SCHENGEN TRAVEL

TAKING GOOD CARE OF YOU WHEREVER YOU ARE

Valid from 2013 • EUR

The Schengen Travel plan offers protection if you have a sudden, unexpected illness or injury when travelling to a country within the Schengen area.

The plan has been specially designed to meet the regulations set up by the European Union. According to these regulations, persons who apply for an entry visa to the Schengen area must prove that they have a valid medical travel insurance. The insurance must cover costs for emergency treatment, hospitalisation, urgent ambulance transportation and medical evacuation back to the home country. The insurance amount must be at least EUR 30,000.

Schengen Travel complies with all these demands and covers you on all types of trips to the Schengen countries.

Choice of cover period

You can choose between different options, depending on how long and how often you travel to the Schengen area.

- Single trip cover from three days up to 62 days.
- Multiple trip cover within a 90 days, 182 days or 365 days period.

The benefits are the same for all options, only the period of cover and the premiums vary.

If you need our help

In case of a sudden illness or accident, ihi Bupa provides you with 24-hour emergency service. Our competent staff and doctors work day and night, and bills regarding hospitalisation are paid directly to the hospital. If you are hospitalised, you must always notify ihi Bupa immediately so that we can send a guarantee of payment to the hospital.

In case of outpatient treatment by a doctor you must pay the bill yourself before claiming reimbursement. After this, you must send us the itemised and receipted bill together with a completed claim form in order for us to process your claim.

If you have a pre-existing condition

Schengen Travel covers acute illness and injury occurring after you have started your trip abroad. In order for an illness to be covered it must be unexpected. Therefore, if you suffer from a condition before you begin your trip, this will normally not be covered.

If you have a pre-existing condition and if you are not sure whether the insurance provides coverage, you should send a medical report to ihi Bupa before your trip in order to get information about the cover in your particular situation.

COVER AND BENEFITS

Valid from January 2013

The list of cover and benefits is part of the Policy Conditions.

All benefits listed are per person per trip.

	EUR
Maximum cover per person per trip	30,000
Hospitalisation	100%
Ambulance transportation	100%
Medical evacuation/repatriation	100%
Statutory arrangements in case of death	100%
Home transportation of the deceased	100%
Outpatient treatment by doctors and specialists after a deductible per claim of EUR 100*	100%

**No cover of any kind of medicine (neither non-prescribed nor prescribed medicine).*

The premium is listed on a separate premium sheet.

POLICY CONDITIONS

Valid from January 2013

In accordance with the Danish Insurance Contracts Act.

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Art. 1 Acceptance of the insurance

1.1: Bupa Denmark, filial af Bupa Insurance Limited, England (Bupa Denmark, branch of Bupa Insurance Limited, England), hereinafter called the Company, shall decide whether the insurance can be accepted. In order for the insurance to be accepted and the Company to become liable, the application must be approved by the Company. The Company may offer the insurance on special terms. If the Company decides to offer the insurance on special terms, the policyholder will receive a policy schedule in which these terms are stated.

1.2: In order for the insurance to be accepted by the Company the applicant must not have reached 80 years of age at the commencement date.

Art. 2 Commencement date

2.1: The insurance shall be valid if the premium has been paid prior to the commencement date. The insurance shall be effective in the period stated in the policy schedule.

2.2: The right to compensation shall take effect when the insured leaves his/her country of permanent residence and shall cease upon return to the country of permanent residence. If the insurance is taken out after the insured has left the country of permanent residence, there is a waiting period of three days before the insurance takes effect. In the event of serious injury in connection with an accident the right to compensation shall, however, take effect concurrently with the commencement date of the insurance.

2.3: If the 90 days multiple trip cover has been chosen, cover shall be valid only for trips up to 30 days' duration per trip.

2.4: If the 182 days multiple trip cover has been chosen, cover shall be valid only for trips up to 90 days' duration per trip.

2.5: If the 365 days multiple trip cover has been chosen, cover shall be valid only for trips up to 90 days' duration per trip.

Art. 3 Who is covered by the insurance?

3.1: The insurance shall cover the insured person(s) named in the policy.

Art. 4 Where is cover provided?

4.1: The insurance shall provide cover within countries which are under the Schengen regulations.

4.2: The insurance does not provide cover in the country where the insured has a permanent residential address.

Art. 5 What is covered by the insurance?

5.1: The insurance shall cover expenses incurred by the insured in the insurance period in accordance with the applicable benefits listed on page 4. The insurance cover has a guaranteed minimum of EUR 30,000. Cover shall not exceed this insurance amount.

5.2: Fellow-travelling children under the age of 18 who are covered by the insurance shall be entitled to compensation for reasonable travel expenses if the parents or all the fellow-travellers are medically evacuated in connection with a transport covered by the insurance.

Art. 6 Medical expenses

6.1: The insurance shall cover the medical expenses incurred by the insured in case of an acute illness and injury.

6.2: Prescribed emergency inpatient treatment and medication in a hospital and local transport to and from hospital shall be compensated at 100% of the expenses.

6.3: Treatment by authorised physicians and specialists shall be compensated at 100% of the expenses after a deductible of EUR 100 per claim.

6.4: The insurance shall not cover expenses for treatment of pre-existing, chronic or recurrent illnesses and disorders if the insured:

a) has been hospitalised within six months prior to each departure from the home country,

b) has been treated by a physician (routine check-ups excepted) within six months prior to each departure from the home country,

c) has had a change of medication within six months prior to each departure from the home country,

d) has not received medical treatment, has refused or given up treatment, even though the insured should know that the illness/disorder ought to be treated, or has deteriorated,

e) has reached a state where any attempt of further treatment has been abandoned, or has been refused treatment,

f) is waiting to receive treatment, or has been referred to another place of treatment,

g) has omitted to go to pre-arranged controls.

The insurance does not cover expenses for control, treatment and medicines in connection with stabilisation and regulation of a pre-existing, chronic or recurrent illness/disorder. The insurance does not cover a need for treatment which was expected before departure.

6.5: The insurance does not cover conditions which are defined by the Company's medical consultants to be indisputably pre-existing.

6.6: Physicians and specialists 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.

6.7: The Company has the right to demand that the insured be repatriated to the country of permanent residence, if the Company's medical consultants and the treating physician agree that the insured is medically fit to be transferred to his/her country of permanent residence. In case of disagreement, the decision of the Company's medical consultant shall prevail.

Art. 7 Medical evacuation/repatriation

7.1: Compensation shall be paid for reasonable additional expenses incurred for the insured's medical evacuation/repatriation in the event of an acute serious illness (cf. however Art. 6.4), serious injury or death.

7.2: The insurance shall provide cover subject to the treating physician and the Company's medical consultants agreeing on the necessity of transferring the insured and agreeing on whether the insured should be transferred to his/her country of permanent residence or to another place of treatment.

7.3: The Company cannot be held liable for expenses for a medical evacuation/repatriation which has not been pre-approved by the Company.

7.4: Only one transportation is covered in connection with one illness or injury or case of death.

7.5: In the event of the insured's death, expenses for home transportation of the deceased and for statutory arrangements such as embalming and a zinc coffin shall be reimbursed. The next of kin have the following options:

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

b) home transportation of the deceased.

7.6: If the insured is unable to continue the trip due to an acute illness or injury covered by the insurance, additional and reasonable travel expenses shall be covered when the insured is able to travel again, and when accepted by the Company prior to the change of travel itinerary.

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

Art. 8 Exceptions to cover

8.1: The Company shall not be liable to pay reimbursement for expenses which concern are due to or are incurred as a result of:

a) any illness, injury, bodily infirmity or physical disability and consequences hereof which have come into existence, or shown symptoms before each trip abroad (see also Art. 6.4),

b) cosmetic surgery and treatment and consequences thereof unless medically prescribed and approved by the Company,

c) convalescence treatment,

d) pre-existing diseases of the teeth and dental treatment,

e) dentures, glasses, contact lenses and hearing aids

f) venereal diseases, AIDS, AIDS-related diseases and diseases relating to HIV antibodies (HIV positive),

g) medical assistance in connection with maternity after 8th month (36th week) of pregnancy, and after the 4th month (18th week) when the pregnancy is the result of any kind of fertility treatment and/or the insured is expecting more than one child. Medical check ups are not covered in any case,

h) induced abortion which is not medically prescribed,

i) the use of alcohol, drugs or medicines unless it can be documented that the illness or injury is unrelated thereto,

j) intentional self-inflicted bodily injury, suicide or suicide attempts,

k) treatment by naturopaths, naturopathic medicines and other alternative methods of treatment,

l) 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),

m) nuclear reactions or radioactive fallout,

n) treatment performed by an unrecognised physician or facility,

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

p) treatment by psychologists, unless prescribed by the treating physician in connection with emergency relief,

q) routine medical check-ups, vaccinations and other preventative treatment,

r) the insured resisting or failing to comply with the medical directions given by the Company's medical consultants and the treating physician,

s) the insured resisting medical evacuation (see also Art. 6.7), treatment,

t) transportation which has not been pre-approved and arranged by the Company. However, expenses equivalent to the amount which the Company would have reimbursed if it had been notified of and approved the transportation shall be covered,

u) medical treatment and examinations which can await the insured's arrival home,

v) private room in hospital unless medically prescribed and approved by the Company,

w) any treatment which is not necessary or which is not directly related to the diagnosis covered by the insurance,

x) active participation in any motorsport show, motorsport race or motorsport competition, base jumping, paragliding and mountaineering that requires specialized climbing equipment,

y) any illness or injury resulting from active engagement in any illegal act,

z) search and rescue services,

aa) injury caused by gross negligence and/or with intent.

Art. 9 How to report a claim

9.1: Compensation shall be paid following the Company's approval of the expenses as being covered by the insurance after a fully completed claim form has been submitted to the Company together with the receipted and itemised bills. Furthermore, the insured must submit other relevant documentation such as medical information, flight tickets, travel documents and a copy of the complete passport.

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.

9.2: 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 he/she is entitled, the insured shall be under the obligation to repay the Company for the excess amount immediately. Subsequent compensation made by the Company shall first be written down by any such outstanding amount.

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

9.4: The Company must be notified immediately in case of death, hospitalisation, or medical evacuation, and such notification must include medical information about the illness/injury.

Notification should be made by telephone or email to the Company's 24 hour emergency service, the Company shall defray all expenses incurred in this connection.

9.5: Claims must be reported to the Company immediately and no later than 30 days after the insured's arrival to the home country.

9.6: Complaints regarding the Company's claims handling shall be filed not later than 30 days after receipt of the compensation amount.

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

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

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

10.4: The policyholder and any insured person undertake to cooperate with the Company and to notify the Company immediately of any claim or right of action against third parties.

10.5: Furthermore, the policyholder and any insured person shall keep the Company fully informed and will take any reasonable steps 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: Premiums are determined by the Company and shall be payable in advance for the whole insurance period before the commencement of the insurance.

11.2: The policyholder shall be responsible for punctual payment of the premium to the Company.

11.3: In the event of a failure to pay before the commencement date of the insurance, the insurance shall not be effective and the Company shall not become liable.

11.4: In case of annulment of the insurance prior to the commencement date, refund of premium is possible only if a written request is received by the Company. The Company will charge a fee in connection with refund of premium. After the commencement date of the insurance, the premium is considered fully earned and non-refundable.

11.5: Other charges, such as Insurance Premium Tax (IPT), or other taxes, levies or charges, depending on the laws of the policyholder's country of residence may apply. If they apply to the policyholder's insurance premium, they will be included within the total that has to be paid on the premium notice. The charges may apply from the commencement date or the anniversary of the commencement date. The policyholder must pay these charges to us when paying the premiums, unless otherwise required by law.

Art. 12 Necessary information to the Company

12.1: The policyholder and/or the insured shall be under the obligation to notify the Company of any travel or health insurance cover or a similar cover with another company including an affiliated company.

12.2: The policyholder and/or the insured shall also be under the obligation to notify the Company of and provide the Company with all obtainable information required for the Company's handling of the policyholder's and/or the insured's claims against the Company, including provision of original bills upon request from the Company.

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

Art. 13 Assignment, termination, cancellation and expiry

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

13.2: When a claim has been filed, the insurance can be terminated with one month notice by the policyholder or by the Company within 14 days after the reimbursement has been effected or rejected by the Company.

13.3: 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.

13.4: The insurance period can be extended up to 48 hours with no extra premium charge if the return of the insured is delayed without the insured being responsible for the delay.

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

13.6: The Company can stop or suspend an insurance product at three months' notice prior to the policy anniversary.

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, with Copenhagen as the agreed venue. The Company is affiliated to Ankenævnet for Forsikring (The Danish Insurance Complaints Board).

E. & O. E.

GLOSSARY

This Glossary with definitions is part of the Policy Conditions.

Acute serious illness
An "acute serious illness" is a sudden and unexpected illness that requires immediate treatment.

Applicant
a person named on the application form as an applicant for insurance.

Application
the Application form and Application for a cover of a pre-existing condition.

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 Denmark, filial af Bupa Insurance Limited, England (Bupa Denmark, branch of Bupa Insurance Limited, England).

Country of permanent residence
the residence where the insured has his/her permanent home or principal establishment and to where, whenever the insured is absent, the insured intends to return.

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

ihi Bupa (incl. we/us/our)
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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, cover and benefits.

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

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

Policy Conditions
The terms and conditions of the insurance purchased.

Pre-existing condition
Any illnesses and conditions that have shown symptoms and/or for which the insured has been hospitalised, treated by a physician or has received any medical treatment for before the commencement date of the insurance.

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 consultants.

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.

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.

Valid from 1 January 2013
E. & O. E.

Call ihi Bupa's Customer Service for questions on your policy, payment, coverage etc.

Open 9am - 5pm (CET) weekdays

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Email: travel@ihi-bupa.com

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Denmark

Call ihi Bupa's Medical Centre for 24-hour emergency service and medical help

Tel: +45 70 23 24 61
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Calls will be recorded and may be monitored.

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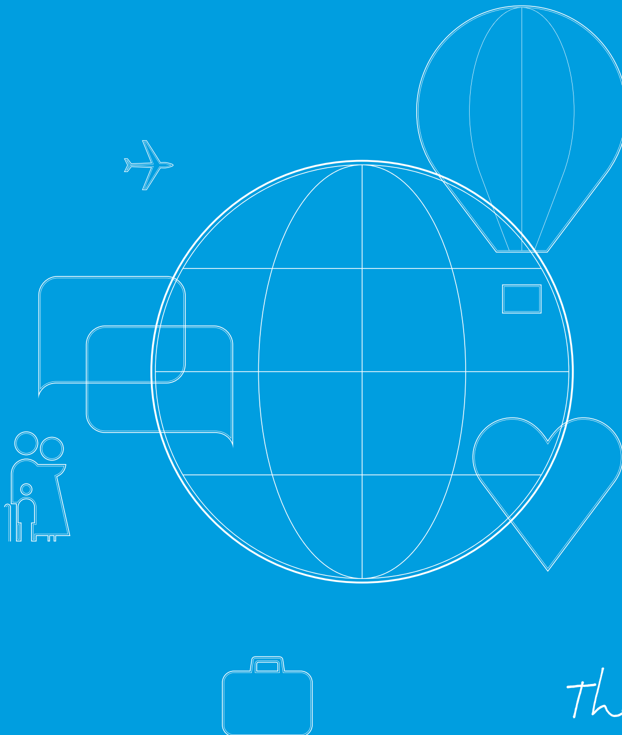

The world of Bupa

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