INTERNATIONAL HEALTH AND HOSPITAL PLAN

VALID FROM 2007 ▪ EUR/GBP/USD

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A member of the BUPA group

International Health Insurance danmark a/s

YOUR INSURANCE GUIDE

PAGE

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

250,000 private and corporate clients in over 190 countries rely on IHI for their health and travel insurance. 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.

IHI is a member of the worldwide health and care organisation BUPA which has been trading since 1947, and now looks after nearly 8.2 million members of 115 nationalities worldwide.

As a provident association BUPA has no shareholders to pay, which means that all surpluses and profits are continuously reinvested back into providing better health and care services for our members. BUPA has considerable financial resources and in 2005 group income totalled over USD 6.8 billion with group reserves of USD 4.793 million. BUPA Insurance Limited has been rated by Moody's and Fitch*.

* The rating from Moody's is A3. The ratings from Fitch are Long Term A, Insurer Financial Strength A+

MORE THAN A HEALTH INSURANCE COMPANY

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

BENEFITS

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

SERVICES

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


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YOUR COVER OPTIONS

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

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

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

You can choose to take out your insurance:

- With or without a deductible. The deductibles available are EUR 350, 1,050, 4,000 and 8,000/GBP 250, 750, 2,750 and 5,500/USD 400, 1,600, 5,000 and 10,000
- Denominated in Euros, Pounds Sterling or US Dollars. The chosen currency is binding, meaning that you cannot switch currency

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

The compulsory Hospital Plan covers hospitalisation expenses such as hospital services, childbirth, organ transplant, rehabilitation and emergency room treatment. The annual insurance sum is EUR 1,500,000/GBP 1,200,000/USD 1,800,000.

Module 1 – Non-Hospitalisation Benefits cover outpatient treatment such as general practitioners, specialists and other medical assistance 100% up to specific maximum amounts. The overall annual maximum for Module 1 is EUR 35,000/GBP 25,000/USD 35,000.

Module 2 – Medicine & Appliances are covered up to EUR 2,250/GBP 1,500/USD 2,500 per year. Hearing aids are covered 50% with specific maximum limits. Other appliances and medicine are covered 100% up to the annual maximum.

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

Modules 4A & 4B – Dental & Optical cover gives you the right to reimbursement of dental treatment, glasses and contact lenses. Routine dental treatment is covered 80% with maximum amounts. Special dental treatment is covered 50% up to an annual maximum. Glasses and contact lenses are covered 80% with specific maximum limits. The overall annual maximum for Module 4A is EUR 5,000/GBP 3,500/USD 5,000 and for Module 4B EUR 7,500/GBP 5,000/USD 7,500.

SUPPLEMENTARY OPTIONS

You have the possibility of enhancing you cover with Critical Illness and/or Personal Accident Plan. These plans are described in detail in separate brochures.

Furthermore, you can take out IHI Travel in addition to IHHP plan and receive a discounted rate on the travel plan. With an IHHP plan, your medical expenses are of course covered on travels outside your country of residence, but by taking out an IHI Travel plan you get extra travel benefits; e.g. next of kin accompaniment and repatriation if relatives at home get seriously, acutely ill. There is no deductible on IHI Travel. Your travel claims will also count towards the annual deductible on IHHP plan.

The Policy Conditions for IHI Travel are described in a separate brochure.


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MANAGE YOUR POLICY ONLINE

ONLINE SERVICES

As an IHI customer you have access to a range of online services. Visit www.ihi.com and click on myPage, follow the guide and get access to:

- A complete overview of your policy
- All your documents (policy schedule, renewals, premium notices, receipts, reimbursement letters, etc.)
- Status on recent claims reimbursed
- Online premium payment
- A useful health and travel guide
- Online doctors: General advice from IHI's medical consultants on lifestyle diseases, exercise etc, including second opinions and counselling on treatments

Sign up as online customer - free and easy

Our online customer solution is a service for you who wish to avoid postal delays, letters lost in the mail, sorting of insurance documents and filing in binders. Sign up on www.ihi.com under myPage now and your policy will be serviced online exclusively.

We will notify you by e-mail when we have updates related to your insurance. That way you are always fully informed of your insurance status.

IF YOU NEED HELP

Whether you have questions regarding your cover, claims etc. or you have an emergency situation, you can feel safe knowing that IHI only employ the most caring people with excellent linguistic skills and a comprehensive understanding of cultural differences to take care of your needs - our staff go the extra mile to provide personal and professional service.

IHI ASSIST - 24-HOUR EMERGENCY SERVICE AND HEALTH ADVICE

IHI Assist is at your disposal 24 hours a day, 365 days a year. IHI Assist takes care of emergencies, medical evacuations, medical advice and all the practicalities relating to a hospitalisation.

The IHI Assist staff handle approx. 100,000 inquiries a year, including medical evacuations. We take care of everything from plane ticket upgrades, for example, if you have a sprained ankle, to organising transportation in an air ambulance with an intensive care unit and doctors' team on board.

For medical advice, second opinions and in situations where you may require immediate contact with a doctor, IHI's medical consultants are here to assist and guide you. You will receive a list with several providers to choose from. You just have to inform us of your diagnosis and where in the world you wish to be treated. We can guide you, but the choice is always yours.

Tel: +45 33 15 33 00
E-mail: assist@ihi.com

On the back of your insurance card you will find information on how to contact IHI - including contact details for our 24-hour emergency service: IHI Assist.

COVER OF YOUR EXPENSES

WAITING PERIODS

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

- If you switch to IHI from another equivalent international health insurance plan with another company, the cover will come into force immediately on the pol-icy commencement date.

- The waiting period is 12 months in connection with pregnancy and childbirth. After the waiting period, newborn babies are covered from birth provided that a birth certificate is sent to IHI no more than three months after the birth.

- In case of orthodontics, the waiting period is 24 months.

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

HOSPITAL TREATMENT

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

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

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

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

OTHER TREATMENT

To claim reimbursement for expenses for outpatient treatment, such as a bill from a specialist, doctor or dentist, you can send the bill to any of our offices mentioned on the back side 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 ex-penses in connection with medical transport if the treatment required is not available at your location. Regardless of the circumstances, you must inform us before the transport is commenced, either directly or through the attending physician. Medical Evacuation & Repatriation must be pre-approved by IHI. In consultation with the attending physician, our medical consultants will choose an alternative place of treatment.

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

DO YOU WANT TO KNOW MORE?

Please contact your intermediary or IHI or visit ihi.com.

LIST OF REIMBURSEMENTS

VALID FROM 1 JANUARY 2007

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

Words written in *italic* in the List of Reimbursements and the Policy Conditions are `defined terms´ which are specific terms relevant to your cover. Please check their meaning in the Glossary at the end of this product guide.

HOSPITAL PLAN

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

Reimbursements will not in any event exceed the following amounts or the overall annual maximum cover per person per policy year of EUR 1,500,000/GBP 1,200,000/ USD 1,800,000.

All amounts are in EUR / GBP / USD

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

CHILDBIRTH	Hospital Plan			Hospital Plan incl. Module 1 – Non-hospitalisation Benefits		
	EUR	GBP	USD	EUR	GBP	USD
Normal delivery, complicated delivery and elective caesarean delivery, incl. pre- and postnatal treatment Max. per delivery	100% 5,200	100% 3,575	100% 6,500	100% 8,800	100% 6,050	100% 11,000
Medically prescribed caesarean, incl. pre- and postnatal treatment Max. per delivery	100% 9,650	100% 6,650	100% 12,000	100% 11,500	100% 7,800	100% 14,000
Delivery/caesarean following fertility treatment Excluding pre- and postnatal treatment, max.	100% 4,000	100% 2,750	100% 5,000	100% 6,500	100% 4,400	100% 8,000
The above maximum rates for maternity shall be reduced by the *deductible* chosen						

CHILDBIRTH / HOME DELIVERY	EUR	GBP	USD
Doctor/specialist, midwife	145	100	165
Home nursing in connection with home delivery	435	300	490
Pre- and postnatal examinations are reimbursed under Module 1 Non-Hospitalisation Benefits			

ORGAN TRANSPLANT	EUR	GBP	USD
Organ transplant	100%	100%	100%
Per diagnosis and course of treatment all included, max. Only human organs The procurement of the organ must be pre-approved by the Company	270,000	187,500	300,000

EMERGENCY ROOM TREATMENT	EUR	GBP	USD
Emergency room treatment in connection with acute illness or accident	100%	100%	100%

LOCAL TRANSPORT BY AMBULANCE	EUR	GBP	USD
Medically prescribed transport to and from hospital	100%	100%	100%
Per policy year, max.	1,500	1,000	1,600

REHABILITATION	EUR	GBP	USD
Medically prescribed rehabilitation in connection with treatment at an authorised rehabilitation centre	100%	100%	100%
Max. per day for max. 3 months per illness	330	220	355

HOME NURSING	EUR	GBP	USD
For expenses incurred for medically prescribed assistance in your private home by a certified nurse	100%	100%	100%
Max. per day for max. 40 days per policy year	130	84	135

HOSPITAL CASH BENEFIT	EUR	GBP	USD
If room, board and treatment are received free of charge, per night max.	90	60	100
Max. 60 nights per policy year (must be pre-approved by the Company)			

EMERGENCY DENTAL TREATMENT	EUR	GBP	USD
Acute emergency dental treatment due to serious accident requiring *hospitalisation*	100%	100%	100%
In case of doubt, the decision will be left with the Company's dental consultant			

ONLINE SERVICES
• Manage your policy online, e.g. online payments, status on recent claims • General health advice and second opinions from IHI's medical consultants • Access to a range of health related information • and much more...

MODULE 1 ■ NON-HOSPITALISATION BENEFITS

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

Reimbursements will not in any event exceed the following amounts or the annual maximum limit of EUR 35,000/GBP 25,000/USD 35,000.

GENERAL PRACTITIONERS AND SPECIALISTS	EUR	GBP	USD
GP consultations, per consultation	80	60	80
Chinese doctor consultation (if charged separately), per consultation Max. EUR 200/GBP 150 per policy year	20	15	20
Eye and ear specialists/other specialists, per consultation	110	85	115
Psychiatrists, per consultation	125	80	130
Expenses are reimbursed for a max. of 15 consultations within a 30-day period			

THERAPISTS	EUR	GBP	USD
Dietetic guidance, speech therapy per consultation Max. 4 consultations per policy year	50	40	50
Physiotherapy, ergotherapy per consultation	75	55	75
Max. per policy year	1,050	700	1,200
Chiropractor/osteopath all inclusive, per consultation	65	50	65
Max. per policy year	1,050	700	1,200

MEDICAL CHECK-UP ALL INCLUSIVE, PER YEAR	275	250	300

EXAMINATIONS AND OTHER MEDICAL ASSISTANCE	EUR	GBP	USD
Laboratory test, analysis	450	305	500
X-ray	450	305	500
ECG	450	305	500
Scan and endoscopic examinations, per examination	675	450	750
Injection and vaccination	55	40	60
Acupuncture and homeopathic treatment, performed by a physician Acupuncture and homeopathic treatment shall only be covered when performed by a physician/doctor authorised in the country of practise	55	35	60
Special assistance	290	200	325
SURGICAL INTERVENTION	100%	100%	100%

MODULE 2 ■ MEDICINE & APPLIANCES

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

	EUR	GBP	USD
HEARING AIDS	50%	50%	50%
Prescribed hearing aids, per appliance, max.	300	200	325
Max. 2 appliances are reimbursed per policy year up to max.	600	400	650

OTHER APPLIANCES	EUR	GBP	USD
Slings and bandages	100%	100%	100%
Arch support	100%	100%	100%
Rent of medical appliances	100%	100%	100%

MEDICINE	EUR	GBP	USD
Prescribed medicine and traditional Chinese medicine Traditional Chinese medicine administered by a traditional Chinese practitioner up to 10 sessions per policy year, up to an annual max. of EUR 250/GBP 175/USD 300 Limited to recognised traditional Chinese practitioners registered to practice locally	100%	100%	100%
There is no reimbursement for homeopathic or naturopathic medicines and medicine which could have been purchased without a physician's prescription			
Medicine and other appliances are reimbursed up to an annual max.	2,250	1,500	2,500

MODULE 3 ■ MEDICAL EVACUATION & REPATRIATION

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

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

MODULES 4A & 4B ■ DENTAL & OPTICAL

Reimbursements under these two modules are effected at 50-80%, but they will not in any event exceed the following amounts or the respective annual maximums of Module 4A: EUR 5,000/GBP 3,500/USD 5,000 and Module 4B: EUR 7,500/GBP 5,000/USD 7,500.

	Module 4A			Module 4B		
	EUR	GBP	USD	EUR	GBP	USD
ROUTINE DENTAL TREATMENT	80%	80%	80%	80%	80%	80%
Examinations, max.	20	15	20	40	30	40
Tooth cleaning, max.	40	25	40	60	35	60
Fillings per tooth, max.	60	40	60	110	65	110
Root treatment per tooth, max.	70	45	70	140	96	140
Tooth extractions per tooth, max.	40	20	40	100	60	100
Surgery, max.	73	50	81	174	120	195
X-ray, max.	40	20	40	50	35	50
Anesthesia, max.	15	10	15	20	15	20
Special assistance, max.	40	30	40	80	52	80

... Continued	Module 4A			Module 4B		
	EUR	GBP	USD	EUR	GBP	USD
SPECIAL DENTAL TREATMENT	50%	50%	50%	50%	50%	50%
Bridgework Crowns Periodontitis Orthodontics (tooth adjustment) Dentures						
Special dental treatment per policy year, max.	2,000	1,500	2,000	3,000	2,250	3,000
GLASSES AND CONTACT LENSES	80%	80%	80%	80%	80%	80%
One pair of glasses (excl. frames) per policy year, max.	160	100	160	220	150	220
Contact lenses, per policy year, max.	100	60	100	130	80	130
Frames and sunglasses are not covered						

SUPPLEMENTARY OPTIONS

IHI CRITICAL ILLNESS (not automatically included)	EUR	GBP	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	15,000 30,000 45,000 60,000	25,000 50,000 75,000 100,000
The conditions regulating IHI Critical Illness are found in separate brochures			

IHI PERSONAL ACCIDENT (not automatically included)	EUR	GBP	USD
Cover for accidental disablement and death. You can choose between the following 3 insurance sums	50,000 100,000 150,000	30,000 60,000 95,000	50,000 100,000 150,000
The conditions regulating IHI Personal Accident are found in separate brochures			

IHI TRAVEL (not automatically included)	EUR	GBP	USD
• Annual insurance sum • Cover for sudden unexpected illnes or injury when travelling out-side your country of residence • Next-of kin accompaniment • Repatriation in case of a relative falling seriously, acutely ill • No *deductible* is applied	250,000	170,000	300,000
The conditions regulating IHI Travel are found in separate brochures			

POLICY CONDITIONS

VALID FROM 1 JANUARY 2007

In accordance with the Danish Insurance Contracts Act.

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ART. 1 ACCEPTANCE OF THE INSURANCE

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

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

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

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

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

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

ART. 2 COMMENCEMENT DATE

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

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

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

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

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

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

b) for expenses incurred for orthodontics the right to reimbursement shall only take effect 24 (twenty-four) months after the *commencement date* of the *insurance*.

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

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

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

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

ART. 4 WHO IS COVERED BY THE INSURANCE?

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

4.2: Children under 10 (ten) years of age can be insured free of charge if the requirements for acceptance on *standard terms*, cf. Art. 1.2, are met. A maximum of 2 (two) children free of charge per paying adult, and a total maximum of 4 (four) children free of charge per *insurance* apply.

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

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

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

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

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

ART. 5 WHERE IS COVER PROVIDED?

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

ART. 6 WHAT IS COVERED BY THE INSURANCE?

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

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

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

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

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

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

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

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

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

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

ART. 7 HOSPITAL PLAN

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

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

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

ART. 8 MODULE 1 - NON-HOSPITALISATION BENEFITS

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

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

8.1.2: Module 1 shall cover the *insured's* expenses in accordance with the *deductible* chosen and the applicable *reimbursement rates* as stated in the List of Reimbursements.

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

ART. 9 MODULE 2 - MEDICINE AND APPLIANCES

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

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

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

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

ART. 10 MODULE 3 - MEDICAL EVACUATION & REPATRIATION

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

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

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

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

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

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

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

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

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

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

The next-of-kin have the following options:

a) cremation of the deceased and home transportation of the urn or

b) home transportation of the deceased.

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

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

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

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

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

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

ART. 12 EXCEPTIONS FOR REIMBURSEMENT

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

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

a) cosmetic *surgery* and treatment unless medically prescribed and approved by the Company,

b) obesity *surgery*,

c) venereal diseases, AIDS, AIDS-related diseases and diseases relating to HIV antibodies (HIV positive). However, diseases relating to AIDS and HIV antibodies (HIV positive) are covered, if proven to be caused by a blood transfusion received after the commencement of the policy. The HIV-virus will also be covered if proven to be contracted as the result of an accident occurring during the course of a *normal occupation*. The *insured* shall notify the Company within 14 (fourteen) days after such accident and at the same time provide a negative HIV antibody test,

d) abuse of alcohol, drugs and/or medicines,

e) intentional self-inflicted bodily injury,

f) contraception, including sterilisation,

g) induced abortion unless medically prescribed,

h) any kind of fertility test and/or treatment, including hormone treatment, insemination or examinations and any procedures related hereto, including expenses for pregnancy, pre- and post-natal treatments of the newborn child/children. An *application* must therefore be submitted for children born as a

result of fertility treatment and/or born by a surrogate mother. The *application* will undergo the standard underwriting procedure, according to Art. 1,

i) treatment of sexual dysfunction,

j) any kind of care which is experimental, not part of a medical or surgical treatment, including stays in nursing homes,

k) treatment by naturopaths or homoeopaths and naturopathic or homoeopathic medications and other alternative methods of treatment, unless specified in the List of Reimbursements,

l) health certificates,

m) treatment of diseases during military service,

n) treatment for sickness or injuries directly or indirectly caused while actively engaging in:

war, invasion, acts of a foreign enemy, hostilities (whether war has been declared or not), civil war, terrorist acts, rebellion, revolution, insurrection, civil commotion, military or usurped power, martial law, riots or the acts of any lawfully constituted authority, or army, naval or air services operations whether war has been declared or not,

o) nuclear reactions or radioactive fallout,

p) treatment performed by the *insured*, his/her spouse, parents or children or an enterprise owned by 1 (one) of the aforesaid persons,

q) epidemics which have been placed under the direction of public authorities,

r) treatment by a psychologist.

ART. 13 HOW TO REPORT A CLAIM

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

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

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

13.3: The Company shall be notified immediately of any stays in hospital, and such notification must include the physician's diagnosis. All notifications should be made

by telephone, fax or e-mail; the Company shall defray all expenses incurred in this connection.

ART. 14 COVER BY THIRD PARTIES

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

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

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

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

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

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

ART. 15 PAYMENT OF PREMIUM

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

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

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

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

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

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

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

ART. 16 INFORMATION NECESSARY TO THE COMPANY

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

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

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

ART. 17 ASSIGNMENT, CANCELLATION AND EXPIRY

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

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

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

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

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

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

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

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

ART. 18 DISPUTES, VENUE, ETC.

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

GLOSSARY

This glossary with definitions is part of the Policy Conditions.

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

Anniversary date: the *renewal* of the *insurance*.

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

Application: the Application Form and Medical Questionnaire.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Valid from 1 January 2007
E. & O. E.

211E7-11/09.2006

IHI.COM

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PREMIUMS

USD

VALID FROM 1 JANUARY 2007

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

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

Annual premium per person in USD*:

AGE BRACKETS	0-9	10-25	26-44	45-59	60+**
PLANS AVAILABLE WITHOUT DEDUCTIBLE					
Hospital Plan	0	2,290	3,591	4,274	4,408
Module 1 Non-Hospitalisation Benefits	0	1,430	2,075	2,547	2,730
Module 2 Medicine & Appliances	0	424	712	1,036	1,049
PLANS AVAILABLE WITH USD 400 DEDUCTIBLE					
Hospital Plan	0	1,547	2,769	3,431	3,634
Module 1 Non-Hospitalisation Benefits	0	999	1,586	2,083	2,278
Module 2 Medicine & Appliances	0	295	559	841	873
PLANS AVAILABLE WITH USD 1,600 DEDUCTIBLE					
Hospital Plan	0	1,147	2,078	2,646	2,801
Module 1 Non-Hospitalisation Benefits	0	477	808	1,039	1,144
Module 2 Medicine & Appliances	0	19	40	49	49
PLANS AVAILABLE WITH USD 5,000 DEDUCTIBLE					
Hospital Plan	0	908	1,647	2,103	2,161
Module 1 Non-Hospitalisation Benefits	0	379	641	818	885
Module 2 Medicine & Appliances	0	16	31	38	38
PLANS AVAILABLE WITH USD 10,000 DEDUCTIBLE					
Hospital Plan	0	681	1,235	1,578	1,621
Module 1 Non-Hospitalisation Benefits	0	285	481	613	664
Module 2 Medicine & Appliances	0	12	23	29	29
SUPPLEMENTARY COVERS***					
Module 3 Medical Evacuation & Repatriation	0	266	449	525	525
Module 4A Dental & Optical	0	385	555	685	685
Module 4B Dental & Optical	0	732	1,056	1,294	1,294

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

** Renewals only.

*** No deductible applies.

HOW IS THE PREMIUM PAID?

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

- Credit card payment via ihi.com
- International credit card: American Express, VISA, Eurocard/MasterCard, JCB or Diners
- International cheque
- Eurocheque
- International bank transfer to our bank:

Citibank N.A.
London
United Kingdom
USD Account No.: 8237581
BIC / Swift Code: CITIGB2L
Bank Sort Code: 18 50 08
IBAN: GB63CITI18500808237581
Account holder: International Health Insurance danmark a/s

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

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