Health care insurance
Health care insurance Basic
Preventive and rehab insurance

Terms and conditions for group insurance

More information is available from on *lansforsakringar.se/sjukvardsforsakring.* You can also ring us on +46 8 588 424 00 or e-mail us at *info.halsa@lansforsakringar.se*.

Terms and conditions SJV 901:7
Valid from 1 January 2026

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 office of the Board of Directors is located in Stockholm, Sweden.

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

General information about group insurance

Group insurance refers to a group policy that we have signed with the group representative. You belong to the group since, as a group member, you are included in the group policy. A spouse/cohabitee (co-insured) and children can also be covered by the group insurance policy.

The provisions of the advance and after-sale information, the group policy, the insurance certificate and related documents, such as the application and the insurance terms and conditions, apply to this group insurance policy. These documents state, for example, the scope of the insurance, the insurance amount and prices. The insurance contract is based on the information that was provided when the insurance policy was taken out or changed.

"You" and "your" refer to the insured person to which the insurance policy applies. "Your organisation" refers to the company, organisation or association that purchased the insurance.

Group policy

The group policy contains provisions regarding whether the group insurance is compulsory or voluntary, the people covered by the policy, the insurance cover that we offer, when the contract starts and the length of the contract, as well as automatic renewal and cancellation of the policy. A provision in the group policy takes precedence over a provision in these terms and conditions and in the advance and after-sale information. Preliminary cover is included only if stated in the group policy.

Voluntary group insurance

If the insurance is voluntary, you have the right to decide yourself whether or not you want insurance cover. The insurance contract is then between you, as the policyholder, and us. It is granted after you apply for the insurance.

Compulsory group insurance

If the insurance is compulsory, the insurance-entitled group is automatically insured. The insurance contract is signed between the group representative, as the policyholder, and us.

Insurance certificate

When you take out the policy, change it and renew it, the policyholder receives an insurance certificate that shows what is included in and the price of the policy. The insurance certificate contains information on the insurance products that apply.

Insurance terms and conditions

The insurance terms and conditions describe the contents of the insurance that could be included in your policy, our requirements for taking out insurance, when the insurance becomes valid, is renewed, and expires, and a provision on pricing.

Processing of personal data

You can find information on how we at Länsförsäkringar process personal data and your rights in relation to this on our website lansforsakringar.se/personuppgifter.

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

B.1 Who can be insured?

To take out insurance, we require the following:

- you must belong to the group stated in the group policy.
- you must be over 16 years of age but not have turned 64.
- you are registered in and a permanent resident of Sweden, or have your primary employment in Sweden but are domiciled in another Nordic country.

What applies to your insurance specifically will be indicated in the application and in the advance and after-sale information.

If you supplement or extend your insurance cover, the same provisions apply as for taking out a new insurance policy.

B.2 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.

We are only liable for claims that occur during the contract period.

B.3 How long is the insurance valid

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.

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

Your insurance expires prior to this:

- 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 not had any assignments for/received a salary from the company for the last 12 months.
- if the contract expires.
- if you or the group cancel the insurance policy.
- if the contract is cancelled because the premium was not paid in time, or
- if the contract is transferred to another insurer.

- if you are a co-insured party and your marriage or cohabitee relationship ends.
- if you are a co-insured party or child and the group member's insurance expires.

The insurance period cannot be extended after the final age has been reached by paying the premium for the period after the policy has expired.

B.4 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.

The price and insurance terms and conditions may change when your insurance is renewed.

When your insurance is renewed, the group representative/your organisation is to provide you with information about the scope and limitations in the insurance terms and other information about the policy that is important for you to know.

B.5When you can cancel or waiver under the insurance

For voluntary group insurance, you have the right to cancel the insurance at any time with immediate effect.

For compulsory group insurance, you can waiver the insurance at any time. Notify your group representative or us.

If not otherwise indicated, the insurance is cancelled on the day after we received the cancellation.

B.6 Who is covered by the insurance policy

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

B.7 When and for what does the policy apply

The insurance is valid around the clock for health care, treatment and rehabilitation provided in Sweden.

B.8 Insurance amount

The insurance amount can be a price in Swedish kronor, or a defined number of price base amounts. The price base amount is established annually by the Swedish government, and is based on changes to the general price situation.

B.9 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. Your insurance amount can also change at this time if the price base amount was altered in January. A change in price may be due, for example, to a change in price base amount, changes to terms and conditions or your age.

B.10 Information that forms the basis of the insurance contract - Disclosure obligation

The insurance contract is based on the information that you submit to us. It can also be based on information that we collect based on the power of attorney that you provided. 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 Payment

C.1 When the insurance needs to be paid

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 or your organisation always have one month to pay, starting from the day on which we send payment notice.

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

C.2 If the insurance is paid late

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

C.3 Reinstatement of unpaid existing insurance policy

If you or your organisation pay after the insurance policy has been cancelled, this will be considered an application for a new insurance policy based on the same terms and conditions. The policy will then be valid one day after you or your organisation have paid. This applies on the condition that you or your organisation pay within three months after the day that the policy is to be paid by. You cannot receive compensation for the period that the policy has not been paid for.

The policy cannot be reinstated for only a co-insured.

Compulsory group insurance can only be reinstated for the entire group.

C.4 Premium exemption

The insurance policy does not provide entitlement to premium exemption.

C.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.

D When you apply for compensation

D.1 Reporting the illness or accidental injury

The illness or accidental injury is to be reported to our care services. A requirement in order to receive compensation is that a report has been submitted and that we have approved it.

You must provide the information and medical records that we request and that we deem necessary in order to confirm the right to receive compensation and continued treatment. We will reimburse costs for the requested medical records and examinations.

The insurance policy does not apply for translating documents into Swedish.

In order for us to assess your right to care or compensation, you may need to grant us a power of attorney 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 provide a power of attorney or submit the required documents, take part in the assessment or submit incorrect information to us, we could deny you the right to continued care and compensation. The care provider is to invoice approved costs directly to us.

A request for compensation must be supported by receipts as soon as possible. You must be able to support your request for reimbursement of costs by providing receipts or similar documents.

We are entitled to appoint a new health care provider during the treatment period.

D.2 Date of payment and interest-rate provisions

As soon as the right to payment has arisen according to the scope of the terms and conditions, payment is to be made not later than one month after the person making a compensation claim has fulfilled all their obligations in accordance with the section entitled *Information that forms the basis of the insurance contract – Disclosure obligation*.

If payment is made after this, penalty interest must be paid in accordance with the Swedish Interest Act.

D.3 Indexation

In paying out compensation where the amount is based on the price base amount, the compensation is based on the price base amount that applies to the insurance policy in the year that payment is to be made.

D.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.

D.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.

E General limitations

We have further limitations and exceptions that you can read about under the section on the insurance policy.

E.1 Illness or accidental injury prior to the insurance policy becoming valid

The insurance policy does not cover illness or accidental injury for which you have received medical care, been checked or been prescribed medicine before the insurance policy became valid. However, the insurance covers the complaint if the complaint returns after you have not needed treatment, a check-up or medication for 24 consecutive months.

This does not apply to the "Work-oriented rehabilitation" or "Treatment for addiction" elements.

E.2 Emergency care

The insurance policy does not apply to emergency health or intensive care except for patient fees up to the high-cost limit in accordance with the Patient fees compensation element.

E.3 Preventive care

Examples of preventive care, procedures, check-ups or similar treatments that are not intended to improve your state of health could be removing a benign birthmark, PSA check-ups or cell tests. We do not consider vaccinations or medical check-ups to be preventive care.

The insurance does not cover preventive care, procedures, check-ups, or similar treatments that are not intended to improve your state of health. Examples of such treatments include the removal of benign birthmarks, routine PSA check-ups, cervical smear tests, or treatment of varicose veins classified as C4. We do not consider vaccinations or health check-ups to be preventive care

E.4 Communicable Diseases Act, epidemics or pandemics

The insurance policy does not cover illness, preventive procedures or consequences of such illnesses stated in the Communicable Diseases Act and that are classified as dangerous to public health or society. The policy also does not apply to illnesses caused by or that are the consequence of an epidemic or pandemic as declared by the World Health Organization (WHO).

E.5 Deteriorated state of health due to abuse

The insurance policy does not cover a 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. This limitation does not apply to the Treatment for addiction element.

E.6 Treatment by a person without a licence and treatment on non-scientific grounds

1. treatment techniques with no scientific or clinical basis.
2. that is not regulated by the Health and Social Care Inspectorate (IVO).
3. treatment by a person who has not been issued a license to practice by the National Board of Health and Welfare.

E.7 If you do not follow the health care provider's instructions

The insurance does not apply for costs for an injury/accidental injury that has deteriorated or cannot heal/be treated because you did not follow the health care provider's instructions or because of your actions in general.

E.8 Responsibility for care, advice, etc.

We are not responsible to you for the care or medical advice that we mediate through this insurance policy and that is offered by health care providers under the framework of the policy.

E.9 Quality-assured care, etc.

We cover necessary and reasonable costs resulting from illness or conditions covered by the insurance, provided that we have approved the costs in advance. We have the right to consult medical expertise in the field to assess what is deemed to be medically necessary according to evidence and Swedish practice. We do not consider care, medicines, aids, travel and accommodation to be medically necessary simply because they have been prescribed by a health care provider. We also reserve the right to deny you further care in an insurance case if it is determined that additional visits will not lead to an improvement in your condition."

E.10 Loss of income from work

The insurance does not cover loss of income.

E.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.

E.12 Expenses reimbursed by the insurance policy or other sources

If we do not pay you compensation, it means that we have not approved care under this insurance policy.

The policy does 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.

E.13 Exemptions in the event of war, warlike situations, nuclear processes and terrorism

The insurance policy does not cover:

- illness or accidental injury that occurs in connection with war or warlike situations.
- illness or accidental injury that occurs in connection with events and unrest in countries or areas to which the Swedish Ministry for Foreign Affairs (UD) has issued advice against travelling, regardless of the level set by the UD for such advice.
- illness or accidental injury that is directly or indirectly caused by nuclear processes.
- illness or accidental injury caused by the spread of biological, chemical or nuclear substances connected to terrorism.

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.

Definition of terrorism: Organised acts of violence that target the civil population for the purpose of inciting terror and seriously destabilising or destroying fundamental political, constitutional, economic or social structures in a country.

E.14 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 unrest,
- 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.

E.15 Sanctions and Money Laundering

The contract is null and void if the policyholder or any person covered by the insurance is subject to, or falls under, international sanctions under the Act (2025:327) on International Sanctions (*Swe: lag om internationella sanktioner*) or any other sanction regulation applicable in Sweden. If the insurance company could be exposed to any sanction, prohibition, or restriction due to international sanctions or national sanctions imposed by the United Kingdom or the United States, the insurance company has no obligations under the contract.

F Health care insurance, Health care insurance Basic

Time limit for compensation payments

Health care insurance pays compensation for the period of validity of the insurance policy.

Health care insurance Basic pays compensation for a maximum of 24 months for the same illness or accidental injury, starting from the

date of loss. You can receive compensation for the same illness or accident again, on the condition that you have not needed treatment, a check-ups or medication for 24 consecutive months since your last health care appointment.

Exemptions in the insurance policy

Examinations, treatment, operations and consequences of

1. pregnancy check-up, childbirth or abortion.
2. infertility
3. neuropsychiatric diagnosis
4. eating disorders
5. cosmetic procedures
6. diet, weight control, overweight and obesity
7. dental care
8. dementia

the following methods of treatment

9. Injections for macular degeneration
10. Ablation treatment for cardiac arrhythmia
11. Percutaneous coronary intervention (PCI)
12. Dorsal column stimulation (spinal cord stimulation)

chronic conditions and illnesses - diagnoses with periodically recurring, long-term, or lifelong symptoms.

13. treatment that is not expected to cure your condition. The insurance policy reimburses examinations and treatment until a diagnosis has been established. Once a diagnosis has been confirmed, we refer you to public health care in order to continue your treatment. The policy also does not apply to illnesses caused by or that are the consequence of chronic illnesses.

You can find more limitations under section E General limitations.

The insurance covers

1. Health-promotion services, counselling and manager support
2. Medical consultations and care planning
3. Specialist treatment from our care provider network
4. Patient fees
5. Disability aids for temporary use
6. Second opinion
7. Surgical procedures and hospital care for private health care
8. Postoperative care – medical rehabilitation
9. Domestic assistance after surgery
10. Travel and accommodation for private health care
11. Work-oriented rehabilitation (not included in Health care insurance Basic)
12. Treatment for addiction (not included in Health care insurance Basic)
13. Supplementary package (Add-on for Health Insurance)
    - medication
    - hospitalisation in public health care
    - vaccinations
    - medical check-ups
    - medical care while temporarily living abroad – deducted deductible

The date of loss is the first day that you contact us to book a health care appointment as a telephone or digital appointment or in-person visit. The date of loss determines which terms and conditions will apply when the right to compensation is determined.

The following applies for Health care insurance (does not apply to Health care insurance Basic)

If it has been seven months or longer since your most recent health care appointment under this insurance policy, we will pay compensation according to the terms and conditions that apply for the new health care appointment that we mediate.
Illnesses/accidental injuries with medical connections are regarded as a single illness/accidental injury.

If you report an illness, for example a cold or infection, we pay compensation according to the current terms and conditions regardless of the length of time since your previous health care appointment through us.

Health care and operation guarantees

The health care guarantee applies

- if you have contacted us to book health care from our care provider network offered by a private provider.
- if you accept the appointment offered.
- if care can be provided by private health care providers in our care provider network.
- if you are admitted for an operation.
- if you are prepared to travel within Sweden.
- if second opinion can be provided by a private healthcare provider within our healthcare network.

The health care guarantee does not apply

- if the treatment or operation must be postponed or cannot be carried out for medical reasons.
- if you do not turn up for a booked treatment appointment.
- if you do not accept the treatment appointment offered.
- if you decline a booked appointment.
- if you agree to book an appointment for treatment at a later time.
- if you choose a different operation or health care alternative.
- if you are admitted to several treatment sessions ahead of an operation or hospital care.
- to Work-oriented rehabilitation, Treatment for addiction, Medical check-ups or Vaccinations.
- in the event of pandemics, epidemics, or strikes by health care personnel, and in the case of any consequences of these events that affect availability of care.

Specialist care guarantee

We guarantee that you will be offered an initial consultation with a care specialist within seven working days, either as a physical appointment, by telephone or digitally, if there is a medical need. Care services determine if a medical need exists. If we are unable to fulfil this guarantee, you will receive SEK 1,000 per day from the eighth working day until you have received an initial contact (Monday–Friday, except public holidays). The maximum amount of compensation is SEK 10,000.

Surgery guarantee

We guarantee that for one and the same treatment period you will undergo an operation within 20 working days (Monday-Friday, except public holidays) from when we approved the operation. If we are unable to fulfil this guarantee, you will receive SEK 1,000 per day from the 21st working day. The maximum amount of compensation is SEK 10,000.

F.1 Health-promotion services, counselling and manager support

You have access to our health-promotion services.

You also have access to personal counselling and manager support.

F.2 Medical consultations and care planning

Medical consultations are provided by registered care providers. You also have access to our care services which offer help with planning and booking care in our care provider network from private care providers. Care services cannot assist you in booking care in the public health care system.

F.3 Specialist treatment from our care provider network

You must always contact our care services to book an appointment with a health care provider. Medical appointments are scheduled as close to your permanent residence as possible, in accordance with the principle of proximity. Appointments are made with a healthcare provider that is part of our network. In certain cases, you may be offered treatment in another location if this is necessary to ensure appropriate treatment. Such decisions are made by the healthcare coordination service. During ongoing treatment, we have the right to refer you to another healthcare provider at any time.

The insurance pays compensation:

- for costs for examinations and treatment by:
  - a doctor
  - a physiotherapist, naprapath or chiropractor
  - a psychologist or psychotherapist
  - a speech therapist
  - a dietitian

The insurance certificate states whether you are to pay a deductible. The deductible is paid per claim. If you do not pay your deductible, we may deny you further care and compensation until it has been paid. If seven months or more have passed since your last visit, you will pay a new deductible if you seek care again.

The insurance does not pay compensation:

- for costs incurred if you do not turn up for a booked treatment appointment. You must cancel your appointment at least 24 hours in advance. We have the right to reclaim such costs from you. If the cost is not paid, we have the right to deny you further care until the medical cost is settled.
- types of treatment that cannot be offered within the private health care system in Sweden.

F.4 Patient fees

The insurance pays compensation:

- for patient fees in public out-patient care, including emergency care, for treatment that has been approved by us and for the elements included in this insurance policy.
- for patient fees in public out-patient care if you instead choose a private health care provider who is not part of our care provider network.
- for costs up to the high-cost limit.

We must approve the treatment in advance or, in the event of emergency care, approve it afterwards.

You must submit such a claim for your costs to us within six months so as to avoid not receiving reimbursement.

The insurance does not pay compensation:

- for costs for patient fees that are for illnesses/accidental injuries that we have not approved.
- for fees for hospitalisation.

F.5 Disability aids for temporary use

The insurance pays compensation:

- cost of aids or medical devices for personal and temporary use in connection with a procedure or treatment covered by us. The aids reimbursed under the insurance must be intended for the healing of the compensable injury.

The aids must be prescribed by health or medical personnel and approved by us in advance.

You must submit such a claim for your costs to us within six months so as to avoid not receiving reimbursement.

The insurance does not pay compensation:

- for costs arising after the critical healing period and/or when your condition has become stationary.
- for costs for aids for permanent use.
- for costs for wigs.
- for costs for more than one pair of shoe insoles during the period you have the insurance policy.
- for costs for exercise equipment.
- for costs for a gym/training membership, etc.

F.6 Second opinion

If you

- have been diagnosed with a life-threatening illness.
- have suffered an accidental injury that has put you in a life-threatening situation.
- are about to undergo a risky treatment procedure that could be life-threatening or result in permanent injury or harm.

Second Opinion refers to a renewed medical assessment in cases where there is complexity or uncertainty regarding a diagnosis or treatment. We provide a second opinion only when a suitable specialist is available within our healthcare network.

The insurance pays compensation:

- a maximum of two consultations, either digitally or in-person, with a specialist appointed by us. The assessment is based on existing medical documentation. Additional examinations are approved only if we consider them necessary for the assessment. All consultations or examinations must be approved by us in advance.

The insurance does not pay compensation:

- for more than one second opinion.

F.7 Surgical procedures and hospital care for private health care

The insurance pays compensation:

- for costs for examinations ahead of preparatory examinations, operations, private hospital care.

We must approve the operation and/or hospital care in advance.

The insurance does not pay compensation:

- for costs incurred if you do not turn up for a booked operation. You must cancel the operations at least 24 hours in advance. We have the right to reclaim such costs from you. If the cost is not paid, we have the right to deny you further care and compensation until the medical cost is settled
- for costs and consequences of organ transplants.
- for costs and consequences of cosmetic operations.
- for costs and consequences of operations for overweight or obesity.
- for costs and consequences of correcting refractive defects in eyes.

F.8 Postoperative care – medical rehabilitation

The insurance pays compensation:

- for costs for postoperative care related to medical rehabilitation with overnight stays, and that are prescribed by a doctor in connection with hospitalisation or surgery.

We must have approved the postoperative care in advance. This should take place where you live. It is possible that it can take place elsewhere if it is necessary for the treatment.

F.9 Domestic assistance after surgery

The insurance pays compensation:

- for costs for domestic assistance for a period of 14 consecutive days from the day after you returned home.
- for a maximum of 20 hours of domestic assistance including travel time.

A requirement is that the domestic assistance can be arranged from an established company in your place of residence.

We must have approved your right to receive domestic assistance in advance.

You must submit such a claim for your costs to us within six months so as to avoid not receiving reimbursement.

F.10 Travel and accommodation for private health care

We must have approved your travel and accommodation in advance.

The insurance pays compensation:

- for necessary and reasonable costs for travel that is at least a 200 km return journey that is undertaken in connection with health care that has been planned and mediated by our care services.
- for travel using the least expensive means of transport as permitted by your state of health.
- for costs for travel between your home and health care that has been planned and mediated by our care services. Compensation is only paid for travel from a leisure home or similar if the distance does not exceed the distance from your place of residence.
- for necessary and reasonable costs for accommodation.
- for costs for a close relative who is travelling with you for you to receive care when you are to undergo a major operation or a travelling companion is medically necessary.

We can pay compensation for travel using your own car by applying a standard amount. We use the Swedish Tax Agency's mileage allowance rules as a basis for this standard amount.

We only pay compensation for travel by taxi if your medical condition does not permit any other type of transport. This medical necessity must be confirmed by a certificate from the care provider.

You must submit such a claim for your costs to us within six months so as to avoid not receiving reimbursement.

The insurance does not pay compensation:

- Cost of travel and accommodation that required due to conditions other than the one for which the insured is seeking treatment.
- for costs for travel and accommodation for receiving care under the public health care system.
- for costs for return travel that is not 200 km or longer.
- for expenses arising outside Sweden.

F.11 Work-oriented rehabilitation (not included in Health care insurance Basic)

The date of loss is the first day that you contact us

- in the event of the risk of an impaired ability to work or sick leave or,
- sick leave on the day that you reported in sick to your employer.

The date of loss determines which terms and conditions and insurance amount will apply when the right to compensation is determined.

In order to be covered by Work-oriented rehabilitation, when you took out the insurance, you must not have been on sick leave for more than 14 consecutive days in the past three months.

If you are not completely able to work, you will be covered by the insurance from the date on which you were completely able to work for a period of three months. This requires that you have not had an impaired ability to work for more than 14 consecutive days in the past three months.

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.
- not having specially adapted employment for health reasons, or subsidised employment or equivalent

The insurance pays compensation:

- for costs for the rehabilitation leader
- if necessary, also for necessary and reasonable costs below to analyse and investigate the need for work-oriented rehabilitation.
- at a maximum amount of 3.0 price base amounts.
- for costs for a maximum of 12 months from the date of loss. Several complaints with medical connections are regarded as a single complaint.

We are to approve all costs in advance.

The insurance does not pay compensation:

- for expenses reimbursed by another insurance policy or the Swedish Social Insurance Agency.
- for costs in connection with notice of termination of employment, dismissal, lay-offs and equivalent.
- for outplacement, meaning individual guidance, recruitment, advice and coaching for new employment, training or career.
- for costs for travel or accommodation.
- for costs incurred if you do not turn up for an agreed appointment or a booked treatment appointment. You must cancel your appointment at least 24 hours in advance. We have the right to reclaim such costs from you.
- for costs for interpreters.

We decide whether you are entitled to work-oriented rehabilitation. If you are entitled to receive compensation, you will be given access

to a rehabilitation leader who we appoint and who, after you consent, will coordinate contact and actions at the workplace with the employer.

Analyse and investigate needs

The rehabilitation leader will arrange an interview to analyse and investigate the current situation and previous action and to assess rehabilitation needs. This interview will take place with your employer and you.

The analysis will be documented and form the basis of the rehab plan.

Plan for returning to work

The rehabilitation leader will prepare a rehab plan together with the employer so that you are able to continue to work at your current employer. It sets targets for returning to work, actions that may need to be taken and who is responsible for them. The rehab plan will be submitted to your employer. This also takes place if there is a risk of going on sick leave.

Coordination and follow-ups

The rehabilitation leader will coordinate and follow up on activities under the plan and make changes according to your needs.

The rehabilitation leader will also coordinate check-ups and meetings with the employer and, if needed, can provide you with support when contacting care providers and the Social Insurance Agency. All parties involved are responsible for informing the rehabilitation leader if any changes arise that affect the plan.

Rehab plan with actions

The rehab plan includes the actions to be included. These actions are to be medically required and based on evidence. The insurance covers the following:

Treatment by a psychologist or psychotherapist

The insurance covers conversational therapy with a registered psychologist or psychotherapist who we appoint.

Treatment by a physiotherapist, naprapath, chiropractor or occupational therapist

The insurance covers treatment with a physiotherapist, naprapath, chiropractor or occupational therapist who we appoint.

Assessment of your work technique and workplace

You can receive an assessment of your working technique and workplace, or alternatively an assessment of your job requirements and functional capacity, by a professional with relevant competence and experience, such as an ergonomist or occupational therapist appointed by us.

Assessment by a specialist doctor

You can receive an assessment to analyse your medical conditions for working as well as you adaptation and rehabilitation needs. The assessment does not include a health care assessment.

The assessment will be carried out by a specialist doctor who we appoint.

Career advice - occupational planning

You can receive help to plan your career, job and work situation with your current employer. The aim is for you to achieve a sustainable work situation.

Such advice is provided by a career advisor who we appoint.

If you fall ill or experience the same complaint again

If you fall ill or experience the same complaint again, and this is connected to a previously concluded claims case, we will pay compensation for a new period if you have not needed treatment, a check-up or medication for a period of at least 12 consecutive months since your last health care appointment.

F.12 Treatment for addiction (not included in Health care insurance Basic)

The insurance pays compensation:

- for half of the cost of one (1) uninterrupted period of treatment for either alcohol, pharmaceutical, drug or gambling addiction on the condition that treatment is medically required.
- for the costs for investigations performed by health care providers prior to treatment commencing.
- for costs for a maximum of 24 months from when we approved the treatment.

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

F.13 Supplementary package (Add-on for Health Insurance)

The insurance certificate states whether the following is included in your insurance policy.

Medication

The insurance pays compensation:

- for costs for national insurance contributions that you have paid for prescription, publicly subsidised medication for care that is included in this insurance policy, as well as related to an approved injury.
- for one calendar year up to the high-cost limit.

The insurance does not pay compensation:

- for costs for prescription, publicly subsidised medication for illnesses or accidental injuries that are not included in this insurance policy.

You must submit such a claim for your costs to us as soon as possible, but not later than six months after you paid for the medication, so as to avoid not receiving reimbursement.

Hospitalisation in public health care

The insurance pays compensation:

- for costs for daily hospitalisation charges for illnesses/accidental injury included in this insurance policy.
- for both planned and emergency care.
- at a maximum amount of SEK 1,000 per insurance year.

Vaccinations

The insurance pays compensation:

- for costs for vaccinations and vaccines. You must book and pay for the vaccination yourself and then request compensation for your receipts from us. We do not guarantee access to a vaccine.

The insurance does not pay compensation:

- for cost of travel for taking a vaccination.

- for costs for vaccinations prescribed by the treating doctor, for example, allergy vaccinations.
- for costs for mass vaccinations prescribed by a government authority, for example, in the event of pandemics.

Medical check-ups

The insurance pays compensation:

- for the cost of voluntary medical check-ups every three years.
- for medical check-ups that we have mediated.

The insurance does not pay compensation:

- for costs incurred if you do not turn up for a medical check-up. You must cancel your appointment at least 24 hours in advance. We have the right to reclaim such costs from you. If the cost is not paid, we have the right to deny you further care until the medical cost is settled.

Medical care while temporarily living abroad – deducted deductible

The insurance pays compensation:

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

G Preventive and rehab insurance

Time limit for compensation payments

This insurance policy pays compensation for the period of validity of the policy.

Exemptions in the insurance policy

investigations and treatment and the consequences of:

1. neuropsychiatric diagnosis.
2. eating disorders.

chronic conditions and illnesses - diagnoses with periodically recurring, long-term, or lifelong symptoms

3. treatment that is not expected to cure your condition. The insurance policy reimburses examinations and treatment until a diagnosis has been established. Once a diagnosis has been confirmed, we refer you to public health care in order to continue your treatment. The policy also does not apply to illnesses caused by or that are the consequence of chronic illnesses.

You can find more limitations under section E General limitations.

The insurance covers

1. Health-promotion services and personal counselling.
2. Preventive treatment by a psychologist or psychotherapist.
3. Preventive treatment by a physiotherapist, naprapath or chiropractor.
4. Work-oriented rehabilitation.
5. Treatment for addiction.

The date of loss is the first day that you contact us to book a health care appointment as a telephone or digital appointment or in-person visit.

The date of loss determines which terms and conditions will apply when the right to compensation is determined.

If it has been seven months or longer since your most recent health care appointment under this insurance policy, we will pay compensation according to the terms and conditions that apply for the new health care appointment that we mediate.

Illnesses/accidental injuries with medical connections are regarded as a single illness/accidental injury.

If you report an illness, for example a cold or infection, we pay compensation according to the current terms and conditions regardless of the length of time since your previous health care appointment through us.

G.1 Health-promotion services and personal counselling

You have access to our health-promotion services in the Health and care app or on *halsa.lansforsakringar.se*.

You also have access to personal counselling.

G.2 Preventive treatment by a psychologist or psychotherapist

You must always contact our care services to book an appointment. Medical appointments are scheduled as close to your permanent residence as possible, in accordance with the principle of proximity. Appointments are made with a healthcare provider that is part of our network. In certain cases, you may be offered treatment in another location if this is necessary to ensure appropriate treatment. Such decisions are made by the healthcare coordination service. During ongoing treatment, we have the right to refer you to another healthcare provider at any time.

The insurance pays compensation:

- for costs for preventive treatment by a psychologist or psychotherapist in our care provider network.

The insurance certificate states whether you are to pay a deductible. The deductible is paid per claim. If you do not pay your deductible, we may deny you further care and compensation until it has been paid. If seven months or more have passed since your last visit, you will pay a new deductible if you seek care again.

The insurance does not pay compensation:

- for costs incurred if you do not turn up for a booked treatment appointment. You must cancel your appointment at least 24 hours in advance. We have the right to reclaim such costs from you. If the cost is not paid, we have the right to deny you further care until the medical cost is settled.
- certain types of treatment that cannot be offered within the private health care system in Sweden.

G.3 Preventive treatment by a physiotherapist, naprapath or chiropractor

You must always contact our care services to book an appointment. Medical appointments are scheduled as close to your permanent residence as possible, in accordance with the principle of proximity. Appointments are made with a healthcare provider that is part of our network. In certain cases, you may be offered treatment in another location if this is necessary to ensure appropriate treatment. Such decisions are made by the healthcare coordination service. During ongoing treatment, we have the right to refer you to

another healthcare provider at any time.

The insurance pays compensation:
- costs for preventive treatment by a physiotherapist, naprapath or chiropractor in our care provider network.

The insurance certificate states whether you are to pay a deductible. The deductible is paid per claim. If you do not pay your deductible, we may deny you further care and compensation until it has been paid. If seven months or more have passed since your last visit, you will pay a new deductible if you seek care again.

The insurance does not pay compensation:
- for costs incurred if you do not turn up for a booked treatment appointment. You must cancel your appointment at least 24 hours in advance. We have the right to reclaim such costs from you. If the cost is not paid, we have the right to deny you further care until the medical cost is settled.
- certain types of treatment that cannot be offered within the private health care system in Sweden.

G.4 Work-oriented rehabilitation

In order to be covered by Work-oriented rehabilitation, when you took out the insurance, you must not have been on sick leave for more than 14 consecutive days in the past three months.

If you are not completely able to work, you will be covered by the insurance from the date on which you were completely able to work for a period of three months. This requires that you have not had an impaired ability to work for more than 14 consecutive days in the past three months.

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.
- not having specially adapted employment for health reasons, or subsidised employment or equivalent

The date of loss is the first day that you contact us
- in the event of the risk of an impaired ability to work or sick leave or,
- sick leave on the day that you reported in sick to your employer.

The date of loss determines which terms and conditions and insurance amount will apply when the right to compensation is determined.

The insurance pays compensation:
- for costs for the rehabilitation leader.
- if necessary, also for necessary and reasonable costs below to analyse and investigate the need for work-oriented rehabilitation.
- at a maximum amount of 3.0 price base amounts.
- for costs for a maximum of 12 months from the date of loss. Several complaints with medical connections are regarded as a single complaint.

We are to approve all costs in advance.

The insurance does not pay compensation:
- for expenses reimbursed by another insurance policy or the Swedish Social Insurance Agency.
- for costs in connection with notice of termination of employment, dismissal, lay-offs and equivalent.
- for outplacement, meaning individual guidance, recruitment, advice and coaching for new employment, training or career.
- for costs for travel or accommodation.
- for costs incurred if you do not turn up for an agreed appointment or a booked treatment appointment. You must cancel your appointment at least 24 hours in advance. We have the right to reclaim such costs from you.
- for costs for interpreters.

We decide whether you are entitled to work-oriented rehabilitation. If you are entitled to receive compensation, you will be given access to a rehabilitation leader who we appoint and who, after you consent, will coordinate contact and actions at the workplace with the employer.

Analyse and investigate needs

The rehabilitation leader will arrange an interview to analyse and investigate the current situation and previous action and to assess rehabilitation needs. This interview will take place with your employer and you.

The analysis will be documented and form the basis of the action plan.

Plan for returning to work

The rehabilitation leader will prepare a rehab plan together with the employer so that you are able to continue to work at your current employer. It sets targets for returning to work, actions that may need to be taken and who is responsible for them. The rehab plan will be submitted to your employer. This also takes place if there is a risk of going on sick leave.

Coordination and follow-ups

The rehabilitation leader will coordinate and follow up on activities under the plan and make changes according to your needs.

The rehabilitation leader will also coordinate check-ups and meetings with the employer and, if needed, can provide you with support when contacting care providers and the Social Insurance Agency. All parties involved are responsible for informing the rehabilitation leader if any changes arise that affect the plan.

Rehab plan with actions

The rehab plan includes the actions to be included. These actions are to be medically required and based on evidence. The insurance covers the following:

Treatment by a psychologist or psychotherapist

The insurance covers conversational therapy with a registered psychologist or psychotherapist who we appoint.

Treatment by a physiotherapist, naprapath, chiropractor or occupational therapist

The insurance covers treatment with a physiotherapist, naprapath, chiropractor or occupational therapist who we appoint.

Assessment of your work technique and workplace

You can receive an assessment of your working technique and workplace, or alternatively an assessment of your job requirements and functional capacity, by a professional with relevant competence

and experience, such as an ergonomist or occupational therapist appointed by us.

Assessment by a specialist doctor
You can receive an assessment to analyse your medical conditions for working as well as you adaptation and rehabilitation needs. The assessment does not include a health care assessment.

The assessment will be carried out by a specialist doctor who we appoint.

Career advice – occupational planning
You can receive help to plan your career, job and work situation with your current employer. The aim is for you to achieve a sustainable work situation.

Such advice is provided by a career advisor who we appoint.

If you fall ill or experience the same complaint again
If you fall ill or experience the same complaint again, and this is connected to a previously concluded claims case, we will pay compensation for a new period if you have not needed treatment, a check-up or medication for a period of at least 12 consecutive months since your last health care appointment.

G.5 Treatment for addiction

The insurance pays compensation:

- for half of the cost of one (1) uninterrupted period of treatment for either alcohol, pharmaceutical, drug or gambling addiction on the condition that treatment is medically required.
- for the costs for investigations performed by health care providers prior to treatment commencing.
- for costs for a maximum of 24 months from when we approved the treatment.

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

H Continued coverage when the group insurance policy expires

H.1 Post-cover

Post-cover does not apply for this insurance policy.

H.2 Continuation insurance

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

H.3 Individual insurance

If you have been covered by group insurance for at least six months, you have the right to take out individual insurance without any health requirements:

- if you terminate your employment or your membership.
- you no longer belong to the group entitled to the insurance.

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.

H.4 Seniors insurance

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

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

H.5 Application for continuation insurance

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.

Special conditions apply to continuation, individual and seniors insurance.

Contact Länsförsäkringar or your insurance broker

Länsförsäkringar Bergslagen +46 21 19 01 00 | **Länsförsäkringar Blekinge** +46 454 30 23 00 | **Dalarnas Försäkringsbolag** +46 23 930 00 | **Länsförsäkringar Gotland** +46 498 28 18 50 **Länsförsäkringar Gävleborg** +46 26 14 75 00 | **Länsförsäkringar Göinge-Kristianstad** +46 44 19 62 00 | **Länsförsäkringar Göteborg och Bohuslän** +46 31 63 80 00 | **Länsförsäkringar Halland** +46 35 15 10 00 | **Länsförsäkringar Jämtland** +46 63 19 33 00 | **Länsförsäkringar Jönköping** +46 36 19 90 00 | **Länsförsäkringar Kalmar län** +46 20 66 11 00 | **Länsförsäkring Kronoberg** +46 470 72 00 00 | **LF Norrbotten** +46 920 24 25 00 | **Länsförsäkringar Skaraborg** +46 500 77 70 00 | **Länsförsäkringar Skåne** +46 40 633 80 00 | **Länsförsäkringar Stockholm** +46 8 562 830 00 **Länsförsäkringar Södermanland** +46 155 48 40 00 | **Länsförsäkringar Uppsala** +46 18 68 55 00 | **Länsförsäkringar Värmland** +46 54 775 15 00 | **Länsförsäkringar Västerbotten** +46 90 10 90 00 **Länsförsäkringar Västernorrland** +46 611 36 53 00 | **Länsförsäkringar Älvsborg** +46 521 27 30 00 | **Länsförsäkringar Östgöta** +46 13 29 00 00

LF 08660 Utg 07 2025-12

lansforsakringar.se