

Pre-Purchase Information Health Insurance

This is a brief overview of the insurance and information that you as the consumer are entitled by law to receive. You will find the full terms and conditions on our website www.dkvhalsa.se. The Swedish Insurance Contracts Act and general Swedish law are otherwise applicable.

Please read through this information and save it.

Information about the product

The health insurance includes two different elements: rehabilitation and counselling.

The rehabilitation insurance helps employers with the rehabilitation of employees with long or repeated absence or those at risk of long-term sick leave. The insurance reimburses reasonable costs for investigating rehabilitation needs as well as expenditure incurred for measures during the rehabilitation phase. The insurance covers the costs of insurance cases that occur during the insurance period stipulated within the terms of insurance. The maximum compensation paid by the insurer for measures under the insurance is limited to two (2) price base amounts per insurance case.

An insurance case arises when an employee covered by the insurance:

- has been absent from work for a period of more than three consecutive weeks
- has frequent shorter periods of illness (at least six occasions in one year)
- has a medically documented and obvious risk of absence as described above.

An insurance case shall be deemed to have arisen at the time when the insured party contacts the insurer in order to report an injury.

Counselling helps employees with psychosocial problems in the form of telephone guidance with a behaviourist. The problems can be work-related or private. The person who receives counselling can remain anonymous.

Summary of what the insurance contains

- rehabilitation counsellor
- meeting/talk therapy with a psychologist, up to 10 occasions per insurance case
- treatment by a physiotherapist, naprapath or chiropractor – up to 10 occasions per insurance case
- diet and exercise guidance – up to 5 occasions per insurance case
- professional life planning – up to 10 occasions per insurance case
- multiprofessional team of specialists
- occupational therapist or ergonomist
- counselling by phone – for employees and employer
- when taking out the health insurance, the employee also gets access to an app with various programmes such as: Get started (physical activity), Stress less, A little healthier (eating habits), Quit smoking, Feel better (thoughts) and Balance (drinking habits).

See the section “Important limitations” on page 3 to see what the insurance does not cover. If there is any special coverage that is important to you, please contact us or your intermediary to find out if the insurance policy contains it.

Helpline

With expected long-term sickleave, frequent shorter periods of illness or obvious risk of absence, the employer contacts Helpline by calling, på 0770 – 456 78; phone hours are weekdays (not public holidays) between 08:00–17:00.

Helpline ensures that the employee is assigned a rehab counsellor who guides the employer and the employee throughout the rehab process.

Whenever in need of Counselling, the insured can call Helpline at 0770-456 780, touch-tone 3.

Period of liability

The period of liability is the period during which compensation can be paid for each insurance case. The period of liability of the insurer is limited to a maximum of one year per insurance case. Rehabilitation guidance is considered to have commenced at the first contact with the rehabilitation counsellor. A precondition is that the insurance is valid. If the insurance has expired, the period of liability ends, as does the remuneration.

Travel and subsistence costs

The insurance does not cover any travel or subsistence costs.

Excess

The insurance applies without excess.

Who can take out the insurance?

The insurance can be taken out for a defined group of at least 5 persons with mandatory affiliation. In order for an employee to be able to take out the insurance, they need to be between 16 and 66 years old, have their home address in one of the Nordic countries and be connected to a social insurance office in that country. The employee also needs to certify that they satisfy the conditions to be considered to have “No pre-existing conditions”. “No pre-existing conditions” means that the insured person:

- can carry out their work without exception
- is not otherwise receiving benefits in connection with a sickness, injury, disability, or has been granted such benefits which are currently inactivate
- does not have adapted work, salary subsidy or similar for health reasons.

The individual employee may opt out of membership in the insurance policy and DKV Hälsa shall be notified by written confirmation of which person/s are opting out. If the person wishes to join the agreement at a later date, individual conditions with a health declaration apply.

When does the insurance start to apply?

The insurance agreement is valid from the date on which the insurer has received written notice that the agreement is accepted by the policyholder and the first premium has been paid.

Where is the insurance valid?

The insurance applies in the Nordic countries at healthcare providers, hospitals and clinics with which the insurer has a cooperation agreement.

Responsibility of the treating institutions for the treatment

The insurer has entered into agreements with hospitals and specialists who offer treatment to those persons insured with the insurer. The financial consequences of errors or mistakes in conjunction with treatment are the responsibility of the treating institutions, not the insurer. Nor is the insurer responsible for injury or other damage of a non-financial nature.

Termination of the agreement

The insurance ceases to be valid according to the following:

- when the insured party is no longer a member of the group, the insurance ceases to be valid three months from the date when the insured party leaves the group
- when the insured party turns 72 years of age, if no other agreement has been established or indicated in the insurance policy
- when the insured party is no longer permanently residing in the Nordic countries, unless otherwise specifically agreed
- from the time the insured party is no longer affiliated with a social insurance office in the Nordic countries
- from the time the insurance agreement ceases to apply due to termination by the policy holder
- from the time that notice of termination of the insurance agreement is given until the end of a premium period, but no earlier than one month after such notice has been sent to the policy holder and relevant group members.

The right to reimbursement of costs relating to treatment ceases to apply when the insurance policy is no longer valid.

Tax rules

The premium for the health insurance is deductible for the employer. The employee is not subject to benefit taxation for the health insurance.

Changes to premiums and terms

This is only a brief overview. Scope, duration of agreement and price are indicated in the insurance policy. The insurer can amend the terms of insurance and premium each year in conjunction with the annual renewal. The insurer can amend the premium as a result of changes in the relationship between costs of injury and premium.

Insurance period and renewal

The insurance agreement is renewed each year as long as the premium is paid and the insurance policy is not terminated.

The insurer retains the right to refuse renewal of an insurance when special grounds entail that it is reasonable to terminate the insurance arrangement.

Premium payment

An insured party or payer receives notification regarding payment of the premium. The deadline for payment of the premium, aside from the initial payment, is one month from the date that the insurer issues the premium notification.

If the premium is not paid by the deadline, the insurer will send a reminder with a payment deadline of at least 14 days. A statutory reminder fee is charged for each reminder. If payment of the premium, aside from the initial payment, is not made by the date specified in the reminder, the insurer's liability ceases to apply. The insurer may give notice of termination of the insurance fourteen days from such notice, if the premium has not been paid during this time. The notification of termination and the date when the policy expires are to be sent to the group representative and the other members.

Important limitations

The insurance does not cover costs for:

- care and rehabilitation with the exception of that which is described in specific terms and conditions no. 07.01.01 and 01.02.07
- coordination and investigation in conjunction with notice of termination, dismissal, lay-off and employer bankruptcy
- interpreter costs
- scheduled consultation and treatment where the insured party does not appear or cancels the appointment later than 24 hours beforehand
- travel expenses for the employee
- individual guidance and coaching (outplacement) with regard to new employment, training or career
- treatment by a psychiatrist and/or at a psychiatric institution, or an institution for treatment of personality disorders
- treatment of psychosis or other serious mental illnesses
- medical referrals, prescription of drugs or certificates relating to sicklisting
- purchase, rental and testing of medical devices
- purchase of medication
- the insurer does not reimburse costs or expenses that can otherwise be compensated through laws, regulations, conventions, other insurance or collective agreement.

General important limitations

The insured party cannot make any claim under these terms and conditions if the insurer is prevented from fulfilling its obligations due to force majeure. For more information see the full terms and conditions.

Terms of insurance

For complete insurance information, see the terms of insurance on our website www.dkvhalsa.se. The consumer can contact DKV Hälsa and request that this information be sent by post. For more information, please contact your insurance intermediary or DKV Hälsa at admin@dkvhalsa.se.

Insurer

The insurer is Storebrand Helseforsikring AS, C.I.N. 980 126 196 in the company register Foretaksregistret, Brønnøysund, Norway, address Professor Kohts vei 9, Postbox 464, N-1327 Lysaker, Norway.

The insurer is represented in Sweden by Storebrand Helseforsikring AS Norway, branch office in Sweden, C.I.N. 516402-6998, Vasagatan 10, S-105 39 Stockholm, with trade name DKV Hälsa, www.dkvhalsa.se.

Processing of personal data

- We process personal data in order to register and administer the healthcare insurance at DKV Hälsa and to determine correct terms for your contract.
- The personal data that you have provided to DKV Hälsa are necessary for us to manage your customer relationship and fulfill our contractual obligations. Personal identity number is required to secure identification and ensure proper reporting to the authorities.
- We store information as long as you are customer with us. The data is deleted when we no longer have obligations under the agreement or other regulations.
- You can read more about your rights, such as the right of access, rectification and erasure, in our privacy policy at www.dkvhalsa.se.
- The CEO of DKV Hälsa is responsible for how your personal data is being processed. If you have any questions about the processing of personal data you can send an email to dataskyddsbud@dkvhalsa.se. You can also send a letter to DKV Hälsa, Dataskyddsbud, 105 39 Stockholm.

Registration and forwarding of health-related information/medical documentation

Health-related information/medical documentation received by the insurer can be registered and forwarded to a selected treatment institution.

Right of withdrawal

The insured party has the right to withdraw an application for insurance within 30 days of the policyholder being informed that the insurance has been granted. Any premium is repaid to the premium payer. If the right of withdrawal is utilised, the insurance is considered never to have entered into effect.

Complaints and compensation claims

If you have any questions or complaints about the insurance, these can be directed to DKV Hälsa by phone, e-mail or regular mail. If you have a complaint and you deem it to be a serious complaint, we recommend that you submit this by e-mail to klagomal@dkvhalsa.se.

If we are not in agreement, you can turn to the National Board for Consumer Disputes (ARN) or the Board for Insurance of Persons (Personförsäkringsnämnden). Free advice can be obtained from the Swedish Consumers' Insurance Bureau. Insurance cases can also be examined in the Swedish courts, primarily at the District Court.