Health care insurance
Health care insurance Basic
Preventive and rehab insurance

Terms and conditions for group insurance

Terms and conditions for group insurance SJV 901:4
Valid from 1 January 2023

Contents

A Information about your insurance policy

Swedish law applies to this insurance policy. The most important provisions of the insurance contract are stipulated in the Swedish Insurance Contracts Act.

All communication is to take place in Swedish.

Insurer

The insurer is Länsförsäkringar AB (publ), Corp. Reg. No. 502010-9681. The registered offices of the Boards of Directors are located in Stockholm, Sweden.

"We," "our" and "us" refers to the insurance companies stated above.

Group insurance

Group insurance refers to a group policy that we have signed with a group representative for group members. The group representative can be your employer, for example, and if you belong to the group, for example as an employee, you are a group member. A spouse/cohabitee and children can also be covered by group insurance as a co-insured.

"You" and "your" refers to the insured person to which the insurance policy applies.

Insurance policy

The insurance policy consists of the group policy, the insurance terms and conditions, the advance and after-sale information and the insurance certificate.

Group policy

The group policy contains provisions regarding whether the group insurance is compulsory or voluntary, the people who belong to the group, when the contract starts, the length of the contract, automatic renewal and cancellation of the policy. A provisions of the group policy takes precedence over a provisions in these terms and conditions and in the advance and after-sale information.

Voluntary group insurance

If the group insurance is voluntary, you have the right to decide yourself whether you want insurance cover. The insurance policy is then between you, as the policyholder, and us. It is granted after you apply for the insurance.

Compulsory group insurance

If the group insurance is compulsory, the insurance-entitled group specified in the group policy is automatically insured. The insurance policy is then between the group representative, as the policyholder, and us.

Insurance certificate

When the insurance policy is taken out and every time a renewal is made thereafter, the policyholder will receive an insurance certificate showing the scope and price of the policy.

Insurance terms and conditions

The insurance terms and conditions describe the contents of the policy, membership requirements, effective date, termination and provisions regarding premiums.

The terms and conditions can be found at *lansforsakringar.se/halsa*, and you are also welcome to contact us for more information.

Processing of personal data

We process your personal data in accordance with what is stated in the "Processing of personal data" document, which can be found on our website *lansforsakringar.se/personuppgifter*.

You can request that this information be sent to you by contacting us on telephone +46 8 588 427 00 or e-mail *info.halsa@lansforsakringar.se*.

For compulsory group insurance, the group representative is responsible for ensuring that the group members receive the *Processing of personal data* document.

B Rules for purchasing the insurance policy and the period of validity

B.1 Who can be insured?

These requirements apply in addition to the membership requirements stated in the group policy.

The insurance policy may be taken out by people who:

- are specified in the group policy.
- are 16 years of age but have not turned 64.
- are domiciled and registered in Sweden, or have their primary employment in Sweden but are domiciled in another Nordic country.
- are completely able to work.

B.2 Health requirements – medical examination

In order to take out the policy, we must assess whether you are completely able to work.

You are completely able to work if you

- are able to perform your normal work without hindrance and do not receive, or are not eligible to receive, benefits connected to illness or accident.
- do not have specially adapted employment for health reasons, or subsidised employment or equivalent.

B.3 Extension of insurance cover

The insurance cover cannot be extended once you have turned 64.

B.4 When the insurance policy becomes valid

Voluntary insurance is valid from the date stated in the group policy, if you meet the membership requirements and have applied for the insurance policy. If you join the group at a later date, the policy applies at the earliest one day after you applied for the insurance policy, provided that we can grant your insurance.

Compulsory (company-paid) insurance applies one day after the group policy is taken out. However, this requires that the insurance policy can be granted and that it is not stated, in the group policy or elsewhere, that the insurance will apply at a later date. If you join the group at a later date, the policy applies at the earliest one day after you join the group.

The same provisions apply to extending insurance cover as for taking out a new insurance policy.

B.5 How long is the insurance valid

Group insurance automatically expires when you reach the final age indicated in the advance and after-sale information and on the

insurance certificate.

You are responsible for notifying the group representative, or us,

- if you no longer belong to the defined group that the contract was taken out for. In this case, the insurance will also expire for your co-insured party and children.
- if you have a co-insured party and your marriage or cohabitee relationship ends.

B.6 When the insurance is renewed

Your insurance policy is automatically renewed for another one-year period at a time, unless it is cancelled by you, your group representative or us.

B.7 When the insurance can be cancelled

You can cancel your own insurance policy at any time. If not otherwise indicated, the insurance is cancelled on the day after we received the cancellation.

We can cancel the insurance during the insurance period only if there are extraordinary reasons in accordance with the Insurance Contracts Act. We can also cancel the policy if you have not paid on time.

We can cancel the insurance at the end of the contract period if there are specific reasons to no longer grant the policy.

B.8 Who is covered by the insurance policy

The policy applies to the person named as the insured in the insurance certificate.

B.9 What the insurance policy covers

The insurance covers medical care, treatment and rehabilitation provided in Sweden.

B.10 How the price is calculated, and when the price and terms and conditions change

The price is calculated for periods of one year at a time and is based on such factors as the applicable premium rate, the expected claims result and operating expenses.

The insurance terms and conditions and conditions and the price of the insurance policy can change on every annual due date. A change in price may be due, for example, to changes to terms and conditions or your age.

When prices and terms and conditions change, we will begin using the new prices and terms and conditions for the insurance policy from the next annual due date, providing that we have informed you as policyholder about this not later than 30 days prior to the annual due date.

B.11 Information that forms the basis of the insurance contract – Disclosure obligation

The insurance contract is based on the information that you submit to us. If any detail is incorrect or incomplete, it could mean that your insurance is invalid and that no compensation is paid.

When you apply for the insurance policy, you must, at our request, provide information that could be important to whether we can grant your policy.

For compulsory group insurance, the policyholder must inform us within one month of changes to the names or the number of people that are to be included in the insured group. Changes to the number of the insured because the policyholder incorrectly stated the number of insured persons to us can only be made for the current calendar year.

If, during the insurance period, we become aware that this disclosure obligation has been disregarded intentionally or due to gross negligence, we are entitled to cancel or change the insurance policy. Cancellation takes effect three months after we have notified you that the policy will be cancelled. Any premiums paid are not repaid.

C General limitations

C.1 War or warlike situations

The insurance policy does not cover accidental injury or illness that occurs in connection with war or warlike situations. The same applies accidental injuries or illnesses that are connected to events and unrest in countries and areas to which the Swedish Ministry of Foreign Affairs has advised against travel.

However, if you are visiting areas outside Sweden where war or warlike unrest breaks out during your visit, the insurance applies for the first four weeks provided that you do not take part in such unrest or act as rapporteur or similar.

C.2 Nuclear processes

The insurance policy does not cover accidental injury or illness that was directly or indirectly caused by nuclear processes.

C.3 Acts of terrorism

The insurance policy does not cover accidental injury or illness caused by the spread of biological, chemical or nuclear substances connected to an act of terrorism.

Acts of terrorism are defined as actions that include but are not limited to the use of force or violence and/or threats of force or violence by a person or group of persons. The acts are carried out by a person who acts alone, or on behalf of an organisation or government, or in connection with an organisation or government. The act is committed for political, religious, ideological or ethical reasons, including the intention of influencing a government and/or instilling fear into the general public or a part of the general public.

C.4 Force majeure

The insurance policy does not cover loss that may arise if the settlement of a claim, compensation payment or similar obligation we have committed to is delayed, or if we are unable to perform these obligations, due to:

- war or warlike action, civil war, terrorist incident, revolution, rebellion, political uncertainty,
- changes in legislation, actions taken by authorities, hindrances in public communications or the energy supply,
- natural catastrophes, fire, epidemic, pandemic or similar force majeure events.

We are also not responsible for damages caused by errors in the telephone network or other technological equipment that does not belong to us.

C.5 Sanctions

If Länsförsäkringar could become exposed to any sanction, prohibition or restriction under a UN resolution or trading or economic sanctions, laws or regulations from the EU, UK, Northern Ireland or the US, the insurance does not cover damage, benefits or other compensation.

D Payment

D.1 When do you need to pay for your insurance

You are to pay for a new insurance policy or an extension of a policy (additional premium) within 14 days from the day on which we send payment notice.

A renewed insurance policy is to be paid not later than the date that the new insurance period begins. You always have one month to pay, starting from the day on which we send payment notice.

If you make partial payments on your policy (every month, quarter, four months or six months) you are to pay not later than the first day of the period you have selected.

D.2 If you pay late

If you do not pay on time, we are entitled to cancel the insurance contract. The insurance will expire 14 days after we send you written notice of cancellation. If you pay within these 14 days, the insurance will remain valid.

D.3 Reinstatement of unpaid insurance policy

If you pay after the insurance policy has been cancelled, this will be considered a request for a new insurance policy based on the same terms and conditions. The policy will then be valid one day after you have paid. This applies on the condition that you pay within three months after the day that the policy is to be paid by.

The insurance is reinstated for the benefit of the insured and their co-insured. However, the insurance can never be reinstated for the benefit of the co-insured only. Compulsory insurance can only be reinstated for the entire group.

D.4 Premium exemption

The insurance policy does not provide entitlement to premium exemption.

D.5 Repayment

You must immediately notify the group representative or us if you no longer qualify for the insurance. If you do not provide notification, we will repay a maximum of the premium paid during the preceding 12 months.

E When care is required

E.1 Information about reporting a claim

Care claims must be reported to our health care provision service.

A request for compensation must be supported by receipts or similar documents and made to us as soon as possible.

Documents and other information of significance for assessing your right to care or compensation and our liability are to be sent to and paid for by you.

In order for us to assess your right to care or compensation, you may need to grant us the authority to collect information from the policyholder, the employer, the group representative, doctors, hospitals, other care facilities, the Swedish Social Insurance Agency or other insurance institution.

If you do not submit the required documents, do not take part in the assessment or submit incorrect information when requesting compensation, it could mean that we cannot assess your right to care or compensation. In these cases, care or compensation can not be provided.

E.2 Date of payment and interest-rate provisions

Payment shall be made no later than one month after we have received the necessary documentation from you according to the *Information about reporting* a claim section. We pay penalty interest in accordance with the Swedish Interest Act if payment is made after more than one month.

Penalty interest is not paid if it is less than 0.5% of the price base amount for the year during which payment is made.

E.3 Indexation

The compensation based on the price base amount is determined by the price base amount that applies in the year in which payment is made.

E.4 Limitation regulations

You lose your right to receive compensation for expenses if you do not request compensation from us within ten years from the date on which the circumstance occurred that entitles the party to cover under the insurance contract.

If you have requested compensation from us within the time stated above, you always have six months to bring a legal action against us after we have provided a final ruling in the compensation case.

E.5 If we do not agree

If you are not satisfied with a decision or the way in which your case was handled, we are prepared to re-consider your case. In the first instance, get in touch with your contact person or our complaints officer.

More information is available from our website.

If you are still not satisfied, you can contact the Swedish Personal Insurance Board for medical disputes, *www.forsakringsnamnder.se* +46 8 522 787 20.

If the dispute concerns other issues, you can contact the Swedish National Board for Consumer Disputes, *www.arn.se*, +46 8 508 860 00.

You may also have your case settled in a court of law. Your legal representation costs can usually be reimbursed if you have legal expenses insurance. In this event, you will only have to pay the deductible.

For free advice concerning insurance matters, you can also contact the Swedish Consumers Insurance Bureau, *www.konsumenternas.se,* +46 200 22 58 00. Your municipal consumer advice department can also provide advice and information.

F Health care insurance

Health care insurance covers

1. Health and medical consultations, personal counselling, health-promotion services
2. Consultations and treatment with private health care providers
3. Surgery
4. Domestic assistance after surgery
5. Postoperative care – medical rehabilitation
6. Disability aids for temporary use
7. Second opinion

8. Work-oriented rehabilitation
9. Treatment for addiction and substance abuse
10. Public health care compensation
11. Compensation for travel and accommodation for care in a private practice.
12. The supplementary package covers:
    - Compensation for medicine
    - Compensation for hospitalisation in public health care
    - Compensation for vaccination
    - Medical check-ups
    - Compensation for the deductible of travel insurance for medical care while temporarily living abroad.

F. General information about health care insurance

What the insurance covers

The insurance applies in the event of complaints and physical illnesses, accidental injury and mental illnesses or disorders and covers consultation, care, rehabilitation and treatment provided in Sweden by health care providers assigned by us.

Consultation, care, rehabilitation and treatment that take place by telephone, online or via a visit in person are considered to be a health care-related contact. Medical consultations, personal counselling, public health care, self care or medication are not considered to be health care-related contact.

Each individual illness/complaint is a separate treatment period. The treatment period is considered to have started when you initiate your first health care-related contact through this insurance policy and is considered to have ended after seven months or more since your last health care-related contact.

Several illnesses/complaints with medical connections are regarded as a single illness/complaint.

Some types of treatment cannot be offered within the private health care system in Sweden and thus are not included in the insurance.

Appointments are booked by following the principle of proximity, meaning that the health care visit is to be booked close to your permanent residence. We are entitled to appoint a new health care provider at any point in time during the treatment period. We are also entitled to assign private health care outside Sweden.

Compensation for health care

We cover the necessary and reasonable costs related to illnesses/complaints that are covered by the insurance terms and conditions, provided that we have approved the cost in advance. The compensation is determined by the applicable terms and conditions when you report the illness/complaint to us.

If we have previously reimbursed expenses related to the same illness/complaint, and more than seven months have passed since your last health care-related contact based on the insurance, we will pay compensation according to the current terms and conditions when you resume health care-related contact with us.

When reporting an illness event, such as colds and infections, compensation is paid according to the current insurance terms and conditions, regardless of whether your last health care-related contact with us.

Deductibles

The insurance certificate states whether your insurance policy is subject to a deductible.

A deductible means that you pay a fixed amount for the first consultation provided for every individual treatment period initiated by us.

If the treatment period has ended, you pay a new deductible if you seek care via the insurance policy for the same illness/complaint again.

Deductibles apply only for treatment periods that cover health care visits in person to a private practice. Treatment periods that only cover consultations over the telephone or the Internet are valid without deductible.

Quality assurance

Care, medicines, aids, travel and accommodation are not considered to be medically necessary simply because they have been prescribed by a health care provider. We retain the right to consult medical expertise in the field for an assessment of what is deemed to be medically necessary according to evidence and Swedish practice.

Guarantee

The guarantee applies

- if you have contacted our health care provision service for a referral.
- if you are treated during a visit in person, and
- if you are prepared to travel within Sweden.

The guarantee does not apply if the surgery cannot be performed for medical reasons, if you miss the appointed treatment, refuse the appointed time for the operation or agree on a later appointment for an operation.

Nor does the guarantee cover work-oriented rehabilitation, treatment for addiction and substance abuse, medical check-ups or vaccinations.

The specialist care guarantee applies as follows. We guarantee that for one and the same treatment period begun, you will be offered an initial medical consultation with a specialist, physiotherapist, psychologist or other relevant health care specialist within seven working days (Monday-Friday that are not public holidays) from you first contacting us. If we are unable to fulfil this guarantee, you will receive SEK 1,000 per day until you have received personal medical consultation. Compensation is paid from the eighth working day. The deductible is SEK 10,000.

The surgery guarantee applies as follows. We guarantee that for one and the same treatment period you will undergo an operation within 20 working days (Monday-Friday that are not public holidays) from when we approved the operation. If we are unable to fulfil this guarantee, you will receive SEK 1,000 per day until the operation is performed. Compensation is paid from the 21st working day. The deductible is SEK 10,000.

F.1 Health and medical consultations

You have access to medical consultations and personal counselling by telephone.

You also have access to our health-promotion services at *halsa.lansforsakringar.se*.

F.2 Consultation and treatment by private health care providers

We can arrange health care through the following authorised care providers:

- doctor
- psychologist/psychotherapist

- physiotherapist/physical therapist
- naprapath/chiropractor.

Treatment from a registered speech therapist or dietician can also be provided.

F.3 Surgery

We cover costs for surgery, care and treatment in a private practice. We must approve the surgery in advance.

Before we can approve a private operation, a cost estimate must be obtained, including a medical certificate for treatment by the health care provider.

F.4 Domestic assistance after surgery

We cover costs for domestic assistance for a period of 14 days after coming home from a compensable operation. The domestic assistance is eligible for compensation on condition that the service is offered by a company that is registered for corporation taxation, or the equivalent in another Nordic country. We reimburse a maximum of 20 hours of domestic assistance including travel time.

We must approve costs for domestic assistance in advance.

F.5 Postoperative care – medical rehabilitation

We cover costs related to medical rehabilitation with overnight stays, and that are prescribed by a doctor in connection with compensable hospitalisation or surgery.

The rehabilitation must be preceded by a medical analysis from the person's doctor, be necessary for the illness/complaint and be approved in advance by us.

F.6 Disability aids for temporary use

We cover costs for temporary aids for recovery from the compensable illness/complaint. The aids must be medically necessary, prescribed in writing by a doctor and approved in advance by us.

F.7 Second opinion

You are entitled to a second opinion. This means that you are entitled to ask a specialist appointed by us for a new medical opinion. A second opinion is based on a patient's existing medical records unless we decide that an additional medical examination is necessary. A second opinion can be provided once for each illness or complaint.

You are entitled to a second opinion for a life-threatening or particularly serious illness/complaint, or if you are considering particularly high-risk treatment. A high-risk treatment is defined as treatment that can be life-threatening or result in permanent injury in addition to the illness/complaint that gave rise to the treatment.

We must approve the second opinion in advance.

The parties covered for a second opinion are:

- the insured,
- all of the insured's children who are primary beneficiaries; and
- the spouse/cohabitee of the insured and their children who are primary beneficiaries, provided they are registered at the same address as the insured.

Children must be aged between 2 and 24 years inclusively.

F.8 Work-oriented rehabilitation

The insurance applies for permanent employees or self-employed individuals who are insured and registered with the Swedish Social Insurance Agency and who:

- due to illness/complaint or accidental injury have been, or are expected to be, absent from work for at least 21 consecutive days, or
- have experienced repeated brief periods of illness on at least six occasions over the course of one year.

Both the insured themselves and their employer are entitled to receive compensation for costs for work-oriented rehabilitation.

Time limit for compensation payments and amount of compensation

We pay compensation for a maximum of 12 months. This period is calculated either from the day on which the insured reports an illness/complaint to the employer, if the insured is expected to be absent from work for at least 21 consecutive days, or on the same day that the insured reports an illness/complaint to the employer for the sixth time over the course of one year, if the insured has experienced repeated brief periods of illness on at least six occasions over the course of one year.

Compensation is paid at a maximum of three price base amounts.

Rehabilitation assessment

We cover costs incurred in connection with the assessment of rehabilitation requirements. Compensation is paid for costs for the rehabilitation leader and for specialists engaged in connection with rehabilitation assessments as required for identifying the insured's rehabilitation needs. The rehabilitation assessment is performed by a rehabilitation leader referred and approved by us.

Rehabilitation plan and measures

We cover costs according to the rehabilitation plan (plan for return to work) following a rehabilitation assessment approved by us.

We cover costs for the purpose of the insured being able to continue employment with their current employer.

Compensation is paid for the following costs at the current employer according to the approved rehabilitation plan:

- adaptation of normal place of work
- work aids
- retraining
- relocation
- training
- changed work duties

If, at a later date, the rehabilitation plan needs to be changed, the plan is to be adjusted by a rehabilitation leader referred and approved by us in advance.

Compensation is not paid for:

- loss of income or production due to rehabilitation-related activities or measures.
- cost of substitute.
- debt restructuring for the employee.
- notice of termination.
- vocational guidance or career planning.
- training or programme to help the employee find work with another employer.

Compensation is not paid for the treatment of injuries that employees inflict on each other or that has arisen in connection with the employee committing a criminal act.

Deductibles

All consultation and treatment under an approved rehabilitation

plan apply without a deductible.

F.9 Treatment for addiction and substance abuse

We cover half of the costs for one (1) uninterrupted treatment period.

Addiction and abuse of alcohol, medicines and/or narcotics, or gambling addiction, must have been diagnosed by a doctor, regardless of the cause of the diagnosis. The same applies for costs for assessments performed by health care providers prior to treatment commencing.

The treatment must be medically necessary, and be referred and approved in advance by us.

Diagnoses for which compensation is paid

Compensation is paid for the following diagnoses or equivalent diagnoses under DSM-IV:

- Mental and behavioural disorders due to alcohol abuse, ICD F10.1 and F10.2.
- Alcohol dependence, ICD F10.2A, F10.2B and F10.2X.
- Mental and behavioural disorders due to opioid abuse, ICD F11.1 and F11.2.
- Mental and behavioural disorders due to cannabis abuse, ICD F12.1 and F12.2.
- Mental and behavioural disorders due to sedative, hypnotic, or anxiolytic related disorders, ICD F13.1 and F13.2.
- Mental and behavioural disorders due to cocaine abuse, ICD F14.1 and F14.2.
- Mental and behavioural disorders due to hallucinogen abuse, ICD F16.1 and F16.2.
- Pathological gambling, ICD F63.0.

Time limit for compensation payments

We cover costs for a maximum of 24 months from when we approved the treatment.

F.10 Public health care

We cover costs for examinations and treatment by public medical professionals for complaints covered under this insurance policy.

Compensation is also paid for patient fees included under the high-cost limit for outpatient care, including visits to emergency medical care, up to a maximum of the high-cost limit.

F.11 Travel and accommodation for care in a private practice

For private health care, we cover travel and accommodation-related costs that have been approved by us in advance. You must contact us before travel begins and the cost must be approved in advance by us. A condition is that the travel must be directly related to compensable treatment, and that the journey takes place within Sweden, to and from the insured's permanent residence and the care facility.

Travel by own car is only covered if the round trip is more than 200 km, and the expenses are reimbursed in the form of a standard amount.

We may provide compensation for the travel and accommodation costs for a close relative if you are to undergo major surgery.

F.12 Supplementary package

The insurance certificate states whether this element is included in your insurance policy.

Medication

We cover costs for subsidised prescription medicines prescribed by a doctor for illnesses/complaints covered under this insurance policy. Compensation is also paid for the national insurance contribution up to the high-cost limit.

Hospitalisation in public health care

We cover costs for daily hospitalisation charges for illnesses/complaints covered under this insurance policy. Compensation is paid both for planned and for emergency care.

Compensation is paid in a maximum amount of SEK 1,000 per insurance year.

Vaccinations

We cover vaccination and vaccine costs. You must book and pay for the vaccination yourself and then request compensation for your receipts from us. We do not guarantee access to the vaccine and we do not cover travel costs associated with vaccination.

We do not cover costs for vaccinations prescribed by the treating doctor, for example, allergy vaccinations, or vaccinations prescribed by a government authority, for example, in the event of pandemics.

Medical check-ups

We cover the cost of voluntary medical check-ups every three years. These medical check-ups must be referred by us.

Travel insurance deductibles for medical care while temporarily living abroad

We cover costs up to the deducted deductible of the travel-insurance element of household insurance, travel insurance, business-travel insurance in conjunction with the medical care and treatment while temporarily living abroad during the first 45 days of the trip.

Limitations in Health care insurance

F.13 Illnesses/complaints prior to taking out insurance

The insurance policy does not cover illnesses/complaints that due to physical illnesses, accidental injury and mental illnesses/disorders the insured has received medical care for, has had a check-up or has been prescribed medicine before the insurance was taken out. However, the insurance applies if the illness/complaint returns after you have not needed treatment, check-up or medication for more than 24 consecutive months.

The limitation regarding illnesses/complaints before the insurance was taken out do not apply to the Work-oriented rehabilitation or Treatment for addiction and substance abuse compensation elements.

F.14 Certain illnesses and complaints, and certain care and treatment

We do not cover costs for

1. emergency care.
2. preventive care.
3. pregnancy check-ups, birth or abortion nor complications associated with pregnancy, birth or abortion.
4. fertility testing and infertility treatment.

5. diseases covered by the Communicable Diseases Act, or conditions related to such diseases. Expenses for preventative treatment for diseases covered by the Communicable Diseases Act, or conditions related to such diseases, are also not covered.
6. deterioration of health that, according to medical experience, is due to various forms of abuse, such as abuse of alcohol, narcotics, medication, gambling or similar. The exception does not apply to the Treatment for addiction and substance abuse component.
7. check-ups and treatment for eating disorders.
8. check-ups, treatment and surgery for obesity or complications with a confirmed link to obesity, and check-ups and treatment in relation to diet or weight control.
9. cosmetic treatment and surgery.
10. illness/discomfort due to previous cosmetic surgery or procedures that were not medically necessary or approved by us.
11. dental care.
12. correction of refractive defects in eyes.
13. internal organ transplants.
14. treatment techniques with no scientific or clinical basis.
15. that is not regulated by the Health and Social Care Inspectorate (IVO).
16. treatment by a person who has not been issued a license to practice by the National Board of Health and Welfare.
17. than two pairs of orthotic insoles or shoe inserts, which are tested by an orthopaedic technologist.
18. permanent disability aids.
19. care or treatment of, or due to, dementia.

F.15 Deterioration due to not following the health care provider's instructions

We do not cover costs for illnesses/complaints that have deteriorated or cannot heal/be treated because the insured did not comply with the health care provider's professional instructions or because of the insured's actions in general.

F.16 Missed or late cancellation of appointments, treatments and surgery

We do not cover medical costs arising because the insured missed a booked treatment session, medical check-up or operation. Cancellations are to be made not later than 4:00 p.m. on the weekday prior to the visit or not later than 24 hours prior to the operation. We retain the right to reclaim such costs from the insured.

F.17 Lost earnings

We do not cover lost earnings.

F.18 Sport

The insurance does not apply to bodily injury due to your participation in

- boxing or other martial arts that involve blows/kicks or equivalent.
- sports, athletic contests or training as a professional sportsperson.

Professional sportsperson means that at least one price base amount of the person's income earned during the preceding year in which the injury occurred derived from the sport pursued.

F.19 Time limit for compensation payments

You can make use of the insurance for as long as it is valid and for the types of illnesses/complaints covered by the insurance.

When the policy expires, compensation will no longer be payable. When part of the policy expires, compensation will no longer be payable for this part.

F.20 Reimbursement limitation

We do not pay compensation for expenses that are reimbursed by other means according to law, convention, statute, collective agreement, other insurance (such as a motor third-party liability or industrial injury insurance policy) or by a municipality, regional authority or the government.

If you received reimbursement under the policy, it does not mean that care via the insurance policy has also been approved.

To claim compensation for out-of-pocket expenses, you must submit such a claim to us not later than six months after the claim arose so as to avoid not receiving reimbursement.

F.21 Responsibility for care, advice, etc.

We are not responsible to the insured for the care or medical advice mediated through insurance policy and given by health care providers under the framework of the policy.

G Health care insurance Basic

Health care insurance Basic includes

1. Health and medical consultations, personal counselling, health-promotion services
2. Consultations and treatment with private health care providers
3. Surgery
4. Domestic assistance after surgery
5. Postoperative care – medical rehabilitation
6. Disability aids for temporary use
7. Second opinion
8. Public health care compensation
9. Compensation for travel and accommodation for care in a private practice.

G. General information about Health care insurance Basic

What the insurance covers

The insurance applies in the event of complaints and physical illnesses, accidental injury and mental illnesses or disorders and covers consultation, care and treatment provided in Sweden by health care providers assigned by us.

Consultation, care and treatment that take place by telephone, online or via a visit in person are considered to be a health care-related contact. Medical consultations, personal counselling, public health care, self care or medication are not considered to be health care-related contact.

Each individual illness/complaint is a separate treatment period. The treatment period is considered to have started when you initiate your first health care-related contact through this insurance policy.

Several illnesses/complaints with medical connections are regarded as a single illness/complaint.

Some types of treatment cannot be offered within the private health care system in Sweden and thus are not included in the insurance.

Appointments are booked by following the principle of proximity,

meaning that the health care visit is to be booked close to your permanent residence. We are entitled to appoint a new health care provider at any point in time during the treatment period. We are also entitled to assign private health care outside Sweden.

Compensation for health care

We cover the necessary and reasonable costs related to illnesses/complaints that are covered by the insurance terms and conditions, provided that we have approved the cost in advance. The compensation is determined by the applicable terms and conditions when you report the illness/complaint to us.

Deductibles

This insurance applies with a deductible for medical care, which is stated on the insurance certificate.

A deductible means that you pay a fixed amount for the first consultation provided for every individual treatment period initiated by us.

If the treatment period has ended, you pay a new deductible if you seek care via the insurance policy for the same illness/complaint again.

Deductibles apply only for treatment periods that cover health care visits in person to a private practice. Treatment periods that only cover consultations over the telephone or the Internet are valid without deductible.

Quality assurance

Care is not considered to be medically necessary simply because it has been prescribed by a health care provider. We retain the right to consult medical expertise in the field for an assessment of what is deemed to be medically necessary according to evidence and Swedish practice.

Guarantee

The guarantee applies

- if you have contacted our health care provision service for a referral.
- if you are treated during a visit in person, and
- if you are prepared to travel within Sweden.

The guarantee does not apply if the surgery cannot be performed for medical reasons, if you miss the appointed treatment, refuse the appointed time for the operation or agree on a later appointment for an operation.

The specialist care guarantee applies as follows. We guarantee that for one and the same treatment period begun, you will be offered an initial medical consultation with a specialist, physiotherapist, psychologist or other relevant health care specialist within seven working days (Monday-Friday that are not public holidays) from you first contacting us. If we are unable to fulfil this guarantee, you will receive SEK 1,000 per day until you have received personal medical consultation. Compensation is paid from the eighth working day. The deductible is SEK 10,000.

The surgery guarantee applies as follows. We guarantee that for one and the same treatment period you will undergo an operation within 20 working days (Monday-Friday that are not public holidays) from when we approved the operation. If we are unable to fulfil this guarantee, you will receive SEK 1,000 per day until the operation is performed. Compensation is paid from the 21st working day. The deductible is SEK 10,000.

G.1 Health and medical consultations

You have access to medical consultations and personal counselling by telephone.

You also have access to our health-promotion services at *halsa.lansforsakringar.se*.

G.2 Consultations and treatment with private health care providers

We can arrange health care through the following authorised care providers:

- doctor
- psychologist/psychotherapist
- physiotherapist/physical therapist
- naprapath/chiropractor.

Treatment from a registered speech therapist or dietician can also be provided.

G.3 Surgery

We cover costs for surgery, care and treatment in a private practice. We must approve the surgery in advance.

Before we can approve a private operation, a cost estimate must be obtained, including a medical certificate for treatment by the health care provider.

G.4 Domestic assistance after surgery

We cover costs for domestic assistance for a period of 14 days after coming home from a compensable operation. The domestic assistance is eligible for compensation on condition that the service is offered by a company that is registered for corporation taxation, or the equivalent in another Nordic country. We reimburse a maximum of 20 hours of domestic assistance including travel time.

We must approve costs for domestic assistance in advance.

G.5 Postoperative care – medical rehabilitation

We cover costs related to medical rehabilitation with overnight stays, and that are prescribed by a doctor in connection with compensable hospitalisation or surgery.

The rehabilitation must be preceded by a medical analysis from the person's doctor, be necessary for the illness/complaint and be approved in advance by us.

G.6 Disability aids for temporary use

We cover costs for temporary aids for recovery from the compensable illness/complaint. The aids must be medically necessary, prescribed in writing by a doctor and approved in advance by us.

G.7 Second opinion

You are entitled to a second opinion. This means that you are entitled to ask a specialist appointed by us for a new medical opinion. A second opinion is based on a patient's existing medical records unless we decide that an additional medical examination is necessary. A second opinion can be provided once for each illness or complaint.

You are entitled to a second opinion:

- for a life-threatening or particularly serious illness/complaint, or
- if you are considering particularly high-risk treatment. A high-risk treatment is defined as treatment that can be life-threatening or result in permanent injury in addition to the illness/complaint that gave rise to the treatment.

We must approve the second opinion in advance.
The parties covered for a second opinion are:

- the insured,
- all of the insured's children who are primary beneficiaries; and
- the spouse/cohabitee of the insured and their children who are primary beneficiaries, provided they are registered at the same address as the insured.

Children must be aged between 2 and 24 years inclusively.

G.8 Public health care

We cover costs for examinations and treatment by public medical professionals for complaints covered under this insurance policy.

Compensation is also paid for patient fees included under the high-cost limit for outpatient care, including visits to emergency medical care, up to a maximum of the high-cost limit.

G.9 Travel and accommodation for care in a private practice

For private health care, we cover travel and accommodation-related costs that have been approved by us in advance. You must contact us before travel begins and the cost must be approved in advance by us. A condition is that the travel must be directly related to compensable treatment, and that the journey takes place within Sweden, to and from the insured's permanent residence and the care facility.

Travel by own car is only covered if the round trip is more than 200 km, and the expenses are reimbursed in the form of a standard amount.

We may provide compensation for the travel and accommodation costs for a close relative if you are to undergo major surgery.

Limitations in Health care insurance Basic

G.10 Illnesses/complaints prior to taking out insurance

The insurance policy does not cover illnesses/complaints that due to physical illnesses, accidental injury and mental illnesses/disorders the insured has received medical care for, has had a check-up or has been prescribed medicine before the insurance was taken out. However, the insurance applies if the illness/complaint returns after you have not needed treatment, check-up or medication for more than 24 consecutive months.

G.11 Certain illnesses/complaints, and certain care and treatment

We do not cover costs for

1. emergency care.
2. preventive care.
3. pregnancy check-ups, birth or abortion nor complications associated with pregnancy, birth or abortion.
4. fertility testing and infertility treatment.
5. diseases covered by the Communicable Diseases Act, or conditions related to such diseases. Expenses for preventative treatment for diseases covered by the Communicable Diseases Act, or conditions related to such diseases, are also not covered.
6. deterioration of health that, according to medical experience, is due to various forms of abuse, such as abuse of alcohol, narcotics, medication, gambling or similar. The exception does not apply to the Treatment for addiction and substance abuse component.
7. check-ups and treatment for eating disorders.
8. check-ups, treatment and surgery for obesity or complications with a confirmed link to obesity, and check-ups and treatment in relation to diet or weight control.
9. cosmetic treatment and surgery.
10. illness/discomfort due to previous cosmetic surgery or procedures that were not medically necessary or approved by us.
11. dental care.
12. correction of refractive defects in eyes.
13. internal organ transplants.
14. treatment techniques with no scientific or clinical basis.
15. that is not regulated by the Health and Social Care Inspectorate (IVO).
16. treatment by a person who has not been issued a license to practice by the National Board of Health and Welfare.
17. than two pairs of orthotic insoles or shoe inserts, which are tested by an orthopaedic technologist.
18. permanent disability aids.
19. care or treatment of, or due to, dementia.

G.12 Deterioration due to not following the health care provider's instructions

We do not cover costs for illnesses/complaints that have deteriorated or cannot heal/be treated because the insured did not comply with the health care provider's professional instructions or because of the insured's actions in general.

G.13 Missed or late cancellation of appointments, treatments and surgery

We do not cover medical costs arising because the insured missed a booked treatment session, medical check-up or operation. Cancellations are to be made not later than 4:00 p.m. on the weekday prior to the visit or not later than 24 hours prior to the operation. We retain the right to reclaim such costs from the insured.

G.14 Lost earnings

We do not cover lost earnings.

G.15 Sport

The insurance does not apply to bodily injury due to your participation in

- boxing or other martial arts that involve blows/kicks or equivalent.
- sports, athletic contests or training as a professional sportsperson.

Professional sportsperson means that at least one price base amount of the person's income earned during the preceding year in which the injury occurred derived from the sport pursued.

G.16 Time limit for compensation payments

For each treatment period begun, compensation is payable for 24 months counted from the day Länsförsäkringar began the treatment period.

You can have a new treatment period for the same illness or accident that you have previously been treated for under this policy, if you have not required treatment, checkups or medication for 24 months since your last health care-related contact with us. The

compensation will then be based on the conditions in effect at the time a new report is submitted to us.

When the policy expires, compensation will no longer be payable.

G.17 Reimbursement limitation

We do not cover expenses that are reimbursed by other means according to law, convention, statute, collective agreement, other insurance (such as a motor third-party liability or industrial injury insurance policy) or by a municipality, county council or the government.

If you received reimbursement under the policy, it does not mean that care via the insurance policy has also been approved.

To claim compensation for out-of-pocket expenses, you must submit such a claim to us not later than six months after the claim arose so as to avoid not receiving reimbursement.

G.18 Responsibility for care, advice, etc.

We are not responsible to the insured for the care or medical advice mediated through insurance policy and given by health care providers under the framework of the policy. This means that any claims on the basis of care, medical advice, establishing diagnoses or other measures taken by a health care provider are to be made to the health care provider. This also applies to the measures taken by a partner who provides medical consultations on our behalf.

H Preventive and rehab insurance

Preventive and rehab insurance includes

1. Personal counselling, health-promotion services
2. Consultations and treatment with private health care providers
3. Work-oriented rehabilitation
4. Treatment for addiction and substance abuse

H. General information about Preventive and rehab insurance

What the insurance covers

The insurance covers physical or mental complaints and covers consultation, care, rehabilitation and treatment provided in Sweden by health care providers assigned by Länsförsäkringar.

Consultation, care, rehabilitation and treatment that take place by telephone, online or via a visit in person are considered to be a health care-related contact. Personal counselling is not considered to be a health care-related contact.

Each individual complaint is a separate treatment period. The treatment period is considered to have started when you initiate your first health care-related contact through this insurance policy and is considered to have ended after seven months or more since your last health care-related contact.

Several complaints with medical connections are regarded as a single complaint.

Appointments are booked by following the principle of proximity, meaning that the health care visit is to be booked close to your permanent residence. We are entitled to appoint a new health care provider at any point in time during the treatment period.

Compensation for health care

We cover the necessary and reasonable costs related to complaints that are covered by the insurance terms and conditions, provided that we have approved the cost in advance. The compensation is determined by the applicable terms and conditions when you report the complaint to us.

If we have previously reimbursed expenses related to the same complaint, and more than seven months have passed since your last health care-related contact based on the insurance, we will pay compensation according to the current terms and conditions when you resume health care-related contact with us.

Deductibles

This insurance applies with a deductible for medical care, which is stated on the insurance certificate, and applies to consultations and treatments with private health care providers.

A deductible means that you pay a fixed amount for the first consultation provided for every individual treatment period initiated by us.

If the treatment period has ended, you pay a new deductible if you seek care via the insurance policy for the same complaint again.

Deductibles apply only for treatment periods that cover health care visits in person to a private practice. Treatment periods that only cover consultations over the telephone or the Internet are valid without deductible.

Quality assurance

Care is not considered to be medically necessary simply because it has been prescribed by a health care provider. We retain the right to consult medical expertise in the field for an assessment of what is deemed to be medically necessary according to evidence and Swedish practice.

H.1 Personal counselling

You have access to medical consultations and personal counselling by telephone.

You also have access to our health-promotion services at *halsa.lansforsakringar.se*.

H.2 Consultation and treatment by private health care providers

We arrange preventive and rehabilitation care through the following authorised care providers:

- psychologist/psychotherapist
- physiotherapist/physical therapist
- naprapath/chiropractor

H.3 Work-oriented rehabilitation

The insurance applies for permanent employees or self-employed individuals who are insured and registered with the Swedish Social Insurance Agency and who:

- due to illness/complaint or accidental injury have been, or are expected to be, absent from work for at least 21 consecutive days, or
- have experienced repeated brief periods of illness on at least six occasions over the course of one year.

Both the insured themselves and their employer are entitled to receive compensation for costs for work-oriented rehabilitation.

Time limit for compensation payments and amount of compensation

We pay compensation for a maximum of 12 months. This period is calculated either from the day on which the insured reports an illness/complaint to the employer, if the insured is expected to be

absent from work for at least 21 consecutive days, or on the same day that the insured reports an illness/complaint to the employer for the sixth time over the course of one year, if the insured has experienced repeated brief periods of illness on at least six occasions over the course of one year.

Compensation is paid at a maximum of three price base amounts.

Rehabilitation assessment

We cover costs incurred in connection with the assessment of rehabilitation requirements. Compensation is paid for costs for the rehabilitation leader and for specialists engaged in connection with rehabilitation assessments as required for identifying the insured's rehabilitation needs. The rehabilitation assessment is performed by a rehabilitation leader referred and approved by us.

Rehabilitation plan and measures

We cover costs according to the rehabilitation plan (plan for return to work) following a rehabilitation assessment approved by us.

We cover costs for the purpose of the insured being able to continue employment with their current employer.

Compensation is paid for the following costs at the current employer according to the approved rehabilitation plan:

- adaptation of normal place of work
- work aids
- retraining
- relocation
- training
- changed work duties.

If, at a later date, the rehabilitation plan needs to be changed, the plan is to be adjusted by a rehabilitation leader referred and approved by us in advance.

Compensation is not paid for:

- loss of income or production due to rehabilitation-related activities or measures.
- cost of substitute.
- debt restructuring for the employee.
- notice of termination.
- vocational guidance or career planning.
- training or programme to help the employee find work with another employer.

Compensation is not paid for the treatment of injuries that employees inflict on each other or that has arisen in connection with the employee committing a criminal act.

Deductibles

All consultation and treatment under an approved rehabilitation plan apply without a deductible.

H.4 Treatment for addiction and substance abuse

We cover half of the costs for one (1) uninterrupted treatment period. Addiction and abuse of alcohol, medicines and/or narcotics, or gambling addiction, must have been diagnosed by a doctor, regardless of the cause of the diagnosis. The same applies for costs for assessments performed by health care providers prior to treatment commencing.

The treatment must be medically necessary, and be referred and approved in advance by us.

Diagnoses for which compensation is paid

Compensation is paid for the following diagnoses or equivalent diagnoses under DSM-IV:

- Mental and behavioural disorders due to alcohol abuse, ICD F10.1 and F10.2.
- Alcohol dependence, ICD F10.2A, F10.2B and F10.2X.
- Mental and behavioural disorders due to opioid abuse, ICD F11.1 and F11.2.
- Mental and behavioural disorders due to cannabis abuse, ICD F12.1 and F12.2.
- Mental and behavioural disorders due to sedative, hypnotic, or anxiolytic related disorders, ICD F13.1 and F13.2.
- Mental and behavioural disorders due to cocaine abuse, ICD F14.1 and F14.2.
- Mental and behavioural disorders due to hallucinogen abuse, ICD F16.1 and F16.2.
- Pathological gambling, ICD F63.0.

Time limit for compensation payments

We cover costs for a maximum of 24 months from when we approved the treatment.

Limitations in Preventive and rehab insurance

H.5 Complaints prior to taking out insurance

The insurance policy does not cover physical or mental complaints for which you have received medical care, had a check-up or been prescribed medicine before the insurance was taken out. However, the insurance applies if the complaint returns after you have not needed treatment, check-up or medication for more than 24 consecutive months.

The limitation regarding complaints before the insurance was taken out do not apply to the Work-oriented rehabilitation or Treatment for addiction and substance abuse compensation elements.

H.6 Certain complaints, and certain care and treatment

We do not cover costs for

1. emergency care.
2. deterioration of health that, according to medical experience, is due to various forms of abuse, such as abuse of alcohol, narcotics, medication, gambling or similar. The exception does not apply to the Treatment for addiction and substance abuse component.
3. check-ups and treatment for eating disorders.
4. treatment techniques with no scientific or clinical basis.
5. diseases covered by the Communicable Diseases Act, or conditions related to such diseases. Expenses for preventative treatment for diseases covered by the Communicable Diseases Act, or conditions related to such diseases, are also not covered.
6. that is not regulated by the Health and Social Care Inspectorate (IVO).
7. treatment by a person who has not been issued a license to practice by the National Board of Health and Welfare.

H.7 Deterioration due to not following the health care provider's instructions

We do not cover costs for complaints that have deteriorated or

cannot heal/be treated because the insured did not comply with the health care provider's professional instructions or because of the insured's actions in general.

H.8 Missed or late cancellation of appointments and treatments

We do not reimburse medical costs arising because the insured missed a booked treatment session. Cancellations are to be made not later than 4:00 p.m. on the weekday prior to the visit. We retain the right to reclaim such costs from the insured.

H.9 Lost earnings

We do not cover lost earnings.

H.10 Travel and accommodation

We do not cover costs for travel or accommodation in conjunction with health care services.

H.11 Sport

The insurance does not apply to bodily injury due to your participation in

- boxing or other martial arts that involve blows/kicks or equivalent.
- sports, athletic contests or training as a professional sportsperson.

Professional sportsperson means that at least one price base amount of the person's income earned during the preceding year in which the injury occurred derived from the sport pursued.

H.12 Time limit for compensation payments

You can make use of the insurance for as long as it is valid and for the types of complaints covered by the insurance. When the policy expires, compensation will no longer be payable.

H.13 Reimbursement limitation

We do not cover expenses that are reimbursed by other means according to law, convention, statute, collective agreement, other insurance (such as a motor third-party liability or industrial injury insurance policy) or by a municipality, county council or the government.

H.14 Responsibility for care, advice, etc.

We are not responsible to the insured for the care or medical advice mediated through insurance policy and given by health care providers under the framework of the policy. This means that any claims on the basis of care, medical advice, establishing diagnoses or other measures taken by a health care provider are to be made to the health care provider. This also applies to the measures taken by a partner who provides medical consultations on our behalf.

I Continued coverage when the group insurance policy expires

I.1 Post-cover not included

Post-cover means extended insurance coverage for a period of three months after the policy has expired.

Post-cover does not apply for this insurance policy.

I.2 Continuation insurance

If you had been covered by group insurance for at least six months, you have the right to take out statutory continuation insurance without a health requirement if the group policy:

- was cancelled by the group; or
- was cancelled by us.
- for compulsory group insurance is cancelled due to outstanding payment.

The co-insured is also entitled to continuation insurance if the group insurance is cancelled due to the group member not having paid the premium.

Entitlement to continuation insurance does not apply

- if you have received, or obviously could receive, the same type of insurance protection through, for example, another group or continuation insurance.

To obtain uninterrupted insurance protection, you should apply for continuation insurance before the group insurance expires. You should apply to us within three months of the date the group insurance expired. The content of the insurance may not exceed the amount you had in the group insurance. We calculate the price in accordance with a special tariff, and you can pay for the insurance starting from the date your group insurance expired.

The continuation insurance will be valid until you turn 67.

Special conditions apply to continuation insurance: Terms and Conditions for Continuation insurance.

I.3 Individual insurance

If you had been covered by group insurance for at least six months, you have the right to take out individual insurance without a health requirement if the group policy:

- expires owing to you having terminated your employment or your membership.
- you no longer belong to the group entitled to the insurance that can be insured.

Co-insured parties are also entitled to individual insurance if:

- the group member leaves the group before the final age, or reaches the final age in the group policy.
- a court receives an application for divorce or dissolution of partnership This also applies with cohabitation relationship with the group member is dissolved.
- the related group member dies.

Entitlement to individual insurance does not apply if:

- you are not registered and permanently domiciled in Sweden when the group insurance terminates.
- you have received, or obviously could receive, protection of the same type through, for example, another group or continuation insurance.
- you have not paid your voluntary group insurance on time.
- you personally chose to cancel the policy for you and/or the co-insured.
- you reached the final age in the group policy.
- if you have had Preventive and rehab insurance.

For uninterrupted insurance protection, you should apply for

individual insurance before the group insurance expires. You should apply to us within three months of the date the group insurance expired. The content of the insurance may not exceed the amount you had in the group insurance. We calculate the price in accordance with a special tariff, and you can pay for the insurance starting from the date your group insurance expired.

The individual insurance will be valid until you turn 67.

Special conditions apply to individual insurance: Terms and Conditions, Individual insurance.

I.4 Seniors insurance

If you had been covered by group insurance for at least six months, you have the right to take out seniors insurance without health requirements.

We offer individual insurance if the co-insured has not reached the final age.

For uninterrupted insurance protection, you should apply for Seniors insurance before the insurance policy expires. You should apply to us within three months of the date the insurance policy expired. The content of the insurance may not exceed the amount you had in the group insurance. We calculate the price in accordance with a special tariff, and you can pay for the insurance starting from the date your group insurance expired.

Seniors insurance is designed differently and specific terms and conditions apply; refer to Terms and Conditions, Seniors insurance.

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Contact Länsförsäkringar or your insurance broker

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