

treatment insurance **Bonus** without a health declaration

Contents

1. Who the insurance covers
2. Who is covered
3. Where coverage applies
4. Where coverage can be used
5. What the coverage covers
6. Exceptions
7. Liability period
8. Limitations
9. Insurance sum
10. Excess
11. Security requirements and assumptions
12. Reporting claims
13. Other
14. Definitions
15. General terms

1. Who the insurance covers

The insurance covers those persons listed in the list of insured persons on the Insurance certificate.

2. Who is covered

Insured persons must be resident in Scandinavia and must be members of one of the Scandinavian social security systems.

The person must be fully fit for work at the time the policy is taken out.

The policy must be taken out before the person turns 67 years old.

3. Where coverage applies

The coverage applies in Scandinavia. The coverage applies for treatment in Scandinavia, even if the illness* or accidental injury occurs outside Scandinavia.

4. When coverage can be used

The coverage can be used for illnesses or accidental injuries that occur during the period of cover. This means the coverage applies from the moment Skandia has received the completed order form, list of who should be covered, and the employer's declaration.

The employer's declaration is a declaration

from the employer that all of the persons who are going to be covered are 100% fit for work. Employees who are on sick leave, undergoing rehabilitation or incapacitated cannot be members of the insurance scheme.

The insurance policy can be taken out with or without a qualifying period. This will be stated on the insurance certificate.

4.1 Coverage taken out with a qualifying period

Special terms 010109- NO015

The coverage does not cover illnesses or accidental injuries the insured person has received treatment for or advice about or knew about before the coverage came into effect.

The coverage nevertheless applies if the insured person has been free of treatment and symptoms and has not received treatment for such an illness or disease for a period of 12 consecutive months, counting from the time the claim for compensation is submitted due to the illness/disease.

4.2 Coverage taken out without a qualifying period

See special terms 010109- NO014

The coverage covers illnesses and accidental injuries the insured person has received treatment for or advice about or which the insured person knew about before the coverage came into effect.

5. What the coverage covers

5.1 All treatment must be pre-approved by Skandia. The insured person must therefore always contact Skandia's treatment service before using the coverage. Treatment service means that a registered nurse will help plan the treatment and book appointments for treatment in Skandia's network pursuant to the scope of the cover. Treatment and operations must be carried out in Skandia's network. If it is

medically justifiable to carry out the treatment, the insured person will receive treatment by the following deadlines:

- Treatment from a specialist within 10 working days
- Operation/hospital treatment within 20 working days
- Physiotherapy/naprapathy/ chiropracty/ manual therapy within 5 working days
- Psychological treatment within 5 working days
- Psychological contact within 24 hours (if needed)

If Skandia cannot find free capacity within its well-developed network, it will purchase capacity from outside its network, cf. clause 3 of the terms.

The treatment applies from the moment Skandia has received the necessary medical information about the illness and/or accidental injury.

The treatment guarantee does not apply during the network's holidays.

5.2 In the event of illness or accidental injury that occurs during the period of cover, the coverage covers:

Unless otherwise is stipulated in the individual clauses below, a referral from a doctor is required.

5.2.1 Treatment by a specialist

Examination, diagnosis and treatment carried out by a specialist.

5.2.2 Operation/hospital treatment

- preparatory examinations at the hospital/

place of treatment in connection with the relevant treatment

- operation
- outpatient surgery
- hospital treatment

5.2.3 Rehabilitation after hospital stays

After an operation and/or hospital treatment that has been booked and paid for by Skandia, the coverage covers rehabilitation carried out by health personnel.

The rehabilitation must take place shortly after the operation/hospital treatment.

Stays of up to 14 days at rehabilitation institutions where rehabilitation is carried out will be covered.

Rehabilitation carried out by physiotherapists/manual therapists will be covered in accordance with the treatment plan drawn up by the relevant therapist.

5.2.4 Physiotherapy/naprapathy/ chiropracty/ manual therapy

The following applies with respect to treatment carried out pursuant to this clause:

The treatments carried out pursuant to this clause can in total amount to up to 12 treatments per injury*, even if different forms of treatment are used. However, the number of treatments that can be carried out by naprapaths is limited to a total of 6 treatments.

One treatment has a time frame of up to 40 minutes.

No referral from a doctor is required for treatment by a chiropractor or manual therapist.

5.2.5 Psychologist/Psychiatrist

Treatment from a psychologist/psychiatrist. The coverage covers up to 10 consultations per instance.

5.2.6 Image diagnoses

Expenses for image diagnoses* in connection with an examination, diagnosis and treatment by a specialist.

5.2.7 Travel and room and board

Applies when the coverage is used pursuant to the term's clause 5.2.1 Treatment by a specialist and, 5.2.2 Operation/hospital treatment and 5.2.3 Rehabilitation after hospital stays.

Travel and room and board expenses will be covered as follows:

Insured person: Refund of the insured person's travel and room and board costs that are medically necessary.

Attendant: Refund of attendant's necessary travel and room and board expenses if it is medically necessary for the insured person that the insured person be accompanied in the event of a major operation or medical treatment.

5.2.8 Medicines

The coverage covers medicines prescribed by a doctor and which are administered during the stay in hospital.

6. Exceptions

6.1 The coverage does not cover costs incurred due to:

- consultations with general practitioners/company doctors or specialists in general medicine
- treatment in casualty departments
- treatment at public hospitals
- treatment, hospital treatment and operations that have not been pre-approved by Skandia
- fees charged due to the insured person not turning up for an agreed appointment/treatment
- medicines other than medicines provided at the place of treatment
- aids
- purchasing glasses/contact lenses
- private expenses
- costs for doctor's statements that are not asked for by Skandia

6.2 The coverage does not cover the following conditions/treatment/operations:

- orthopaedic surgical treatment intended to correct misalignments in toes/feet
- treatment of illnesses covered by the Control of Communicable Diseases Act
- treatment resulting from complications in connection with pregnancy and birth
- fertility examinations and infertility treatment
- treatment of snoring, where a medical examination stipulates that the insured person does not suffer from sleep apnoea
- surgical treatment, including laser surgery, intended to correct refractory errors in the eye
- all dental treatment, including jaw related, disorders and dental damage caused by accidents

- nursing care beyond hospital and rehabilitation stays
- illnesses or accidental injuries caused by alcohol, other intoxicants, sleeping medicines, narcotic preparations or doping preparations.
- organ transplants and organ donations
- alternative forms of treatment except naprapathy.
- obesity related operations and treatment
- chronic dialysis treatment
- experimental treatments: undocumented treatments that are not part of controlled studies, and in which the effects, risks and side effects are unknown or not fully documented.
- trial treatments: treatments that are being tested as part of a scientific study, but in which the requirements concerning proper documentation in relation to established treatments are as yet unsatisfactory.
- cosmetic treatments and plastic surgery or the consequences of these, as long as these are not a consequence of illnesses or accidental injuries that entitle the insured person to compensation
- sex change operations

6.2.1 In addition to clause 6.2 the following applies for children under 18 years old:

- the coverage does not cover congenital illnesses or illnesses that occur during the first months of life, or hereditary disorders that cause illnesses regardless of one's lifestyle or environment. These restrictions nevertheless does not apply if the symptoms of such a case first manifest themselves after the child has turned 6 years old.

7. Liability period

7.1 The liability period is the period during which compensation can be paid for an injury. The liability period runs from the moment of injury*.

The liability is not subject to any time restrictions as long as one is covered by a treatment insurance policy in Skandia. Should the coverage cease, compensation will nevertheless be paid, for up to 1 year after the coverage ceases, for a treatment that was approved and ordered by Skandia during the period of cover. In these circumstances, treatment in excess of

to what the referral concerns will not be covered.

8. Limitations

8.1 War and political upheaval

The following limitations apply in addition to the general contractual provisions in the event of war and political upheaval:

The coverage does not cover illnesses that come to light within one year of being in a country in which a war or upheaval was occurring, and which can be regarded as being a consequence of the war or upheaval.

8.2 Compensatory limitations

The coverage does not cover injuries due to radioactive explosions or radioactive radiation that are associated with the undertaking in which the insured person is employed.

9. Insurance sum

Unlimited insurance sum.

10. Excess

No excess.

11. Security requirements and assumptions

11.1 The policyholder is not (when the person concerned is not the insured person) entitled to information about an insured person's health status.

11.2 Skandia's treatment service must always be contacted before the coverage is used, cf. clause 5 of the terms.

12. Reporting claims

12.1 A notice of claim must always be sent to Skandia when the coverage is used.

12.2 The insured person shall ensure that Skandia receives the information Skandia believes necessary to determine the entitlement to compensation and continued treatment.

12.3 A notice of claim must always be filled in and submitted with the original receipts when claiming a refund for your own expenses.

Compensation claims should be sent to Skandia within 90 days of the day the expense occurred, though no later than within one year.

Refunds of expenses and compensation for treatment will be paid out within 1 month after Skandia has received the compensation claim.

13. Other

If you are dissatisfied with the settlement of a claim, please contact:

Skandia Forsikring
Stenersgata 2, 0184 OSLO
Tel: (+47) 23 08 06 40

or

Forsikringsklagekontoret
(Norwegian Bureau for Insurance Disputes)
Postboks 53 Skøyen 0212 OSLO
Tel: (+47) 23 13 19 60

14. Definitions

14.1 Insured person

The insured person is the person covered by the insurance.

14.2 Policyholder

The policyholder is the person who takes out the insurance policy with the insurance company.

The policyholder owns the coverage.

14.3 Injury

Injury is defined as meaning that a treatment is approved by Skandia for an illness or accidental injury that occurs during the period of cover.

14.4 Moment of injury

Moment of injury is defined in these terms as meaning the date the insured person first contacts Skandia's treatment service based on a referral for treatment for the relevant illness or accidental injury.

14.5 Scandinavia

Scandinavia is defined in these terms as Norway, Sweden and Denmark (excluding the Faeroe Islands and Greenland).

14.6 Illness

Illness is defined as a deterioration of the insured person's health status that is not regarded as an accidental injury pursuant to clause 14.7 below.

An occurred illness shall be understood as the insured person's physical or mental functional abilities deteriorating due to the illness. A voluntarily inflicted injury to the body shall not be regarded as an illness.

Multiple instances of illnesses that are

medically related shall be regarded as one injury. This does not apply if the insured person has been free of treatment and symptoms for more than 12 consecutive months.

14.7 Accidental injury

An accidental injury is defined as an injury to the body caused by a sudden, unforeseen, and external event.

14.8 Medically justifiable

It is the person providing the treatment who decides whether or not it is medically justifiable to commence the referred treatment or whether or not it will be necessary to wait until a later point in time.

14.9 Specialist

A specialist is defined in these terms as a doctor with specialist training pursuant to the Norwegian Medical Association's provisions. Specialists in general medicine or specialists in psychiatry are not defined as specialists in these terms.

14.10 Manuel therapist

Physiotherapists who have undergone further training in manual therapy.

14.11 Image diagnosis

Image diagnosis is defined in these terms as conventional x-rays, CAT scans, MRI scans, clinical mammography screening, bone density scans and ultrasound scans.

14.12 Working day

A working day is defined in these terms as the active workdays per week (usually 5 days).

15. General Terms and Conditions

15.1 The insurance contract

15.1.1 Laws and rules that are applied

The insurance contract is valid subject to:

- Act of 16 June 1989 about insurance contracts (FAL) part B, with special provisions for health insurance
- the Act of 10 June 1988 concerning insurance activities, with its regulations and rules
- other provisions made for or in accordance with legal authorization

The insurance contract is subject to Norwegian legislation.

15.1.2 Insurance provisions that are applied

The insurance contract is subject to product conditions, these general insurance conditions, and special conditions such as are stated in the *certificate of insurance*.

The text in the *certificate of insurance* and the text in the special conditions are valid in front of the product conditions.

The *certificate of insurance* and its conditions and terms are valid before legal provisions.

15.2 The company's right to terminate a contract

The company may terminate an active insurance policy, during the insurance period, in accordance with the rules found in FAL § 12-4.

- with 14 day warning, if inaccurate or incomplete information concerning the risk was given, FAL § 13-3
- with immediate effect, if false, incorrect, or incomplete information about risk was given, FAL § 18-1
- for 1 week warning if deceit or fraud is found in connection with a claims settlement, see FAL § 18-1

The company may also terminate an ongoing policy with 2 months' notice if:

- a breach of security regulations or other liability limiting conditions exist
- if the injury occurred, yet the termination was reasonable

15.3 The policyholder's right to terminate a contract

The policyholder may, pursuant to FAL § 12-3, terminate the insurance contract:

- at the end of the insurance period

The company must send a warning notice for this no later than one month from the day the company sent the ordinary

premium notification for the new insurance period.

- during the period of the insurance if the insurance is no longer necessary, or other special circumstances exist, or upon moving to another company.

The company is to be notified about relocation one month prior to moving the contract. Upon signing a contract with another company, information must be given as to which insurance company is the new one, and the time of the transition.

15.4 Paying premiums and liability

The premiums and terms that are valid on the day the insurance policy begins are used during the entire contract period. If a general change to the premium or conditions occur during the period of the contract, then the new premium or new condition is applicable at the next premium due date.

If the altered premiums or changes to conditions are applied to the insurance policy, then Skandia is to inform about this no later than the moment the new invoice is sent.

If the policyholder does not wish to renew the insurance with the new conditions, then this is to be informed to Skandia no later than 14 days after the invoice is sent.

15.4.1 First premium

Skandia's liability comes into force at the starting date of the insurance period, even if the premium has not yet been paid, and still under the condition that the premium is paid within one month after Skandia sent the invoice. If the premium is not paid within one month after the invoice was sent, then a condition has arisen for delayed premium payment.

If the premium is not paid within the payment deadline's due date, the company will then send another warning with a new payment deadline of at least 14 days. If the payment does not occur within the new payment deadline for this warning, then the company's liability is terminated according to the rules in FAL § 14-2.

If the payment occurs within the payment deadline, but after the company has sent the reminder notice, and the insured person's state of health is unchanged, then Skandia's liability comes into force the day after the premium was paid.

If a premium was paid after the day of termination, the payment is then considered a request for a renewed policy.

15.4.2 The renewal premium

The renewal premium is to be paid within

30 days from the date the invoice was sent to Skandia. If the premium is paid later, but within 23 days from the due date, and the insured person's state of health is unchanged, then Skandia's liability comes into force the day after the premium was paid. Additionally, provisions are valid for FAL § 14-2.

15.4.3 Termination of the insurance conditions during the insurance period

If insurance is terminated, the policyholder is credited with the excess premiums paid, Cf. FAL § 12-5.

15.4.4 The obligation to inform for enter into contract and consequences of giving incorrect information

The policyholder and insured person are to give correct and complete answers to the company's questions. They shall also, on their own initiative, give information regarding special conditions that they understand to be significant for the company's risk evaluation. See Cf. FAL § 13-1.

In the case of incorrect and/or lack of necessary information, company's liability is reduced or ended.

The company's right to reduce its liability is valid, without limitations to time. Furthermore, the provision for health insurance found in FAL Chapter 13 is valid.

15.4.5 Changes to conditions around the contract

If conditions that affect the insurance contract change, the policyholder must inform Skandia of these.

15.5 Force majeure

Skandia is not liable for loss that can arise if the treatment for injury and payment is delayed because of war, political unrest, changes to legal provisions, measures taken by the authorities, or conflicts in the working environment.

15.6 Legal venue

Disputes according to the insurance contract are resolved in Norwegian courts, unless there is a conflict as specified in absolute rules found in valid legislation, or if another contract is signed.

15.7 Interest

The insured person has a right to receive monetary interest in accordance with FAL § 18-4.

Skandia Forsikring

Stenersgt. 2

0184 Oslo

Tel: (+47) 23 08 06 40

Fax: (+47) 23 08 06 41

helseforsikring@skandia.no

www.skandia-forsikring.no