

# IHI FIRST CHOICE - WORLDWIDE

# LIST OF REIMBURSEMENTS & POLICY CONDITIONS

*In accordance with the Danish Insurance Contracts Act*

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### ■ GLOSSARY

# PRODUCT STRUCTURE

## MANDATORY MODULE

Module 1  
HOSPITALISATION & INPATIENT TREATMENT

## OPTIONAL MODULES

Module 2  
OUTPATIENT TREATMENT

Module 3  
MEDICINE & APPLIANCES

Module 4  
MEDICAL EVACUATION

Module 5  
REHABILITATION & NURSING

Module 6  
DENTAL & OPTICAL

# LIST OF REIMBURSEMENTS

## VALID FROM 1 APRIL 2005

Reimbursement under the insurance is effected at the rates listed on pages 4-7.

Reimbursement will not in any case exceed the overall annual maximum sum per person per policy year of:

USD 1,800,000

or

EUR 1,500,000

or

GBP 1,000,000

If a deductible has been applied to your policy, this is stated in your policy schedule. Depending on the currency of your policy, it will be one of the following options:

USD 0, USD 175, USD 1,750

or

EUR 0, EUR 150, EUR 1,500

or

GBP 0, GBP 100, GBP 1,000

The chosen currency is binding, meaning the currency can not be changed.

You will be reimbursed as soon as the eligible expenses exceed the amount of the deductible. The deductible is applied per person per policy year irrespective of the number of modules chosen.

Please note that no deductible apply on module 4 and module 6.

All amounts are denominated in USD, EUR and GBP.

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.

## MODULE 1 - HOSPITALISATION & INPATIENT TREATMENT

| Hospitalisation & Inpatient Treatment<br><i>Maximum cover, per person per policy year</i>   | USD       | EUR       | GBP       |
|---|-----------|-----------|-----------|
|   | 1,800,000 | 1,500,000 | 1,000,000 |
| <b>Hospitalisation &amp; inpatient treatment</b>  |           |           |           |
| Hospital accommodation<br><i>Private / semi-private room</i>  | 100%      | 100%      | 100%      |
| Intensive care room   | 100%      | 100%      | 100%      |
| Parent(s) accommodation<br><i>For insured children under age 18</i>   | 100%      | 100%      | 100%      |
| Surgeons, anaesthetists and physicians fees   | 100%      | 100%      | 100%      |
| Diagnostic tests incl.:<br><i>Lab tests, X-rays, MRI, CT, PET scans, pathology</i>  | 100%      | 100%      | 100%      |
| Prescribed medicines and drugs while in hospital  | 100%      | 100%      | 100%      |
| Prostheses<br><i>Artificial body parts designed to form a permanent part of a person's body e.g. pacemaker</i>  | 100%      | 100%      | 100%      |
| Psychiatric treatment<br><i>Max. of 40 days day case or inpatient treatment per policy year</i>   | 100%      | 100%      | 100%      |
| Cancer tests, drugs and consultants' fees for oncology  | 100%      | 100%      | 100%      |
| Physiotherapy<br><i>By a registered physiotherapist, when referred by a medical practitioner</i>  | 100%      | 100%      | 100%      |
| <b>Outpatient / day case treatment in a hospital or clinic</b>  |           |           |           |
| Outpatient surgery  | 100%      | 100%      | 100%      |
| Chemotherapy and radiotherapy   | 100%      | 100%      | 100%      |
| Dialysis<br><i>If available locally</i>   | 100%      | 100%      | 100%      |
| 1 day pre-surgical analyses preparing for anesthesia in connection with a scheduled surgery (diagnostic tests covered under Module 2)   | 100%      | 100%      | 100%      |
| Post hospitalisation treatment<br><i>Received within 90 days of being discharged from hospital or clinic</i>  | 100%      | 100%      | 100%      |
| <b>Local transport by ambulance</b>   |           |           |           |
| Medically prescribed transport to and from hospital   | 100%      | 100%      | 100%      |
| <b>Hospital cash benefit</b>  |           |           |           |
| <b>Must be pre-approved by the Company</b> and applies only when treatment is received as inpatient for an eligible medical condition for a max. of 25 nights and when no costs are incurred for accommodation and / or treatment | 130       | 110       | 75        |
| <b>Emergency room treatment</b>   |           |           |           |
| Emergency room treatment in connection with acute illness or accident   | 100%      | 100%      | 100%      |
| Acute emergency dental treatment<br><i>Accidental damage to natural teeth (treatment as inpatient or day case patient)<br/>In case of doubt, the decision will be left with the Company's dental consultant</i>                   | 800       | 650       | 450       |

| Crisis management  |      |      |      |
|--|------|------|------|
| Crisis management: psychological first aid following a traumatic experience e.g. assault, war, accident, kidnapping<br><i>Up to 5 treatments with a registered psychologist per incident</i><br><b>Must be pre-approved by the Company</b> | 100% | 100% | 100% |

| Organ transplant  |      |      |      |
|---|------|------|------|
| Organ transplant - kidney, liver, heart, lung, bone marrow<br><i>Only human organs. Costs of the procurement of the organ are not covered</i><br><b>Must be pre-approved by the Company</b> | 100% | 100% | 100% |

| Childbirth  |       |       |       |
|---|-------|-------|-------|
| Normal delivery<br><i>Prenatal and postnatal examinations are reimbursed under Module 2 - Outpatient Treatment</i>  | 7,200 | 6,000 | 4,100 |
| Complicated delivery requiring hospitalisation  | 100%  | 100%  | 100%  |
| Medically prescribed caesarean  | 100%  | 100%  | 100%  |
| Home delivery, doctor / specialist, midwife   | 190   | 160   | 110   |
| Home nursing in connection with home delivery   | 480   | 400   | 275   |
| <i>Delivery following fertility treatment is reimbursed according to the reimbursement rate for normal delivery</i> |       |       |       |

| Newborn cover  |        |        |        |
|--|--------|--------|--------|
| Inpatient treatment of an acute medical condition, which presents symptoms at birth or which manifests itself within 28 days following birth as well as any associated costs for a period of up to 28 days after birth | 45,000 | 36,000 | 25,000 |

| Emergency out of area cover  |      |      |      |
|--|------|------|------|
| Worldwide cover of medical expenses in case of acute illness or injury during business or pleasure travel for up to 30 days per trip<br><b>Must be pre-approved by the Company</b> | 100% | 100% | 100% |

## SPECIAL SERVICES

| Wellness benefits  |  |  |  |
|--|--|--|--|
| IHI offers a wide range of special services to companies and employees wanting to stay healthy. The services are offered through our website <a href="http://www.ihl.com">www.ihl.com</a> and <a href="http://www.wellbeinguniversity.com">www.wellbeinguniversity.com</a> . You will have access to individual and corporate assessments and you may use our online doctors and medical consultants for advice and planning |  |  |  |
| Read more in the product brochure under IHI Wellbeing University and IHI Optimyse  |  |  |  |

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

## MODULE 2 - OUTPATIENT TREATMENT

| <b>Outpatient Treatment</b><br><i>Maximum cover, per person per policy year</i>  | <b>USD</b> | <b>EUR</b> | <b>GBP</b> |
|--|------------|------------|------------|
|  | 35,000     | 29,000     | 20,000     |
| <b>General practitioners, specialists and therapists</b>   |            |            |            |
| General practitioner consultations<br><i>Medicine is covered under Module 3 - Medicine &amp; Appliances</i>  | 10,000     | 8,000      | 5,500      |
| Specialist consultations<br><i>E.g. psychiatrist, eye and ear specialist, oncology</i>   |            |            |            |
| Therapist consultations<br><i>Dietetic guidance (max. 4 consultations per policy year), speech therapy, oculomotor therapy, ergotherapy, complementary medicine, physiotherapy (max. 40 consultations per policy year), chiropractors, osteopaths, homeopaths, acupuncturists and traditional chinese medicine (registered to practise locally).<br/>Only if referred by a medical practitioner or specialist, and only treatment by a registered practitioner</i> |            |            |            |
| <b>Examination and other medical assistance</b>  |            |            |            |
| Diagnostic tests and procedures:<br><i>Incl. X-rays, ECG, CT, PET, MRI scans, pathology and laboratory tests</i>   | 100%       | 100%       | 100%       |
| Hormone replacement therapy (e.g. menopause before age 40)   | 100%       | 100%       | 100%       |
| Surgical intervention / outpatient surgical operations   | 100%       | 100%       | 100%       |

## MODULE 3 - MEDICINE & APPLIANCES

| <b>Medicine &amp; Appliances</b><br><i>Maximum cover, per person per policy year</i> | <b>USD</b> | <b>EUR</b> | <b>GBP</b> |
|--|------------|------------|------------|
|  | 1,000      | 800        | 550        |
| <b>Medicines and drugs</b>   |            |            |            |
| Prescribed medicines and drugs   | 100%       | 100%       | 100%       |
| Injections and vaccinations  | 50         | 40         | 25         |
| <b>Appliances</b>  |            |            |            |
| Prescribed slings and bandages / dressings   | 100%       | 100%       | 100%       |
| Prescribed arch support  | 50%        | 50%        | 50%        |
| Prescribed hearing aids<br><i>Max. two appliances are reimbursed per policy year</i> | 50%        | 50%        | 50%        |

## MODULE 4 - MEDICAL EVACUATION

| <b>Medical Evacuation - must be pre-approved by the Company</b><br><i>Expenses are covered up to the overall annual insurance sum of your policy</i> | <b>USD</b> | <b>EUR</b> | <b>GBP</b> |
|--|------------|------------|------------|
| Medical Evacuation   |            |            |            |
| Transport expenses by aeroplane or helicopter  | 100%       | 100%       | 100%       |
| Repatriation   |            |            |            |
| Repatriation or return journey to residential address abroad within 3 months after completion of treatment   | 100%       | 100%       | 100%       |
| Accompanying person  |            |            |            |
| Travel and accommodation expenses for 1 person accompanying an evacuated or repatriated person   | 100%       | 100%       | 100%       |
| Statutory arrangements   |            |            |            |
| Statutory arrangements in case of death such as embalming, zinc coffin, urn  | 100%       | 100%       | 100%       |

## MODULE 5 - REHABILITATION & NURSING

| <b>Rehabilitation &amp; Nursing - must be pre-approved by the Company</b><br><i>Maximum cover, per person per policy year</i> | <b>USD</b> | <b>EUR</b> | <b>GBP</b> |
|---|------------|------------|------------|
|   | 5,000      | 4,100      | 2,850      |
| Rehabilitation  |            |            |            |
| Medically prescribed rehabilitation in connection with treatment at an authorised rehabilitation center                       | 100%       | 100%       | 100%       |
| Home nursing  |            |            |            |
| Expenses incurred for medically prescribed assistance in your private home by a certified nurse after inpatient treatment     | 100%       | 100%       | 100%       |
| Hospice   |            |            |            |
| Hospice accommodation<br><i>For max. 30 days</i><br><i>The accommodation must be prescribed by a physician</i>                | 100%       | 100%       | 100%       |

## MODULE 6 - DENTAL & OPTICAL

| <b>Dental &amp; Optical</b><br><i>Maximum cover, per person per policy year</i>                  | <b>USD</b> | <b>EUR</b> | <b>GBP</b> |
|--|------------|------------|------------|
|  | 1,200      | 1,000      | 700        |
| Routine dental treatment   |            |            |            |
| Examinations, cleaning, fillings, root treatment, tooth extractions, X-rays, anesthesia          | 50%        | 50%        | 50%        |
| Major restorative dental treatment   |            |            |            |
| Bridge work, crowns, periodontitis, orthodontics, dentures                                       | 90%        | 90%        | 90%        |
| Glasses and contact lenses   |            |            |            |
| Prescribed glasses and prescribed contact lenses<br><i>Frames and sunglasses are not covered</i> | 50%        | 50%        | 50%        |

# POLICY CONDITIONS

## ART. 1 ACCEPTANCE OF THE INSURANCE

- 1.1 International Health Insurance danmark a/s, hereinafter called the Company, enters into a group agreement with the company or organisation (the Policyholder) wishing to insure a full group of employees and their dependents (the Insured).
- 1.2 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 and/or the Policyholder shall be under the obligation to notify the Company of such change immediately. The terms of acceptance are stated in the policy schedule.
- 1.3 All underwriting and issuance of policy schedules are made from the Company's headquarters in Copenhagen, Denmark.

## ART. 2 DATE OF COMMENCEMENT

- 2.1 The date of commencement of the insurance is stated in the policy schedule.

## 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 date of commencement of the insurance. However, this does not apply when the Policyholder can prove simultaneous transference from an equivalent group scheme with another international health insurance company.
- 3.1.1 In the event of acute serious illness and/or serious injury, the right to reimbursement shall, however, take effect concurrently with the date of commencement of the insurance.
- 3.1.2 However, for pregnancy and childbirth and consequences thereof, the right to reimbursement shall only take effect 10 (ten) months after the date of commencement of the insurance.
- 3.1.3 For expenses incurred in connection with a psychiatric condition and consequences thereof, the right to reimbursement shall only take effect 24 (twenty-

four) months after the date of commencement of the insurance.

- 3.1.4 For expenses incurred for major restorative dental treatment, the right to reimbursement shall only take effect 24 (twenty-four) months after the date of commencement of the insurance.
- 3.2 If extended cover is taken out by the Policyholder, the right to reimbursement under such extension shall become effective concurrently with the date of commencement of the extension. However, Art. 3.1.1, 3.1.2, 3.1.3 and 3.1.4 shall still apply. During the waiting period, the previous cover shall apply.

## ART. 4 WHO IS COVERED BY THE INSURANCE?

- 4.1 The insurance shall cover the insured person(s) named in the policy schedule.
- 4.1.1 Newborn children shall automatically be covered for the first 28 (twenty-eight) days following the birth.
- 4.2 An application must be submitted for newborn children and/or adopted children.
- 4.2.1 However, if the insurance of one of the parents has been valid for a minimum of 10 (ten) months, newborn children of the parent can be insured without submitting an Application Form, cf. however Art. 13.2 h. A copy of the birth certificate must, however, be submitted within 3 (three) months after the birth.

## ART. 5 WHERE IS COVER PROVIDED?

- 5.1 The insurance shall provide cover in the chosen region as stated in the policy schedule, see table in the Glossary.
- 5.1.1 The Policyholder may change the region as from the policy anniversary by giving 1 (one) month's written notice and subject to the approval by the Company.
- 5.2 The insurance shall cover acute illness and injury during business and/or pleasure travels in countries outside the region stated in the policy schedule for a period of 30 (thirty) days per trip. The cover shall begin from the time the Insured leaves his/her residence or working place to conduct the travel.

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

- 6.1 The insurance shall cover the Insured's medical expenses 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 a fully completed Claim Form with original, receipted and itemised bills enclosed has been submitted to the Company.
- 6.3 Once the covered expenses have met the annual deductible, the reimbursable amount will be paid. The deductible shall be reduced with 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 one deductible, the highest, is applied.
- 6.4 Physicians, specialists, etc. performing the treatment must have authorisation in the country of practice. Furthermore, the method must be approved by the public health authorities in the country where the treatment takes place. Methods of treatment not yet approved by the public health authorities, but under scientific research will only be covered if approved in advance by the Company's medical consultants.
- 6.5 In no event shall the amount of reimbursement exceed the amount shown on the bill. If the Insured receives compensation from the Company in excess of the amount to which the Insured is entitled, the Insured shall be under the obligation to repay the Company for the excess amount immediately.
- 6.6 Reimbursements shall be limited to the usual, customary and reasonable charges in the area or the country in which the treatment is provided.
- 6.7 Any discount, which has been negotiated directly between the Company and providers, will be spe-

cifically 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 MODULE 1 - HOSPITALISATION & INPATIENT TREATMENT**

- 7.1 Module 1 must be taken out before any other supplementary module(s) can be added. The special terms below shall also apply:
- 7.1.1 Module 1 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 module.
- 7.1.2 The Company shall be notified immediately of any stays in hospital in accordance with Art. 14.3.

## **ART. 8 MODULE 2 - OUTPATIENT TREATMENT**

- 8.1 If the insurance has been extended to include Module 2, the conditions below shall also apply:
- 8.1.1 Module 2 can only be taken out as a supplement to Module 1.
- 8.1.2 Module 2 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 a Claim Form and original, receipted and itemised bills with the policy number to the Company. Physician's bills must also include a diagnosis of the illness being treated.

## **ART. 9 MODULE 3 - MEDICINE & APPLIANCES**

- 9.1 If the insurance has been extended to include Module 3, the conditions below shall also apply:

- 9.1.1 Module 3 can only be taken out as a supplement to Module 1.
- 9.1.2 Module 3 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 a Claim Form and original, receipted and itemised bills with the policy number to the Company.
- 9.1.4 Bills for medicine shall also be accompanied by a copy of the prescription.

#### **ART. 10 MODULE 4 - MEDICAL EVACUATION**

- 10.1 If the insurance has been extended to include Module 4, the conditions below shall also apply:
  - 10.1.1 Module 4 can only be taken out as a supplement to Module 1.
  - 10.1.2 Module 4 shall cover the reasonable expenses incurred for the Insured's medical evacuation 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 consultants agreeing on the necessity of transferring the Insured. Transportation shall be to the nearest suitable place of treatment and only if no qualified treatment can be obtained locally.
  - 10.1.4 The insurance shall cover reasonable and necessary transportation and accommodation expenses for 1 (one) person accompanying the Insured for max. 14 (fourteen) days.
  - 10.1.5 Only 1 (one) transportation is covered in connection with 1 (one) course of an illness.
  - 10.1.6 Module 4 shall only apply if the illness is covered under the insurance.
  - 10.1.7 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. 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.

- 10.1.8 In the event of the Insured's hospitalisation abroad, reimbursement shall be paid for expenses incurred by the Insured's spouse for emergency air travel to the place of hospitalisation. The expenses covered include 1 (one) return transportation on economy class. The return journey must be made at the latest at the time of the return journey of the patient.
- 10.1.9 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.
- 10.1.10 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.
- 10.1.11 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.
- 10.1.12 The expenses for transportation covered under the insurance, but not arranged by the Company, shall only be compensated with an amount equivalent to the expenses the Company would have incurred, had the Company arranged the transportation.

#### **ART. 11 MODULE 5 - REHABILITATION & NURSING**

- 11.1 If the insurance has been extended to include Module 5, the conditions below shall also apply:

- 11.1.1 Module 5 can only be taken out as a supplement to Module 1.
- 11.1.2 Module 5 shall cover the Insured's expenses in accordance with the deductible chosen and the applicable reimbursement rates as stated in the List of Reimbursements.
- 11.1.3 Any bill for expenses incurred by rehabilitation and nursing shall be reported by submitting a Claim Form and 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. Rehabilitation and nursing must be medically prescribed.

**ART. 12 MODULE 6 - DENTAL & OPTICAL**

- 12.1 If the insurance has been extended to include Module 6, the conditions below shall also apply:
  - 12.1.1 Module 6 can only be taken out as a supplement to Module 1.
  - 12.1.2 Module 6 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.
  - 12.1.3 Any bill for expenses incurred by dental treatment and glasses and lenses shall be reported by submitting a Claim Form with the original, receipted and itemised bills provided with the policy number to the Company.

**ART. 13 EXCEPTIONS FOR REIMBURSEMENT**

- 13.1 The insurance shall not cover medical expenses incurred for any disease, illness or injury known to the Policyholder and/or the Insured at the time of application, unless agreed upon with the Company.
- 13.2 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 or examinations and any procedures related hereto, including expenses for pregnancy, prenatal and postnatal treatments of the newborn child/children. An application must therefore be submitted for children born as a result of fertility treatment and undergo the standard underwriting procedure,
- i) treatment of sexual dysfunction,
- j) any kind of care which is experimental, not part of a medical or surgical treatment, including stays in long-term care establishments, health resorts, convalescent homes and similar institutions,
- k) treatment by naturopaths and naturopathic medications and other alternative methods of treatment, unless specified in the List of Reimbursements or the policy schedule,
- l) routine medical examinations, unless specified in the List of Reimbursements, the issuing of medical certificates and attestations and examinations as to suitability for employment or travel,
- 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 and/or his/her family or any enterprise owned by or connected with one of the aforesaid persons,
- q) epidemics which have been placed under the direction of public authorities,
- r) treatment by psychologists unless as part of Crisis management (Module 1 - Hospitalisation & Inpatient Treatment),
- s) professional sports.

#### **ART. 14 HOW TO REPORT A CLAIM**

- 14.1 A fully completed Claim Form must be submitted to the Company in respect of each claim. The Claim Form must be completed and signed by the Insured and accompanied by the original itemised bills and receipts for the treatment received. Photocopies shall not be regarded as acceptable documentation.
- 14.2 Written proof of claim must be submitted to the Company immediately and at the latest within 90 (ninety) days of the insured event for which the claim is brought.
  - 14.2.1 Complaints regarding the Company's claims handling shall be filed not later than 30 (thirty) days after receipt of the amount of reimbursement.
- 14.3 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. 15 COVER BY THIRD PARTIES**

- 15.1 Where there is cover by another insurance policy or healthcare plan, this must be disclosed to the Company when claiming reimbursement.
- 15.2 In these circumstances, the Company will co-ordinate payments with other companies and the Company will not be liable for more than its ratable proportion.
- 15.3 If the claim has been covered in whole or in part by any scheme, programme or similar, funded by any Government, the Company shall not be liable for the amount covered.
- 15.4 The Policyholder or 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.
- 15.5 Furthermore, the Policyholder or any insured person shall keep the Company fully informed and shall take any reasonable steps in making a claim upon another party and to safeguard the interests of the Company.
- 15.6 In any event, the Company shall have the full right of subrogation.

#### **ART. 16 PAYMENT OF PREMIUM**

- 16.1 The premium shall be paid by the Policyholder within the due date.

#### **ART. 17 INFORMATION NECESSARY TO THE COMPANY**

- 17.1 The Policyholder and/or the Insured shall be under an obligation to notify the Company immediately in writing of the following:
  - a. Any changes to the Insured's principal residence, as declared at the time of application or subsequently; either permanent or temporary, which is likely to persist over a period of more than 90 (ninety) days.
  - b. Any changes in name and in health insurance cover with another company within 1 (one) month.

- c. The death of the Insured within 3 (three) months after the death.
- 17.2 The Company shall not be liable for the consequences if the Policyholder and/or the Insured fail to notify the Company in accordance with Art. 17.1.
- 17.3 The Insured shall be under the obligation to provide the Company with all obtainable information required for the Company's handling of the Insured's claims against the Company.
- 17.4 In addition, the Company is 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 is entitled to obtain any medical records or other written reports and statements concerning the Insured's state of health.

#### **ART. 18 ASSIGNMENT, CANCELLATION AND EXPIRY**

- 18.1 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.
- 18.2 The insurance is automatically renewed on each policy anniversary.
  - 18.2.1 The insurance shall automatically expire
    - once the insured leaves the employment with the Policyholder through which the insurance has been taken out or
    - at such time when an Agreement between the Policyholder and the Company no longer exists.
  - 18.2.2 When the Insured is no longer covered under the IHI First Choice, the Company may offer him/her another insurance on individual terms. If the IHI First Choice has been taken out with full medical underwriting, the new insurance may be offered on the basis of the Insured's medical state at the time of acceptance for the IHI First Choice.

- 18.3 Where, upon taking out the insurance or subsequently, the Policyholder 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.
- 18.4 Where, upon taking out the insurance or subsequently, the Policyholder or the Insured has disclosed incorrect information, the insurance contract shall be void, and the Company shall not be liable 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.
- 18.5 Where, upon taking out the insurance, the Policyholder or the Insured neither knew nor should have known that the information disclosed by him/her was incorrect, the Company shall be liable as if such incorrect information had not been disclosed.
- 18.6 The Company can stop or suspend an insurance product at 3 (three) months' notice prior to the policy anniversary and offer the Policyholder a similar insurance cover.
- 18.7 Upon expiry of the insurance, the right to compensation 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. Aftereffects of an injury or illness incurred during the insurance period shall not be covered after the expiry of the insurance.

#### **ART. 19 DISPUTES, VENUE, ETC.**

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

# GLOSSARY

The Glossary is guidance to your understanding of some of the terminology.

**Accident:**

a fortuitous serious event occurring without the Insured's intention which has a sudden external and violent impact on the body, resulting in demonstrable bodily injury, and which requires hospitalisation.

**(Acute) serious illness or injury:**

an "(acute) serious illness or injury" shall be determined to exist only after review and agreement by both the attending physician and the Company's medical consultants.

**Applicant:**

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

**Application:**

the Application Form and depending on the chosen underwriting method the Medical Questionnaire.

**Claim:**

the economical 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.

**Crisis management:**

crisis management is defined as treatment of a crisis caused by external events, e.g. serious accidents, catastrophes, terrorist acts, assaults, robberies, etc. Personal crisis, e.g. unemployment, change of jobs etc., and life crisis, e.g., divorces, illnesses and deaths etc. is defined as psychology treatment and is thus not covered by the insurance, cf. Art. 13.2.r).

**Deductible:**

the amount of money noted in the policy schedule which each Insured pay each policy year before being compensated by the Company.

**Documents:**

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

**Hospitalisation:**

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

**Insurance:**

the Policy Conditions, policy schedule and any special terms agreed upon with the Company.

**Insured:**

the person 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, e.g. the List of Reimbursements.

**Policyholder:**

the company or organisation taking out the insurance and identified as the Policyholder on the Application Form.

**Policy schedule:**

policy details showing the type of insurance purchased, cover, 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.

**Professional sports:**

any type of sport, which is performed on a professional level, i.e. that the participant receives some form of payment for participating.

**Region:**

the name of the region as stated in the Policy Schedule determines the area of cover as set out in the below table.

| Region          | Areas covered   |
|-----------------|---|
| Worldwide       | Worldwide   |
| China/Hong Kong | Worldwide, excl. USA/Canada                             |
| Switzerland     | Worldwide, excl. USA/Canada/China/Hong Kong             |
| Latin America   | Worldwide, excl. USA/Canada/China/Hong Kong/Switzerland |
| Europe          | Worldwide, excl. USA/Canada/China/Hong Kong/Switzerland |
| Middle East     | Worldwide, excl. USA/Canada/China/Hong Kong/Switzerland |
| Far East        | Worldwide, excl. USA/Canada/China/Hong Kong/Switzerland |
| Africa          | Worldwide, excl. USA/Canada/China/Hong Kong/Switzerland |

**Reimbursement rates:**

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

**Renewal:**

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

**Residence:**

the primary residential address while covered under the insurance.

**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 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 April 2005  
E.&O.E.

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