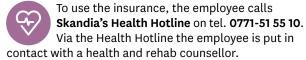
Skandia Health Insurance Here's how it works

The goal of Skandia Health Insurance is to prevent sick leaves and to provide rapid assistance to individuals who have already become ill. How this works is that the insurance can be activated already when there is a risk for an employee going on sick leave and by ensuring that those who are already ill get timely access to the right care and rehabilitation. We do not make any distinction about whether the problems are of a private nature or work-related. Skandia Health Insurance provides access to personalised services based on the individual's specific needs.

Here's how you use the insurance



The same telephone number applies for a manager who has a question about what steps to take for an employee who is not well.

Examples of when to use the insurance:

- if an employee is not feeling well and it is affecting his or her work performance
- if an employee is feeling pain or stress-related symptoms
- if an employee is feeling down or is having difficulty sleeping
- if an employee is at risk of calling in sick or going on sick leave.

In order for preventive work to be successful, it is important that employees can use the insurance entirely anonymously, without having to involve their employer. Once the employee have given consent, the employer can be engaged to coordinate measures related to the workplace. A contact can also be initiated through a three-party meeting where the employer, the employee, and the health and rehab counsellor discuss any investigation, support and measures that can be taken through the insurance.

Initial consultation

After a phone contact has been made with Skandia's Health Hotline, the employee is given an appointment to meet with a health and rehab counsellor, who will determine which measures the employee needs.

Investigation

The Health Insurance arranges for an investigation of the employee's work situation along with any needs for rehabilitation or adaptations as well as of the employee's capacity for work, in cases where the health and rehab counsellor determines such an investigation is needed.

Plan for return to work

For an employee with a reduced capacity for work or who has gone on sick leave, the health and rehab counsellor draws up a plan together with the employer for the employee's return to work.

Coordination

The health and rehab counsellor is involved in the process from start to finish and makes regular status checks and evaluations of the measures taken. It is also the health and rehab counsellor who, where needed, coordinates status checks and meetings with, for example, the employer, the employee, Försäkringskassan, the attending physician/care provider, and others.



Proactive health measures and rehabilitation support

Talk therapy

If the employee is in need of talk therapy, the health and rehab counsellor begins by arranging three therapy sessions with a psychologist or psychotherapist. For continued therapy, a therapy plan that has been approved by the health and rehab counsellor is required.

The insurance covers a combined maximum of twelve therapy sessions for each insurance event.

If the talk therapy indicates that the ill-health is work-related, the health and rehab counsellor – after obtaining consent from the employee – contacts the employer to coordinate measures at the workplace.

Treatment by physiotherapist or occupational therapist

If the employee is in need of seeing a physiotherapist or occupational therapist, an appointment will be initiated by the health and rehab counsellor. Initially two treatment sessions will be arranged. For continued treatment, a treatment plan that has been approved by the health and rehab counsellor is required.

The insurance covers a combined maximum of five treatment sessions for each insurance event.

Evaluation by ergonomist

If needed the health and rehab counsellor will initiate an ergonomic evaluation. The ergonomist will evaluate the employee's physical workplace and work techniques, and will provide recommendations for any measures.

The insurance covers one evaluation and follow-up per insurance event.

Work life planning

If needed the employee will also gain access to work life planning. The aim of work

life planning is to draw up a plan for the employee to continue working with his or her current employer.

The insurance covers a maximum of eight counselling sessions per insurance event.

Evaluation by specialist physician

If needed the employee will also gain access to an evaluation by a specialist physician. The aim of such an evaluation is to determine the medical conditions for work and any need for adaptations or rehabilitation. The evaluation does not cover care, e.g., prescriptions for drugs or a certificate for sick leave.

The insurance covers a maximum of two specialist evaluations per insurance event.

Limitations of the insurance

Following are examples of limitations to the scope of the insurance. The complete limitations are described in points 8 and 9 of the insurance terms and conditions.

The insurance does not cover:

- costs for travel
- care and rehabilitation beyond what is described under Talk therapy and Treatment by physiotherapist or occupational therapist
- coordination and investigations in connection with a notice of termination, termination, dismissal, furlough or similar
- coordination and investigation in connection with a bankruptcy
- outplacement, i.e., individual guidance, recruitment, consultation and coaching regarding new employment, training or career planning
- costs incurred when an insured misses a booked appointment/treatment. The same applies even if the insured cancels a booked appointment/treatment within 24 hours before the appointment/treatment. In such cases the cost shall be borne by the insured
- costs for an interpreter.

Is the insurance amount limited?

For health and rehab counselling and rehabilitation we pay compensation up to a maximum amount of 1.5 times the Price Base Amount per insurance event.

The Price Base Amount that applies is the one that was in effect at the time the health and rehab counselling began.

Liability period

The liability period is a maximum of one year from the first contact with the health and rehab counsellor. By liability period is meant the time during which the insurance will pay compensation for an insurance event.

A new insurance event in which there is a connection to a previously closed insurance event may be covered if the insured has been free from symptoms and has not received treatment or medication for a minimum, uninterrupted period of twelve months from the previous insurance event.

This is only a summary of the insurance's content. You can read about the complete scope of the insurance, including exclusions and limitations, in the insurance terms and conditions, which are available at **skandia.se**. It is always the insurance terms and conditions that apply.