Terms – Private

Health Insurance Senior

Health Insurance

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DANSK SUNDHEDS SIKRING

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1. Basis for the agreement

These insurance conditions are valid from 1 August 2022.

The insurance is established in Forsikringsselskabet Dansk Sundhedssikring A/S, VAT no. DK34739307 – hereinafter referred to as Dansk Sundhedssikring A/S.

The overall contract on insurance with Dansk Sundhedssikring A/S is comprised of the insurance contract (the policy), any addenda to the insurance contract and the insurance conditions attached to the insurance contract. The insurance is also subject to Danish law, including the Insurance Contracts Act and the Financial Business Act.

The insurance contract applies between Forsikringsselskabet Dansk Sundhedssikring A/S and the person named as the policyholder.

The policyholder receives information from Dansk Sundhedssikring about the insurance and how it is used.
Definition of certain terms used in the insurance/policy conditions:

Company
This means Forsikringsselskabet Dansk Sundhedssikring A/S, referred to in the conditions as “Dansk Sundhedssikring”, “we” and “us”.

The insurance period
The insurance period is the period from when the insurance enters into force until it ends, for whatever reason.

Policyholder
The person or company with whom we have entered into the insurance contract.

Insured party
The person covered by the insurance is often referred to as you/yours in the following.

1.1 When does the insurance apply
The insurance applies during the insurance period. The insurance will come into effect at the time agreed between the policyholder and Dansk Sundhedssikring.

1.2 What the insurance covers
The insurance covers the examination and treatment of diseases, injuries and disorders that are likely to be cured or significantly and permanently improved by treatment. We define diseases as medical conditions, disorders or injuries that are symptomatic and which we assess to cause a medically motivated need for examination or treatment. We assess which examination or treatment is necessary.

2. Who the insurance covers

The insurance can be taken out by private individuals. Unless otherwise stated in the contract, enrolment can occur at the earliest two years before – and at the latest two years after – the expected prevailing national pension age, cf. the Social Pension Act. The insured party must have a permanent 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. Exceptions will be stated in the contract.

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2.1 Co-insured

It is possible to co-insure a spouse/cohabitant for a separate price. Enrolment of co-insured parties can take place at the earliest two years before - and at the latest two years after the expected prevailing retirement age of the co-insured. Exceptions will be stated in the contract.

The spouse/cohabitant must have a permanent 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.

2.2 Qualifying provisions

The qualifying period depends on whether you have an existing health insurance with us.

- If you already have another active health insurance with us – and take out Health Insurance Senior as a direct extension of the existing insurance – there is no qualifying period for existing diseases, injuries and disorders.
- If you do not have health insurance with us, there is a 6-month qualifying period for existing diseases, injuries and disorders. This means that you must have been covered by this insurance for 6 months before expenses for examination and treatment of disorders that arose and/or were diagnosed before the insurance came into force are covered.

Diseases and injuries that arise after the insurance comes into force will be covered on the basis of the applicable insurance conditions.

3. What the insurance covers

The insurance covers examination and treatment in Denmark, and we refer to a treatment centre in the public or private healthcare system, unless otherwise stated in the individual cover.

The choice of treatment centre must always be by agreement with us, and we can decide that it should be performed at a particular therapist or at a particular treatment centre. For some forms of treatment, however, you can choose the therapist yourself. This will be stated in the individual coverage.

4. Using the insurance

The overall conditions apply to all cover, but with the detailed rules and exceptions described in the individual cover. We, therefore, recommend that you read the terms and conditions before using the insurance.

4.1 Doctor's referral

Unless otherwise stated in the cover, you must have a doctor's referral or recommendation describing the disease/injury before using the insurance. The doctor's referral must be available before an examination or treatment can commence. You must therefore start by consulting your own doctor, who will best evaluate your treatment needs. If your doctor considers that you require examination or treatment, you should be referred for treatment in the public health service if possible. You can use this reference when you report the claim to us.

4.2 Examination and treatment must be approved

We must always approve all examination and treatment before it begins. It is important, therefore, that you do not initiate treatment without prior written approval, as we may otherwise reject cover. This also applies if changes occur in the treatment that you have agreed with us.

4.3 Acute treatment is not covered

Acute treatment and emergency situations are not covered by the insurance, including examination and treatment that requires assistance and cannot wait for scheduled treatment. This applies to e.g. traffic accidents, accidents, fractures, strokes, brain haemorrhage, heart disease and other diagnosis areas that we and/or the public sector define as acute, including cancer treatment packages, life-threatening cancer and ischaemic heart disease. If you need emergency care, including a casualty ward or ambulance, you should always contact your own doctor, the emergency medical service, the emergency telephone line, casualty ward or 112.
The insurance covers the costs of psychological treatment for emergency trauma counselling.

4.4 Travel and stays abroad

The insurance does not cover expenses for examination and treatment of a disease/injury that occurs during travel or during a stay abroad. Treatment will only be covered after you return home to your permanent residence and on the basis of the general conditions. This also applies if you are staying in Greenland or the Faroe Islands.

4.5 Non-appearance for treatment

The insurance does not pay for examination/treatment that you fail to attend or charges for late cancellation.

4.6 Ongoing and planned treatment

Treatments that have been initiated or planned before this insurance commences are not covered. If you have reported a claim to your former insurance company, we will only cover the claim after 3 months from the date you enter into the arrangement with us, unless otherwise stated in the agreement. When we take over a claim from your former insurance company, it will be covered on the basis of our current insurance conditions.

4.7 Expenses for treatments

All expenses must be reasonable and necessary in our opinion in relation to the expected outcome.

The insurance covers your actual expenses after contributions from the public health insurance system are deducted. This means that in cases where public health insurance covers a portion of the cost, we will offset that portion and pay your share (self-payment). If you are a member of Sygeforsikringen "danmark", then we will receive and offset your possible subsidy for the treatment.

In cases where we refer to a private clinic or private hospital for treatment, the payment will usually take place directly between the treatment centre and us.

We do not cover expenses that the public sector has already fully or partially covered or that the public sector has offered to cover, but where the date of examination or treatment did not suit you, for whatever reason.

4.7.1 Rates for physiotherapy, chiropractic and treatment by a psychologist

You must have a valid referral from your doctor for physiotherapy and use a therapist who has an agreement with the public health insurance (service provider number), unless otherwise stated in the individual cover.

If you choose a therapist without an agreement, the therapist's fee will be covered up to a maximum amount corresponding to the full fee for general physiotherapy, cf. the agreement's index-adjusted rates.

For chiropractic treatment, the amount corresponding to the patient's share is covered according to the rate applicable for general chiropractic.

Psychological treatment takes place in our quality-assured network, and we settle with the therapist.

Other treatment rates are stated in the individual cover.

4.8 Choice of therapist

The treatment should, in our opinion, be expected to cure the disorder or significantly and permanently improve the state of health.

Only treatments that are approved by the public health authorities in Denmark and are in accordance with national clinical guidelines, and are frequently used in public health care are covered. The treatments must be conducted using methods with proven effect and must be included in the agreement with the public health insurance.

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

The insurance only covers the types of treatment mentioned in the insurance conditions under the various covers and any optional cover.

For physiotherapy, chiropractic and psychological treatment, we normally recommend treatment in our quality-assured nationwide network. However, you have the option to choose a therapist yourself. For treatment in our network, we endeavour to ensure that your treatment begins within 4-5 working days and within a maximum of 10 working days.

Psychological treatment takes place within our quality-assured network.

For examination and treatment by a medical specialist, the first examination and/or treatment will be initiated within 15 working days in the public or private healthcare service. We select the therapist/treatment centre. The 15 working days do not apply to medical specialists in psychiatry (psychiatrists) or when investigating osteoporosis.

The treatment method must always be approved by us.

No costs are covered for examination or treatment performed by you, your family members or any company belonging to any of these.

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4.9 Assessment of treatment requirements
Examination and treatment must always be medically justified, and you must have a written referral or a doctor's recommendation, unless otherwise stated in the cover.

Our health team consisting of experienced nurses, doctors, physiotherapists and other healthcare professionals treats and evaluates all injuries and claims. The healthcare team determines whether the reported disease/injury is covered and they assess which examination or treatment is necessary.

Only one course of treatment at a time is covered. If necessary, based on a health assessment, we can choose to cover multiple courses of treatment simultaneously.

You are required to provide us with the information we consider necessary to make our decision, e.g. a doctor's referral or a copy of medical records. As part of our assessment of whether a claim is covered or whether the costs are reasonable, we may require that a new assessment is conducted by a doctor designated by us.

4.10 Making a claim
The quickest way to file a claim is by reporting it online via our website: ds-sundhed.dk. Claims filed will be treated quickly and, in most cases, from one day to the next. Claims can also be filed by telephone.

If you have questions about your insurance policy or if your inquiry concerns an existing case, you can contact the healthcare team via Mit DSS at our website: ds-sundhed.dk.

Trauma counselling
If your claim concerns emergency trauma counselling, you can contact us 24 hours a day by telephone +45 70206121. If you call outside of our opening hours, you will be redirected to our emergency line via the main number. You must always inform the on-duty staff that you are insured with Dansk Sundhedssikring.

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5. What the insurance covers

This section contains the various basic covers. The overall insurance conditions apply to all sections, but with the special rules and exceptions that apply to each cover.

The covers are described in the following sections:

5.1 SundhedsNavigator ('HealthNavigator')

Our health team consisting of experienced doctors, nurses, physiotherapists and other healthcare professionals has many years' experience from various areas of specialisation and they offer professional advice on health and disease. You are offered consultation with a nurse or doctor by telephone for all health problems, including those that do not require actual treatment or which are not covered by the insurance.

Through our unique SundhedsNavigator and co-ordinator concept, we offer you help to organize and carry out the course of examinations and treatments, as well as provide guidance on the public health care system's treatment options, e.g. patient rights, complaint procedures, guidance regarding waiting times, free choice of hospital and examination and treatment guarantees. We also help you review medical records from hospitals and doctors, book appointments for treatment or examination, arrange transportation and other assistance if necessary.

In cases where the injury can only be handled in the public sector or is not covered by the insurance, we offer to provide you with advice regarding your course of treatment in the public health service.

5.2 Chronic diseases

The insurance covers the examination and treatment by a specialist doctor of chronic diseases and disorders that arise during the insurance period, for up to 6 months from the date of diagnosis, if we consider that treatment will cause a significant and lasting improvement to the condition.

Chronic diseases of the musculoskeletal system that have arisen during the insurance period are covered with physiotherapy, chiropractic beyond the 6 months from the time of diagnosis.

Chronic diseases and disorders of the musculoskeletal system that have arisen and/or been diagnosed before the insurance period are covered with physiotherapy and chiropractic once the applicable qualifying period has elapsed, cf. Section 2.2 Qualifying provisions.

Chronic diseases and disorders that have occurred and/or are diagnosed before the insurance period are not covered.

We define chronic diseases as diseases, conditions and disorders that our doctors consider are persistent and cannot be cured, and where there is no curative treatment.

The healthcare team always offers assistance for all chronic diseases with counselling, guidance on the public health system's treatment offers, patient rights, waiting times, examination and treatment guarantees and help with booking appointments in the public healthcare system.

5.3 Complications from chronic diseases

Examination and treatment of complications that arise during the insurance period as a direct consequence of a chronic disease are covered for up to 6 months from the date of diagnosis. It is a prerequisite for cover that we consider that treatment will cause a significant and lasting improvement to the condition. Complications that occurred before the insurance came into force are not covered.

5.4 Pain diagnosis
Examination and treatment of long-term pain issues at e.g. a pain clinic or headache clinic, and pain treatment associated with cancer, are not covered by the insurance. The healthcare team helps with counselling in the further process.

5.5 Examination and treatment by a medical specialist
The insurance covers reasonable and necessary examination and treatment of a coverable disease/injury carried out by a relevant medical specialist in a hospital or clinic. Special provisions apply to medical specialists in psychiatry in accordance with section 5.8 Psychologist and psychiatrist.

We cover reasonable examinations that we consider necessary for a diagnosis, and treatment performed by the relevant medical specialist in those cases where we consider that the treatment can cure or significantly and permanently reduce the disease. The insurance does not cover private expenses during hospitalisation or similar.

Doctor's referral
You must always have a valid referral or recommendation from your doctor. If your doctor considers that you require an examination or treatment, you will be referred to a relevant medical specialist in the public healthcare system. This referral can be used when you wish to use your insurance. Ultrasound scanning, X-ray examinations and MRI scans also require a referral.

Examination and treatment guarantee
You are guaranteed that a coverable examination and/or treatment by a specialist doctor will be initiated within 15 working days in the private or public healthcare system, after we have received and approved your notification.

If we need more information, such as a doctor's referral or other relevant information, the 15 working days will start after we have received and approved the necessary information.

If we consider that it is not possible for you to obtain an appointment within 15 working days in the public health service, including a free choice of hospital and activation of the right to timely examination and treatment, we may instead refer you for examination and/or treatment at a private hospital or a private clinic in our network. You must always use the treatment centre we refer you to.

In cases where the waiting time in the private healthcare system is the same as in the public system, we can choose that the public system should be used.

We can at any time request medical records, referrals or certificates that we consider necessary for our healthcare assessment, including about the reported condition covered by the insurance.

The examination and treatment guarantee does not cover:
- If the public healthcare system has offered you or has the opportunity to offer you an appointment within the guarantee period of 15 working days, but where that date does not suit you, regardless of the reason for this.
- If you reject, in whole or in part, an offer for an examination and/or treatment in the private or public healthcare system, e.g. because you want a different treatment centre than the one designated.
- If you express a wish for treatment at a later date than the period of the examination and treatment guarantee.
- If we consider that it is not medically appropriate to initiate an examination or treatment within 15 working days.
- If an approved and scheduled examination or treatment is postponed for medical reasons.

- If we consider that the treatment is highly specialised and should be performed in the public system, e.g. in case of special disease diagnoses, complicated diseases, or if you are in the process of a prolonged examination process in the public system.
- In case of major conflicts and/or limited capacity in the public healthcare system and unpredictable occurrences beyond our control. In these cases, we are entitled to a reasonable extension of the guarantee.

Skin conditions

The insurance covers skin conditions which we consider are affecting your health condition. Skin diseases that we consider cosmetic or chronic are not covered. These are e.g. benign birthmarks and spots, acne, eczema and all kinds of warts and damage caused to the skin by the sun. No recurrent skin disorders or relapses are covered, e.g. elsewhere on the body. We always help with advice, navigation of the public healthcare system and help with booking appointments for all skin disorders.

Skin cancer (basal cell carcinoma)

If we have covered treatment of skin cancer (basal cell carcinoma), the insurance will not cover if the disease returns and requires a new examination and/or treatment. The insurance never covers treatment with Mohs surgery or similar types of treatment.

Allergy diagnosis

The insurance covers an examination for allergy in order to make a diagnosis. The examination must be in writing, issued by a doctor and approved by us. If you have previously been investigated for the same allergy, a new investigation is not covered.

Cataracts

Cataracts diagnosed during the insurance period, including the development of cataracts, are covered for up to 6 months from the time of diagnosis. Treatment and surgery are covered based on the Danish Health Authority's current guidelines, which are used in the public health system for the treatment of age-related cataracts.

Secondary cataracts is considered a secondary condition and is covered for up to 6 months from the time of diagnosis. Cataracts and secondary cataracts diagnosed before the insurance came into force are not covered.

Varicose veins

Varicose veins are considered cosmetic and are only covered if, in our opinion, there are serious symptoms such as loss of driving license, sick leave and deep inflammation.

Cancer

The insurance covers the examination and treatment of cancer diseases if the diagnosis is made during the insurance period. If the waiting period for the examination and/or treatment in the public healthcare system is at the same level as in the private sector, the public system must always be used.

Forms of cancers that require complicated treatment methods, such as chemotherapy and radiation therapy, as well as emergency or experimental treatment, are exempt from cover. Treatment is only covered if it is performed at private hospitals in Denmark with whom we cooperate. In case of cancer diseases that form part of a comprehensive treatment package in the public healthcare system, the public offer must always be activated and used. The healthcare team helps with counselling in the further process.

Heart disease

For the treatment/operation of heart disease, we refer to the public healthcare service because we regard it as emergency treatment. We help with counselling in the further process.

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Osteoporosis

In relevant cases, the insurance covers an examination for osteoporosis and one possible injection of biological medicine, if this is prescribed by the specialist doctor. Additional treatment or other medical therapies are not covered. The health-care team can advise you about the public treatment services.

The treatment guarantee of 15 working days does not apply to the examination for osteoporosis. The healthcare team can help with finding an appointment in the private or public healthcare system.

Substance abuse guide

If you have an addiction to alcohol, medication, drugs, etc., you can call our healthcare team for advice. The healthcare team can also advise you about public treatment services.

5.6 Follow-up examinations

The insurance covers the necessary outpatient follow-up examination after coverable surgery carried out through us for up to 24 months after the last day of treatment, provided that the insurance is still active. The examination must be prescribed by the relevant medical specialist and be reasonable and necessary, in our opinion. The insurance does not cover repeated check-ups.

5.6.1 Re-operation

The insurance covers re-operation after a coverable operation if the primary operation has been performed at a treatment centre designated by us, and there are no health reasons why a reoperation cannot be recommended.

The re-operation must be prescribed by a medical specialist and approved by Dansk Sundhedssikring's doctor. We will refer to a treatment centre.

5.6.2 Second opinion

In certain cases, the insurance covers consultation with a relevant medical specialist if you:

- Have a life-threatening or particularly serious disease or injury.
- Are faced with the choice of receiving particularly risky treatment, which may be life-threatening or result in permanent injury.

If we consider that you should be offered a second opinion, we will refer you to a relevant medical specialist in the public or private healthcare system.

If you are facing a difficult decision or if there is uncertainty regarding your diagnosis or form of treatment, we offer advisory consultation with our doctors and nurses by telephone. This also applies if two doctors disagree about your diagnosis or form of treatment (third opinion).

5.6.3 Medicine expenses

The insurance covers reasonable expenses for self-payment of prescription medicines in direct connection with a coverable procedure at a treatment centre designated by us. The medicine must be prescribed by the attending medical specialist and be necessary for the procedure performed. Medicine expenses are covered for up to 24 months from the date of the procedure. Costs for over-the-counter medicine are not covered. This also applies if the medicine is available both on prescription and over the counter.

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5.6.4 Temporary aids

The insurance covers reasonable expenses for personal temporary aids, which we consider necessary in connection with a coverable procedure or treatment at a treatment centre designated by us.

The aid must be prescribed by the attending medical specialist. Temporary aids, including hired aids, are covered for a maximum of 6 months. Expenses for aids for outpatient rehabilitation are not covered.

Expenses for aids that can be received through the public grants for aids are not covered. Orthopaedic footwear, a CPM machine and similar are not covered.

5.6.5 Rehabilitation after surgery

The insurance covers outpatient rehabilitation at a physiotherapist in direct connection to a coverable procedure in the musculoskeletal system. The operation must be performed at a treatment centre designated by us. The musculoskeletal system means tendons, muscles and joints of the back, shoulders, neck, knees, elbows, hip and wrists. The rehabilitation must be prescribed by the attending medical specialist, and you must always have a valid referral to physiotherapy from the specialist. Recreational and treatment stays are not covered.

Rehabilitation will always occur in our quality-assured network. One course of rehabilitation is covered per coverable procedure in the musculoskeletal system. The duration of the course, based on a professional assessment, can be up to 6 months.

5.6.6 Home help/home nurse

The insurance covers reasonable and necessary expenses for temporary assistance in the home in direct connection with a coverable operation initiated by us. As a necessary part of the treatment, the help must be prescribed by the attending medical specialist. Temporary help for cleaning, shopping, personal hygiene and dressing/undressing is covered for a maximum of 3 months from the date of discharge and a maximum of DKK 30,000 during the insurance period.

Home help is not covered in those cases where the need can be attributed to old age, dementia, senility or similar.
We can choose that the service must be provided by a home service company designated by us.

5.6.7 Transport expenses

The insurance covers reasonable transport costs in Denmark between home and the treatment centre in connection with medical specialist care at the hospital/clinic. The transport must always be agreed with and approved by us. Transport expenses are not covered for medical specialists in psychiatry in the event of emergency trauma counselling. Expenses for taxies are not covered.

Requests for refund of transport bills must be submitted no later than 3 months after the treatment is completed in order to qualify for reimbursement.

Transport to and from examination and treatment

The insurance covers transportation costs to and from coverable examination/treatment by a medical specialist in cases where we refer you to a hospital or clinic more than 75 km from your place of residence. The cover is equivalent to the state’s lowest rate for driving in your own car or the least expensive form of public transport.

Ambulance transport (recumbent)

The insurance covers recumbent ambulance transport to/ from the home and the coverable admission/procedure at a treatment centre designated by us. Recumbent transportation must be prescribed by the attending medical specialist. It is a prerequisite for cover that we consider that for health reasons, you cannot be transported by car, even as a passenger,

or by public transport, and that your transport is not covered by other means. We can choose that the service must be provided by a supplier designated by us.

Medical companion

The insurance covers reasonable transportation costs for one medical companion, if we consider that your health condition requires that you should have a companion.

5.7 Physiotherapist and chiropractor

The insurance covers reasonable and necessary treatment by a physiotherapist or chiropractor in Denmark after referral by the healthcare team. It is a prerequisite for cover that there is a medically documented need to receive treatment and that the treatment ensures progression/improvement of the condition. A maximum of 10 treatments per calendar year is covered, regardless of the number of injuries/disorders.

Physiotherapy

Based on a medical assessment, the healthcare team will refer you to physiotherapy either in our quality-assured network or by a therapist of your choice. A doctor's referral is not required. The treatments are allocated in portions. If further treatments are required, contact the healthcare team, who will evaluate and allocate additional treatments.

The healthcare team assesses whether you need a written referral or recommendation.

GLA:D training for hip and knee osteoarthritis

If you are diagnosed with hip or knee osteoarthritis, we may choose based on a professional evaluation to cover a GP-referred GLA:D training plan. You must have a valid GP referral and use a healthcare provider that has an arrangement with the health insurance (provider number). If you choose a therapist without an agreement, the insurance covers the amount corresponding to the patient's share at the rate applicable to general physiotherapy, which is index-adjusted twice a year.

The length of the treatment course depends on a professional assessment, and we can decide that the treatment should take place in our network or with a therapist appointed by us. A maximum of one GLA:D treatment plan may be covered during the insurance period per area of illness (knee or hip). We consider the treatment plan to have been completed if you choose to discontinue treatment ahead of time. In cases where GLA:D training cannot cover for your problem, coverage for regular physical therapy will apply.

GLA:D Back

If you are diagnosed with long-term (more than 3 months) or persistent back pain that affects your health and your everyday life, we may choose based on a professional evaluation to cover a GP-referred GLA:D training plan. You must have a valid GP referral and use a healthcare provider that has an arrangement with the health insurance (provider number). If you choose a therapist without an agreement, the insurance covers the amount corresponding to the patient's share at the rate applicable to general physiotherapy, which is index-adjusted twice a year.

The length of the treatment course depends on a professional assessment, and we can decide that the treatment should take place in our network or with a therapist appointed by us. A maximum of one GLA:D Back treatment plan may be covered during the insurance period. We consider the treatment plan to have been completed if you choose to discontinue treatment ahead of time. In cases where GLA:D training cannot cover for your problem, coverage for regular physical therapy will apply.

Chiropractor

The insurance covers treatment by a chiropractor directly following physiotherapy treatment prescribed by us. Treatment must always be recommended by the treating physiotherapist. We may make a request for a submission of a treatment plan.

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5.8 Psychologist and psychiatrist

The insurance covers reasonable and necessary treatment prescribed by a doctor with a psychiatrist or authorised psychologist (authorised MSc (Psychology) in Denmark. Consultations at a neuropsychologist are not covered.

If you are referred for a treatment package in the public healthcare system, this offer must always be used.

In cases where we assess from a healthcare perspective that the examination and/or treatment procedures can best be performed in the public system, e.g. in the case of a mental disease diagnosis that is part of the public treatment package in psychiatry, or if there is no permanent recovery after previously attempted treatment (e.g. if you have received therapy from a psychologist and/or psychiatrist for a recurrent disease without lasting recovery), we can direct that the public healthcare services should be activated and used. We offer guidance regarding the use of public services.

Psychologist

The insurance covers medically justified individual treatment at a psychologist for the following disorders:

- Mild to moderate depression according to psychometric test (depression score)
- Anxiety
- Adjustment disorders
- Stress disorders
- Stress

The condition must be symptomatic, and there must be a medical need for treatment. You must always have a valid referral or recommendation from your doctor.

The treatment must ensure progression/improvement of the condition. Mental disorders which, in our opinion, cannot be cured or permanently improved are not covered. Recurrent disorders previously treated under the insurance are not covered.

Treatments of a preventive and maintenance nature are not covered.

Treatment in Dansk Sundhedssikring's network

The insurance covers psychological treatment in our quality-assured network. After a professional assessment, we can refer you for individual physical or online/digital treatment by a psychologist in our network.

The insurance covers the necessary number of treatments per disease/injury based on a professional assessment. You will be offered a quick appointment at a quality-assured therapist and we will settle directly with the therapist.

Psychiatrist

The insurance covers necessary consultations referred by a doctor at a psychiatrist, if we consider that it is possible to achieve a significant and lasting improvement in the state of health. The consultations are allocated in portions and we refer to a therapist.

You can also choose which therapist to use. The consultations are allocated in portions and we refer to a therapist.

Conversational therapy at psychiatrists is not covered. Costs for expenses for medicine are not covered.

The following disorders are covered:

- Mild to moderate depression according to psychometric test (depression score)
- Anxiety
- Adjustment disorders

- Stress disorders
- Stress

Crisis prevention and senior counselling

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. The counselling covers, e.g.:

- Private well-being problems pertaining to e.g. working life as a senior, personal crises, retirement, children, cohabitation, divorce, lifestyle, health, illness and substance abuse.

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 70206121 and dial onto the line via the menu.

5.8.1 Trauma counselling

The insurance covers emergency trauma counselling if we consider that you have experienced an acute psychological crisis due to one of the following:

- If you have experienced a sudden serious incident/ accident, where you have been in danger.
- If you are subjected to a robbery, assault, violence or kidnapping.
- Fire, explosion or burglary in your private residence or your own business (must be reported to the police).
- If you are diagnosed with a life-threatening disease.
- Death within your immediate family.
- If a member of your immediate family is diagnosed with a life-threatening disease.
- If you experience a family member’s or colleague’s sudden, unexpected death or sudden serious incident/accident.

Immediate family members refer to a spouse, cohabitant, own children, a spouse’s/cohabitant’s children and adopted children.

There is no requirement for a doctor’s referral. The healthcare team assesses whether emergency trauma counselling is required or whether other treatment is required. If we consider that you need emergency trauma counselling, we will find a psychologist for you in our network. You will have telephone contact with the psychologist within 3 hours after the notification is approved.

The subsequent process will depend on the nature of the incident and the therapist’s professional assessment. There can be a maximum of 5 consultations per incident.

In case of notification more than 48 hours after the cause of the crisis, cover for ordinary psychological counselling will always apply.

Emergency psychological counselling abroad is not covered.

Debriefing of groups is not covered, unless it is included as part of the cover for an approved emergency course of treatment.

6. Optional covers

The insurance contract shows which optional covers are attached to the insurance. The combined insurance conditions apply for all optional covers, but with the detailed rules and exceptions shown in the individual covers.

6.1 Vaccination against shingles

The option covers expenses for a doctor-prescribed vaccination against shingles. It is a prerequisite for coverage that you have not received any previous vaccinations against shingles.

You must have a valid referral or recommendation from your doctor.

A maximum of DKK 4,000 is covered for vaccination against shingles during the insurance period.

7. What the insurance does not cover

Apart from what is stated in the insurance conditions, including the provisions of the individual covers, the insurance does not cover examination, treatment and other expenses for:

- Emergency treatment and acute situations that require rapid assistance and cannot await scheduled treatment (e.g. traffic incidents, accidents, fractures, blood clots, brain haemorrhage, heart disease and other diagnosis areas that we and/or the public system define as acute and which require immediate treatment, such as life-threatening cancer and ischaemic heart disease) as well as cancer treatment packages.

- Preventative and maintenance examination and treatment, vaccinations (in addition to those described in the individual sections), health examinations, health checks and other preventive controls.

- Chronic/permanent diseases that have occurred/been symptomatic and/or diagnosed before the insurance came into force. Chronic diseases and disorders that arise during the insurance period are covered for up to 6 months from the date of diagnosis, if we consider that treatment will cause a significant and lasting improvement to the condition. Chronic diseases include chronic diseases such as type 1 and type 2 diabetes, metabolic disorders, blood disorders, hypertension, hereditary cholesterol elevation, atherosclerosis, all types of arthritis and degenerative disorders (osteoarthritis), spondylosis, bone diseases, connective tissue disorders, bunions, fallen arches, chronic pain, fibromyalgia, Scheuermann's disease, bone morbidity, chronic bronchitis, cystic fibrosis, migraine, epilepsy, Parkinson's disease, whiplash, multiple sclerosis, ALS, gastric ulcer, reflux, chronic intestinal inflammation, irritated colon, glaucoma, tinnitus, Ménière's disease, cholesteatoma, endometriosis, menopause problems, vaginal atrophy, hormonal disorders and similar.

- Congenital disorders and disorders that may be related to the birth/foetal stage and its consequences. This could include e.g. hip dysplasia, deformities, hip dislocation and scoliosis. Examination and treatment of asthma, leg length inequality (anisomelia) and dyspraxia are not covered.

- Diagnosing and treatment of anal fissure, anal fistulae, and pilonidal cysts.

- Cosmetic treatments and procedures and their consequences, including disorders that are considered cosmetic in these conditions, e.g. breast enlargement and reduction surgery, breast reconstruction, problems associated with cosmetic implants, face lifts, hanging eyelids (lower and upper) and gynecomastia. Treatments with Botox, Xiapex or treatment of sweating are not covered.

- Treatment or procedures for overweight/obesity and its consequences, including gastric bypass and excess skin surgery after weight loss. Psychological treatment for obesity.

- All kinds of warts, benign birthmarks and spots, lipomas, acne, eczema, psoriasis, vitiligo, rosacea, skin damage, skin transplants, actinic and seborrhoeic keratosis and similar skin disorders.

- Discomforts, infection and other effects of implants, tattoos, piercings, prostheses and similar. Complications after treatment/surgery undertaken in the public or private healthcare system. Replacement of prostheses and implants that can be performed in the public system.

- Sexually transmitted diseases, HIV/AIDS and its precursors and consequential diseases. All forms of contraception, including sterilisation, deployment and removal of IUDs (also applies to menorrhagia), and consequences of these procedures. Examination and treatment of sexual dysfunction. Examination and treatment of gender dysphoria.

- Treatment and examination of ADHD with subtypes, Asperger's and disorders on the autism spectrum, dementia, Tourette's syndrome, eating disorders and their consequences.

- Treatment and examination of dementia.

- Treatment of severe mental illness, e.g. bipolar disorder, personality disorders, schizophrenia, psychoses, PTSD and diagnosed complicated grief. Treatment of diagnosed mental illnesses that are covered by the public treatment packages.

- Behaviour modification treatment by a psychologist, such as problems with temper, infidelity, kleptomania, comfort eating and addiction.

- Couple therapy, family therapy, coaching, self-development, supportive and maintenance conversations, as well as psychological therapy of a preventive nature are not covered.

- All kinds of phobias, such as fear of flying, fear of heights, exam anxiety and social phobia. Treatment of OCD, anxiety due to OCD and consequential conditions. Recurring instances of panic disorder, anxiety attacks and generalised anxiety are not covered.

- Expenses for medical records, certificates, psychological and cognitive tests, medical specialist certificates, doctor's referrals, doctor's recommendations not requested by us, participation in meetings with municipalities, schools and others.

- Cardiac arrhythmia, including radio frequency ablation (RFA), DC conversion and cardiac surgery.

- Diagnosis and treatment of sleep problems, sleep disturbances, such as sleep apnoea and treatment for snoring. Treatment at a sleep clinic.

- All types of dental treatment, dental surgery, and oral surgery and bite plates.
- Symptoms of abuse of medicine, alcohol, narcotics or other intoxicants and their consequences.
- Impaired vision and hearing, including squinting, binocular vision problems, sight correction, vitrectomy, glasses, contact lenses and/or sight test, surgery for near and long-sightedness and structural defects, sight-correcting lenses in connection with surgery for cataracts, hearing-enhancing treatment, hearing aids and hearing tests.
- Treatments outside normal working hours (weekend, evening or similar supplement), as well as additional services such as shockwave, laser treatment, ultrasound, acupuncture, massage and similar. Additional expenses for soles, inserts, bandages, tape etc.
- Injuries that occur as a result of or during the performance of professional sports. Professional sport means the practice of sport, where you receive payment from a sports club or sponsors, and where the sport is practised as a primary business.
- A disease/injury that is directly or indirectly self-inflicted due to intoxication, the effects of narcotics, medicine or other intoxicants. Self-inflicted injury caused intentionally or through gross negligence, e.g. fights, attempted suicide, participation in criminal offences. Injuries caused by non-compliance with healthcare recommendations.
- Injury/disease caused by war, warlike acts and conditions, including civil war, civil unrest, rebellion, revolution, terrorism, bacteriological and chemical attacks, nuclear reactions, nuclear energy, radioactive forces, radiation from radioactive fuel and waste, epidemics, pandemics, viral infections and related vaccines.
- Examination/treatment that is not medically justified or has no proven effect. No cover is provided for experimental and alternative treatments/therapists such as natural healers, hypnotists and body therapists.
- Growth factor and orthokine treatment, PRF treatment, hyaluronic acid (injections) and modic changes.
- Consultations with a general practitioner, general medicine specialist or foreign doctors that can be considered as equivalent.
- Investigation and treatment which we regard as complex and highly specialised, and which we consider can best be performed in the public health service. This could be e.g. complicated reconstructions, operation of rectus diastase, organ donation and organ transplantation, dialysis treatment, sex change operation, proton therapy and stem cell treatment.

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8. 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. Receiving digital letters and documents has the same legal effect as receiving regular mail. This means that you must open and check what we digitally send to you. If you are exempt from digital mail such as e-Boks, you must notify us of this. We will then send your letters and documents by email or regular mail. Communication regarding your reported claims is conducted with you either by telephone or via the correspondence function on the insurance company's user portal.

8.1 Duration of insurance

The duration of the insurance is stated in the insurance contract. The insurance will be automatically renewed on the renewal date, unless otherwise stated in the insurance contract.

8.2 Insurance sum

The insurance sum is DKK 250,000 per person per year. The amount is fixed and is not adjusted. If an insured person uses up the insurance sum, no further expenses will be covered. The insurance sum applies as a total maximum, regardless of whether more covers and options have been purchased.

8.3 Payment of the premium

The premium is paid for the first time when it enters into force. Later payments will follow the contract. We will send an invoice to the notified e-mail address or by electronic invoicing. In other cases, we will send an invoice to the notified payment address.

We should be notified immediately if the payment address is changed. We are entitled to have any costs for postage covered. Invoicing for co-insured parties will be sent directly to the main insured party, unless otherwise stated in the agreement.

We charge any fees along with the payment, including costs for postage, covering our handling costs for the payment. We also charge any taxes to the state.

The due date for payment is indicated on the invoice.

Non-payment

If the insurance is not paid by the due date, we will send you a reminder with a payment deadline within 10 days after the reminder has been sent. We are entitled to charge a reminder fee.

If the insurance is not paid within 10 days after the reminder has been sent, we will send a reminder indicating that the insurance cover will expire if the insurance premium and the reminder fee have not been paid no later than 21 days after the reminder has been sent.

If the coverage expires, reported and approved claims will be finalised according to the applicable rules, cf. section 8.5 ”Termination of the insurance”.

8.4 Adjustment of premium and insurance conditions

The premium is adjusted once a year, unless otherwise agreed. The premium is determined once a year on the renewal date. The price adjustment is based on the latest year's claims accounts and changes in the net price index.

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Premium adjustment is not limited to changes in the net price index and/or legislative changes. If this happens, you can choose to terminate the agreement in writing at the latest during the month for it to come into effect at the end of the following month after the renewal premium notification has been received.

If the premium is based on some preconditions that are no longer present, we can adjust the premium on the next renewal date. If a risk account is prepared for the insurance, the premium will be adjusted according to special rules.

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

If you cannot accept the changes, you must terminate the agreement in writing within 14 days of receiving the notification of the notified changes. The insurance will then be terminated on the change date. If the agreement is not terminated in writing, the insurance will continue with the changed insurance conditions and/or premium.

Changes to the insurance conditions that are exclusively of a clarifying nature and which do not impair the insurance coverage, e.g. linguistic updates and improvements, are not notified.

Premium changes due to index-adjustment and imposed taxes etc. by the public authorities are not regarded as a change to the insurance conditions or the premium and will not be notified.

8.5 Cancellation and termination of the insurance
Insurances that are purchased for one year at a time are automatically renewed from the renewal date.

The policyholder can cancel the insurance in writing during the month for it to come into effect at the end of the following month. Dansk Sundhedssikring can cancel the insurance in writing during the month for it to come into effect at the end of the following month. In case of fraud or attempted fraud, we can terminate the insurance without notice.

The insurance will end at the end of a month if you no longer have a National Registration Office address in Denmark.
In case of non-payment of the insurance premium, the rules under section 8.3 “Payment of the premium” apply.

Coverage on termination of the insurance
When the insurance stops, you lose the right to cover after 6 months for claims already reported and approved. Making of a new claim must always be done within 6 months of the end of the insurance period. The claim must always have occurred during the insurance period. If you have a referral from your own doctor, this must always be dated within the insurance period. Illnesses/disorders occurring after termination of the insurance or referrals dated after the termination of the insurance are not covered by the insurance.

The coverage requires that we have received all the necessary information, e.g. a doctor's referral.

Reimbursement of invoices after termination of the insurance
Invoices for approved treatments and/or transport must always be submitted no later than 6 months after the final treatment date in order to qualify for a refund.

8.6 Disclosure obligation
You are required to provide us with the information that we find necessary in order to process the case so that we can assess the extent to which the insurance covers. We should always be notified if you change addresses.

We have the right to ask about your health and you are required to provide us with all relevant information, including permission to obtain necessary information from doctors, hospitals, and other therapists with relevant knowledge of your health.

We can obtain the information we consider necessary, including medical records or other written material about your health. We always only collect information with your consent. The information concerns both the period before and after the insurance's entry into force. Membership of Sygeforsikringen "danmark" must always be disclosed in connection with the creation of a claim, as we are entitled to receive this subsidy.

Double insurance

If changes are made to the insurance policy's risk condition, including double insurance, we must be immediately notified of this, as we may otherwise limit the cover or completely refuse to cover the claim. If you have made a claim to another insurance policy, you must always inform us of this in connection with making a claim to us. If there is cover from another insurance company, the cover from this insurance will be secondary and the other cover should therefore be used first. We do not pay costs for claims for which cover has been received from another company.

8.7 Processing of personal information

We treat your personal information confidentially and in accordance with applicable legislation. When you purchase insurance from us, we gather information in connection with enrolment, filing a claim and use of our digital platforms, e.g. civil registration number, telephone number, e-mail 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 in case of a claim and in the ongoing case processing to ensure the best possible service and as part of sales management, product development, quality assurance, advice, and determination of general user behaviour.

We retain the gathered information for as long as necessary and in accordance with the applicable legislation. You can always contact us if you want to know which personal information we have registered about you. You are entitled to change incorrect information. On our website, ds-sundhed.dk, you can read more about data security and how we handle your personal information.

8.8 Processing of health information

There is no requirement to provide health information when you take out insurance with us. If you wish to enter the scheme after having previously provided a waiver statement, however, we may require you to provide necessary health information. When reporting a disease/ injury, you accept that we may obtain information about your health if we consider it to be relevant in connection with the reported disease/injury.

We can obtain the information from the public healthcare service, public authorities, including municipalities, the National Board of Industrial Injuries, insurance companies, pension companies, sundhed.dk, etc. Information is always obtained with your written or oral consent.

Health information is only used in connection with the handling of the reported disease/injury and is always handled in accordance with the requirements of the Health Act regarding confidentiality (Section 40 of the Health Act).

The disclosure of health information occurs solely in connection with the examination/treatment of the reported disease/ injury in accordance with Section 41 of the Health Act regarding the disclosure of health information, etc. in connection with the treatment of patients.

8.9 Incorrect information

The insurance requires correct information. If you provide incorrect information or conceal information when the insurance policy is created or later, the right to cover may lapse in whole or in part.

Forsikringsselskabet Dansk Sundhedssikring A/S
Hørkær 12B, 2730 Herlev | Tel. +45 70 20 61 21 | VAT no. DK34739307 | ds-sundhed.dk

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8.10 Limitations

The agreement follows the normal rules of limitations under the applicable Limitations Act.

8.11 Avenues of complaint

If you disagree or are dissatisfied with our decision, please contact the department that has processed the case. If you are still not satisfied after contacting the department, please write to our quality department, which is responsible for complaints, in order to appeal your case.

Your complaint will be handled by a complaints manager as soon as possible and within no more than 7 working days. You can send your complaint via the complaint portal on our website: ds-sundhed.dk.

The complaint must contain your name and address and a brief account of why you disagree or are dissatisfied with our decision. The complaint must be sent as soon as possible and no later than 6 months after the case has been settled.

If you then wish to appeal the decision taken by the complaints manager, you may appeal to the Insurance Complaint Board. You must send your complain online at ankeforsikring.dk. There is a fee for appeals to the complaint board.

Applicable law

The insurance is subject to Danish law, including the Danish Insurance Contracts Act and the Danish Financial Business Act. Disputes about the insurance contract will be settled according to Danish law by the Danish courts and in accordance with the rules in the Administration of Justice Act regarding the legal venue.

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

In cases where a foreign-language insurance contract or insurance terms have been used, any discrepancies arising from the translation will mean that the Danish text is always applicable.

8.12 For further information

If you want to know more about your insurance, you can contact Dansk Sundhedssikring by telephone: +45 70206121 or at the e-mail address: sundhedsforsikring@ds-sundhed.dk. You can also find more information on our website: ds-sundhed.dk, where you can also file your claim online.

8.13 Right of cancellation

For privately taken out insurance, a right of cancellation applies. This means that the policyholder may cancel a private agreement on insurance in accordance with the rules in Section 34 of the Danish Insurance Contracts Act. According to the rules under the Danish Insurance Contracts Act, the policyholder is entitled to receive information on, e.g. the right of cancellation and the service ordered.

If you regret drawing a private insurance, you have a right of cancellation of 14 days. The right of cancellation is calculated from the date on which the agreement was entered into and where you have been informed of the insurance conditions, where the right of cancellation is also described. If the right of cancellation period expires on a public holiday, Saturday, Constitution Day, Christmas Eve or New Year's Eve, the period does not expire until the following business day.

Before the right of cancellation period expires, you must notify us in writing that you have regretted entering into the agreement. You can let us know by letter or e-mail. The letter or e-mail must be sent before the expiration of the right of cancellation period. For cancellation during the cancellation period, please send a letter to:

Dansk Sundhedssikring
Hørkær 12B
2730 Herlev
E-mail: sundhedsforsikring@ds-sundhed.dk