

Company: Forsikringselskabet Dansk Sundhedssikring A/S, Hørkær 12B, DK 2730 Herlev

Product: Coordinator360, version 4.0

Forsikringselskabet Dansk Sundhedssikring, VAT no. DK34739307, is registered as an insurance company at the Danish Financial Supervisory Authority.

This document is a short overview of the insurance coverage. The full terms and coverages can be viewed and downloaded via Dansk Sundhedssikring's website (ds-sundhed.dk), where easily accessible descriptions of the product content and the use of the insurance can also be found. After entering into the agreement, an e-mail will be sent with access to the agreed terms and information on the use of the health insurance. Each policyholder will also be given access to a digital portal with user-oriented information, including the specific insurance coverages.

What type of insurance is this?

This insurance is a family insurance that covers professional healthcare guidance and navigation in connection with serious illness, as described in the insurance terms and conditions, where referral for examination and treatment at a public hospital in Denmark has been made. The service includes examination and referral, case coordination throughout the course of treatment, navigation, care calls, and more, provided by qualified healthcare professionals, including a personal contact nurse.



What does the insurance cover?

HealthNavigator and health advice

- ✓ Medical advice
- ✓ Personal contact nurse
- ✓ Professional healthcare advice
- ✓ Social counselling
- ✓ Navigation and coordination in the public healthcare system
- ✓ Clinical advice
- ✓ Assistance with medical consultations
- ✓ Help with contacting pension companies, patient associations, accident insurance, public bodies, etc.
- ✓ Guidance and preparation before consultation in the hospital
- ✓ Conversations with the patient's relatives
- ✓ Assistance with the transition from inpatient care to discharge
- ✓ Contact with the home care/home nursing care
- ✓ Caring calls
- ✓ Medication counselling
- ✓ Review of medical records and examination responses
- ✓ Psychological counselling in case of serious illness, grief, and crisis
- ✓ End-of-life conversations and counselling
- ✓ Advice on the possibility of a second opinion
- ✓ Dementia screening and counselling.

Patient association

- ✓ 12 months membership of a relevant patient association in the event of a diagnosed disorder covered by the insurance.

Conditions covered

- ✓ Cancer diseases that are part of the public healthcare system's "standardised treatment regimens"
- ✓ Alzheimer's/dementia
- ✓ Brain haemorrhage
- ✓ Blood clot
- ✓ Aneurysm (dilatation of the artery)
- ✓ Heart failure
- ✓ Narrowing of coronary arteries
- ✓ AMI (blood clot in the heart)
- ✓ Sclerosis
- ✓ Heart rhythm disorders
- ✓ Kidney failure
- ✓ Progressive muscular atrophy
- ✓ HIV/AIDS
- ✓ ALS
- ✓ Pulmonary embolism (blood clot in the lungs)
- ✓ Parkinson's disease
- ✓ Blindness/deafness
- ✓ Type 1 diabetes
- ✓ Post-concussion syndrome (long-term after-effects of a concussion)
- ✓ Whiplash syndrome (chronic whiplash)
- ✓ Severe accident.



What does the insurance not cover?

- ✗ Illnesses/disorders not mentioned in the terms
- ✗ Navigation and counselling in relation to examination and treatment in the private healthcare system
- ✗ Navigation and counselling in relation to treatment which is not medically approved experimental treatment, treatment as part of research, preventive examination/treatment or screening
- ✗ Examination and treatment taking place outside of Denmark
- ✗ Expenses for examination, treatment, medication, etc.
- ✗ Recurrence of the same disease/condition more than 24 months from the date of the authorisation of the claim
- ✗ Damage as a result of war, civil disturbances, terrorism, etc.
- ✗ Epidemics and pandemics
- ✗ Injury/disease or side-effects/consequential conditions from taking medication or as a result of a vaccination.



Are there any restrictions on the cover?

- ! Pre-existing conditions that had arisen before the insurance came into force will not be eligible for cover until 6 months after the insurance contract has been entered into.
- ! The insurance covers professional health navigation and advice for up to 24 months from the approval of the claim.
- ! Recurrence of the same disease or disorder and/or relapse elsewhere in the body of the same disease or disorder is covered for up to 24 months from the approval of the claim.
- ! Referrals must be to public hospitals in Denmark.
- ! The insured parties must have an officially registered address in Denmark (excluding Greenland and the Faroe Islands), must have a Danish health insurance card, and must be entitled to receive Danish public health insurance benefits at hospitals. Expatriates and any co-insured party stationed abroad with the insured parties are only covered if the examination and treatment are conducted at a public hospital in Denmark.
- ! The insurance is taken out as a family insurance (described in more detail in the terms and conditions).
- ! The insured parties must be registered on the policy to be covered.



What the insurance covers

- ✓ The insurance covers navigation and counselling in relation to the mentioned serious illnesses/disorders where referral to a public hospital in Denmark has been made.



What are my obligations?

- You must supply us with the necessary personal and health information.
- If necessary, you must give your consent and/or grant us authorisation to obtain and disclose the necessary personal and health information to relevant healthcare providers or bodies as agreed with you.
- You must inform us about any possible cover from other insurance when using that insurance.
- You must ensure that all co-insured parties are registered on the policy.



When and how do I pay?

- The main insured party pays through the employer.
- The privately insured are invoiced by letter or email.
- The insurance is paid in advance and is valid for a period of 12 months.
- The period for coverage is stated on the invoice.



When does the cover start and end?

- The insurance takes effect from the date stated in your policy and 12 months ahead.
- Upon entry into force of the insurance a waiting period of 6 months for existing disorders for the main insured party begins. The waiting period for co-insured parties starts on the date the co-insured parties are registered on the policy.
- The insurance is valid as long as it is paid in due time and the insurance is not actively cancelled. For company schemes, the insurance is valid as long as the main insured party is still employed in the company which has signed the insurance agreement.
- Upon termination of employment in the company which has signed the insurance agreement, the insurance can be continued as a private client by contacting Dansk Sundhedssikring.
- In the event of death of the main insured party, the insurance is cancelled.
- The insurance ceases when it is terminated by one of the parties or in the event of the policyholder's death.



How do I cancel the policy?

- The policyholder may terminate the insurance in writing with one month's notice, effective from the end of the current month. Termination at the renewal date is free of charge. Termination at any other time is subject to an administration fee.
- Dansk Sundhedssikring may terminate the insurance in writing with one month's notice to the renewal date.
- If the insurance has been taken out through your employer, it may be terminated by either the policyholder or Dansk Sundhedssikring with one month's notice to the end of the insurance period. If the insurance is not terminated, it will be renewed for one year at a time.
- In the event of non-payment of the first invoice, Forsikringselskabet Dansk Sundhedssikring can terminate the insurance without further notice. In case of late payment of the subsequent charges, a reminder will be sent.
- If the charge is not paid on time, the right to compensation ceases, and the insurance is cancelled.