

# Care Insurance

**bliwa**

**General information about the insurance**

Bliwa's Care Insurance comprises group personal insurance that affords access to healthcare advice and specialist care by those private care providers included in the medical network to which Bliwa has access or care providers otherwise nominated by Bliwa, in accordance with the detailed provisions below. The insurance may also compensate certain costs.

The insurance is pure risk insurance, which has no value if it ceases before an insurance event has occurred. An individual person may be covered by Bliwa's group insurance if a group agreement for this has been concluded between Bliwa and a group to which the person belongs, for instance as an employee of an employer or member of an organisation.

Bliwa's Care Insurance can be selected at three different levels: Basic, Premium and Premium Extra. All levels of Bliwa's Care Insurance are described in these conditions. The level applicable for a specific group has been agreed in the group agreement and is always shown in the insurance statement and, for voluntary insurance, also in the pre-contract information and the application documents.

**Insurer**

Bliwa Livförsäkring, ömsesidigt, corporate identity number 502006-6329 (referred to below as 'Bliwa'), is the insurer for this insurance. Bliwa is a mutual insurance company, which means that the company is owned by the policyholders. This means in its turn that policyholders are entitled to a bonus from any surplus that may arise from Bliwa's operations; see Sub-clause 1.17. Bliwa's insurance activities are subject to the supervision of the Swedish Financial Supervisory Authority (Finansinspektionen), postal address Box 7821, SE-103 97 Stockholm. Visiting address: Sveavägen 44, Stockholm, Sweden. Email address: [finansinspektionen@fi.se](mailto:finansinspektionen@fi.se). Telephone number +46 (0)8-408 980 00. Website: [www.fi.se](http://www.fi.se). Bliwa's marketing is subject to the supervision of the Swedish Consumer Agency (Konsumentverket), postal address Box 48, SE-651 02 Karlstad, Sweden. Visiting address: Tage Erlandergratan 8A. Email address: [konsumentverket@konsumentverket.se](mailto:konsumentverket@konsumentverket.se). Telephone number +46 (0)771-42 33 00. Website: [www.ko.se](http://www.ko.se).

Information about Bliwa's financial status is provided in Bliwa's latest adopted annual report. The annual report is available from Bliwa's website – [www.bliwa.se](http://www.bliwa.se) – and can also be ordered from Bliwa. Bliwa's contact details are shown at the end of these conditions.

Bliwa provides its insurance conditions and all other information in Swedish. Any legal proceedings concerning these conditions or the insurance in some other respect shall take place in Sweden, applying Swedish law.

**Bliwa's Care Centre**

Bliwa's Care Centre is provided by Capio Partner, corporate identity number 556805-7268, with which Bliwa has a cooperation agreement. The Care Centre is manned by registered nurses who provide the insured with medical advice, consider care needs and also plan care (book care appointments). The contact details for Bliwa's Care Centre are shown at the end of these conditions.

**Information about the conditions, etc., governing the insurance**

These insurance conditions apply from and including 1 January 2026. This means that the conditions apply to insurance taken out or renewed from 1 January 2026 onwards. The conditions also apply to an insurance event that occurs from 1 January 2026 onwards. The insurance is also governed by the group agreement concluded for each group, the insurance statement issued for the insurance, and also, for voluntary insurance, by the pre-contract information and the application documents. Furthermore, the Insurance Business Act (2010:2043), the Insurance Contracts Act (2005:104) and Swedish law in general together with official regulations, where applicable, also apply. A provision specially agreed in a group agreement takes precedence over these conditions.

**Tax rules**

Care Insurance constitutes capital insurance under the Income Tax Act (1999:1229).

If the employer pays the cost of the premium, the employee will be taxed for a benefit in kind. The benefit of the Care Insurance is valued as the employer's cost of the benefit, i.e., the premium. Bliwa's Care Insurance also includes tax-exempt benefits, such as preventive treatment and rehabilitation. Bliwa has therefore calculated the value of the benefit for the employee as being 60% of the premium. If the employer pays the premium for the Care Insurance for the employee, the employer may deduct the entire premium as a payroll expense and must pay employer's contributions on the premium.

**Cooling off period**

If the policyholder is a consumer, they are entitled to withdraw from the insurance agreement ('cooling-off period') within 30 days from the date on which they received the insurance documents and information that the insurance agreement has started to apply. The policyholder must notify Bliwa if they wish to exercise their cooling off right. A policyholder is also entitled to decline or give notice terminating the insurance at any time; see Sub-clause 1.9. The policyholder is always obligated to pay the premium for the period during which the insurance was in force.

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## Definitions

### Emergency medical care

Care provided in the case of sickness or an accident that requires immediate care within the healthcare services.

### Liability period

The longest period during which Bliwa is liable for one and the same insurance event. The liability period is counted from the day on which the insurance event was reported to Bliwa.

### Application documents

The application document and its appendices in the form of a group insurance plan.

### Fully capable of working

The person in question should be able to perform their normal work without limitation in order to be considered 'fully capable of working'. A person who to some extent is on sick leave, has been granted sick pay, sickness or rehabilitation benefit, activity compensation, sickness compensation or similar compensation or at least half occupational injury annuity is not 'fully capable of working'.

A person receiving dormant activity compensation, dormant sickness compensation or at least half of dormant occupational injury annuity is not considered to be 'fully capable of working' for the period during which the compensation or occupational injury annuity is dormant.

### Insured

The person in respect of whose health the insurance applies.

### Insurance statement

An insurance statement will be issued to the insured when insurance is taken out, including details about the fundamental rights and obligations resulting from the insurance together with important limitations to the insurance protection. An insurance statement will also be issued when the insurance is amended or renewed, provided the change is significant or if the new insurance conditions include a limitation to the insurance protection.

### Insurance event

'Insurance event' means a sickness or accidental injury (also referred to as a 'claim event') that occurs during the term of insurance and is covered by the insurance.

### Policyholder

The person who has entered into an insurance agreement with the insurance provider.

### Group agreement

The agreement concluded between the insurance provider and the group representative for the group to be insured. The group agreement includes provisions about the person entitled to the insurance and which insurance products the group members can take out.

### Group representative

The natural or legal person representing the group entitled to insurance in relation to the insurance provider.

### Group member

A person belonging to the group specified in the group agreement and who can be insured according to the group agreement.

### Co-insured

The husband, wife, registered partner, cohabitee or child of an insured group member who is insured in that capacity.

### Accident

An accident must have comprised an external occurrence that was caused by a sudden and unexpected event that resulted in the insured involuntarily suffering a bodily injury.

### Private care

Care that is not financed by public funds.

### Referral

Document issued by the treating physician, or when applicable by an optician to an ophthalmologist, to a physician with specialist competence within a certain area for further investigation or other care of a patient or referral for further examination. A referral is valid for six months from the date of issue.

### Sickness

A deterioration of the insured's physical or mental health confirmed by a physician that was not caused by an accident. A deterioration that has been caused by the insured voluntarily or through negligence is not deemed to be sickness.

**Claim event**

A 'claim event' means an accident, sickness and costs that arise for the insured.

A claim event is deemed to have occurred:

- at the time of the accident,
- or at the time the sickness manifested itself. 'Manifestation' means that the insured had symptoms for the first time that made the insured realise – or ought to have made the insured realise – that a sickness may exist.
- As regards costs, the claim event is deemed to have occurred when the cost actually arose for the insured.

**Specialist care**

Health service activities that comprise the second level of care and require more specialised measures than primary care can provide.

**Symptoms**

Manifestation of sickness or signs of sickness. Symptoms are deemed to exist even if the manifestation of sickness has temporarily ceased as a result of medication or other care.

**Care**

Measures to medically investigate and treat sicknesses and injuries. Examples of such measures may be drug treatment, medical-technical treatment, functional and activity training, manual treatment (such as, for instance, treatment by a physiotherapist or naprapath), psychological and psychosocial treatment and also an operation.

**1. Common provisions****1.1 Information about the group agreement**

Under the Insurance Contracts Act, a valid group agreement is a precondition for an individual group insurance agreement. The group agreement is concluded between Bliwa and a group representative.

The group agreement contains provisions concerning whether the group insurance is compulsory or voluntary, what insurance cover is included, which persons are covered by the agreement, when the agreement starts and how long the agreement applies, and also automatic extension and notice terminating the agreement.

**Voluntary group insurance**

If the insurance is voluntary, those covered by the group agreement are entitled to make their own decisions about whether or not they want to have insurance protection. The insurance agreement is then concluded between the group member, as the policyholder, and Bliwa. This is done by the group member applying for and being granted insurance.

**Compulsory group insurance**

If the group insurance is compulsory, those specified in the group agreement as being entitled to the insurance are automatically covered by the insurance with Bliwa. The insurance agreement is concluded between the group representative, as the policyholder, and Bliwa. However, each insured is deemed to be a policyholder in terms of the right to care or compensation for costs.

**1.2 The insurance conditions**

Unless otherwise indicated by the group agreement, these insurance conditions apply to each individual group insurance concluded on the basis of the group agreement with Bliwa. Any deviations from these insurance conditions are agreed in the group agreement and have precedence over these conditions. If a deviation has been made in the group agreement, this will also be indicated by Bliwa's application documents, pre-contract information or insurance statement issued.

**1.3 Bliwa's liability period**

Bliwa's liability period applies until such time as the insured achieves the age at expiry for the insurance, subject to the precondition that the insurance is in force. If the insurance has ceased to apply, the liability period ceases and thereby entitlement to compensation.

**1.4 Renewal and amendment of the insurance agreement**

The insurance applies for no more than one year at a time unless otherwise specified in the group agreement. The first term of insurance for new policies runs until the end of the year, i.e., up to and including 31 December of the same year in which the insurance was taken out. The insurance will subsequently be renewed annually from 1 January to 31 December.

The insurance will be renewed annually provided notice was not given terminating either the insurance or the group agreement at the end of the term of insurance. Bliwa is then entitled to amend the insurance conditions and the premium at the end of an agreement period. Information about any changes is to be provided in conjunction with the premium demand for the new agreement period.

Bliwa is entitled to amend these insurance conditions during an ongoing term of insurance if this is needed owing to the nature of the insurance or special reasons such as amended law, application of law or official regulations.

Amendments that are due to amended laws, application of law, official regulations or that are of minor importance may start to apply immediately.

The insurance may be renewed for no longer than up to and including the date on which the insured attains the age at expiry for the insurance, which is shown in the group agreement, the insurance statement or the application documents.

### **1.5 Who can be insured**

In order to be covered by the insurance, the person must belong to the group specified in the group agreement. This usually covers all of the employer's permanent employees or all members of the organisation or association that concluded the group agreement.

The application and pre-contract information also indicate the conditions applicable for each insurance product, and also in which cases an insured can co-insure their husband, wife or cohabitee.

A basic precondition for a person to be covered by the insurance is that both the policyholder and the insured are permanently resident in Sweden.

### **1.6 When the insurance enters into force**

#### **Voluntary group insurance**

##### *Upon application*

Voluntary insurance can enter into force no earlier than the date specified in the group agreement for those persons who meet the affiliation requirements. For persons who join the group at a later date, the insurance applies from and including the day after a complete application was received by Bliwa subject to the precondition that the insurance is granted.

#### **Compulsory group insurance**

The insurance enters into force from the date stipulated in the group agreement and applies to those persons who are group members at that point in time. For new group members who join the group at a later point in time, the insurance starts to apply at the earliest on the day after they joined the group.

### **1.7 Duty of disclosure**

The insurance agreement is based on the information that the policyholder and the insured has provided to Bliwa. They are obliged to provide, at the request of Bliwa, correct and complete information that may be relevant to the issue if insurance is to be concluded, amended or otherwise processed. The policyholder and the insured shall provide correct and complete answers to Bliwa's questions. The rules of the Insurance Contracts Act (2005:104) are applied if any information provided is incorrect or incomplete.

Bliwa may give notice of termination or amend the insurance if the duty of disclosure has been disregarded intentionally or through carelessness that is not insignificant. Notice of termination is given in writing with a three-month term of notice. If Bliwa would have issued insurance on different conditions if it had been aware of the correct information, the policyholder is entitled to continued insurance at the insurance amount corresponding to the premium and conditions otherwise agreed. A request for continued insurance shall be made before the period of notice of termination expires.

### **1.8 Health requirements**

#### **Voluntary group insurance**

The group member or co-insured must be fully capable of working when the insurance starts to apply in order to be covered by the voluntary group insurance. A person who is not fully capable of working and for whom insurance has consequently been declined may be affiliated later when they are once again fully capable of working.

Health requirements may vary between different group agreements and are shown in the application documents.

#### **Compulsory group insurance**

Group members for compulsory group insurance are normally covered without any health requirements. They are automatically and immediately affiliated to the insurance on the basis of the group agreement.

However, health requirements may apply in certain cases, which in that event will be indicated by the group agreement.

### **1.9 Premium**

The premium for the insurance product is calculated for one year at a time. The amount of the premium may, for example, be affected by factors such as the distribution of ages among those insured and the development of claims within the group.

The premium for voluntary insurance is indicated by the application documents.

The premium for compulsory insurance is specified in or in conjunction with the group agreement.

#### **1.9.1 Premium payment**

The first premium must be paid within 14 days from the date when Bliwa, or the party engaged by Bliwa, sent a premium payment demand. The premium for subsequent premium periods must be paid by no later than the first day of the new period. The same applies for the first premium for an insurance product renewed.

The premium for the insurance product should normally be paid by the policyholder. For voluntary group insurance, this means that the group member is responsible for paying.

For compulsory group insurance, the group representative is always responsible for the premium payment.

#### **1.9.2 Notice of termination owing to unpaid premium**

Bliwa is entitled to give notice terminating the insurance or limiting its liability in accordance with the provisions of these conditions if the premium is not paid on time and the delay is not insignificant. Notice of termination takes effect 14 days after Bliwa issued the notice, unless the premium is paid within this time limit.

The payment period is extended if a group member could not pay the premium within this period because of a serious illness, deprivation of liberty, non-payment of salary or pension from their main employment or some other unexpected impediment. In these cases, notice of termination takes effect one week after the impediment has ceased, though no later than three months after expiry of the original time limit of fourteen days.

#### **1.9.3 Revival of unpaid insurance**

If the insurance has ceased owing to an unpaid premium, it can be revived from and including the day after we received payment, provided payment is made within three months from notice of termination having entered into force. However, this right does not apply if the delay relates to the first premium for the insurance product.

Nor does the insurance apply for an insurance event that occurred during the period when the insurance was invalid. Nor does it cover a claim event that occurred after the revival if the loss was due to an event that occurred during the period when the insurance did not apply.

It is not possible to revive the insurance solely for a co-insured.

The above-mentioned rules also apply to compulsory insurance, although this can only be revived for the entire group.

#### **1.9.4 Revival [sic Repayment] of premium**

If a premium has been paid for a period after the term of the insurance has expired, Bliwa will repay the premium paid in error, though no more than an amount corresponding to the premiums for the past twelve months. This time limit is counted from the day on which Bliwa or the group representative received a request for repayment.

### **1.10 When the insurance ceases**

The insurance automatically ceases to apply when the insured attains the age at expiry shown in the pre-contract information and/or the insurance statement.

The insurance ceases to apply before this if:

- The agreement ceases
- you are no longer a member of the group for which the agreement has been concluded. In this case, the insurance also ceases for your co-insured and children.
- a group member or co-insured gives notice terminating the insurance
- if you are a co-insured and your marriage or cohabitee relationship has ended.
- notice has been given terminating the agreement owing to the premium not having been paid on time.

The term of the insurance cannot be extended after the age at expiry has been attained, even if a premium has been paid for the period after the insurance has ceased.

#### **1.11 Validity of the insurance in the event of stays abroad**

The insurance does not cover care or costs outside Sweden with the exception of what is shown in the item 'Compensation for deductible in the case of stays [sic care] abroad'.

#### **1.12 Measures required for payout**

##### **1.12.1 When a claim event has occurred**

A notification of sickness or an accident for which the insured is in need of care must be made to Bliwa's Care Centre (does not apply for emergency medical care). The insured shall refer to a physician within the public care system on their own initiative if the insurance applies with a requirement for referral.

If required for Bliwa to be able to assess the right to care and any compensation for costs, Bliwa can request that the insured submits an authorisation to obtain information from, for example:

- The policyholder
- The insured themselves
- An employer or group representative
- A physician, hospital or other care provider
- The Swedish Social Insurance Agency
- Other insurance establishments

Bliwa may deny compensation if authorisation is not submitted. Information about how personal data is processed is available under the heading 'Processing of personal data'.

##### **1.12.2 Date of payout of compensation for costs**

When Bliwa has established that an insurance event has occurred and the person requesting compensation has provided or contributed to the investigation in the manner that may reasonably be required to enable Bliwa to determine its payment obligation and the person to whom compensation can be paid, the insurance event is to be settled speedily through payment of compensation.

##### **1.12.3 Interest on late payout of compensation for costs**

Bliwa will pay interest under Section 6 of the Interest Act (1975:635) on a sum insured that has not been paid out on time according to these insurance conditions. The right to interest applies if the delay in payout was more than 30 days. Bliwa is not responsible for other losses that may arise if the investigation of the insurance event or payout of the insurance compensation is delayed. Interest for delay is not paid if the delay is due to an event in the nature of *force majeure*.

##### **1.12.4 Interest on late payout of compensation for costs[sic Time limit]**

A party who wishes to receive insurance compensation or other insurance cover must institute proceedings against Bliwa within ten years from the date when the circumstance in respect of which the insurance agreement affords a right to such cover occurred.

If a party who wishes to have insurance cover has presented the claim to Bliwa within the period prescribed by the first paragraph, the time limit to institute proceedings is always at least six months from when Bliwa has given notice of the final position it has adopted on the claim.

The right to insurance cover will lapse if proceedings are not instituted in accordance with this clause.

#### **1.13 Transfer**

The insured may not transfer or pledge the insurance. Dealings in violation of this provision are ineffective.

#### **1.14 Rules for allocating surpluses and covering losses**

If a surplus should arise in Bliwa's insurance operations, the annual gain will be appropriated to a 'consolidation reserve'. However, it is not necessary for all surpluses to be appropriated for consolidation but they may instead be distributed to the policyholders through a bonus, in the first instance in the form of a



reduction of future premiums. If a deficit should arise in the operation, an appropriation from Bliwa's consolidation reserve may be made to cover the loss.

Any decisions on appropriations from the consolidation reserve to cover losses or for a bonus from the surplus will be made by Bliwa's general meeting in accordance with Bliwa's Articles of Association and also Bliwa's Technical Guidelines and Technical Data for Calculations applicable at any given time. Both Bliwa's Articles of Association and the Technical Guidelines and Data for Calculations may be amended in the future as regards the right to any surplus.

#### **1.14.1 How the consolidation reserve may be used**

According to Bliwa's Articles of Association, the company's consolidation reserve may be used to cover losses, to allocate bonuses to the policyholders or to make donations for the public benefit or comparable purposes. The Articles of Association may be amended in the future as regards how the consolidation reserve is to be used.

#### **1.15 Representation system**

Bliwa Livförsäkring is a mutual insurance company. This means that the company is owned by its policyholders and that it is normally the policyholders that decide on the company's affairs. Bliwa has a representation system whereby the powers to make decisions are exercised by special delegate members appointed at Bliwa's general meeting. According to Bliwa's Articles of Association, half of the delegate members are appointed through direct election by the policyholders of Bliwa together with a small number of named organisations entitled to each appoint one delegate member. The other half of the delegate members are appointed by those customers of Bliwa who have paid the highest premiums during the immediately preceding financial year.

More information about the representation system, election of delegates and the general meeting of the company is available at [www.bliwa.se](http://www.bliwa.se).

### **2. General limitations**

#### **2.1 Deteriorations of health status resulting from misuse**

The insurance does not compensate deteriorations of health status that, according to medical experience, result from various forms of misuse, for example, misuse of alcohol, narcotic substances, pharmaceuticals, doping agents, gambling, etc. This applies with the exception of the provisions of the item 'Treatment of substance misuse'.

#### **2.2 Validity of the insurance in the event of a state of war and political unrest**

##### **In the event of a state of war in Sweden**

A 'state of war in Sweden' means a war or situation for which special legislation applies.

The insurance product does not cover an insurance event that occurs while a state of war prevails in Sweden and that may be deemed to be due to the state of war.

##### **In the event of participation in a war or political unrest outside Sweden**

The insurance does not apply for a claim event that occurs when the insured participates in a war or political unrest outside Sweden.

##### **In the event of stays outside Sweden in the event of war or warlike political unrest**

The following applies if the insured is staying outside Sweden in an area where war or warlike political unrest prevails – but is not personally participating: If the insurance was taken out in conjunction with the outward journey to, or during the stay in, the area and the war or unrest was already underway or there was a manifest risk of war, this insurance does not apply for a claim event that occurs during the stay in the area. Nor does the insurance product cover a claim event that occurs within one year after the end of the stay and that may be deemed to be due to the war or unrest.

#### **2.3 Nuclear reaction and acts of terrorism**

The insurance does not cover a claim event whose occurrence or scope is directly or indirectly linked to a nuclear reaction.

Nor does the insurance cover a claim event that has arisen through the spread of biological, chemical or nuclear substances in conjunction with an act of terrorism. 'Act of terrorism' means a harmful act that is penalised where it is committed or where the insurance event occurs and that appears to have been performed with a view to:

- seriously frightening the population
- inappropriately compelling a public body or international organisation to implement or refrain from implementing certain action

- seriously destabilising or destroying the fundamental political, constitutional, financial or social structures in a country or in an international organisation.

#### **2.4 Inducing an insurance event**

In the event of an insurance event, Bliwa's liability or compensation under the insurance may be reduced or denied completely if:

- the insured through gross negligence has induced an insurance event or aggravated its consequences or otherwise must be assumed to have acted or omitted to act even though they knew that this entailed a significant risk of a claim event occurring
- the insured has performed or contributed to a criminal act that may result in imprisonment under Swedish law
- the insured was under the influence of alcohol, other intoxicants, soporifics, narcotic substances or it was a consequence of them having used a pharmaceutical in an improper way.

It is required that the event that caused the claim event was a direct consequence of, or may be deemed to be linked to, one of the above for these limitations to apply. These limitations do not apply if the insured was under the age of 18 or was seriously mentally disturbed at the time of the injury.

#### **2.5 Force majeure**

Bliwa is not responsible for loss that may arise if the processing of an insurance application, investigation of an insurance event, payout or similar commitment of Bliwa is delayed owing to an event that lies outside the control of Bliwa. Bliwa should also have taken such action as may reasonably be required of Bliwa to mitigate the consequences of such an event. Examples of such events that may lead to a release from liability as provided above are war, warlike conditions or political unrest, natural disaster, restrictions in public communications or energy supply, Riksdag (Swedish Parliament) decision, measure taken or omitted by a public authority, industrial conflict, blockade, fire, flooding, sickness or major accident or extensive loss or destruction of property.

### **3. Special information about Care Insurance**

The insurance applies to private care in Sweden in the event of sickness or an accident (insurance event) that occurs during the term of the insurance subject to the precondition that it is covered by the insurance. The insurance affords entitlement to healthcare advice, care planning, treatment and also, in certain cases, compensation for costs that arise in conjunction with care.

The care must be medically necessary and reasonable in relation to the insurance event and the care shall be performed by a care provider within Bliwa's network or by a care provider nominated by Bliwa. Compensation is only provided for care and costs that have been approved in advance by Bliwa.

The scope of the insurance is shown in the insurance statement, pre-contract information and the application documents. The insurance conditions may also contain information about products or services that are not included in the group agreement in question.

#### **3.1 Definition of an insurance event**

'Insurance event' means a sickness or accidental injury that occurs during the term of the insurance and is covered by the insurance.

Complaints and symptoms with a medical link (i.e., that stem from the same sickness or accident) are counted as one and the same insurance event. However, this does not apply if the insured has been without symptoms, care and medication as a consequence of the insurance event for a consecutive period of 12 months. In such cases, the insurance provides compensation in accordance with the conditions applicable at the point in time of the new insurance event.

For certain short-term complaints, such as colds or infections, each occasion of illness is deemed to constitute a new insurance event.

#### **3.2 Deductible and requirement for referral**

Bliwa's Care Insurance may apply with or without a requirement for referral or deductible. This is shown in the insurance statement, and also in the application documents for voluntary insurance.

##### **Deductible or referral**

If the insurance applies with a deductible, this means that the insured personally pays a deductible to Bliwa for each new insurance event in accordance with the agreed level of deductible. However, no deductible

needs to be paid if the insured can produce a referral in conjunction with each new insurance event.

If a referral is only given later during the period of treatment, a deductible already paid will not be repaid. If the deductible is not paid in accordance with the above and no referral has been issued, Bliwa may decline to continue the provision of care under the insurance until the deductible is paid.

#### **Requirement for referral**

A requirement for referral means that a physician within primary care must have issued a referral to a specialist physician before care or costs can be compensated. Before such a referral is sent to a specialist physician, the physician within primary care must have performed a basic medical investigation and/or treatment. What a basic investigation/treatment includes depends on the sickness or injury involved and may include, for example, the taking of samples, X-rays, treatment or other relevant investigations.

The treating physician within primary care will only issue a referral to a specialist physician when an assessment has been made that the responsibility for care needs to be transferred to specialist care.

A referral is valid for six months from the date of issue.

### **3.3 When the need for care arises**

#### **Without a referral**

If the insurance applies without a requirement for referral, the insured must contact Bliwa's Care Centre when a need for advice or care arises. The Care Centre then books an appointment for care by one of the care providers included in the medical network to which Bliwa has access if there is considered to be a need and subject to the precondition that the claim event is covered by the insurance.

#### **With a referral**

When a referral has been issued, the insured must contact Bliwa's Care Centre. The Care Centre then books an appointment for care by one of the care providers included in the medical network to which Bliwa has access if there is considered to be a need and subject to the precondition that the claim event is covered by the insurance. Bliwa reserves the right to request the presentation of the referral from the insured.

The insured may contact Bliwa's Care Centre for advice even though the insurance applies with a requirement for referral.

### **3.4 Guarantee period**

'Guarantee period' means that care as a consequence of an insurance event must start within a certain period.

*Specialist:* An appointment shall be offered within seven ordinary weekdays from when the insured contacted Bliwa's Care Centre or when the necessary medical documentation is available.

*Investigations, treatment or operations:* Shall be offered within 14 ordinary weekdays, where this is medically possible, from when the physician has decided on a measure and Bliwa has received the necessary medical documentation.

If these time limits are exceeded, the insured will receive SEK 500 per ordinary weekday until the care measure can be offered, up to SEK 25,000 for a specialist appointment and SEK 25,000 for an operation.

The guarantee period only applies for the first consultation with a specialist or appointment for an investigation, treatment or operation as a consequence of one and the same insurance event.

The right to guarantee compensation does not apply if any of the following occurs:

- The insured does not accept the appointment offered
- The insured fails to attend a booked appointment
- The insured cannot undergo the care for medical reasons
- An operation or other treatment must be postponed for medical reasons.

The insured may need to travel to a clinic within Sweden nominated by Bliwa for the guarantee to apply.

### **3.5 Scope of the insurance – Basic level, Premium level and Premium Extra level**

The Care Insurance can be selected at three different levels: Basic, Premium and Premium Extra. The level applicable for a specific group has been agreed in the group agreement and is shown in the insurance statement, the pre-contract information and/or the application documents.

### **3.6 Basic level**

#### **3.6.1 Healthcare advice and care planning**

Registered nurses provide the insured with medical advice and information and also direct the insured, when necessary, to an appropriate care establishment considering the complaint or symptoms that the insured states that they have.

In the case of a consultation or following submission of a referral, Bliwa's registered nurses will make a medical assessment and book, when necessary, an appointment with a care provider within Bliwa's medical network.

#### **3.6.2 Specialist care**

The insurance compensates specialist care, which shall be provided in the first instance at the insured's home district. In the case of an insurance event, the insured must always contact Bliwa's Care Centre to book a specialist within Bliwa's medical network.

#### **3.6.3 Investigations, treatment and operations**

The insured is entitled to further investigations, treatment or operations with a private care provider included in the medical network to which Bliwa has access when this is medically justified according to the treating physician. These measures shall be linked to an insurance event and must be approved by Bliwa in advance and arranged by Bliwa's Care Centre.

The care provider performing the measure needs to submit medical documentation and proposed costs to enable Bliwa to be able to agree to the investigation, treatment or operation.

The insurance only covers investigations, treatment and operations available under private auspices in Sweden. Another precondition is that the private care sector in Sweden can receive the patient considering the patient's health status. The care shall comply with the national guidelines issued by the National Board of Health and Welfare and also be performed in accordance with medical science, established methods, proven experience and in a manner that complies with statutes and ordinances and also the regulations and general advice of the supervisory authority.

#### **3.6.4 Treatment by a physiotherapist, naprapath and chiropractor**

The insurance compensates treatment by a registered physiotherapist, naprapath or chiropractor, including up to ten treatment sessions per insurance event.

Bliwa's Care Centre is entitled to refer the insured to a specialist physician to assess the need for a physiotherapist, naprapath or chiropractor before the treatment is booked.

The treatment may be replaced by individual training on a training programme at, for example, a gym or preventative healthcare facility if a treating physiotherapist, naprapath or chiropractor considers this appropriate. The treatment shall be produced by the treating physiotherapist, naprapath or chiropractor, be for a limited period and approved in advance by Bliwa.

#### **3.6.5 Medical aids**

The insurance compensates the cost of medical aids during the period for treatment and healing of the injury, provided they are medically justified, prescribed by the treating care provider and arranged via Bliwa's Care Centre. Medical aids shall preferably be provided by a care provider within Bliwa's medical network. If this is not possible, the medical aid may be obtained from another care provider following approval by Bliwa.

Compensation is payable of up to:

- SEK 1,500 for heel cushions
- SEK 2,500 for other aids.

The insurance only compensates the cost of one aid of the same kind per insurance event.

#### **3.6.6 Treatment by a psychologist**

The insurance compensates treatment by a registered psychologist or psychotherapist, including up to ten treatment sessions per insurance event.

The treatment shall be performed by a care provider included in the medical network to which Bliwa has access.

#### **3.6.7 Enhanced healthcare planning**

For claim events that are not compensated by the insurance, the insured may get advice and help with

booking care appointments from Bliwa's Care Centre.

The insurance does not compensate the cost of care that is not covered by the insurance.

### **3.6.8 Second opinion**

A 'second opinion' means that an insured faced with difficult medical decisions as a consequence of an insurance event may in certain cases be entitled to a further qualified medical assessment by a specialist physician appointed by Bliwa. The insured is entitled to a second opinion once per insurance event.

There may be entitlement to a second opinion:

- If the insured is faced with the choice of being subjected to particularly risky treatment or operation that may be life-threatening or result in permanent injury or disablement.
- The insured is suffering from a life-threatening or serious illness or injury.

Bliwa shall give its prior approval for a second opinion.

### **3.6.9 Patient public healthcare fees**

The insurance compensates costs of publicly financed health and medical care in Sweden up to the level of the high-cost protection. Bliwa only compensates costs that can be verified by an original receipt.

### **3.7. Premium level**

In addition to the compensation components included in the Basic level, the Premium level also includes the following:

#### **3.7.1 Speech therapist**

The insurance compensates treatment by a speech therapist following a referral, up to five treatment sessions per insurance event.

#### **3.7.2 Dietician**

The insurance compensates treatment by a dietician following a referral, up to five treatment sessions per insurance event.

#### **3.7.3 Travel and accommodation**

The insurance compensates necessary and reasonable travel and accommodation costs in Sweden in conjunction with care covered by the insurance and that has been planned and arranged by Bliwa's Care Centre.

Compensation is paid if the trip is made between the insured's population registration address in Sweden and the care establishment if the trip is more than 100 km for a one-way trip. Compensation is paid for the least expensive means of transport that the health status allows.

#### **3.7.4 Pharmaceutical costs**

The insurance compensates the cost of prescription, publicly subsidised pharmaceuticals prescribed by a physician. Compensation is paid up to the level of the high-cost protection. Bliwa only compensates costs that can be verified by an original receipt.

#### **3.7.5 Aftercare/medical rehabilitation**

The insurance affords entitlement to aftercare and medical rehabilitation subject to the precondition that these form part of a medical investigation and have been prescribed by a physician following care having been provided within the framework of the insurance.

The aftercare or rehabilitation shall, according to the treating physician, be necessary to heal the injury and must be approved in advance by Bliwa. The treatment shall in the first instance be performed by a care provider within the medical network to which Bliwa has access. Aftercare or rehabilitation can be provided by another care provider if Bliwa does not have access to such a care provider within its network, provided Bliwa approves both the care and its cost in advance.

The insurance does not compensate costs covered by the county council. The insurance compensates the costs for at most one aftercare or rehabilitation period per insurance event. If the aftercare or rehabilitation involves treatment by a physiotherapist, naprapath or chiropractor, the insurance compensates up to ten treatments per insurance event, in addition to treatments specified in the item 'Treatment by a physiotherapist, naprapath and chiropractor'.

Bliwa compensates costs for aftercare and medical rehabilitation by at most SEK 100,000 per insurance event.

### 3.7.6 Care navigator

The insurance entitles the insured in certain cases to a care navigator. A 'care navigator' means that the insured has contact with a named registered nurse at Bliwa's care planning centre who follows developments of the insured's sickness or accidental injury and is available to the insured for any questions or need for clarification and also provides advice and support. This applies regardless of whether the care is being performed within the insurance or within publicly financed care.

The care navigator shall be able to obtain medical documentation with the insured's consent. If both the sickness or injury and the care required are covered by the insurance, the care navigator will also arrange for the care to be booked in accordance with the insurance conditions in a coordinated way.

You are entitled to a care navigator:

- when several care providers at different healthcare institutions are participating in investigations and treatment
- in the case of a complex disease panorama with several different diagnoses and need for treatment
- in the case of a life-threatening or particularly serious sickness or injury
- in the case of an unclear or still unidentified diagnosis that requires a long investigation.

The insured contacts Bliwa which determines whether the insured is entitled to a care navigator. Bliwa may also offer the insured access to a care navigator in those cases where we consider that there is a need for such service.

### 3.8 Premium Extra level

In addition to the compensation components included in the Basic and Premium levels, the Premium Extra level also includes the following:

#### 3.8.1 Help at home following an operation

The insurance compensates necessary and reasonable help-at-home costs for a consecutive period of 14 days following the insured's return to home after an operation that can be compensated by the insurance, though a maximum of 16 hours of help at home per insurance event. A precondition is that the medical condition justifies such help. 'Help at home' means help with chores such as, for instance, shopping or house cleaning. The need for and cost of help at home must be approved in advance by Bliwa and performed by a company that holds a business tax certificate. The insurance does not compensate the insured for costs incurred by the company performing the help at home and that relate to anything other than the help performed, such as travel and materials costs.

#### 3.8.2 Compensation for deductible in the case of care abroad

The insurance compensates any cost of deductible under other insurance that has arisen in conjunction with care during a temporary stay abroad. Compensation may be paid corresponding to the cost of the deductible for the other insurance, though at most SEK 5,000 per trip.

#### 3.8.3 Cardiovascular examination

The insurance covers a cardiovascular examination recommended by Bliwa. The insurance compensates at most one (1) examination every other year. This examination must be approved in advance by Bliwa and arranged by Bliwa's Care Centre.

#### 3.8.4 Weight-reducing operation

The insurance compensates operations as a consequence of being overweight. An operation shall be performed following a recommendation and referral. A precondition for the right to an operation is that the insured has a Body Mass Index (BMI) of at least 35.

The operation must be approved in advance by Bliwa and arranged by Bliwa's Care Centre. The insurance only affords entitlement to one operation and subsequent programme.

#### 3.8.5 Treatment of substance misuse

The insurance compensates the cost of one (1) uninterrupted treatment period for diagnosed misuse of alcohol, narcotics, pharmaceuticals or doping preparations subject to the precondition that it is medically justified. The insurance covers costs for treatment programmes up to SEK 100,000.

The treatment shall have been approved in advance by Bliwa.

The insurance does not apply to a diagnosis made within 24 months from when the insurance entered into force.

### 3.8.6 Vaccination costs

The insurance compensates vaccination costs. The insured shall make their own appointment and pay for the vaccination. Bliwa compensates the insured's vaccination costs on production of an original receipt together with documentation verifying to whom the vaccination cost relates.

Bliwa compensates the insured's vaccination costs by at most SEK 2,000 per year.

## 4. Limitations to the scope of the insurance

The following limitations also apply in addition to the limitations shown in the above description of the Care Insurance. Deviations may be shown in the group agreement, insurance statement or pre-contract information.

### 4.1 Sickness or accidental injury before the insurance started to apply

The insurance does not apply for sickness or accidental injury for which the insured has had symptoms, received care or medication prior to the insurance starting to apply.

The insured is covered by the insurance when they have been without symptoms, care and medication for a consecutive period of 12 months since the last care visit.

### 4.2 Costs compensated from somewhere else

The insurance does not compensate costs that are compensated from somewhere else, for example pharmaceutical or patient insurance or the like where there is a pharmaceutical or care provider liability. Costs that are compensated from somewhere else as a consequence of, for example, statute, enactment, convention or collective agreement.

### 4.3 Compensation for an injury within health and medical care

The insurance does not provide financial compensation (damages) for personal injury, violation or property damage that arises in conjunction with health and medical care performed by a care provider nominated by Bliwa.

However, the insurance does afford a right to care to treat a personal injury or violation that has been caused by such a care provider.

### 4.4 Care and costs that have not been approved in advance by Bliwa

The insurance only compensates care and costs that have been approved in advance by Bliwa. In order to be covered by the insurance, the care must:

- Be planned and arranged through Bliwa's Care Centre.
- Be provided by a care provider in Bliwa's medical network or specifically nominated by Bliwa.

The insurance does not apply for injuries or care provided by a care provider that has not been nominated by Bliwa.

### 4.5 If you do not comply with the care provider's instructions

The insurance does not compensate an injury or sickness that has been aggravated owing to the insured not having complied with Bliwa's or the care provider's instructions.

### 4.6 Missed appointments

A care appointment must be cancelled no later than 24 hours before the appointment made, calculated to the nearest preceding weekday. If the insured fails to attend an appointment made for care without having cancelled this appointment in good time, Bliwa reserves the right to make a decision about terminating the insured's right to continued care and compensation for costs as a consequence of the insurance event.

### 4.7 Sicknesses and conditions that are not covered by the insurance

The insurance does not cover:

- Sicknesses subject to the Communicable Diseases Act.
- Neuropsychiatric diagnoses.
- Illnesses, condition or other complaint that a physician has assessed to be of a chronic nature and that require lifelong or long-term treatment. However, the insurance covers treatment until such time as a physician has assessed that the illness, condition or complaint is of a chronic nature.

- Eating disorders and their consequences.
- Congenital illnesses, birth injuries, disability or their consequences.
- Investigation or treatment of snoring or sleep apnoea.
- Dementia disease.
- Somatoform disorders, including chronic pain syndrome together with unspecified pain or aches.

#### **4.8 Care and treatment that are not covered by the insurance**

The insurance does not cover:

- Emergency medical care or intensive care. The insurance only covers planned care under private auspices in Sweden.
- Care that is not aimed at improving the insured's medical condition.
- Cosmetic treatments and operations, and their consequences.
- Fertility investigation or treatment of infertility. Gynaecological examinations or check-ups are only covered if the need has arisen as a consequence of an insurance event.
- Treatment for being overweight and obesity for a BMI of less than 35, and also weight-reducing operations and their consequences (with the exception of the provisions under the item 'Weight-reducing operation').
- Coronary angiography (coronary vessel X-ray) and its consequential treatment.
- PCI treatment for the narrowing of blood vessels.
- Ablation treatment for cardiac arrhythmia.
- Dental care regardless of cause.
- Correction of visual defect, unless the visual defect arose as a consequence of an insurance event.
- Organ transplants and their consequences.
- Dialysis treatment.
- Injections into the eye.

#### **4.9 Other costs that are not compensated by the insurance**

The insurance does not provide compensation for:

- Medical service (such as X-ray, laboratory sampling, etc.) for which the insured has been referred by a care provider outside Bliwa's medical network.
- Medical certificates and associated costs.
- Lost income from work as a consequence of sickness or treatment.

### **5. Continued protection following cessation of the insurance**

#### **5.1 Extended cover protection**

An insured is entitled to extended insurance protection ('extended cover protection') for three months if they have had group insurance with Bliwa for at least six months and the insurance ceases because the person leaves.

A co-insured is also entitled to extended cover protection on the same conditions if the marriage or cohabitee relationship with the group member ceases or if the group member dies.

However, entitlement to extended cover protection does not apply if:

- Notice has been given terminating the group agreement completely or partly.
- The insured has opted to terminate the insurance but is still a member of the group.



- The insured already has been granted, or can obviously be granted, equivalent insurance protection.
- if notice has been given terminating the insurance owing to unpaid premium
- if the insurance has been terminated because the age at expiry has been attained

During the extended cover protection period, the insurance applies on the same conditions and at the same amount as before it ceased, provided the insurance event occurs within the extended cover protection period and before the insured attains the age at expiry for the insurance.

## 5.2 Continuation insurance

If a group agreement ceases owing to notice of termination by the group representative or Bliwa, each insured is entitled to take out continuation insurance with Bliwa, without the requirement for a health check. A group member who leaves the group also has this right, provided the member has not attained the age at expiry for the insurance. Bliwa will provide information about the right to continuation insurance in conjunction with notice terminating the group agreement.

An application for continuation insurance must be made within three months from when the insurance ceased.

However, entitlement to continuation insurance does not apply for:

- A person who has been insured for less than six months.
- A person who has personally given notice terminating the insurance but is still a member of the group.
- A person who already has been granted, or can obviously be granted, equivalent insurance protection.
- A person who has attained the age at expiry for the insurance

A co-insured is entitled to take out continuation insurance if the group member leaves the group, dies or if the marriage or cohabitee relationship with the group member ceases.

In the case of voluntary insurance, the right to continuation insurance also applies if notice is given terminating the insurance agreement because the group member has not paid the premium.

In the case of compulsory insurance, each insured is entitled to continuation insurance if Bliwa's liability ceases because the policyholder has not paid the premium. However, this right does not apply for a person who has been insured for less than six months.

The insurance conditions and premiums for continuation insurance differ to those for group insurance.

## 6. Processing of personal data

Bliwa protects your personal privacy. All processing of personal data is performed on the basis of applicable legislation, recommendations issued for the industry and Bliwa's internal rules.

You can find out more about how Bliwa processes your personal data at [www.bliwa.se/personuppgifter](http://www.bliwa.se/personuppgifter). Here you can also find out what rights you have in relation to us. Please contact Bliwa if you would prefer to have this information sent to your home.

## 7. Bliwa's insurance distribution

Bliwa's insurance products may be distributed by Bliwa or another distributor engaged by Bliwa to deal with the distribution. The party distributing the insurance must provide the customer with information about the distribution. For this reason, the following information applies in the event that Bliwa is the insurance distributor.

### *Name of employee who participated in the distribution*

Insurance is normally distributed to natural persons digitally or via a standard form, i.e., without the direct assistance of an employee. Insurance may be distributed to legal persons digitally, via a standard form or by communication with an employee at Bliwa. The name of such employee will be indicated, when applicable, by the insurance agreement or notified separately in conjunction with the conclusion of the agreement.

### *Advice*

Bliwa does not provide insurance advice to private individuals.

### *Information about remuneration*

Remuneration is not payable to Bliwa's employees as a consequence of the distribution of individual insurance agreements.

## 8. If we do not agree

### Responsibility for care and advice, etc.

Bliwa is not responsible in relation to the insured for the care or medical advice that has been arranged through the insurance and provided by a care provider within the framework of the insurance. This means that any claims as a result of care, medical advice, determination of diagnoses or other measures that have been taken by a care provider are to be made against the care provider. This also applies to any measures taken by a cooperating partner that provides healthcare advice on behalf of Bliwa.

### Reconsideration by Bliwa

You should in the first instance contact Bliwa if you are dissatisfied with Bliwa's decision in order to have the matter reconsidered. A complaint or request for reconsideration must be presented to Bliwa within six months from Bliwa's final notice in the matter. However, if new circumstances have occurred, Bliwa will reconsider a matter even after this period has expired. Reconsideration is conducted in accordance with Bliwa's guidelines for dealing with complaints applicable at the time.

In the first instance we would like you to contact the person who dealt with your matter to have it reconsidered. You should contact the Complaints Officer at Bliwa if you are still dissatisfied with the case officer's decision. You can also contact the Complaints Officer or some other instance for dispute resolution in accordance with the following if you are not satisfied with Bliwa's distribution. Bliwa's Complaints Officer will reconsider your matter free of charge; please write to: Bliwa, Klagomålsansvarig (Complaints Officer), Box 13076 SE-103 02 Stockholm, Sweden, or send an email to: [klagomalsansvarig@bliwa.se](mailto:klagomalsansvarig@bliwa.se).

### The Swedish Consumers' Insurance Bureau

The Swedish Consumers' Insurance Bureau can provide general information and guidance on insurance issues. Address: Konsumenternas försäkringsbyrå, Box 24215, SE-104 51 Stockholm, Sweden. Telephone: +46 (0)200-22 58 00.

### Municipal Consumer Advice Officer

The consumer advice officer in your municipality can help consumers with general advice and information.

### The Board for Insurance of Persons

The Board for Insurance of Persons only considers matters that involve insurance-medical issues and where the Board therefore needs to have support by a consultant physician. Matters at the Board for Insurance of Persons can therefore normally only relate to Bliwa's health, personal accident, healthcare or life insurance policies. Address: Personförsäkringsnämnden, Box 24067, SE-104 50 Stockholm, Sweden. Telephone: +46 (0)8-522 787 20.

### The Swedish National Board for Consumer Complaints (ARN)

ARN is a government authority that considers disputes between private individuals and business operators. The Board does not consider disputes relating to amounts of less than SEK 2,000 and does not conduct any medical assessments. Address: Allmänna reklamationsnämnden, Box 174, SE-101 23 Stockholm, Sweden. Telephone: +46 (0)8-508 860 00.

### Judicial review

A dispute can also be considered by a general court. A Swedish district court (*tingsrätt*) is the first instance.

Bliwa Livförsäkring, ömsesidigt  
Box 13076  
103 02 Stockholm  
Sweden

Email  
[kund@bliwa.se](mailto:kund@bliwa.se)

Website  
[bliwa.se](http://bliwa.se)

Bliwa's Care Centre  
Telephone: +46 (0)771-108 108  
Box 13076  
103 02 Stockholm  
Sweden

Postal address for documents relating to claim matters:  
Capio Partner  
FAO: Bliwa Care Planning  
Sundbybergsvägen 1  
171 73 Solna  
Sweden

# **bliwa**