ERGO FORSIKRING A/S NUF

Behandlingsavtale (HELSE01)

Guide and policy conditions

- for individual and group insurances
Terms and conditions applicable from 01/01/2026

Content

Valid from January 1, 2026

Overview of covers that may be included in the insurance

Referral from a physician and has been approved in advance by the Company.	**Covered**
The costs of medical treatment (not an operation) of a physical illness at a private hospital which requires an overnight stay at the hospital, is the subject of a referral from a physician and has been approved in advance by the Company.	**Covered**
The costs of an operation at a private hospital/clinic which does not require an overnight stay (outpatient surgery), is the subject of a referral from a physician and has been approved in advance by the Company.	**Covered**
Treatment, examination and a diagnosis by a medical specialist, following a referral from a physician and the prior approval of the Company.	**Covered**
Cancer treatment, including operations, radiotherapy and chemotherapy, following a referral from a physician and the prior approval of the Company.	**Covered**
A consultation with another medical specialist for a new medical assessment (second opinion). One for each diagnosis and only in the case of a life-threatening illness or injury or especially risky treatment. The consultation is subject to the prior approval of the Company.	**Covered**
Necessary examinations, tests and samples at the hospital/clinic in direct and immediate connection with the operation/treatment.	**Covered**
Necessary medicines and equipment used during the operation/treatment at the hospital/clinic or by the medical specialist.	**Covered**
Necessary medical aids that are an integral part of the body (prosthetics, implants).	**Covered**
Reasonable and necessary accommodation expenses (board and lodging) in connection with a hospital admission and an operation (does not apply to treatment by a medical specialist or physical therapy). The accommodation expenses are covered according to the Norwegian state's health service rates. Accommodation expenses are subject to the prior approval of the Company.	**Covered**
Reasonable and necessary travel expenses in connection with a hospital admission/operation/cancer treatment/rehabilitation (does not apply to physical therapy). In the case of specialist treatment, the distance between the home and treatment site must be more than 150 km each way in order for the travel expenses to be covered. If the insured's own car is used, a mileage allowance is payable in accordance with the Norwegian state's health service rates. The trip is subject to the prior approval of the Company.	**Covered**
Rehabilitation for up to 14 days in a rehabilitation institution in the Nordic region. The rehabilitation must be a necessary and direct consequence of the operation/hospital admission. The rehabilitation must be the subject of a referral from a physician and approved in advance by the Company.	**Covered**
Treatment guarantee when required for examination/treatment, 10 working days from when the Company received full and necessary medical documentation. If a course of treatment comprises multiple planned treatments, the treatment guarantee applies to the first treatment.	**Covered**
Physical therapy. This means the costs of treatment by a publicly authorized physiotherapist, manual therapist, chiropractor or treatment by a naprapath. The number of treatments is shown in your insurance certificate. The treatment is subject to the prior approval of the Company.	**Covered if stated on the insurance certificate**
Psychological first-aid. Up to 10 appointments per event. Psychological first-aid is subject to the prior approval of the Company. Coverage also applies to the insured's immediate family (spouse/registered partner and children under 26 years of age are considered to be family).	**Covered**
The costs of treatment by a psychologist for minor mental disorders. Up to 12 consultations per insurance event. A referral from a physician and prior approval by the Company may be required.	**Covered if stated on the insurance certificate**

This provides a simplified overview. For complete information, refer to the general and special policy conditions.

General policy conditions no.

(The insurance certificate states whether the insurance complies with no. 03.00.03 or 03.00.02)

1. The insurance contract

1.1. The laws and regulations that apply

- The following apply to the insurance contract
- Norwegian Act of 16 June 1989 on Insurance Contracts
- (Insurance Contracts Act),
- Part B, with special provisions for health insurance,
- Norwegian Act of 10 June 2005 no. 44 on insurance companies, pension enterprises and their activities, with the regulations and rules issued pursuant to it,
- Other provisions stated in or pursuant to legislation

Norwegian law and the Norwegian language govern the insurance contract unless agreed otherwise.

1.2. The insurance provisions that apply

These general policy conditions and the special policy conditions, as stated on the insurance certificate, apply to the insurance contract. The wording of the insurance certificate takes precedence over that of the policy conditions. The wording of the special policy conditions takes precedence over that of the general policy conditions. The insurance certificate and policy conditions take precedence over non-mandatory statutory provisions.

1.3. Definitions and explanations of words

See Definitions and Explanations of Words at the end of these conditions.

1.4. Whom the insurance covers

1.4.1. Individual insurance contract

(General policy conditions no.03.00.03)

An individual insurance contract may only be entered into for an insured that resides in the Nordic region and is a member of one of the Nordic countries' national insurance schemes. An insured may be admitted to the contract from the ages of 0 to 66 years of age (the Company must have received the application at the latest by the day before the insured's 67th birthday) and may be covered by the insurance for the rest of his/her life unless the insurance is terminated earlier for some other reason.

1.4.2. Group insurance contract

A group insurance contract may only be entered into for an insured that is resident in the Nordic region and is a member of one of the Nordic countries' national insurance schemes. An insured may be admitted to the contract from the ages of 16-66 years and may be covered by the insurance until he/she has his/her 72nd birthday unless the insurance is terminated earlier for some other reason. Regarding a continuation of the insurance contract, refer to chapter 14.

The individual member may refuse to be covered by the health insurance. In cases where the members reserve the right from the scheme, if they wish to join the agreement at a later date, they will have to apply for admission on individual terms.

1.4.3. Where it is stated whether you are covered by an individual or group insurance contract

The insurance certificate states whether the insurance has been entered into as an individual or group insurance contract.

1.5. What the insurance covers

The insurance covers treatment costs during the term of the insurance resulting from a disease or injury that is covered by the insurance and affects the insured, through a referral from a physician when required.

The insurance event starts on the date when the insured is examined or consults a physician/therapist due to a disease or injury that is covered by the insurance. Several cases of illness or injury that have a clear medical link are to be counted as one insurance event.

In order for the treatment to be covered by the insurance, it must be generally accepted by the professional medical environment in the Nordic region. The treatment must be medically necessary, rational and correct for the medical problem in question. If the treatment becomes more extensive or the expenses become larger than is regarded as necessary, the Company may reduce the compensation to a normal level. It is the physician/therapist who decides whether it is medically justifiable to initiate the treatment for which the patient has been referred.

The Company's liability is unlimited during the term of the insurance provided the insurance contract is in force and paid for. Regarding the termination of the insurance, see chapter 14.

The insurance certificate states the special policy conditions applicable to the insurance in addition to the insurance covers to which these general policy conditions apply.

1.5.1. Psychological first-aid

The insurance covers the cost of up to 10 appointments related to psychological first-aid/emergency help per incident in the case of an accident, death, serious illness, assault or burglary. Treatment should be initiated in direct connection with the incident and without undue delay. Psychological first-aid does not include psychological treatment of disorders that have developed as a result of psychological stress over time, and that do not require immediate psychological assistance.**4** Health terms

Such appointments do not require a referral from a physician, but they are subject to the prior approval of the Company. Coverage also applies to the insured's immediate family (spouse/registered partner and children under 26 years of age are considered to be family).

1.5.2. Second Opinion

A consultation with another medical specialist for a new medical assessment of each insurance event. This only applies in the case of:

- A life-threatening illness or injury
- Especially risky treatment

The consultation is subject to the prior approval of the Company.

1.5.3. Travel expenses

The insurance covers reasonable and necessary travel expenses in connection with admission to hospital/the operation/cancer treatment/rehabilitation (does not apply to physical therapy).In the case of specialist treatment, the distance between the home and treatment site must be more than 150 km each way in order for the travel expenses to be covered. If the patient uses his/her own car, a mileage allowance is paid in accordance with the Norwegian state's health services rates.

The insurance covers the reasonable and necessary travel expenses of an adult companion in connection with admission to hospital and an operation when the insured is under the age of 18 years and/or this is medically necessary.

All travel is subject to the prior approval of the Company.

1.5.4. Board and lodgings

The insurance covers reasonable and necessary accommodation expenses (board and lodgings) in connection with admission to hospital and an operation (does not apply to treatment by a medical specialist or physical therapy).The insurance also covers the

reasonable and necessary accommodation expenses of an adult companion in connection with admission to hospital and an operation when the insured is not yet 18 years of age and/or this is medically necessary.

The accommodation expenses are paid for in accordance with the Norwegian state's health service rates and are subject to the prior approval of the Company.

1.6. Where the insurance is valid

The insurance applies to treatment in the Nordic region by therapists/hospitals/clinics that the Company has a contract with. All treatment is to be based in the Nordic region and the referring physician/therapist must practice in the Nordic region.

The insurance applies to treatment in the Nordic region even if the disease or injury arises outside the Nordic region.

If the Company cannot find spare capacity and/or expertise in the Nordic region, the Company may refer the insured to health services in its own network in the rest of Europe, preferably as close to the Nordic region as possible.

1.7. When the insurance is applicable

The insurance responsibility assumes:

- that the insurance covers the relevant treatment. This is stated on the insurance documentation and in the general and special terms and conditions.
- that correct and complete information about the health of the policyholder has been provided.
- that the insurance policy is valid and paid for.

1.8. Registration and dissemination of health information/medical documentation

Health information/medical documentation that the Company. receives may be registered and forwarded to the chosen treatment sites.

1.9. The term of the insurance and renewal

The insurance contract is automatically renewed each year provided the premium is paid and the insurance contract is not terminated.

The Company may refuse to renew an insurance if there are special grounds which make it reasonable to terminate the insurance relationship.

1.10. Amendment of policy conditions and prices

The Company may amend the policy conditions and prices each year in connection with the annual renewal.

The Company is entitled to index-link the contract's price tariffs. Index-linking is to be carried out each year on the contract's anniversary date, based on the consumer price index as of 15 October of the previous year. The Company is also entitled to adjust the prices on the contract's anniversary

date based on changes to the ratio of claims costs to premium.

In the case of other significant amendments, the policyholder will be informed of any amendments at least four months before the renewal date.

The Company reserves the right to assign this contract to another insurance company provided it is publicly authorized in accordance with section 3-8 of the Norwegian Insurance Activity Act.

1.11. The policyholder's right to terminate or amend the insurance contract

Subject to the rules that apply, the policyholder is entitled to

amend the insurance contract. The Company may stipulate as a condition for the amendment that the policyholder accepts that the policy conditions and prices on the amendment date are to apply to the entire contract. Health terms **5**

During the term of the insurance, the policyholder may terminate the insurance contract if the need for insurance lapses or there are other special grounds, or to transfer the insurance to another company.

In the case of a group insurance, the provisions stipulated in

the second paragraph may be waived in the insurance contract.

1.12. Processing of personal data

ERGO Forsikring protects your privacy. Please visit our website www.ergo.no for more information about how we handle personal data.

1.12.1. Sharing of personal data with distributors of insurance products

For the insurance products that are distributed through insurance brokerage agents or firms, ERGO can send the enterprise information about customers who have a valid insurance agreement in place through the enterprise.

The purpose of this is to ensure a good customer experience for the customer, by allowing customers, for example, to view and manage their insurance agreements within the sphere of the relevant enterprise.

The information can include price information, payment information, identification details, as well as information regarding the insurance's validity, coverage and status.

ERGO and the insurance brokerage agents or firms are independent controllers who are each responsible for their treatment of personal data. The insurance brokerage agent or firm can only use personal data as mentioned above to purposes pursuant to the insurance agreement or the agreement with ERGO on distribution, including advising, administration, customer service and management and support regarding the insurance.

For group insurance agreements information about the employees that are part of the health insurance can be made available for the customer (being the employer).

2. Who can bind the Company

Binding notifications are to be given in writing from the Company's head office in Oslo. Financial advisors, insurance agents, sellers, insurance brokers, etc., never have the authority to bind the Company.

3. Entry into force

3.1. When the Company's liability for individual insurance contracts starts

Individual insurance contracts cover individuals and are entered into on an individual basis.

The insurance is valid as from the first day of the month after the insurance has been issued, although not until the first premium has been paid, provided the insured provides a health declaration that is approved by the Company (the entry into force date).

If the insurance is purchased with a qualifying period, the Company's liability will only take effect 90 days after the insurance becomes effective. The insurance does not cover illnesses that have shown symptoms within 90 days after the effective date of the insurance.

3.2. When the Company's liability for group insurance contracts starts

Group insurance contracts are valid as from the date when the Company receives written notice that the offer has been accepted by the policyholder and the first premium has been paid.

The Company's liability for individual members starts when the

member complies with the admission conditions stipulated in the insurance contract, is completely able to work and notification of this has been received by the Company.

Insureds are admitted to the insurance by the policyholder contacting the Company.

3.2.1. When the insured is to submit a health declaration to the Company, the following applies:
The Company's liability for members of a group covered by a group insurance contract starts on the date when the member complies with the admission conditions stipulated in the insurance contract and has provided a health declaration that is approved by the Company.

3.2.2. When the insured is not to submit a health declaration to the Company, the following applies:
The Company's liability for members of a group covered by a group insurance contract starts on the date when the member complies with the admission conditions stipulated in the insurance contract and the policyholder has provided a written declaration stating that the member complies with the admission conditions stipulated in the insurance contract.

4. Duty of disclosure when entering a contract and the consequences of providing incorrect information

4.1. The policyholder's and insured's duty to provide information on the risk

The policyholder and the insured shall provide correct and complete answers to the Company's questions.

If requested by the Company, the policyholder and the insured shall provide information on special factors that they ought to understand are of significant importance to the Company's assessment of the risk, see section 13-1a of the Insurance Contracts Act.

4.2. Consequences of providing incorrect information

If incorrect and/or defective information is provided, the Company's liability may be reduced or lapse. The Company's right to reduce its liability applies without limit of time. In addition, the provisions concerning health insurance in chapter 13 of the Insurance Contracts Act apply. If the insurance becomes invalid, the premium used will not be repaid to the policyholder. Any payments made by the Company are to be repaid to the Company.
The Company may offset amounts.

5. Exceptions and limitations

The Company do not pay the costs of:

1. The treatment of a disease/disorder that has been diagnosed or shown signs and/or symptoms after the insurance application was signed but before the entry into force of the insurance is not covered by the insurance (only for individual insurance contracts).

2. Treatment by a general practitioner or specialist in general medicine.

3. Treatment of a disease/injury that requires immediate assistance.

4. Treatment that is not medically necessary, treatment carried out by unauthorized medical personnel and/or that is not based on scientifically controlled clinical studies as well as complications and other consequences of such treatment.

5. Costs relating to cosmetic treatment/operations and any complications resulting from and consequences of such treatment.

6. The treatment of overweight persons, including diets, weight regulation and obesity operations and the consequences of such treatment.

7. Injuries incurred due to a nuclear explosion or radioactivity.

8. The examination and removal of moles that are not suspected of being malignant.

9. Agreed on consultations, treatment, operations and travel costs if the insured does not attend or alternatively cancels less than 24 hours before the agreed consultation or treatment.

10. Dialysis treatment.

11. Treatment or an operation for sterilization, an abortion, contraception, pregnancy, birth, or family planning/involuntary childlessness, as well as the consequences of such treatment.
12. The treatment of diseases covered by the Norwegian Control of Communicable Diseases Act.

13. The investigation, treatment and operation of sleep problems/illnesses such as snoring and sleep apnea and associated medical equipment.

14. Consultations, treatment, check-ups or operations on teeth, dental diseases and dental injuries by a dentist, specialist dentist, dental hygienist or dental technician.

15. The treatment of dependency on intoxicating substances, gambling and medicines as well as illnesses, injuries or accidents caused by alcohol, other intoxicating substances, medicines or narcotic substances.

16. Treatment or operations that are a consequence of an injury/disorder/disease that the insured has, due to gross negligence or intent, caused to him/herself or worsened, see the provisions in section 13-8 and 13-9 of the Insurance Contracts Act.

17. Treatment by a psychiatrist and/or in a psychiatric institution or an institution for the treatment of behavioral disorders.

18. The treatment of psychoses or other serious mental illnesses.

19. The purchase and/or rental of equipment, as well as the purchase of medicines, permanent aids and devices.

20. Sight tests, glasses, contact lenses and operations to correct short sightedness (myopia) and long sightedness (hyperopia) and errors of refraction.

21. Adaptations of hearing aids and the purchase of removable hearing aids.

22. Vaccination and preventive health examinations unless otherwise agreed.

23. Nursing and care, as well as rehabilitation stays without any active rehabilitation, including stays at sanatoriums, spas and other similar institutions.

24. The treatment and investigation of dementia diseases.

25. The Company does not refund expenses that are covered in some other way through legislation, regulations, conventions, other insurance or group agreements.

26. Treatment or an operation for a gender change, as well as the consequences of such treatment.

6. The treatment site's liability for the treatment

The Company has entered into agreements with hospitals that offer treatment to those insured by the Company. These hospitals have insurance cover for the consequences of any errors or accidents that take place during treatment. Specialists outside hospitals who treat those insured by the Company must also have such liability insurance. The financial consequences of an error or accident that arises in connection with the treatment are the responsibility of the treatment site, not the Company. Nor is the Company responsible for harm or other losses of a non-economic nature.

7. Premium for smokers

For individual insurance contracts, the size of the premium depends on whether or notthe insured smokes daily. If the insured starts to smoke daily, he/she undertakes to report this to the Company if the premium is based on the insured not smoking daily. If no such notice is given at the latest by the time the first premium is paid after the change took place and this leads to the premium not being increased, the Company's liability for any insurance event will be proportionately reduced, see section 13-7 of the Insurance Contracts Act.

8. Premium payment

The premium is determined for one insurance year at a time and is calculated, among other things, based on the group's composition, what the insurance covers, the claims development in the group and the Company's prevailing premium tariffs.

Premiums are calculated as from the first day of the month after the insurance has been issued.

8.1. Notification of premium payment and the consequences of a failure to pay

The policyholder, or the party authorized, is sent a renewal notice. If the premium is to be paid monthly by direct debit, notice of all the payments during the term of the insurance is given once a year. The period allowed for paying the premium that is not the first premium is at least one month.

If the renewal notice is not paid by the payment deadline, the

Company will send a second notice stipulating a payment

deadline of at least 14 days. If payment does not take place by the deadline stated there, the Company's liability will be terminated in accordance with the rules stated in chapters 14 and 19 of the Insurance Contracts Act. If a premium is paid after the termination date, the payment is to be regarded as a request for a new insurance.

9. Duty of disclosure in the case of a claim for payment and the consequences of incorrect information

9.1. Duty of disclosure and documentation

shall give notice of this without delay and give the Company the information and documents that are available to him/her and which the Company needs in order to decide on the claim and pay compensation. The insurance payment may depend on the claimant giving the Company the necessary authorizations to obtain information in order to determine the claim for compensation. The Company may demand to have an examination carried out by a specific physician. Both parties are entitled to obtain declarations by specialists.

9.2. Consequences of providing incorrect information

If incorrect or incomplete information is provided and leads to an unjustified payment of compensation, this may lead to the whole or partial loss of all rights against the Company, in accordance with section 18-1 of the Insurance Contracts Act.

10. Deadlines

10.1. Deadline for giving notice of an insurance event

The Company is not liable if the party entitled to a payment has not notified the Company of his/her claim within one year of this person finding out about the factors on which the claim is based, see section 18-5 of the Insurance Contracts Act.

10.2. Period allowed for taking legal steps

The Company is not liable if the party entitled to payment has not brought legal action or demanded a review by a board within six months of the date when the Company has notified the party in writing that it does not regard itself as liable and also reminded him/her about the limitation period, its length and the consequences of it being exceeded, see section 18-5 of the Insurance Contracts Act.

10.3. Time-barring

If the claim for compensation has not already lapsed pursuant to item 10.1 and item 10.2, the claim is time-barred after three years in accordance with the provisions of section 18-6 of the Insurance Contracts Act.

Claims that are reported to the Company before the expiry of the limitation period are normally time-barred at the earliest six months after the person entitled has received separate 8 Health terms written notification that time-barring will be invoked, see the provisions of section 18-6, subsection three of the Insurance Contracts Act.

10.4. Duty to pay interest on settlements

If the Company has not refunded justified and documented claims within two months of receiving them, interest on overdue payments is payable in accordance with section 18-4 of the Insurance Contracts Act.

10.5. Treatment guarantee – offer of treatment within a maximum of 10 workdays

The treatment guarantee does not apply in the following cases:

- If the policyholder cannot be treated, or treatment must be postponed on medical grounds
- Circumstances beyond the company's or treatment site's control
- In the case of periods of holiday at the treatment site
- In the event of specific forms of treatment that cannot be offered through the Company's medical network.

From the point the injury is reported, and the policyholder receives an offer of treatment, the policyholder is obliged to keep the company informed of how he/she may be best contacted.

If the insured does not accept an offer of treatment, is not available via the stated contact details, does not attend planned treatment, wants treatment on a date after the expiry of the treatment guarantee or, in agreement with the physician treating him/her, arranges treatment after the expiry of the treatment guarantee, the treatment guarantee is terminated.

If the treatment guarantee is not met, the insured will be entitled to NOK 500 per day as from the expiry of the deadline and until treatment is offered, up to a maximum of 30 days.11. Compensation rules

11. Compensation rules

Costs that are approved in advance by the Company and covered by the insurance are refunded in return for dated, specified original receipts and notices of claims that contain:

- a diagnosis
- a treatment date
- notice of when the symptoms appeared
- the treatment site's/physician's name and address
- the patient's (insured's) name, address, national ID number and bank account number

The Company pays the costs of pre-approved hospital admission with or without an operation and rehabilitation directly to the hospital/rehabilitation institution.

Travel and accommodation expenses are refunded in return for original receipts with expense vouchers.

Compensation for non-fulfilment of the treatment guarantee is paid to the insured.

12. Recourse

If the insured can demand that a third party is to pay for the loss, the Company assumes the policyholder's right against a third party if compensation is paid, see section 3-7, no.3 of the Norwegian Act relating to compensation in certain

circumstances. The injured party and the policyholder are obliged to give the Company all the information available to them that is of importance for carrying out the Company's right of recourse.

If the policyholder does not comply with its obligations in accordance with the contract entered between the policyholder and the Company and the Company nonetheless becomes liable to pay compensation, the Company may seek recourse from the policyholder.

13. Treatment of disputes

If a dispute arises between the policyholder/insured and the Company, it may be brought before the Insurance Complaints Board or the Insurance Complaints Board/Reduced Compensation in accordance with section 20-1 of the Insurance Contracts Act.

Legal disputes are to be resolved in accordance with Norwegian law.

14. Termination of the insurance

14.1. In the case of individual insurance contracts, the insurance is terminated:

- when the insured is no longer permanently resident in the
- Nordic region unless otherwise agreed
- on the date when the insured is no longer a member of a national insurance scheme in the Nordic region.
- on the date when the insurance contract is cancelled by the policyholder or Company
- if a premium is not paid

In the case of individual insurances, the right to payment of treatment expenses stops as soon as the insurance is terminated.

14.2. For group insurance contracts, the insurance is terminated:

- when the insured stops being part of the group. The insurance is terminated on the termination of employment date
- when the insured reaches the age of 72 years unless otherwise agreed on and stated on the insurance certificate
- when the insured is no longer permanently resident in the Nordic region unless otherwise agreed
- on the date when the insured is no longer a member of a national insurance scheme in the Nordic region
- on the date when the insurance contract is cancelled by the policyholder or Company

14.3. The insured's right to a portable insurance treatment in the case of group insurance contracts

The insured's right to a portable insurance is stated on the insurance certificate. A portable insurance is the member's right to continue the insurance relationship with the calculation of individual premiums and without providing new health information if the group insurance contract is terminated.

A portable insurance is to be taken out within six months of the date when the former insurance was terminated without any interruption to the premium payments. In the case of a portable insurance, a corresponding insurance is offered on individual terms and conditions and with an individual premium.
However, there is never any right to treatment if the insured:

- has been covered by the insurance for less than six months when the insurance ceased to apply
- has been given, or could have been given, a comparable insurance elsewhere
- has reached a given age and the insurance has been terminated due to this
- has him/herself cancelled the insurance

14.4. The insured's right to treatment upon termination of collective insurance agreements

For group insurance, the right to treatment that has already been started ends three months after the insurance has been terminated in relation to the individual member.
However, there is never any right to treatment if the insured:

- has been covered by the insurance for less than six months when the insurance ceased to apply
- has been given, or could have been given, a comparable insurance elsewhere
- has reached a given age and the insurance has been terminated due to this
- has him/herself cancelled the insurance

15. Special provisions

15.1. War and civil disorder

The insurance does not apply to participation in military forces on an assignment outside the Nordic region unless the insured proves that the injury or worsening of the injury is not due to such service.

The Company is not liable for an injury/disease that shows symptoms within one year of a stay in a country where there is war or civil disorder and that can be regarded as a result of the war or civil disorder. If war or civil disorder breaks out while the insured is in the area, the insurance applies for the first month provided the

15.2. Force majeure

The insured may not enforce any rights pursuant to these policy conditions if the Company is prevented from carrying out its obligations due to force majeure, i.e. Circumstances outside the Company's control. Examples of circumstances outside the Company's control are strikes, transport stoppages or other obstacles that the Company cannot reasonably be expected to have taken into consideration, avoided or surmounted the consequences of on the contract date.

Hospital admission with an operation

- Special policy conditions no.03.01.01.

1. The conditions that apply

ERGO Forsikring A/S NUF's general policy conditions apply together with these special policy conditions for the Hospital Admission with an Operation insurance.

2. What the insurance covers

ERGO Forsikring A/S NUF's general policy conditions apply together with these special policy conditions for the Hospital Admission with an Operation insurance.

2.1. Treatment at a private hospital

The insurance covers the cost of medically necessary operations related to physical (somatic) illnesses that require accommodation in hospitals. The patient must have been referred by a physician and the admission/treatment is subject to the prior approval of the Company.

What is covered by the Outpatient Surgery insurance:

The costs of an operation at a private hospital or by an approved medical specialist that does not entail hospital admission with an overnight stay, is the subject of a referral from a physician and has been approved in advance by the Company
Necessary examinations, tests and samples that are directly and immediately linked to the operation
Necessary medicines and equipment used during the operation
Necessary medical aids that are an integral part of the body, such as prosthetics and implants

Outpatient surgery. An operation without hospital admission

– Special policy conditions no.03.02.01

1. The conditions that apply

ERGO Forsikring A/S NUF's general policy conditions apply together with these special policy conditions for the Outpatient Surgery insurance.

2. What the insurance covers

The Outpatient Surgery insurance is a health insurance that covers, pursuant to further rules:

- The costs of an operation at a private hospital or by an approved medical specialist that does not entail hospital admission with an overnight stay

2.1. Outpatient surgery

The insurance covers the costs of a necessary operation that does not require an overnight stay in a hospital. The patient must have been referred by a physician and the operation are subject to the prior approval of the Company.

What is covered by the Outpatient Surgery insurance:

The costs of an operation at a private hospital or by an approved medical specialist that does not entail hospital admission with an overnight stay, is the subject of a referral from a physician and has been approved in advance by the Company
Necessary examinations, tests and samples that are directly and immediately linked to the operation
Necessary medicines and equipment used during the operation
Necessary medical aids that are an integral part of the body, such as prosthetics and implants

Hospital admission without an operation

- Special policy conditions no.03.03.01

1. The conditions that apply

ERGO Forsikring A/S NUF's general policy conditions apply together with these special policy conditions for the Hospital Admission without an Operation insurance.

2. What the insurance covers

The Hospital Admission without an Operation insurance is a health insurance that covers, pursuant to further rules:

- The costs of treatment (which is not an operation) following admission to a private hospital
- The costs of rehabilitation

2.1. Outpatient surgery

The insurance covers the costs of the medically necessary treatment of physical (somatic) diseases that requires an overnight stay in a hospital (but not an operation). The patient must have been referred by a physician and the admission/treatment is subject to the prior approval of the Company.

What is covered by the Hospital Admission without an Operation insurance:

The costs of the medical treatment (not an operation) of a physical disease at a private hospital that requires an overnight stay in hospital, is the subject of a referral from a physician and has been approved in advance by the Company.
Necessary examinations, tests and samples at the hospital that are directly and immediately linked to the treatment
Necessary medicines and equipment used during the treatment at the hospital
Necessary medical aids that are an integral part of the body, such as prosthetics and implants
Rehabilitation for up to 14 days at a rehabilitation institution in the Nordic region. The rehabilitation must be a necessary and direct consequence, and a necessary part, of the hospital admission. The rehabilitation must be the subject of a referral from a physician and approved in advance by the Company.

Treatment by a medical specialist

- Special policy conditions no.03.04.01

1. The conditions that apply

ERGO Forsikring A/S NUF's general policy conditions apply together with these special policy conditions for the Treatment by a Medical Specialist insurance.

2. What the insurance covers

The Treatment by a Medical Specialist Insurance is a health insurance that refunds documented expenses relating to the medically necessary treatment of physical (somatic) illnesses suffered by the insured by an approved medical specialist that does not entail a hospital admission with an overnight stay. The patient must have been referred by a physician and the treatment is subject to the prior approval of the Company.

What is covered by the Treatment by a Medical Specialist insurance:

The costs of medical specialist treatment that is the subject of a referral from a physician and has been approved in advance by the Company
Necessary examinations, tests and samples carried out by the medical specialist that are directly and immediately linked to the treatment to which the patient has been referred
Necessary medicines and equipment used during the treatment by the medical specialist

Cancer treatment

- Special policy conditions no.03.05.01

1. The conditions that apply

ERGO Forsikring A/S NUF's general policy conditions apply together with these special policy conditions for the Cancer Treatment insurance.

2. What the insurance covers

The Cancer Treatment insurance is a health insurance that covers, pursuant to further rules:

- The costs of diagnosing, operating and the primary treatment of cancer diseases at a hospital, including chemotherapy and radiotherapy.
- The costs of rehabilitation

2.1. Cancer treatment

The insurance covers the costs of medically necessary examinations, operations and primary treatment of cancer. The patient must have been referred by a physician and the admission to hospital/treatment is subject to the prior approval of the Company.

What is covered by the Cancer Treatment insurance:

The costs of diagnosing and providing primary treatment for cancer diseases at a hospital, including operations, radiotherapy and chemotherapy, that are the subject of a referral from a physician and have been approved in advance by the Company
Necessary examinations, tests and samples that are directly and immediately linked to the cancer treatment
Necessary medicines and equipment used during the treatment at the hospital/clinic
Necessary medical aids that are an integral part of the body, such as prosthetics and implants
Rehabilitation for up to 14 days at a rehabilitation institution in the Nordic region. The rehabilitation must be a necessary and direct consequence, and a necessary part, of the cancer treatment. The rehabilitation must be the subject of a referral from a physician and approved in advance by the Company

Physical therapy. Physiotherapy, chiropractic, manual therapist and naprapathy

– Special policy conditions no.03.06.01

1. The conditions that apply

ERGO Forsikring A/S NUF's general policy conditions apply together with these special policy conditions for the Physical Therapy insurance.

2. What the insurance covers

The Physical Therapy insurance is a medical insurance policy that covers medically necessary treatment of the insured by a government-approved physiotherapist, chiropractor, manual therapist and naprapathic treatment. The treatment is subject to the prior approval of the Company.

The number of treatments is shown in your insurance certificate. If there is an agreed deduction for physical treatment, then this will also appear from your insurance certificate

What is covered by the Cancer Treatment insurance:

Physical therapy. This refers to the cost of treatment by a government-approved physiotherapist, chiropractor, manual therapist or naprapathic treatment. The number of treatments is shown in your insurance certificate. The treatment is subject to the prior approval of the Company.

Psychology treatment

– Special policy conditions no.03.13.01

1. The conditions that apply

ERGO Forsikring A/S NUF's general policy conditions apply together with these special policy conditions for the Psychology Treatment insurance.

2. What the insurance covers

The Psychology Treatment insurance is a health insurance that refunds/covers documented expenses relating to the medically necessary treatment of the insured for minor psychological disorders by a publicly authorized psychologist. The insured must have a referral from a physician and the treatment is subject to the prior approval of the Company.

Unless otherwise agreed, the number of consultations is limited to 12 per insurance event.

What is covered by the Psychology Treatment insurance:

The costs of treating minor mental disorders following a referral from a physician when the treatment has been approved in advance by the Company, up to a maximum of 12 consultations per insurance event.

Top psychology treatment

– Special policy conditions no.03.15.01

1. The conditions that apply

ERGO Forsikring A/S NUF's general policy conditions apply together with these special policy conditions for the Top Psychology Treatment insurance.

2. What the insurance covers

The Top Psychology Treatment insurance is a health insurance that covers documented expenses relating to psychosocial advice and the psychologically necessary treatment of the insured by a multidisciplinary team consisting of trained social workers, nurses, a publicly authorized psychologist and psychology specialists for treating minor mental disorders.

The Top Psychology Treatment insurance covers:

- Wellbeing problems, a maximum of five advisory sessions (by telephone or online) and 12 consultations per insurance event
- Your own or your next-of-kin's wellbeing problems, a maximum of five telephone advisory sessions per insurance event
- A legal consultation, a maximum of one advisory session per insurance event (by telephone or online)
- Financial consultation, a maximum of one advisory session per insurance event (by telephone or online)

The Top Psychology Treatment insurance may be used 24-hours a day for advice and consultation relating to relevant psychosocial problems. The treatment always starts via the Company's online service or the telephone. A professional assessment and guidance provided via the telephone or online service forms the basis for the start of treatment.

The treatment does not require the advance approval of the Company or a referral.

What is covered by the Psychology Treatment insurance:

The costs of treating minor mental disorders. The treatment always starts via the Company's online service or the telephone.

- Wellbeing problems, a maximum of five advisory sessions (by telephone or online)
- and 12 consultations per insurance event
- Your own or your next-of-kin's wellbeing problems, a maximum of five telephone advisory sessions per insurance event
- A legal consultation, a maximum of one advisory session per insurance event (by telephone or online)
- Financial consultation, a maximum of one advisory session per insurance event (by telephone or online)

How to complain

Complaints to the Company
An inquiry regarding, or complaint about, the insurance may be made to ERGO Forsikring by telephone, email or normal mail.

If you consider the complaint to be serious, we recommend submitting it in writing to:

ERGO Forsikring A/S NUF

Trelastgata 3,

0191 Oslo

www.ergo.no,

935 478 146 Foretaksregisteret

Tel: +47 67 52 99 99

Email: infohelse@ergo.no

NB!
Your complaint will be dealt with as quickly and correctly as possible if you state the correct name and address of the policyholder and the contract number stated on the insurance certificate.

Further appeal body:
If you are dissatisfied with the way in which ERGO Forsikring has dealt with your complaint, you may bring the case before:
The Insurance Complaints Board (Forsikringsskadenemnda) or the Insurance Complaints Board/Reduced Compensation (Avkortningsnemnda)

These boards have been appointed pursuant to legislation and their task is to deal with complaints and disputes reported by insurance customers. The boards' decisions are not legally binding.

Any such complaints must be sent to:
The Norwegian Bureau for Insurance Disputes
(Forsikringsklagekontoret) Postboks 53, Skøyen
0212 Oslo
Tel: +47 23 13 19 60
Fax: +47 23 13 19 70

Visiting address:
Drammensveien 145,
4th floor (5. etg)

If the decision of the Insurance Complaints Board or Insurance Complaints Board/Reduced Compensation is contested by the customer or insurance company, the matter must be brought before the normal courts for a decision.

Definitions and explanations of words

The definitions below determine the meaning of these words in the insurance contract

The Company/insurance provider
ERGO Forsikring A/S NUF

Policyholder
The policyholder is the party that enters an insurance contract with the Company. The policyholder owns and has a right of disposition over the insurance.

Insured
The insured is the person to whose health the insurance relates.

Individual insurance contract
An insurance that covers individuals and has been entered into on an individual basis.

Group insurance contract
An insurance that covers persons in a further defined group.

Members
Members are the insureds in a group insurance contract that meet the admission conditions stipulated in the insurance contract.

Nordic region
In this insurance, the Nordic region comprises Norway (excluding Svalbard), Sweden, Finland and Denmark (excluding Greenland and the Faroe Islands).

Term of the insurance
The term of the insurance is the period for which the agreed insurance is in force. The insurance is renewed for one year at a time. For the individual insured who is covered by a group insurance contract, the term of the insurance is the period when the person belongs to the group covered by the insurance contract.

Insurance event
An insurance event starts on the date when the insured is examined by, or consults, a physician/therapist for a disease or injury that is covered by the insurance. Several cases of disease and injury with a clear medical connection are to be counted as one insurance event.

General practitioner
A physician in the primary health service that is not a specialist, often called a primary physician or a general doctor. A specialist in general medicine is considered to be a general practitioner.

Medical specialist
A publicly registered and approved medical specialist. A specialist in general medicine is considered to be a general practitioner.

Patient
A person who is examined and/or treated for a medical condition by publicly authorised medical personnel.

Physical therapy
Treatment according to accepted treatment methods by a government-approved physiotherapist, chiropractor, manual therapist or a naprapath.

Physician
A medically trained person who is authorised to treat patients by the authorities of the country in which the person carries out his/her work.

Private patient
Patients who themselves or via a private insurance company pay the costs of examination/treatment by a hospital or specialist.

Treatment site
The institution or office where the consultation and treatment by a specialist or medical institution take place and are normally supposed to take place.

Hospital
An institution that is publicly authorised as a hospital for the treatment of physically (somatically) ill and injured persons

Private hospital
A hospital that treats private patients

Fit for work/able to work
Able to work means that the person is completely fit for work in a full-time job. A person who is completely or partially on sick leave or is receiving National Insurance benefits for complete or partial incapacity for work is under no circumstances to be counted as completely able to work.

Referral
A referral is a form that is filled in by a publicly authorised physician/therapist who is entitled to refer patients. The referral must document the necessary medical indications for starting treatment.

Complaint
A condition which entails an abnormal level of discomfort and/or pain and a reduced ability to function.

Symptom
Subjective or objective sign of a bodily condition that is associated with a disease.

Disease
A disturbance of normal physiological conditions and processes in one or more organs that leads to, or will lead to, bodily discomfort and more than insignificant impairment and/or disturbance to the physiological ability to function and is experienced by the person who is ill and this person's physician as being something that requires treatment.

Accidental injury/injury
An accidental injury is a bodily injury due to a sudden unexpected external event – the accident.

Cancer
A malignant disease that manifests itself by unrestricted, uncontrollable cell growth and the formation of tumours that infiltrate and are not encapsulated, and which may form secondary tumours (metastases). Leukaemia and malignant lymphomas are also cancer. The diagnosis must be made by a public or private hospital or specialist approved by the Company, using a microscope to examine parts of bodily tissue or fluids.

Mental illness
A disturbance to normal mental states and processes that is experienced as requiring treatment.

Minor mental disorders
Minor mental disorders are anxiety disorders, minor-moderate depression, phobias, obsessive-compulsive disorders and mental reactions to events in life

Psychoses and other serious mental illness
(see the exceptions stated in items 18 and 5)
Schizophrenia and other acute and chronic psychoses, manic-depressive disorders, serious depressive disorders, personality disorders, behavioural disorders and development disorders

Samples
Examinations of bodily fluids, tissue or organs that are carried out by authorised personnel in order to identify possible medical conditions and which have been prescribed by a physician

Treatment
An examination and/or therapeutic measure carried out by authorised or other publicly approved medical personnel in the country in which they operate. In order for the treatment to be covered by the insurance, it must be generally accepted in the professional medical environment in the Nordic region. The treatment must be justifiable, and the risk and costs must be in proportion to the beneficial effect.

Ongoing treatment
Treatment that has started following a referral (order) by a general practitioner

Outpatient surgery
An operation that does not require an overnight stay Outpatient treatment
A medical examination and/or treatment by a specialist that does not require bed rest or an overnight stay in a hospital

Hospital admission
Treatment and/or examination at a private hospital when the treatment or examination for medical reasons necessitates the patient staying in hospital for at least one night

Operation
Surgical measures which entail cutting through skin or membranes to treat (implement therapeutic measures) or remove a diseased organ or bodily part. Not an examination. In order for the operation to be covered by the insurance, it must be generally accepted in the professional medical environment in the Nordic region. The operation must be justifiable, and the risk and costs must be in proportion to the beneficial effect. The operation must be carried out in a hospital, clinic or other institution where such operations are naturally carried out and by a physician who is authorised to carry out the treatment. The operation may also include laser treatment

Laser treatment
Treatment using medical laser instruments that replaces a surgical operation

Physical therapy
Physiotherapy, chiropractic and naprapathy according to accepted treatment methods by a physiotherapist, chiropractor or naprapath who is publicly authorised in the country where the therapy is carried out

Cosmetic treatment
Treatment that is not medically necessary and is carried out with the objective of modifying the patient's appearance in favour of that which the patient perceives to be more satisfactory

Rehabilitation
Treatment/measures to improve functions – carried out by publicly authorised medical personnel in the country where the rehabilitation takes place.

Immediate assistance
An unforeseen acute disease/injury or an acute worsening of a known disease that requires immediate treatment.

The Insurance Contracts Act
Norwegian Act no 69 of 16 June 1989 relating to insurance contracts. This Act regulates the most important rights and obligations in the relationship between the customer and insurance company

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