

Health insurance



Product Guide Valid as of 1 January 2021

Detailed information about the contents of the insurance and restrictions are available in the insurance terms and conditions.

Health Insurance policies are issued by Pohjola Insurance Ltd.

Health Insurance is a medical treatment expenses insurance that covers treatment and examination expenses arising from illnesses and accidents. Employees are a company's most important asset, and Health Insurance helps companies take care of their employees' health and wellbeing. Entrepreneurs may also insure themselves. An employee or entrepreneur falling ill or becoming injured in an accident may cause problems to business operations and major expenses to both the company and the injured person.

Health Insurance is used to

- 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	Comprehensive Health Insurance	Extra Health Insurance	Super Health Insurance
Claims for treatment expenses arising from illness or accident	<p>Surgery Cover indemnifies 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>Critical Illness Insurance compensates the cost of treatment and examinations by a doctor for cancer, myocardial infarction, stroke or MS.</p>	<p>Medical Treatment Expenses Cover indemnifies 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>Medical Treatment Expenses Cover indemnifies for examinations and treatment, including surgery, performed or prescribed by a general practitioner or specialist.</p>	<p>Medical Treatment Expenses Cover indemnifies 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		
	Up to EUR 10,000 per illness or accident			

	Standard Health Insurance	Comprehensive Health Insurance	Extra Health Insurance	Super Health Insurance
Medication	Surgery Cover does not indemnify for medication expenses. Only medication prescribed for the treatment of a critical illness is compensated.	Not compensated. 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.	Not covered	Covered. The digital insurance card can be used to pay at pharmacies.
Physiotherapy, foot therapy and occupational therapy	Up to one physiotherapy, foot therapy or occupational therapy period per surgical operation or up to one physiotherapy period given instead of surgery for the knee or shoulder. One treatment period consists of up to ten (10) sessions.	Up to one physiotherapy, foot therapy or occupational therapy period per surgical operation or plaster treatment or up to one physiotherapy period given instead of surgery for the knee or shoulder. One treatment period consists of up to ten (10) sessions.		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, up to 20 sessions each.			Neuropsychotherapy, occupational therapy or speech therapy, up to 20 sessions each.
Psychotherapy during the validity of the insurance	Only as rehabilitation for a critical illness, up to 20 sessions.	Up to 20 sessions are compensated.		
Hospital/clinic	Our partner doctors and public-sector hospitals or clinics.			The insured person may choose the hospital/clinic.
Referral from a occupational health physician	Not required	Required. With fewer than 10 insured persons, a general practitioner's referral is sufficient.	Not required	Not required
Daily hospital charges	Covered fully for the first three days of a treatment period. After this, the insurance covers daily hospital charges 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 pension insurance for a group crisis therapy session.			
Digital insurance card	Yes			
Taxation	This is primarily a tax-exempt benefit for the insured persons			Taxable benefit for 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 fit for work.

Health Insurance also covers illnesses and accidental injuries sustained by the insured persons before the commencement of the policy. Health Insurance taken out 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 or looks, or examination or treatment primarily meant to enhance the quality of life
- examinations or treatments related to breast reduction, enlargement or modification or the lifting or rejuvenation of eyelids, areas around the eyes or other facial feature
- obesity examinations or treatments according to the terms and conditions
- expenses for which the insured is or would have been entitled to compensation under some law
- fees for doctor's statements
- travel and accommodation costs
- illness or injury caused by participation in professional sports or competitive sports organised by a sports association or 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 sex. The premium changes annually as the insured person ages. 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 Finnish 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 EUR 10,000 per illness or accident)
- the rules and regulations relating to the insurance are included in the occupational health care instructions
- the insurance premium must be reasonable and no more, on average, than 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, a 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 receipt of compensation. Magnetic resonance imaging (MRI) scans and surgeries are covered only when performed by our partner doctor or a public health-care provider (excl. Super Health Insurance, in which the hospital/clinic can be chosen freely).

Our partner doctors can usually charge us for the expenses directly if the insured person is able to provide a Kela card, proof of identity and, if included in the policy, the digital insurance 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 their treatment right away can claim the costs from us later. Expenses you have to pay yourself include public-sector treatment costs and any medication related to the policy.

Accidents occurring during leisure time

In many cases, employees become injured by slipping or falling, for example, during their leisure time. We recommend that you take out a separate accident insurance policy, enabling your employees to go directly to any hospital/clinic without first needing to visit an occupational health physician for a referral.

Personal data processing

Pohjola Insurance processes customers' personal data in accordance with regulations in force and in a manner described in greater detail in the Privacy Statement and the Privacy Notice. The customer is advised to get acquainted with the indicated privacy information. The Privacy Statement and the Privacy Notice are available at op.fi and at Pohjola Insurance Customer Service outlets.

Insurance sales commissions

The insurance company pays 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 are affected by the insurance product and sales channel.

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

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.

Learn more at op.fi/benefits.



Our services

Manage your insurance policies at op.fi

Log into op.fi using the user identifiers for your own bank.

Once logged in, you can

- Report a loss and file claims
- make changes to your company's policies
- order a Green Card
- print out certificates of insurance

Pohjola Claim Help at your service 24/7

Pohjola Claim Help gives you clear instructions for all types of losses and damages. In case of loss or damage, Claim Help has the contact details of doctors, repair shops and our other partners.

Pohjola Claim Help is available at claimhelp.pohjola.fi and the OP Business mobile app.

Our Telephone Service

Pohjola Insurance

- Insurance and Claims Settlement 0303 0303*

Telephone service for statutory insurance

- Motor liability insurance and claims and workers' compensation insurance and claims 0100 5335**

* From mobile phones and landline networks in Finland, EUR 0.0835 per call plus EUR 0.12 per minute.

Prices are inclusive of VAT.

** Call rate: local/mobile network rate.

We record customer calls to assure the quality of customer service, among other purposes.

Advice on claims and insurance policies

Our insurance and claims advisors provide personal assistance in our telephone service. You can also file a complaint or appeal an insurance or claim settlement decision with our customer ombudsman. For more information on filing an appeal, visit op.fi/filing-a-complaint.

For independent advice, contact the Finnish Financial Ombudsman Bureau (FINE), tel. +358 9 6850120, www.fine.fi/en

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Domicile: Helsinki, main line of business: insurance

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

