Personnel Insurance

Terms and conditions for the group health insurance

Policy terms and conditions effective as of 1 January 2025

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This document is a translation of the Norwegian original. In the event of any discrepancies between the translation and the original, or doubt about the interpretation, please refer to the original.

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1 Who the insurance covers

The insurance covers all permanent employees of the policy-holder who have a permanent address in a Nordic country and are members of the Norwegian National Insurance Scheme or an equivalent national insurance scheme in another Nordic country at the time when the insurance event occurs.

The insurance covers all employees who are below the agreed expiry age. The applicable expiry age is specified in the insurance certificate.

If agreed and stated in the insurance certificate, the insurance can cover other specified groups or individuals.

The policy conditions also apply to co-insured persons and continuation insurance.

1.1 Fitness for work required at the time of enrolment

The insurance covers employees who were fully or partially fit for work when they were enrolled in the insurance scheme.

Employees who were fully unfit for work on the date the agreement was entered into are not covered by the insurance. Employees who become fully or partially fit for work at at a later date, will be covered by the insurance as of the time when they become fit for work.

A fitness for work declaration (the employer's declaration that the employee is 100% fit for work) is required irrespective of how many employees the insurance scheme includes.

1.2 Special requirements for co-insured

A valid health risk assessment is a prerequisite for the inclusion of any co-insured persons in the insurance scheme.

If the Company does not find the health declaration (self-declaration of health) satisfactory, the insurance application may be rejected.

Establishment of co-insurance requires that co-insured family members have a Norwegian national identity number or D number.

2 When the coverage applies

The insurance coverage applies during the coverage period specified in the insurance certificate.

The offer for insurance must have been accepted or the premium paid before the group health insurance coverage can enter into effect.

3 Where the insurance applies

The insurance covers investigation and treatment by the Company's network of treatment providers in Norway.

If the Company is unable to find an available treatment provider within the Company's network of treatment providers in Norway, the employee may be referred to a specialist healthcare service provider elsewhere in the Nordic region.

In this insurance policy, the Nordic countries include Norway (except Svalbard), Denmark (except Greenland and the Faeroe Islands), Finland (except Åland) and Sweden.

4 What the insurance covers

All investigation and treatment that are to be covered by the insurance must be pre-approved by the Company and be provided within the Company's network of treatment providers.

The referral must be issued during the insurance coverage period and must be based on the referring doctor's professional assessment that there is a medical indication of a need for investigation or treatment. Use of the insurance is subject to the same requirements relating to content, quality and medical assessment as those of the public health system for corresponding cases. Referrals that do not satisfy the requirements will be denied.

The insurance event is deemed to occur when the referral is issued. Expenses related to the referral are not covered.

The insurance covers treatment methods that are generally accepted by the medical profession in Norway and are current practice in the Norwegian public health service. The treatment must be offered by providers in the private sector that the Company has entered into an agreement with. The treatment must be deemed medically necessary, sensible and appropriate for the illness or injury in question. The treatment must be able to either cure the illness or heal the injury, or lead to permanent improvement.

The agreed types of coverage are specified in the insurance certificate for each insured individual.

4.1 Surgery, hospital treatment and rehabilitation

The insurance covers the following:

- Surgery and treatment in private hospitals/clinics within the Company's network of treatment providers, including pre surgery investigation and necessary follow-up investigation. Requires a referral from a medical specialist.
- Necessary medicine and equipment used during surgery, hospital treatment and rehabilitation at the hospital or clinic
- Rehabilitation:
  - for up to 14 days in a rehabilitation institution.
  - physical therapy for up to two months from recommended start, limited to 12 treatments.

Rehabilitation requires a referral from the treating medical specialist and must be necessary and directly related to the surgery covered by the insurance.

The insured has free access to advice from our advisory center before and after surgery, and before, during and after treatment.

4.2 Cancer treatment

The insurance gives the insured the right to cancer treatment from the Company's network of treatment providers.

In addition to the expenses described in Section 4.1, expenses for the following treatments relating to cancer are covered:

- curative cancer treatment including expenses for the diagnosis and primary treatment of cancer at an approved medical institution, including surgery, chemotherapy and radiotherapy, when pre- approved by the Company

In addition, cancer treatment in the form of immunotherapy is covered when immunotherapy has been approved by the European Medicines Agency (EMA) as treatment for the given cancer diagnosis but is not covered by public healthcare. The treatment must be intended to cure the cancer.

For referrals to cancer treatment, the referring doctor must be a publicly approved cancer specialist in Norway and the referral must be based on an investigation of the patient. The referral must contain information on:

- diagnosis
- test results (MR/CT and similar)
- investigating/treating medical specialist/hospital

- reasons for the referral
- recommended medical investigation/course of treatment
- the treatment being approved by the public health service (Decision Forum – the National System for Managed Introduction of New Health Technologies within the Specialist Health Service in Norway) and/or the EMA for the given diagnosis

The insurance does not cover cancer treatment outside the Nordic countries.

4.3 Consultation with a private medical specialist
The insurance covers the following:
- Investigation and treatment
- Second opinion from another medical specialist. This only applies in cases of life-threatening illness/injury or treatment that entails significant risks for the insured. Second opinions are only covered once per diagnosis and require a referral from the treating medical specialist

4.4 Physical therapy
If stated in the insurance certificate, the insurance will cover necessary treatment for an illness or injury/ailment by a licensed:
- physiotherapist
- manual therapist
- chiropractor
- naprapath
- osteopath

All treatment must be pre-approved by the Company and be provided within the Company's network of treatment providers.

The treatment must be individual and aimed at curing or permanently improving functional ability and/or illness/ailment.

The number of treatments covered is specified in the insurance certificate and is applicable for a 12-month period calculated from the date the case is reported to the Company.

Preventive healthcare and maintenance treatment are not covered.

4.5 Treatment by psychologist
If specified in the insurance certificate, the insurance covers treatment by a psychologist. The treatment can either take the form of a video consultation or a physical consultation. The insured cannot demand a physical consultation. Appointments last of 45 minutes.

All treatment must be pre-approved by the Company and be provided within the Company's network of treatment providers.

The number of treatments covered is specified in the insurance certificate, and is applicable for 12 months calculated from the date the case is reported to the Company.

4.6 Travel, accommodation and board
The insurance covers reasonable and necessary travel expenses, accommodation expenses and daily subsistence allowance. Expenses are covered for travel between the insured's home and the closest place of treatment, in connection with the following types of medical treatment that are covered by the insurance:
- consultation with a private medical specialist
- outpatient surgery
- surgery and treatment in a private hospital
- second opinion from another medical specialist
- rehabilitation after surgery
- diagnostic imaging

Travel expenses will be covered in cases where the travelling distance between the insured's home and the place of treatment exceeds 100 km one way. The distance in km applies to the shortest route from the insured's home address to the place of treatment. The insurance covers travel expenses in accordance with the Norwegian government's rates for patient travel in the form of a rate per km, regardless of means of transport, accommodation expenses and daily subsistence allowance.

Documentation of expenses for travel and accommodation is not necessary.

If it is medically necessary for the insured to be accompanied by another person or the insured is under the age of 18, expenses will be paid in accordance with the rules that apply for the insured. This must be agreed with the Company in advance.

The insured is responsible for coordinating and ordering travel and accommodation.

4.7 Crisis assistance/psychological first aid
The insurance covers psychological first aid for psychological reactions due to a sudden, unforeseen serious/life-threatening event. The coverage also applies if the insured is present when the event occurs, even if they are not physically injured.

The insurance covers all permanent members of the insured's household. If you need crisis assistance, call (+47) 240 62 123.

The number of treatments covered per insured and per event is specified in the insurance certificate. (Even if the insured has multiple insurance policies, the treatment will only be covered by one of them).

4.8 Medical advice via phone
The insurance covers a service offering advice on health and illness via the phone. The insured calls the health phone service themself when in need of medical advice and/or health information. The service is open 24/7 and can be used by all permanent members of the insured's household.

4.9 Video consultation with a doctor
The insurance covers access to a video consultation with a doctor for simple health issues. The service can be used by the insured and the insured's children under the age of 18.

4.10 Helselos ('health pilot' service)
When stated in the insurance certificate, the insurance covers individual follow-up from Helselos by phone when the insured is on sick leave or at risk of this.

The follow-up includes guidance, advice and support from a social worker and an interdisciplinary team when needed.

The Helselos service does not cover co-insured persons or continuation insurance.

4.11 Guaranteed time to treatment
The guaranteed time to treatment applies to the maximum time (guaranteed time) the insured should wait for the first investigation or treatment. The maximum waiting period

(guaranteed time) is 10 business days and the guaranteed time to treatment is counted, from the first business day after the Company receives the necessary documentation. Public holidays (including Christmas Eve and New Year's Eve) are not counted as part of the guaranteed time.

If the guaranteed time is exceeded, compensation of NOK 600 per day will be paid from the date when the maximum waiting period ends until the time when treatment commences, but for no longer than 30 days.

The guaranteed time to investigation or treatment does not apply in the following cases:

- The insured does not accept the Company's first offer of treatment.
- The insured wants treatment at a time that is after the maximum waiting period (guaranteed time to treatment) expires.
- The treatment needs to be postponed for medical reasons.
- There is av holiday period at the place of treatment.
- It is not possible to get in touch with the insured or the insured does not respond to enquiries.
- Unforeseen circumstances beyond the Company/treatment provider's control make it impossible to comply with the guaranteed time to treatment (force majeure).
- Treatment outside Norway.
- The treatment concerns substance abuse or gambling addiction as described in section 4.12.

4.12 Treatment for substance abuse and gambling addition

If agreed, and specified in the insurance certificate, the insurance will cover expenses for the treatment of substance abuse or gambling addiction, up to NOK 150 000 per person. The aim of the insurance is to wean the insured off an uncontrollable addiction to one or more of the following: alcohol, drugs, prescription medication or gambling.

The insurance does not cover the investigation and treatment of illness (physical and mental) or injury resulting from substance abuse or gambling addiction.

Compensation for substance abuse and gambling addiction treatment will only be paid once in the course of a 5-year period.

5 Deductible

If a deductible has been agreed, it will be specified in the insurance certificate.

6 What the insurance does not cover

The insurance does not cover:

- emergency care/acute treatment
- preventive healthcare and maintenance treatment
- investigation or treatment in cases where the insured has received an offer from the public health system within the Company's guaranteed time to treatment
- investigation or treatment at a public hospital/clinic, including deductibles
- investigation or treatment carried out before a case has been reported to and pre-approved by the Company
- investigation or treatments carried out by a specialist in general medicine (e.g. general practitioner) or specialist in occupational medicine.
- investigation or treatment of chronic disorders
- investigation or treatment of long-term or recurring pain
- investigation or treatment of serious mental disorders
- psychomotor physical therapy
- vaccinations including allergy vaccination, health checkups, health/medical certificates or investigation to determine the risk of illness
- investigation or treatment relating to diseases covered by the Norwegian Act Relating to the Control of Communicable Diseases
- renting, buying and adapting aids and medical equipment
- dental treatment, including treatment of gum diseases or oral surgery
- glasses and contact lenses, vision tests or surgery, including laser surgery, to correct vision (correct refractive errors)
- organ and tissue transplants, including stem cell treatment, and treatment of the effects of these, and organ donation
- dialysis treatment
- alternative or experimental forms of treatment
- recreation or stays in health resort
- plastic surgery or other cosmetic treatments
- investigation or treatment or and/or complications due to previous cosmetic treatment
- revision surgery or other treatment to remove, replace or maintain prostheses or other implants
- investigation or treatment in connection with contraception, sterilisation, sexual dysfunction, fertility problems, prenatal diagnostics, abortion or follow-up of pregnancy
- investigation or treatment aimed at reversing the effect of previously performed sterilisation procedures
- investigation or treatment in connection with gender reassignment surgery or treatment in connection with the intention to change gender, and the consequences of such surgery or treatment
- investigation or treatment of sexually transmitted diseases or HIV/AIDS
- checking and removal of moles when malignancy is not suspected
- investigation, treatment or medical equipment for the treatment of snoring
- treatment of impaired hearing or exostosis (benign bone growth) in ear canals, including expenses for hearing aids, implants and modification of equipment
- investigation or treatment of overweight or consequences of weight reduction
- investigation or treatment of lipoedema
- investigation or treatment of nasal spray addiction or nasal congestion as a result of use of nasal spray past the recommended time of use
- investigation or treatment of accidental injury or illness resulting from the ingestion of alcoholic beverages,

medication or narcotics ailment, disorder or injury as a result of previously performed:

- surgery
- treatment
- examination or
- weaning from medication

The Company does not cover expenses when the insured does not attend an agreed investigation or treatment, or cancels a planned treatment after the cancellation deadline set by the clinic or treatment provider.

7 When treatment is necessary

When the insured needs help in connection with an illness or injury that requires treatment, the case must be reported to the Company and be pre-approved before an investigation or treatment to be covered by the insurance can begin. The insurance does not cover investigation or treatment that has not been ordered by the Company within the Company's network of treatment providers unless otherwise agreed.

The Company has an agreement with an external partner that will make decisions relating to the right to use the insurance and assess and arranger all investigation or treatment that is covered by the insurance. For further information about this and how to use the group health insurance, see dnb.no/helse.

The insured is obliged to provide all the information and documentation required for further referral. The Company has the right to obtain any information from doctors and hospitals that is required to process the claim in question.

According to section 18.5 of the Norwegian Insurance Contracts Act (ICA), the time limit for reporting claims is one year.

As a rule, the period of limitation for claims, pursuant to section 18.6 of the ICA is three years.

7.1 Payment for treatment:

The Company pays the expenses for investigation or treatment directly to the treatment provider in question within the Company's network of treatment providers, unless otherwise agreed.

If there is a deductible on use of the insurance, this will be specified in the insurance certificate. The insured must pay their own deductible directly to the treatment provider/clinic.

Any other pre-approved expenses covered by the insurance in connection with the investigation or treatment,and which the insured has paid themself, will be reimbursed in accordance with the policy conditions.

8 Other provisions

8.1 Relationship between these conditions and the general terms and conditions

These policy conditions should be seen in conjunction with the general terms and conditions for the personnel insurance, which also apply to the group health insurance. In the event of any contradiction between the two, the group health insurance policy terms and conditions will take precedence. The general terms and conditions for personnel insurance can be found at dnb.no/en.

8.2 Disenrollment/Expiry

Unless otherwise agreed and specified in the insurance certificate, the insurance coverage will expire when the employee turns 70.
The insurance coverage will in any case expire when the insured leaves the policyholder's employment.

Even if an insured individual is still employed after the age of 70, the insurance will expire at the latest at the end of the insurance year in which they reach the age of 70 or another agreed final expiry age.
There are special notification rules for the expiry of insurance coverage. These are set out in section 19.6 of the Insurance Contracts Act.

Liability period:
The Company will reimburse expenses for treatment for up to three months after the insurance expires, provided that the insurance claim in question was reported and approved by the Company during the insurance coverage period.

In addition, reimbursement of expenses for investigation and treatment will be discontinued if the insured is covered by comparable insurance benefits from another source.

The insurance coverage will expire if the insured no longer has a permanent address in a Nordic country or is no longer a member of a national insurance scheme in a Nordic country.

If the policyholder or the Company cancels or fails to renew the insurance policy, or the Company's liability ceases due to failure on the part of the policyholder to pay the premium, the members of the group insurance scheme must be notified in writing or by other appropriate means. In such event, the insurance coverage for the individual member will expire one month after notice has been sent or the member has been informed by other means.

Any insured who is on sick leave will be included in the insurance scheme until they have been declared fit for work or any claim settlement has been concluded. Such inclusion is limited to the period when the insured is still an employee of the policyholder.

8.3 Right to continuation coverage

The insured has the right to continue the group health insurance on an individual basis without providing a new health statement. Such continuation insurance must be taken out no later than six months after the expiry date for the individual's group coverage. The insurance will not cover insurance events that occur in the period from when the group health insurance coverage expires until an individual policy is taken out. Individual insurance policies cannot be taken out after the insured reaches the age of 70 and will expire when the insured reaches the age of 70.. The final expiry age will be the same as in the original policy, but in any case, never more than 75.

8.4 Liability of the place of treatment

According to the Norwegian Patient Injury Act and other applicable rules, the healthcare provider that treats the insured is liable for expenses incurred due to patient injury. If such patient injury is incurred in connection with treatment in a

foreign country, the rules and legislation regarding patient injury in the country in question will apply.

The Company is not liable for patient injuries.

9 Definitions

Alternative forms of treatment
Treatment based on theories of health that are not scientifically verifiable.

Co-insured
A spouse/cohabitant and children under the age of 25 can be co-insured

Cure
For a treatment to be considered to cure an illness, disorder or injury, there must be objective medical documentation that the treatment in question will remove symptoms and normalize functions for an expected duration of over 5 years after the end of the treatment.

Diagnosing
- Examination by a medical specialist
- Diagnostic imaging (e.g. X-rays, MR, CT, ultrasound) and other tests required to make a diagnosis

Doctor
Officially registered licensed medical doctor. This person cannot be a relative or close friend of the insured.

Emergency care
- Treatment of an unforeseen acute illness/injury or acute worsening of a known illness that requires immediate treatment to restore or maintain vital functions, to prevent or limit serious impairment of function due to injury or illness, or to provide adequate treatment of pain in an acute phase.
- What constitutes emergency care must be determined on the basis of a proper medical assessment in each individual case.
- According to Section 2-1 of the Norwegian Patients' Rights Act, 'the patient is entitled to emergency care' from the public health service.

Insurance event
- For treatment that requires a referral, the insurance event is considered to have occurred on the date a referral is issued by a doctor or other professional authorised to issue referrals. It is a prerequisite that the treatment the referral is for is covered by the policy terms and conditions. The referral must not be older than 12 months old. If the referral has a shorter validity, the specified expiry date applies.
- For treatment that does not require a referral, the insurance event is considered to have occurred on the date the matter is reported to the Company.

Investigation
In this context, the term "investigation" refers to measures to investigate and document symptoms, conditions and/ or causes of illnesses, disorders, ailments or injuries in order to clarify the need for treatment, including tests, diagnostics imaging and examinations by a medical specialist, physical therapist or psychologist.

Medical specialist
Officially registered and licensed medical specialist.A specialist in general practice medicine, occupational medicine or community medicine is not defined as medical specialists in this context.

Medically necessary treatment
Medical treatment is deemed necessary when the underlying illness or condition will have an adverse impact on the length of life and/or functional ability of the insured, and a lack of treatment will cause a worsening of the illness or condition.

The treatment must be documented through knowledge-based practices and able to cure the illness/heal the injury or lead to permanent improvement.

Permanent improvement
For a treatment to be considered to permanently improve an illness, disorder or injury, there must be objective medical documentation that the treatment in question will cause a significant reduction in symptoms and considerably normalize functions, and the improvement is expected to last longer than 5 years after the end of the treatment, without relapse or deterioration.

Primary treatment (cancer)
Primary treatment is defined as the first course of treatment for a cancer disease where the goal is to cure the disease. Palliative treatment or any treatment for cancer recurrence is not considered primary treatment.

Serious mental illness:
Schizophrenia and other acute and chronic psychoses, bipolar disorder, major depressive disorder, personality disorders, behavioural disorders and developmental disorders.

The Company's network of treatment providers
Hospitals, clinics and treatment providers in physical therapy, medical treatment and psychology that the Company and/or the Company's partner at any given time has an agreement with.

Treatment
In this context, the term 'treatment' means measures that aim to cure or lead to permanent improvement of an illness, disorder, ailment or injury.

Treatment of an experimental nature/experimental treatment:
- Undocumented treatment that is not based on or documented through controlled clinical trials, and for which the effects, risks and side effects are not known or fully established.
- Treatment that is being tested as part of a scientific study, but where the requirements for documentation in relation to established treatment have not yet been satisfactorily fulfilled.

10 Process for filing a complaint
If you disagree with the company's decision or believe that procedural errors have been made in your case, you are entitled to lodge a complaint. If you receive a written rejection from the Company, you will receive information about the subsequent complaints process. The deadline for filing a complaint is 6 months from the date on which you received written notification of the Company's decision.

Below is a summary of your options for making a complaint. The complaint must be sent to DNB's internal complaints

board by encrypted email to personskadeservice@dnb.no or by post to:

DNB Livsforsikring AS Personskade
Attn.: Internal complaints board
PO Box 7500
5020 Bergen
Norway

Your complaint will be reviewed most quickly and properly if you provide the exact name and address of the policyholder and the policy number on the insurance certificate. If new information has come to light concerning your case, we recommend that you first raise the matter with us, before using the other options for making a complaint.

Further complaints body
If you're dissatisfied with the processing of your complaint by the internal complaints board, the case can be brought to the Norwegian Financial Services Complaints Board (FinKN). The FinKN has been appointed by law and its mission is to review complaints and disputes from insurance customers. The secretariat of the FinKN reviews cases in the first instance and the decision can be appealed and forwarded to a board. FinKN decisions are not legally binding. Enquiries should be sent to:

Norwegian Financial Services Complaints Board,
PO Box 53
0212 Skøyen
Oslo
Norway

For more information, read more on FinKN's website: www.finkn.no. Complaints can also be brought directly before the ordinary courts of law / conciliation board in accordance with the provisions of the Norwegian Dispute Act if you disagree with the Company's decision. We recommend that you follow the complaints procedure described, to save both time and money.