable facility.

Documents:

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

Hospitalisation:

surgery or medical treatment in a hospital or clinic as an in-patient 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 terms of the insurance, the premium payable, deductible and reimbursement rates.

Insured:

the policyholder and all other insured persons as listed in the policy schedule.

Outpatient:

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

Policy conditions:

the terms and conditions of the insurance purchased.

Policyholder:

the person identified as the policyholder on the application form and/or as an insured in the policy schedule.

Policy schedule:

policy details showing the type of insurance purchased, premium, deductible and any special terms.

Pre-existing condition:

the medical history, including the illnesses and conditions listed in the medical questionnaire, which may affect our decision to insure or not 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 our 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 require anaesthesia.

Terminal phase:

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

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 2003

E. & O. E.



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