

Family360

Insurance product information version 1.0



Company: Forsikringsselskabet Dansk Sundhedssikring A/S

Product: Health professional advice and health navigation in case of serious illness

Forsikringsselskabet Dansk Sundhedssikring is registered as an insurance company at the Danish Financial Supervisory Authority.

This document is a short overview of the insurance's coverage. The full terms and coverages can be viewed and downloaded via Dansk Sundhedssikring's website (ds-sundhed.dk). Here, you can also find information about the products and how to use the insurance. When an agreement is entered, you will receive an email with access to the agreed terms and use of the health insurance. Each policyholder is also given access to an online portal with user-oriented information, including the specific insurance coverages.

What type of insurance is this?

This insurance is a family insurance that covers healthcare advice and health navigation in relation to serious illnesses described in the conditions and referred for examination and treatment in a public hospital in Denmark. The service includes coverage and visitation, care coordination and navigation in the health offerings supplied by qualified healthcare professionals. This includes a personal contact nurse.



What is insured?

SundhedsNavigator ('HealthNavigator')

- ✓ 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 hospital
- ✓ Conversation with patient's relatives
- ✓ Assistance with the transition from inpatient care to discharge
- ✓ Contact with home care/home nursing care
- ✓ Caring calls
- ✓ Medication counselling
- ✓ Review of medical records and medical test results
- ✓ Psychological counselling on serious illness, grief, crisis
- ✓ End-of-life conversations and counselling
- ✓ Advice on the possibility of a second opinion

Patient association

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

Conditions covered

- ✓ Cancer that is part of the public healthcare system's "standardised treatment regimens"
- ✓ Alzheimer's/dementia
- ✓ Brain haemorrhages
- ✓ Blood clots
- ✓ Aneurysms (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
- ✓ Amyotrophic lateral sclerosis
- ✓ 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)



What is not insured?

- ✗ Illnesses/disorders not mentioned in the terms.
- ✗ Navigation and counselling for examination and treatment in the private healthcare system.
- ✗ Navigation and counselling for non-medically approved treatment, experimental treatment, treatment as part of research, preventive examination/treatment or screenings.
- ✗ If the examination and treatment take place outside of Denmark.
- ✗ Expenses for examination, treatment, medication, etc.
- ✗ Recurrence or relapse of the same disease/condition beyond 24 months from the date of authorisation of the claim.
- ✗ Injury following war, civil disturbances, terrorism, etc.
- ✗ Epidemics and pandemics. Injury/disease or consequential conditions as well as side effects from taking medication or as a result of a vaccination.



Are there any restrictions on 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 health professional navigation and advice for up to 24 months from the approval of the claim.
- ! Recurrence of the same disease/disorder and/or relapse elsewhere in the body of the same disease/disorder is covered within the same 24 months from the date of approval of the claim.
- ! Referrals must be to public hospitals in Denmark.
- ! The health-insured parties must have a National Registration Office address in Denmark (excluding Greenland and the Faroe Islands), must have a Danish health insurance card and be entitled to receive Danish public health insurance benefits at hospitals. Expatriates and any co-insured party stationed abroad with the health-insured party, are only covered for examination and treatment 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 health-insured parties must be registered on the policy to be covered.



What the insurance covers

- ✓ The insurance covers navigation and counselling for the mentioned serious illnesses/disorders, and 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 this 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/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.
- Upon entry into force of the insurance of the main insured party, the qualifying period for the main insured party begins with 6 months for existing disorders. The qualifying period for co-insured parties starts from 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, you can continue the insurance as a private client by contacting Dansk Sundhedssikring.
- In the event of death of the main insured party, the insurance is cancelled.
- The insurance terminates 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 insurance can be terminated at any time by one month's notice to the end of a month and must be done in writing to Dansk Sundhedssikring. If the insurance is taken out through your employer, other rules apply.
- Forsikringsselskabet Dansk Sundhedssikring can cancel the insurance by one month's notice to the end of a month.
- Failure to pay the insurance premium gives Forsikringsselskabet Dansk Sundhedssikring the right to terminate the insurance giving a 30 days' warning to the end of a month.