

Insurance for yourself
and your loved ones

Pohjola Insurance



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Product guide

Effective from 1 January 2025.

Pohjola Health Advisor service

If you fall ill or injure yourself, contact health experts through the Pohjola Health Advisor app or by phone on 0100 5225*.

- You have access to free health advice about whether you should see a physician, or how to treat your symptoms.
- If necessary, our healthcare professional will book you an appointment to see a doctor online or in person.
- Through the Health Advisor service, you can get an instant insurance decision without the need to submit a loss report. If the treatment is covered by your insurance, you only need to pay a possible deductible when visiting our partner physician.

*Calls are charged at the normal mobile phone or local network rate.

At claimhelp.pohjola.fi or Pohjola Claim Help in OP-mobile

- You will receive clear instructions if fall ill or injure yourself in an accident, and
- You will find the current list of our partner clinics.

Health insurance card in OP-mobile

If you book an appointment to see a doctor yourself, show your health insurance card in OP-mobile at the checkout after the appointment and pay the fee we have negotiated with our partner clinic.

You can find our partner clinics' contact information on Pohjola Claim Help.

- The insurance card is available in OP-mobile using your online banking login. You can download OP-mobile from your phone's or tablet's app store.
- You can find your insurance cards, as well as those of your family members, under Cards in the Insurance section in OP-mobile.
- Claim compensation later on the OP website or in OP-mobile.

OP-mobile – our insurance services are always with you

You can use OP-mobile with your bank's online credentials to handle insurance claims and other matters with us. You can also find Health insurance's digital insurance card on OP-mobile. You can download OP-mobile from your phone's or tablet's app store.

Manage your insurance matters in the op.fi service

Login to **op.fi** using the user identifiers for your own bank. Once logged in, you can

- Buy insurance
- Report a loss and file claims
- Make changes to your insurance
- View your insurance documents.

Owner-customer benefits

As an owner-customer, you accumulate OP bonuses, which you can use, for example, to pay for home, family and motor vehicle insurance premiums. If you are our owner-customer and have policies from three insurance groups, you are entitled to an almost 10% discount on most policies. For more information, please go to **op.fi/edut**.

Insurance services

Contact us about any insurance and claims issues by phone on 0303 0303

- The charge is the normal local network rate or the domestic mobile network rate as specified in your mobile network operator's price list.

We record customer calls to ensure the quality of customer service, among other things. Read more about the subject at op.fi/dataprotection.

Extrasure is an insurance contract in which Health Insurance, Living Allowance Insurance, Disability Insurance and Travel Insurance are issued by Pohjola Insurance Ltd. Life insurance is issued by OP Life Assurance Company Ltd. The Pohjola Health Advisor service is provided by Pihlajalinna Lääkärikeskukset Oy and Claim Help by Pohjola Insurance Ltd.

This product guide describes the main content of the insurance and the primary restrictions. For more details, please refer to the insurance terms and conditions.

Regulatory authority: Finnish Financial Supervisory Authority, www.fiva.fi

Pick the policies that provide the protection you and your family need.

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Comprehensive cover for treatment expenses and financial protection

An illness or a handicap caused by injury may cause surprisingly significant expenses or loss of income. It is good to have extensive insurance cover against unpleasant surprises. Insurance cover can be taken out already before a person is born, and many policies may stay valid up to the age of 100. You can select cover for both accidents and illness. On these two pages, we have presented summaries of different cover options that can be combined for an insurance cover that best meets your needs. The covers in each of the tables are described in more detail later in this guide and in the insurance terms and conditions. We are happy to help you in finding and personalising an insurance cover that is perfect for you.

Pohjola Health Insurance protects against expenses caused by illness and injury comprehensively in each step of the clinical pathway, enabling quick access to treatment. See page 6 for more information.

Selectable cover	Why?	What does it cover?
Medical treatment cover	You secure fast access to treatment for illnesses and injuries, and receive compensation for medical treatment expenses in both private and public health care	Comprehensively, including doctor's fees, medications, imaging analyses, surgical operations, daily hospital charges and orthopaedic braces.
Cost Cover	Cost Cover is a more limited alternative to Medical Treatment Cover. Cost Cover can be taken out to supplement your occupational health care, for example.	Surgical operations and daily hospital charges related directly to surgery, medications and magnetic resonance imaging and computed tomography scans, among other expenses. Doctor's fees are covered when related to surgical operations and imaging analyses.
Supplementary Medical Treatment Cover		
<ul style="list-style-type: none"> Musculoskeletal therapy expenses 	Therapy plays a significant role in the treatment for musculoskeletal conditions and may even be an alternative to surgery.	Examination and treatment expenses of physiotherapists, foot therapists, osteopaths, chiropractors or naprapathy practitioners.
<ul style="list-style-type: none"> Functional therapy expenses 	auxiliary devices in the recovery of functional ability after an accident or illness.	Examination and treatment expenses of functional or speech therapist.
<ul style="list-style-type: none"> Psychotherapy expenses 	Enables fast access to treatment and covers the costs of psychotherapy and the costs of examinations and treatment by a psychologist.	Costs of psychotherapy provided by a psychotherapist and costs of examinations and treatment by a psychologist.
<ul style="list-style-type: none"> Expenses for home health care 	Allows you to call a doctor or nurse for a home visit when you are unable to leave home for an appointment, for example.	Expenses of examinations carried out and treatments provided by a medical doctor or nurse in the insured person's home or other place.
<ul style="list-style-type: none"> Home help expenses 	Provides cover when, for example, you cannot manage alone at home following surgery, or if your child under school age falls ill.	Care expenses (child care/personal assistant) and home cleaning expenses, depending on the age of the insured person.
<ul style="list-style-type: none"> Special expenses 	Provides cover for many treatments that are usually not covered by insurance.	These include the removal or treatment of varicose veins, removal of symptomatic moles, reconstruction of a lost body part, medical aid rental expenses and examinations, and treatment by a nutritional therapist.
<ul style="list-style-type: none"> Expenses for home adaptations 	Provides cover when your home has to be adapted or you require assistive devices to help you manage with an illness or injury.	Expenses such as home adaptations and purchase of assistive devices when the insured person has a permanent or temporary disability owing to an illness or accident.
<ul style="list-style-type: none"> Expenses for end-of-life care 	Ensures that you do not have to compromise on high-quality end-of-life care.	For example, treatment given by a doctor or nurse in your home and related to end-of-life care, including medical accessories and medication.
Dental Cover	Provides cover for dental injuries due to accident and loss of teeth as the result of an illness.	Dental examinations, treatment and medication. For teeth lost as the result of illness, we cover the initial dental prosthesis.
Fitness Cover	You will receive support and advice when a doctor or other health care professional recommends exercise as treatment for an illness, injury or factor that threatens the insured person's health.	Fitness test in the form of a bicycle ergometer test and expenses of a general practitioner, nutritional therapist or professional personal trainer services.

Are you involved in competitive or high-risk sports? Your Health Insurance can be extended to also cover competitive and high-risk sports. See page 11 for more information.

Selectable cover	Why?	What does it cover?
Athletes' Medical Treatment Cover	You secure fast access to treatment for specified illnesses and injuries, and receive compensation for medical treatment expenses in both private and public health care	Covers expenses comprehensively, including doctor's fees, medications, imaging analyses, surgical operations, daily hospital charges and orthopaedic braces.
Athletes' Supplementary Medical Treatment Cover		
<ul style="list-style-type: none"> Musculoskeletal therapy expenses 	Therapy plays a significant role in the treatment for musculoskeletal conditions and may even be an alternative to surgery.	Examination and treatment expenses of physiotherapists, foot therapists, osteopaths, chiropractors or naprapathy practitioners.
<ul style="list-style-type: none"> Functional therapy expenses 	auxiliary devices in the recovery of functional ability after an accident or illness.	Examination and treatment expenses of functional or speech therapist.
<ul style="list-style-type: none"> Expenses for home health care 	Allows you to call a doctor or nurse for a home visit when you are unable to leave home for an appointment, for example.	Expenses of examinations carried out and treatments provided by a medical doctor or nurse in the insured person's home or other place.
<ul style="list-style-type: none"> Home help expenses 	Provides cover when, for example, you cannot manage alone at home following surgery, or if your child under school age is in home care due to an injury.	Care expenses (child care/personal assistant) and home cleaning expenses, depending on the age of the insured person.
<ul style="list-style-type: none"> Special expenses 	Provides cover for many treatments that are usually not covered by insurance.	These include orthopaedic braces that allow the practice of sports, purchase and rental expenses of auxiliary devices, and the removal of cosmetic skin defects.
<ul style="list-style-type: none"> Expenses for home adaptations 	Provides cover when your home has to be adapted or you require assistive devices to help you manage with an illness or injury.	Expenses such as home adaptations and purchase of assistive devices when the insured person has a permanent or temporary disability owing to an illness or accident.
Athletes' Dental Cover	Provides cover for the treatment of dental injuries due to accident.	Dental examinations, treatment and medication.

Pohjola Living Allowance Insurance provides financial security in the event of permanent disability, death or work disability due to an accident. See page 15 for more information.

Selectable cover	Why?	What does it cover?
Disability Cover	You receive financial support in the case of a permanent disability due to an accident.	Lump-sum compensation according to the handicap class and based on the amount of compensation you have selected.
Death Cover	Your loved ones will get financial security if you happen to die in an accident.	Lump-sum compensation to your beneficiary, based on the amount of compensation you have selected.
Daily Allowance Cover	You will receive financial support in the event of a work disability due to an injury.	Daily allowance for disability period or a reduced daily allowance for a partial disability.

Pohjola Disability Insurance provides financial security in the event that you are permanently disabled due to an injury or illness. Life Insurance helps your loved ones manage financially at your death. See page 17 for more information.

Selectable insurance	Why?	What does it cover?
Disability Insurance	Permanent disability caused by an illness or injury can significantly affect your income. It is important to have financial protection for yourself and your loved ones in case of permanent disability.	Lump-sum compensation for permanent disability, based on the amount of compensation you have selected.
Life insurance	It is important to be prepared for how your loved ones will be protected financially if you die, or how you will manage financially if your loved one dies.	Lump-sum compensation to your beneficiary, based on the amount of compensation you have selected.



Health Insurance

Ear infection, dislocated knee, a serious illness? Health Insurance covers can provide just what you need when you want cover in case of both illnesses and accidents, or only in case of accidents. You will receive treatment and help flexibly in a number of life situations. The insurance is always valid until the age of 100.

Medical treatment cover

Medical Treatment Cover enables you to use a wide range of public and private health care services and to receive quick and expert care in a variety of situations.

Up to what age
can you apply?

85

Up to what age
will it be valid?

100

You can select Medical Treatment Cover:

- In case of accidents and illnesses
- In case of accidents and medical conditions specified in the terms and conditions
- In case of accidents

From expenses incurred by you, we compensate

- fees when a GP, specialist or nurse, for example, examines or treats you or if you need an operation. Coverable examinations include laboratory, endoscopy, X-ray, ultrasound and MRI examinations and CT scans
- costs for medication and wound dressings sold at pharmacies
- daily hospital charges of a public or private hospital
- the first orthopaedic brace you buy owing to a coverable operation or accident, for up to EUR 500 per operation or accident
- rental costs of forearm or underarm crutches.

If it has been separately agreed on and entered in the policy that expenses incurred abroad will also be compensated, we will compensate for the number of daily hospital charges specified in the insurance policy, max. EUR 400 per day.

Medical Treatment Cover does not cover, for example,

- examination or treatment by a physiotherapist, foot therapist, chiropractor, osteopath, naprapathy practitioner, masseur or equivalent healthcare professional
- acupuncture, lymphatic therapy or psychotherapy or equivalent examination or treatment
- examination or treatment by occupational therapist, speech therapist, psychologist, neuropsychologist, optician, nutritional therapist or equivalent healthcare professional
- examination or treatment by dentist, specialised dentist, dental hygienist or dental technician
- examination or treatment concerning pregnancy, childbirth, abortion, infertility or related complications
- costs for the purchase of a basic cream or equivalent
- examination and treatment related to outward appearance or looks. These are not compensated even in the case of illness or accident.
- medical treatment expenses related to abuse of medicine or use of alcohol or other intoxicant
- medical treatment expenses related to dependence on narcotic, alcohol, medicine, nicotine or other substance
- expenses for the treatment of snoring, unless it is a case of sleep apnoea verified by means of sleep registration
- obesity and varicose vein treatment, mole removal or correction of refractive errors or cataract operation
- examination or treatment in the insured person's home, other house call and other than a practice or clinic
- subsistence, service and accommodation costs related to an institution or unit providing social welfare or residential services, even if their operations included healthcare services.

Cost Cover

Cost Cover's surgery and special examination expenses compensates medication expenses and examinations such as MRIs and surgical operations, including their related doctor's consultations, in the event of an illness or injury. Other less serious doctor's consultations can be taken care of by occupational health care or at your own expense.

Up to what age
can you apply?

85

Up to what age
will it be valid?

100

Cost Cover will suit you if

- You want to complement your occupational health care coverage.
- You want coverage that is not as comprehensive as Medical Treatment Cover.

Cost Cover may include cover for surgery and special examination expenses in the event of an injury or illness.

From expenses incurred by you, we compensate

- surgery and immediately related daily hospital charges
- fees of up to 10 doctor's consultations during the insurance period relating to surgery, MRI or CT scan or endoscopy
- costs for medication and wound dressings sold at pharmacies
- the first orthopaedic brace you buy owing to a coverable operation, for up to EUR 500 per operation.

If it has been separately agreed on and entered in the policy that expenses incurred abroad will also be compensated, we will compensate for the number of daily hospital charges specified in the insurance policy, max. EUR 400 per day.

We do not reimburse, for example, the following surgery and special examination costs:

- costs for the purchase of a basic cream or equivalent
- daily hospital charges unless they are immediately related to a coverable surgical operation
- refractive error operation.

Dental Cover

Only Dental Cover provides compensation for treatment by dentists and dental technicians. We recommend that you take out Dental Cover at least in case of accidents.

Cover	Up to what age can you apply?	Up to what age will it be valid?
Dental Cover, in case of accidents	99	100
Dental Cover, in case of accidents and illnesses	65	The insurance policy contains a period of validity, which depends on your age.

You can select Dental Cover:

- In case of accidents and missing tooth resulting from illness
- In case of accidents

From expenses incurred by you due to an accident, we compensate

- expenses for examinations and treatment by a dentist, specialised dentist, dental hygienist or dental technician
- expenses for a fixed dental prosthetic or dentures made by a dentist or dental technician, or removable dental prosthetics or implant-supported dental prostheses
- medication sold at a pharmacy.

From expenses incurred by you due to an illness, we reimburse

- examinations and treatment applicable to the first dental prosthetic of a missing tooth
- fixed dental prosthetic or dentures made by a dentist or dental technician, or removable dental prosthetics or implant-supported dental prostheses when they apply to the first dental prosthetic of a missing tooth
- medication relating to prosthetic treatment that is sold at a pharmacy.

Dental Cover does not cover, for example,

- preventive care, tartar removal or cosmetic dental treatment
- fillings, root canal treatment, dental crown or renewal of dental prosthetic, unless resulting from an accident
- examination or treatment of jawbone or jaw joints, unless in the case of an accident
- orthodontic treatment or mouthguard
- dental check-up, local anaesthetic or medicinal product unless they are related to treatment that is otherwise covered
- tooth or dental prosthetic breaking as an accident should you bite into something.

Points to note in preparation to dental illnesses

Dental Cover pays for illnesses only for a specified period, after which you only get compensation for dental accidents. This period depends on the age at which you take out Dental Cover in case of illnesses. People older than 65 will not be able to get this policy, and its validity will end when you turn 70. When approaching the end of validity, you can apply to have the coverage against illnesses to be extended by filling in a new health declaration. Even though Dental Cover will at some stage no longer cover against illnesses, accidents will continue to be included.

Age when you take out the policy that includes dental illnesses

Valid in case of illness

Under 25 years	Up to the age of 35
25–45 years	10 years
46–65 years	Five (5) years

Supplementary Medical Treatment Cover

Supplementary Medical Treatment Cover increases the range of coverable health care services prescribed by a doctor. It will help you recover more quickly and get support if an illness or injury makes your daily life difficult.

Up to what age can you apply?

85

Up to what age will it be valid?

100

You can select Supplementary Medical Treatment Cover:

- In case of accidents and illnesses
- In case accidents and illnesses specified in the terms and conditions
- In case of accidents

Musculoskeletal therapy expenses

By choosing to include musculoskeletal therapy expenses in Supplementary Medical Treatment Cover you will be able to get back to normal more quickly. Therapy may even be an alternative to surgery. If you need surgery, you will recover more quickly with the help of physiotherapy before and after the operation.

We compensate up to 10 sessions of examinations and treatment by a physiotherapist, foot therapist, osteopath, chiropractor or naprapathy practitioner per insurance period.

We do not compensate medical equipment or other auxiliary devices, treatment devices, orthotic insoles, braces or bandages, for example.

Functional therapy expenses

By including functional therapy expenses in Supplementary Medical Treatment Cover you get help to manage in your daily activities following a serious accident or illness. This will help you, for example, to recover from a stroke.

We compensate up to 20 sessions of examinations or treatment by an occupational or speech therapist or neuropsychologist per insurance period.

We do not compensate any auxiliary devices, treatment devices, orthotic insoles, braces or bandages, for example, nor speech therapy costs for a child who needs help in forming letters or pronouncing sounds.

Psychotherapy expenses

By choosing to include psychotherapy expenses in Supplementary Medical Treatment Cover, you will get help to adapt to a new life situation, because falling ill or having a disability is never just a physical thing alone. You get fast access to professional psychotherapy or to examinations and treatment by a psychologist.

We compensate up to 10 sessions of psychotherapy and examinations and treatment by a psychologist per insurance period. If you take part in couple, family or group therapy, we pay your share.

We do not provide compensation if, for example, expenses are caused by the treatment of an addiction to drugs, alcohol, medicine, nicotine or other similar substance, or from the treatment of other types of addiction.

Special expenses

By choosing to include special expenses in Supplementary Medical Treatment Cover, you increase the range of health care services that are coverable.

We reimburse expenses for

- the removal of cosmetic skin defects, provided they were caused by a coverable illness or accident
- the removal of symptomatic moles
- the reconstruction of a body part lost due to a coverable illness or accident
- a breast reduction operation if the breast size causes physical symptoms of illness
- removal or treatment of varicose veins when they have caused pigment changes on the skin, lesions or daily swelling despite treatment with compression socks or stockings
- daily hospital charges if they are related to the above operations
- examinations or treatment by nutritional therapist during the insurance period due to a coverable illness or injury, up to 5 sessions
- the rental of auxiliary devices, treatment devices, furniture and equipment
- purchase of aid, treatment device or exercise equipment of up to a combined total of EUR 200 per insurance period
- clinical nutritional products coverable under the Health Insurance Act that are prescribed by a doctor and sold at a pharmacy, no more than half of what is left after reimbursement by Kela.

We do not compensate, for example, medication or expenses for examinations or treatments performed by a doctor or other healthcare professional before or after a coverable procedure.

Expenses for home health care

If you choose to include expenses for home health care in Supplementary Medical Treatment Cover, you can ask a physician or nurse to make a house call.

We provide compensation when a physician or nurse makes a house call. We will also pay for one telephone consultation with a doctor following a house call.

We do not reimburse, for example, prescription medicine; treatments or examinations related to teeth, pregnancy, outward appearance or looks; therapies that aid recovery; acupuncture; or treatment of obesity.

Home help expenses

By choosing to include home help expenses in the Supplementary Medical Treatment Cover for you or your child, you will get help, for example, if you cannot manage alone at home following surgery, or if your child under school age falls ill.

- When the insured is a child under school-going age, we compensate the child carer's expenses up to EUR 2,500 per insurance event. Expenses are compensated for up to 10 hours per day if a child who normally goes to daycare outside the home must, under doctor's orders, remain at home owing to illness or injury.
- When the insured is a school child or older, we reimburse the expenses of a personal assistant following surgery for up to EUR 2,500 per insurance event. We reimburse expenses for up to 10 hours a day for a maximum of 3 months if, according to the physician, the insured person will not manage at home without help.
- When the insured is an adult, we compensate home cleaning expenses for up to EUR 1,500 per insurance event. Expenses are compensated for up to four (4) hours of cleaning for each starting week of sick leave, provided the doctor has given a sick leave of at least 14 days to the insured person.

We do not compensate, for example, if the need for expenses or a service is related to outward appearance or looks; pregnancy; treatment improving the person's quality of life; or the treatment of varicose veins or obesity.

Home help must be obtained from a local service provider that has a business ID. We will reimburse you for home help expenses that were incurred after the qualifying period. The qualifying period related to the services of a personal assistant begins on the day when you are back home after surgery and cannot manage on your own according to the doctor. In the case of child care services, the qualifying period begins on the first day when the child was in home care under doctor's orders.

Expenses for home adaptations

By choosing to include expenses for home adaptations in Supplementary Medical Treatment Cover you will be compensated when, for example, adaptations have to

be made to your home or you need auxiliary devices to manage from day to day with an illness or injury. Expenses for home adaptations will provide coverage when

- you need help to live at home independently
- you need help to increase your personal safety and safe living
- you need auxiliary devices, home appliances, equipment or safety devices to manage in your daily life.

We pay for home adaptation expenses that are not compensated by virtue of the Act on disability services (380/1987), Social Welfare Act or other Act.

For example, when you first receive benefits by virtue of the Act on disability services for half of the cost of any aid, equipment and device, we will pay for the other half. Benefits obtained by virtue of Social Welfare Act are rather low in cases of illness or injury, and paid in proportion to your income, assets and any independent decisions made by your home municipality. This means that the home adaptation expenses that we pay for constitute a major financial assistance.

Home adaptation work

We help you to acquire certain equipment if you have a permanent or temporary disability caused by a coverable illness or injury (see p. 10). In order that you can live independently at home and manage in your daily life, we compensate for expenses related to

- widening of doorways, removal of thresholds and any other obstacles in the home, and installation of support handles inside the home
- building of disabled ramps and bannisters in other than blocks of flats
- bathroom and lavatory adaptations
- lighting changes
- change of surface materials at home because of serious allergy
- adaptations to fixtures and fixed building and interior decoration materials
- any necessary lifting or alarm equipment and other fixtures, including the installation
- evaluation, design, any building permissions and supervision for the above adaptations.

The above acquisitions must be prescribed by a doctor. In case of a temporary disability, we also require that it makes it difficult to manage independently with your daily activities.

Equipment you need for your daily life

We help you to acquire certain equipment if you have a permanent or temporary disability caused by a coverable illness or injury (see p. 10). In order that you may, as far as possible, move about and communicate independently, carry out your work duties and manage in your free time, we reimburse expenses for

- auxiliary devices, home appliances and equipment
- instruments that increase your personal safety and safe living.

We require that the auxiliary devices, home appliances, equipment and safety devices must have been prescribed

by a physician and be necessary in order that the insured may move about independently, communicate with others, or manage some other activity in his work or leisure time.

How is home adaptation work reimbursed?

During the validity of the insurance, we reimburse home adaptation work up to a sum that you chose as the maximum compensation when you took out the policy. We provide compensate up to the following.

Coverable property	Diagnosed permanent disability, max. EUR	Diagnosed temporary disability, max. EUR
Home adaptation and home fixtures	Maximum compensation you chose	2,000
auxiliary devices, home appliances and equipment	10,000	1,000
Devices which increase your personal safety and living safety	3,000	500

When doctors or other health care professionals are assessing the disability and writing the prescription for home adaptation work, they consider all diseases and injuries you have at the time. A local service provider with a business ID must carry out the home adaptations within two years of the doctor's prescription. We do not compensate expenses for, for example,

- situations in which, on the basis of the Act on disability services (380/1987), you have been diagnosed to require continuous institutional care
- renovation, adaptations or extension of a flat or house that increase the floor area
- holiday home adaptation that enhance its quality or constructions
- adaptations outside the flat
- if a home adaptation or fixture takes place in other than the home or holiday home
- caused by correction of a design, foundation, installation and construction error and damage caused by such an error
- anything caused by mould allergy
- when you move into a new home, even if the need arose from a new illness
- motor vehicle or motor vehicle part purchase or motor vehicle alteration or improvement
- the purchase of spectacles, sunglasses or contact lenses
- software in computer data media
- the purchase of hygiene products, such as diapers and sanitary towels
- the purchase of orthopaedic braces.

Expenses are compensated only for one residence on the basis of all the illnesses and injuries the insured person is suffering from when the level of permanent or temporary disability is being evaluated.

What do we mean by permanent disability?

Permanent functional disability refers to a medically assessed general handicap which the insured has incurred through illness or injury and which, according to medical prognosis, is unlikely to be healed. A permanent functional disability must also have continued for at least three months, before any assessment for home adaptation will be entered upon.

What do we mean by temporary disability?

By temporary functional disability we refer to what is medically assessed as a temporary disability caused by a coverable illness or injury that prevents you from managing daily activities on your own.

Expenses for end-of-life care

By choosing to include expenses for end-of-life care in Supplementary Medical Treatment Cover you can ensure that you will not have to compromise on the quality of end-of-life care due to the expense. When the physician has made a decision on end-of-life care, we compensate for the following

- daily hospital charges of a public or private hospital
- expenses for home health care, including care supplies and pharmaceutical products, basic creams or lotions and clinical nutritional products sold at pharmacies
- rental expenses for auxiliary devices, furniture and treatment devices that you need at home
- expenses of a personal assistant acquired through a service provider if the physician is of the view that you require assistance in your personal daily activities.

If it has been separately agreed on and entered in the policy that expenses incurred abroad will also be compensated, we will compensate for the number of daily hospital charges specified in the insurance policy, max. EUR 400 per day.

We do not compensate expenses that are caused, for example, by services of a unit providing social welfare or residential services, even though they may also include healthcare services.

Fitness Cover

Fitness Cover will help you to recover from illness or injury and to prevent falling ill or injuring yourself. You can choose Fitness Cover if you have already chosen Medical Treatment Cover or Cost Cover to include illnesses.

Up to what age
can you apply?

99

Up to what age
will it be valid?

100

What do you want Fitness Cover to compensate to you?

- Fitness test expenses
- Fitness tests and expert services expenses

The prerequisite for compensation is that a physician or other health care professional recommends exercise to you owing to an illness, injury or factor that threatens your health.

Fitness tests

The service provider conducts the fitness test, carried out as a cycle ergometer test. The fitness tests will be the basis for feedback and exercise recommendation to help you get into better condition and make exercise a regular and long-term part of your life.

We compensate a total of up to three fitness tests on the basis of all the illnesses, injuries or factors threatening your health that you were subject to at the time when exercise was recommended. We only pay for one fitness test per insurance period.

Fitness tests and expert services

The more comprehensive Fitness Cover option provides compensation not only for the above fitness tests expenses but also expenses caused by use of expert services.

Whenever you have taken a coverable fitness test, you can choose one of the following expert services. We compensate up to a total of EUR 160 of each alternative.

- You visit a GP for a basic health check-up and any laboratory tests prescribed by the GP.
- You use the services of a nutritional therapist.
- You receive personal and individual gym or exercise instructions.

We do not compensate for the expenses of a fitness test or expert services if an illness, injury or factor threatening the insured person's health is the result of medicinal abuse or the consumption of alcohol or other intoxicants.

Insurance cover for competitive and high-risk sports

All policies are valid when you do exercise for your own pleasure; for example, if you go jogging or skiing. However, there are sports for which you need specific coverage in the event of accidents.

You will need to include Athletes' Medical Treatment Cover, Dental Cover and Supplementary Medical Treatment Cover in your Health Insurance when

- practising competitive sports. We consider that you participate in competitive sports if you take part or prepare for competitions or matches organised by a sports association or club.
- you are trying out or regularly practise high-risk sports. We consider these sports special and high-risk sports (see p. 12).

If you need coverage against sports injuries

- in the event of expenses incurred in Finland, you must choose Athletes' Medical Treatment Cover, Athletes' Supplementary Medical Treatment Cover and Athletes' Dental Cover

- in the event of expenses incurred abroad, you must get an expansion for a fixed period or indefinitely through Pohjola Traveller's Insurance Traveller's Medical Treatment Cover and perhaps also Travel Interruption Cover (comprehensive coverage). See the Pohjola Travel Insurance product guide for more information.
- in case of permanent disability, you must extend your Disability Insurance.

Life Insurance as well as the Disability Cover and Death Cover under Living Allowance Insurance are valid in all sports.

Insurance cover for competitive sports. What is competitive sports?

When you practice competitive sports or prepare for a competition or a match organised by a sports association or club, you should take out an appropriate insurance policy. Take out a policy for competitive sports or the sports you practice.

By competitive sports we mean sports games or matches arranged by a sports association or sports club as well as training arranged in accordance with a training programme or other training typical of the sport, regardless of the level of competitiveness or the age of the insured person. By training arranged in accordance with a training programme, we mean training carried out following either a written or verbal training plan (the coach does not have to be present).

Other training typical of the sport refers to training that supplements the main sport when done as part of preparation to games or matches.

Children's sport hobbies

You can take out insurance for children under 16 that is valid in all competitive sports, excluding high-risk sports. The cover will expire at the end of the insurance period during which the insured person has reached the age of 16.

Please note that any expenses that incurred after the insurance terminated will not be covered.

If necessary, you can also insure a child's individual sport hobby. If a certain sport, for example basketball, has been chosen for a child under 16, instead of all competitive sports, the cover continues beyond the age of 16.

Specific situations in competitive sports

Even if you take out a policy for competitive sports, you will not be covered against the high-risk sports below (p. 12), regardless of whether you compete in them or not. When practising high-risk sports, you must always take out a separate policy that covers everything related to high-risk sports, including competing in them.

Athletes' Medical Treatment Cover, Athletes' Supplementary Medical Treatment Cover and Athletes' Dental Cover taken out for competitive sports are not valid at the two highest levels of football, ice hockey or volleyball, or at the highest level of under-21 ice hockey.

Insurance cover for special sports

If you do special sports but not competitively, you can insure yourself against injuries in all such sports with a single policy.

Special sports are:

- combat sports, self-defence sports and martial arts
- winter sports: luge and freestyle skiing as well as speed and downhill skiing
- aviation, such as hot air and gas ballooning, motorised flying, hang- and paragliding, microlight flying, parachuting, indoor skydiving, flying with amateur-built aircraft, and use of gliders and motor gliders
- Strength sports: powerlifting, weightlifting and body building
- scuba diving
- other special sports: BMX cycling, bungee jumping, parasailing, skimbat or kite surfing, sail- and flyboarding, parkour, abseiling, acrobatics and free running.

Competitions are arranged in some of the above special sports. If you compete in these sports, you must extend your policy to cover competitions, too.

Insurance cover for high-risk sports

If you practice a high-risk sport, you need cover for the sport. Each high-risk sport has to be insured separately; however, a single Disability Insurance policy will provide coverage for all high-risk sports.

High-risk sports are:

- Team sports: American football, Australian football, rugby, lacrosse and roller derby
- Mixed Martial Arts
- Wrestling
- Off-piste skiing
- Ice and rock climbing
- Glacier and mountain climbing
- Strength athletics
- Downhill biking
- Downhill skating
- Ocean sailing
- BASE jumping
- Trekking into uninhabited areas, such as research expeditions or treks to mountains, jungles, deserts or wilds or other similar areas
- Wildwater canoeing
- Freediving
- Other sports where the risks are at a similar level.

If you take out a policy for a high-risk sport, it automatically covers competitions, too. Competitions are arranged in downhill biking and strength athletics, for example.

Sports covers

Athletes' Medical Treatment Cover

Compensation for treatment, examination and medication expenses in sports for which you are insured.

Athletes' Dental Cover

Compensation for treatment, examination and medication expenses concerning dental injuries in sports for which you are insured.

Athletes' Supplementary Medical Treatment Cover provides compensation for expenses you have chosen for the following:

- Musculoskeletal therapy
- Functional therapy
- Home health care
- Home help
- Home adaptations
- Special expenses

You can select Sports Covers for:

- Accidents, exertions and medical conditions specified in the terms and conditions. You get compensation for expenses caused by sports accidents and specified medical conditions caused by sports. Medical conditions caused by sports are listed on page 14. We do not compensate costs caused by other illnesses.
- Injuries caused by accidents or exertions. You only get compensation for costs caused by a sports accident. We do not compensate expenses caused by illnesses.

Please see below under each cover which alternatives are possible. An entry will be made in your insurance policy to indicate which alternatives you have chosen.

Athletes' Medical Treatment Cover

Select Athletes' Medical Treatment Cover if you do competitive sports, or some special or high-risk sport. You can take out Athletes' Medical Treatment Cover on its own or to supplement Medical Treatment Cover.

Up to what age
can you apply?

85

Up to what age
will it be valid?

100

By choosing Athletes' Medical Treatment Cover, you can use a variety of public and private health care services and get expert help quickly with any sports injury. You can select Athletes' Medical Treatment Cover for:

- Accidents, exertions and medical conditions specified in the terms and conditions
- Accidents and exertions

The list of expenses compensated for by Athletes' Medical Treatment Cover is the same as above for Medical Treatment Cover. In case of an exertion, only one MRI is compensated and surgery not at all. The requirement is that a sports injury has taken place when doing a sport for which you have coverage.

We do not cover expenses under Athletes' Medical Treatment Cover that are not coverable under Medical Treatment Cover.

Athletes' Dental Cover

Athletes' Dental Cover enables you to quickly get expert care in dental injuries sustained during sport. Athletes' Dental Cover is valid in case of accidents.

Up to what age
can you apply?

85

Up to what age
will it be valid?

100

The list of expenses compensated for by Athletes' Dental Cover is the same as above for accidents included in Dental Cover. The requirement is that a dental injury has taken place when doing a sport for which you have coverage.

We do not compensate from Athletes' Dental Cover expenses for, for example

- physiotherapy
- dental check-up, local anaesthetic or medicinal product if they are not related to treatment that is otherwise covered
- cosmetic dental treatment.

Athletes' Supplementary Medical Treatment Cover

Athletes' Supplementary Medical Treatment Cover increases the range of coverable health care services prescribed by a doctor. It will help you recover more quickly and get support if an illness or injury makes your daily life difficult.

Up to what age
can you apply?

85

Up to what age
will it be valid?

100

You can select Athletes' Supplementary Medical Treatment Cover for:

- Accidents and specified medical conditions
- In case of accidents

What do you want Athletes' Supplementary Medical Treatment Cover to compensate to you?

Choose what you want from the following.

- Musculoskeletal therapy expenses
- Functional therapy expenses
- Expenses for home health care
- Home help expenses
- Expenses for home adaptations
- Special expenses.

The list of coverable expenses from Athletes' Supplementary Medical Treatment Cover is like the above for Supplementary Medical Treatment Cover concerning expenses for musculoskeletal therapy, functional therapy, home health care, home help and home adaptations (see pp. 8–10). The requirement is that a sports injury has taken place when doing a sport for which you have coverage.

Athletes' Supplementary Medical Treatment Cover does not compensate expenses that are not coverable from Supplementary Medical Treatment Cover concerning expenses for musculoskeletal therapy, functional therapy, home health care, home help and home adaptations (see pp. 8–10).

By choosing Athletes' Supplementary Medical Treatment Cover to include special expenses we compensate, for example, the following expenses resulting from illness or injury

- acquisition of an orthopaedic brace enabling you to carry on doing a sport
- removal of cosmetic skin defects
- reconstruction of a lost body part
- rental of medicinal auxiliary devices, treatment devices, furniture and equipment
- purchase of medicinal auxiliary devices, treatment devices or exercise equipment of up to a combined total of EUR 200 per insurance period.

We do not compensate from Athletes' Supplementary Medical Treatment Cover's special expenses, for example, medication or expenses for examinations or treatments performed by doctor or other health care professional before or after a coverable procedure.

What does 'exertion' mean in athletes' cover?

Athletes' Medical Treatment Cover and Supplementary Medical Treatment Cover compensates for strain or rupture injury in a muscle or ligament caused by an exertion and diagnosed by a doctor when practicing a sport covered by these policies, provided that medical care has been given within 14 days. In case of an exertion, only one MRI is compensated and surgery not at all.

Accidents and medical conditions specified in the terms and conditions

What constitutes an accident?

An accident is a sudden, external occurrence during the validity of the policy which is beyond your control and causes bodily injury such as falling over or falling from a height. Typical accidental injuries include fractures, sprains and cuts. Accidents also include drowning, frostbite, heatstroke or sunstroke.

The concept 'accident' does not include injury caused by

- an event caused by your illness, defect or injury
- poisoning due to medicine, alcohol or other intoxicant you used or due to a substance taken as food
- biting to a tooth or dental prosthetic
- suicide or attempted suicide.

The following are not compensated as accidents:

- hernia of the intervertebral disk, abdominal or inguinal hernia, a rupture of an Achilles tendon, long head of biceps tendon or rotator cuff, or recurrent dislocation unless the injury was caused by an accident that would also cause injury to healthy tissues
- infectious diseases caused by a bite or sting
- the psychic consequences of an accident
- illness, defect, injury, or degeneration of the musculoskeletal system, which are not related to an accident, even if they had been symptomless before the accident
- slower recovery from accidental injury owing to illness, defect, injury or musculoskeletal degeneration
- injuries caused by other than an external factor, such as soreness resulting from a singular exertion and movement, for example if you strain your back when lifting a heavy object.

What are the medical conditions specified in the terms and conditions? Why should you be insured against them?

The medical conditions specified in the terms and conditions are strain or rupture of tendon or muscle, tendinitis or degeneration of tendon, intervertebral disk, abdominal, umbilical or groin hernia, rupture of meniscus in the knee and dislocation of joint or kneecap. It is advisable to be insured against such specified medical conditions, because they are usually not compensated as accidents although they often emerge in connection with accidents.

What are the medical conditions specified in Sports Cover? Why should you be insured against them?

The medical conditions specified in the Athletes' Medical Treatment Cover and Supplementary Medical Treatment Cover are abdominal, umbilical or groin hernia, rupture of meniscus in the knee, dislocation of joint or kneecap, shin splints, stress fracture, tennis elbow or golfer's elbow, inflammation or rupture of Achilles tendon, inflammation of shoulder tendons, bursitis and plantar fasciitis.

It is advisable to be insured against such specified medical conditions, as stress fractures and other illnesses specified in the insurance terms and conditions are not compensated unless you have insurance cover against them. We do not usually compensate specified medical conditions as accidents although they often emerge in connection with accidents.

More comprehensive coverage of accident expenses from age 60 onwards

Medical Treatment Cover, Cost Cover and Supplementary Medical Treatment Cover included in Health Insurance provide considerably better coverage against accidents once you have turned 60. Coverage is more extensive in the following cases.

You will be compensated even if the accident occurred due to an illness, defect or injury. However, we do not compensate the expenses of the illness, defect or injury itself as accident expenses.

A 70-year-old epileptic has a seizure, falls over and gets a deep cut in his forehead. Although the cut on his forehead was caused by an accident caused by his illness, treatment of the cut is compensated for the duration that it normally takes for such an injury to heal.

You receive expenses compensation for four (4) months, even if an illness, defect, injury or musculoskeletal degeneration has materially contributed to the accidental injury. However, we will not compensate the costs of an illness, defect, injury or musculoskeletal degeneration that materially contributed to the accident as accident costs.

A 61-year-old man is playing tennis. He jumps to reach the ball and twists his ankle when landing, feeling strong pain in the ankle. He is diagnosed to have torn his Achilles tendon. Because medical studies indicate that a healthy Achilles tendon should not rupture in this manner, it is likely that the rupture was caused by a degenerative illness of the tendon. This means that the rupture will not be compensated as an accident. Although an illness unrelated to the accident has materially contributed to the injury, we will compensate for the costs for Achilles tendon rupture for up to four (4) months.

You will receive compensation in addition to a period in which conventional medicine considers that recovery should have been made for another four months at the most, even if an illness, defect, injury or musculoskeletal degeneration unrelated to the accident has made recovery take longer. However, we do not reimburse, as accident costs, any expenses from the illness, defect, injury or musculoskeletal degeneration that has made the recovery take longer.

A 63-year-old man with osteoporosis loses his balance and falls down the stairs and breaks his shin bone. On the basis of general medical experience it takes about four (4) months for a fractured shin-bone to heal. He goes back to the doctor's after six months as symptoms persist. The doctor finds out that the fracture has not yet ossified and that the bone is osteoporotic. Although the osteoporosis slows down the healing, we will compensate for expenses caused by the injury not just for what is medically considered the normal recovery period but for an additional four (4) months.



Living Allowance Insurance

An accidental injury may result in disability, temporary disability to work or even death. However, you can prepare for the financial consequences of such serious accidents.

Disability Cover in case of permanent handicap caused by accident

Disability Cover provides you with financial aid if you have an accident and are diagnosed by a doctor to have a permanent disability.

Up to what age
can you apply?

99

Up to what age
will it be valid?

100

We reimburse examinations and treatment by

- a lump-sum compensation for a full disability (handicap class 20) that was valid at the time of the accident
- a lump-sum compensation for a partial, permanent disability (handicap classes 1–19) equal to as many twentieths of the sum as indicated by the handicap class.

Disability Cover is valid also when you do competitive sports, or some special or high-risk sport (see pp. 11–12).

We do not compensate the mental consequences of an accident.

The degree of handicap is determined in accordance with the handicap classification decree issued by the Government on the basis of the Workers' Compensation Act and valid when the accident occurred. Injuries are divided into 20 handicap classes, with class 20 corresponding to full handicap and class 1 to the smallest coverable handicap. The handicap class is only determined by the nature of the handicap disregarding occupation, hobbies or any other individual circumstances. Permanent disability is determined three (3) months after the accident at the earliest, and three (3) years after the accident at the latest. The cover must be valid at this time.

A lump-sum compensation paid under Disability Cover is tax-exempt income to the insured person.

Daily Allowance Cover

Daily Allowance Cover provides financial assistance if you become unable to work as a result of an accident.

Up to what age
can you apply?

69

Up to what age
will it be valid?

70

We compensate by paying a daily allowance for the days when, as a result of the accident, you are unable to perform your normal work duties. If you are partly unable to work, we compensate the corresponding part of the daily allowance.

The amount of daily allowance is what you chose when you took out the insurance. Daily allowance paid under Daily Allowance Cover is taxable income to the insured person.

You will receive benefit for as many days as the disability continues in excess of the qualifying period mentioned in the policy. The qualifying period will be subtracted once per each accident. The qualifying period begins on the day when a doctor declares you unable to work.

You will receive a daily allowance on the basis of the accident for up to the maximum period you chose as you took out the policy. Daily Allowance Cover is not valid when you do competitive sports, or some special or high-risk sport (see pp. 11–12).

We do not compensate the mental consequences of an accident, and we do not pay compensation if you were not in an employment relationship when the accident occurred.

Death Cover

Death Cover provides your loved ones with financial security if you die in an accident.

Up to what age
can you apply?

99

Up to what age
will it be valid?

100

If you die as the result of an accident, we will pay your beneficiary a lump-sum that was valid when the accident occurred. The beneficiary must be identified in writing when taking out the policy, and any changes must be submitted in writing, too.

Death Cover is valid also when you do competitive sports, or some special or high-risk sport (see pp. 11–12).

We do not compensate if you die over three (3) years after the accident.

Compensation paid to a beneficiary is taxed in Death Cover the same way as in Life Insurance (see p. 17).



Insurance for an unborn child

Your child is best protected if you insure him/her before the birth with Health Insurance and Living Allowance Insurance. The policies of an expectant mother do not cover the child to be born. We therefore recommend that you take out Pohjola Traveller's Insurance also for the child to be born. Many policies may be kept valid up to the age of 100.

When seeking Health Insurance and Living Allowance Insurance for a child to be born, the mother fills in the health declaration online. Our requirement is that the mother is under 46 years of age at the calculated date of birth and has participated in all offered prenatal examinations and screens to determine the child's state of health. You can apply for a policy for a foetus after your screening for structural foetal anomalies and until your childbirth begins. Please note that if you are applying for insurance for your baby only after birth, the baby's own health information may affect whether the insurance will be granted at all or how extensive the coverage will be. You can apply for Health Insurance for your baby to cover medical expenses and accidents once s/he has been examined by a paediatrician.

Medical Treatment Cover for a foetus

Make sure your child is insured already during pregnancy by taking out Medical Treatment Cover for the foetus.

We compensate the mother's following pregnancy-related expenses from Medical Treatment Cover taken out for a foetus

- public health care outpatient clinic fees
- costs of pharmaceutical products and wound dressings sold at pharmacies
- public health care daily hospital charges.

After childbirth, we compensate the child's expenses under Medical Treatment Cover in the normal way.

We do not reimburse expenses caused by, for example, standard pregnancy consultations and examinations. Neither do we compensate any childbirth costs or costs arising from the mother having misused medication or consumed alcohol or other intoxicants.

Death Cover for the foetus

The cover continues automatically after birth and will remain valid until the age of 100. The requirement for the Death Cover of a foetus is that health insurance covering accidents and illnesses has been taken out for the foetus.

When the insured is a foetus, we will pay a death benefit if

- the insured foetus is stillborn as a result of a road accident involving a motor vehicle
- the foetus is stillborn in week 32 of the pregnancy or later, and if the reason for the death is an external factor

- the child dies owing to an external factor during labour, taking place no earlier than the 32nd week of pregnancy

The compensation is the sum entered in the insurance policy valid at the time of the coverable event.

This insurance does not cover home births.

Disability Cover for the unborn child

The cover continues automatically after birth and will remain valid until the age of 100. The requirement for an unborn child's Disability Cover is that a health insurance covering accidents and illnesses has been taken out for the unborn child.

When the insured is an unborn child, we will pay compensation if

- the insured suffers permanent disability in a road accident involving a motor vehicle
- the insured suffers permanent disability during labour with the birth taking place no earlier than the 32nd week of pregnancy

The amount of compensation payable to an unborn child does not depend on any diagnosed handicap class (1–20). If any of the above events has caused a handicap of at least one handicap class, the compensation is always the entire sum insured as entered in the policy.

A handicap is considered permanent once it has been medically diagnosed as such between three and six month after birth. The cover must be valid at this time.

This insurance does not cover home births.

Life Insurance for Parents

Everyone needs life insurance, especially if you have children. We recommend a life insurance policy that covers your share of the loan, your yearly gross income, plus EUR 20,000 per each dependent child. As a customer benefit, we offer the parents of a child under the age of one life insurance for an amount of EUR 20,000 of compensation per parent. The insurance is free for the first 12 months, and it can be granted without a health declaration. The insurance continues after the 12 months, which is when premium payment begins. If you do not wish to continue the policy after the 12 months, you can cancel it in writing.



Life insurance

Life insurance is an investment in the lives of people you care about. It is important to make preparations so that your loved ones will manage financially in case you die.

Life insurance

Life insurance is important for anyone, but especially if you have children, if you have taken out a big loan or if your family's livelihood depends on you. A statutory survivors' pension is often not enough to cover the absence of your income.

	Life insurance
Insurable age	2–65 yrs, with joint cover 15–65 yrs
Up to what age will it be valid?	70 yrs
Health declaration	Always required.
Fixed coverage with the amount of compensation remaining the same (taking into account the annual index adjustment) and the premium going up annually	For persons between 2 and 14 years, you can choose the amount of compensation between EUR 5,000 and EUR 10,000, and for those between 15 and 65 years an amount of EUR 10,000 or more.
Reducing coverage with the premium remaining the same (taking into account the annual index adjustment) and the amount of compensation going down annually	For persons between 15 and 65, you can choose the amount of compensation to be EUR 50,000 or more.

We will pay the valid amount of compensation to your beneficiaries if you die during the validity of the insurance. Whether the death is caused by illness or accident is irrelevant.

We do not provide compensation if the reason for the death was suicide within 12 months of the date when the policy was taken out.

Death benefits are subject to inheritance tax to the next of kin that are the insured person's beneficiaries. If the beneficiary is a person other than the insured person's next of kin, the death benefit is taxable capital income in its entirety. Taxation is based on legislation valid when this product guide went to print, which may change during the insurance period.

Who is considered next of kin for tax purposes?

The taxation terminology, 'next of kin' includes the policyholder's spouse, heirs in direct ascending or descending

line, adopted child, adopted child's direct heir, foster child or spouse's child. A common-law spouse is considered next of kin if they lived in the same household and if they have or have had a child together, or were previously married to each other.

How to estimate your life insurance needs

Amount of life insurance benefit

- = family's loans
- + parent's annual gross income
- + at least EUR 20,000 per child in your care
- existing life insurance coverage
- family's existing assets

Fixed or reducing coverage?

If you choose fixed coverage, the amount of benefit remains the same, taking into account the annual index adjustment, and the premium increases annually.

As you become older, your loan repayments become smaller and your children get older, which means that the need for Life Insurance declines. In other words, reducing coverage is a very good option to insure yourself. The amount of benefit is calculated in this option on the basis of insurance premium. The insurance premium remains the same, taking into consideration the annual index adjustment, and the amount of benefit declines annually until it reaches the lowest level of EUR 10,000. After this, it continues as a standard fixed policy.

Single or joint cover?

You can take out Life Insurance either as single or joint cover. Joint cover is a good solution when your family's livelihood depends on two people. This is a cheaper alternative to taking out policies for two people individually. The agreed benefit is paid only once under joint cover, also if both persons included in the policy die at the same time. If this happens, each one's beneficiary is entitled to half the amount of compensation. Joint cover ends if either of the insured persons dies or turns 70, after which the insurance continues as single person cover.

Please note! Life Insurance is valid also when you participate in competitive sports, or some special or high-risk sport (see pp. 11–12).

The solvency and financial condition report of OP Life Assurance Company Ltd is available on the op.fi website. The additional life insurance benefits are decided on an annual basis. The additional benefits are provided under the principle of equity.



Disability Insurance

Permanent disability caused by an illness or injury can significantly affect your income. It is important to have financial protection for yourself and your loved ones in case of permanent disability.

Disability Insurance

Disability Insurance offers financial security, especially if you have balanced your expenses on the basis of your earned income. Statutory disability pension is determined on the basis of your earned income and will, even at best, only be about 60% of your wage or salary.

	Disability Insurance
Insurable age	18–58 yrs
Up to what age will it be valid?	63 yrs
Health declaration	Always required.
Fixed coverage with the amount of compensation remaining the same (taking the annual index adjustment into account) and the premium going up annually	For persons between 18 and 58, you can choose the amount of compensation to be EUR 10,000 or more.
Reducing coverage with the premium remaining the same (taking into account the annual index adjustment) and the amount of compensation going down annually	For persons between 18 and 58, you can choose the amount of compensation to be EUR 50,000 or more.

We pay you the agreed amount of compensation if, during the policy's validity and owing to an illness or injury, you become permanently disabled, preventing you from continuing to do your work or any other work which, taking into account your age and professional skills, is suitable for you and ensures a reasonable living. The compensation can only be paid out when your permanent disability has continued for three (3) months. The policy must also be valid during this period.

A pension paid on the basis of reduced working capacity does not automatically entitle the insured to a benefit under this insurance.

We do not compensate disability if the disability has been caused by misuse of alcohol or medicines, use of narcotics or suicide attempt within 12 months from the beginning of the validity of the insurance. We do not compensate disability that is caused during competitive, special or high-risk sports (see pp. 11–12). We do not pay compensation if it is applied for after your death.

Please note! You must make a separate agreement if you want your Disability Insurance to be valid also when you participate in competitive sports, or some special or high-risk sport (see pp. 11–12).

Fixed or reducing coverage?

If you choose fixed coverage, the amount of benefit remains the same, taking into account the annual index adjustment, and the premium increases annually.

As you become older, your loan repayments become smaller, children get older and old-age pension approaches, which means that the need for Disability Insurance reduces. In other words, reducing coverage is a very good option to insure yourself. The amount of benefit is calculated in this option on the basis of insurance premium. The insurance premium remains the same taking into consideration the annual index adjustment, and the amount of benefit reduces annually until it reaches the lowest level of EUR 10,000. After this, it continues as a standard fixed policy. If you take out Disability Insurance when you are over 50, the coverage is automatically reducing.

Read also about general matters related to personal insurance on pages 19–22.

The insured is the person entered in the insurance policy, although in this product guide we describe the policies as if you were the insured person.



General issues concerning insurance of the person

Read more about the key points of Health Insurance, Living Allowance Insurance, Life Insurance and Disability Insurance.

Short insurance glossary

What does 'insured person' mean?

The insured person is the person entered in the insurance policy and covered by the insurance.

What does 'maximum compensation' mean?

Each type of cover chosen for Health Insurance and each type of expenses within a cover has a maximum compensation which will not be exceeded. Each reimbursement paid to you reduces the amount that can still be paid out to you. Once compensation has been paid to the maximum amount of compensation, the cover and payment of compensation ends.

What does 'amount of compensation' mean?

Amount of compensation means the maximum monetary amount that we will pay per coverable event. An amount of compensation is defined for the Disability Cover, Death Cover and Daily Allowance Cover included in Living Allowance Insurance, and for Life Insurance and Disability Insurance.

What do 'deductible' and 'qualifying period' mean?

A euro-denominated deductible means the share of the covered expenses that you pay yourself.

In Health Insurance, the deductible per insurance period means that we will charge the deductible entered in the policy (often EUR 250) for each insurance period. The deductible will be charged for all expenses under the cover in question for which you make a claim during the same insurance period. Under Supplementary Medical Treatment Cover and Athletes' Supplementary Medical Treatment Cover, the deductible will be charged as explained below.

Supplementary Medical Treatment Cover and Athletes' Supplementary Medical Treatment Cover under Health Insurance can each be chosen in the case of more than one type of expense. The expenses of each of these covers come with their own, independent deductible. For example, if you have selected both psychotherapy costs and occupational therapy costs for Supplementary Medical Treatment Cover, both of the selected costs have their own separate deductible. If, therefore, coverable costs

are incurred from both psychotherapy and occupational therapy, a separate deductible selected for psychotherapy is deducted from the psychotherapy costs, and a separate deductible selected for functional therapy is deducted from the occupational therapy costs. The deductible will be charged for each compensation for which a claim has been made in the same insurance period.

In practice you can make a claim as soon as you have first paid for the expenses yourself and applied for any Kela reimbursement. Once the deductible is exceeded, we will transfer the compensation amount to your bank account.

A qualifying period refers to the days following an accident when no compensation is paid yet. A qualifying period is applied to the Daily Allowance Cover included in Living Allowance Insurance and to the Home help expenses under Supplementary Medical Treatment Cover included in Health Insurance.

Health declaration

What is a health declaration?

A health declaration is a questionnaire on the state of health of the person applying for insurance. Check the table on page 20 to see whether you have to fill in a health declaration when you apply for insurance. A health declaration is always required for Life Insurance and Disability Insurance. Fitness Cover does not require a health declaration.

Based on the applicant's state of health, we will decide whether the policy can be granted:

1. We grant the policy as applied for.
2. We grant the policy, but a pre-existing illness or injury is excluded from coverage.
3. Life insurance may also be granted as such against a higher premium.
4. Unfortunately, we cannot grant the applied policy.

If we cannot grant the applied policy, a less comprehensive policy may be a good alternative. So do not hesitate to ask us for an offer after you have received our decision.

Only our experts specialising in health declarations will see the applicants' health details.

Do you or other insured persons need to submit a health declaration?				
	Get cover in case of illness	You are over 15 years old and are getting coverage in the case of accidents and in the case of medical conditions specified in the terms and conditions	You are over 57 years old and are getting coverage in case of accidents	You are over 75 years old and applying for coverage in case of accidents
Medical treatment cover	Yes	Yes	No	Yes
Cost Cover	Yes	No	No	No
Dental Cover	Yes	No	No	Yes
Supplementary Medical Treatment Cover expenses	Yes	Yes	No	Yes
Athletes' Medical Treatment Cover	No	Yes	Yes	Yes
Athletes' Dental Cover	No	No	Yes	Yes

Fill in the health declaration online

Fill in the health declaration online once you have completed the online purchase or received an offer. Login to op.fi using the user identifiers for your own bank and fill in the health declaration form.

Adults provide their own health information, while minors' health information is submitted by the parent or guardian. The health declaration for a foetus is filled in by the mother. One health declaration per person to be insured is enough, even if you are applying for several policies at a time. The number and content of the questions depend on which kind of coverage you are choosing and whether you want the standard or comprehensive options.

By sending in the health declaration, you will have accepted the insurance offer, but do wait until we have sent you confirmation that the policy has been granted to you before you terminate your existing policy. If you have chosen electronic insurance mail, your insurance policy documentation and our decision will be sent to your Internet Service. Take a moment to read through them once we have sent you an email or SMS notification.

You can also ask for advice on the chat service, or by phoning +358 (0)303 0303. If you cannot find the health declaration form on the Internet Service or if you have any other problems, you can call the op eServices support number on +358 (0)10 253 6189.

Insurance pricing and annual changes

Each insurance policy and the cover it includes are priced individually. The factors affecting the price vary from one policy to the next. We will try to price each type of insurance to correspond with the risks as closely as possible. The total price depends on the personal information of the insured and the insurance coverage choices. The table below shows the factors affecting the policy price at the time of purchase and also during its validity.

The premium changes annually when the value of a pricing factor (such as the insured person's age) or attribute (such as the insured person's domicile) changes. The premium level changes annually in particular on the basis of the age of the insured person, because this has been found to correlate heavily with claims paid to customers. We weigh the effect of the policy's existing pricing factors, such as age, on the premium price on the basis of claims paid out, and review the price to ensure that the price can meet the potential risk involved. During the insurance period, we may charge an insurance-based minimum premium.

Because insurance of the person is often a long-time agreement, the price may change considerably in the long run. The change will take effect from the beginning of the next insurance period following the change.

Example of premium changes of Health Insurance

During its validity, the price of a Health Insurance policy is affected by the age of the insured person and municipality of residence, among other things. The insured person is 30 years old and living in Savonlinna at the commencement of the policy. Later, at the age of 50, the person has moved to Helsinki, and the price has gone up, because the factors detailed earlier that affect the price have changed.

We also review the prices annually, if necessary, in accordance with the general terms of contract, on the basis of claims expenditure and under other insurance terms and conditions.

In addition to the above, the insurance company has the right to make changes as a result of bonus, customer loyalty and other similar rules applied to the insurance policy. The premium amount is affected, at the time the policy is taken out and also later during its validity by any customer benefits and discounts, the amounts of which and the grounds for granting them, and duration and validity periods may change, for example, when a fixed-period discount or campaign discount comes to an end.

The maximum compensation and amount of compensation are tied to changes in the latest index series of the consumer price index. You can check the index applied to your insurance in the insurance terms and conditions. The benchmark index used is the index for September of the calendar year preceding the first day of the insurance period. Index-linkage ensures that maximum compensation and amount of compensation remain at the right level despite inflation.

The policy may be changed annually

We have the right to alter the insurance terms and conditions, and premiums and other terms of contract at the end of your insurance period on the basis of

- new or amended legislation or a regulation issued by the authorities
- unforeseen change in circumstances, such as an international crisis
- change in the claims expenditure for the insurance, change in cost levels or change in the ratio between indemnities and insurance premiums
- change in a factor or circumstance which, in the view of the insurance company, has an effect on the amount of insurance premium and the risk of loss or damage. Such may include the age or domicile of the policyholder, the insured person or the owner or keeper of the object of insurance; the age, location, properties, place of insurance, claims history or claims development of the object of insurance or part thereof.
- a change in interest rates concerning life insurance.

Please note that various price factors affect the insurance premium at the moment of purchase and that, on this basis, the payment may also change while the insurance is valid. We can also make minor changes to the insurance terms and conditions and other terms of contract, provided that the changes do not affect the primary content of the insurance contract.

Contact us when your life situation or your insurance needs change

- You want to check your insurance cover.
- You are moving abroad.
- You need insurance cover for competitive sports, special sports and high-risk sports.

Is the price of the policy affected?	Health Insurance	Living Allowance Insurance	Life Insurance	Disability Insurance
Age of insured person	Yes	Yes	Yes	Yes
Insured person's year of birth	No	No	Yes	Yes
Place of residence	Yes	No	No	No
Whether the insured is covered by National Health Insurance (Kela)	Yes	No	No	No
Age of mother if the insured is an unborn child	Yes	No	No	No
Dental status in Dental Cover	Yes	No	No	No
Chosen cover and any expenses included under it	Yes	Yes	Yes	Yes
Which risks and expenses are covered (for example, are only accidents covered, or both accidents and illnesses)	Yes	No	No	No
Chosen maximum compensation or sum insured	Yes	Yes	Yes	Yes
Chosen deductible	Yes	Yes	No	No
Has the policy been extended to cover expenses abroad, too?	Yes	No	No	No
Does coverage extend to competitive sports, special sports or high-risk sports?	Yes	No	No	Yes
Chosen sports that are covered	Yes	No	No	No
Chosen qualifying period in Daily Allowance Cover	No	Yes	No	No
Individual cover or joint cover	No	No	Yes	No
Is the chosen amount of compensation reducing or fixed?	No	No	Yes	Yes



Good to know

General requirements concerning compensation

Compensation will only be paid if an insurance event occurred while the policy was valid. Furthermore, no consequence, such as an expense or disability, will be reimbursed if the policy was no longer valid at the time of occurrence. We will not, for example, reimburse expenses incurred after coverage ended, even if, for example, an accident occurred when the insurance was still valid.

We require that any treatment and examinations have been prescribed by a doctor, conform to generally accepted medical practice and are necessary for the treatment of a coverable illness or accident.

We do not cover any loss or damage caused wilfully or through gross negligence. Moreover, the insurance policies do not cover nuclear accidents or loss or damage indemnified under a specific guarantee, law or other agreement.

Inception and termination of policies

Your policy will become valid as soon as we have received your insurance application. If you wish, you may also choose a later date of commencement. If the policy cannot be granted, we are not responsible for any damage. The insurance will remain effective for an agreed fixed period or until further notice but you may give notice of termination of the insurance at any time.

If the bill for the premium is not paid by the due date, we can terminate your insurance contract with two weeks' notice. We also charge penalty interest and collection costs. The insurance can also be terminated if the policyholder or the insured has

- provided incorrect information
- failed to observe the safety regulations
- caused loss or damage wilfully or through gross negligence.

In the event of loss or damage

If you fall ill or injure yourself, you have at your disposal our extensive network of partner doctors that covers the entire country. This will ensure that you have quick access to excellent treatment.

According to our insurance terms and conditions, we can refer your examination or treatment, to be carried out by one of our partners. If, however, owing to difficult circumstances, you cannot go to any of our partners, for example if your injury requires urgent treatment, you can first go to the closest physician and, after that, use one of our partners.

File a loss report on OP-mobile or by logging on op.fi using the user identifiers for your own bank. Please see op.fi for the claims forms and instructions for Life Insurance and Disability Insurance.

Advice on claims and insurance policies

A claim for compensation must be made within 12 months of the date when you became aware of the insurance and received information about the loss or damage and its consequences. A claim for compensation must in any case be submitted within 10 years of the occurrence of the loss

or damage or, in the case of insurance taken out against bodily injury or liability for damages, from the occurrence of the loss, damage or injury.

We can advise you on insurance policies and claims at **0303 0303**. Call charge: for normal local calls (local network charge) or the domestic mobile call charge (mobile charge) as specified in your telephone service provider's price list

If you are dissatisfied with how we or an agent representing us has acted when selling insurance or in other insurance matters, please call the number above. You can also file a complaint or appeal an insurance or claim settlement decision with our customer ombudsman. For more information about filing an appeal, visit op.fi/filing-a-complaint.

If you are still dissatisfied with the decision you have received, independent advice is provided by Finnish Financial Ombudsman Bureau (FINE). The easiest way to get your case underway is to use the electronic contact form at www.fine.fi. FINE provides advice to consumers in insurance matters, regardless of the line of insurance, and will negotiate cases with your insurance company when necessary.

You can also appeal the insurance company's decision by contacting the Finnish Insurance Complaints Board (fine.fi), the Consumer Disputes Board (kuluttajariita.fi), contact the Consumer Advisory Services first: www.kkv.fi/en/consumer-advice) or the general court. The time limit for appealing a decision by the insurance company is three years.

Insurance sales commissions

Pohjola Insurance Ltd pays a commission that is either a percentage of the insurance premiums or a fixed fee based on the number of policies sold. The commission and its amount are affected by the insurance product and sales channel. The commission is paid to the agent or insurance company employee.

OP Life Assurance Company Ltd will pay the agent a percentage-based fee on the basis of insurance premiums.

Confidentiality

We will handle your personal data according to the law, Privacy Statement and Privacy Notice and also make use of automated decision-making in insurance and claim settlement decisions. When you buy an insurance policy, any automatic decision to grant the policy will be based on the information you have submitted, our customer data file and the credit information register, in accordance with our customer selection guidelines. Should a loss occur, any automatic decision by us will be based on the loss details you have provided, on the insurance terms and conditions and our customer data file, as well as information in the joint claims register kept by insurance companies. The insurance policy is also terminated automatically in the event of the non-payment of premiums.

Read more about data protection at www.op.fi/dataprotection.

Pohjola Insurance Ltd, Business ID 1458359-3; Helsinki
Gebhardinaukio 1, FI-00013 OP
OP Life Assurance Company Ltd, Business ID 1030059-2, Helsinki
Gebhardinaukio 1, FI-00013 OP
Domicile: Helsinki, main line of business: insurance