

Critical Advantage 4.0

Document with information about the insurance product

Product: Critical Advantage, version 4.0

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

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

Further: Further Underwriting International SLU manages and organises the benefits of the insurance.

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 health insurance that includes examination and treatment of physical and psychological health problems arising in the policyholder. The insurance may refer to both private and public healthcare providers and ensures access to quick and relevant examination, treatment, and surgery, including within the public healthcare system. The benefits also include counselling, referral, and assistance in navigating the healthcare services. All services are provided by qualified healthcare professionals.



What does the insurance cover?

Second opinion

- ✓ Detailed specialist review of medical records
- ✓ Second opinion report.

Concierge scheme (All services are coordinated and organised by Further)

- ✓ Medical and surgical treatment abroad
- ✓ Travel and stay abroad for the patient and an eligible companion
- ✓ Ambulance transport on land or in the air
- ✓ Doctor visits during hospitalisation
- ✓ Laboratory tests, X-rays, and diagnostic imaging
- ✓ Medication, blood transfusion, etc. during treatment
- ✓ Radiation therapy
- ✓ Reconstructive surgery
- ✓ Living-donor organ transplantation
- ✓ Aftercare and nursing.

Covered disorders and illnesses*

Module 1: Cancer treatment

- ✓ Malignant tumours, leukaemia, sarcoma, lymphoma with tissue invasion or spread
- ✓ In-situ cancer that do not include surrounding tissue
- ✓ Moderate or severe cell changes.

Module 2: Cardiovascular treatment

- ✓ Bypass surgery
- ✓ Heart valve implantation or repair.

Module 3: Neurosurgery

- ✓ Surgery of the brain and intracranial structure
- ✓ Surgery to remove benign tumour of the spinal cord.

Module 4: Transplantation

- ✓ Surgical transplantation from living donor
- ✓ Bone marrow transplantation.

* The chosen modules will be outlined in the insurance policy.



What does the insurance not cover?

- ✗ Expenses that have not been approved in advance by Further
- ✗ Disorders/illnesses not mentioned in the insurance terms and conditions
- ✗ Pre-existing disorders/illnesses (exceptions are stated in the insurance terms and conditions)
- ✗ CAR-T cell therapy, gene therapy, and cell therapy
- ✗ Experimental or alternative treatment
- ✗ Disorders/illnesses due to AIDS/HIV
- ✗ Prostheses, wigs, and assistive devices
- ✗ Complications due to alcohol abuse, drug abuse, or substance abuse
- ✗ Disorders/illnesses that have arisen due to or as a result of civil unrest, nuclear energy, radioactive radiation, or radioactivity
- ✗ Terror, epidemics, pandemics, suicide or self-harm attempts, and other intentional behaviour
- ✗ Expenses covered by the public health insurance in the country of residence.



Are there any restrictions on the cover?

- ! Claims must be reported to Dansk Sundhedssikring. Courses of examination and treatment are planned by Further.
- ! Examination and treatment will always take place outside the country of residence. Aftercare can take place in the country of residence.
- ! When the insurance stops, you lose the right to cover after 6 months for claims already reported and approved.
- ! The health-insured parties must be registered on the policy to be covered.
- ! All disorders/illnesses must arise during the insurance period.
- ! All examinations and treatments must be medically justified through a medical referral or medical approval and approved by Further.
- ! The insurance covers reasonable and necessary expenses for examination and treatment. All expenses must be approved by Further.
- ! The maximum insurance amount is stated in the policy.



Where am I covered?

- ✓ The insurance covers second opinions by expert doctors. Examination, treatment, and surgery through the concierge scheme take place outside the country of residence in a hospital or clinic assigned by Further.



What are my obligations?

- The insurance must be paid on time.
- You must supply us with the necessary personal and health information if requested.
- You must secure acceptance and proof of coverage before treatment begins. The insurance covers only authorised examination and treatment assigned by Further.
- You must inform us about any possible cover from other insurance when using that insurance.
- You must give your consent in relation to us obtaining and disclosing the necessary personal and health information to any relevant healthcare providers.



When and how do I pay?

- The healthcare insurance is paid through the employer, either as part of the pension contribution or in addition to the pension contribution.
- Co-insured are invoiced via letter or email sent to the primary insured's address or email address.
- Privately insured are invoiced via letter or email sent to the primary insured's address or email address.
- 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 is valid from the date stated in your policy and 12 months ahead.
- If you are a new customer transferred from another supplier of health insurance, the previous insurance covers any treatment already started until 3 months after the transferral.
- If a transferral from another healthcare insurance company is not made immediately and without delay, certain coverages may be subject to a waiting period.
- The insurance is valid as long as it is paid in due time, it is not actively cancelled, and the primary insured 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 primary insured and any co-insured can request for a continuation as a private client by contacting Dansk Sundhedssikring (for further information, please refer to ds-sundhed.dk).



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 case of late payment, a reminder will be sent. If the charge is not paid on time, the right to compensation ceases, and the insurance is cancelled.