



Insurance terms applicable to Lifeline Plus Privat

Health insurance

Insurance terms effective from 1 January 2017

No. PLUS Privat P-06-010117

Contents

1.	About the insurance	2
2.	How the insurance covers.....	2
3.	What the insurance covers	3
4.	What the insurance does not cover	4
5.	In case of coverage by third party.....	5
6.	Terms of agreement on insurance	5
7.	Registration for the insurance	6
8.	Payment for the insurance	7
9.	Termination and expiry	7
10.	Legislation and complaints	7

1. About the insurance

The insurance was established with Skandia Link Livsforsikring A/S, CVR no. 2095 2237 (in the following referred to as Skandia).

The health insurance Lifeline Plus Privat entitles the holder to assistance and coverage of expenses for preliminary examination, treatment and rehabilitation through Skandia's network of specialists and private hospitals to the extent and with the exceptions described in these insurance terms, provided the applicable conditions are met.

2. How the insurance covers

2.1 Contact Skandia and own GP

Before applying for insurance cover, the insured¹ should consult his or her own GP, who will recommend or refer the insured for the examination and/or treatment for which the insured is seeking cover. Consultation with own GP may be by telephone, by e-mail or by personal attendance.

When the GP has assessed the condition of the insured and recommended or referred him or her for an examination or treatment, the insured may contact Skandia via the Lifeline.

Skandia may require the insured to have a written referral for the examination and/or treatment for which the insured is seeking cover. Skandia assesses when a written referral is required.

The insurance only covers expenses for examinations and/or treatments pre-approved by Skandia.

2.2 Treatment guarantee

Skandia guarantees that the examination and/or treatment procedure will commence within ten working days of a claim being made and Skandia having received and approved all relevant information about the claim.

The examination and treatment guarantee does not apply if:

- a. an approved and planned examination and/or treatment is postponed as a result of a medical assessment or reason,
- a. the insured has entirely or partially declined an offer of examination and/or treatment from Skandia;
- b. no examination or treatment is available because of an unusual diagnosis, a unique course of illness or because no private examination/treatment is available;
- c. epidemics, pandemics or force majeure has limited the capacity.

¹ In these insurance terms, 'the insureds' should be understood to mean private individuals and co-insured spouse/partner and children, who are covered by the insurance contract with Skandia.

2.3 Choice of treatment and provider

Skandia only approves treatments using methods with a documented effect and approved by the public health authorities in Denmark. It is also a condition that there is a high probability that the treatment can significantly and permanently cure the disease or injury – or that it can significantly and permanently improve the state of health of the insured following the claim.

Skandia co-operates with a network of quality-controlled private hospitals and specialists, and the insured must use the treatment provider within this network to which Skandia refers him or her. In the case of physiotherapy, chiropractic treatment, reflexology and acupuncture, the insured is free to choose any therapist.

Unless otherwise agreed with Skandia, the policy covers examination and treatment in Denmark (excluding Greenland and the Faroe Islands), Norway, Sweden and Germany. If Skandia considers it reasonable and prudent, the insured may be offered treatment in other EU countries if no appropriate offering of treatment is available in Denmark or other of the above-stated countries. The insurance cover is limited to expenses that are common and reasonable for the area or the country in which treatment takes place.

Skandia is not responsible for the result of any examinations, treatments or assessments, even if a treatment is ineffective or results in errors. In such cases, claims should be made against the clinics or hospitals carrying out the treatment.

2.4 Information supporting assessment

Skandia may from time to time request any medical file information and certificates that the Company considers necessary to make a professional assessment of whether the insured is eligible for treatment.

The insured is responsible for ensuring that Skandia receives the necessary information. Skandia may also request the insured to undergo medical examinations to assess his or her eligibility for treatment.

Skandia covers all costs of such certificates and medical file information requested by Skandia. This does not include referrals or recommendations by GP as mentioned in clause 2.1. above.

Skandia has the right to inquire into the state of health of the insured and to contact anyone who is treating, or has previously treated, the insured for physical or mental disorders, including physicians and hospitals. Skandia is entitled to obtain any medical files or other material in writing pertaining to the state of health of the insured.

2.5 Prevention of damage

The insured has a duty to prevent or limit the damage, and Skandia is entitled to enforce any measures to help ensure such prevention or limitation.

3. What the insurance covers

The insurance covers illness and disorders arising as a result of health-related strains. Skandia defines illness as health problems giving rise to a medically justified need for examination and/or treatment. Skandia determines which examination or treatment is needed.

3.1 The Lifeline

The Lifeline offers professional telephone advice on problems, illness or injuries that do not require treatment *per se*. The telephone advice consists of consultations with professional nurses or physiotherapists to help the insured. This includes help in connection with bullying, harassment, work-related accidents, substance abuse, stress, redundancy or other work-related crisis situations. It also includes consultations concerning training and rehabilitation.

The telephone advice may be anonymous, unless it is assessed that the caller needs examination or treatment in order for a treatment regime to be arranged via the health insurance.

3.2 Specialist

The insurance covers reasonable and necessary expenses for examination and treatment by a specialist, except for consultation and treatment by specialists in general medicine, including the insured's GP.

Skandia requires referral by a specialist, including the insured's GP, in order to approve ultrasound scans, x-ray examinations or similar examinations to make a diagnosis.

MR scans require referral by a specialist other than a specialist in general medicine, including the insured's GP.

3.3 Physiotherapy and chiropractic treatment

The insurance covers reasonable and necessary consultation and treatment by an authorised physiotherapist or chiropractor. The insurance covers up to ten treatments within a 12-month period from the date Skandia registers a claim. To ensure the optimal treatment of the case at hand, Skandia's nurses and physiotherapists will on an ongoing basis assess how many treatments the insured needs.

The insured is free to choose any therapist. The health insurance covers a maximum of DKK 500 per treatment.

3.4 Reflexology and acupuncture

The insurance covers up to ten treatments within a 12-month period from the date Skandia registers a claim. The therapist must be an RAB-certified reflexologist or acupuncturist (i.e. a registered alternative treatment provider).

To ensure the optimal treatment of the case at hand, Skandia's nurses will on an ongoing basis assess how many treatments the insured needs.

The insured is free to choose any therapist. The health insurance covers a maximum of DKK 600 per treatment.

3.5 Psychologist

The insurance covers reasonable and necessary consultation with and treatment by a psychologist. The insurance covers up to ten treatments within a 12-month period from the date Skandia registers a claim. To ensure the optimal treatment of the case at hand, Skandia's nurses will on an ongoing basis assess how many treatments the insured needs.

The insurance covers emergency crisis therapy following robbery, kidnapping, mugging, break-in, fire, accident or explosion, when such incidents cause acute trauma.

The insured is free to choose any therapist. The health insurance covers a maximum of DKK 1,100 per treatment.

3.6 Psychiatrist

The insurance covers up to ten consultations with a psychiatrist within a 12-month period from the date of the first treatment.

The insurance covers psychiatric treatments other than consultations only if the insured has reached the age of 21.

In connection with psychiatric diagnoses, the insurance covers a maximum of DKK 100,000 in aggregate expenses for the periods the insured is covered by Skandia. This maximum also applies if the insured resumes an insurance contract or establishes a new policy with Skandia.

Non-psychotic patients who are treated under the so-called package programmes in the public healthcare system must use the services offered by the public system, because such treatment is considered to be emergency treatment. Skandia offers advisory services and help in the subsequent process, and the insurance covers where Skandia assesses that the insured has experienced an unnecessarily long waiting period or the package programme's intentions have not been met.

3.7 Operation and treatment at a private hospital

The insurance covers examinations prescribed by a physician and pre-operation preparatory examinations, ambulatory operations or operations during hospitalisation and treatment at private hospitals.

In case of treatment of life-threatening cancer or heart disease under the so-called package programmes in the public healthcare system, the insured must use the services offered by the public system, because such treatment is considered to be emergency treatment.

Skandia offers advisory services in the subsequent process, and the insurance covers where Skandia assesses that the insured has experienced an unnecessarily long waiting period or the package programme's intentions have not been met.

3.8 Rehabilitation

The insurance covers ambulatory rehabilitation prescribed by a specialist directly following hospitalisation for or operation of a condition requiring treatment which is covered by the insurance – however for a maximum of 12 months. See also clause 9.6: Cover on termination

Rehabilitation comprises expenses for convalescence in Denmark of up to DKK 25,000 per diagnosis and directly following hospitalisation for or operation of a condition requiring treatment which is covered by the insurance.

In connection with rehabilitation, Skandia may demand to receive a treatment plan.

3.9 Aids

The insurance covers reasonable expenses for temporary aids that a specialist deems to be reasonable and necessary for the insured to recover from a disease or an accident covered by the insurance.

3.10 Medicine

The insurance covers reasonable expenses for prescription medicine prescribed by a physician in connection with hospitalisation or an ambulatory operation for a condition requiring treatment which is covered by the insurance, for a maximum of six months from the date of the first treatment.

3.11 Help in the home

The insurance covers reasonable expenses for up to 20 hours help with cleaning, shopping etc. immediately following hospitalisation or an ambulatory operation for a condition requiring treatment which is covered by the insurance.

3.12 Transport

The insurance covers reasonable expenses for transportation to and from a hospitalisation or operation for a condition requiring treatment which is covered by the insurance. The insurance only covers transport if the insured is unable to use private or public transport due to illness and if the transport cannot be covered by any other means.

Skandia furthermore covers repatriation in the event of the insured dying at a treatment facility (hospital or clinic) outside Denmark and the treatment was approved by Skandia. Skandia assesses and approves the choice of the mode and means of transport.

3.13 Social escort

The insurance covers reasonable expenses for travel, transport and accommodation for an escort if the insured is hospitalised outside Denmark.

3.14 Medical escort

The insurance covers reasonable expenses for travel, transport and accommodation for a medically trained escort to a hospital outside Denmark. The medical escort is chosen by Skandia and is to ensure that the insured:

- receives the best possible care during travel and hospitalisation;
- is admitted to hospital;
- understands the diagnosis, treatment programme and dialogue with local physicians.

3.15 Second opinion

The insurance offers a second opinion, which means that the insured can obtain further medical assessment by a specialist. A second opinion is relevant if the insured:

- suffers from a life-threatening or particularly serious disease or injury;
- faces a decision as to whether to submit to a particularly risky treatment which in itself may be life-threatening or may cause permanent injury.

3.16 Dietician

The insurance covers up to five consultations with a clinical dietician. To be eligible for treatment, the insured must be referred by a physician and have a BMI of less than 18 or more than 30. The insurance covers one course of treatment for all the periods in which the insured is covered by Skandia. This also applies if the insured resumes an insurance contract or establishes a new policy with Skandia.

4. What the insurance does not cover

The following medical conditions and diagnoses, treatments and forms of treatment are not covered by the insurance. In addition, a number of general limitations to the insurance cover apply.

4.1 Medical conditions and diagnoses

The insurance does not cover expenses in connection with the following medical conditions and diagnoses:

- a. Treatment of disorders, or subsequent complications from disorders, that occurred or were diagnosed, or that the insured was aware of or ought to have been aware of, before the insurance entered into force, cf. however, item 7.2 Special terms for corporate agreements.
- b. Emergency treatment, i.e. for acute problems requiring quick assistance, e.g. involving ambulance, emergency doctor and casualty department, and areas of diagnostics that in the public healthcare system are defined as acute – e.g. life-threatening cancer or ischaemic heart disease.

The insurance does, however, cover expenses for a psychologist in connection with emergency therapy.

- c. Treatment, check-ups and complications in connection with pregnancy, birth and abortion, fertility examinations and treatment.
- d. Phobias.
- e. Complications from alcohol, medicine or drug abuse.
- f. Chronic diseases that were diagnosed before the insurance with Skandia entered into force. Complications are covered if they were diagnosed after the insurance with Skandia entered into force. Chronic diseases diagnosed after the insurance with Skandia entered into force are covered for a maximum of six months from the date of diagnosis. It is not possible to transfer seniority from another insurance company, see clause 7.3.

A chronic disease or disorder is characterised by being persistent, causing permanent complications and/or injury and/or being caused by incurable changes. The disease or disorder may be without symptoms for short or long periods of time, with or without treatment.

A list of examples of diagnoses that Skandia considers chronic diseases is available at www.skandia.dk

- g. Venereal diseases, HIV infection and diseases resulting from HIV, organ transplant and organ donation and dialysis treatment.
- h. Congenital disorders.
- i. Dyssomnia, unless there is medical suspicion of sleep apnoea.
- j. Examination and treatment for ADHD including sub-types.
- k. Examination and treatment for anal fistula, anal fissure or pilonidal cysts.
- l. Examination and treatment for dementia.

4.2 Treatments and forms of treatment

The insurance does not cover expenses for examination, treatment or forms of treatment for the following:

- a. All forms of contraception, including sterilisation or similar contraceptive treatments such as fitting and removal of contraceptive coils.
- b. All forms of dentist treatment, dental procedure and dental surgery.
- c. Botox or Xiaprex treatment
- d. Obesity treatment or obesity operations, including operations or treatment of complications.
- e. Examination and treatment for prevention or maintenance purposes.
- f. Cosmetic treatments and operations and complications of these. Procedures not covered by the insurance include, but are not limited to, face lifts, breast reconstructions, hair transplants, liposuction, breast augmentation or reduction operations, removal of benign birthmarks or spots, skin transplants or actinic keratosis.

In these insurance terms, warts, lipoma, sebaceous cysts, acne, sagging eyelids and varicose veins are considered cosmetic problems.

- g. Eyesight and hearing correction examinations and operations and expenses for glasses, contact lenses and/or eye tests as well as hearing tests and hearing aids.
- h. Proton therapy or stem cell therapy.
- i. Vaccination, health checks and other preventive checks.
- j. Couples therapy

4.3 General limitations

The insurance does not cover the following expenses or injuries if occurring or caused for the following reasons:

- a. Injury occurring in connection with professional sports – i.e. sports which the insured is paid to practice. Sports are considered to be professional if the main source of income of the insured is his or her sport or if

the insured has a contract with a sports club or sponsors that pay the insured a salary. Professional sports include training, competitions and non-competitive exhibitions.

- b. Injury as a result of civil unrest, uprisings, war or war-like conditions and terrorist attacks, including bacteriological or chemical attacks.
- c. Injury as a result of nuclear or radioactive discharges, exposure to radiation from radioactive fuel or waste.
- d. Expenses for scheduled appointments etc. for which the insured has failed to show up.
- e. Expenses for treatment as a result of epidemics and pandemics which are handled by the public healthcare system.
- f. Expenses for certificates, medical file information, referrals and recommendations by GP.
- g. Expenses for psychological tests and specialist statements, unless requested by Skandia.

5. In case of coverage by third party

5.1 The insurance becomes secondary

If another insurance company provides coverage, Skandia must be informed when the claim is made. In such cases, the coverage from this insurance will be secondary, and the other insurance cover is thus to be applied first.

5.2 Public healthcare coverage

Skandia is not under any obligation to cover expenses that the public healthcare system:

- has already partially or fully covered;
- has offered to cover, but where the date of the treatment does not suit the insured, whatever the reason.

5.3 Obligation to co-operate

The policyholder and/or the insured is under an obligation to co-operate with Skandia and to inform Skandia without undue delay if they can claim compensation from a third party or take other legal measures against a third party.

The policyholder and/or the insured must also keep Skandia fully informed and take such measures as are necessary to claim compensation from third parties and safeguard Skandia's interests.

5.4 Responsible tortfeasor

In any event, Skandia has the right to be directly subrogated to the insured's claim against a responsible tortfeasor.

6. Terms of agreement on insurance

The agreement on insurance has been entered into between Skandia and the person(s) named in the insurance contract.

The policyholder receives an insurance contract from Skandia as proof of the agreement. The insurance contract sets out, *inter alia*, when the insurance enters into force,

the price of the insurance and whether any special insurance terms apply.

The agreement on insurance should be understood to mean the entire agreement, documented by means of:

1. An insurance contract between the policyholder and Skandia;
2. The current insurance terms.

6.1 The policyholder owns the insurance contract

The policyholder is the owner of the insurance contract and is the (legal or natural) person with whom Skandia agrees the terms and price.

6.2 Insured

In these insurance terms, 'the insured' should be understood to mean private individuals and co-insured spouse/partner and children.

The insured must have a permanent registered address in Denmark (excluding Greenland and the Faroe Islands), Norway, Sweden or Germany and be covered by the public healthcare system of that country, unless otherwise agreed with Skandia.

Individuals can be registered for the insurance until they reach the age of 65. Children of a household may be covered from their first birthday until they reach the age of 24. Children of a household are defined as biological and adopted children, foster children (municipal approval of the foster relationship must be documented and must be for day and night care at the household address), and stepchildren living at the same address as the insured.

6.3 Insurance certificate

The insured will receive a welcome letter and an insurance certificate (a policy) from Skandia when the insurance is established. If changes are made to the insurance, the insured will be informed by Skandia.

6.4 The insurance is subject to correct information

If the policyholder, the insured or other parties provide Skandia with incomplete or incorrect information when the insurance is established, the provisions of sections 4 to 10 of the Danish Insurance Contracts Act apply. Consequently, the insurance cover may cease in whole or in part.

If the policyholder, the insured or other parties did not know or ought to have known that they were passing on incorrect information to Skandia, Skandia will be liable, as if the incorrect information had not been given.

6.5 Change in risk

In case of changes to the risk factors, Skandia must be informed immediately. If such information is not given, Skandia may limit the cover or refuse to cover a claim.

Skandia must be informed if, among other things:

- the insurance contract, bill or attached specifications contain incorrect information;
- the policyholder takes out or has taken out insurance against the same risks with another company;
- the occupation or address of the insured changes.

Skandia determines whether the insurance is to continue and, if so, on what terms.

6.6 Changes to insurance terms and price

Skandia may amend the insurance terms and price at 30 days' notice to the end of a month. In such cases, Skandia will inform the policyholder in writing.

If an amendment involves stricter insurance terms or if the price of the insurance increases, the policyholder may terminate the insurance at two weeks' notice. The termination must be made within two weeks of Skandia informing the policyholder of the changes.

Indexation or taxes, etc. charged by the public authorities are not considered a change of insurance terms or price.

6.7 Sum insured

Skandia covers expenses up to an amount of DKK 3,000,000 per year. Expenses of up to DKK 1,000,000 per year are covered for children, which is the aggregate amount of cover for all children under the insurance.

These amounts are fixed and are not subject to indexation.

7. Registration for the insurance

7.1 No health information

If the insurance has been established as part of a corporate agreement, the co-insured is not required to submit health information to Skandia in order to be covered by the health insurance.

7.2 Special terms for corporate agreements

The insured are subject to a 12-month qualifying period. During that period, the insurance does not cover expenses for treatment of disorders, or subsequent complications from disorders, that occurred or were diagnosed, or that the insured was aware of or ought to have been aware of, before the insurance entered into force.

7.3 Transfer from another insurance company

When Skandia takes over a corporate agreement from another insurance company, the co-insured spouse/partner and children will be transferred to Skandia if the health insurance can be transferred with unbroken coverage. This does not, however, apply to chronic disorders, see clause 4.1.f.

The same applies to the spouse/partner and children of future employees who at the date of employment are insured with another insurance company.

8. Payment for the insurance

8.1 Date of payment

Skandia collects payment by giro or by direct debit (PBS). The final due date is stated on the bill. The first payment is due when the insurance enters into force.

Skandia has the right to charge postage expenses.

8.2 Responsibility for payment and reminders

The policyholder is responsible for ensuring that Skandia is in receipt of payment by the due date. Skandia will send a reminder if payment has not been made by the due date. The reminder will inform the policyholder that the insurance cover will cease unless the amount due is paid within 21 days of the reminder.

Skandia has the right to charge fees for:

- sending out reminders;
- sending information about adjustment;
- preparing and delivering documents, information or other extraordinary services.

8.3 Taxes

Skandia collects taxes and fees along with payment for the insurance.

8.4 Age-specific price

The price of the insurance may depend on the age of the individual insured employees, i.e. based on their age at their next birthday.

8.5 Price assumptions

If the price of the insurance is based on assumptions that no longer apply, Skandia may adjust the price at the next renewal date.

8.6 Indexation

The price of the insurance is adjusted annually at the renewal date.

If changes are made to the insurance between 1 January and a later renewal date during the year, the price is index adjusted at the date of the change.

The adjustment is made on the basis of the 'Index of hourly rates in the manufacturing sector', published each year in November by Statistics Denmark.

If Statistics Denmark stops publishing this index, Skandia has the right to use another of Statistics Denmark's indices.

8.7 Renewal of insurance

Insurance policies taken out for one year at a time are automatically renewed at the renewal date.

9. Termination and expiry

9.1 Policyholder's right to terminate

The policyholder has the right to terminate the insurance giving at least one month's written notice to the next re-

newal date, but not until the insurance has been in force for a continuous 12-month period.

9.2 Skandia's right to terminate

Skandia has the right to terminate the insurance giving at least one month's written notice to the next renewal date, but not until the insurance has been in force for a continuous 12-month period.

In addition, Skandia can terminate the insurance without notice at any time:

- in case of indications of fraud or attempted fraud;
- in case of an outbreak of war, uprisings or civil unrest in Denmark.

9.3 The insured's right to terminate

The insured has the right to terminate his or her insurance at 30 days' notice to the end of a calendar month. The terms of employment may prevent such termination, however.

9.4 Expiry of the insurance

Unless the policyholder and Skandia agree otherwise, the cover ceases without notice:

- on the date of expiry of the insurance contract;
- on the date of the insured's 70th birthday or, for children, 24th birthday;
- if the rules of clause 6.2 above prevent the insured from being covered by the insurance.
- If the employee is no longer covered by the corporate agreement.

9.5 Cover on expiry

If the insurance expires, the right to compensation also ceases. Skandia covers injuries or illness occurring during the insurance period for up to three months after the insurance terminates. However, this requires that Skandia has pre-approved the claim.

If the insurance contract was concluded for a term of less than one year, Skandia's liability ceases after the date of termination. This also applies to insurance contracts renewed for terms of less than one year.

If the insurance has expired and a claim has been made during the period of insurance, the claim should be made to Skandia without undue delay.

10. Legislation and complaints

10.1 Legislation

The insurance is subject to the provisions of the Danish Financial Business Act and the Danish Insurance Contracts Act, unless specifically derogated from in the policy.

10.2 Complaints concerning claims processing

The policyholder or the insured have a right to complain if they disagree with Skandia's decision on a claim. Complaints should be filed with Skandia as soon as possible – and not later than six months after the case has been decided – and sent to this address:

Skandia
Kay Fiskers Plads 9
DK-2300 Copenhagen S
Attn: The person in charge of complaints

For more information on complaints procedures, see skandia.dk/klage

10.3 Complaints Board (Ankenævn)

If Skandia and the policyholder or the insured fail to reach agreement, complaints can be made to:

Ankenævn for Forsikring
Anker Heegaards Gade 2
DK-1572 Copenhagen V
Tel. +45 33 15 89 00

Complaints to the Complaints Board are subject to a fee. If the Complaints Board finds in favour of the policyholder or the insured, Skandia will refund the fee.

10.4 Venue

Any disputes regarding the insurance contract will be decided in accordance with Danish law. Any disputes that cannot be resolved by way of arbitration will be decided in accordance with Danish law. The venue is Copenhagen.

10.5 Right of cooling off

Private insurance contracts are subject to a right of cooling off, which means that the insured is entitled to cancel a private insurance contract pursuant to the rules set out in section 34 of the Danish Insurance Contracts Act.

The cooling off period for a private insurance contracts is 14 days. Pursuant to the rules of the Danish Insurance Contracts Act, the insured has the right to receive certain information, including on the right of cooling off and about the service ordered. The cooling-off period runs from the date the contracts is entered into and the insured has received the insurance terms describing the right of cooling off.

Where the cooling-off period expires on a holiday, a Saturday, Grundlovsdag (Denmark's constitution day), 24th December or 31st December, the cooling-off period for the insured expires on the following weekday.