International Health and Hospital Plan

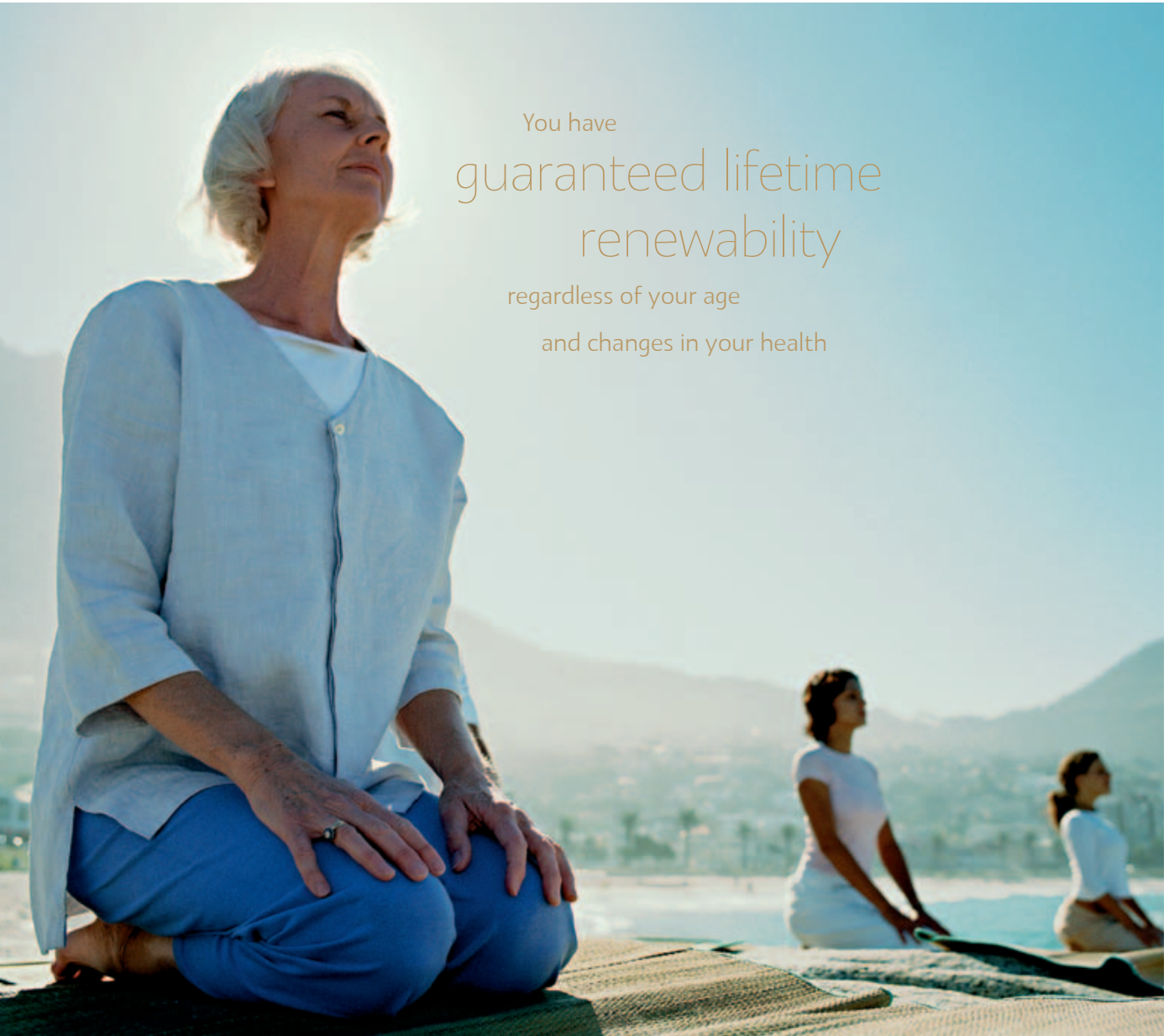
Valid from 20 11 - EUR/GBP/USD

Contents

Your Contact :
AOC Insurance Broker
60 Rue de Strasbourg - 92400 Courbevoie
Tél : +33 156 07 07 07 - +33 6 09 12 32 89
Website : www.aoc-insurancebroker.com
Info : contact@aoc-insurancebroker.com

We want to make sure that customers with special needs are not excluded in any way. We also offer a choice of Braille, large print or audio for our letters and literature. Please let us know which you would prefer.

Putting your health first



Whether you are in your home country or living and working abroad, it is important to make sure your health is taken care of.

You and your family need the reassurance that wherever you are in the world and whatever happens, you can rely on receiving assistance to obtain prompt access to expert medical treatment and the appropriate care. You need the confidence of knowing that you will be well looked after and treated as soon as possible and that the cost will be covered, leaving you to concentrate on getting better. That is why choosing the right international health insurance for you and your family is one of the most important decisions you will ever make.

International health insurance is ihi Bupa's speciality. We provide customers all over the world with an excellent service. We help our customers by covering the cost of treatment and provide professional assistance in the event of illness and/or an accident.

As an ihi Bupa customer you can trust us to always treat you as a valued individual rather than a policy number – we believe that every person and situation is different, and we focus on finding answers and solutions that work specifically for you.

With an ihi Bupa health insurance plan, you can feel confident that you and your family have the high quality health insurance and expert support should you need it.

ihi Bupa - your expert health insurer

ihi Bupa is a part of the Bupa group, a worldwide health and care organisation that helps millions of people around the world to live longer, healthier and happier lives. Ten million customers worldwide, including 115 nationalities in 190 countries rely on the organisation's excellent services in private healthcare. And with no shareholders, we invest our profits back into the business.

ihi Bupa has many years of expertise in caring for the health insurance needs of expats, local nationals and their families around the globe, and in that time we have grown to become a truly global company with offices in many countries and an extensive network of brokers and medical providers.

It is our passion for quality and customer satisfaction that has made the ihi Bupa name synonymous with great health insurance.

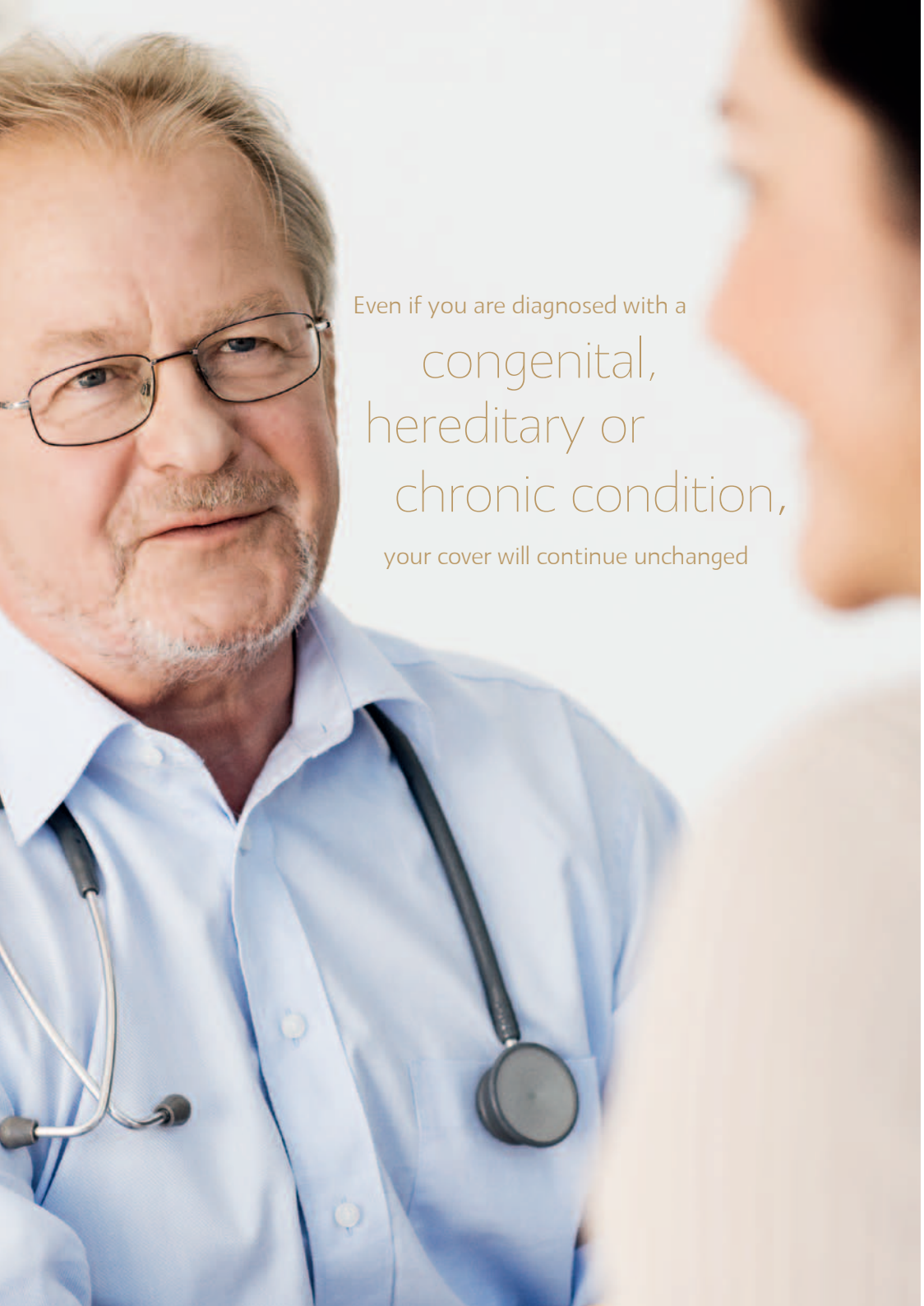
Experience the ihi Bupa difference

True flexibility and free choice

- International Health and Hospital Plan is truly flexible; you choose the modules of cover that are right for you and each of your family members.
- You are free to receive treatment anywhere in the world, in the country you live in or any other country of your choice.
- You have complete freedom to choose any recognised hospital, clinic, doctor or specialist you prefer.

Expert care, expertly delivered

- ihi Bupa's staff provide a personal and professional service.
- A great majority of our Copenhagen-based staff have had international training or work experience and we employ staff from many countries. The result is a truly international company, familiar with the languages and cultures in countries around the world where you may need our assistance.
- ihi Bupa employs many doctors and healthcare professionals.



Even if you are diagnosed with a

congenital, hereditary or chronic condition,

your cover will continue unchanged

Advice and support around the clock

- We can manage all the practical matters when you are undergoing treatment, so you can concentrate on getting better.
- You have access to our 24/7 Copenhagen-based Medical Centre, open 365 days a year and staffed by a team of experienced advisers trained to deal with planned hospital stays and emergencies.
- The doctors in our in-house team of medical consultants can advise and counsel you on everything from simple symptoms to treatment of more complex diagnoses.
- Our advisers and medical consultants are always here to advice you on appropriate treatment and care.
- We are always here to support and guide you through what could be a complex and sometimes confusing time.

Making it easy for you

- We speak a variety of languages.
- Our policy wording, premiums and forms are easy to understand.
- We offer access to myPage where you can view your personal policy information online and receive correspondence from ihi Bupa.
- When you claim we do not ask for a claim form.

Putting you in control with online services

- Chat online with our customer consultants
- View your policy details
- Pay your premium
- Send your claims by email
- Choose to receive all your documents and letters online
- ... and much more

Tailoring your plan

Health insurance requirements differ from country to country and everyone has individual needs. This is why International Health and Hospital Plan allows you the flexibility of tailoring your own insurance plan.

Hospital Plan

Your core plan for treatment received whilst staying in hospital

The Hospital Plan gives you the reassurance of covering essential hospital treatment you may need, whether for planned treatment or in an emergency.

You may choose this cover together with a deductible on its own, or in combination with any of our four optional modules.

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Choose your deductible

The deductible is the contribution you make towards the cost of your treatment each policy year before receiving reimbursement

EUR	GBP	USD
Nil	Nil	Nil
350	250	400
1,050	750	1,600
4,000	2,750	5,000
8,000	5,500	10,000
16,000	11,000	20,000

You can choose to take out your plan with or without a deductible, in any of the three currencies.

Taking out a deductible lowers your premium.

The deductible does not apply to Medical Evacuation and Repatriation and/or Dental and Optical modules.

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You can choose any of our four optional modules

Non-Hospitalisation Benefits

Module 1
Medical treatments that do not require a hospital stay: consultations with a doctor, specialist or therapist and annual health check-ups.

Medicine and Appliances

Module 2
Prescribed medicines, hearing aids and rent of appliances such as rental of a wheelchair.

Medical Evacuation and Repatriation

Module 3
Medical Evacuation when there is no possibility of receiving appropriate quality of treatment locally, e.g. by aeroplane or helicopter, and cover for an accompanying friend or family member.

Dental and Optical

Module 4A and 4B
You have a choice between two levels of cover. Routine and special dental treatment, glasses and contact lenses.

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Your tailored International Health and Hospital Plan

Note: in the List of Reimbursements you can see in detail which benefits are covered under the different modules and the reimbursement limits.

What happens if you need treatment

Planned hospital treatment

If you contact us prior to a planned or non-acute admission, we can take care of all of the practical details in connection with a hospital admission, allowing you to concentrate on getting well.

- We will check your cover and confirm that your treatment is covered by your plan.
- If you wish, we can help you find the right place of treatment - just send us medical information on your condition and we will provide you with information on appropriate providers of treatment or a specialist in the countries and/or cities of your choice.
- We will confirm to the hospital that your treatment is covered and issue a payment guarantee, matched to the cover under your plan.
- Our medical staff can also offer advice and help to make sure you are receiving the most appropriate care.
- We will settle the bill directly with the hospital where possible.

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

Emergency admission

Notify us as soon as possible, either directly or through the attending physician or a family member. When contacting us, please state the date of admission, diagnosis, treatment and expected date of discharge. We will make sure that there are no misunderstandings about the insurance cover, and will work closely with the hospital to ensure that you get the appropriate treatment.

Medical Evacuation

Only covered if you have chosen the Medical Evacuation and Repatriation module.
If the treatment required in connection with acute serious illness and/or injury is not available at your location, ihi Bupa will cover expenses in connection with transportation. Medical evacuation and repatriation must be pre-approved and arranged by ihi Bupa. You must inform us before the transport is commenced, either directly or through the attending physician.

Our medical consultants will choose a suitable place of treatment and the appropriate means of transport (e.g. air ambulance, aeroplane, helicopter, ground ambulance) in consultation with the attending physician, and we will arrange for your immediate evacuation.

We arrange for bed to bed transportations such as collecting you from a given location, arranging for ground and air transportation and handing you over to the receiving hospital. We make sure that you are adequately accompanied and arrange for medical or non-medical escorts. And of course, we keep the relevant parties, e.g. family and doctors, updated at all times.

Other treatment

Only covered if you have chosen Non-Hospitalisation Benefits, Medicine and Appliances, and/or Dental and Optical module(s).
Should you need outpatient treatment such as consulting your doctor or a specialist, take prescribed medicine or have your teeth checked you should pay the bill and then send it to us for reimbursement. In order for us to process your claim please send us:

- the receipted and clearly itemised bills showing name of the insured, diagnosis, service, date of service and amount paid.
- your bills for medicine accompanied by the corresponding prescription showing diagnosis, name of the insured, date and amount paid.
- a more detailed medical statement with diagnosis and medical treatment when you have been treated for something out of the ordinary.

How we calculate your reimbursement

When we settle your claim your benefits are paid in line with the limits shown in the List of Reimbursements and any deductible you may have chosen. The deductible is the contribution you make towards the cost of your treatment each policy year before we will start reimbursing your expenses. The deductible applies separately for each person on your policy.

It is important that you send all your claims to us, even if the value of the claim is less than the remaining deductible. We will not make any payment, but the claim will count towards your deductible.

If you send us reimbursement statements and original bills that you have claimed from another private health insurer (e.g. a local plan) these will count towards your deductible if the benefits would have been covered under your International Health and Hospital Plan.

You will always receive a Reimbursement Statement showing how much has been counted towards your deductible and how much has been paid.

We can reimburse you in most currencies.

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

Making it easy for you with e-claiming

You can choose to submit your claim to ihi Bupa by email. All you need to do is to scan your original bills and corresponding receipts and send them by email to eclaim@ihi.com. Please state your policy number in the subject line of the email.

No claim form is required when submitting a claim but if you prefer to use a claim form to ensure that we have all the information necessary to assess your claim, a claim form can be downloaded from our website.

Please note that when e-claiming we will send your Reimbursement Statement to you by email - no hard copy Reimbursement Statements will be sent to you.

Waiting Periods

Cover will come into force immediately on the commencement date:

- in the event of an acute, serious illness or injury
- if you switch to ihi Bupa from another equivalent international health insurance plan with another company

Other waiting periods

- There is a general waiting period of four weeks from the policy's commencement date, which means that we will not reimburse any claims occurring during that period of time.
- The waiting period is 12 months for pregnancy and childbirth.
- If you choose to add the Dental and Optical module (Module 4) there is a 24 month waiting period for orthodontics from the commencement date of this module.

Your ihi Bupa online services

Online services

On **www.ihi.com** you have access to a range of services and a comprehensive library of information and expert advice such as:

- online live chat with our customer consultants
- call me back service - write your question and we will call you
- use Facility Finder to guide you to hospitals in your area or in a specific country
- find information on how to claim
- find Questions and Answers

Manage your policy on myPage

Go to **www.ihi.com** and register for myPage and access your personal policy information:

- view your product guides and forms
- view all of your documents such as policy schedules, renewal letters, premium notices, receipts and reimbursement letters
- get a complete overview of your policy, e.g. who is on the policy and what combination of modules they have
- view Reimbursement Statements for your settled claims
- pay your premium

Become an online customer

If you choose to become an online customer you will receive all documents and correspondence from ihi Bupa via your personal myPage. We will notify you by email when you have updates on myPage so you are always fully informed. Go to **www.ihi.com/services** or log on to your myPage to sign up. Please be aware that it will be your responsibility to check all documents and correspondence online and to inform us of any changes to your email address.

Get up to a 15% discount on an ihi Bupa travel plan

As an International Health and Hospital Plan customer you get 10% discount if you buy our Single Trip or Annual Travel and a further 5% if you buy online. As there is no deductible on our travel plans, we allow your travel claims to count towards the deductible on your International Health and Hospital Plan.

List of Reimbursements

Valid from 1 January 2011

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 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*. For the Hospital Plan and any additional modules the 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%
Pre-examinations and treatment in connection with hospitalisation one month prior to admission and post-examination and treatment in connection with hospitalisation up to 90 days after discharge. Physiotherapy following surgery must be evaluated and pre-approved by *the Company*.	
*cf. also Glossary: *"Hospital accommodation"*	

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	100%	100%	100%	100%	100%	100%
Max. per delivery	5,200	3,575	6,500	8,800	6,050	11,000
Medically prescribed caesarean, incl. pre- and postnatal treatment	100%	100%	100%	100%	100%	100%
Max. per delivery	9,650	6,650	12,000	11,500	7,800	14,000
Delivery/caesarean of one child following fertility treatment	100%	100%	100%	100%	100%	100%
Excluding pre- and postnatal treatment, max. (cf. also art. 12.2h)	4,000	2,750	5,000	6,500	4,400	8,000
The above maximum rates for maternity shall be reduced by the *deductible* chosen						

Childbirth / Home Delivery or delivery at *birthing centre*			
Doctor/specialist, midwife	145	100	165
Home nursing in connection with home delivery or delivery at *birthing centre*	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			
Emergency room treatment in connection with an acute illness or accident	100%	100%	100%

Local Transport by Ambulance			
Medically prescribed transport to and from hospital	100%	100%	100%
Per policy year, max.	1,500	1,000	1,600

Rehabilitation			
Medically prescribed rehabilitation at an authorised rehabilitation centre following *hospitalisation* (must be pre-approved by *the Company*)	100%	100%	100%
Max. per day for max. three months per illness	330	220	355

Home Nursing			
For expenses incurred for medically prescribed assistance in your private home by a certified nurse (must be pre-approved by *the Company*)	100%	100%	100%
Max. per day for max. 40 days per policy year	130	84	135

Hospital Cash Benefit			
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			
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			

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.

All amounts are in EUR / GBP / USD

General Practitioners and Specialists	EUR	GBP	USD
GP consultations, per consultation	105	85	115
Chinese doctor consultation (if charged separately), per consultation Max. EUR 200/GBP 150/USD 200 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			
Dietetic guidance, speech therapy per consultation Max. four 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			
Laboratory test, analysis	450	305	500
X-ray	450	305	500
ECG	450	305	500
Scan and endoscopic examinations, per examination	850	650	1,000
Injection and vaccination, per injection/vaccination	85	65	100
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 and 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*.

Hearing Aids	50%	50%	50%
	EUR	GBP	USD
Prescribed hearing aids, per appliance, max.	300	200	325
Max. two appliances are reimbursed per policy year up to max.	600	400	650
Other Appliances			
Slings and bandages	100%	100%	100%
Arch support	100%	100%	100%
Rental of medical appliances	100%	100%	100%
Medicine			
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 and Repatriation

Medical Evacuation and Repatriation covers transportation to the nearest suitable place of treatment if you have a serious illness or injury.

Medical Evacuation and Repatriation	
Transportation expenses by aeroplane or helicopter	100%
Accompanying person	100%
Return journey to residential address abroad/home country within three 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 and Repatriation must be pre-approved by *the Company*	

Modules 4A and 4B Dental and 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.

All amounts are in EUR / GBP / USD

	Module 4A			Module 4B		
Routine Dental Treatment	80%	80%	80%	80%	80%	80%
	EUR	GBP	USD	EUR	GBP	USD
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
Anaesthesia, max.	15	10	15	20	15	20
Special assistance, max.	40	30	40	80	52	80
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

	Module 4A			Module 4B		
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						

Policy Conditions

Valid from 1 January 2011

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Index

Art. 1
Acceptance of the insurance

1.1: Bupa Insurance Limited, 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 your insurer, 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 years of age at the time of acceptance.

If the conditions in Art. 1.2 are not met and the *applicant* has not attained 80 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.

1.3: 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 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 months after the *commencement date* of the *insurance*.

b) for expenses incurred for orthodontics the right to reimbursement shall only take effect 24 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 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 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 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 two children free of charge per paying adult, and a total maximum of 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
- 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 one of the parents has been valid for a minimum of 12 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 three months after the birth.

If the birth certificate is not submitted to *the Company* within three months after the birth, a Medical Questionnaire must be submitted for the child who has to undergo the standard underwriting procedure according to Art. 1.2. Registration of the child will take place from the date the Medical Questionnaire has been signed.

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 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 three or more family members *insured* with *the Company* are involved, only one *deductible*, the highest, is applied.

6.4: Physicians, specialists, dentists, etc. performing the treatment must have authorisation in the country of practice (cf. also art. 12.2p). 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 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 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 and 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. In case of disagreement, the decision of the Company's medical consultant shall prevail.

The evacuation expenses for an eligible transportation are only covered if the transportation is arranged by *the Company*.

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

10.1.5: One transportation is covered in connection with 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 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 and 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 receipted and itemised bills provided with the policy number to *the Company*.

Art. 12
Exceptions to cover

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 only the following occupations: doctors, dentists, nurses, laboratory personnel, ancillary hospital workers, medical and dental assistants, ambulance personnel, midwives, fire brigade personnel, policemen/-women, and prison officers. The *insured* shall notify *the Company* within 14 days after such accident and at the same time provide a negative HIV antibody test,

d) any use or misuse of alcohol, drugs and/or medicines unless it can be documented that the illness or injury is unrelated thereto,

e) intentional self-inflicted bodily injury,

f) contraception, including sterilisation,

g) induced abortion unless medically prescribed,

h) any kind of fertility test and/or treatment, including hormone treatment, insemination or examinations and any procedures related hereto, including expenses for pregnancy, pre- and postnatal treatments of the newborn child/children. An *application* must therefore be submitted for children born as a result of fertility treatment and/or born by a surrogate mother. The *application* will undergo the standard underwriting procedure, according to Art. 1,

i) sexual problems and gender issues: sexual problems, such as impotence, whatever the cause, or sex changes or gender re-assignments,

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 an *unrecognised physician* or *facility*,

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

r) treatment by a psychologist,

s) treatment or surgery to correct refractive errors in your eyesight (due to e.g. myopia, hyperopia/hypermetropia, astigmatism and presbyopia) such as laser treatment, refractive keratotomy and photorefractive keratectomy, clear lens extraction, or accommodative intraocular lenses.

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 receipted and itemised bills provided with the policy number to *the Company*. *The Company* scans submitted bills upon receipt. Any retrieval of the submitted bills is not possible.

The Company reserves the right at any time to require provision of original bills from the *insured*.

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

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 email; *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, and the cover under this insurance shall be secondary to any such other insurance policy or healthcare plan.

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, 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 days' written notice prior to the policy anniversary.

15.5: There are 10 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 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.

15.8: You may also have to pay other charges, such as Insurance Premium Tax (IPT), or other taxes, levies or charges, depending on the laws of your residency country. If they apply to you, they will be included within the total that you have to pay on your invoice. The charges may apply from the *commencement date* or your anniversary of the *commencement date*. You must pay these charges to *us* when you pay your premiums, unless otherwise required by law.

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, including a consolidated 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 information reasonably required for *the Company's* handling of the *policyholder*'s and/or the *insured's claims* against *the Company*, including provision of original bills upon request from *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* may be terminated by the *policyholder* with effect from the end of a calendar month with one month's prior written notice.

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.

17.4.1: In the event that the insurance contract is considered void, according to Art. 17.3 or Art 17.4, *the Company* shall be entitled to a service charge which is set as a specified percentage of the premium paid.

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 three months' notice prior to the policy anniversary, and offer the *insured* an equivalent insurance cover.

17.7: *The Company's* liability in connection with the insurance, including liability for reimbursement for medical expenses for ongoing treatment, after-effects or consequential damages in connection with an injury or illness incurred or treated during the insurance period, shall automatically cease upon expiry, cancellation or termination of the *insurance*.

Accordingly, upon expiry, cancellation or termination of the insurance, an insured's right to claim reimbursement shall cease. Claims for reimbursement of medical expenses incurred during the *insurance* period must be filed within six months of the date of expiry, cancellation or termination of the insurance in order to be eligible for reimbursement.

Art. 18 Complaints

18.1: Making a complaint
We are always pleased to hear about any aspect of your insurance cover that you have particularly appreciated, or that you have had problems with. If something does go wrong, *we* have a simple procedure to ensure your concerns are dealt with as quickly and effectively as possible.

If you have any comments or complaints, you can call the ihi Bupa Customer Service on +45 33 15 30 99, alternatively you can email at ihi@ihi.com, or write to *us* at:

ihi Bupa
Palægade 8
K-1261 Copenhagen K
Denmark

18.2: Taking it further
If *we* have not been able to resolve the problem and you wish to take your complaint further, please call the ihi Bupa Complaint Manager on +45 33 15 30 99 or write to

ihi Bupa
Palægade 8
K-1261 Copenhagen K
Denmark

You can also send an email to Complaints-Global@ihi.com

It is very rare that *we* cannot settle a complaint, but if this does happen, you may be entitled to refer your complaint to an independent organisation for review. Which organisation it will be depends on the nature of the complaint and the location of the ihi Bupa office where the cause of the complaint occured. *We* will advise you at the time. In most cases this will be either the Danish Insurance Complaints Board or the UK Financial Ombudsman Service.

If you would like further information about the Danish Insurance Complaints Board you can:

- write to them at Anker Heegaards Gade 2, 1. DK-1572 Copenhagen V, Denmark
- call them on +4533158900
- find details on their website www.ankeforsikring.dk

If you would like further information about the UK Financial Ombudsman Service you can:

- write to them at South Quay Plaza, 183 Marsh Wall, London E14 9JR, UK
- call them on 0845 080 1800 or +44 (0) 20 7964 1000
- find details on their website www.financial-ombudsman.org.uk

Please let *us* know if you want a full copy of *our* complaints procedure. (None of these procedures affect your legal rights.)

Art. 19 Confidentiality

19.1: The confidentiality of patient and customer information is of paramount concern to the companies in the Bupa Group. To this end, ihi Bupa fully complies with Data Protection Legislation and Medical Confidentiality Guidelines. Bupa sometimes uses third parties to process data on *our* behalf. Such processing, which may be undertaken outside the EEA (European Economic Area), is subject to contractual restrictions with regard to confidentiality and security in addition to the obligations imposed by the Data Protection Act.

Art. 20 The Financial Services Compensation Scheme (FSCS)

20.1: *We* are covered by the FSCS. In the unlikely event that *we* cannot meet *our* financial obligations, you may be entitled to compensation from the FSCS, if you are usually a resident of the EEA (European Economic Area).

More information is available from the FSCS by calling +44 (0) 20 7892 7301 or on its website www.fscs.org.uk.

Art. 21 Applicable Law

21.1: Your policy is governed by Danish law. Any dispute that cannot otherwise be resolved will be dealt with by courts in Denmark. If any dispute arises as to the interpretation of this document, then the English version of this document shall be deemed to be conclusive and taking precedence over any other language version of this document. You can obtain a copy at any time by contacting *our* Customer Service on +45 33 15 30 99 or write an email to ihi@ihi.com.

Glossary

Valid from 1 January 2011

This Glossary with definitions is part of the *Policy Conditions*.

A

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.

B

Birthing centre

a medical facility often associated with a hospital that is designed to provide a homelike setting during childbirth.

C

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*.

Company, the:

Bupa Insurance Limited, a company registered in England No. 3956433. *Our* address is: Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA, UK.

Country of residence

any country where the *insured* is considered by the relevant authorities to be resident.

D

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 bills, policy schedules and the like.

Due date

date on which a premium is due to be paid.

H

Hospitalisation

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

Hospital accommodation

coverage of a room that is no more expensive that the hospital's standard single room with a private bathroom. Charges for the *insured's* meals and refreshments are also covered. The charges will be paid for the length of stay that is medically appropriate for the procedure the *insured* is admitted for and any accompanying relative (if covered under the insurance plan).

Hospital cash benefit

this benefit is paid instead of any other benefit for each night you receive elegible in-patient treatment without charge.

To claim this benefit, please ask the hospital to sign and stamp a letter stating that you were treated with no charge.

I

ihi Bupa (incl. we/us/our)

Bupa Insurance Limited. ihi Bupa is a trading name of Bupa Insurance Limited.

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*.

O

Outpatient

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

P

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*.

R

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*.

S

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.

T

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.

U

Unrecognised physician or facility

an unrecognised physician or facility includes:

- treatment provided by a medical practitioner who is not recognised by the relevant authorities in the country where the treatment takes place as having specialised knowledge, or expertise in, the treatment of the disease, illness or injury being treated.
- treatment in any hospital, or by any medical practitioner or any other provider of services, to whom we have sent a written notice that we no longer recognise them for the purposes of our plans.
- treatment provided by anyone with the same residence as the insured or who is a member of the insured's immediate family or an enterprise owned by one of the above mentioned persons.

W

Waiting period

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