



Medical Insurance

For companies with at least 2 employees

EssentialVård+

Pre and After Sales Information

Applicable from 1 January 2021, terms for DSS Hälsa EssentialVård +

The information below is an overview. Further information about the healthcare insurance is found in the insurance conditions and in our [fact sheet](#). When you have obtained your insurance, there is also comprehensive information in your insurance policy which you can easily find by logging in to MyDSS at dss-halsa.se.

Your new medical insurance

The medical insurance will support you when you need it and cover costs within both private and public healthcare facilities. Our MedicalTeam will advise you and, if you need to seek treatment, they will help you book appointments to the healthcare providers in our quality-assured network.

Your medical insurance helps you with:

- Treatment planning and medical advice
- Health navigation within public and private healthcare systems
- Treatment guarantee
- Medical treatment, specialist treatment and surgery
- Physiotherapist/naprapath/chiropractor/osteopath
- Patient fees
- Prescribed medicine
- Transport expenses
- Chronic diseases
- After care and medical rehabilitation
- Home assistance after surgery
- Second opinion
- Third opinion

- Dietician
- Acupuncture
- Zone therapy

Which preventative health services do I have access to?

You will have access to different preventative health services such as *counselling for well-being* and *counselling for managers*. We also provide *counselling in connection with childbirth or late abortions* as well as postnatal reaction, postnatal depression and, problems following late-term abortion, by a psychologist referred by a doctor.

Options for your medical insurance

Addiction treatment is an option that can be added to the group insurance. The option will then cover everybody included in the group agreement, and will be listed in your insurance policy.

When do I pay a deductible?

If the medical insurance has a deductible, this is stated in your insurance policy. For every new claim you will pay one deductible for private healthcare. The deductible is paid at your first appointment, either with the mobile app system Swish, debit card or in cash at the care provider's.

No deductible for public healthcare

There is no deductible for public healthcare treatment. We will reimburse you for your expenses, up to any applicable high-cost protection (högkostnadsskydd).

Do I have a treatment guarantee?

Your medical insurance guarantees a reimbursable examination and/or treatment within 7 working days, with a doctor in the private or public healthcare system after we have approved the examination/treatment.

For an insurance event that requires surgery or hospitalization, the insurance guarantees the insured's right to surgery within 14 working days.

If we need more information, such as a doctor's referral or other relevant information, the working days will start after the information has been received and approved.

If we are unable to fulfill the treatment guarantee, an amount of SEK 500 will be paid to the insured per working day. For complete information about treatment guarantee, please refer to the current insurance conditions.

When does the medical insurance apply?

The insurance applies during the insurance period. The insurance will come into effect at the time agreed between the policyholder and the Company.

How do I use my medical insurance?

Read how you can easily use your medical insurance on dss-halsa.se where our healthcare services are listed.

- Medical counselling 24 hours a day
- Call our Healthcare Team
 - Weekdays 9:00-17:00
 - Saturday and Sunday 9:00-12:00
- Digital health appointments are always booked through the MedicalTeam.

Are there any important limitations?

Area of cover is limited to Sweden.

The medical insurance does not apply to:

- Emergency care
- Chronic diseases occurring before the insurance came into force
- Congenital disorders
- Cosmetic treatments
- Skin disorders such as benign birthmarks and eczema
- ADHD, Asperger's, autism, Tourette's syndrome, eating disorders, severe mental illness, phobias
- Sleeping problems
- Dental treatment
- Addiction treatment (available as additional cover)
- Preventative treatment such as vaccinations
- Sexually transmitted diseases
- Organ transplants or consequences of organ transplants
- Injuries that occur as a result of or during the performance of professional sports
- Injury/disease caused by or delayed by war, warlike acts and conditions, including civil war, civil unrest, rebellion, revolution, terrorism, bacteriological and chemical attacks, nuclear reactions, nuclear energy, radioactive forces, radiation from radioactive fuel and waste, epidemics and pandemics, or diseases covered by The Communicable Diseases Act (smittskyddslagen)(2004:168)

Injury, disease or disorders occurring before the insurance came into force

Unless otherwise stated in the insurance policy, the insurance does not apply for any existing disorder, understood as disorder which has shown symptoms, been journaled, treated or known to the insured before the insurance came into force.

An existing disorder can be counted as a new insurance event and, thus covered by the insurance, if the insured for a consecutive period of 12 months prior to the inception date has been completely free of symptoms, free of any medical treatment, never needed or received any medical advice, never received drugs or special diets relating to that diagnosis.

Failure to attend, missing appointments, late cancellations etc

The insurance does not pay for examination/treatment that the insured fails to attend, nor do we pay for charges due to late cancellation, whether it be medical care, treatment or surgery. Such treatment will be invoiced the insured persons.

The insurance conditions contain other specific exceptions and limitations that may be important to you. We urge you therefore to read them in order to get a full understanding.

General provisions and information

Some important general limitations:

Injury/disease caused by or delayed by war, warlike acts and conditions, including civil war, civil unrest, rebellion, revolution, terrorism, bacteriological and chemical attacks, nuclear reactions, nuclear energy, radioactive forces, radiation from radioactive fuel and waste, epidemics and pandemics, or diseases covered by The Communicable Diseases Act (smittskyddslagen)(2004:168).

A complete description of the limitation is found in the insurance conditions.

Who is covered by the insurance?

The insurance can cover employees or groups of employees who are eligible for being added to the medical insurance, mandatorily or voluntarily. The insurance includes registered employees who are listed in the insurance policy.

Co-insured is the insured's spouse/registered partner/cohabitant/biological children and/or adopted children, who has been linked to the insurance as stated in the policy and/or group agreement and who is registered on the same address as the insured.

It is a condition for taking out the group insurance for co-insured, that the insured takes out the corresponding insurance for their own part.

Spouse/registered partner/cohabitant/biological children and/or adopted children who are not registered on the same address as the insured, can be co-insured if your spouse/registered partner/cohabitant has signed a voluntary insurance.

The person insured or co-insured must:

- be fully fit for work* (persons not fully fit for work* due to medical reasons are covered, but not any disorder which is the cause for it)

- have turned 16 years old
- not have reached the age of 67
- have a permanent registered address in Sweden and be a member of and fully covered by the public Swedish healthcare system through the Swedish social security, or
- have a country of residence in Norway (except Svalbard and Jan Mayen), Finland and Denmark (except Greenland and the Faroe Islands) and have the right to receive services equivalent to public health insurance benefits via public or private coverage in the country of residence. Exceptions will be stated in the policy.

By being "fully fit for work" means that the insured*

- *can perform his or her normal work without any restrictions*
- *does not receive or is entitled to receive benefits from the Swedish Social Security Agency (Försäkringskassan)- or any other insurance or receives contributions related to illness or accidents from employers, or*
- *has not, for health reasons, specially adapted work, wage subsidy employment or the equivalent from Swedish or foreign social insurance, employer or insurance.*

Compensation from the "Försäkringskassan" refers to illness or rehabilitation allowance, activity compensation, sickness benefit or other compensation due to incapacity.

When does the insurance apply?

The insurance applies during the insurance period. The insurance will come into effect at the time agreed between the policyholder, the group representative and the Company.

When will the insurance expire?

The medical insurance will expire if the group agreement is terminated or if the employment is terminated. The insurance applies until the insured turns 67 years old.

If the medical insurance is not paid for, it will expire 14 days after we cancel the insurance.

In certain cases *post-employment* cover and *continuation insurance* apply; see these *sections* in the insurance conditions.

Co-insured are entitled to continuation insurance if the insured has been covered by the insurance for at least 6 months, see these *sections* in the insurance conditions.

Insurance coverage

The insurance coverage is specified in your insurance policy. You can easily find the insurance policy at dss-halsa.se/MyDSS.

How is the price calculated and how much does it cost?

The price for the medical insurance is shown in the offer, price sheet or application. The price is calculated one year at a time and is based on parameters including the insurance coverage and expected damage outcome. If you are a member of a voluntary group insurance through your employer, organisation, intermediary or any other group administrator, the price and payment terms are stated in that group agreement.

Duration of the agreement?

The duration of the agreement is one year, the agreement is renewed annually.

If I want to cancel my medical insurance?

You may cancel the medical insurance at any time. It will then cease at the end of the month of cancellation.

If you want to withdraw from the agreement

If you are not satisfied with your medical insurance purchase, you have the right of withdrawal. By notifying DSS Hälsa within 30 days from the day you received confirmation of the agreement coming into force, you can immediately cancel the agreement. If you wish to withdraw from the agreement, please contact DSS Hälsa on 08-4000 6121 or via email foretag@dss-halsa.se.

Disclosure requirement and incorrect information

As policyholder and insured you are under duty of disclosure and, are required to provide correct and complete answers to DSS Hälsa's questions.

If you have provided incorrect or incomplete information the insurance may become invalid.

Who to contact if you have questions

If you have questions, please contact your group representative.

If you want independent advice on general insurance issues, you can contact the Konsumenternas Försäkringsbyrå (Consumers' Insurance Bureau):

Tel: 08-22 58 00

www.konsumenternas.se

Many municipalities offer consumer guidance, where you can turn for information and support. Check here if your municipality offers consumer guidance and, if so, what kind of help is available:

www.hallakonsument.se/kommunal-verksamhet/alla-kvl

If you are dissatisfied with a decision or the handling of your claim

In case the insured is not satisfied with our decision on the submitted claim the matter can be tried in our insurance board. The complaint must be made within 6 months after the decision.

The application and the complaints process is free of charge for the policyholder and the insured and, should be sent to:

Klagomålsansvarig DSS Hälsa AB

Torshamnsgatan 20

164 40 Kista or klagomal@dss-halsa.se

Depending on the complaint's nature, compensation issues and insurance disputes may be tried by the following general boards:

Allmänna reklamationsnämnden (ARN)

Tel: 08-508 860 00

www.arn.se

Personförsäkringsnämnden (PFN)

Tel: 08-522 787 20, www.forsakringsnamnder.se

Insurance disputes can also be tried in a general court. The first instance is the District Court, www.domstol.se

Your personal data

The Company respects and protects the personal integrity of all its customers, policyholders, insured and all others whose personal data The Company is treating. The Company does not collect other personal data than necessary and only treats personal data if The Company has the right to do so.

What personal data are collected and how The Company handles them depends on the insurance product, who the policyholder is, etc. Collection of personal data includes data supplied to us, on our own behalf or on someone else's behalf, concerning insurance application, or supplied in the course of a contractual relationship, or in the case of an insurance claim. The Company may also be required to handle data concerning someone's health status in order to be able to assess whether someone is eligible for a certain insurance product.

The Company may be handling health data on the basis of consent concerning a claim, when The Company refers the insured to a certain treatment.

As part of the health insurance processing The Company may also be transferring personal data to a third party, on the basis of consent.

All data are treated confidentially and are protected both by technical solutions and strict regulations for all the Company's employees.

For further information about the Company's handling of personal data and how persons concerned can exercise their rights, please see The Company's personal data policy on dss-halsa.se.

For contacting The Company's Data Protection Officer, please use the email address foretag@dss-halsa.se or Tel: 08 – 40 00 61 21.

The insurer of my medical insurance

The insurer is Squarelife Insurance AG, reg.no. FL-0002.197.228-9. The Board of Directors are located in Liechtenstein. Squarelife Insurance AG is under the supervision of the " Liechtenstein Financial Authority FMA is "Finanzmarktaufsicht Liechtenstein".

Intermediary and representative for this insurance in Sweden is:

DSS Hälsa AB
Org.no. 556751-0424
Torshamnsgatan 20
164 40 Kista
www.dss-halsa.se
Switchboard: 08 – 40 00 61 21
Email: foretag@dss-halsa.se

Addresses

Squarelife Insurance AG
Reg.no. FL-0002.197.228-9
Landstrasse 33
9491 Ruggell
Liechtenstein.
Switchboard: +423 237 15 65
Email: info@squarelife.eu

Insurance mediation

The insurance is mediated by DSS Hälsa AB, org.no 556751-0424. For mediating insurances DSS Hälsa AB has the right to remuneration regarding expenses for staff, marketing, administration and expenses connected with the mediation. It is not possible to obtain the product directly from the insurer (Squarelife Insurance AG) at a different, lower cost. Squarelife Insurance AG and DSS Hälsa AB provide the insurance with DSS Hälsa AB as broker for this insurance in Sweden.

Remuneration for mediation is based on the premium paid by each customer for their insurances and varies with the work involved in the intermediary's duties and tasks.

Regulatory authority and regulation

The responsible regulatory authority for DSS Hälsa AB is The Swedish Financial Supervisory Authority, (Finansinspektionen).

Address:

Finansinspektionen

Box 7821

103 97 Stockholm

Telephone number: 08-787 80 00

Email: finansinspektionen@fi.se and website: www.fi.se.

For distance contracts The Swedish Consumer Agency is also a regulatory authority. The insurance agreement and insurance mediation are governed by Swedish law and regulation. All communication with customers takes place in Swedish, insurance conditions and information about the insurance are provided in Swedish.

For further information, advice etc., please contact your insurance intermediary: www.sfm.se