

Rapid care for everyone in the company with SPP's Group Health care insurance



Therese,
SPP

Waiting a long time for health care is not only bad for the individual but for the company as well. With the SPP's Group Health care insurance you get quick access to care and for as long as needed. The employer can take out health insurance for all employees if you have five or more people in the company.

Why do you need health care insurance?

- Quick access to care.
- Replacing a sick person can take time and become costly.
- An attractive employee benefit in recruitment.
- Increased security for employees.

Advantages of SPP's Group Health care insurance

- No individual risk assessment, the only requirement is that the person who is insured is fully fit to work.
- Care for most types of illness, including all types of cancer care.
- No upper limit to amount and the insurance can be maintained for life.
- Guaranteed treatment at a private hospital within 14 working days.
- There are thousands of specialists and at least 50 hospitals in the Nordic countries and Europe in our network. Through our unique partnership with Best Care you have access to at least 70 of Germany's best qualified specialists for heart and lung diseases and cancer treatment.



SPP's Group Health care insurance includes:

Physiotherapy, naprapath and chiropractor
Aftercare
Second opinion
Crisis support
Specialist doctor's appointment
Cancer treatment
Dietician
Prescription drugs
Online Care
Out-patient surgery
Admission to hospital
Psychology/personal support
No referral required for specialist treatment
No qualifying period for existing illnesses
No excess

Total cost	SEK 650/month
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You may also chose to take out less extensive insurance. The total cost will be reduced as shown below.

With referral requirements	- SEK 250/month
With excess of SEK 500	- SEK 140/month
With excess of SEK 1000	- SEK 220/month
With a qualifying period for existing illnesses	- SEK 130/month
Without psychology/personal support	- SEK 70/month

Excess only applies to medical treatment, not to care by a physiotherapist/Naprapath/chiropractor or psychologist.

Note that referral requirement and excess cannot be combined.

The company chooses the scope of the insurance. The insurance is paid quarterly, half-yearly or for the full year.

Presale information

Who can take out insurance?

- Companies with at least five employees
- This insurance is limited to individuals resident in a Nordic country or a member of the social insurance agency of a Nordic country.
- SPP's Group Health care insurance can be taken out for employees up to 66 years of age

Coverage in brief

SPP's Group Health care insurance covers planned health care - from examination to treatment/operation

- unlimited treatment time
- the insurance can be maintained for life
- no upper limit on amounts for care and treatment
- admission to hospital
- guaranteed treatment within a maximum of 14 working days
- opportunity to influence time for treatment

No Individual risk assessment

The insurance can be taken out for a specified group of at least five employees. There is no individual risk assessment, but the condition of being fit for work applies. This means that for example a person who has a chronic condition, but is fully fit for work, is entitled to full health care insurance. Others fulfilling the fully fit to work conditions are persons who have not been off sick for more than 14 days during the last 90 months, can complete their normal duties without restrictions, do not have specially adapted work, subsidized work, sick pay, sickness allowance, disability benefits, sickness benefits or have been granted such dormant benefit.

Continuation insurance

SPP's Group Health care insurance can be converted to an individual insurance policy if necessary. If any of the employees change their place of work or retire, they can keep the insurance without having to carry out a further risk assessment.

Private Health care

Via DKV's app SPP Hälsa, you can chat/video chat with specialist expert doctors around the clock and every day of the week. If you have problems that are unsuitable for an online doctor's visit, we will help you to book a doctor's appointment with the appropriate specialist.

Appointments for care and treatment are easily booked through HelpLine. The cost of appointments is charged directly by the care providers to HelpLine.

Day surgery

- Operations without overnight stay at a private hospital or a specialist

Admission to hospital

- operation requiring at least one night's stay at a private hospital
- treatment for medical conditions
- rehabilitation

Costs incurred for travel and accommodation

The insurance covers the costs of travel and accommodation in connection with admission to hospital and/or operation. The insurance covers the cost of travel for specialist examination or treatment if the distance from home to the place of treatment exceeds 150 kilometres.

Prescription Drugs

The Insurance covers necessary costs for prescription drugs up to the limit equivalent to high-cost protection.

Cancer care

- surgery
- radiotherapy
- chemotherapy

Guarantee

The insurance guarantees treatment for the insured within a period of 14 working days from the insurance company's receipt of complete and necessary medical documentation.

Excess (optional)

An excess of SEK 500 or SEK 1000 per injury applies under this insurance. The amount of excess is to be paid to the care providers at the first appointment. If the insured has more claims, a new excess is applicable per claim.

Crisis support

Therapy in the event of the insured's psychological reaction to a crisis following:

- robbery, threat or assault
- fire, explosion or break-in
- accident or traffic accident
- death or serious illness A total of ten treatments per incident.

Dietician

After referral from the doctor, the insurance covers necessary costs for a maximum of ten consultations per incident with a licensed dietician.

Physiotherapy, naprapath/chiropractor

A total of 24 treatments per year.

Qualifying period (optional)

The insurance does not cover the cost of any treatment in connection with an illness or injury that was under treatment or was known to the insured at the time of taking out the insurance.

Existing illnesses can be covered if you have been 100% symptom-, check-, medicine- and treatment-free during the last 24 months since the illness or injury was reported to the company.

Referral requirement (optional)

A referral from a doctor is required for all treatment with the exception of psychology/personal support and crisis support.

Psychological treatment (optional)

Psychologist/psychotherapist, a total of ten treatments per insurance claim.

Personal support around the clock (optional)

The insured may obtain advice via telephone in order to counteract stress-related disorders and prevent problems before illness and absence due to illness become a fact. Advice is given about a number of different areas that the insured finds induce stress.

Examples of problem areas are social, legal, psychological, cohabitation, financial etc This service is available 24 hours a day, 7 days a week.

Exceptions and limitations

The insurance covers only treatment that is medically necessary. There is no cover for cosmetic treatment, experimental treatment, treatment for illness/accidents that require acute help or are a direct result of such treatment/help, treatment for family planning or pregnancy, dental care, alcohol/drug related diseases, medicines, eye tests, glasses, hearing aids or similar aids, preventive care, convalescence, alternative treatment, treatment for snoring, notifiable diseases according to the Diseases Act, costs for agreed treatment where the insured does not turn up, check of birth marks. In addition, the insurance does not cover treatment or operations arising from an accident/condition/illness caused by the negligence or risky behaviour of the insured.

HelpLine

When you need care, you call the insurance HelpLine and speak to an authorising nurse who assists with:

- care plans
- booking of appointments for doctors/therapists/hospitals

Remember all care and treatment must be agreed by DKV Hälsa.

Opening hours for HelpLine
Weekdays: 8 a.m. - 5 p.m.
Telephone number: 0770-45 67 80
(+46) (0)8 619 62 00
Email: helpline@dkvhalsa.se

When does the insurance cover start?

The insurance comes into effect on the first day of the next month, provided the premium has been paid. When the application has been processed we will forward the insurance policy to the insured and a payment slip to the company.

Insurance providers

This insurance is arranged by SPP in cooperation with DKV Hälsa. DKV Hälsa is the Swedish branch of the Norwegian insurance company Storebrand Helseforsikring AS. The insurance provider is Storebrand Helseforsikring AS, which is equally co-owned by Storebrand ASA and Munich Re.



For further information go to spp.se or call customer service on +46 771 533 533.

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