



Healthcare insurance

For companies with at least 4 employees

Hälsa PREMIUM

Pre- and post-purchase information

Valid from 2026-01-01, Insurance terms 2025.10.01 DSS Hälsa BAS, PLUS and PREMIUM

The following is a brief overview of the healthcare insurance. For more detailed information, please refer to the insurance terms and conditions. When you have purchased your insurance, you will also find complete details in your insurance statement, which can be easily accessed by logging into My DSS through dss-halsa.se.

Your new healthcare insurance

Health insurance provides help when needed and reimburses expenses incurred in both private and public healthcare. Our Health Team will offer advice and, if necessary, help you schedule an appointment with a healthcare provider in our network of quality-assured providers.

Healthcare insurance helps you with:

- ✓ Care planning and healthcare advice
- ✓ Care navigation
- ✓ Private medical care and surgery
- ✓ Psychologist/psychotherapist, adapted to needs
- ✓ Physiotherapist, chiropractor, naprapath, adapted to needs
- ✓ Acupuncture, Reflexology
- ✓ Crisis therapy
- ✓ Dietician
- ✓ Care guarantee
- ✓ Call support
- ✓ Patient fees
- ✓ Medicine costs
- ✓ Second, third opinion
- ✓ Temporary aids
- ✓ Travel and accommodation
- ✓ Home help after surgery
- ✓ Aftercare and medical rehabilitation, extended
- ✓ Chronic diseases, 6 months after diagnosis
- ✓ Annual health examination
- ✓ Preventive addiction help anonymously
- ✓ Zero (0) grace period for pre-existing conditions
- ✓ Cancer Care, Appendix 1

When do I pay a deductible?

If your health insurance has a deductible, it will be indicated on your insurance policy. You pay a deductible as a lump sum for each new claim when you seek private care. The excess is paid via Mitt DSS in connection with the initiation of a case. Payment is made either by debit card or Swish.

Referral

If the insurance policy specifies a referral requirement, it will be noted in the insurance statement. If the statement indicates that a referral is necessary, it means that the insurance will not cover any medical expenses until a referral has been provided by a physician in the public healthcare system. The referral is valid for six months from the date of issue.

No deductible on public care

For medical treatment received through public healthcare, there is no deductible. We will reimburse you for your expenses, up to the limit of the high-cost coverage.

Do I have a healthcare guarantee?

Your health insurance guarantees a reimbursable examination and/or treatment within seven working days, with a specialist in the private sector, after we have approved the examination/treatment.

For an insured event involving surgery or hospitalization, the insurance guarantees the insured the right to receive surgery within 14 working days.

If more information is needed, such as a physician's referral or other relevant information, the working days will be counted after the information has been received and approved.

If we are unable to fulfill the treatment guarantee, an amount of SEK 1000 per working day will be paid to the insured. The total maximum amount corresponds to an annual premium for the insured. For complete information about the care guarantee, we refer to the current insurance conditions.

How long is my health insurance valid for?

The insurance is valid during the insurance period. The insurance comes into force at the time agreed between the insured and the Company.

How do I use my healthcare insurance?

You can find information on how to use your health insurance easily on dss-halsa.se, where we have gathered our various healthcare services.

- Call our Health Team
 - Weekdays 9:00-15:00
- Report your case digitally 24 hours a day via My DSS, which can be accessed via www.dss-halsa.se. You are expected to receive feedback on the next weekday.
- Digital care services are always booked via the Health Team.

Are there any important limitations?

Healthcare insurance applies to care in Sweden.

The healthcare insurance does not replace:

- ✓ Emergency medical care
- ✓ Massage
- ✓ Practicing professional sports
- ✓ All forms of contraception and fertility treatment
- ✓ STD
- ✓ Bariatric surgery or treatment
- ✓ Congenital disorders
- ✓ Treatment of sleep apnea
- ✓ Couples therapy
- ✓ Impaired vision and hearing
- ✓ Cardiovascular disorders
- ✓ Side effects of alcohol abuse
- ✓ Preventive examinations and treatment
- ✓ Treatment of phobias, eating disorders, ADHD, autism
- ✓ Damages following civil unrest, nuclear energy and radioactive radiation or radioactivity
Injury/disease caused or delayed by war, war-like acts and conditions including civil war, unrest, insurrection, revolution, terrorism, bacteriological and chemical attacks, nuclear attacks, nuclear energy, radioactive forces, radiation from radioactive waste and fuel, epidemics and pandemics or diseases that fall under the Infection Protection Act (2004:168)

Injury, illness or ailments before the insurance began to apply

Unless stated otherwise in the insurance policy, the insurance does not cover pre-existing conditions, which means any illness that has shown symptoms, been diagnosed, treated, or of which the insured was aware before the start of the insurance coverage.

However, a pre-existing condition can be considered a new insurance event and may be covered under certain conditions. Specifically, the insured must have been symptom-free, without medical treatment, and not received any medical advice, medication, or special diet related to the condition for a continuous period of 12 months prior to the start date of the insurance coverage.

Missed visit

The insurance will not cover missed appointments or cancellations made less than 24 hours prior to the scheduled appointment time, regardless of whether it involves medical care, treatment, or surgery. In the event of a missed appointment or late cancellation, the company reserves the right to recover any costs from the insured.

The policy terms contain other specific exclusions and limitations that may be important to you. We therefore encourage you to read through these to get complete information about what applies to you.

General regulations and information

Some important general limitations:

Injury/illness caused or delayed by war, war-like acts and conditions, including civil war, unrest, insurrection, revolution, terrorism, bacteriological and chemical attacks, nuclear attacks, nuclear energy, radioactive forces, radiation from radioactive waste and fuel, epidemics and pandemics or diseases that fall under the Infection Protection Act (2004:168). Full description of the limitations can be found in the insurance conditions.

Who does the insurance apply to?

The insured:

The insurance may cover persons or groups of persons, as compulsory or voluntary insurance. The insurance applies to persons named in the policy as insured.

Co-insured:

Co-insured is the insured's spouse/registered partner/cohabitant or child. To be entitled to be covered as a co-insured, the co-insured must be registered at the same address as the insured. In the insurance notice and/or in the group agreement, it appears who is co-insured.

In order to obtain group insurance coverage for co-insured individuals, it is necessary for the primary insured individual to have their own insurance coverage in place.

Spouses/registered partners/cohabitants/children who are not registered at the same address as the insured can be co-insured if their spouses/registered partners/cohabitants have taken out voluntary insurance.

The insured or co-insured must:

- Be fully able to work*
- Have reached the age of 16
- Not having reached the age of 70
- Be resident and registered in Sweden and be a member and fully covered by the Swedish public healthcare through the Swedish social insurance, or
- Have permanent residence in Norway (except Svalbard and Jan Mayen), Finland and Denmark (except Greenland and the Faroe Islands) and have the right to receive services equivalent to public health insurance benefits via public or private coverage in the country of residence. Exceptions are stated in the insurance statement.

The requirements for taking out insurance for children are that the parent has taken out the corresponding insurance for his/her own part and that the child, in order for the child to be insured, is:

- completely healthy,
- has turned 1 year old
- have not reached the age of 21
- is resident and registered in Sweden and is a member and fully insured by the Swedish public health care through the Swedish social insurance, or has permanent residence in Norway (except Svalbard and Jan Mayen), Finland and Denmark (except Greenland and the Faroe Islands) and has the right to receive services equivalent to public health insurance benefits via public or private compensation in the country of residence. Exceptions are stated in the insurance statement.
- Insurance for children is valid until 25 at the latest.

"Fully able to work" means that the insured:*

- *can perform their normal work without any restrictions,*
- *do not receive or have the right to receive benefits from the Swedish social insurance (Försäkringskassan) or any other insurance or receive benefits related to illness or accident from another employer, or*
- *do not, due to health-related reasons, have specially adapted work, wage subsidies or the equivalent from Swedish or foreign social insurances, employers or insurances.*

Compensation from Försäkringskassan refers to sickness or rehabilitation compensation, activity compensation, sickness benefit or other compensation due to incapacity for work.

When does the insurance start to apply?

The insurance comes into force at the time agreed between the insured, the group representative and the Company. The insurance is valid during the insurance period.

When does the insurance expire?

Healthcare insurance ends if the group agreement is terminated or if the employment is terminated. The insurance is valid until the insured reaches the age of 70 unless otherwise stated in the insurance statement.

If the health insurance is not paid, it ceases to be valid 14 days after we have canceled the insurance.

In some cases, there is a right to aftercare and continuation insurance, see these points in the insurance conditions.

Co-insured are entitled to continuation insurance if the main insured has been covered by the insurance for at least 6 months, see these points in the insurance conditions.

The extent of healthcare insurance

For complete information about the scope of the healthcare insurance, we refer to the current insurance conditions. When you have taken out an insurance policy with us, you can find information about the extent of your healthcare insurance in your insurance policy. You can also easily find the insurance statement at dss-halsa.se/Mitt DSS

How is the price calculated and what does it cost?

The cost of healthcare insurance is displayed in the quote, price list, or application. The price is calculated on an annual basis and is based on factors such as the extent of the insurance coverage and the anticipated loss results. If you are part of a voluntary group insurance through an employer, organization, agent, or other group administrator, the cost and payment terms will be outlined in the group agreement

Contract time?

The contract period is one year at a time.

If I want to cancel my health insurance?

You can cancel your health insurance at any time, and it will end at the end of the month in which you cancel the insurance

If you have regrets

If you are not satisfied with your purchase of health insurance, you have the right to change your mind. If you notify DSS Hälsa within 30 days of the day you received confirmation that the insurance began to apply, you can immediately terminate the agreement. If you want to exercise your right of withdrawal, contact DSS Hälsa on 08-40 00 61 22 or by e-mail foretag@dss-halsa.se

Obligation to provide information and incorrect information

As a policyholder and insured, you have a duty to provide information and are obliged to provide correct and complete answers to DSS Hälsa's questions.

If you have provided incorrect or incomplete information, this may result in the insurance not being valid.

This is where you turn if you have questions

If you have any questions, please contact your group representative.

If you want independent advice on general insurance matters, you can contact Konsumenternas Försäkringsbyrå:

Phone: 08-22 58 00

www.konsumenternas.se

Many municipalities provide consumer advice services, which you can turn to for information and assistance. You can check if your municipalities offer consumer advice services and, if so, what kind of support is available:

www.hallakonsument.se/kommunal-verkehsamt/alla-kvl

If you are dissatisfied with a decision or the handling of your case

If the insured is not satisfied with our decision regarding the submitted claim for compensation, the matter can be heard at our Insurance Board. The complaint must be made within six months of the decision.

The application and complaint process is free of charge for the policyholder and the insured and must be sent to:

Complaint's officer DSS Hälsa AB
Vasagatan 10
111 20 Stockholm or to klagomål@dss-halsa.se

Depending on the nature of the complaint, compensation issues and insurance disputes can be tried by the following public bodies:

The General Complaints Board (ARN)
Phone: 08-508 860 00
www.arn.se

The Personal Insurance Board (PFN)
Phone: 08-522 787 20,
www.forsakringsnamnder.se

An insurance dispute can also be tried by a general court. The first instance is the district court,
www.domstol.se

Your personal data

The company respects and protects the personal integrity of all customers, policy holders, insured persons and all others whose personal data the company processes. The company only collects the necessary amount of personal information and only processes personal data when it has the legal right to do so.

The type of personal data collected and how the company handles it is dependent on the insurance product in question and the identity of the policyholder, among other factors. This information may include data that is provided by individuals during the application for insurance or during the contractual relationship, or in the event of a covered insurance occurrence. The company may also need to process information related to an individual's health to determine eligibility for a specific insurance product.

The Company may process health data with the support of consent when an insurance case is reported and the Company refers an insured to certain treatment.

As part of managing the health insurance, the Company may also transfer personal data to third parties, with the support of consent.

All information is handled confidentially and is protected through both technical solutions and strict requirements for all the Company's employees.

For more information about how the Company processes personal data and how affected persons can exercise their rights, please see the Company's Personal Data Policy at dss-halsa.se.

To get in touch with the Company's data protection officer, please use the e-mail address foretag@dss-halsa.se or telephone: 08 – 40 00 61 22.

Insurance provider for my healthcare insurance

The insurance provider is Forsikringsselskabet Dansk Sundhedssikring A/S, organization number: CVR.nr. 34 73 93 07. The board of the company has its seat at Hørkær 12B, 2730 Herlev, and is under the Financial Supervisory Authority as a skadesforsikringsselskab.

Intermediary, representative and representative regarding this insurance in Sweden is DSS Hälsa AB, registration number 556751–0424, Vasagatan 10, 111 20 Stockholm.

Address insurance broker

DSS Hälsa
Vasagatan 10
111 20 Stockholm
www.dss-halsa.se

Organization number: 556751-0424
Switchboard: 08 – 40 00 61 22
E-mail address: info@dss-halsa.se

Address of the insurance provider

Dansk Sundhedssikring
Hørkær 12B
2730 Herlev
Danmark
<https://ds-sundhed.dk/>

Organization number: 34 73 93 07
Switchboard: +45 70 20 61 21

Insurance mediation

The insurance is mediated by DSS Hälsa AB, registration number 556751–0424. For the relaying of insurance policies, DSS Hälsa AB is entitled to compensation intended to cover costs for personnel, marketing, administration, claims settlement, relaying and similar costs associated with the relaying. The product cannot be taken out directly from the insurance provider (Forsikringsselskabet Dansk Sundhedssikring A/S) at another lower price. Forsikringsselskabet Dansk Sundhedssikring A/S and DSS Hälsa AB deliver the insurance with DSS Hälsa AB as representative regarding this insurance in Sweden.

Brokerage compensation is based on the premium each customer pays for their insurance and varies with the work included in the broker's duties

Regulatory authority and law

The supervisory authority responsible for DSS Hälsa AB is the Financial Supervisory Authority.

Address:

The Financial Supervisory Authority

Box 7821

103 97 Stockholm

Telephone number: 08-787 80 00

E-mail: finansinspektionen@fi.se and website: www.fi.se.

For distance contracts, the Swedish Consumer Agency is also the supervisory authority. Swedish law and regulations are applied to the insurance contract and mediation of the insurance. All communication with customers takes place in Swedish, conditions and information about the insurance are provided in Swedish.

If you need further information, advice etc. please contact DSS Hälsa or your insurance broker at: www.sfm.se