

# INTERNATIONAL SWISS MEDICAL

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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

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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 – in case of illness or accident:

## **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

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Health insurance requirements differ from country to country, and everyone has individual needs depending on their age and occupation. The International Swiss Medical plan offers you freedom, based on the most comprehensive Swiss-style medical benefits, and you will be covered during stays abroad as well as in your home country.

With the International Swiss Medical plan, you also have a choice when it comes to the actual cover. Depending on your needs, your insurance can be further increased with cover for Medical Evacuation & Repatriation and/or Dental & Optical cover. The insurance can also be supplemented with cover for IHI Critical Illness, IHI Personal Accident and/or IHI Travel. The following is an overall description of your options, and you will find a detailed description in the List of Reimbursements on pages 18-22.

**The Complete Plan** provides 100% coverage for hospitalisation, organ transplant, rehabilitation and childbirth. The annual insurance sum is USD 1,000,000. Outpatient treatment, such as general practitioners, specialists, therapists and medicine expenses, is covered 90% up to a maximum of USD 40,000 per policy year.





**The Hospital Plan** covers the expenses in connection with hospitalisation, organ transplants, rehabilitation and childbirth 100% up to the annual insurance sum of USD 1,000,000.

**Medical Evacuation & Repatriation** covers medical 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.

**The Dental & Optical** cover gives you free choice of dentist and optician. Expenses for dental care are reimbursed 75%. Routine dental treatment is subject to a six month waiting period whereas special dental treatment is subject to a 12 month waiting period. Expenses for glasses and contact lenses are reimbursed 50% up to a maximum of USD 270 per person per policy year. The annual insurance sum is USD 2,000.

### **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.

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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 the International Swiss Medical 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 the International Swiss Medical 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.

## **CHOICE OF DEDUCTIBLE**

There is only one deductible per person per policy year, and this applies to all services, except for the Medical Evacuation & Repatriation and Dental & Optical covers.

The premium level is determined by the deductible chosen, and the higher the deductible, the lower the premium will be.

The following deductibles are available: USD 150\*, 200, 400, 1,350 and 2,700. Under the Hospital Plan, you are free to choose between deductibles of USD 400, 1,350 and 2,700.

\* Only applicable for existing clients before 1.1.2004







# 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 [ihi.com](http://ihi.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 (ddmmyyyy)

myPage

## POLICY ADMINISTRATION

- **Policy information:** see a complete overview of your policy schedule (e.g. the people insured, the covers chosen) and of 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:

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

All services and benefits are subject to specific and general terms and conditions. For more information, please refer to "Disclaimers" on [www.ihi.com](http://www.ihi.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

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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](mailto: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

VALID FROM 1. 1. 2006

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. You will find the annual and semi-annual premiums below.

## ANNUAL PREMIUMS PER PERSON IN USD\*

Age	0-9	10-19	20-44	45-59	60+**
<b>COMPLETE PLAN</b>					
USD 150 deductible***	2,327	2,327	4,720	5,547	5,851
USD 200 deductible	2,289	2,289	4,672	5,422	5,746
USD 400 deductible	2,132	2,132	4,326	4,881	5,243
USD 1,350 deductible	1,775	1,775	3,568	4,026	4,205
USD 2,700 deductible	1,309	1,309	2,629	2,966	3,099
<b>HOSPITAL PLAN</b>					
USD 400 deductible	1,349	1,349	2,735	3,085	3,253
USD 1,350 deductible	1,178	1,178	2,386	2,691	2,919
USD 2,700 deductible	859	859	1,725	1,946	2,036
<b>DENTAL/OPTICAL TREATMENT</b>	326	326	653	736	765
<b>MEDICAL EVACUATION &amp; REPATRIATION</b>	128	128	260	282	293

## SEMI-ANNUAL PREMIUMS PER PERSON IN USD\*

Age	0-9	10-19	20-44	45-59	60+**
<b>COMPLETE PLAN</b>					
USD 150 deductible***	1,233	1,233	2,502	2,940	3,101
USD 200 deductible	1,213	1,213	2,476	2,874	3,045
USD 400 deductible	1,130	1,130	2,293	2,587	2,779
USD 1,350 deductible	941	941	1,891	2,134	2,229
USD 2,700 deductible	694	694	1,393	1,572	1,642
<b>HOSPITAL PLAN</b>					
USD 400 deductible	715	715	1,450	1,635	1,724
USD 1,350 deductible	624	624	1,265	1,426	1,547
USD 2,700 deductible	455	455	914	1,031	1,079
<b>DENTAL/OPTICAL TREATMENT</b>	173	173	346	390	405
<b>MEDICAL EVACUATION &amp; REPATRIATION</b>	68	68	138	149	155

\* 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.

\*\* Renewals only.

\*\*\* Only applicable for existing clients before 1.1.2004.

E. & O. E.





# HOW IS THE PREMIUM PAID?

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If you have not given 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:

- Payment by credit card via [ihi.com](http://ihi.com).
- International credit card: American Express, VISA, Eurocard/MasterCard, JCB or Diners.
- International cheque issued to International Health Insurance danmark a/s.
- International transfer to our bank account:

Danske Bank A/S, Holmens Kanal 12,  
DK-1092 Copenhagen K, Denmark  
USD Account No.: 4451 115 014  
BIC / S.W.I.F.T: DABADKKK  
IBAN: DK1230004451115014

Account holder: International Health Insurance  
danmark a/s.

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

# COVER OF YOUR EXPENSES

VALID FROM 1. 1. 2006

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## 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 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 later than three months after the birth.
- In case of orthodontics, the waiting period is 6 or 12 months.

If you subsequently upgrade your cover, e.g. from the Hospital Plan to the Complete Plan, the waiting period will again apply under the new cover. 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).



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## **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 at 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 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](http://ihi.com).



# LIST OF REIMBURSEMENTS

VALID FROM 1. 1. 2006

The List of Reimbursements forms part of the Policy Conditions. It is therefore recommended to read both the List of Reimbursements and the Policy Conditions carefully.

## COMPLETE PLAN AND HOSPITAL PLAN

Reimbursements of inpatient benefits are 100% of the expenses, unless otherwise stated. You will be reimbursed as soon as qualified expenses exceed the amount of the deductible.

ALL AMOUNTS ARE IN USD	HOSPITAL PLAN	COMPLETE PLAN
<b>MAXIMUM COVER</b>		
Annual maximum cover per person per policy year	1,000,000	1,000,000
<b>HOSPITALISATION</b>		
Semi-private/private room	100%	100%
Intensive care room	100%	100%
Room and board for a parent accompanying an insured child	100%	100%
Surgery	100%	100%
Pacemaker, max.	25,000	25,000
Medical treatment, laboratory tests, X-rays	100%	100%
Medicine while in hospital	100%	100%
Chemotherapy and radiotherapy	100%	100%
Emergency room treatment in connection with acute illness or accident	100%	100%
Outpatient surgery	100%	100%
Outpatient and day case treatment in connection with hospitalisation	100%	100%
Acute emergency dental treatment due to serious accident requiring hospitalisation	100%	100%
In case of doubt, the decision will be left with the Company's dental consultant		

ALL AMOUNTS ARE IN USD	HOSPITAL PLAN	COMPLETE PLAN
<b>ORGAN TRANSPLANT</b>		
Organ transplant	100%	100%
Per diagnosis and course of treatment, all included, max. Only human organs <i>The procurement of the organ must be <b>pre-approved</b> by the Company</i>	345,000	345,000
<b>REHABILITATION</b>		
Medically prescribed rehabilitation in connection with treatment at an authorised rehabilitation centre, max. 3 months per policy year Per day, max.	100% 520	100% 520
<b>LOCAL TRANSPORT BY AMBULANCE</b>		
Medically prescribed transport to and from hospital Per policy year, max.	3,350	3,350
<b>HOME NURSING</b>		
Expenses incurred for medically prescribed assistance in your private home, by a certified nurse, per day, max. Per policy year, max.	65 2,000	65 2,000
<b>CHILDBIRTH</b>		
Hospital delivery	100%	100%
Physician/specialist, midwife, home nursing in connection with home delivery per birth, max.	2,700	2,700
Elective caesarean operation will be reimbursed up to a max. of the customary charges for normal delivery		
Pre- and postnatal examinations are reimbursed under the Complete Plan as consultations, see the next page		
Delivery following fertility treatment will be reimbursed to a max. of the customary charges for normal delivery		
<b>IHI OPTIMYSE</b>		
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

## COMPLETE PLAN

Under the Complete Plan outpatient benefits are reimbursed 90%, unless otherwise stated. You will be reimbursed as soon as qualified expenses exceed the amount of the deductible, up to a maximum of USD 40,000 per policy year.

ALL AMOUNTS ARE IN USD	COMPLETE PLAN
<b>GENERAL PRACTITIONERS</b>	
Office consultation	90%
Telephone/prescription consultation	90%
Visit to a patient's domicile	90%
Max. 15 consultations within a 30-day period	
<b>SPECIALISTS</b>	
Eye and ear specialists, psychiatrists, other specialists	90%
Max. 15 consultations within a 30-day period	
<b>THERAPISTS / OTHER MEDICAL ASSISTANCE</b>	
Physiotherapy, ergotherapy	90%
Speech therapy Max. 12 consultations per policy year	90%
Acupuncture, homeopathic treatment, neuraltherapy, phytotherapy and antroposopic treatment if performed by a physician Per policy year max.	90% 1,350
Special assistance, surgical intervention, laboratory test, X-ray, analysis, scan, endoscopic examination, injection	90%
Hearing aids, when prescribed by a physician	50%
Medical check-up, per policy year max.	330
<b>CHIROPRACTOR / OSTEOPATH</b>	
Examination, treatment, X-ray	50%
<b>MEDICINE</b>	
Medicine, dressings, appliances, vaccinations and injections	90%
Expenses for prescribed medicines are only reimbursed when the bills are accompanied by a copy of the physician's prescription	
There is no reimbursement for medicine which can be purchased without a physician's prescription	



## SUPPLEMENTARY COVERS

### 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%
Expenses are covered up to the overall annual insurance sum of your policy	
In all circumstances, we must be notified before transport takes place, either directly or through the attending physician <i>Medical Evacuation &amp; Repatriation must be pre-approved by the Company</i>	

### DENTAL & OPTICAL

Expenses for dental care are reimbursed 75%, whereas expenses for glasses and contact lenses are reimbursed 50% up to max. USD 270 per person per policy year. A collective annual max. of USD 2,000 per person per policy year applies to the Dental & Optical supplement.

#### Subject to a 6 month waiting period

DENTIST	75%
Examination	
Tooth-cleaning	
Individual preventive treatment	
Filling: not compound, compound, double compound, enamel cement, plastic, single surfaced, plastic, multi surfaced	
Root treatment: coronal amputation, apical amputation, root filling, acute opening of root canal and following canals	
Tooth extraction	
Surgery	
X-ray, simple and panoramic	
Emergency treatment	
Local anaesthesia	
Occlusion bar	
Retaining pivots, root screws and pivots	
Prescription	
Special assistance	

### Subject to a 12 month waiting period

<b>CROWNS AND GOLD INLAY</b>	75%
Gold, jacket, porcelain crowns, etc. Gold inlay, pivot teeth, plastic crowns Build-up and recementation Temporary crowns and implants	
<b>BRIDGEWORK</b>	75%
Bridgework and repairs	
<b>TREATMENT OF PERIODONTITIS</b>	75%
Treatment of gingivitis and periodontitis, preventive treatment included Rootscaling Periodontal surgery and membrane treatment	
<b>TOOTH ADJUSTMENT</b>	75%
<b>DENTURES</b>	75%
Dentures and repairs	
<b>GLASSES / CONTACT LENSES (NO WAITING PERIOD APPLIES)</b>	50%
Normal or bifocal lenses and contact lenses, max. Lenses for sunglasses and frames will not be reimbursed.	270

### IHI CRITICAL ILLNESS, IHI PERSONAL ACCIDENT AND IHI TRAVEL

<b>IHI CRITICAL ILLNESS (not automatically included)</b>	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
The conditions regulating IHI Critical Illness are found in separate brochures	
<b>IHI PERSONAL ACCIDENT (not automatically included)</b>	USD
Cover for accidental disablement and death. You can choose between the following 3 insurance sums	50,000 100,000 150,000
The conditions regulating IHI Personal Accident are found in separate brochures	
<b>IHI ANNUAL TRAVEL (not automatically included)</b>	USD
Insurance sum per trip	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	



# POLICY CONDITIONS

VALID FROM 1. 1. 2006

*In accordance with the Danish Insurance Contracts Act.*

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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 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**

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**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**

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**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 in connection with dental care (supplementary dental treatment), the right to reimbursement shall only take effect 6 (six) months after the commencement date of the insurance. For expenses incurred for crowns, gold inlay, bridgework, treatment for periodontitis and orthodontics, the right to reimbursement shall only take effect 12 (twelve) 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?**

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**4.1:** The insurance shall cover the insured person(s) named in the policy schedule.

**4.2:** An application must be submitted for newborn children.

**4.2.1:** 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. 8.2 h. A copy of the birth certificate must, however, be submitted within 3 (three) months after the birth:

- if 1 (one) of the insured persons has legal custody of the child, and
- if the child is registered at the same address as the insured having legal custody of the child.

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

## **ART. 5 WHERE IS COVER PROVIDED?**

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

## **ART. 6 WHAT IS COVERED BY THE INSURANCE?**

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**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 treatment must have authorization 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.

**6.5:** 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 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 MEDICAL EVACUATION & REPATRIATION**

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**7.1:** If the insurance has been extended to include Medical Evacuation & Repatriation cover, the following terms listed shall also apply:

**7.1.1:** Medical Evacuation & Repatriation cover can only be taken out as a supplement to The Complete Plan/The Hospital Plan. The sum insured for the Medical Evacuation & Repatriation cover is stated in the List of Reimbursements.

**7.1.2:** Reimbursement shall be paid for reasonable expenses incurred for the insured's medical evacuation/repatriation in the event of acute serious illness, seri-

ous injury or death. Transportation shall be to the nearest suitable place of treatment and only if no qualified treatment can be obtained locally.

**7.1.3:** 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 on whether the insured should be transferred to his/her country of residence, home country or to the nearest suitable place of treatment.

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

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

**7.1.6:** The Medical Evacuation & Repatriation cover shall only apply if the illness is covered under the insurance.

**7.1.7:** In the event that the insured is evacuated 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 travelling expenses equivalent to the

cost of an aeroplane ticket on economy class, as a maximum.

**7.1.8:** 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.

**7.1.9:** 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.

**7.1.10:** 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. 8 EXCEPTIONS FOR REIMBURSEMENT**

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**8.1:** 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.

**8.2:** 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 provide at the same time a negative HIV antibody test,
- d) abuse of alcohol, drugs and/or medicines,
- e) intentional self-inflicted bodily injury,
- f) contraception, included 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 nursing homes,
- k) treatment by naturopaths or homoeopaths and naturopathic or homoeopathic medications and other alternative methods of treatment, unless treatment is performed and/or medication is prescribed by a licensed physician or member of NVS (Naturheilpraktikerverband Schweiz),
- 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. 9 HOW TO REPORT A CLAIM**

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**9.1:** 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.

**9.2:** 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.

**9.2.1:** Complaints regarding the Company's claims handling shall be filed no later than 30 (thirty) days after receipt of the amount of reimbursement.

**9.3:** 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 will defray all expenses incurred in this connection.

## **ART. 10 COVER BY THIRD PARTIES**

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

**10.2:** 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.

**10.3:** 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.

**10.4:** 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.

**10.5:** Furthermore, the policyholder and any insured person shall keep the Company fully informed and shall take any reasonable step in making a claim upon another party and to safeguard the interests of the Company.

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

## **ART. 11 PAYMENT OF PREMIUM**

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**11.1:** 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.

**11.2:** The premium is age-related and will therefore also be adjusted on the first due date after the insured's birthday.

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

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

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

**11.6:** 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.

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

## **ART. 12 INFORMATION NECESSARY TO THE COMPANY**

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**12.1:** 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.

**12.2:** 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.

**12.3:** 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. 13 ASSIGNMENT, CANCELLATION AND EXPIRY**

**13.1:** 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.

**13.2:** The insurance is automatically renewed on each policy anniversary.

**13.2.1:** 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.

**13.3:** 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.

**13.4:** 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 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.

**13.5:** 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.

**13.6:** 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.

**13.7:** 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. 14 DISPUTES, VENUE, ETC.**

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**14.1:** 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

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*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.

**Day case treatment:** treatment which, for medical reasons, normally requires a patient to occupy a bed in a hospital or clinic for less than 24 (twenty-four) hours.

**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. 8.2.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 anaesthesia.

**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

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