

Conditions

Healthcare plan

Work-related cover

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1. Contractual basis

These insurance conditions are valid from 1 January 2025.

The insurance has been taken out with Forsikringsselskabet Dansk Sundhedssikring A/S, CVR no. 34739307 – in the following referred to as “Dansk Sundhedssikring”.

The overall insurance contract with Dansk Sundhedssikring A/S comprises the insurance contract (the policy), any supplements to the insurance contract and the insurance conditions attached to the insurance contract. The insurance is also subject to Danish legislation, including the Danish Insurance Contracts Act, the Danish Insurance Business Act and the Danish Financial Business Act.

The insurance contract applies between Forsikringsselskabet Dansk Sundhedssikring A/S and the company, association or organisation listed as the policyholder in the policy.

The insurance conditions supplement the contract. Special provisions and any deviations from these insurance conditions must be stated in the insurance contract.

The policyholder is obliged to inform its employees/members about what the policy covers, which is stated in the insurance contract with any supplements.

The insurance fulfils the requirements of collective agreements defined in the PensionDanmark healthcare plan when cover for both work and leisure is taken out.

Definitions of concepts used in the insurance conditions:

Company

Forsikringsselskabet Dansk Sundhedssikring A/S, referred to as “Dansk Sundhedssikring”, “we” or “us” in the conditions.

Insurance period

The insurance period is the period from when the insurance takes effect until it ends, for whatever reason.

Policyholder

The person or company, association or organisation with which we have entered into the insurance contract.

Insured

The person who is covered by the insurance, in the following often referred to as “you” or “your”.

Musculoskeletal system

In these insurance conditions, musculoskeletal system refers to the large muscle groups and tendons in the back, neck, shoulders, elbows, wrists, hips, knees and ankles.

General physiotherapy

General physiotherapy (speciality 51), cf. the practice agreement for physiotherapy.

General chiropractic

General chiropractic (speciality 53), cf. the practice agreement for chiropractic.

Network

Our network of therapists in the form of a network of suppliers and therapists with whom we have entered into an agreement.

1.1 When does the insurance apply?

The insurance applies in the insurance period. The insurance takes effect at the time agreed between the policyholder and Dansk Sundhedssikring.

1.2 What does the insurance cover?

We offer health insurance and health counselling with a wide range of in-house healthcare competencies and services in one single healthcare centre.

Healthcare professionals guide you to the right help, advice or treatment and are ready to help with all types of health problems – even those not covered by the insurance.

The healthcare team provides counselling and treatment based on the latest healthcare and evidence-based knowledge and experience, e.g. assessment of treatment needs, treatment-methods, prevention and reduction of overtreatment.

Work-related cover

The insurance covers reasonable and necessary treatment of complaints related to working life. This means that there must be a direct connection between the work-related activities and the reported injury. The insurance does not cover clarification of whether the injury is work-related. If there is any doubt as to whether the injury is work-related, the insurance does not cover. We may require that your doctor's referral, medical records or similar show that the reported injury was not caused by your leisure.

If the cause of the injury is leisure-related, the insurance does not cover.

2. Who is covered by the insurance?

The insurance can be taken out by companies, associations or organisations registered with a CVR no. in Denmark, and the companies, etc. must be located in Denmark, unless otherwise specified in the contract. The insurance covers the employees who are enrolled and named in the insurance contract. The insurance can be taken out for employees or a group of employees as a mandatory scheme. There is no upper age limit for employees.

Insured persons must have a permanent registered address in Denmark (excluding Greenland and the Faroe Islands), be entitled to receive Danish public health insurance benefits and have a Danish health card or be a frontier worker from Norway, Sweden or Germany.

2.1 Enrolment and withdrawal of employees

The company must always notify us on an ongoing basis of which employees it wishes to enrol or withdraw from the insurance scheme. Enrolment and withdrawal can only take place during the current annual period and a maximum of three months back in time. Adjustment in connection with the annual renewal, which triggers a new invoice, may be subject to an administration fee.

The company pays for claims payments that Dansk Sundhedssikring has made for employees who have been withdrawn back in time.

3. Where does the insurance cover?

The insurance covers treatment in Denmark. Treatment in Greenland or the Faroe Islands is never covered.

4. Use of the insurance

The full conditions apply to all types of cover, but the detailed rules and exclusions are described in the individual cover. We therefore recommend that you read the full conditions before using the insurance.

4.1 Treatment must be authorised

We must always authorise all treatment before it begins. It is therefore important that you do not initiate treatment without prior written authorisation, as we may otherwise reject the cover. This also applies if there are changes to the treatment agreed with us.

4.2 Emergency treatment is not covered

Emergency treatment of somatic and mental conditions and acute situations are not covered by the insurance, including injuries/disorders that require assistance and/or examination and which cannot wait for planned treatment. This applies, for example, to traffic accidents, other accidents, concussion, fall traumas, bone fractures, blood clots/suspected blood clots, cerebral haemorrhage, heart disease, paralysis, acute sensory disturbances, and acute vision loss and the like. If you need emergency assistance, including an accident and emergency unit or ambulance, you must always contact your GP, the emergency medical service, the emergency telephone line, the accident and emergency unit or 112.

The insurance covers expenses for psychological treatment in the event of acute crisis counselling, cf. the provisions in section 5.7 "Acute crisis counselling".

4.3 Travelling and staying abroad

The insurance does not cover expenses for treatment of disease/injury incurred while travelling or staying abroad. Treatment will only be covered after your return to your permanent residence and based on the general conditions. This also applies if you are staying in Greenland or the Faroe Islands.

4.4 Absence from treatment

The insurance does not pay for no-show for examination/treatment, or fees for late cancellation.

4.5 Ongoing and planned treatment

Treatments that have been initiated or planned before the start of this insurance are not covered.

4.6 Expenses for treatment

All expenses must, in our judgement, be reasonable and necessary in relation to the expected result.

The insurance covers your actual expenses after deduction of reimbursement from the public health insurance. This means that in the event that the public health insurance covers part of the cost, we will offset that part and pay your share (co-payment). If you are a member of Sygeforsikringen "danmark", we will receive and set off the possible reimbursement.

If you have a referral from your GP and the therapist works within the National Health Service, we will typically use your referral and cover the patient share after reimbursement from the National Health Service. This also applies to treatment in our network.

4.7 Choice of therapist and treatment method

Our healthcare team of experienced nurses, doctors, physiotherapists and other healthcare professionals treat and assess all claims and complaints. The healthcare team determines whether the reported disease/injury is covered and assesses what examination or treatment is needed.

The treatment method must always be approved by us and treatment in Denmark is covered.

All treatments must be performed by healthcare professionals authorised under Danish law, unless otherwise stated in the individual cover.

The insurance only covers the types of treatment mentioned in the insurance conditions under the various covers.

We can offer different types of treatment and counselling options, including digital services. The age limit for telephone and online treatment is 15 years.

For physiotherapy, chiropractic, physiurgical massage and psychological treatment, we can offer treatment in our quality-assured nationwide network. For children, treatment in the network can only be offered by therapists who offer treatment for children. However, you have the option to choose a therapist of your own choice. For treatment in our network, we endeavour to start your treatment within four or five working days and a maximum of ten working days.

Treatment must, in our judgement, be reasonable and necessary in relation to the expected result.

Treatments of a purely preventive nature are not covered.

All treatments must be performed by healthcare professionals authorised under Danish law, unless otherwise stated in the individual cover. Treatment with physiurgical massage must be performed by a registered massage therapist.

Treatment is covered only if it has been approved by the National Health Service in relation to the public healthcare system and authorised by the public health authorities in Denmark. The treatments must always be carried out using methods with documented effect and be included in the agreement with the National Health Service.

The insurance does not cover expenses for consultation and/or treatment by general practitioners, specialists in general medicine, psychiatrist, specialised clinics or equivalent foreign doctors, or experimental and alternative treatments/therapists, such as naturopaths, hypnotists and body therapists or other alternative therapists.

We do not cover expenses for examination or treatment performed by you, your family members or a company belonging to any of these.

4.8 Reporting a claim

Claims must always be reported during the insurance period. The fastest way to report a claim is to report it online via our website: ds-sundhed.dk.

Reported claims are processed quickly and in most cases overnight. Claims can also be made by phone.

If you have questions about your insurance or if your enquiry is about an existing case, you can contact the healthcare team via My DSS on our website: ds-sundhed.dk.

Emergency crisis counselling

If your claim concerns emergency crisis counselling, you can contact us 24/7 by phone at +45 70206121. If you call outside our opening hours, you will be redirected via the main number to our emergency call centre. You must always inform the person on duty that you are insured with Dansk Sundhedssikring.

5. Cover on the healthcare plan

This section contains the various types of basic cover. The full insurance conditions apply to all sections, but there are special rules and exclusions that apply to each individual cover.

The insurance covers physical treatments for musculoskeletal complaints and disorders within:

- Physiotherapy
- Chiropractic care
- Massage.

The insurance also covers:

- HealthNavigator
- Health counselling
- Addiction counselling
- Pregnancy counselling
- Mental health app
- Digital ADHD/ADD guidance
- Psychological telephone counselling
- Emergency crisis counselling.

The various types of cover are described in the following sections:

5.1 Treatment of musculoskeletal disorders

From your first contact with the insurance company, the healthcare team can offer counselling and support to deal with physical challenges – whether they are covered by the insurance or not.

To ensure optimal prevention, counselling and treatment of your problem, we may, based on a professional assessment, refer you to various forms of counselling and treatment and/or self-training, e.g. exercise counselling, exercise videos, exercise apps, online physiotherapy, physiotherapy and chiropractic with physical attendance or a combination of digital treatment and physical attendance.

In cases where you are referred for treatment, the healthcare team will continuously assess how many treatments you need and whether you are receiving the right treatment.

Exercise app

Based on a health professional assessment, we can give you up to six months* access to an exercise app that offers rehabilitation and prevention of pain throughout the body based on specially designed exercise programmes.

Get off to a good start – fast help for new and uncomplicated musculoskeletal pain in the musculoskeletal system

The healthcare team offers quick clarification of treatment needs, advice and guidance on exercises to manage your own pain, follow-up, care calls and access to an evidence-based training app based on the latest healthcare knowledge by experienced nurses and physiotherapists.

Physiotherapist, chiropractor, and physiotherapy massage

The insurance covers reasonable and necessary treatment of new and existing musculoskeletal disorders related to work-related or leisure activities, including arm and leg pain, sciatica and headaches due to musculoskeletal disorders.

Our healthcare team of experienced nurses, physiotherapists, doctors and other healthcare professionals process all claims and assess which type of treatment to use. Only one treatment is covered at a time. If necessary, you can receive a combination of several treatments.

The insurance covers treatment by a physiotherapist, chiropractor or massage therapist.

Treatment can take place in our network or with a therapist of your choice.

The number of reasonable and necessary treatments – in- and out-of-network – that are medically justified are covered. A total maximum of 15 treatments are covered within 12 months from the first day of treatment – also in the event of multiple injuries. However, the insurance covers a maximum of ten treatments per calendar year per type of treatment with a physiotherapist, chiropractor or massage therapist of your choice.

Based on a professional assessment, we can either refuse to cover treatment if the problem cannot be helped or stop a course of treatment if we assess that the treatment is ineffective.

You are obliged to provide us with the information we deem necessary to make our decision, e.g. a doctor's referral or a copy of your medical records.

Reimbursement and subsidies

The insurance covers your actual expenses for examination and treatment after deduction of reimbursement from the National Health Service. This means that in the event that the National Health Service covers part of the cost, we will offset that part and pay your share (co-payment). If you are a member of Sygeforsikringen "danmark", we will receive and set off the possible reimbursement for your treatment.

For physiotherapy, the therapist's fee is covered, up to a maximum amount corresponding to the full fee for general physiotherapy, cf. the indexed rates in the collective agreement. Group exercise training with a physiotherapist is covered if it is part of a covered course of treatment and is approved by us. Group exercise training is covered corresponding to the full fee for group exercise training, which is indexed annually.

If you have a referral from your GP and the therapist works within the National Health Service, we will typically use your referral and cover the patient share after reimbursement from the National Health Service. This also applies to treatment in our network.

For chiropractic treatment, the amount corresponding to the patient share is covered according to the rate that applies to general chiropractic treatment (indexed annually).

For physiotherapy massage the insurance covers the therapist's fee, up to a maximum of DKK 300 per treatment (30 minutes) is covered.

Online physiotherapy and blended care

In relevant cases, we can refer you to a targeted programme with a physiotherapist, with whom we have partnered. Based on a professional assessment and in consultation with you, the programme can be purely digital in the form of video consultations with the physiotherapist or a combination of digital treatment and physical attendance. The programme includes the option of a chat function between consultations and free access to a digital training platform. The length of the programme depends on a professional assessment. You are offered a quick appointment with a quality-assured partner, and we settle directly with the therapist.

Treatment in Dansk Sundhedssikring's network

The insurance covers treatments with a physiotherapist, chiropractor or massage therapist based on a professional assessment. You are offered a quick appointment with a quality-assured clinic, and we settle directly with the therapist.

Treatment outside Dansk Sundhedssikring's network

The insurance covers treatment by a physiotherapist, chiropractor or massage therapist of your choice. However, the insurance covers a maximum of ten treatments per calendar year per type of treatment and a total maximum of 15 treatments – in- and out-of-network – within 12 months from the first day of treatment – also in the event of multiple injuries.

Treatments are allocated in portions. If additional treatments are needed, you must contact the healthcare team who will assess whether more treatments can be authorised.

You pay the therapist yourself. When your course of treatment is complete, you must submit a copy of all original bills. The bills must be submitted no later than three months after the last treatment in order for you to be eligible for reimbursement.

5.2 HealthNavigator and health counselling

Our healthcare team of experienced doctors, nurses, physiotherapists and other healthcare professionals have many years of experience from various areas of specialisation and offer professional advice on health and disease.

You are offered telephone consultations with nurses, physiotherapists and doctors for all health and medical problems – even those that do not require actual treatment or are not covered by the insurance.

The healthcare team can provide advice on health and well-being, welfare issues, stress and stress prevention, substance abuse issues, pain, pregnancy, concussion, menopause symptoms, diet, lifestyle changes, courses of treatment and help with advice on relevant services for cancer patients, counselling groups, inspiration for mental exercises, dietary advice and exercise.

Our experienced nurses and physiotherapists can also provide advice on physical activity and sedentary time for adolescents, adults, elderly people and pregnant women, and how physical activity can relieve many symptoms, and provide access to materials, exercise guidance, exercise videos and an evidence-based exercise app.

We can refer you to professional and personalised advice from trained pharmacists and pharmaconomists via chat, email or phone – e.g. on treatment options for menopausal discomfort, smoking cessation, medicines and dietary supplements, discounts on pharmacy products and home delivery from a partner online pharmacy.

Addiction counselling

Confidential conversations in the form of counselling and guidance on substance abuse problems by healthcare professionals, including counselling about addiction or treatment for different types of addiction (e.g. alcohol, cocaine, cannabis, drugs, compulsive gambling and compulsive buying) or about the challenges of being related to or close to someone with addiction problems. Substance abuse treatment is not covered by the insurance.

Healthcare coordinator

Our healthcare team has in-depth knowledge of both public and private healthcare.

Through our unique Health Navigator and coordinator concept, we offer help in organising and carrying out the course of examinations and treatments as well as guidance on the public healthcare system's treatment options – e.g. patient rights, complaints procedures, compensation, guidance on waiting times, free choice of hospital and assessment and treatment guarantees. We also help you review medical records from hospitals and doctors, book appointments for treatment or examinations and guide about transport and other assistance if you need it.

In cases where the claim can only be resolved in the public sector or is not covered by the insurance, we offer counselling in connection with your course of treatment in the public healthcare system.

5.3 Pregnancy counselling

The health insurance offers telephone counselling for pregnant women and new parents with a personal pregnancy counsellor. Our pregnancy counsellors all have a relevant health professional background and offer telephone counselling on topics such as pregnancy problems, pregnant at work, the first post-partum period, parenting, abortion, diet, lifestyle, working life, childbirth, relationships, postpartum reactions, postpartum depression, maternity and breastfeeding and the child's well-being and development. Based on the dialogue with you, the pregnancy counsellor will assess whether a follow-up interview is needed.

You can call for counselling every weekday during the current opening hours, which can be found on our website. You call via the main number and access the helpline via the menu. If there is no available pregnancy counsellor, you will be called at an agreed time.

You can also contact the pregnancy counselling service using your computer, tablet or smart-phone via the personal My DSS page. Here you can write when it suits you best and receive a written response or a call from a pregnancy counsellor at an agreed time.

5.4 Mental health app and mindfulness for children, young people and parents

Based on a health professional assessment, we can give you six months' access to a mental health app. The app is based on cognitive behavioural therapy and teaches children aged 8 to 16 and their parents how to deal with difficult emotions and topics such as grief, bullying, shyness, divorce, social anxiety, sleep problems, gaming addiction and mindfulness for children and adults.

5.5 Digital ADHD/ADD counselling

You get access to a digital learning platform with self-help in the form of useful knowledge and guidance on ADHD/ADD. The platform was developed by specialists in psychiatry and psychology and can also be used by carers. You must be 18 years or older to use the platform.

5.6 Psychological telephone counselling

The insurance covers reasonable and necessary individual psychological counselling by telephone and supportive conversations in connection with mental disorders caused by work-related problems with psychologists or psychotherapists with special expertise in areas such as stress, well-being and dismissal.

Treatment in our quality-assured network

We will refer you to a therapist in our quality-assured network. The necessary number of counselling sessions is covered based on the therapist's professional assessment.

The age limit for telephone treatment is 15 years.

5.7 Emergency crisis counselling

The insurance covers acute crisis counselling in our treatment network if we assess that you have suffered an acute mental crisis in connection with your work, e.g. if there has been an accident at work, an assault, a robbery or other violent/traumatic incident at work, or if you witness the sudden, unexpected death or sudden serious incident/accident of a colleague.

There is no requirement for a doctor's referral. The healthcare team assesses whether there is a need for emergency crisis counselling or referral to other treatment, cf. section 5.6 "Psychological telephone counselling". If we assess that you need emergency crisis counselling, we will find a psychologist for you in our network.

You will have telephone contact with the psychologist within three hours of the claim being accepted. The subsequent course of action will depend on the nature of the incident and the therapist's professional judgement.

Group debriefing is not covered unless it is part of the cover of an approved emergency programme.

Emergency psychological treatment is not covered.

6. What the insurance does not cover

In addition to what is mentioned in the insurance conditions, including the provisions of the individual covers, the insurance does not cover expenses for:

- Injury/ries/diseases caused by your leisure.
- Emergency treatment, cf. the provisions in section 4.2 "Emergency treatment is not covered". The insurance covers expenses for psychological treatment in the event of acute crisis counselling, cf. the provisions in section 5.7 "Acute crisis counselling".
- Medical records, certificates, psychological and cognitive tests, specialist medical certificates, doctor's referrals, doctor's recommendations and the like.
- No-show for treatment, or fees for late cancellation.
- Treatments of a purely preventive nature.
- Treatments outside normal working hours, including weekend and evening supplements and the like.
- Additional services such as shockwave, laser treatment, ultrasound, acupuncture, massage and the like.
- Pool training.
- Additional expenses for soles, inserts, bandages, tape, etc.
- Aids.
- Scans and X-ray examinations.
- Vaccinations, health examinations, health checks and other preventive check-ups.
- Couples therapy, parental and family counselling, family therapy, group therapy, coaching, self-development, personal development and similar, supportive and maintenance counselling and psychological treatments of a preventive nature.
- Treatment of diagnosed headache disorders, such as migraine, Horton's headache and post-traumatic headache.
- Injuries arising from or during the performance of professional sports. Professional sport is defined as the practice of sport where you receive payment from a sports club or sponsors and where the sport is practised as your main occupation.
- Illness/injury caused directly or indirectly by self-inflicted intoxication, the influence of narcotics, laughing gas, solvents, medication or other intoxicants. Self-inflicted injury caused by intent or gross negligence, e.g. fights, suicide attempts, participation in criminal offences. Injuries caused by your failure to follow medical recommendations. Complications after implants, tattoos, piercings, prostheses, oil injections, anabolic steroids, doping and the like.

- Injuries/diseases resulting from war or warlike acts and conditions, including civil war, civil unrest, rebellion, revolution, terrorism, bacteriological and chemical attacks, nuclear reactions, atomic energy, radioactive forces, radiation from radioactive fuel and waste and the like.
- Injuries/diseases resulting from general strikes, natural disasters, lack of electricity supply or network connections, epidemics, pandemics, viral infections and related vaccines. Consequential diseases caused by epidemics, pandemics and vaccines.
- Growth factor and orthokine therapy, cryoneurolysis, PRF therapy, PRP therapy, HVI, hyaluronic acid (injections), Modic changes and other treatment that comparable to the above.
- Transport and travel.
- Medication.

7. General provisions

Communication

We send letters and documents digitally. We use digital platforms such as e-Boks, the insurance company's user portal and mit.dk when we communicate with you about your insurance. We send invoices, notifications, premium increases and similar documents about your insurance via digital platforms. When you receive digital letters and documents, they have the same legal effects as when you receive regular mail. This means that you must open and check what we send to you digitally. If you are exempt from digital mail, e.g. for having e-Boks, you must notify us. We will then send your letters and documents by email or regular mail.

Communication with you in connection with your reported claims takes place either by phone or via the claims function on the insurance company's user portal.

7.1 Duration of the insurance

The insurance is valid for one year at a time. The insurance is automatically renewed on the annual renewal date, unless otherwise stated in the insurance contract.

7.2 Sum insured

The sum insured is DKK 100,000 per person per year. The amount is fixed and is not adjusted. If an insured person uses up the sum insured, no further expenses are covered.

7.3 Payment of the insurance

The insurance is paid for the first time when it comes into effect. Subsequent payments follow the contract. We will send an invoice to the email address provided or via electronic payment collection. In other cases, we will send an invoice to the payment address provided. If the payment address is changed, we must be notified immediately.

Monthly payment

To be able to pay the insurance monthly, it is a requirement that the payment is registered for PBS or other automatic collection.

Timely payment date

The amount is charged with information about the last timely payment date.

Late payment

If the amount in the first invoice is not paid on time, we have the right to terminate the insurance without further notice. If the amount in the subsequent invoices is not paid on time, we will send the first reminder letter. If the amount is not paid within the deadline stated in the reminder letter, the policyholder loses the right to compensation. If the amount in the second reminder letter is not paid on time, we will cancel the insurance.

We charge a fee for each reminder letter we send. The fee can be found on our website: ds-sundhed.dk. We also have the right to charge interest on the amount due in accordance with the Danish Interest Act and the right to assign the amount for legal debt recovery.

Fees for services

We have the right to increase existing fees or introduce new fees to fully or partially cover our costs, e.g. in connection with:

- Sending invoices.
- Serving customers and performing other services in connection with policy and claims handling.
- Cancelling the insurance before the expiry of an insurance period.
- Communicating via a non-digital channel.

We increase an existing fee with one month's notice to the first of a month. We introduce new fees with three months' notice to the first of a month. We notify increases and new fees on our website: ds-sundhed.dk.

7.4 Premium adjustment and changes to insurance conditions

The price is adjusted once a year, unless otherwise agreed. An annual statement is prepared of the actual number of insureds versus the number paid for. Any difference is credited or debited to the policyholder.

The premium is set once a year on the annual renewal date. The premium adjustment is based on the last year's claims accounts and changes in the net price index or similar (Statistics Denmark).

The premium adjustment is not limited to changes in the net price index and/or statutory changes. If the premium is adjusted, you can choose to cancel the contract in writing with one month's notice after you received the notification of the renewal premium.

If the price is based on assumptions that no longer exist, we may adjust the price at the next annual renewal date. If risk accounts are prepared for the insurance, the price will be adjusted according to special rules.

In addition to the index adjustment, we can change the conditions and/or price for already established schemes with one month's notice to the end of a month, unless otherwise provided for in the contract. The price will be adjusted by a percentage set by Dansk Sundhedssikring.

If you cannot accept the changes, you must terminate the contract in writing within 14 days of receiving the notification of the notified changes. The insurance will then be cancelled on the date of the change.

If the contract is not cancelled in writing, the insurance will continue with the changed insurance conditions and/or price.

Changes to the insurance conditions that are solely of a clarifying nature and that do not impair the insurance cover, such as linguistic updates and improvements, are not notified.

Price changes as a result of indexation and taxes, etc. imposed by public authorities are not considered changes to the insurance conditions or the price and will not be notified.

7.5 Termination and cessation of the insurance

Insurance policies taken out for one year at a time are automatically renewed from the annual renewal date. Unless otherwise agreed, an annual policy is taken out with an annual statement of debit or credit.

The insurance can be cancelled in writing by the policyholder or Dansk Sundhedssikring with one month's notice to the expiry of the period. If the insurance is not cancelled, it will be renewed for one year at a time.

In the event of signs of fraud or attempted fraud, we can cancel the insurance without notice.

The insurance ceases at the end of the month in which your employment ends, if you leave the scheme, if you pass away, or in the event of non-payment of the premium.

In any case, the insurance ends at the time when the overall agreement between the company and Dansk Sundhedssikring ceases.

In the event of non-payment of the insurance premium, the rules under section 7.3" Payment of the insurance" will be followed.

Cover on termination of the insurance

When the insurance ends, you lose the right to cover, and no new claims can be filed. This also applies to already reported and approved claims that require treatment after the expiry of the insurance.

Reimbursement of bills after termination of the insurance

Bills for approved treatments and/or transport must always be submitted no later than three months after the last treatment date in order for you to be eligible for reimbursement. Only expenses for treatments performed during the insurance period are covered.

7.6 Duty of disclosure

You are obliged to provide us with/send us the information we deem necessary to process the case so that we can assess the extent to which the insurance covers. If you move, we must always be notified.

Membership of Sygeforsikringen "danmark" must always be stated in connection with the filing of a claim, as we are entitled to this subsidy.

When you resign from your position

When reporting a disease/injury or if you request treatment, you are obliged to inform us if you have resigned or are leaving the company. The insurance does not cover expenses for treatments performed after the expiry of the insurance. We may demand reimbursement of expenses for treatments received after the termination of the insurance.

Double insurance

If there are changes in the risk conditions of the insurance, including double insurance, we must be notified immediately, as we may otherwise limit the cover or refuse to cover the claim altogether. If you have reported the claim to another insurance company, you must always inform us of this when you report the claim to us. If another insurance company covers the claim, the cover from this insurance will be subsidiary and the other cover must therefore be used first. We will not pay expenses for claims for which full cover has been received from another company.

7.7 Processing of personal data

We treat your personal data confidentially and in accordance with applicable legislation. When you take out an insurance policy with us, we collect a range of information in connection with the registration, reporting of claims and use of our digital platforms, e.g. civil reg. no., telephone number, email address, membership of Sygeforsikringen "danmark", industry, employment, marital status and any health information. This information is used to create and administer the insurance policy for use when filing claims and in the ongoing case processing to ensure the best possible service and as part of sales management, product development, quality assurance, counselling and determination of general user behaviour.

We store the collected data for as long as necessary and in accordance with applicable legislation. You can always contact us if you want to know what personal data we have registered about you. You have the right to have incorrect information changed.

On our website, ds-sundhed.dk, you can read more about data security and how we process your personal data. In certain cases, we may disclose your personal data to suppliers with whom we co-operate.

7.8 Processing of health information

There is no requirement to provide health information when you take out insurance with us. However, if you wish to join the scheme after having previously provided a waiver, we may require you to provide necessary health information. By reporting a disease/injury, you accept that we may obtain information about health conditions if we deem it relevant in connection with the reported disease/injury.

We can obtain this information from the healthcare system and public authorities, including municipalities, Labour Market Insurance, insurance companies, pension companies and sundhed.dk. The information is always obtained with your written or verbal consent.

Health information is only used in connection with the processing of a reported disease/injury and is always processed in accordance with the Danish Health Act's requirement for confidentiality (section 40 of the Health Act: "A patient is entitled to expect healthcare professionals to observe secrecy about what they learn or suspect about health conditions and other confidential information during the exercise of their profession").

Disclosure of health information is only made in connection with the examination/treatment of the reported disorder/injury in accordance with section 41 of the Health Act on disclosure of health information, etc. in connection with the treatment of patients.

7.9 Incorrect information

The insurance requires correct information. If you provide incorrect information or withhold information when the insurance is taken out or at a later date, the cover may be cancelled in whole or in part.

7.10 Time limitation

The agreement follows the normal rules of limitation according to the applicable Danish Limitation Act.

7.11 Avenues of complaint

If you disagree with or are dissatisfied with our decision, you should contact the department that handled the case. If you are still not satisfied after contacting the department, you can write to our complaints officer to have your case reviewed.

Your complaint will be handled by a complaints officer as soon as possible and within seven working days at the latest. You can submit your complaint via the complaints portal on our website: ds-sundhed.dk.

The complaint must include your name and address and a brief explanation of why you disagree or are dissatisfied with our decision. The complaint must be sent as soon as possible and no later than six months after the case was decided.

If you then wish to appeal the decision made by the complaints officer, you can appeal to the Insurance Appeals Board. The appeal can be submitted online at ankeforsikring.dk. Complaints to the Appeals Board involve a fee.

Governing law

The insurance is governed by Danish law, including the Danish Insurance Contracts Act and the Danish Business Act. Disputes about the insurance contract are settled according to Danish law by the Danish courts and according to the rules on venue in the Danish Administration of Justice Act.

We are not liable for the result of examinations, treatments and assessments, including lack of effect of the treatment or if the treatment results in errors. Any claim for compensation must be brought against the hospital or clinic that was responsible for the treatment.

In cases where a foreign-language insurance contract or foreign-language insurance conditions were used, any discrepancies resulting from the translation will mean that the Danish text will always apply.

7.12 If you want to know more

If you want to know more about your insurance, you can contact Dansk Sundhedssikring by phone or by email at sundhedsforsikring@ds-sundhed.dk.

You can find more information on our website, ds-sundhed.dk, where you can also find our phone number and report your claim online.