Pre-Purchase Information Healthcare Insurance Group

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.

DKV Hälsa is the Swedish branch of operations of the Norwegian insurance company Storebrand Helseforsikring AS. The insurer is Storebrand Helseforsikring AS.

Healthcare insurance – a brief description

- the healthcare insurance covers scheduled healthcare from examination to treatment/operation
- unlimited treatment time as long as the insurance is valid
- no amount limit for care and treatment
- guarantee: treatment within max. 14 working days
- the possibility of personally influencing the treatment time
- the insurance can be retained until the insured party turns 72 years old (there is the option of extending the insurance to one's entire lifetime).

See the section "Important limitations" on page 5 to see what the insurance does not cover. If there is a special coverage that is important to you, please contact us or your intermediary to find out if the insurance policy contains it.

The healthcare insurance is available in two levels: Plus and Top.

Healthcare insurance Plus

Private care

Appointments for care and treatment are made simply using Helpline. Expenses for appointments are directly invoiced by the healthcare provider to Helpline.

Helpline

If you are in need of care, call Helpline to speak with a registered nurse who will assist in planning the care. Helpline can be reached by calling 0770-456 780; phone hours are weekdays (not public holidays) between 08:00–17:00.

You can also contact Helpline using our app DKV Hälsa, which is available in App Store or Google Play.

Period of liability

The period of liability is the period during which compensation can be paid for each insurance case. The insurer's period of liability is unlimited while the insurance is valid. If the insurance has expired, the period of liability ends, as does the remuneration.

Rehabilitation

Rehabilitation for up to 28 days at a rehabilitation institution in the Nordic countries. The rehabilitation must be a necessary part of the surgery/hospitalisation, on referral from a doctor, and must be pre-approved by the insurer.

Second opinion

In the event of a life-threatening illness or injury, or a particularly risky treatment, an additional evaluation can be provided by another doctor (second opinion). This applies to one consultation per insurance case and must be approved by the insurer.

Crisis support

The insurance covers costs for up to 10 psychotherapy sessions per insurance case, for example, in the event of an accident, death, serious illness, assault or break in.

Specialist medical treatment

Treatment, examination and diagnosis by a general practitioner or specialist.

Day surgery

Operation without overnight stay at a private hospital or specialist.

Hospitalization

- operation that requires at least one overnight stay at a private hospital
- treatment of medical causes
- rehabilitation.

Cancer treatment

- surgical procedures
- radiotherapy
- chemotherapy.

Public healthcare

Appointments are booked personally by the insured party and shall be approved by Helpline. Compensation for expenses relating to patient fees is paid after original receipts and insurance claims have been submitted.

Travel and subsistence costs

The insurance covers travel and subsistence costs in conjunction with hospitalisation and/or surgery. In the event of an appointment/examination with a specialist, the insurance covers costs for travel if the distance between the home and treatment facility is greater than 150 km one way.

Treatment guarantee

The insurance guarantees the insured party treatment within 14 working days of the day the insurance company receives complete and necessary medical documentation.

Physiotherapist, naprapath and chiropractor

Physical therapy by a licensed physiotherapist, chiropractor and/or naprapath after referral from a doctor. Up to 24 treatments per calendar year.

Healthcare insurance Top

In addition to what is included in the healthcare insurance Plus, the following is also included: treatment at a stage II psychologist/psychotherapist for mild psychological problems, up to 10 consultations per insurance case. The insured party also has access to a telephone service called Personal Support (Personstöd) which is open 24 hours a day.
The purpose of Personal Support is to counteract stress-related ailments and tackle the problem before illness and related absence become a reality. Advice is provided for a variety of areas that the insured party perceives as inducing stress.

Healthcare insurance VIP

There is also the option of taking out a supplementary insurance called VIP.

In addition to the cover provided in Top, this also covers the following elements:
- drugs
- speech therapist
- dietician
- eye examination
- reimbursement for home assistance
- reimbursement for medical aids
- vaccination.

The terms of the supplementary insurance take precedence over the section “Important Restrictions” on page 5.

In addition to the options above, the insurance can also be taken out with or without requirements relating to referral, excess and qualifying period. Referral requirement and excess cannot be combined.

Excess

The insurance can be taken out with or without excess. The excess is calculated on each separate insurance case and must be paid by the insured party directly to the healthcare provider. The amount of the excess is stated the insurance statement.

No excess has to be paid for treatment by physiotherapist, chiropractor, naprapath and psychologist.

Referral

Referral requirement means that the insurance only reimburses costs for healthcare and treatment for which the primary treating doctor has provided a referral. There is no reimbursement for care or treatment costs that have arisen before a referral to a doctor within specialist care has been issued.

Qualifying period

A collective insurance agreement can be taken out with or without a qualifying period. If the insurance is taken out with a qualifying period, the insurance does not reimburse treatment in connection with illness or injury that has been treated or known to the insured party prior to taking out the insurance. Existing illnesses can be covered by the insurance if they have been 100% free from symptoms, check ups, medication and treatment during the last 24 months before the illness or injury was reported to the company.

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 for being “of full earning capacity”. “Of full earning capacity” means that the person to be insured can perform their regular work with the scope of a full-time position. Those who have fully or partially diminished work capacity, or who receive compensation from a social insurance body as a result of fully or partially diminished work capacity, are under no circumstances considered to be of full earning capacity.

An employee who is connected to a collective insurance agreement can also insure their spouse/commonlaw spouse and children. Agreements for co-insured parties can only be signed with a qualifying period. For more information see our full terms of insurance.

When does the insurance start to apply?

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

Where is the insurance valid?

The insurance is valid in the Nordic countries at healthcare providers, hospitals and clinics with which the insurer has cooperation agreements. In the event of more serious diagnoses such as cancer, there is the possibility of receiving healthcare outside the Nordic countries via our Best Care network. This care must always be pre-approved by the insurer.

Responsibility of the treating institutions for the treatment

The insurer has entered into agreements with hospitals and specialists who offer treatment to 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 insurance for a Co-insured party ceases to be valid when the employee is no longer covered by the collective insurance agreement.

In a collective insurance agreement, there is in some cases the option of taking out continued insurance and/or follow-up cover.

Tax rules

If the premium for the healthcare insurance is paid by a company the premium is deductible in the amount of 100% and the employee is subject to benefit taxation in the amount of 70%. If the employer pays the co-insured party premium for an employee, the following applies: the entire premium is deductible for the company, the entire premium is a taxable benefit for the employee and social security contributions are payable on the entire premium.

Changes to premium and terms

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 a 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 only covers treatment that is medically necessary.

The insurance does not cover costs for:
- treatment of illness/injury requiring emergency assistance/treatment
- treatment that is not medically necessary
- cosmetic treatment
- treatment of obesity
- injury sustained through a nuclear explosion
- removal and examination of skin changes/moles/birthmarks without suspicion of malignancy
- treatment where the insured party fails to appear or cancels later than 24 hours beforehand
- dialysis treatment
- treatment or surgery relating to sterilisation, abortion, prevention, pregnancy, birth, family planning/infertility or gender reassignment and the consequences of such treatment
- treatment for diseases covered by the Communicable Diseases Act
- investigation, treatment and surgery for sleep disorders
- dental care
- treatment or surgery as a result of injury/pain/illness that the insured party caused themselves through gross negligence or risky behaviour
- treatment by psychiatrists or at a psychiatric institution
- treatment of psychosis or other serious mental illnesses
- purchase, rental and testing of medical devices
- purchase of medication
- eye test, glasses and contact lenses as well as corrective surgery for near- and far-sightedness and astigmatism
- vaccination, preventative health check and certificates, unless otherwise agreed
- stays at a rehabilitation institution without active rehabilitation
- investigation and treatment of dementia
- 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

This leaflet is a summary. For complete insurance information, see the terms of insurance on our website www.dkvhalsa.se. For more information, please contact your 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 admin@dkvhalsa.se. You can also send a letter to DKV Hälsa, 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.

If you change your mind

You have the right to withdraw from the insurance agreement within 30 days of it being signed or after the insurance agreement has been sent out. Any paid premium is repaid with a deduction for the time the insurance has been in effect, in addition to a deduction for DKV Hälsa's costs. A request for annulment of the agreement is to be made in writing to DKV Hälsa.

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.

DKV Hälsa refers to Storebrand Helseforsikring AS Norway, branch, S-105 39 Stockholm, telephone +46 8 619 62 00, admin@dkvhalsa.se, www.dkvhalsa.se, C.I.N. 516402-6998, registered in the branch register Filialregisteret. DKV Hälsa sells this insurance for Storebrand Helseforsikring AS, postbox 464, N-1327 Lysaker, Norway. Telephone +47 22 31 13 30, www.storebrandhelse.no, Storebrand Helseforsikring AS, C.I.N. 980 126 196 in the Norwegian company register Foretaksregistret.

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