

Improved coverage per 1 January 2021

The following improved coverage applies from 1 January 2021 for health insurance conditions and relates to basic coverage as well as optional coverage. The overall conditions continue to apply, but with the specific provisions that appear in the coverage below.

5.8.1 Psychologist

Crisis prevention and support helpline

With a health insurance policy at Dansk Sundhedssikring, you can call and get personal advice, guidance and support for well-being-related problems that do not require actual treatment. The crisis prevention and support helpline is managed by an experienced, in-house counselling team, all of whom have a professional background within health and can help you prevent and manage problems before they become major issues. It includes counselling for employees, managers, HR and for the co-insured. The counselling covers, e.g.:

- Private well-being problems pertaining to e.g. personal crises, children, cohabitation, divorce, lifestyle, and substance abuse.
- Work-related well-being problems, e.g. job burnout, dismissal, bullying, and conflict.
- Professional sparring for managers and HR.

A doctor's referral is not required, and the counselling team assesses whether a follow-up interview is needed. The counselling team is subject to a duty of confidentiality.

The crisis prevention and support helpline is open on weekdays between 9:00 AM to 4:00 PM. You call via the main number at +45 70 20 61 21 and dial onto the line via the menu.

Courses in mental health first aid

The insurance offers courses in mental health first aid, where the managers of insured companies or selected key employees have the opportunity to be trained as mental health first aid-workers and gain more knowledge about reaction patterns in crisis situations. With a course in mental health first aid, one learns to identify and deal with mental crises in connection with critical incidents as well as to prevent persistent stress and secondary trauma. The courses have a 3-hour duration and will be held twice a year. The training is conducted by our specially trained psychologists.

A maximum of 3-5 employees can participate per company. For larger companies with more than 500 insured persons, one course for a maximum of 20 participants can be held at the company by agreement. One course is offered per company.

6 Optional coverages

6.5 Option F Treatment of chronic disorders

The option covers reasonable and necessary treatment of osteoarthritis or other permanent disorders in the musculoskeletal system with up to 12 physiotherapy, chiropractor or massage treatments per calendar year. Of the 12 treatments per calendar year, a maximum of 4 may be physiotherapeutic massage, and a maximum of 4 treatments may be shock wave therapy performed by a physical therapist or chiropractor.

Based on a healthcare assessment, we may choose to cover extracorporeal shock wave therapy performed by a physiotherapist or chiropractor for diagnosed prolonged (more than three months) pain of tennis elbow, Achilles tendonitis, heel spur and shoulder tendinopathy where conservative treatment is unsatisfactory, or as an alternative to surgery for nonunion fractures (nonhealing bone fracture). There is no requirement for a GP referral, but the treatment must be medically justified, and we assess whether you should have a written recommendation from a doctor, chiropractor, or physiotherapist.

Preventive and relieving treatments are covered, regardless of whether the disorder occurred before or during the insurance period. You can select the healthcare provider of your own choice. If you wish, the healthcare team can help find a healthcare provider. For extracorporeal shock wave treatment, we can decide that the treatment should take place in our network or with a therapist appointed by us. Treatment in Denmark at authorised healthcare providers is covered.

Massages must be at a registered massage therapist. Shock wave therapy must be at a licensed physiotherapist or chiropractor who uses focused shock wave equipment/focused machines.

For this option, a limit of 6 months of treatment by physiotherapist/chiropractor does not apply. The treatments are assigned in portions, and the healthcare team will continuously assess how many treatments are needed. Based on a professional assessment, we can either refuse to cover treatment of a disorder/problem in cases where we believe that the problem cannot be remedied or stop a treatment plan if the treatment is deemed to be ineffective. During the insurance period, a maximum of one approval for shock wave per problem is covered.

The treatment fee is covered; however, a maximum of DKK 465 can be covered for physiotherapy for first treatment and DKK 300 for subsequent treatments. For physiotherapeutic massages, a maximum of DKK 300 per treatment (30 minutes) can be covered. For chiropractic, the maximum amount corresponding to the deductible in accordance with the fee for regular chiropractic is covered. For shock wave treatment, a maximum of DKK 500 per treatment when the treatment is performed as a standalone treatment can be covered. When the treatment is provided as a supplementary treatment, a maximum of DKK 220 can be covered in addition to the normal treatment by a physiotherapist or chiropractor. You pay the healthcare provider yourself. Once your treatment is completed, you must submit a copy of all original bills. The bills must be submitted within three months of last treatment to be eligible for reimbursement.

Telephone-based psychological support for permanent disorders

The option covers reasonable and necessary individual telephone-based psychological counselling sessions for permanent mental health disorders, which we consider to be long-term, e.g. prolonged stress and depression, attention deficit disorders, generalised anxiety disorders, eating disorders, OCD, phobias and states of mourning as well as help for relatives of patients with serious psychiatric disorders.

Other mental health disorders and conditions are not covered, including behaviour-adjusting treatment through a psychologist, e.g. temperament problems, infidelity, kleptomania, compulsive eating, obesity, addiction and abuse as well as couples therapy, family therapy, family conversations, coaching, self-development and expenses for medical records, certificates, psychological and cognitive tests and the like.

Treatment in our quality-assured network

The treatment must be medically justified, and the health team assesses whether you need a written medical referral or recommendation. We will refer to a therapist in our quality-assured network. The visits have a duration of approximately 30 minutes, and the required number of visits is covered based on the professional assessment of the therapist. The therapist can choose to stop a course of treatment if the treatment is deemed to be ineffectual.

There is coverage regardless of whether the illness occurred before or during the insurance period. However, for family members that are co-insured with an applicable waiting period, disorders that have arisen and/or been diagnosed before the start of the insurance will only be covered by the coverage after the end of the waiting period. Collective agreement regarding coverage of children has no waiting period. The restriction for employees employed in flexible or low-wage jobs does not apply to this coverage.

A maximum of one course can be covered per calendar year, regardless of the number of injuries/disorders. We consider the course to be completed if you choose to discontinue the treatment prematurely.

We can refuse to cover treatment of recurrent disorders/relapses if we have previously covered treatment regarding the same problem under this option.

Personal health programme for the treatment of diabetes, high blood pressure, cardiovascular disease and obesity

For diagnosed diabetes, high blood pressure, cardiovascular disease, or severe obesity (BMI of 30 and over), we can refer you to a personal digital health programme for managing lifestyle and chronic illness based on a professional assessment. You will have access to a digital behaviour modification programme that includes personal coaching, group-based interventions, and tailored health plans. The programme is offered by an experienced supplier in our quality-assured network.

The course of treatment is covered regardless of whether the illness occurred before or during the insurance period. There is no requirement for a GP referral, but the treatment must be medically justified, and we assess whether you should have a written GP referral or recommendation. A maximum of one course of treatment per illness may be covered during the insurance period. You must be 16 years or older to use the programme.

6.6 Option G Online emergency medical service

This option can only be purchased as optional coverage for company schemes. Necessary health consultations are covered by private emergency medical service for the entire household, i.e. the insured, spouse/cohabitant and the children of the household that are living at home.

Online emergency medical service is a supplement to your general practitioner and offers quick access to email and video consultations with a private emergency services outside normal opening hours. The emergency medical service is operated by experienced specialists in general medicine and can provide medical advice and guidance as well as answer questions about illness and disease symptoms that do not require a physical examination. The emergency medical service can also prescribe and renew most prescriptions, provide guidance on over-the-counter medicines, and refer you to regional public hospitals.

For example, you can get help for inflammation of the middle ear, sinusitis, eye inflammation, colds and influenza, headaches and migraines, muscle and joint pain, asthma, allergies, sores, skin rashes and eczema, vomiting and diarrhea, urinary tract infection, sleep problems, mental disorders, contraception, pregnancy and breastfeeding, and sick children with fever. In the event of an acute illness or acute exacerbation of an existing illness, you should immediately contact the emergency medical service/1813 or 112.

In cases where the doctor deems it necessary, the doctor will refer you to your own doctor, the emergency medical service or a public hospital. For example, if a physical examination, blood tests or questions regarding an ongoing course of treatment is needed.

The emergency medical service can only refer to a public hospital or emergency room in cases where it is deemed necessary on the basis of a medical assessment. The emergency medical service cannot refer to diagnostic imaging. Transport is not covered in connection with a possible hospitalisation. The emergency medical service can only arrange for transport in case of emergency hospitalisation via 112.

The emergency medical service does not prescribe drugs that are addictive or drugs with the potential for abuse, e.g. sleeping pills, sedatives, and morphine. Based on a professional assessment, the emergency medical service can always choose not to prescribe medication and instead refer to a public treatment option.

The emergency medical service cannot issue doctor's notes as well as medical certificates in connection with driving licenses, activities, and health checks, as this requires a physical examination.

The emergency medical service cannot answer questions about the health insurance, and no private referrals can be made for specialist medical practice, psychological treatment, physiotherapy, etc.

Consultations with private emergency medical services outside our network are not covered.

How to use the medical service

The emergency medical service is operated by experienced doctors on weekdays as well as weekends and holidays. It is quick and easy to use the medical service using a computer, tablet, or smartphone. You can make an appointment when it suits you or wait for a doctor to become available. You also have the option to write to the doctor 24 hours a day. During opening hours, you will receive an answer within one hour. The emergency medical service can be used in Denmark and during stays abroad.

When you use the emergency medical service, you are data protected and we do not have access to information regarding what you have discussed with the doctor. You can read more about using the medical service via our website: ds-sundhed.dk or on your profile under Mit DS-Sundhed.