

Health care insurance

Health care insurance Basic

for companies and organisations

It is important that you read and save this information.

Advance and after-sale information

Valid from 1 January 2024, terms and conditions SJV 901:5

Our health care insurance provides you with access to private, planned care in the event both of illness and of accident. This document only comprises general information to which you are entitled before and after you have taken out the insurance and it is important that you read it. If a type of protection is particularly important to you, you should find out whether it is included in the policy. Please feel free to contact us. We offer advice on this insurance product. The complete terms and conditions of the insurance can be found on our website, lansforsakringar.se. You can also contact your group representative or insurance advisor and we will send these to you.

When you have taken out the insurance policy, it is also important that you carefully read your insurance certificate and check that everything is correct, for example, your name, personal identity number and what the insurance policy covers.

Who can be insured?

To take out insurance, we require the following:

- You are an employee in a company or member of an organisation that has taken out a group policy with us; or
- you are a customer of the Länsförsäkringar Alliance.
- You must be over 16 years of age but not have turned 64.
- You must be registered in and a permanent resident of Sweden, or have your primary employment in Sweden but are domiciled in another Nordic country.
- You are completely able to work.

We define the term "completely able to work" as:

- being 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 policy can in certain cases also be taken out by your spouse or cohabitee. In such a case, this will be stated in the application.

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

What can you apply for, and what does it cost?

Your application will tell you which insurance you can take out. You will find the price in your application or on the price sheet.

How do you use the insurance?

You can contact care services or use our Health and care app. A requirement for receiving compensation is that you contacted us and that we approved your claim.

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 treatment.

Deductible

You pay the deductible of SEK 750 at your first physical appointment in our care provider network.

If it has been seven or more months since your most recent appointment, you must pay a new deductible if you seek care again.

The insurance certificate states whether you are to pay a deductible.

Period in which the insurance pays compensation

Health care insurance pays compensation for as long as the insurance policy is valid.

Compensation is paid for work-oriented rehabilitation for a maximum of 12 months.

Compensation is paid for treatment for addiction for a maximum of 24 months.



Health care insurance Basic pays compensation for as long as the insurance policy is valid, but for a maximum of 24 months for the same illness or accidental injury, starting from the injury date.

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

Limitations to the insurance

In the insurance terms and conditions and conditions, you will find limitations that pertain to cases where the insurance is not valid. In this document, we have highlighted the most important limitations in the insurance terms and conditions.

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

For example, the insurance does not pay compensation for:

- emergency care
- preventive care, for example, removing a benign birthmark, PSA check-ups or cell tests
- genetic testing
- investigating or treating a neuropsychiatric diagnosis
- eating disorders
- chronic illnesses and effects of chronic illnesses
- dental care
- overweight and obesity
- organ transplant
- cosmetic procedures or operations.

The insurance does not cover bodily injury due to your participation in boxing or other martial arts or sports, competitive sports or training as a professional sports person.

In the event of a war or warlike situations, certain acts of terrorism and nuclear processes, the insurance policy will not be valid.

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The insurance covers

Health-promotion services, counselling and manager support

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 and manager support.

Medical consultations and care planning

You can receive medical consultations and have access to our care services which assist in planning and booking care in our care provider network from private care providers.

Specialist treatment from our care provider network

In the event of illness or accidental injury, necessary and reasonable

costs are included for examinations and treatment by a doctor, physiotherapist, naprapath, psychologist, psychotherapist, dietician or speech therapist. You must always contact our care services so that we can approve care and book an appointment.

Patient fees

Patient fees in public out-patient care up to the high-cost limit for treatment that has been approved by us and for the elements included in this insurance policy. By public out-patient care, we mean the care that you pay for according to the patient fees set by the region. Some examples of what we pay compensation for are visits to a doctor or physiotherapist, and emergency care.

Disability aids for temporary use

Costs for orthopaedic aids that are medically required and necessary for the injury to heal. The aids must be prescribed by health or medical personnel and approved by us in advance.

Second opinion

A second opinion means that, in certain cases, you are entitled to receive another medical assessment by one of our appointed specialists. This can take place if it is unclear which treatment would be most suitable for you if you must make a difficult medical decision on a particularly serious or life-threatening illness or if you are to undergo a risky treatment procedure.

Operations

Costs for of pre-operative examinations, operations and private hospital care that we have approved in advance. The insurance does not pay compensation for costs incurred if you do not turn up for a booked operation.

Postoperative care - medical rehabilitation

Costs for postoperative care that has been prescribed by a doctor in connection with overnight stays in the area where you live. This care must have been prescribed by a doctor in connection with hospitalisation or surgery.

Domestic assistance after surgery

You can receive compensation for a maximum of 20 hours of domestic assistance for a period of 14 consecutive days from the day after your return home. This service must be provided by a company that is approved for Swedish corporation tax (F-tax).

Travel and accommodation for private health care

Travel costs for a return trip of at least 200 km and accommodation that we have approved in advance.

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

If you are on sick leave or risk going on sick leave, you have access to a rehabilitation leader who will analyse and investigate your rehabilitation needs. The rehabilitation leader will prepare a rehab plan as necessary, and coordinate and follow up on actions.

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

For addition, the insurance policy pays compensation for half of the cost of one (1) uninterrupted period of treatment for alcohol,

pharmaceutical, drug or gambling addiction on the condition that treatment is medically required.

Supplementary package that may be included if there are 10 or more employees

(not included in Health care insurance Basic)

Medication

We pay compensation for prescription medication up to the high-cost limit for care that is included in this insurance policy. The medication must be publicly subsidised in order for us to reimburse the cost.

Hospitalisation in public health care

If you are admitted for care at a hospital, we pay compensation for the daily charge, up to SEK 1,000 per year, for illness or accidental injury included in this insurance policy.

Vaccinations

Costs for vaccinations and vaccines. You book and pay for vaccinations yourself and then request reimbursement from us.

Medical check-ups

Costs for a medical check-up every three years.

Medical care while temporarily living abroad

If you suffer an accidental injury or fall ill when temporarily living abroad, you can receive up to SEK 5,000 in compensation, for the deductible from another insurance policy, for example, home, travel or business travel insurance. "Temporarily living abroad" means a period of 45 days from the date that you left Sweden.

General information about the insurance policy

What is group insurance?

Group insurance is insurance that is signed for a group of people instead of an individual person. All our group insurance policies are risk insurance policies, which means that they have no value when they expire. The insurance policies are endowment insurance policies under the Swedish Income Tax Act, which means that compensation from insurance policies is tax-free.

The group policy is a contract between us and the company, the local regional insurance company or member organisation. The group comprises members of the group. The group member is the person who, for example, is employed at a company, a customer of a regional insurance company or a member of an organisation. Co-insured are spouses or cohabitants of the group members. The group member, any co-insured and children are those who are insured and for whom the insurance is valid.

The existence of a group policy is a condition for your insurance policy being valid.

The group policy, together with the application, indicates what insurance we offer you. This means that you may not always be able to take out all available insurance policies.

A group policy for compulsory insurance is signed between us and the representative of the group. This means that the representative of the group pays for the insurance.

The insurance contract for voluntary group insurance is signed between you and us based on the group policy.

Under certain group policies, you may have free advance cover for the first three months. Under certain other group policies, you can be automatically linked to insurance cover without applying for it, known as automatic enrolment. This means that if you do not refuse to accept the insurance policy within a given period of time, you will automatically receive certain insurance policies. If you are subject to automatic enrolment, you will receive specific information about this when the insurance becomes valid.

We have the right to change the insurance terms and conditions when we renew your insurance. If we change the terms, we will begin to use the amended insurance terms and conditions only on the next subsequent maturity date.

If you are part of a contract with a compulsory plan membership, your employer or organisation will pay for the insurance policy. For voluntary plan membership, you pay for insurance for yourself and co-insured parties.

The premium is paid via paying-in form, autogiro or salary deductions.

If an insured event occurs, it will be settled under the terms in effect when the claim occurs.

Swedish law will apply to the agreement, and all communication is to take place in Swedish.

When the insurance takes effect - contract period

Voluntary insurance is valid from the date stated in the group policy, if you meet the membership requirements and have taken out 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.

How long is the insurance valid - contract period

The insurance is valid until you reach the final age, which is indicated on the insurance certificate.

In the event your spouse or cohabitee is co-insured, their insurance will also expire when yours expires, or if the marriage or cohabitee relationship ends.

The insurance will also expire if you terminate your employment or your membership, and if the group policy is cancelled.

If you do not pay for your insurance, it will expire 14 days after we have sent a notification that it has been cancelled, if the premium is not paid within that time.

You can renew the insurance policy for the same amount you had previously if you pay the remaining premiums within three months after the insurance policy expired. The policy will then be valid on the day after you have paid.

If you do not pay the initial premium, the insurance policy cannot be renewed.

How the price is calculated, and when the price may change

The price may change at every main renewal date for reasons that

include a changed price base amount, changes to terms and conditions and, where applicable, your age.

If you change your mind

If you purchase your insurance or service on the Internet, by telephone or away from our offices, known as a distance purchase, you are entitled to change your mind about the purchase within 30 days. Contact us and we will assist you. If you have already made payment, your money will be returned with a deduction for the cost of the time that you had the insurance.

More detailed information about your right to a refund can be found in the Swedish Act on Distance Contracts and Off-Premises Contracts.

When the insurance policy is renewed

The insurance policy is valid for one-year periods, although the first insurance year may be a shorter period. The insurance policy is subsequently renewed for one-year periods.

When the insurance can be cancelled

You may cancel your insurance with immediate effect at any time, at the end of the month or at a future point in time. Your cancellation will go into effect on the day after we receive your request, or at a future date that you have reported to us.

Who to contact if you have questions

You may 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. Such advice is free of charge.

Registering a claim

The company uses an industry-wide claims register (known as GSR). This register contains certain information about claims and details about who has claimed compensation. This means that the company can find out if you have previously made any claims with another insurance company, occupational pension company or government agency that handles similar claims for compensation.

The purpose of GSR is to provide insurance companies, occupational pension companies and government agencies that process similar claims for compensation a basis for identifying unclear insured events and claims for compensation. With its help, companies and government agencies can counteract the disbursement of compensation that is based on incorrect information as well as erroneous disbursements from several insurance policies for the same injury. This information can also be used in anonymised or pseudonymised form for statistical purposes and analyses at an aggregated level.

The personal data controller for GSR is: Skadeanmälningsregister (GSR) AB, Box 24171, SE-104 51 Stockholm, Sweden. See www.gsr.se for more information on the processing of information found in the register.

Processing of personal data

This is a brief description of how we process personal data. Complete information about how we process your personal data is found in *Processing of personal data*, 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.

The personal data that we collect about you is processed in accordance with applicable laws and regulations. The data is collected so that we can sign and fulfil insurance contracts, take action that you request before an agreement has been reached, provide a complete overview of your commitments with the Länsförsäkringar Alliance, make legal claims and conduct marketing. Your personal data may also be used for statistics, market and customer analyses, product development, to prevent claims and for other purposes specified in the complete information *Processing of personal data*. If you do not want your personal data to be used for direct marketing, please inform us.

We mainly process your data within the Länsförsäkringar Alliance, but your data may also be transferred to companies, associations and organisations that work together with the Länsförsäkringar Alliance, both within and outside the EU and EEA. We may also disclose your personal data to the authorities if required to do so by law. Details about your non-life insurance may also be disclosed to people in the same household as you.

You can always request information about the personal data that we process about you. The party responsible for your personal data (personal data controller) is Länsförsäkringar Grupplivförsäkringsaktiebolag (publ) for life insurance and Länsförsäkringar AB (publ) for other insurance policies. General information, such as your name, contact details and information about your commitments, is also processed in the Länsförsäkringar Alliance's shared customer register.

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.

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, on +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.

Post-cover

Post-cover does not apply for this insurance policy.

Continuation insurance

When you can no longer remain in the group policy, you may have the right to apply for insurance without a medical examination. This will apply on condition that you have been insured for at least six months.

You should apply to us within three months of the date the group insurance expired. Read more about this in the insurance terms and conditions.

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 are regulated by the Swedish Financial Supervisory Authority.

Contact Länsförsäkringar or your insurance broker

Länsförsäkringar Bergslagen 021-19 01 00 | **Länsförsäkringar Blekinge** 0454-30 23 00 | **Dalarnas Försäkringsbolag** 023-930 00 | **Länsförsäkringar Gotland** 0498-28 18 50 | **Länsförsäkringar Gävleborg** 026-14 75 00 | **Länsförsäkringar Göinge-Kristianstad** 044-19 62 00 | **Länsförsäkringar Göteborg och Bohuslän** 031-63 80 00 | **Länsförsäkringar Halland** 035-15 10 00 | **Länsförsäkringar Jämtland** 063-19 33 00 | **Länsförsäkringar Jönköping** 036-19 90 00 | **Länsförsäkringar Kalmar län** 020-66 11 00 | **Länsförsäkring Kronoberg** 0470-72 00 00 | **LF Norrbotten** 0920-24 25 00 | **Länsförsäkringar Skaraborg** 0500-77 70 00 | **Länsförsäkringar Skåne** 042-633 80 00 | **Länsförsäkringar Stockholm** 08-562 830 00 | **Länsförsäkringar Södermanland** 0155-48 40 00 | **Länsförsäkringar Uppsala** 018-68 55 00 | **Länsförsäkringar Värmland** 054-775 15 00 | **Länsförsäkringar Västerbotten** 090-10 90 00 | **Länsförsäkringar Västernorrland** 0611-36 53 00 | **Länsförsäkringar Älvsborg** 0521-27 30 00 | **Länsförsäkringar Östgöta** 013-29 00 00



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