OneWorld Swiss

Product Guide

One

HEALTH INSURANCE

Welcome to One Health Insurance

Our company was established by a team of experts in Copenhagen, the city that has been a centre of excellence in the field of health insurance for the past 50 years.

We honour this legacy by being

- **Exclusive**
  We offer best-in-class services while maintaining a personalised experience
- **Convenient**
  We serve as your sole point of contact for all your health guidance needs
- **Reliable**
  We prioritise your health and guide you so you can feel at ease

We leverage our wealth of expertise and offer you an individually tailored health insurance and the World's Finest Care.

This product guide will help you understand the scope and cover options within the OneWorld Swiss health insurance plan.

Contents

It’s All About **You**

Experience safety and security with the World’s Finest Care at One Health Insurance.

No matter where life takes you, we will provide personalised service, ensuring high-quality health insurance.

We compete on the basis of outstanding quality, always prioritising your peace of mind.

You are free to embrace the opportunities that life offers with worldwide coverage and freedom to choose recognised hospitals, clinics, and doctors anywhere in the world.

When you engage with us, you can have full confidence in your personal service team as they are committed to your well-being and satisfaction.

You can pursue your passions at all times knowing that we place your needs at the forefront, offering dedicated and professional assistance.

Personalised Service

We take pride in offering you the most committed and personalised service possible. For this reason, we have created a team of personal advisors who will make sure that your healthcare-related needs are taken care of.

We are responsible for

- Immediate attention to any enquiry
- Prompt response by phone or email
- Minimising paperwork for you
- Meeting your healthcare needs in a sincere and professional manner

You can always rely on us to help you with

- How to make best use of your insurance
- Making it effortless for you to use your insurance
- Guidance in finding appropriate medical facilities
- Access to second medical opinion
- Access to our medical consultants
- Review of your medical journal
- Arranging evacuations and repatriations, when covered under your plan

Tailored Cover Options

Our OneWorld Swiss insurance allows you to customise your health insurance based on your individual healthcare needs.

Choose plan

Choose deductible

Choose optional extensions

= OneWorld Swiss

Step 1

Choose your **Plan**

Hospital Plan

Annual insurance maximum of EUR 2,000,0000

The Hospital Plan covers expenses in hospital and cancer treatment

Please see List of Benefits for full details

or

Complete Plan

Annual insurance maximum of EUR 2,000,0000

The Complete Plan covers expenses in hospital and cancer treatment.

In addition, extensive outpatient care and medicine is covered

Please see List of Benefits for full details

Step 2

Choose your **Deductible**

Nil	400 EUR	1,350 EUR	2,700 EUR	3,350 EUR

You can choose to take out your plan with or without a deductible.

Taking out a deductible lowers your premium.

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

The deductible does not apply to the extensions: Medical Evacuation & Repatriation and Dental & Optical.

Changes to the deductible can take place at the annual renewal of the insurance agreement. If you want to increase the deductible, you just need to let us know. If you want to reduce or remove the deductible, you will need to apply, and this may be subject to new underwriting and our acceptance.

Step 3

Choose your Optional Extensions

Changes to your coverage can take place at the annual renewal of the insurance agreement.

If you want to remove an extension, you just need to let us know.

If you want to add an extension, you will need to apply, and this may be subject to new underwriting and our acceptance.

Dental & Optical

Includes:

- Preventive and routine dental treatment
- Orthodontics
- Eye check
- Spectacle frames, glasses, and contact lenses

Annual maximum EUR 3,000 Individual benefit limits apply

Medical Evacuation & Repatriation

Includes:

- Transportation to the nearest appropriate place of treatment if you have a serious illness or injury
- Accompanying person
- Return Journey to residential address
- Statutory arrangement in case of death

Expenses are covered up to the overall annual maximum of EUR 2,000,000

How to Use Your Insurance

We aim to make it effortless for you to use your insurance plan and we are available to assist you at +45 32 26 88 11 or one@onehealthint.com

For easy claiming, you can log on to our online self-service platform OneView, upload your itemized invoices, receipts and related medical information and submit your claim.

On OneView, you can also

- see the status of your claim,
- upload additional files to the claim and
- communicate with the team handling your claim.

With the OneWorld Swiss plan, you are free to choose any recognised medical provider anywhere in the world or to call us for guidance.

We want to support you before, during and after a medical treatment. While it is rarely required, we reccomend you contact us prior to a medical treatment, if you want to know how you are covered.

We require pre-authorisation for the following:

- Dialysis, including home dialysis
- The procurement of an organ
- Inpatient rehabilitation
- Home nursing
- Medical evacuation and repatriation

We strive to pay directly, whenever feasible. Generally, direct settlement is available for inpatient or day-case treatments. For planned treatments, we recommend notifying us in advance in order for us to be able to pay the hospital/clinic directly.

In some instances, the hospital will ask for a verification of your cover. Please refer them to us and we will take care of it.

You can also choose to pay for the treatment yourself and subsequently submit the claim to us for reimbursement.

We look forward to talking you through the details on how you make best use of your insurance in the welcome call.

About us

At One Health Insurance, we are committed to delivering exceptional and personalised services to our clients.

With 20+ years of industry excellence, we offer individually tailored solutions to meet your healthcare needs, surpassing standard insurance products.

Our promise includes global access to advanced medical technology, fast procedures, and skilled healthcare professionals, guiding you from prevention to rehabilitation.

Our clients' safety and peace of mind is our highest priority.

We have therefore partnered with the VYV Group in France and their insurance company MGEN Portugal. The VYV group is the largest mutual insurance company in France and specialises in health insurance.

In cooperation with the VYV Group's department for international health insurance, VYV International Benefits and MGEN Portugal, we have developed insurance products especially for clients who request treatment worldwide

Besides an excellent cover, your one point of contact will be the experienced One Health Insurance team in Copenhagen, Denmark. Our team will take care of all your insurance matters, right from guidance on insurance cover to reimbursement of your claims.

We look forward to welcoming you as our client.

List of Benefits

Please note that the List of Benefits is part of the Terms & Conditions. It is therefore necessary to read both sections, List of Benefits and Terms & Conditions.

All amounts are in Euros.

The currency for insurance is the currency all your payments will be based on.This means that since your contract currency is EUR, all your payments will be based on the EUR benefit limits stated in below List of Benefits, although you might have been treated in the UK or the USA.

When we mention we/us/our, it means the insurer MGEN Portugal and One Health Insurance Agency A/S, who are administering this insurance agreement on behalf of the insurer.

Complete Plan and Hospital Plan

Payments are according to the List of Benefits below. If you have chosen a deductible, please note that the benefit limits for the benefits listed in the List of Benefits will be reduced by any remaining deductible. Once your deductible has been reached, all covered expenses will be paid in line with your benefit limits. One deductible applies per person per year for the OneWorld Swiss Hospital Plan or for the OneWorld Swiss Complete Plan, the payments will not in any event exceed the following amounts or the overall annual maximum per person per year of EUR 2,000,000

There is only one deductible per person per policy year, and this applies to all services, except for the Medical Evacuation & Repatriation and Dental & Optical extensions

Maximum cover	Hospital Plan	Complete Plan
Overall annual maximum cover per person per year	EUR 2 mill	EUR 2 mill

Hospitalisation	Hospital Plan	Complete Plan
Private room	100%	100%
Intensive care room	100%	100%
Room and board for a parent or legal guardian accompanying a child dependant	100%	100%
Surgery	100%	100%
Initial reconstruction surgery, immediate or delayed, following an injury or illness (excluded corrective reconstruction surgery for enhancement of appearance and replacement of implant/prosthesis)	100%	100%
Endoscopic examination	100%	100%
Medical treatment, laboratory tests, X-rays	100%	100%
Mental health treatment provided by recognised mental health providers	100%	100%
Pacemaker, maximum	EUR 25,000	EUR 25,000
Medicine for use during hospitatalisation and relevant only for the insured condition being treated	100%	100%

Cancer Treatment	Hospital Plan	Complete Plan
Once cancer has been diagnosed, this benefit includes fees that are related specifically to planning and carrying out active treatment for cancer; chemotherapy, radiotherapy, and immunotherapy. This includes tests, diagnostic imaging, consultations, and prescribed medicines (when receiving anti-hormonal drug as sole treatment for cancer, only the anti-hormonal drug expenses are covered).	100%	100%

If your treatment involves advanced therapy medicinal products (ATMP), this will be paid from the ATMP benefit.

Complete Plan and Hospital (continued)

Advanced Therapy Medicinal Products (ATMPs)	Hospital Plan	Complete Plan
We pay for ATMP treatment if it is: • administered by a specialist in the country where you receive it, and; • approved by the licensing authority in the country where you receive it, for your condition, stage of disease and stage of treatment that you have, and; • endorsed by an independent specialist appointed by One Health Insurance who confirms it: - as medically appropriate, based on established medical practice, or - is provided under a registered and ethically approved study, in this case, we will not apply the 'experimental or unproven treatment' exclusion. Please contact us for pre-authorisation before proceeding with treatment.	100%, one course of treatment for each condition per lifetime	100%, one course of treatment for each condition per lifetime

Out-patient treatment	Hospital Plan	Complete Plan
Dialysis (including home dialysis), intravenous drug infusion which is only available as an infusion (must be pre-authorised by the us)	100%	100%
Emergency room treatment in connection with acute illness or accident	100%	100%
Outpatient surgery at hospital or clinic	100%	100%
Out-patient treatment in connection with hospitalisation	100%	100%
Pre-examinations that are medically necessary in order to perform the surgery or treatment which is to take place during hospitalisation are covered up to 30 days prior to hospitalisation.	100%	100%
Check-ups that are medically necessary in order to verify that the customer is recovering successfully from the surgery or treatment received while hospitalised are covered up to 90 days after hospitalisation.	100%	100%
Physiotherapy following surgery is covered with up to 10 sessions.	100%	100%
Acute emergency dental treatment due to serious accident requiring hospitalisation In case of doubt, the decision will be eft with our dental consultant.	100%	100%

Complete Plan and Hospital Plan (continued)

Organ Transplant	Hospital Plan	Complete Plan
Organ transplant	100%	100%
• Per diagnosis and course of treatment per lifetime, to include all related costs up to the maximum benefit amount. • The insurance agreement must be valid throughout the course of treatment. • The procurement of the organ must be pre-authorised by us.	EUR 500,000	EUR 500,000

Inpatient Rehabilitation	Hospital Plan	Complete Plan
We pay for rehabilitation, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. We do not pay for room and board for rehabilitation when the treatment being given is solely physiotherapy. We pay for rehabilitation, only when you have received our pre-authorisation before the treatment starts, for up to 42 days treatment in each year of your agreement. For in-patient treatment one day is each overnight stay and for day-case treatment, one day is counted as any day on which you have one or more appointments for rehabilitation treatment. We only pay for rehabilitation where it: • starts within six weeks of in-patient treatment which is covered by your agreement (such as trauma or stroke), and • arises as a result of the condition which needed the in-patient treatment or is needed as a result of such treatment given for that condition Note: in order to give pre-authorisation, we must receive full clinical details from your consultant; including your diagnosis, treatment given and planned, and proposed discharge date if you receive rehabilitation.	Covered 100% Maximum per day EUR 600	Covered 100% Maximum per day EUR 600

Childbirth	Hospital Plan	Complete Plan
Normal delivery or medically essential caesarean section at a hospital or clinic	100%	100%

Non-medically essential caesarean section will be reimbursed up to a maximum of the customary charges for normal delivery of one child at a hospital or clinic Pre- and postnatal examinations are reimbursed under the Complete Plan as consultations (see also however Art. 9.2 f)

Delivery following infertility treatment, whether (1) by normal delivery at a hospital or clinic or (2) by medically essential or non-medically essential caesarean section, will be reimbursed up to a maximum of the customary charges for normal delivery of one child at a hospital or clinic

Hospital Plan and Complete Plan (continued)

Home Nursing	Hospital Plan	Complete Plan
For expenses incurred for medically prescribed assistance in your private home by a certified nurse or care worker (must be pre-authorised by us).	Covered up to EUR 65 per day	Covered up to EUR 65 per day
Maximum per insurance year	Covered up to EUR 2000	Covered up to EUR 2000

Hospice and Palliative Care	Hospital Plan	Complete Plan
Hospice and palliative care, maximum per lifetime	EUR 30,500	EUR 30,500

Local medical transport	Hospital Plan	Complete Plan
Ground transport to and from hospital when it is medically neccessary that special medical services and/or medical equipment are provided	100%	100%

Complete Plan

Under the Complete Plan out-patient benefits are reimbursed 90%, unless otherwise stated. If you have chosen a deductible, please note that the benefit limits for the benefits listed in the Table of Benefits will be reduced by any remaining deductible.

Once your deductible has been reached, all covered expenses will be paid in line with your benefit limits, up to a maximum of EUR 40,000 per policy year.

General Practioner	
Office consultation	90%
Telephone/prescription consultation	90%
Visit to a patient's domicile	90%
Maximum 15 consultations within a 30-day period	

Specialists*	
Eye and ear specialists, psychiatrists, other specialists	90%

Complete Plan (continued)

Psychologist and psychotherapist*	
Psychologist and psychotherapist, per consultation	90%
*A combined maximum of 15 consultations within a 30-day period for Specialists and Psychologist/Psychotherapist	

Therapists / Other Medical Assistance	
Psysiotherapy, occupational therapy	90%
Speech therapy, maximum 12 consultations per insurance agreement year	90%
Acupuncture, homeopathic treatment, kinesiology, neuraltherapy, phytotherapy and antroposophic treatment if performed by a specialist. Dietician consultations with a certified dietician Per policy year maximum	Covered 90% up to EUR 1,500
Laboratory test, X-ray, analysis, scan, injection	90%
Hearing aids, when prescribed by a specialist	90%
Full health screening, per policy year maximum	Covered 90% up to EUR 600

Chiropractor /Osteopath	
Examination, treatment, X-ray	50%

Medicine	
Prescribed medicine Dressings, appliances, vaccinations and injection	90%
Homeopathic and naturopathic medicine when prescribed by licensed specialist or a member of NVS (Naturheilpraktikerverband Schweiz) with the exception of the treatment list in art 9.2 o	90%

Optional Covers

Medical Evacuation & Repatriation

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

In all circumstances, we must be notified in order to make a pre-authorisation before the transport takes place, either directly or through the attending physician

Expenses are covered up to the overall annual maximum of EUR 2,000,000 of your insurance agreement and no deductible applies to this extension.

Medical Evacuation & Repatriation	
Transportation expenses by aeroplane or helicopter	100%
Accompanying person	100%
Return journey to residential address aborad/home country witin three months after completion of treatment	100%
Statutory arrangements in case of death, such as embalming and zinc coffin	100%
Transportation of the urn/coffin	100%

Dental & Optical

Expenses for dental care are reimbursed 75%, whereas expenses for glasses and contact lenses are reimbursed 50% up to maximum EUR 270 per person per policy year. Eye checks performed by an optician/ optometrist are reimbursed with 75% with a maximum of two visits per person per policy year.

A collective annual maximum of EUR 3,000 per person per policy year applies to the Dental & Optical supplement.

Dental Treatment	Six-months waiting period applies
• Examination • Tooth-cleaning • Individual preventive treatment • Filling: not compound, compound, double compound, enamel cement, plastic, single surfaced, plastic, multi surfaced • Root treatment: coronal amputation, apical amputation, root filing, acute opening of root cancal and following canals • Tooth extraction • Surgery • X-ray, simple and panoramic • Emergency treatment • Local anaesthesia • Occulsion bar • Retaining pivots, root screws and pivots • Prescription	75%

Crowns and Gold Inlay	12-month waiting period applies
• Gold, jacket, procelain crowns • Gold inlay, pivot teeth, plastic crowns • Build-up and recementation • Temporary corwns and implants	75%

Dental & Optical (continued)

Bridgework	12-month waiting period applies
Bridgework and repairs	75%

Treatment of Periodontitis	12-month waiting period applies
• Treatment of gingivitis and peirodontitis, preventive treatment included • Rootscaling • Periodontal surgery and membrane treatment	75%

Tooth adjustments and Dentures	12-month waiting period applies
Tooth adjustments	75%
Dentures and repairs	75%

Glasses / Contact Lenses	No waiting period applies
Normal or bifocal lenses and contact lenses, maximum Lenses for sunglasses and frames will not be reimbursed	Covered 50% up to EUR 270

Eye Check	No waiting period applies
Eye check performed by an optician/optometrist (maximum two visits per year)	75%

Terms & Conditions

This is a One Health Insurance designed and branded health insurance plan. The One Health Insurance team in Copenhagen, Denmark is your one point of contact on this insurance agreement.

Insurance agreement conditions
We/us/our refers to the insurer MGEN Portugal and One Health Insurance Agency A/S, the administrator of the insurance agreement on behalf of the insurer.

One Health Insurance Agency A/S
One Health Insurance Agency A/S is the administrator and your one point of contact. One Health Insurance Agency A/S (CRN 44788365) is the insurance distributor and is regulated by the Danish Financial Authority (FTID 36975). One Health Insurance Agency A/S is appointed as underwriter, policy administrator and claims handler by VYV International Benefits who represent the insurance company MGEN Portugal. One Health Insurance Agency A/S is responsible for the regulated activities, including the issuing of insurance agreement documents and the premium collection of this insurance agreement. One Health Insurance Agency is owned by One Health International CRN 43471635, which delivers services to One Health Insurance Agency.

VYV International Benefits
VYV International Benefits (SAS), 3/5/7 Square Max-Hymans, 75748 Paris Cedex 15, France, registered with the Paris Trade and Companies Register (SIREN no. 813 361 441) and registered as insurance intermediary with the French financial register (ORIAS nr. 16002500) represent MGEN Portugal, the insurer.
The coverage described in these Terms & Conditions is a voluntary group insurance contract subscribed by the Association of VYV International Benefits with the insurer MGEN Portugal.
Policy Number: MGENIB1100597SAN.

MGEN Portugal
MGEN Portugal Companhia de Seguros S.A. is the insurer of your insurance agreement. MGEN Portugal (CRN 517503131), Rua Duque de Palmela, 11 A 1250-097, Lisbon, Portugal, is regulated by the Portuguese Insurance and Pension Funds Supervisory Authority.

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Art. 1
Acceptance of the insurance

1.1: We shall decide whether the insurance can be accepted. In order for the insurance to be accepted, the application must be approved, and the related premium paid.

1.2: In order for the insurance to be accepted by us 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, we may offer the insurance on special terms to the contract holder. The contract holder is defined as the person who subscribes to this insurance agreement, on behalf of each insured person, who is responsible for paying the premium and ensuring that the terms and conditions are adhered to. The contract holder will receive an insurance certificate and each insured on the agreement will receive an insurance certificate showing the type of insurance purchased, deductible and any applicable special terms.

Applicants who are joining One Health Insurance from another medical insurance company have to fill out a transfer form. With this form, they can request to transfer and continue their current insurance agreement on the same terms and conditions including any existing medical exclusions or loadings.

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

Art. 2
Commencement of cover

2.1: Your cover can start once we have accepted your application form and your first premium payment has been received by us, including any applicable taxes. Your commencement date will be shown on your certificate of insurance. Your commencement date must be within 30 days from the date that you signed your application form. We will provide you with your insurance certificate, the List of Benefits, Terms & Conditions and insurance card(s).

Art. 3
Waiting periods in connection with new insurance contract and extension(s) of cover

3.1: When a new insurance contract is entered into, the right to payment 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 contract holder can prove simultaneous transfer from an equivalent insurance with another international health insurance company.
3.1.1: In the event of acute serious illness (this shall be determined to exist only after review and agreement by both the attending physician and our medical consultant) and serious injury (shall be determined to exist only after review and agreement by both the attending physician and our medical consultant), the right to payment 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 payment shall only take effect 12 months after the commencement date of the insurance,

b) for expenses incurred for routine dental work, the right to payment shall only take effect 6 months after the commencement date of the insurance. For expenses incurred for other dental work, the right to payment shall only take effect 12 months after the commencement date of the insurance

3.2: The contract holder may change the insurance cover, e.g., change of deductible, adding/removing extension cover(s) to another type of cover as from a renewal date by giving one month's notice by email, letter or phone to One Health Insurance and subject to proof of insurability according to Art. 1.

3.3: We 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 payment 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 payment 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 persons named in the insurance certificate, in this document called the insured, including children registered therein.

4.2: An application must be submitted for each person that the contract holder wishes to add to the insurance, including new born children.

4.2.1: If the insurance of one of the parents has been valid for a minimum of 12 months, new born children of the parent can be insured, irrespective of Art. 1.2, without submitting an application. A copy of the birth certificate must, however, be submitted within three months after the birth.

If the birth certificate is not submitted to us within three months after the birth, a Medical Questionnaire (Application form B) 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.

4.2.2: In case of adoption and for children born as a result of infertility treatment and/or born by a surrogate, the insured must submit a Medical Questionnaire for such children.

Art. 5
Where is cover provided?

5.1: The insurance shall provide worldwide cover unless otherwise stated in the insurance certificate.

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 List of Benefits. The benefits for which expenses are covered and the benefit limits are stated in the List of Benefits.

6.2: Payment shall be paid following our approval of the expenses as being covered by the insurance after the receipted and itemised invoices, provided with the agreement number, have been received by us.

6.3: Once the covered expenses have met the annual deductible, the amount payable will be paid. If your claim is for an amount higher than the value of your deductible or remaining deductible, we will pay for covered expenses after the deductible has been met in full. Once your deductible has been reached, all covered expenses will be paid in line with your benefit limits. The deductible shall apply per person per year.

6.3.1: In case of an accident where three or more family members insured with us are involved, only one deductible, the highest, is applied.

6.4: Medical practitioners and specialists performing treatment must have authorisation in the country of practice. Medical providers and facilities must also be authorised (cf. also art. 9.2 m). Authorisation is defined as being legally qualified to practise medicine or surgery following attendance at a recognised medical school and is recognised by the relevant authorities in the country in which the treatment is received as having specialised qualification in the field of, or expertise in, the treatment of the disease, illness or injury being treated. By 'recognised medical school', we mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.

6.5: In no event shall the amount of payment exceed the amount shown on a submitted premium notice. If the insured receives payment from us in excess of the entitled amount, the insured shall be under the obligation to repay us the excess amount immediately, otherwise we will set off the excess amount in any other account between the insured and us.

6.6: Payments shall be limited to the usual, reasonable and customary charges in the area or country in which the treatment is provided. Reasonable and customary is defined as the 'usual', or 'accepted standard' amount payable for a specific healthcare treatment, procedure or service in a particular geographical region, and provided by treatment providers of comparable quality and experience. These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by our experience of usual, and most common, charges in that region.

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

6.8: Any ex-gratia payments are at our discretion. If we make a payment to which the insured is not entitled under the insurance, this will still count toward the annual maximum cover per person per year.

6.8.1: We are not required to pay for any treatment or condition that is not covered by the insured's insurance cover, even if we have paid an earlier claim for similar or identical treatments or conditions, including where such earlier payment was made at our Company's error.

6.9: Our health insurance products cannot replace mandatory local insurance requirements.

Art. 7

Hospital Plan or Complete Plan

7.1: Either the Hospital Plan or the Complete Plan must be taken out before any other optional extension(s) can be added. The following terms shall also apply:

7.1.1: Either the Hospital Plan or the Complete Plan shall cover the medical expenses incurred by the insured's hospitalisation in accordance with the deductible chosen and the applicable benefit limits as stated in the List of Benefits. If the Hospital Plan is chosen, it is required that the insured is hospitalised in order to get payment under this plan.

7.1.2: We shall be notified immediately of any stays in hospital in accordance with Art. 13.2.

Art. 8
Extension: Medical Evacuation and Repatriation

8.1.: If the insurance has been extended to include Medical Evacuation and Repatriation, the following terms shall also apply:

8.1.1: Medical Evacuation and Repatriation can only be taken out as a supplement to etiher the Hospital Plan or the Complete Plan.

8.1.2: Medical Evacuation and Repatriation shall cover the reasonable expenses incurred for the insured's medical evacuation/repatriation in the event of acute

serious illness (this shall be determined to exist only after review and agreement by both the attending physician and our medical consultant), serious injury or death in accordance with the applicable benefit limits as stated in the List of Benefits.

8.1.3: Cover shall be provided subject to the attending physician and our medical consultant agreeing on the necessity of transferring the insured and agreeing whether the insured should be transferred to their country of residence/home country. Residence/home country is where the insured is living/spending most of their time or to the nearest appropriate place of treatment. In case of disagreement, the decision of our medical consultant shall prevail. The evacuation expenses for an eligible transportation are only covered if the transportation is arranged or pre-authorised by us.

8.1.4: The expenses for transportation covered under the insurance, but not arranged by us, shall only be compensated with an amount equivalent to the expenses we would have incurred, had we arranged the transportation.

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

8.1.6: One transportation is covered in connection with one course of an illness.

8.1.7: Medical Evacuation and Repatriation shall only apply if the illness is covered under the insurance.

8.1.8: In the event that the insured is evacuated/repatriated for the purpose of receiving treatment, including an 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.

8.1.9: In the event that the insured has received treatment covered by the insurance, but now has reached the terminal phase, defined as 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, and confirmed by our medical consultants, including an accompanying person, if any, shall be reimbursed for the expenses of the return journey to the insured's place of residence.

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

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

b) home transportation of the deceased.

8.1.11: We 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 our control.

Art. 9
Exceptions to cover

9.1: The insurance shall not cover expenses incurred for any disease, illness or injury known to the contract holder and/or insured at the time of application, unless agreed upon with us.

9.2: Furthermore, we shall not be liable for any expenses which concern, are due to or are incurred as a result of:

a) non-medically essential or cosmetic surgery and treatment, treatment of keloid scars and/or scar revision, even if the scar is causing a functional problem,

b) treatment for, or needed as a result of obesity (including diet pills),

c) any harmful or hazardous use of alcohol, drugs and/or medicines: treatment for or arising directly or indirectly, from the deliberate, reckless, including where the insured has displayed a blatant disregard for his/her personal safety or acted in a manner inconsistent with medical advice, harmful and/or hazardous use of any substance including alcohol, drugs and/or medicines; and in any event, from the illegal use of any such substance,

d) contraception, including sterilisation,

e) induced abortion unless medically prescribed,

f) any kind of infertility 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 mother and the new-born child/children. An application must therefore be submitted for children born as a result of infertility treatment and/or born by a surrogate mother. The application will undergo the standard underwriting procedure, according to Art.1,

g) sexual problems and gender issues: sexual problems, such as impotence, whatever the cause, or sex changes or gender reassignments,

h) hospital stay when it is used solely or primarily for any of the following purposes: receiving general nursing care or any other services which do not require the insured to be in a hospital and could be provided in a nursing home or other establishment that is not at hospital; receiving services which would not normally require trained medical professionals, e.g, help in walking and bathing, and pain management,

i) health certificates,

j) treatment of diseases during military service,

k) treatment for sickness or injuries directly or indirectly caused by the insured putting him/ herself in danger by entering a known area of conflict, defined as a country or part of a country, which the insured's resident country's Foreign Ministry classifies in the red category or equivalent category and warns its people not to go, as listed below: 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,

l) nuclear reactions or radioactive fallout,

m) treatment performed by an unrecognised medical practitioner, provider or facility. An unrecognised medical practitioner, provider or facility includes treatment provided by a medical practitioner, provider or facility 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 by any medical practitioner, provider or in any facility to whom we have sent a written notice that we no longer recognise them for the purposes of our plans, treatment provided by the insured, any family members, persons of a family relationship related to you by blood or by law or otherwise, or anyone with the same residence as the insured, or an enterprise owned by one of the above-mentioned persons. A full list of the family relationships falling within this definition is available on request,

n) treatment or surgery to correct refractive errors in the eyesight, due to eg myopia, hyperopia/ hypermetropia, astigmatism and presbyopia, such as laser treatment, refractive keratotomy and photorefractive keratectomy, clear lens extraction, or accommodative intraocular lenses,

o) treatment by naturopaths or homoeopaths and naturopathic or homoeopathic medications and other alternative methods of treatment, unless treatment is performed and/or medication is prescribed by a licensed specialist or member of NVS, Naturheilpraktikerverband Schweiz,

p) any experimental or unproven treatment:

- including diagnostic investigation, testing or treatment, including medicine, which is experimental due to lack of acceptable current clinical evidence

- as well as clinical tests, treatments, equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy, defined as International medical and scientific evidence which include peer reviewed scientific studies published in or accepted for publication by medical journals that meet internationally recognized requirements for scientific manuscripts.

This does not include individual case reports, studies of a small number of people and clinical trials which are not registered. This includes: any test, treatment, equipment, medicine, device, or procedure that is not considered to be in standard clinical use but is, or should, in our reasonable clinical opinion, be, under investigation in clinical trials with respect to its safety and efficacy.

Any tests, treatment, equipment, medicine, products, or procedures used for purposes other than defined under its licence, unless this has been pre-approved by us in line with its criteria for standard clinical use.

Standard clinical use includes: treatment agreed to be "best" or "good practice" in national or international evidence-based, but not consensus-based, guidelines, such as those produced by the Danish Health Authority, excluding medicines approved through EMA or equivalent national specialist bodies in the country of treatment the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or One Health Insurance's in-house Clinical Team) indicate that the treatment is safe and effective; where the treatment has received full regulatory approval by the licensing authority, e.g. U.S. Food and Drugs Agency (FDA) and the European Medicines Agency (EMA) in the location where the customer has requested treatment, and is duly licensed for the condition and patient population being requested. Please note – full regulatory approval would require submission of data to the local licensing agency that adequately demonstrated safety and effectiveness in published phase 3 trials; and/or tests, treatments, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which treatment is requested.

Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not considered appropriate evidence to demonstrate a test, treatment, equipment, medicine, device, or procedure should be used in standard clinical use. Where licensing authority approval to market tests, treatment, equipment, medicines, devices, or procedures does not, in our medical consultants' reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail,

q) any treatment or medicine which is not proven to be effective based on acceptable current clinical evidence. Defined as international medical and scientific evidence which include peer reviewed scientific studies published in or accepted for publication by medical journals that meet internationally recognised requirements for scientific manuscripts.

This does not include individual case reports, studies of a small number of people and clinical trials which are not registered,

r) any of the following traditional Chinese medicines: cordyceps; ganoderma; antler; cubilose; donkey-hide gelatin; hippocampus; ginseng; red ginseng; American Ginseng; Radix Ginseng Silvestris; antelope horn powder; placenta hominis; Agaricus blazei murill; musk; and pearl powder, rhinoceros horn and substances from Asian Elephant, Sun Bear, and Tiger or other endangered species,

s) inpatient treatment for more than 90 continuous days for permanent neurological damage or when the insured is in a persistent vegetative state.

Defined as a state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and the person does not respond to stimuli such as calling their name or touching.

The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition,

t) Artificial Life Maintenance, including mechanical ventilation, when the patient is in a state of profound unconsciousness and/or with no sign of awareness or a functioning mind, where such treatment will not or is not expected to result in the customer's recovery or restore the customer to the customer's previous state of health. This means, e.g., cover is not provided when the customer is unable to feed and breathe independently and requires percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days,

u) any genetic testing, unless medically prescribed and necessary due to the test having direct impact on the treatment of an existing covered disease, or necessary for prenatal testing due to suspicion of foetal abnormality.

Art. 10
How to report a claim

10.1: Any claim for payment 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 invoices provided with the agreement number to us. We scan submitted claims upon receipt. Any retrieval of the submitted claims is not possible. We reserve the right at any time to require provision of original invoices from the insured. If an original invoice is not provided upon request, we may deny payment of the expenses to which the invoice relates.

We request that a claim for any benefits is submitted up to 180 days after the date of the loss causing the claim; however, in accordance with Danish law, we will consider claims filed up to 3 years after the date of the loss causing the claim. After expiration of this term, the insured has no rights or obligations.

After cancellation of this insurance agreement, claims for expenses incurred while the insurance agreement was in force shall be considered if they reach us within 3 years of the event that caused the claim. No action for the recovery of any claim for benefits shall be sustainable thereafter.

10.2: We 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 or email.

10.3.1: We will reimburse you in the currency in which we receive the premium.

10.3.2 The exchange rate we use will be determined by XE.com closing spot rate set at 17.00 Danish time on the latest Danish working day before the invoice date. If there is no invoice date, we will use your treatment date.

Art. 11
Cover by third parties

11.1: Where there is cover by another insurance agreement or healthcare plan, this must be disclosed to us when claiming payment, and the cover under this insurance shall be secondary to any such other insurance agreement or healthcare plan. In order to have the deductible written down with the amount covered by the other insurer, it is a requirement that the deductible has not already been used in connection with earlier claims. One Health Insurance does not correct previous payments in order to assess expenses related to another insurer.

11.1.1.: Upon receipt of an itemised statement from another insurer and a copy of the invoice we will apply the amount reimbursed by that other insurer to write down the existing deductible and/or co-insurance on the insured's One Health Insurance plan if the reimbursed benefits would have been covered by One Health Insurance.

11.2: In these circumstances, we will coordinate payments with other companies, and we will not be liable for more than our pro-rated part of the invoice.

11.3: If the claim is paid in whole or in part by any scheme, programme or similar, funded by any Government, we shall not be liable for the claim in question.

11.4: The contract holder and any insured undertake to cooperate with us and to notify us immediately of any claim or right of action against third parties.

11.5: Furthermore, the contract holder and any insured shall keep us fully informed and shall take any reasonable step in making a claim upon another party and to safeguard our interests.

11.6: In any event, we shall have the full right of subrogation. Subrogation is the insurer's right to enforce a remedy which the insured has against a third party and the insured's right to require the insured to repay the insurer if the insurer has paid expenses recouped by the insured from a third party.

Art. 12
Payment of premium

12.1: Premiums are determined by us and shall be payable in advance. We adjust the premiums once a year as from the renewal date on the basis of changes in the cover and/or the loss experience in the insurance class during the previous calendar year.

12.2: The premium is age-related and will therefore also be adjusted on the first renewal date after the insured's birthday.

12.3: The initial premium shall fall due on the commencement date. The contract holder may choose between quarterly, semi-annual and annual payment.

12.4: Changes in the terms of payment can only be made at 30 days' notice by email, letter or phone prior to the renewal date.

12.5: The premium is due on the due date (the date on which a premium is due to be paid stated in the premium notice).

12.6: The contract holder shall be responsible for punctual payment of the premium to us. If the premium has not been received by us on the due date, our liability shall cease.

12.7: The contract holder's attention is drawn to Art.6.5 regarding payment of outstanding amounts.

12.8: In addition to paying premiums, the contract holder may also have to pay the amount of any Insurance Premium Tax (IPT) and any other taxes, levies or charges relating to their insurance agreement that we are required by law to pay or to collect from the contract holder, driven primarily in principal by the country of residence of the contract holder. The contract holder is required to pay to us any such IPT, taxes, levies and charges as well as premiums, unless otherwise required by law.

12.9 Premium will be collected by One Health Insurance Agency A/S as agent for and on behalf of the insurer.

12.10: During period of coverage, the premiums will change with each renewal according to the age of the insured on the insurance agreement. In the event of the addition of a new insured, the current premium is increased by the amount of the premium corresponding to the age reached by this new insured at the time the coverage takes effect.

Premiums may be modified each year according to the technical results of the contract.

Art. 13
Information necessary to us

13.1: The contract holder and/or the insured shall be under the obligation to notify us by email, letter or phone of any changes of name or address, change in residency, and changes in health insurance cover with another company, including a consolidated company.

The contract holder is required to immediately notify us if any of the insured become a permanent resident of the U.S., as described under Article 14.7. We must also be notified in the event of death of the contract holder or an insured. We shall not be liable for the consequences if the contract holder and/or the insured fails to notify us in such events.

13.2: The contract holder and/or insured shall also be under the obligation to provide us with all information reasonably required for our handling of the contract holder's and/or the insureds' claims against us, including provision of original invoices upon our request.

13.3: In addition, we 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, we shall be entitled to obtain any medical records or other written reports and statements concerning the insured's state of health.

13.4: We fully comply with applicable data protection legislation (see also art. 19.1). Generally, we therefore cannot disclose any personal or sensitive information (e.g., medical information) nor discuss cases with anyone not authorised by the insured in question. It is therefore recommended that the insured authorises any person the insured wants to share information with. A third party authorisation form will be provided by us on request.

Art. 14
Assignment, cancellation, termination and expiry

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

14.2: The insurance is automatically renewed on each renewal date.

14.2.1: The insurance may be terminated by the contract holder with effect from the end of a calendar month with one month's prior notice by email, letter or phone.

14.2.2: The contract holder has the right to withdraw from the purchase of the insurance. The period during which the insurance can be withdrawn lasts 28 days and begins on the date on which the contract holder has entered into the insurance agreement. This will normally be on the date on which the contract holder has purchased the insurance and/or received the insurance documents. Under the Danish Insurance Contracts Act the contract holder has a right to receive certain information about the right to cancel the insurance and about the insurance. The notice period for cancellation does not commence until the contract holder has received this information in writing (e.g., on paper or by email). If, for example, the contract holder receives the insurance documents, and also has received the above information, e.g., on Monday the 1st, its possible to cancel the insurance until and including Monday the 29th. If the period expires on a public holiday, Saturday or Sunday, the contract holder can wait until the following day. If the contract holder wants to withdraw the insurance, we must be notified by letter, email or phone. Our contact details are listed at the end of this document. It is sufficient that we are contacted before the expiry of the notice period.

14.3: Where upon taking out the insurance or subsequently, the contract holder 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 us, the insurance contract shall be void and shall not be binding on us.

14.4: Where upon taking out the insurance or subsequently, the contract holder and/or the insured has disclosed incorrect information, the insurance contract shall be void, and we shall not be liable if we would not have accepted the insurance if the correct information had been disclosed. If we would have accepted the insurance but on other terms, we shall be liable to the extent to which we would have undertaken the obligations in accordance with the agreed premium.

14.4.1: In the event that the insurance contract is considered void, according to Art. 14.3 or Art 14.4, we shall be entitled to a service charge which is set as a specified percentage of the premium paid.

14.5: Where upon taking out the insurance, the contract holder and/or the insured neither knew nor should have known that the information disclosed by them was incorrect, we shall be liable as if such incorrect information had not been disclosed.

14.6: We can stop or suspend an insurance product at three months' notice prior to the renewal date.

14.7: The contract holder is required to immediately notify us by email, letter or

phone if any of the insured become a permanent resident of the U.S., failing which we may terminate the insurance with immediate effect or (where permitted to continue the insurance until such date) with effect from the renewal date, if the law of the country in which the insured is located, or the insured's country of residence, this should be the country in which the relevant authorities consider the insured to be resident for the duration of the insurance, or nationality, or any other law which applies to us or this insurance, prohibits the provision of healthcare cover by us to local nationals, residents or citizens.

Without limitation to the foregoing, the insurance shall not be renewed at the next renewal date if the contract holder and/or any of insured becomes a permanent resident of the U.S., their cover under the insurance shall not be renewed at the next renewal date.

'Permanent resident' shall mean a person residing in the U.S. who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in the U.S., and 'U.S.' shall include the Commonwealth of Puerto Rico for this purpose.

14.8: Sanction clause: We will not provide cover nor pay claims under this insurance agreement if our obligations under the laws of any relevant jurisdiction, including the European Union, the UK, the United States of America, or international law, prevent us from doing so. We will normally tell the contract holder if this is the case unless this would be unlawful or would compromise our reasonable security measures. This insurance agreement does not provide cover to the extent that such cover would expose us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, the UK or United States of America, or under other relevant international law.

14.9: Our liability in connection with the insurance, including liability for payment for medical expenses for ongoing treatment, aftereffects, 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 agreement. Accordingly, upon expiry, cancellation or termination of the insurance, an insured's right to claim payment shall cease. Claims for payment of medical expenses incurred during the agreement period must be submitted as soon as possible and will be considered if they reach us within 3 years of the date of the claim or 3 years of the date of expiry, cancellation or termination of the insurance in order to be eligible for payment whichever comes first.

Art. 15
Complaints

15.1: We are always pleased to hear about any aspect of the insurance cover that the insured has particularly appreciated, or which may have caused any problems.

If something does go wrong, we have a simple procedure to ensure that all concerns are dealt with as quickly and effectively as possible.

For any comments or complaints, the One Health Insurance Team can be contacted by phone or email, or by writing to us:

One Health Insurance Agency A/S
8 Palaegade
DK-1261 Copenhagen K
Denmark

Email: Complaints@onehealthint.com

Tel: +45 32 26 88 11

Or to:

VYV International Benefits
Customers Department
Adress 3 Square Max Hymans 75 748 Paris Cedex 15, France

Email: clients@vyv-ib.com

15.2: External appeal
If we can't settle your complaint, you may be able to refer your complaint to an independent organisation for review. In most cases this will be one of the two below:

1) The Insurance Complaints Board
Oestergade 18,2.
DK-1100 Copenhagen K
Denmark

Email: ankeforsikring@ankeforsikring.dk

Tel +45 33 15 89 00

website: www.ankeforsikring.dk/sider/english.aspx

2) or alternatively, you can find your local country of residence's appeals board on

this link: https://www.eiopa.europa.eu/how-can-i-complain_en

Art. 16
Confidentiality

16.1: The confidentiality of patient and insured information is of paramount concern to One Health Insurance Agency A/S. To this end, One Health Insurance Agency A/S fully complies with applicable data protection legislation and medical confidentiality guidelines. Please see 'Privacy Notice' below.

Art. 17
Applicable Law

17.1: The insurance agreement 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. A copy can be obtained at any time by contacting our team on +45 32 26 88 11 or write an email to One@onehealthint.com

Privacy Notice

This paragraph sets out how your personal data is collected and processed and your rights. Please refer to our website www.onehealthinsurance.com/privacy-policy for the full Privacy Policy.

One Health Insurance Agency A/S, its parent company One Health International ApS, VYV International Benefits and MGEN Portugal are the joint controllers of your personal data. Equally, One Health Insurance Agency, One Health International, VYV International Benefits and MGEN Portugal are joint processors of your personal data.

We respect your privacy, and we are committed to protecting your personal data.

We collect your personal data, including but not limited to, special categories of personal data about you. This includes Information about your age, physical or mental health, including genetic or biometric information. Where we need to collect personal data by law, or under the terms of this insurance agreement we have with you, and you fail to provide that data when requested, we may not be able to provide insurance services to you. In this case, we may have to cancel your insurance agreement with us.

We will only use your personal data when the law allows us to. You have rights under Data Protection Laws in relation to your personal data. These include the rights to request access to your personal data; request correction of your personal data; request erasure of your personal data; object to processing of your personal data; request transfer of your personal data and right to withdraw consent.

One Insurance
One Policy
One Team
One Address
One Personal Advisor
One Point of Contact
One Call

Individually tailored
Worldwide coverage
20+ years of industry excellence
Based in Copenhagen
End to end guidance and service
A global network of experts
Everything taken care of

One Health Insurance Agency ApS
8 Palaegade,
DK-1261 Copenhagen K, Denmark
T: +45 32 26 88 11 E: one@onehealthint.com
W: onehealthinsurance.com