



# Health insurance



PRODUCT GUIDE

461218e 6.19

Valid as of 1 January 2019

Detailed information about the contents of the insurance and restrictions are in the insurance terms and conditions. Health Insurance policies are written by Pohjola Insurance Ltd. This is a translation of the original Finnish product description, which takes precedence should there be any difference between the original and the translation.

Health Insurance is a medical treatment expenses insurance that covers treatment and examination expenses caused by illnesses and accidents. Employees are companies' most important assets and Health Insurance will help companies to take care of their employees' health and wellbeing. Entrepreneurs may also insure themselves. A company employee or an entrepreneur falling ill or becoming injured in an accident may cause problems to company operations, and major expenses to both the company and the person himself.

Health Insurance will

- enable quick and high-quality treatment and speed up recovery
- supplement healthcare services provided by occupational health care
- commit and reward personnel
- help prevent employees from retiring prematurely.

You can choose between four types of cover.

	Standard Health Insurance Cover	Comprehensive Health Insurance Cover	Extra Health Insurance Cover	Super Health Insurance Cover
Claims for treatment expenses caused by illness or accident	<p><b>Surgery cover</b> compensates for surgery performed or prescribed by a specialist, and any direct expenses. Examination expenses (such as imaging) or treatment expenses prior to surgery are not compensated.</p> <p><b>Critical illness insurance</b> compensates the cost of examinations performed and treatment prescribed by a doctor related to cancer, myocardial infarction, stroke or MS.</p>	<p><b>Medical treatment expenses cover</b> compensates for examinations and treatment, including surgery, performed or prescribed by a specialist.</p> <p>Expenses for consultations with a general practitioner are not covered by the insurance.</p>	<p><b>Medical treatment expenses cover</b> compensates for examinations and treatment, including surgery, performed or prescribed by a general practitioner or specialist.</p>	<p><b>Medical treatment expenses cover</b> compensates for examinations and treatment, including surgery, performed or prescribed by a general practitioner or specialist.</p>
Sum insured during the validity of the insurance	EUR 30,000 per insured		EUR 50,000 per insured	
	Max. EUR 10,000 per illness or accidents			
Medication	Surgery cover does not compensate medication expenses. Only medication prescribed for the treatment of a serious illness is compensated.	No compensation. Pharmaceutical products prescribed by a specialist are compensated only if an entry has been made of them in the insurance policy and statement of coverage.	No compensation	Compensated. The customer card can be used as payment instrument at the pharmacy.

	Standard Health Insurance Cover	Comprehensive Health Insurance Cover	Extra Health Insurance Cover	Super Health Insurance Cover
Physiotherapy	A maximum of one physiotherapy period consisting of up to ten (10) sessions per surgical operation and physiotherapy – given instead of surgery – for the knee or shoulder.	A maximum of one physiotherapy period consisting of up to ten (10) sessions per surgical operation, or plaster treatment and physiotherapy – given instead of surgery – for the knee or shoulder.		All treatments prescribed by a physician will be compensated.
	Up to 20 sessions during the validity of the insurance for the treatment of serious illness.			
Rehabilitation during the validity of the insurance	Rehabilitation from serious illness: psychotherapy, neuropsychotherapy, occupational therapy or speech therapy related to the treatment, a maximum of 20 sessions each.			Neuropsychotherapy, occupational therapy or speech therapy up to 20 sessions each.
Psychotherapy during the validity of the insurance	Only as rehabilitation from serious illness, up to 20 sessions.	Up to 20 sessions are compensated.		
Hospital/clinic	Pohjola Hospital, our partner doctors or public-sector hospital or clinic.			The insured may choose a hospital or clinic.
Company doctor referral	Not necessary	Required. With fewer than 10 insured persons, a general practitioner's referral.	Not necessary	Not necessary
Daily hospital charges	Compensation will be paid in full for the first three days of the treatment period. After this, the daily hospital charges of the same treatment period are compensated up to the amount specified by the Ministry of Social Affairs and Health.			Compensated without upper limit
Deductible per insurance period	No deductible		Deductible EUR 100 per insured	No deductible
Crisis Cover	Fixed additional cover under group insurance for a group crisis therapy session.			
Digital insurance card	Yes			
Taxes	This is primarily a tax-exempt benefit to the insured persons			Taxable benefit to the insured persons
The insurance is granted on the basis of a notification of people able to work provided by the employer.				

## Who can you insure?

Health Insurance can be used to insure all fit-for-work employees and entrepreneurs aged between 18 and 80. The persons insured must be domiciled in Finland and have a valid Kela card. The insurance will always terminate when the insured person's employment or other contractual relationship terminates. A person who is on sick leave is not fit for work.

The insurance is granted on the basis of a list, provided by the employer, of people able to work.

Health Insurance also covers illnesses and accidental injuries had by the insured persons before the commencement of the policy. Health Insurance taken as a group insurance policy always includes Crisis Cover, which enables the company to arrange a group therapy session in case of death in the workplace or if over half of the staff are subjected to the Information and Consultation of Employees process.

## What does Health Insurance not cover?

The insurance does not cover loss or damage caused by, for example

- dental care
- pregnancy, childbirth or treatment of infertility
- examination or treatment of injuries or illnesses caused by the use of intoxicants
- treatment for snoring

- rehabilitation
- vitamins, basic creams or lotions, micronutrient and mineral preparations or nutritive preparations
- correction of refractive errors
- examination or treatment related to outward appearance, looks, or treatment primarily meant to enhance the quality of life
- obesity examinations or treatments according to the terms and conditions
- expenses for which you are or would have been entitled to compensation under some law
- fees for doctor's statements
- travel or accommodation
- illness or injury caused by participation in professional sports or a sports game or match arranged by a sports association or sports club, or in related training. Any restrictions in Health Insurance concerning certain sports are specified in detail in the insurance terms and conditions.

See the insurance terms and conditions for more information about coverage.

## Insurance premium and factors affecting its amount

The amount of the premium depends on the number of people to be insured, and their age and gender. The premium changes annually when the insured person grows older. The insurance premium and the sum insured may also be increased annually

in accordance with price increases in healthcare and medical treatment commodity group based on the consumer price index. We also have the right to change the insurance premium in situations specified in the insurance terms and conditions. These changes are made once a year, on 1 January. The insurance period is always one calendar year.

### Insurance premium in relation to the employee's taxation

According to the Tax Administration's instructions, a medical treatment insurance is tax-exempt if

- the insurance cover is of the same level for all employees within the company
- the benefit offered by the insurance is ordinary and reasonable (no more than €10,000 per illness or accident)
- the rules and regulations relating to the insurance are included in the occupational healthcare instructions
- the insurance premium must be reasonable and no more than an average of EUR 1,000 per insured.

### Quick treatment provided by our partners

Insured persons needing treatment for an illness or accident seek consultation initially, depending on the type of cover, with occupational health care, general practitioner or a hospital or clinic of their choice.

We recommend that you primarily use our partner doctors for ease and promptness of service and receiving compensation. MRIs must always be taken and operations performed by our partner doctors.

Our partner doctors can usually charge us directly, as long as the insured person can provide a Kela card, ID and any insurance customer card. In case of expensive treatment, such as MRI scans

and surgical operations, we may issue a commitment to pay for the treatment at one our partner doctors. Those who pay for the treatment expenses right away can claim the expenses later from us. Expenses you have to pay yourself include public-sector treatment expenses and any medication related to the policy.

### Accidents occurring during leisure time

In many cases, employees become injured by slipping or falling, for example, in their leisure time. We recommend that you take out a separate accident insurance policy, enabling your employees to go directly to any nursing institution without first having to go to an occupational health care doctor to get a referral.

### Insurance sales commissions

The insurance company will pay a commission that is either a percentage of the insurance premium or a fixed fee based on the number of policies sold.

The commission and its amount is affected by the insurance product and sales channel.

The commission is paid to the agent or insurance company employee.

### Insurance and claims services

+ 358 (0)10 253 1333\*

op.fi

\* Calls to number 010 253 1333 from land-line telephones in Finland cost €0.0835 per call plus €0.12 per minute.

The prices are inclusive of VAT 24%. We record customer calls in order to guarantee secure bank and insurance transactions.

We record customer calls to assure the quality of customer service, among other things. Read more about the subject at [op.fi/dataprotection](http://op.fi/dataprotection).

### Benefits from loyalty.

You only need one user ID and password to use banking and insurance services at op.fi.

Your insurance premiums may earn you OP bonuses\*, which you can use for your home, family and vehicle policies, for instance. You can earn considerable banking and insurance discounts.

**For more information, please go to [op.fi/edut](http://op.fi/edut)**

### Insurance policies online

Use our web service to

- buy insurance
- file a claim
- make changes to your insurance
- read and store your insurance policy.

Log into the op.fi service using your online bank user identifiers.

### Phone us or visit your local Group member bank

- Insurance and Claims Settlement +358 (0)10 253 1333
- Make an appointment at any branch office through OP Telephone Service +358 (0)100 0500\*
- 24-hour emergency phone service
  - Car and home damage +358 (10) 253 0012\*
  - Travel Emergency Service for urgent illness and accident situations abroad +358 (0)10 253 0011

## Pooling our resources.

