



Health Insurance Business

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STRUCTURE OF THE INSURANCE TERMS AND CONDITIONS

The insurance terms and conditions are structured as follows:

- **The common conditions** that apply to the agreement. These terms and conditions contain information about premium payment, termination and notification requirements.
- **Who, what, where & how much is covered** provides information about who is covered by the insurance, where it covers and how to report a claim.
- **Covers** that may be included under the policy. This section also states what is covered by the insurance and what the insurance does not cover.

EXPLANATION OF THE INDIVIDUAL CONCEPTS

This section explains the individual concepts used in these terms and conditions.

The risk carrier

Risk carrier means Mølholm Forsikring, Danish branch of Gjensidige Forsikring ASA, Norway

The policyholder

The policyholder means the person or company that has entered into an insurance agreement with the company.

The insured

The insured means the person who is entitled to treatment, in the following called you/your.

The insurance terms and conditions are applicable from 1st of January 2020 and supersede any previous terms and conditions.

IF YOU NEED TO USE YOUR INSURANCE

Doctor's referral

You must have a referral from your own doctor before you report a claim to us. The detailed rules and exclusions are described in the terms and conditions under Who, what, where & how much is covered under clause 5 'How to use your insurance'.

Emergency treatment

If you need emergency assistance, you should always contact your own doctor, the casualty ward, the emergency medical service or call 112.

Initiation of treatment

It is important that you do not initiate examinations or treatment before you have contacted the company and received written approval, as otherwise you will not be entitled to cover. The detailed rules and exclusions are described in the terms and conditions under Who, what, where & how much is covered under clause 5 'How to use your insurance'.

Emergency trauma counselling

If you need emergency trauma counselling outside our normal opening hours, please contact us at tel.: (+45) 6520 2120. Initially, you get hold of our voicemail. Just press 1 to proceed to personal service and competent help.

Contact Mølholm Forsikring

Tel.: (+45) 65 20 21 20

You can also get answers to many questions at molholmforsikring.dk, where you can easily report your claim online.

1. FROM WHEN DOES THE AGREEMENT APPLY?

Unless otherwise agreed, the agreement will enter into force when it has been signed and received by the risk carrier.

Period of insurance

The period of insurance is the period between the start and end date of the agreement.

2. PAYMENT/REPAYMENT

The first premium falls due for payment on inception and applies for one year, unless another payment period has been agreed.

The invoice will be sent to the billing address given by the policyholder or by electronic demand for payment.

The premium will be repaid pro rata in the event of termination of employment and such repayment will be offset against any future premium.

Reimbursement of bills for treatment/transport

Bills for treatment/transport must be submitted no later than three months after the last treatment/transport was made in order to qualify for reimbursement.

3. NON-PAYMENT

Reminder 1: Payment date + 14 days.

The reminder will state that cover will cease if the premium is not paid after the reminder has been received.

If cover ceases, any claims filed and approved will be settled according to the applicable rules; see clause 7 'Expiry of insurance' in the common terms and conditions.

4. FEES, CHARGES AND INTEREST

The risk carrier is entitled to add a collection fee to the premium as well as a reminder fee and default interest on late payment.

Any government taxes will be collected together with the premium.

5. CHANGE IN PREMIUM AND INSURANCE TERMS AND CONDITIONS

The premium is calculated on the basis of, for instance, the age of the insureds, the risk carriers geographical location, the number of persons insured and claims expenses (existing or expected).

Unless otherwise stated in the agreement, the premium is fixed for one year at a time.

The risk carrier may, without notice, make less significant changes in premium, with effect from the next succeeding renewal date of the agreement. Changes may be made in addition to indexa-

tion and statutory changes. If this happens, the policyholder may choose to terminate the agreement in writing no later than 14 days after notification of the new premium has been received. If the agreement is not terminated, it will continue with the changed premium.

The risk carrier must give at least three months' notice of significant changes in premium or terms and conditions. This does not apply to indexation, statutory changes or changes to terms and conditions of a clarifying nature, which are not disadvantageous to the policyholder.

If the policyholder does not wish to accept the changes, the agreement may be terminated in writing no later than 14 days after the notification of such changes has been received. If the agreement is not terminated, it will continue on the changed terms and conditions and/or with the changed premium.

6. INDEXATION

Unless otherwise stated in the agreement, the premium is subject to indexation once a year on the renewal date,

In connection with indexation, the premium will be increased by the percentage with which the pay figures differ from the index published the year before. If the deviation is negative, the amounts will not be adjusted but remain unchanged until the next indexation.

Indexation is calculated using the average earnings index for the private sector published by Statistics Denmark.

If this index is no longer published or if the basis of calculation is changed, the risk carrier is entitled to use a similar index from Statistics Denmark.

7. TERMINATION OF THE AGREEMENT

The agreement may be terminated by both the policyholder and the risk carrier by giving three months' notice to expire on the annual renewal date.

The agreement will lapse at the end of the month in which:

- Your employment terminates.
- You no longer live and work in Denmark, the Faroe Islands or Greenland. (Employees posted abroad are exempt from this rule).
- The agreement is terminated due to cancellation by the policyholder.

If you resign from your position with your employer (individual withdrawal from the agreement), or if the agreement is terminated, the insurance covers approved examination and treatment for up to three months from the effective date of the termination of employment or the expiry of the agreement.

If you have been given notice (this means dismissed, awarded disability pension or pension), approved treatment is covered for up to six months after the termination of the agreement.

8. DUTY OF DISCLOSURE

You have a duty to submit the information which the company deems necessary to determine whether, and to what extent, the examination and/or treatment is covered.

You have a duty to submit the name, address and telephone number of hospitals, doctors and other treatment providers who have or will have knowledge about your health. The risk carrier is entitled to seek information from such doctors and treatment providers and submit to them the information you have given the risk carrier.

If you move, the risk carrier must be informed of this. Any membership of Sygeforsikringen "danmark" must be disclosed in connection with the notification of disease/injury, as the risk carrier is entitled to receive this reimbursement.

Insurance with another insurer

If you have reported your disease/injury/disorder to another insurer, you must state so when you report the claim to us.

We do not pay for treatment for claims, for which full indemnity is paid by another insurer.

9. TRANSFER OF SENIORITY FROM ANOTHER INSURER

If you have had health insurance with another insurer without interruption of the insurance, your seniority will be transferred to the company if you notify us in this respect.

10. TIME-BARRING

The agreement follows the normal rules governing time limits under the current Danish Limitation Act (Forældelsesloven).

11. GOVERNING LAW

The general provisions of Danish law on insurance contracts as well as Danish legislation in general apply to the extent that such legislation has not been derogated from.

12. IN THE EVENT OF DISAGREEMENT

If you do not accept our decision, you must contact the department that has handled your case. The risk carrier's complaint board will consider your complaint as quickly as possible and within seven working days.

If you still do not agree after you have contacted the department, you may complain to:

The Insurance Complaints Board

Anker Heegaards Gade 2
DK-1572 Copenhagen V
Tel.: +45 33 15 89 00 between 10.00 and 13.00
www.ankeforsikring.dk

You will be charged a small fee for lodging a complaint with the Insurance Complaints Board. Complaints to the Insurance Complaints Board must be submitted on a special form, which you can get from the complaints board.

If a dispute concerning the insurance agreement is brought before the court, the disputes will be settled according to Danish law by Danish courts and in accordance with the provisions on venue laid down in the Danish Administration of Justice Act (Retsplejeloven).

13. TRANSLATION OF THE TERMS AND CONDITIONS INTO ENGLISH

These insurance terms and conditions are a translation of the Danish insurance terms and conditions. In case of any discrepancy between the Danish and the English terms and conditions, the Danish version applies.

Who, What, Where & How Is Covered

1. WHO IS COVERED BY THE AGREEMENT?

The policyholder is the enterprise that has entered into an agreement with the company or via an association agreement. The enterprise must be registered with a CVR no. in Denmark or be registered in the Faroe Islands or Greenland, unless otherwise agreed.

The agreement covers enterprises located in Denmark, the Faroe Islands or Greenland and includes the persons mentioned in the agreement and who live and work in Denmark, the Faroe Islands or Greenland. Employees posted abroad are exempt from this rule.

The insured is the person whose health is covered by the insurance.

Unless otherwise stated in the agreement, you must be covered by public health insurance.

If your spouse/cohabiting partner is also covered by a treatment insurance with the company, 'your/my/our children including foster children' are covered, until they reach the age of 21, without an additional premium under Treatment Insurance Private, regardless of where they live.

Group child cover

If your enterprise has purchased group child cover, 'your/my/our children including foster children' are covered, until they reach the age of 24, by Treatment Insurance Private, regardless of where they live.

2. WHERE IS COVER PROVIDED?

The insurance covers the quality-assured treatment locations selected by the risk carrier.

If you are posted, all medical examination or treatment must be made in Denmark.

3. WHAT IS COVERED?

The agreement covers expenses for examination and/or treatment of the reported disease/injury/disorder if it is assessed that the insured's impaired health can be significantly improve or cured.

The insurance covers one type of treatment at a time. The risk carrier may choose to cover several types of treatment at the same time.

4. WHAT IS NOT COVERED?

In addition to the exclusions stipulated under the individual types of cover, the agreement does not, irrespective of the insured's state of mind at the time of the injury, cover:

- Emergency treatment (e.g. casualty ward or emergency me-

dical services).

- General practitioner/specialist in general medicine.
- Injury caused by intent or gross negligence.
- Experimental treatment.
- Injuries arisen during the performance of professional sport (when the sport is performed as the insured's main occupation).
- Certificates and reports.
- The refunding of VAT.
- Travel costs incurred abroad.
- Fee for lack of cancellation in time.
- Private expenses - including expenses for hotel stays and for a companion.
- Expenses for examination and treatment of disease/injury/disorder during travels/stays abroad.
- Transport, but see clause 1 under Health Insurance Leisure.

5. HOW DO YOU USE YOUR INSURANCE?

Reference

If your general practitioner or a medical specialist has referred you to examination and/or treatment, and you want to use your insurance, you must report it to the risk carrier (Reference is not a requirement for treatment by a chiropractor, acupuncturist, masseur, reflexologist, chiropodist, occupational therapist or ophthalmologist, or if you need to see a psychologist due to an emergency, work-related stress, divorce or adultery).

The cover is limited to DKK 650 plus VAT per reference.

Initiation of treatment

It is important that you do not initiate examination and/or treatment without the risk carrier's prior written approval, as otherwise you will not be entitled to cover. (Emergency treatment of a disease/injury/disorder by a psychologist, physiotherapist or chiropractor may be commenced before the risk carrier has approved the treatment. However, the claim form must be submitted no later than 14 days after the first treatment).

If you are in need of emergency trauma counselling outside our opening hours, please contact us at tel.: (+45) 6520 2120. Initially, you get hold of our voicemail. Just press 1 to proceed to personal service and competent help.

Reporting a claim during the insurance period

Any claim must be reported during the insurance period.

Emergency treatment

If you need emergency assistance, you must always contact your general practitioner, the casualty ward, the emergency medical service or call 112.

6. MAXIMUM INDEMNITY

The insurance agreement/the welcome letter states the maximum sum insured payable under this insurance agreement per person insured per year.

7. ONGOING TREATMENT IN ANOTHER COMPANY

If you have reported a disease/injury/disorder to your previous insurer, we will not cover it until after three months from the date of occurrence.

8. WAITING PERIOD

There is no waiting period for already existing disorders, but present and planned treatment is not covered.

A six-month waiting period for already existing disorders applies to schemes where less than five employees are covered and to voluntary schemes.

The injury/disorder must be related to your working hours

The risk carrier covers examination and treatment of diseases/injuries/disorders that are directly related to your working life.

1. EXAMINATION AND TREATMENT

AT A PRIVATE HOSPITAL AND PRIVATE CLINIC

Expenses at a private hospital/clinic in connection with the examination and treatment of diseases/injuries/disorders are covered. The approval is valid for four months from the date when the claim was reported.

Examination, treatment and surgery must be performed by specialists only.

In the risk carrier's network of treatment providers

You will be referred to examination and treatment in the company's nationwide network of treatment providers, which consists of quality-assured private hospitals and clinics. You are guaranteed that the first examination will be carried out ten working days after your claim was approved.

Outside the risk carrier's network of treatment providers

Examination and treatment at treatment locations in Denmark outside the risk carrier's network are covered if the treatment location is accredited and meets the standards of Danish public hospitals. The risk carrier covers a maximum amount corresponding to the costs of treatment within the network. The risk carrier may choose not to cover a re-operation.

The risk carrier may refuse to cover examination and treatment at treatment locations in Norway, the UK or the EU, outside the company's network, or choose to cover with no more than the amount (plus 25%) that treatment would have cost in the network of treatment providers. The risk carrier may choose not to cover a re-operation.

Overweight of importance to the outcome

If it is assessed that overweight is of importance to the outcome of your surgery, the company requires that you lose weight to near normal weight (BMI of 36 or less).

Other treatments

Newly developed warts (developed within three months) are covered if it is assessed that they impair your health. You are covered for a maximum of four months from the date when the claim was reported.

Varicose veins are covered if the following three symptoms are present:

- Daily and nightly pain.
- A lot of swelling.
- Impact on the night sleep.

Varicose veins in connection with leg wounds are also covered.

Second opinion

If it is evaluated that you stand before a difficult positioning, or there is uncertainty concerning your diagnosis or future treatment, can we choose to get a second opinion.

Third opinion

If two medical specialists disagree regarding your diagnosis, or which treatment you should be offered, the risk carrier may choose to cover a third opinion.

Aids

In connection with surgical treatment at a private hospital, the risk carrier will cover your expenses for aids that are a necessary part of the treatment.

Checks

Necessary checks after your surgery are covered for up to 24 months.

Medicine

Your medicine expenses are covered for up to two years. The medicine must be prescription-only and prescribed by the attending medical specialist at the private hospital, at which the risk carrier has covered the treatment. Non-prescription medicine and medicine that is both available on prescription and over the counter is not covered.

Rehabilitation after surgery

Rehabilitation prescribed by a medical specialist with a physiotherapist or chiropractor (ordinary treatments) after surgery of the musculoskeletal system is covered for up to 24 months. Rehabilitation must be part of the treatment of an eligible disease. Supplementary services such as shockwave, laser therapy, ultrasound, acupuncture and massage are not covered. In order to obtain full reimbursement, you must have a valid reference to physiotherapy and use a physiotherapist with a provider number.

If you choose a physiotherapist without a provider number, the risk carrier covers with the amount corresponding to the patient's share for ordinary physiotherapy (will be indexed each year on 1 January).

Class training with a physiotherapist is covered and must be part of the rehabilitation process. The insurance covers class training corresponding to the patient's share of class training in ordinary physiotherapy (will be indexed each year on 1 January).

In connection with rehabilitation after surgery, you may choose, after a minimum of three months' physiotherapeutic rehabilitation, to convert up to nine month' treatment into a membership of Fitness World (created by the risk carrier). The conversion must be part of the treatment. Rehabilitation cannot in total exceed the above 24

months.

If you use another fitness centre, cover is provided with DKK 155 per month. (The risk carrier may demand documentation for your attendance frequency).

Occupational therapy after surgery

Up to ten occupational therapy treatments after surgery of the musculoskeletal system are covered if the risk carrier has covered your surgery. Treatments are allocated in portions and covered with a maximum of DKK 395.

Home care nurse and home help

Home care nurse and/or home help services after surgery are covered if prescribed by the specialist surgeon and if they form part of the treatment of an eligible disease.

Recreation

Recreation (rehabilitation and physiotherapy) following surgery is covered for up to three months. Recreation must be prescribed by a medical specialist, lead to a permanent improvement and be part of the treatment of an eligible disease. Cover is provided up to DKK 60,000, and contributions are granted for rent and treatment. No contributions are granted for relaxation, massage and stays of a holiday nature.

Cancer

Diagnosing and treatment of cancer are covered with the exception of forms of cancer requiring diagnosing and treatment of high complexity (including chemo- and radiation therapy) or where the patient is referred to a cancer care pathway in the public sector.

Cancer care pathways

If your own doctor or a specialist has referred you to a cancer care pathway in the public sector, this must be used.

Basal cell carcinoma (skin cancer)

Basal cell carcinoma (skin cancer) is covered up to three times during the insurance period, and the first check after completed treatment is covered.

Breast cancer

If the risk carrier has covered a breast cancer operation, the reconstruction of your breast is also covered. The reconstruction must be made within 14 months from the date of the operation.

Annual check after cancer treatment

If the risk carrier has covered your cancer treatment, the first annual check is also covered with the exception of basal cell carcinoma (skin cancer).

2. HOSPICE AND TERMINAL CARE

The costs of staying in a Danish hospice are covered for up to three months and with up to DKK 30,000. The stay must be prescribed by a medical specialist.

Alternatively, you may be approved for terminal care at home. Care must be performed by a home care nurse and is covered with up to DKK 30,000.

3. ALLERGY VACCINATIONS

Allergy vaccinations are covered with up to DKK 1,000 per rolling 12 months from the date when the claim was reported. Cover is provided for three years.

4. DENTAL TREATMENT

The company covers dental injuries caused as a result of an accident (accident means bodily injury sustained by the insured involuntarily due to a sudden, external event). Injury arising due to fainting, indisposition or other similar condition is not covered.

Teeth eligible for cover: 1+, 2+, 3+, 4+, +1, +2, +3, +4 1-, 2-, 3-, 4- 1-, 2-, 3-, 4-

Only the teeth directly affected are covered.

Dental treatment can be covered for a maximum of six months from the date of the accident.

If you suffer from generally poor dental health, cover will be reduced. (Examples include periodontal disease, caries, many previous treatments, previous root treatments, previous damage). In that case, cover is 40%.

5. THE COMPANY DOES NOT COVER

- Diagnosing and/or treatment which the risk carrier considers to be of high complexity. Such diagnosing/treatments must be performed by medical specialists attached to specialised units in the public healthcare system.
- Public services and/or services that are not carried out at a private hospital (for example bone scintigraphy).
- Treatment of a chronic disorder. However, operations that can cure or improve the condition significantly are covered.
- Treatment of actinic keratosis.
- Botox treatments.
- Growth factor and orthokine treatment.
- Radio frequency ablation (RFA), DC conversion, coronary arteriography and heart surgery.
- Shockwave etc.
- CPM machine and aids in the home.
- Common sight test.
- Chewing injuries as well as dental treatment of artificial teeth, pivot teeth or teeth that have been treated in connection

with a previous accident.

- Dental prostheses, bridges and bone construction.
- Examination and treatment by a dentist/oral surgeon. See, however, clause 4.
- Contributions for hearing aids or other treatment improving hearing.
- Insoles and soles.

The disease/injury/disorder must be related to your working hours

The risk carrier covers examination and treatment of diseases/injuries/disorders that are directly related to your working life.

1. PHYSIOTHERAPY AND CHIROPRACTIC TREATMENT - GENERAL

The risk carrier covers physiotherapy and chiropractic treatment (ordinary treatments) for diseases/injuries/disorders of the musculoskeletal system. Supplementary services such as shockwave, laser therapy, ultrasound, acupuncture and massage are not covered. Treatment may be performed in or outside the risk carrier's network.

In case of non-amelioration or more than ten treatments, the company may request a medical assessment.

Treatments are allocated per region: (the back is divided into two: the neck and the rest), elbow, hip, shoulder etc.

Reference to physiotherapy, reimbursement and contributions

In order to ensure full reimbursement, you must provide a valid referral from your own doctor or a medical specialist, and you must use a physiotherapist with a provider number. If you choose a physiotherapist without a provider number, cover is provided with the amount corresponding to the patient's share for ordinary physiotherapy (will be indexed each year on 1 January).

If you are residing in Sweden or Norway, the full amount will be covered.

Class training with a physiotherapist is covered and must be a part of the treatment. The insurance covers class training corresponding to the patient's share of class training in ordinary physiotherapy (will be indexed each year on 1 January).

Physiotherapy and chiropractic treatment in connection with injuries/disorders of the musculoskeletal system (no surgery performed)

The risk carrier covers with the required number of treatments for injuries/disorders of the musculoskeletal system (no surgery performed). Treatments are allocated in portions.

In connection with your physiotherapeutic treatment, you may choose, after at least one month of treatment, to convert up to five months of treatment into a subscription with Fitness World (created by the risk carrier). The conversion must be part of the treatment.

If you use another fitness centre, cover is provided with DKK 155 per month. (The risk carrier may demand documentation for your attendance frequency).

Physiotherapy for discomforts caused by pregnancy

In the event of back pain or other discomforts/symptoms in connection with pregnancy in week 13 or later, up to six physiotherapy treatments may be granted.

Rehabilitation after surgery in the public sector

If you have had surgery of the musculoskeletal system at a public hospital or at a private hospital paid for by the public sector, rehabilitation with a physiotherapist is covered for up to 12 months. (Reckoned from the date of surgery).

Physiotherapy and chiropractic treatment for chronic disorders of the musculoskeletal system

If a medical specialist has diagnosed you with osteoarthritis, cover is provided for up to 12 treatments by a physiotherapist or chiropractor per rolling 12 months. Treatments are allocated in portions.

If a medical specialist has diagnosed you with another chronic disorder of the musculoskeletal system (not osteoarthritis), cover is provided for up to 12 treatments by a physiotherapist or chiropractor per rolling 12 months if the treatment is estimated to result in significant improvement. Each disorder is covered for a maximum of three years. Treatments are allocated in portions.

The insurance only covers treatment for one chronic disorder per rolling 12 months. If acupuncture or reflexology is used, such treatments are set off against the number of treatments.

As part of the treatment of a chronic disorder of the musculoskeletal system, you have the possibility of obtaining cover for a subscription with Fitness World (created by the risk carrier). You are covered for three months, after which time further cover can only be provided if the frequency of training sessions (in the first month and after) has been at least eight.

If you use another fitness centre, cover is provided with DKK 155 per month. (The risk carrier may demand documentation for your attendance frequency).

2. ACUPUNCTURE, REFLEXOLOGY, MASSAGE AND OCCUPATIONAL THERAPY

Diseases/injuries/disorders of the musculoskeletal system (surgery not performed) are covered with acupuncture, reflexology, massage and occupational therapy.

Acupuncture

Diseases/injuries/disorders of the musculoskeletal system are covered with up to ten treatments per rolling 12 months from the date when the claim was reported. Treatments are allocated in portions.

The treatment must be carried out by a treatment provider who is a member of Danish Acupuncturists (DA), Acupuncture Practitioners

(PA), DAKOBE or Boel Acupuncture. Cover is provided with up to DKK 395 per treatment.

Reflexology

Diseases/injuries/disorders of the musculoskeletal system are covered with up to ten treatments per rolling 12 months from the date when the claim was reported. Treatments are allocated in portions.

The treatment must be carried out by a treatment provider who is a member of Zoneconnection (ZCT) or the Danish Reflexologists Association (FDZ). Cover is provided with up to DKK 395 per treatment.

Acupuncture and reflexology for chronic disorders of the musculoskeletal system

A chronic disorder of the musculoskeletal system is covered with up to ten acupuncture or reflexology treatments per rolling 12 months from the date when the claim was reported, provided that the treatments lead to significant improvement. Treatments are allocated in portions.

For the choice of treatment provider and reimbursement, see above.

The insurance only covers treatment for one chronic disorder per rolling 12 months from the date when the claim was reported. If chiropractic treatment or physiotherapy is used, such treatments are set off against the number of treatments.

Massage

Diseases/injuries/disorders of the musculoskeletal system are covered with up to four treatments per rolling 12 months from the date when the claim was reported. Treatments are allocated in portions.

Treatments must be carried out by a masseur who is a registered alternative treatment provider and are covered with up to DKK 395.

Occupational therapy

Diseases/injuries/disorders of the musculoskeletal system are covered with up to ten treatments per rolling 12 months from the date when the claim was reported. Treatments are allocated in portions and covered with up to DKK 395 per treatment.

3. CHIROPODY

Up to six treatments are covered per rolling 12 months from the date when the claim was reported. The treatments must be performed by a state-authorized chiropodist who has entered into an agreement with the National Health Insurance.

4. PSYCHOLOGIST AND PSYCHIATRIST

The risk carrier covers treatment by a psychologist who holds a masters' degree in psychology as well as diagnosing by a psychiatrist.

Psychologist

Treatments may be made by psychologists in the risk carrier's network of treatment providers as well as by psychologists outside the network (own choice). The treatments are allocated in portions and must be performed by a psychologist who holds a masters' degree in psychology.

If you are treated for work-related stress, you may combine your treatment with a membership of Fitness World (created by the risk carrier). If you use another fitness centre, the company will cover with DKK 155 per month. (The risk carrier may demand documentation for your attendance frequency).

In the risk carrier's network of treatment providers

In case of psychological treatment in the company's network of treatment providers, the insurance covers the required number of treatments. The approval is valid for six months from the date when the claim was reported and may subsequently be extended.

Outside the risk carrier's network of treatment providers - psychologist of your own choice

The insurance covers the required number of treatments by a psychologist of your own choice for up to six months from the date when the disorder was first reported.

Treatments are covered with an amount corresponding to the fee charged by a practicing psychologist for a service under the agreement with the National Health Service. (Indexed every year on 1 January).

After six months' treatment, treatment of the same disease/disorder cannot be approved until after 12 months from the date when the disorder was first reported.

Emergency trauma counselling

Emergency trauma counselling is covered in the event of serious accidents, death, violence, threats, assault in connection with robbery and life-threatening disease.

Psychiatrist

Diagnosis and medical start/adjustment by psychiatrist is covered for no more than six months from the date when the mental disorder was first reported. Consultations are allocated in portions. Cover is provided with up to DKK 2,000 per consultation.

If you have been diagnosed by a psychiatrist, the risk carrier may, after six months from the date when the disorder was first reported, only cover psychological treatment provided by a psychologist in the network of treatment providers.

Psychiatrist for talk therapy

Where a psychiatrist is used for talk therapy, this is compared with treatments by a psychologist of your own choice and settled accordingly.

5. THE COMPANY DOES NOT COVER

- Diagnosing and/or treatment which the risk carrier considers to be of high complexity. Such diagnosing and/or treatment must be performed by the public health service.
- Physiotherapy and/or chiropractic treatment in our network of treatment providers if the treatment was started with a treatment provider outside our network.
- Physiotherapy and/or chiropractic treatment outside our network of treatment providers if the treatment was initiated in our network.
- Insoles and soles.
- CPM machine and aids in the home
- Treatment of a serious mental illness (such as PTSD).
- Psychological treatment performed by a person holding a master's degree in educational psychology.
- Behavioural treatment.
- Mental disorders of more than seven years' duration, reckoned from the first treatment by a psychologist/psychiatrist and until the last time. Periods not paid by the company are included.

The risk carrier covers expenses for alcohol and drug addiction treatment.

1. ALCOHOL AND DRUG ADDICTION TREATMENT

The risk carrier provides cover for outpatient or inpatient treatment in connection with the abuse of:

- Alcohol.
- Intoxicating substances.
- Medicine.

Cover is provided with up to DKK 85,000 per rolling 12 months in a Danish centre for the treatment of alcohol and drug addiction with relevant healthcare professionals (including a medical doctor and a psychiatrist).

There is no limitation to the number of treatments.

Antabuse treatment

Outpatient antabuse treatment prescribed by a specialist is covered for up to one year.

Diseases/injuries/disorders must be related to your leisure time

The risk carrier covers examination and treatment of diseases/injuries/disorders that are directly related to your leisure time.

1. EXAMINATION AND TREATMENT

AT A PRIVATE HOSPITAL AND PRIVATE CLINIC

Expenses at a private hospital/clinic in connection with the examination and treatment of diseases/injuries/disorders are covered. The approval is valid for four months from the date when the claim was reported.

Examination, treatment and surgery must be performed by specialists only.

In the risk carrier's network of treatment providers

You will be referred to examination and treatment in the risk carrier's nationwide network of treatment providers, which consists of quality-assured private hospitals and clinics. You are guaranteed that the first examination will be carried out ten working days after your claim was approved.

Outside the risk carrier's network of treatment providers

Examination and treatment at treatment locations in Denmark outside the risk carrier's network are covered if the treatment location is accredited and meets the standards of Danish public hospitals. The risk carrier covers a maximum amount corresponding to the costs of treatment within the network. The risk carrier may choose not to cover a re-operation.

The risk carrier may refuse to cover examination and treatment at treatment locations in Norway, the UK or the EU outside the risk carrier's network, or it may choose to cover with no more than the amount (plus 25%) that treatment would have cost in the network of treatment providers. The risk carrier may choose not to cover a re-operation.

Overweight of importance to the outcome

If it is assessed that overweight is of importance to the outcome of your surgery, the risk carrier requires that you lose weight to near normal weight (BMI of 36 or less).

Other treatments

Genital warts are covered up to three times during the insurance period.

Newly developed warts and molluscum contagiosum (developed within three months) are covered if they are assessed to impair your health. You are covered for a maximum of four months from the date when the claim was reported.

Varicose veins are covered if the following three symptoms are present:

- Daily and nightly pain.
- A lot of swelling.
- Impact on the night sleep.

Varicose veins in connection with leg wounds are also covered.

Hanging eyelids undergo surgery if you are absent due to the disorder or you have lost your driving licence.

Second opinion

If healthcare professionals assess that you are faced with a difficult decision, or if there is uncertainty regarding your diagnosis or future treatment, we may choose to cover a second opinion.

Third opinion

If two medical specialists disagree regarding your diagnosis or the treatment you should be offered, the risk carrier may choose to cover a third opinion.

Aids

In connection with surgical treatment at a private hospital, the risk carrier will cover your expenses for aids that are a necessary part of the treatment.

Checks

Necessary checks after your surgery are covered for up to 24 months.

Medicine

Your medicine expenses are covered for up to two years. The medicine must be prescription-only and prescribed by the attending medical specialist at the private hospital, at which the risk carrier has covered the treatment. Non-prescription medicine and medicine that is both available on prescription and over the counter is not covered.

Transport

If the medical specialist at a private hospital assesses that your health requires an ambulance transport, the risk carrier will cover the costs.

Transport expenses in Denmark to and from the private hospital/clinic are covered according to the lowest official rate (will be indexed each year on 1 January). This only applies to transport in the region of residence. The first 25 km each way is always at your own expense.

Rehabilitation after surgery

Rehabilitation prescribed by a medical specialist with a physiotherapist or chiropractor (ordinary treatments) after surgery of the musculoskeletal system is covered for up to 24 months. Rehabilitation must be part of the treatment of an eligible disease. Sup-

plementary services such as shockwave, laser therapy, ultrasound, acupuncture and massage are not covered. In order to obtain full reimbursement, you must have a valid reference to physiotherapy and use a physiotherapist with a provider number.

If you choose a physiotherapist without a provider number, the company will cover the amount corresponding to the patient's share for ordinary physiotherapy (will be indexed each year on 1 January).

Class training with a physiotherapist is covered and must be part of the rehabilitation process. The insurance covers class training corresponding to the patient's share of class training in ordinary physiotherapy (will be indexed each year on 1 January).

In connection with rehabilitation after surgery, you may choose, after a minimum of three months' physiotherapeutic rehabilitation, to convert up to nine month' treatment into a membership of Fitness World (created by the risk carrier). The conversion must be part of the treatment. Rehabilitation cannot in total exceed the above 24 months.

If you use another fitness centre, cover is provided with DKK 155 per month. (The risk carrier may demand documentation for your attendance frequency).

Occupational therapy after surgery

Up to ten occupational therapy treatments after surgery of the musculoskeletal system are covered if the risk carrier has covered your surgery. Treatments are allocated in portions and are covered with up to DKK 395.

Home care nurse and home help services after surgery are covered if prescribed by the specialist surgeon and if they form part of the treatment of an eligible disease.

Recreation

Recreation (rehabilitation and physiotherapy) following surgery is covered for up to three months. Recreation must be prescribed by a medical specialist, lead to a permanent improvement and be part of the treatment of an eligible disease. Cover is provided up to DKK 60,000, and contributions are granted for rent and treatment. No contributions are granted for relaxation, massage and stays of a holiday nature.

Cancer

Diagnosing and treatment of cancer are covered with the exception of forms of cancer requiring diagnosing and treatment of high complexity (including chemo- and radiation therapy), or where there will be referred to a cancer care pathway in the public sector.

Cancer care pathways

If your own doctor or a specialist has referred you to a cancer care pathway in the public sector, this must be used.

Basal cell carcinoma (skin cancer)

Basal cell carcinoma (skin cancer) is covered up to three times during the insurance period, and the first check after completed treatment is covered.

Breast cancer

If the risk carrier has covered a breast cancer operation, the reconstruction of your breast is also covered. The reconstruction must be made within 14 months from the date of the operation.

Annual check after cancer treatment

If the risk carrier has covered your cancer treatment, the first annual check is covered, with the exception of basal cell carcinoma (skin cancer).

2. HOSPICE AND TERMINAL CARE

The costs of staying in a Danish hospice are covered for up to three months and with up to DKK 30,000. The stay must be prescribed by a medical specialist.

Alternatively, you may be approved for terminal care at home. Care must be performed by a home care nurse and is covered with up to DKK 30,000.

3. ALLERGY VACCINATIONS

Allergy vaccinations are covered with up to DKK 1,000 per rolling 12 months from the date when the claim was reported. Cover is provided for three years.

4. DIETICIAN

Guidance from a dietician is covered in case of a BMI of less than 18 and above 30, or if you have been diagnosed with a serious disease (heart disease requiring medical treatment, coeliac disease, diabetes mellitus, metabolic disorders requiring treatment or metabolic disorders originating from the thyroid gland).

The dietician's guidance is covered for four months from the date when the claim was reported. You can apply for a new series of treatments for the same disorder after 12 months from the date when the claim was reported.

The treatment may be combined with a membership of Fitness World (created by the risk carrier). If you use another fitness centre, cover is provided with DKK 155 per month (the risk carrier may demand documentation for your attendance frequency).

The treatment may not exceed four months in total.

5. CHIROPODY

The insurance covers up to six treatments per 12 months from the date when the claim was reported. The treatments must be performed by a state-authorised chiropodist who has entered into an agreement with the National Health Insurance.

6. DENTAL TREATMENT

The risk carrier covers dental injuries caused as a result of an accident (accident means bodily injury sustained by the insured involuntarily due to a sudden, external event).

Injury arising due to fainting, indisposition or other similar condition is not covered.

Teeth eligible for cover: 1+, 2+, 3+, +1, +2, +3, 1-, 2-, 3-, -1, -2, -3.

Only the teeth directly affected are covered.

Dental treatment is covered for up to six months from the date of the accident.

If you suffer from generally poor dental health, cover will be reduced. (Examples include periodontal disease, caries, many previous treatments, previous root treatments, previous damage). In that case, cover is 40%.

7. PHYSIOTHERAPY AND CHIROPRACTIC TREATMENT - GENERAL

The risk carrier covers physiotherapy and chiropractic treatment (ordinary treatments) for diseases/injuries/disorders of the musculoskeletal system. Supplementary services such as shockwave, laser therapy, ultrasound, acupuncture and massage are not covered. Treatment may be performed in or outside the risk carrier's network.

In case of non-amelioration or more than ten treatments, the risk carrier may request a medical assessment.

Treatments are allocated per region: (the back is divided into two: the neck and the rest), elbow, hip, shoulder etc.

Reference to physiotherapy, reimbursement and contributions

In order to ensure full reimbursement, you must provide a valid referral from your own doctor or a medical specialist, and you must use a physiotherapist with a provider number. If you choose a physiotherapist without a provider number, cover is provided with the amount corresponding to the patient's share for ordinary physiotherapy (will be indexed each year on 1 January).

If you are residing in Sweden or Norway, the full amount will be covered.

Class training with a physiotherapist is covered and must be a part of the treatment. The insurance covers class training corresponding to the patient's share of class training in ordinary physiotherapy (will be indexed each year on 1 January).

Physiotherapy and chiropractic treatment in connection with injuries/disorders of the musculoskeletal system (no surgery performed)

The risk carrier covers with the required number of treatments for diseases/injuries/disorders of the musculoskeletal system (no surgery performed). Treatments are allocated in portions.

In connection with your physiotherapeutic treatment, you may choose, after at least one month of treatment, to convert up to five months of treatment into a subscription with Fitness World (created by the risk carrier). The conversion must be part of the treatment.

If you use another fitness centre, cover is provided with DKK 155 per month. (The risk carrier may demand documentation for your attendance frequency).

Physiotherapy for discomforts caused by pregnancy

In the event of back pain or other discomforts/symptoms in connection with pregnancy in week 13 or later, up to six physiotherapy treatments may be granted.

Rehabilitation after surgery in the public sector

If you have had surgery of the musculoskeletal system at a public hospital or at a private hospital paid for by the public sector, rehabilitation with a physiotherapist is covered for up to 12 months. (Reckoned from the date of surgery).

Physiotherapy and chiropractic treatment for chronic disorders of the musculoskeletal system

If a medical specialist has diagnosed you with osteoarthritis, cover is provided for up to 12 treatments by a physiotherapist or chiropractor per rolling 12 months. Treatments are allocated in portions.

If a medical specialist has diagnosed you with another chronic disorder of the musculoskeletal system (not osteoarthritis), cover is provided for up to 12 treatments by a physiotherapist or chiropractor per rolling 12 months if the treatment is estimated to result in significant improvement. Each disorder is covered for a maximum of three years. Treatments are allocated in portions.

The insurance only covers treatment for one chronic disorder per rolling 12 months. If acupuncture or reflexology is used, such treatments are set off against the number of treatments.

As part of the treatment of a chronic disorder of the musculoskeletal system, you have the possibility of obtaining cover for a sub-

scription with Fitness World (created by the risk carrier). You are covered for three months, after which time further cover can only be provided if the frequency of training sessions (in the first month and after) has been at least eight.

If you use another fitness centre, cover is provided with DKK 155 per month. (The risk carrier may demand documentation for your attendance frequency).

8. ACUPUNCTURE, REFLEXOLOGY, MASSAGE AND OCCUPATIONAL THERAPY

Diseases/injuries/disorders of the musculoskeletal system (surgery not performed) are covered with acupuncture, reflexology, massage and occupational therapy.

Acupuncture

Diseases/injuries/disorders of the musculoskeletal system are covered with up to ten treatments per rolling 12 months from the date when the claim was reported. Treatments are allocated in portions.

The treatment must be carried out by a treatment provider who is a member of Danish Acupuncturists (DA), Acupuncture Practitioners (PA), DAKOBE or Boel Acupuncture. Cover is provided with up to DKK 395 per treatment.

Reflexology

Diseases/injuries/disorders of the musculoskeletal system are covered with up to ten treatments per rolling 12 months from the date when the claim was reported. Treatments are allocated in portions.

The treatment must be carried out by a treatment provider who is a member of Zoneconnection (ZCT) or the Danish Reflexologists Association (FDZ). Cover is provided with up to DKK 395 per treatment.

Acupuncture and reflexology for chronic disorders of the musculoskeletal system

A chronic disorder of the musculoskeletal system is covered with up to ten acupuncture or reflexology treatments per rolling 12 months from the date when the claim was reported if the treatments lead to significant improvement. Treatments are allocated in portions.

For the choice of treatment provider and reimbursement, see above.

The insurance only covers treatment for one chronic disorder per rolling 12 months. If chiropractic treatment or physiotherapy is used, such treatments are set off against the number of treatments.

The treatments must lead to significant improvement.

Massage

Diseases/injuries/disorders of the musculoskeletal system are covered with up to four treatments per rolling 12 months from the date when the claim was reported. Treatments are allocated in portions.

Treatments must be carried out by a masseur who is a registered alternative treatment provider and are covered with up to DKK 395.

Occupational therapy

Diseases/injuries/disorders of the musculoskeletal system are covered with up to ten treatments per rolling 12 months from the date when the claim was reported. Treatments are allocated in portions and are covered with up to DKK 395 per treatment.

9. PSYCHOLOGIST AND PSYCHIATRIST

The risk carrier covers treatment by a psychologist who holds a masters' degree in psychology as well as diagnosing by a psychiatrist.

Psychologist

Treatments may be made by psychologists in the risk carrier's network of treatment providers as well as by psychologists outside the network (own choice). The treatments are allocated in portions and must be performed by a psychologist who holds a masters' degree in psychology.

In the risk carrier's network of treatment providers

In the event of psychological treatment in the company's network of treatment providers, the insurance covers the required number of treatments. The approval is valid for six months from the date when the claim was reported and may subsequently be extended.

Outside the risk carrier's network of treatment providers - psychologist of your own choice

The insurance covers the required number of treatments by a psychologist of your own choice for up to six months from the date when the disorder was first reported.

Treatments are covered with an amount corresponding to the fee charged by a practicing psychologist for a service under the agreement with the National Health Service. (Indexed every year on 1 January).

After six months' treatment, treatment of the same disease/disorder cannot be approved until after 12 months from the date when the disorder was first reported.

Emergency trauma counselling

Emergency trauma counselling is covered in the event of serious accidents, death, violence, threats, assault in connection with robbery and life-threatening disease.

Psychiatrist

Diagnosis and medical start/adjustment by a psychiatrist is covered for six months from the date when the mental illness/disorder was first reported. Consultations re allocated in portions.

Cover is provided with up to DKK 2,000 per consultation.

If you have been diagnosed by a psychiatrist, the company may, after the six months from the date when the disorder was first reported, only cover psychological treatment provided by a psychologist in the risk carrier's network of treatment providers.

Psychiatrist for talk therapy

Where a psychiatrist is used for talk therapy, this is compared with treatments by a psychologist of your own choice and settled accordingly.

10. GAMBLING ADDICTION

Gambling addiction with a financial element is covered with up to DKK 60,000 for up to three months from the date when the claim was reported.

11. THE RISK CARRIER DOES NOT COVER

- Diagnosing and/or treatment which the company considers to be of high complexity. Such diagnosing/treatments must be performed by medical specialists attached to specialised units in the public healthcare system.
- Pilonidal cyst.
- Public services and/or services that are not carried out at a private hospital (for example bone scintigraphy).
- Treatment of HIV or any condition caused by or attributable to HIV.
- Dialysis treatment and organ transplantation.
- Infertility treatment and induced abortion.
- Diseases in the unborn child and pregnancy problems.
- Impotence.
- Treatment of a chronic disorder. However, operations that can cure or improve the condition significantly are covered.
- Treatment of sleep apnoea with CPAP and operation.
- Surgical correction of myopia, hyperopia and astigmatism.
- Corrective lenses in connection with operation of cataract.
- Common sight test.
- Examination and treatment of binocular vision disorder and strabismus.
- Vitrectomy.
- Acne, psoriasis, Vitiligo, Rosacea and similar skin diseases.
- Cosmetic treatments and surgery, including adaptation of the healthy breast.
- Bariatric surgery and removal of excess skin after weight loss.
- Treatment of actinic and seborrheic keratosis.
- Botox treatments.
- Growth factor and orthokine treatment.
- Radio frequency ablation (RFA), DC conversion, coronary arteriography and heart surgery.
- Shockwave etc.
- Anisomelia.
- Examination and treatment by a dentist/oral surgeon. See, however, clause 6
- Chewing injuries as well as dental treatment of artificial teeth, pivot teeth or teeth that have been treated in connection with a previous accident.
- Dental prostheses, bridges and bone construction.
- Contributions for hearing aids or other treatment improving hearing.
- Insoles and soles.
- CPM machine and aids in the home.
- Physiotherapy and/or chiropractic treatment in our network of treatment providers if the treatment was started with a treatment provider outside our network.
- Physiotherapy and/or chiropractic treatment outside our network of treatment providers if the treatment was initiated in our network.
- Treatment of a serious mental illness (including bipolar disorder, psychosis, schizophrenia and dementia).
- Psychological treatment performed by a person holding a master's degree in educational psychology.
- Behavioural treatment.
- Couple therapy and parent counseling.
- Psychological treatment in connection with overweight or eating disorders.
- Treatment for OCD and sequelae of OCD, including anxiety due to compulsive acts.
- Diagnosing and treatment of ADHD/ADD as well as disorders within the autism spectrum.
- Mental disorders of more than seven years' duration, reckoned from the first treatment by a psychologist/psychiatrist and until the last time. Periods not paid by the risk carrier are included.