

Health care insurance

for companies and organisations with at least ten employees/members

It is important that you read and save this information

Advance and after-sale information

Valid from 1 January 2020, terms and conditions SJV 901:1

This document provides general information. You can find more information about the insurance policies in your application and in the Group Insurance terms and conditions. You can also contact us by telephone and we will send the information to you. Once you have purchased an insurance policy, information is also available on the insurance certificate.

Health care insurance

The Health care insurance provides help when you need it. Our health care provision service will provide you with advice and, if you need care, will make an appointment for you with one of our private, partner caregivers.

Our health care insurance covers costs for:

- medical care
- surgical procedures and hospital care
- treatment by a psychologist/psychotherapist
- treatment by a physiotherapist/naprapath/chiropractor
- treatment by a speech therapist or dietician
- travel and accommodation, and travel with your own car totalling a minimum of 200 km per return journey
- postoperative care – medical rehabilitation
- disability aids for temporary use, that are required for the healing of the injury
- domestic assistance after surgery
- second opinion
- work-oriented rehabilitation, up to three price base amounts
- treatment for addiction and substance abuse, half of the cost
- public health care up to the high-cost limit, if you choose to use public health care services instead of using the insurance.

Preventive health services

Preventive health services are included in the insurance policy. You have access to personal counselling, manager support, health profile and online health programmes. Read more on our website: <https://lansforsakringar.soshalsa.eu/>.

Supplementary package

Our health care insurance with supplementary package also reimburses costs for the following:

- medication up to the high-cost limit
- hospital stay in public health care, up to SEK 1000 per year
- vaccinations
- the deductible of travel insurance for medical care while temporarily living abroad, up to SEK 5,000.
- medical check-ups every third year

Deductible for medical care and consultations from private health care providers

The insurance can be subscribed without deduction. It appears from your insurance certificate if your insurance applies with a deductible or if it not applies with a deductible.

If the insurance is deductible, it applies to personal visit to private care. The deductible is paid at the first consultation and amounts to SEK 750.

If seven or more months have passed since your most recent health care-related contact under this insurance policy, you will have to pay a new deductible if you seek help for the same complaint again.

No deductible for health care over a remote connection

The insurance has no deductible for health care over a remote connection. This applies to

- e-health via "Min Doktor"
- psychological treatment over a remote connection
- physiotherapeutic treatment over a remote connection (physiotherapist)
- medical consultations over the telephone.

Guarantee

Our insurance policy offers you a first medical opinion from a specialist, physiotherapist, psychologist or other relevant health care specialist within seven working days. Surgery is offered within 20 working days from when we approve the procedure. If we are unable to offer you treatment within these times, we will pay SEK 1,000 per day during the waiting period, up to one price base amount. Compensation is paid for the days that you have to wait after these guaranteed times.

The guarantee does not cover work-oriented rehabilitation,

treatment for addiction and substance abuse, medical check-ups or vaccinations.

Quality assurance

We work with independent medical examinations to ensure that the health care that we arrange is based on medical grounds and evidence. The aim is for all health care providers in our network to follow the same guidelines for the forms of treatment that are recommended for various complaints. If a course of action proposed by a treating doctor is not recommended – since another form of treatment is deemed to have better results – then this insurance policy covers the other recommended treatment.

Time limit for compensation payments

You can make use of the insurance for complaints you require help with for as long as the insurance policy is valid. If the policy expires while a complaint is still being treated, compensation will no longer be payable.

The maximum time limit for which compensation is paid is 12 months for work-oriented rehabilitation, and 24 months for treatment for addiction and substance abuse.

Easy to use insurance

All of our services can be found on our website: lansforsakringar.se/sjukvard. Here, you will find links to all of our preventive health services.

You can call 24 hours a day, every day of the year when you need:

- to use the personal counselling or manager support services
- medical consultations
- work-oriented rehabilitation, or treatment for addiction and substance abuse.

Call weekdays between 8:00 am and 6:00 pm when you need

- to book an appointment for health care services.

Some important limitations

The insurance applies for care provided in Sweden.

All care and treatment must be approved by Länsförsäkringar in advance.

Certain types of treatment are only provided by the public health care system and therefore appointments cannot be made by our health care provision service.

You do not receive compensation for existing illness or disorders that you already had when you purchased this insurance policy. This limitation no longer applies if you have been treatment-free for 24 months.

The insurance does not reimburse costs for, for example, emergency care, pregnancy check-ups and complications associated with pregnancy, abortions or births, decline in health status due to a form of substance abuse, check-ups and treatment for eating disorders or internal organ transplants. Nor does the policy reimburse costs for dental care, correction of refractive defects in eyes, care or treatment of dementia, obesity or obesity-related conditions.

The insurance policy does not cover accidental injuries resulting from participation in boxing or other martial arts that involves blows/kicks or equivalent, or resulting from sports, athletic contests or training as a professional sportsperson.

The insurance does not cover costs 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.

A complete description of the limitations is available in the insurance terms and conditions.

General provisions and information

Some important general limitations

The insurance policy is not valid in the event of war, warlike political upheaval, nuclear processes or acts of terrorism.

A complete description of the limitations is available in the insurance terms and conditions.

Who can be insured?

The insurance covers the persons specified in the group policy. The condition is that the person to be insured is completely able to work and is resident and registered in Sweden, or who has their main employment in Sweden but permanent residence in some other Nordic country.

We define the term “completely able to work” as a person who:

- can perform his/her normal work without hindrance and does not receive, or is not eligible to receive, benefits connected to illness or accident.
- does not have specially adapted employment for health reasons, or subsidised employment or equivalent.

The insurance can be purchased from the age of 16 and not later than the age of 63.

When the insurance takes effect

The insurance applies from the day on which we receive your completed application, when the health requirements have been met and we can approve the application.

When the insurance ceases

The insurance ceases if the group policy is terminated or if your employment or membership is terminated.

The insurance is valid for a maximum of until the last day of the month in which the insured turns 67.

If the insurance is not paid, it will expire 14 days after we have terminated the policy.

For cases in which a spouse/cohabitee is co-insured, their insurance coverage ceases if the group member's insurance is terminated or if the marriage/cohabiting relationship is terminated.

In certain cases, you are entitled to post-cover and continuation insurance.

Scope of the insurance

The scope of the insurance is stated on your insurance certificate.

The insurance terms and conditions can be changed prior to each new insurance year.

Price and price calculations

The price of the insurance is stated in the offer, price sheet or application.

The price is calculated for one-year periods and is based on such factors as the applicable premium rate and the expected claims result.

Term of the policy

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.

How do I cancel my insurance?

You can cancel the insurance at any time. The policy will then expire at the end of the month in which you terminate it.

Disclosure obligation and incorrect information

As a policyholder and the insured, you have a disclosure obligation and must provide correct and comprehensive answers to Länsförsäkringar's questions.

If you have provided incorrect or incomplete information, it could mean that your insurance is invalid.

Who to contact if you have questions

If you have any questions, contact your group representative. 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.

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 at www.arn.se, on +46 8 508 860 00. Re-consideration is free of charge.

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.

Your personal data

Below is a brief description of how we process personal information. Complete information about how we process your personal information is found in *Use of personal information*, 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 information that we collect about you is used in accordance with applicable laws and regulations. Information 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 information may also be used for statistics, market and customer analyses, product development, to prevent claims and for other purposes specified in the complete information *Use of personal information*. Notify us if you do not want your personal information used for direct marketing.

Your personal information is primarily intended for use by the Länsförsäkringar Alliance, but we may also disclose it in certain cases to companies, associations and organisations with which the Länsförsäkringar Alliance collaborates, both within and outside the EU and EEA. We may also disclose your personal information to the authorities if we are obliged 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 receive information concerning the personal information that we process about you. The party responsible for your personal information is Länsförsäkringar Grupplivförsäkringsaktiebolag (publ.) for life assurance and Länsförsäkringar Sak Försäkringsaktiebolag (publ.) for other insurance policies. General information, such as your name, contact details and information about your commitments, is also used in the Länsförsäkringar Alliance's shared customer register.

Insurer

The insurer is Länsförsäkringar Sak Försäkringsaktiebolag (publ), Corp. Reg. No. 502010-9681, SE-106 50, Stockholm, Sweden. The company's registered office is in Stockholm. 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 Göttinge-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 55 00 | Länsförsäkringar Älvsborg 0521-27 30 00 | Länsförsäkringar Östgöta 013-29 00 00