



**JALPA Health Care Plan**  
Productguide  
Valid from December 2008 • USD



# JALPA Health Care Plan

Being abroad can present you with all kinds of challenges. Standards of health care, and even medical practice patterns, vary from country to country. While many countries today have high medical standards and low medical risk, some parts of the world still have higher medical risks due to disease, suspect water supplies or public hygiene.

ihi Bupa guarantees to put your health above all, offering you the best suited insurance plan and advising you on health and wellbeing.

## **ihi Bupa - a company you can trust**

We have built up a global network of business partners, local offices and wellrespected medical consultants. As a Danish company, we are regulated by the strict standards set by the Danish Insurance Contracts Act and the European supervisory authorities.

ihi Bupa is a member of the worldwide health and care organisation Bupa which has been trading since 1947. Bupa looks after more than 8 million customers of 115 nationalities in more than 190

countries. As a provident association Bupa has no shareholders to pay, and profits are reinvested in better health and care services for our customers.

ihi Bupa's first class service network is available all over the world and our multilingual staff in Copenhagen is always available to provide you with professional and efficient service 24 hours a day.

In order to provide the members of JALPA with a high quality worldwide medical cover ihi Bupa has prepared this special JALPA Health Care Plan. The plan provides cover for hospitalisation, outpatient treatment, medicine and medical evacuation.

# Key Benefits

## Worldwide Cover

You are covered anywhere in the world and there is no limit on the time you can spend abroad, whether you are travelling on business or on holiday or if you have homes in several countries.

## Free Choice

Because our plans are truly international, you can choose to have treatment anywhere in the world. You are in charge when it comes to choosing a hospital, clinic or any qualified doctor or specialist you wish to consult. We do not limit your choice through networks. We can also give you advice on appropriate places of treatment for specific illnesses or the names of generally recommended hospitals and specialists.

## Occupations and Activities

Whatever your work involves or wherever it may take you, you will be covered and you will be pleased to know that there are no restrictions on hobbies or pursuit of sports of any kind - even if conducted on a professional level.

## Accidents

You are covered for health care benefits arising as a result of an accident (whether work-related or not).

## Insurance Sums

In each policy year there is a maximum overall cover per person, which is renewed every policy year irrespective of the number of claims you have presented. There is no lifetime maximum cover.

The annual maximum cover under JALPA Health Care Plan is USD 1,000,000 per person per policy year, which offers you complete peace of mind, no matter what.

## Deductible

There is only one deductible per person per policy year and this applies to all services.

In case of accident where 3 or more family members insured with the Company are involved, only one deductible is applied.

## Co-Insurance

Co-insurance is the part of the medical bills you must pay on each hospitalisation that takes place in the U.S. and Canada. This means that once the deductible and the specific limits have been applied, the Company will reimburse 80% of the first USD 5,000 and 100% of the remaining balance.

# Application procedures

## Coverage under the Plan

In order to be covered under the JALPA Health Care Plan you must complete one Application Form A per family.

Once completed the form should be returned to your JALPA contact in Kingston.

## Contacts at JALPA

In case you have questions, please call your local contact

Name: Capt. Wayne Wynter

E-mail: jalpahealthcare@gmail.com

Phone: 876 978 5854  
876 978 4083  
954 281 8592

Office Hours: Monday - Friday 8:30am to 4:30pm

## Eligible Family Members

JALPA will define the eligible persons who are to be enrolled under this plan.

Under this group scheme we have incorporated cover for dependants.

The dependants of the JALPA members who meet the following criteria are eligible for medical coverage under this plan:

- **Spouse:** including common law as defined by legislation in the employee's home Country, unless legally separated.
- **Children:** unmarried, natural or legally adopted children of your spouse or yourself.

A child who is born of a parent, who is eligible for maternity cover, is automatically enrolled in the parent's policy irrespective of the child's state of health. Even congenital and hereditary conditions will be covered. Upon the birth of the child you must notify your JALPA contact in Kingston.

Upon becoming 19 years old the child automatically continues the insurance paying student (if full time student) or adult premium with the same conditions without having to undergo new medical underwriting.

## Lifetime Guarantee

For people living in a foreign country, private medical insurance is a vital factor. Since the start of ihi Bupa, we have offered individuals a guarantee that their coverage can be kept with ihi Bupa for as long as needed, even if that means for the rest of their life. ihi Bupa offers this benefit, on an individual basis, in the Premier 1 Plan.

The transfer possibility and the lifetime guarantee for individual cover (post JALPA) is optional and requires medical information at the time of registration in the Plan, via a medical questionnaire which can be required by your local contact, Capt. Wayne Wynter.

The key points about the Lifetime Guarantee benefit are:

- At the appropriate time, you can have a smooth transition from the Plan to the standard Premier 1 Plan on an individual basis.
- Your medical insurance premium for your post-JALPA situation will be based on your health condition when you joined the Plan.
- ihi Bupa will contact you with the result of the evaluation of your medical questionnaire. Once you are accepted for the Lifetime Guarantee, any subsequent medical condition while working at JALPA will not negatively impact your later cover.
- You are not obliged to take out the Lifetime Guarantee. However, it is essential that you submit your medical questionnaire to ihi Bupa immediately if you wish to avoid problems and retain medical coverage when you leave JALPA, or when a dependant ceases to be eligible.
- If you would like to continue on an individual policy it is important that you inform your administrator for further information no later than the date your policy will be cancelled.

### Enrolment in the Lifetime Guarantee

The medical information that you send to ihi Bupa will continue to be valid and your future cover will be based on this information.

ihi Bupa will assess your state of health and confirm in writing to you under what conditions we will be prepared to cover you (i.e. totally, or with some exclusions or with excess premiums) the day you leave JALPA. In some situations we may need to receive further medical information in order to assess your state of health and give our confirmation that you will be covered after leaving JALPA. Failure to request our assessment of your health in good time could result in a situation where ihi Bupa cannot offer individual cover when you leave JALPA.

### When does cover commence

As a general rule there is a waiting period of 4 weeks from the policy commencement date before cover will be effective. However, there are certain exceptions to this rule:

In the event of injury or serious acute illness, you are covered immediately. Expenses related to pregnancy and childbirth are covered when the insurance has been in effect for 10 months.

# USA Medical Services

One of the advantages of being a customer at ihi Bupa is our medical centre - USA Medical Services. Our professional, careful and service minded staff are ready to assist you 24 hours a day, 365 days a year, and several of our own medical consultants are always on duty.

## Our medical centre gives you:

- Assistance in case of illness and emergency - including arrangement of medical evacuations
- Assistance in practical matters related to a hospitalisation
- Guidance when finding the right place of treatment. You only need to send us medical information together with the diagnosis and we will provide you with information on relevant and appropriate places of treatment in the countries of your choice.
- Access to medically qualified representatives with extensive experience in the industry to help you avoid or reduce unnecessary medical expenses and overcharges
- Advice when planning journeys abroad
- Access to national and international networks of doctors, clinics, ambulance companies, hospitals, etc.

The purpose of our team of medical consultants is to give advise should you become ill and ensure that immediate and correct treatment is arranged. The team is carefully put together and includes 18 medical consultants.

We are often in contact with nurses and doctors at the hospitals before, during and after the course of treatment, and we get many questions in connection with routine treatments, hospitalisations and evacuations which can be answered immediately due to the experience and knowledge of our doctors, nurses, and medical coordinators.

USA Medical Services has access to our policy and service systems and co-operates closely with your service team, meaning that the solution is tailored to your specific needs. We provide service to our own customers exclusively and have in-depth knowledge about the specific different insurance products: We make the correct decisions - fast and efficiently. USA Medical Services is your direct line to medical expertise.



# 24-Hour Service

Our office in Miami is open from 9:00 am to 5:00 pm EST, Monday to Friday.

However, through our 24-hour emergency service - USA Medical Services - you can always reach us wherever you are in the world and at whatever time of the day or night you require our assistance.

## USA Medical Services

USA Medical Services is serviced by multi-lingual employees who will assist you in case of an emergency.

You can e-mail or telephone our 24-hour emergency service collect at:

**Telephone: +1 305 275 1500**

**Fax: +1 305 275 1518**

**Toll free: +1 (800) 726-1203**

**E-mail: [usamed@usamedicalservices.com](mailto:usamed@usamedicalservices.com)**

## The Insurance Card

Each insured person will receive a personal identification card. You should always carry your card with you, as it serves as proof to the hospital of your health insurance and can prevent any discussion about payment.

On the back of the insurance card you will find the telephone number for the 24-hour emergency service together with information about other ways of contacting ihi Bupa.

# List of Reimbursements

Valid from 1 December 2008

## All amounts are in USD

Maximum Coverage	Worldwide	US Network
Maximum cover, per person per policy year	1.000.000	1.000.000
<b>Hospitalisation</b>		
Private or semi-private room, per day Max. 240 consecutive days	1.000	100%
Intensive Care room, per day Max. 180 consecutive days	2.200	100%
Room & Board at the hospital for a relative accompanying an insured person under 18, per day	300	100%
Surgery	100%	100%
Anaesthesia	100%	100%
Medical treatment, laboratory tests , X-rays	100%	100%
Medicine treatment during stay in hospital	100%	100%
Chemotherapy and radiation for treatment of Cancer	100%	100%
Dialysis for treatment of Kidney failure	100%	100%
Prostheses, corrective devices, and medical appliances which are medically and surgically required	100%	100%
Organ transplant Max. per diagnosis and course of treatment all inclusive <i>Only human organs. The procurement of the organ must be pre-approved by the Company</i>	300.000	100%
<b>Childbirth</b>		
Normal and complicated delivery, all inclusive max.	10.000	100%
Elective caesarean delivery, all inclusive max.	10.000	100%
<i>The maternity benefit is subject to the deductible but no co-insurance</i>		
<i>Pre-natal and post-natal care is reimbursed according to the rates for non-hospitalisation treatment</i>		
<b>Day Case Treatment</b>		
Ambulant Surgery in hospital/clinic	100%	100%
One day pre-surgical analysis preparing for anesthesia in connection with a scheduled surgery	100%	100%
Emergency Room treatment in connection with acute illness or accident	100%	100%
Chemotherapy, radiation and dialysis	100%	100%
Emergency Dental Treatment due to serious accident	100%	100%

Prescribed Rehabilitation following hospitalisation	Worldwide	US Network
Medically prescribed rehabilitation at an authorised rehabilitation centre following hospitalisation due to serious accident/injury, max. per day, all incl. For max. 30 days per incident	525	525

*Rehabilitation must be pre-approved by the Company*

Home Nursing (30 days per incident)	Worldwide	US Network
Medically prescribed Home Nursing by a registered nurse following hospitalisation due to serious accident/injury, max. per day, all incl. For max. 30 days per incident	200	100%

*Home Nursing must be pre-approved by the Company*

Outpatient Benefits	Worldwide	US Network
Doctors, max per consultation	100	100%
Specialists, max. per consultation	100	100%
Surgical intervention in consultation, up to max.	500	100%
Psychiatrists, per consultation	100	100%
<i>Max. 30 consultations with doctors, specialists, or psychiatrists, per policy year</i>		
Health check-up, max. per policy year, all inclusive, (not subject to deductible)	200	200
Prescribed dietetic guidance by an authorised dietician, 4 consultation per policy year, max. per consultation	70	100%
Chiropractor, max. per consultation	60	100%
Physiotherapy, incl. treatment, max. per consultation	60	100%
<i>Max. 40 consultations with chiropractors or physiotherapists per policy year</i>		
Echocardiography, ultrasound, etc., max. per exam all included	600	100%
MRI scan, max per scan all included	600	100%
CAT scan, max per scan all included	600	100%
Endoscopy, e.g. Gastroscopy, Colonoscopy, Cystoscopy, max per exam all included	600	100%
X-rays, max. per exam all included	300	100%
Laboratory Tests, max. per exam all included	250	100%
Prescribed medicine, max per policy year	1.500	1.500
Vaccinations for children up to 17 years old up to US\$100 each membership year.		

Outpatient Dental & Optical Cover	Worldwide	US Network
Max. per policy year	2.000	2.000

Ground Transportation	Worldwide	US Network
Emergency transportation to hospital by local ground ambulance	1.500	1.500
Air Ambulance, max per policy year	75.000	75.000

Co-insurance in USA and Canada (hospitalisation)	Worldwide	US Network
	1.000	1.000

*Hereinafter: 80% of the first USD 5.000 and 100% of sums en excess of USD 5.000 up to the relevant reimbursement rates.*

# Policy Conditions

## JALPA Health Care Plan

Valid from 1 December 2008

In accordance with the Danish Insurance Contracts Act

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## Art 1. Acceptance of Coverage

**1.1:** International Health Insurance danmark a/s, hereinafter called the Company, shall accept enrolments of all JALPA members (and their dependants) and affiliates invited to participate in this plan by JALPA in Kingston, Jamaica. In order for coverage to be accepted and the Company to become liable, the enrolment form must be duly signed by the applicant and confirmed by JALPA.

## 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 date of commencement is stated in the policy schedule.

## Art. 3 Waiting periods in connection with new insurance contracts

**3.1:** When a new insurance contract is entered into, the right to compensation under the new insurance contract shall only take effect 4 (four) weeks after the date of commencement of the insurance.

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

**3.1.2:** However, for pregnancy and childbirth and consequences thereof the right to compensation shall only take effect 10 (ten) months after the date of commencement of the insurance.

## 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:** Free cover of children shall be subject to:

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

**4.2.1:** Children are covered as follows:

- ages 0-18 are covered free of charge
- ages 19-24 must present written proof of being a student

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

**4.3.1:** If the insurance of one of the parents has been valid for a minimum of 10 (ten) months, newborn children can be insured without submitting an application form, cf. however Art. 8.2 h). A copy of the birth certificate must, however, be submitted within 3 (three) months after the birth.

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

## Art. 5 Where is cover provided?

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

## Art. 6 What is covered by the insurance?

**6.1:** The insurance shall cover the insured's medical expenses in accordance with the cover chosen and the applicable reimbursement rates.

**6.2:** Compensation 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 reimbursable 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 reimbursement rates. The deductible shall apply per person per policy year. Each hospitalisation in the U.S.A. and Canada is subject to coinsurance. Once the applicable deductible and specific limits have been met, we will reimburse 80% of the first USD 5,000 and 100% of sums in excess of USD 5,000 up to the relevant reimbursement rates.

**6.3.1:** In case of accident where 3 or more family members insured with the Company are involved, only one deductible 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 compensation exceed the amount shown on the bill. If the insured receives compensation from the Company in excess of the amount to which the insured is entitled, the insured shall be under an obligation to repay the Company for the excess amount immediately. Subsequent payments made to the Company shall be reduced by any such outstanding amount.

**6.6:** Compensation payments 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 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 Air Ambulance cover**

**7.1:** For cover of Air Ambulance the special conditions listed below shall apply.

**7.1.1:** The sum insured for Air Ambulance cover is stated in the list of reimbursements.

**7.1.2:** Reimbursement shall be paid for reasonable expenses incurred by the insured for air ambulance transportation in the event of acute serious illness or serious injury. Transportation shall be to the nearest suitable place of treatment and only if no qualified treatment can be obtained locally.

**7.1.3:** The expenses for an air ambulance 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.

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

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

**7.1.6:** Only one transportation is covered in connection with one course of an illness.

**7.1.7:** Air Ambulance cover shall only apply if the illness is covered under the insurance.

**7.1.8:** In the event that the insured is transported 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 at the latest 90 (ninety) days after the treatment has been completed. Cover shall only be provided for travelling expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum.

**7.1.9:** 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.

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

**7.2:** 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

**7.2.1:** The expenses covered include 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.

**7.2.2:** The expenses shall only be compensated under the Air Ambulance supplementary insurance.

## Art. 8 Exceptions for compensation

**8.1:** 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.

**8.2:** Furthermore the Company shall not be liable to pay compensation 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, unless approved by the Company
- 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 occur-

ring during the course of a normal occupation. The insured shall notify the Company within 14 days after such accident and at the same time provide a negative HIV antibody test,

- d) abuse of alcohol and/or illegal drugs and/or medicines,
- e) intentional self-inflicted bodily injury,
- f) contraception, including sterilisation,
- g) induced abortion unless medically prescribed,
- h) any kind of fertility test and/or treatment, including hormone treatment, insemination, or examinations and any procedures related hereto, including expenses for pregnancy, pre-natal and post-natal treatments of the newborn child/children. An application form must therefore be submitted for children born as a result of fertility treatment and/or born by a surrogate mother. The applicant will undergo the standard underwriting procedure, according to Art. 1,
- i) treatment of sexual dysfunction,
- j) any kind of care which is not part of a medical or surgical treatment, including stays in long-term care establishments, health resorts, convalescent homes and similar institutions,
- k) treatment by naturopaths or homeopaths and naturopathic or homeopathic medications and other alternative methods of treatment,
- l) routine medical examinations, unless specified in the reimbursement list, vaccinations, injections, the issue 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, his/her spouse, parents or children or any enterprise owned by one of the aforesaid persons,
- q) epidemics which have been placed under the direction of public authorities,
- r) treatment by psychologists,
- s) medicines, unless specified in the reimbursement list, medical articles and auxiliary appliances which have not been administered during hospitalisation.
- t) Hospitalisation if the sole purpose is administration of medicine, treatment by a therapist or complementary medical practitioner or any other treatment when this could take place as outpatient treatment.

## Art. 9 How to report a claim

**9.1:** For each claim, a fully completed Claim Form must be submitted to the Company. The Claim Form must be completed and signed by the attending physician and accompanied by the official, original and itemised bills and receipts for the treatment received. Photocopies shall not be regarded as acceptable documentation.

**9.2:** 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.

**9.2.1:** Complaints regarding the Company's claims handling shall be filed not later than 30 (thirty) days after receipt of the amount of compensation.

**9.3:** The Company shall be notified immediately of any stays in hospital, and such notification must include the physician's diagnosis. All notifications should be made by telephone, fax or mail; the Company shall defray all expenses incurred in this connection.

**9.3.1:** All treatment within the UHC provider network must be pre-approved by the Company. If the Company is not contacted for pre-approval, the expenses will be reimbursed according to the out of network limits stated in the valid List of Reimbursements. If, due to an emergency, the insured is not reasonably able to Contact the Company for pre-approval the insured must let the Company know of any admission to hospital with 72 hours.

**9.3.2:** If, during the approval phase, it becomes evident that the Company's network of providers cannot offer the treatment in question, the Company will in any event reimburse the expenses as if they had taken place within the network of providers.

## Art. 10 Cover by third parties

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

**10.2:** In these circumstances the Company will coordinate payments with other companies and the Company will not be liable for more than its ratable proportion.

**10.3:** If the claim has been covered in whole or in part by any scheme, program or similar, funded by any Government, the Company shall not be liable for the amount covered.

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

**10.5:** Furthermore the policyholder and any insured person will keep the Company fully informed and will take any reasonable step in making a claim

upon another party and to safeguard the interests of the Company.

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

#### **Art. 11. Payment of Premium**

**11.1:** JALPA is responsible for payments of the total premium to the Company. Contribution made by Plan members towards the total premium will be deducted from salary on a monthly basis.

**11.2:** 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 the loss/experience in the group during the previous year.

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

#### **Art. 12 Information necessary to the Company**

**12.1:** The policyholder and/or the insured shall be under an 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. The Company shall not be liable for the consequences if the policyholder and/or the insured fails to notify the company of such events.

**12.2:** The insured shall also be under an obligation to provide the Company with all obtainable information required for the Company's handling of the insured's claims against the Company.

**12.3:** In addition, the Company shall be entitled to seek information about the insured's state of health and to contact any hospital, physician, etc. who is treating or has been treating the insured for physical or mental illnesses or disorders. Furthermore, the Company shall be entitled to obtain any medi-

cal records or other written reports and statements concerning the insured's state of health.

#### **Art. 13 Assignment, cancellation and expiry**

**13.1:** Cancellation of the insurance takes place automatically upon leaving JALPA. Should a Plan member wish to continue health care coverage on a private basis, the policyholder must contact ihi Bupa directly.

#### **Art. 14 Disputes, venue etc.**

**14.1:** Any disputes arising out of or in connection with the insurance contract shall be settled in accordance with Danish law (Ankenævnet for Forsikring, Anker Heegaards Gade 2, 1572 Copenhagen, Denmark), with Copenhagen as the agreed venue.

# Glossary

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

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

**Anniversary date:** twelve months from the commencement date and the same date in each year thereafter.

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

**Application:** the application form and medical questionnaire.

**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.

**Co-insurance:** that part of the medical expenses the insured must pay if hospitalised in the U.S.A or Canada.

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

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

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

**Documents:** any written information related to the insurance including original bills, policy schedules, etc.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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 consultant.

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

E.&O.E.  
12/2008



## The world of Bupa

- Health assessment • Medical cover • Travel cover
- Financial health protection • International medical cover • Home healthcare
- Care homes • Childcare • Health and care assistance

### Administration

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Miami, Florida 33173, USA

### Customer Service

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Toll free: +1 (888) 532-66275

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### USA Medical Services

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Calls will be recorded and may be monitored.

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