Member certificate/insurance certificate

Vertikal Helse
en del av If

VMWARE NORWAY AS
Lysaker torg 5
1366 Lysaker

14 June 2021

Insured:	Ansatte i VMWARE NORWAY AS
Policy holder:	VMWARE NORWAY AS
Policy number:	SP2952162
Valid from:	01.07.2021

The next few pages contain an overview of your personal risk insurance through VMWARE NORWAY AS.

EBS21

14 June 2021

• Ansatte i VMWARE NORWAY AS

MAIN COVER: Health	
Treatment warranty	Specialist 10 / treatment 20 days
Services	
24/7 Health phone	Included
Doctor services on phone	Included
Vertikal Distribution	Included
Care	
Insurance sum	5 000 000 kr
Specialist treatment	Reasonable and necessary expenses
Surgery and hospitalization	Reasonable and necessary expenses
Rehabilitation	Included
Physical rehabilitation	
Treatments physiotherapy/chiropractor	Up to 5 physiotherapist / manual therapist treatments / chiropractor treatments
Deductible	No deductible
Psychological care	
Crisis therapy	12 treatments
Psychological counseling	10 treatments with referral
Addiction rehabilitation	
Addiction	One treatment stay up to 150 000 NOK

Services

Medical advice and services

If you need medical help or need to report a claim, please contact us by phone +45 23 01 48 00 or go to vertikalhelse.no.

If you need help with small or large health issues, you can also contact the Helsetelefonen by calling 21 49 24 01. The health phone is a 24-hour service available to you who have health insurance. When you call the health phone you will talk to experienced nurses who can answer simple questions about illness and health. You can call whenever you want, around the clock.

You also have access to online medical consultation. Download the KRY app and get access to a doctor's video on a general practitioner.

This is a translation from the Norwegian Health Insurance terms. In case of discrepancy, the Norwegian wording prevails.

1 Who the insurance covers

1.1 The insurer

If Skadeforsikring NUF (If) is the Insurer for this insurance.

Vertikal Helse is a subsidiary of If and has, pursuant to the agreement with If, been granted the right to sell and manage health insurance and to manage the medical follow-up of all claims. Vertikal Helse is a specialist medical company and not an insurance company.

1.2 The Policyholder

The Policyholder means the person, or persons, who have entered into an insurance agreement with If in accordance with the certificate of insurance.

1.3 The Insured

The Insured means the person, or persons, eligible for treatment under this insurance agreement.
The insurance covers those listed in the certificate of insurance with permanent address and residence in the Nordic countries who are eligible for treatment under the publicly funded Norwegian health service.

Employees
When entering into the insurance agreement and in connection with subsequent enrolment of additional insured persons, each employee must be fully fit for work in order to be eligible for treatment under this insurance agreement. Fully fit for work means being able to perform income-generating work in a full-time (100%) position.

Employees with a permanent partial disability who are otherwise fully fit for work in the position they hold are also included.

Co-insured
The spouse, cohabitant and children of the Insured may buy their own health insurance for an additional premium.

2 When the cover applies

The insurance event must occur during the insurance period.

The insurance runs for one year at a time and is automatically renewed if neither the Policyholder nor If have given notice that the insurance agreement will cease.

2.1 Cessation of cover

The rights of the Insured shall lapse automatically upon expiration of the agreement.

The Insured's right to cover under the insurance shall lapse from the time at which:

- the Insured is no longer eligible for treatment under the publicly funded Norwegian health service.
- the Insured is no longer employed by the company.

The insured may still be covered after the employment relationship between the policyholder and the insured ceases, if there is a separately agreement on this.

In the event that the insurance lapses (is not renewed), If shall cover treatment expenses for up to 12 months for insurance events reported to If during the insurance period, up to a maximum of the upper insurance sum agreed. If the insurance is transferred to another insurance company expenses for investigation, treatment or surgery shall be covered for up to three (3) months after the agreement lapses.

3 Where the cover applies

The insurance covers assessment, treatment and surgery in Norway, as described in Item 5.1. If the company is unable to identify available capacity in Norway, equivalent assessment, treatment and surgery in a different European country shall be covered.

4 What is covered

4.1 What the insurance covers

The insurance covers reasonable and necessary expenses incurred for assessment, treatment and surgery under the specialist health service when:

- the Insured is issued with a new referral for assessment, treatment or surgery during the insurance period, or
- the waiting time in the Norwegian public health service exceeds the agreed treatment warranty period specified in the certificate of insurance.

4.2 The insurance event

The insurance event is deemed to have occurred when the Insured reports a new claim with a new referral for assessment, treatment or surgery.

Requirements concerning the referral:

- Must document the necessary medical indication to initiate assessment and treatment.
- Must be issued during the last 12 months before Vertikal Helse receives the referral from the Insured.
- Referrals for specialist consultations must be issued by a physician or other healthcare professional authorised to make referrals. The referrer must hold Norwegian government-approved authorisation.
- Referrals for treatment or surgery must be issued by a specialist physician holding Norwegian government-approved authorisation and who works in the specialist health service. A specialist in general medicine is not defined as a specialist physician in this context.

Referrals for assessment, treatment or surgery that have already been initiated when the insurance comes into force shall not be considered a new insurance event.

4.3 Pre-approval

All expenses relating to assessment, treatment and surgery must be pre-approved in writing by Vertikal Helse. Vertikal Helse will book appointments for assessment, treatment and surgery, unless otherwise agreed.

4.4 Treatment warranty

The insurance shall apply when the waiting time for assessment, treatment or surgery in the public health service exceeds the agreed treatment warranty period. The treatment warranty period includes all days except Saturdays, Sundays, statutory holidays and bank holidays, Christmas Eve and New Year's Eve. The agreed treatment warranty period is specified in the certificate of insurance.

The treatment warranty period is calculated from the time at which Vertikal Helse receives the necessary documentation describing the need for treatment in the form of a valid referral and signed authorisation from the Insured.

If a need for treatment arises while abroad, the Insured must pay the expenses for transport to Norway themselves. The treatment warranty period shall commence from the date on which the Insured arrives in Norway.

Vertikal Helse guarantees that the first assessment or treatment after an insurance event has occurred will take place within the guaranteed number of working days specified in the certificate of insurance. If the treatment warranty period cannot be met, compensation of NOK 600 per working day shall be paid from the expiration of the treatment warranty period until assessment or treatment is initiated, but for no longer than 30 working days.

Nonetheless, the treatment warranty period shall not apply if the assessment, treatment or surgery must be postponed due to:

- Medical reasons.
- A need to clarify that a new insurance event has actually occurred.
- A need for a specially qualified place of treatment.
- Circumstances outside the control of Vertikal Helse or the place of treatment.
- The Insured not accepting the offer of assessment, treatment or surgery.
- The Insured desiring assessment, treatment or surgery after the expiration of the treatment warranty period.
- Circumstances on the part of the Insured.

In such circumstances, the Insured shall be entitled to a justification of why the treatment warranty period cannot be met.

5 The insurance coverage

5.1 What the insurance covers

The insurance covers assessment, treatment or surgery through the specialist health service. The interventions must be medically necessary to improve functional ability, or have rehabilitative objectives, and must be performed by authorised healthcare professionals.

The insurance covers assessment and treatment interventions available in the Norwegian public health service and that are based on scientific documentation or established, recognised clinical practice in Norwegian medicine. The treatment must be knowledge-based and medically necessary for the relevant injury or illness.

In the event of disagreement between specialist physicians regarding the choice of assessment or treatment method, Vertikal Helse may decide that a recommendation from a specialist physician in the Vertikal Helse network must be followed.

Choice of place of treatment

Based on information about the Insured and the referral received, Vertikal Helse will choose a place of treatment that can perform assessment and treatments within the Insured's treatment warranty period.

The Insured is free to reject the offered place of treatment, but in these circumstances is not then entitled to treatment under the policy.

In situations in which it is not possible to access a hospital in Norway within the treatment warranty period, a European hospital may be chosen.

5.1.1 Consultation with specialist physician
The insurance covers consultation with a specialist physician when the Insured has been referred to a specialist physician by a physician or others authorised to make referrals. Consultations with specialist physicians are also covered when the consultation is part of the follow-up after surgery or treatment.

Specialist physician means a physician authorised as a specialist in accordance with the criteria set down by the Norwegian Directorate of Health who provides diagnostics and treatment as part of the specialist health service in the Norwegian public health service. A specialist in general medicine is not defined as a specialist physician in this context.

5.1.2 Second opinion for a pre-existing diagnosis and treatment
The insurance covers one second opinion for a pre-existing diagnosis, proposed or initiated treatment or previously performed treatment, if requested by the Insured. The request must be made via Vertikal Helse, which will acquire a medical specialist from within its network. A specialist in general medicine is not defined as a specialist physician in this context.

5.1.3 Treatment through private specialist health services
The insurance covers reasonable and necessary expenses for surgery, necessary follow-up consultations or other hospital treatment through private health services as a direct result of an insurance event that has occurred, when the Insured cannot be treated by the Norwegian public health service within the agreed treatment warranty period specified in the certificate of insurance.

The insurance also covers treatment interventions other than surgery and hospital treatment for a period of up to nine (9) months from initiation. Treatment intervention means treatment for which a specialist physician has made a referral. The interventions must be medically necessary to improve functional ability and must be performed by authorised healthcare professionals.

5.1.4 Personalized cancer treatment
The insurance covers personalised cancer treatment, including diagnostics and treatment, based on scientific documentation. Diagnostics and treatment must be recommended and justified by a specialist in oncology within the Vertikal Helse network.

5.1.5 Rehabilitation
The Insurance covers rehabilitation stays of up to four (4) weeks or outpatient rehabilitation for up to 20 working days. The rehabilitation must be prescribed by a relevant specialist physician and must be provided by authorised healthcare professionals. Rehabilitation must be necessary and a direct result of an insurance event that has occurred and is covered by Item 5 of the insurance. Rehabilitation must be medically necessary to improve functional ability and a retraining potential must exist. All rehabilitation must be pre-approved by Vertikal Helse.

5.1.6 Personal medical adviser
In connection with a need for treatment, the Insured will be assigned a personal adviser from Vertikal Helse, who will assist throughout the entire treatment process.

If desired by the Insured and written authorisation is submitted to Vertikal Helse, a personal adviser will be able to provide information to a representative of the next of kin concerning the Insured’s treatment process.

5.1.7 Physical treatment
Physical treatment that is medically necessary to improve functional ability, illness or injury will be covered, subject to referral from a relevant specialist physician working in the specialist health service. A specialist in general medicine is not defined as a specialist physician in this context.

The insurance covers physical treatment from a:

- offentlig godkjent fysioterapeut,
- government-approved physiotherapist,
- manual therapist,
- chiropractor,
- osteopath who is a member of the Norwegian Association of Osteopaths or
- naprapath who is a member of the Norwegian Association of Naprapaths.

Physical therapy not requiring a referral
If the insurance also covers an agreed number of appointments for physical therapy not requiring referral from a specialist physician, this will be specified in the certificate of insurance. The agreed number of appointments for physical therapy shall apply for a 12-month period running from the initial treatment date.

5.1.8 Psychological counselling
The insurance covers up to ten treatments with a psychologist within Vertikal Helse’s network of psychologists, subject to a referral from a physician, within a 12-month period running from the date of the initial treatment and 12 months must pass from the date of the last treatment covered by the insurance until further treatment may be claimed.
Treatment may also be provided digitally via digital treatment programmes or video consultations with a psychologist.

5.1.9 Crisis therapy
The insurance covers the cost of up to 12 hours of treatment as a result of psychological reactions caused by sudden and unexpected events such as robbery, violence, traffic accidents, or death when the insured himself is affected by such events without himself being physically injured.

The insurance is valid for all permanent members of the insured's household.

If the customer is covered by several personal insurances including coverage for crisis therapy, If will only cover this once for the same event.

5.1.10 Medicines
The insurance covers reimbursement of the co-payment for prescription medication prescribed by an attending specialist physician in connection with an insurance event that has occurred. Coverage is limited to a maximum of three (3) months' consumption from the initial collection after the prescription was issued.

5.1.11 Travel and accommodation
When assessment, treatment or surgery in connection with an insurance event that has occurred is booked by Vertikal Helse, the insurance shall cover the following travel and accommodation expenses:

- Travel expenses when the travel distance between home and the place of treatment exceeds fifty kilometres in one direction. Travel expenses shall be reimbursed in accordance with government rates for patient travel.
- Flights and hotel bookings when made by Vertikal Helse.
- Per diem shall be covered in accordance with government rates for patient travel.
- Accommodation shall be covered by prior approval from Vertikal Helse if medically necessary.

If agreed with Vertikal Helse in advance, expenses for one travel companion may be covered if medically necessary.

However, travel and accommodation expenses relating to physical therapy or psychological treatments are not covered, even if such treatment is linked to an insurance event that has occurred.

5.1.12 Technical aids
The insurance shall cover expenses for medically indicated technical aids in connection with surgery or treatment up to a maximum limit of NOK 10,000. The attending specialist physician must document that the need is linked to an insurance event that has occurred. Technical aids shall not be covered by the insurance if the Insured is eligible for reimbursement from Helfo for the expenses.

5.1.13 Addiction
The insurance shall cover expenses for one treatment scheme for substance abuse and gambling addiction, up to NOK 150,000. There must be a medically indicated referral from a physician and 12 months must pass from the date of the last treatment covered by the insurance before a new treatment scheme may be claimed.

The insurance covers rehabilitation from:

- alcohol,
- drugs,
- addictive medications and,
- gambling.

5.2 What the insurance does not cover
5.2.1 Wilfully self-inflicted injury or illness
The insurance does not cover treatment caused by intentionally self-inflicted injury or illness.

5.2.2 Immediate assistance and urgent treatment
The insurance does not cover emergency treatment.

5.2.3 General practitioners and specialists in general medicine
The insurance does not cover consultations with general practitioners and specialists in general medicine. However, digital medical services or video consultations with providers with which Vertikal Helse has an agreement are still covered.

5.2.4 Psychiatrists and treatment at a psychiatric institution
The insurance does not include assessment or treatment by a psychiatrist or at a psychiatric institution.

5.2.5 Preventative treatment, vaccination etc.
The insurance does not cover preventive treatment, vaccinations, hyposensitisation, ordinary medical examinations and screening examinations for which there is no underlying suspicion of somatic illness or medical certificates to document health condition. This includes but is not limited to preventive treatment on the basis of genetic testing.

5.2.6 Glasses, contact lenses, eye tests etc.
The insurance does not cover glasses, contact lenses, vision tests, surgical interventions such as vision correction surgery, or laser surgery for the purpose of correcting refractive defects in the eye when this is not due to an insurance event that has occurred.

5.2.7 Dentistry
The insurance does not cover assessment, treatment or surgery performed by a dentist or specialist dentist.

5.2.8 Transplantation
The insurance does not cover organ donation or organ transplants.

5.2.9 Dialysis treatment
The insurance does not cover dialysis treatment.

5.2.10 Contraception,infertility,pregnancy and congenital malformations
The insurance does not cover:

- Assessment and treatments related to contraception.
- Assessment and treatments related to involuntary childlessness.
- Foetal diagnostics or follow-up related to pregnancy.
- Sterilisation or surgery intended to reverse the effects of or relieve disorders after previously performed sterilisation.
- Assessment and treatments related to congenital malformations, conditions or disease.

5.2.11 Cosmetic surgery and treatment
The insurance does not cover cosmetic treatment and surgery, unless it is medically indicated on the basis of injuries or illness that the Insured has incurred during the insurance period and the injury is covered by the insurance. Examination, treatment, surgery or repeat surgery and complications arising from cosmetic treatment and surgery are also excluded.

5.2.12 Treatment of obesity
The insurance does not cover assessment, treatment or surgery and other treatment relating to generalised or localised obesity (including but not limited to lipoedema). Treatment, surgery or repeat surgery and complications arising from previous assessments and treatment of obesity are also excluded.

5.2.13 No show at appointment
The insurance does not cover expenses for agreed assessment, treatment or surgery if the Insured fails to attend.

5.2.14 Gender reassignment surgery
The insurance does not cover expenses for assessment, treatment or surgery in connection with gender correction issues.

6 Sums insured
The sum insured is stipulated in the certificate of insurance.

7 Deductibles
If an excess has been agreed, this will be stipulated in the certificate of insurance.

8 Safety regulations
No special safety regulations apply to this insurance.

9 Duties of the Insured in the event of damage
9.1 Notification of treatment
Vertikal Helse must be notified of the need for treatment as soon as possible after the attending physician has made a referral to a specialist physician or prescribed treatment or surgery.

9.2 Duty of disclosure and documentation
The Insured has an obligation to obtain and submit all of the necessary documentation that confirms that the circumstances that led to the specialist consultation, treatment and/or surgery are covered by the insurance, as well as the documentation necessary to establish the basis for the claim.

Vertikal Helse reserves the right to undertake additional assessment in connection with an insurance event in order to establish the legitimacy of the claim for compensation. The Insured must provide Vertikal Helse with all possible assistance in connection with this, including submitting to a medical examination at the request of Vertikal Helse.

9.3 Authorization
If an insurance event occurs, the Insured or the insured children's guardian must sign an authorisation form in which he or she consents to Vertikal Helse obtaining opinions and relevant information from all of the doctors, health professionals and health institutions that have examined and/or treated the Insured, both prior to the time of insurance and subsequently.

Through the authorisation form, the Insured exempts physicians, healthcare professionals and healthcare institutions from the duty of confidentiality. This includes answering all of the relevant questions that If and Vertikal Helse may find necessary to process the insurance case, even if the information could result in the loss or reduction of the Insured's rights under the insurance contract.

9.4 Contact details of the insured
The Insured has an obligation to keep Vertikal Helse informed of their contact details at all times during the treatment warranty period and in connection with other rights the Insured is claiming under the insurance contract.

If the Insured does not respond to requests from Vertikal Helse as soon as possible and no later than within three weeks, this will result in the Insured losing their right to an offer of treatment for the relevant insurance event. In these circumstances, Vertikal Helse will close the case by sending a letter to this effect to the Insured.

If the government covers expenses that the Insured has incurred and been reimbursed for by If, If is, via Vertikal Helse, entitled to a refund of these expenses to the extent that they are covered by the government. In connection with this, the Insured shall authorise Vertikal Helse to claim reimbursement from the relevant public authority.

10 Claims assessment and rules for paying benefits
10.1 Settlement Rules
Vertikal Helse shall pay the expenses covered by the insurance on behalf of If. Vertikal Helse will not make payment until the insurance claim has been received from the Policyholder. Payments are subject to written notice from the Policyholder and attending physician, together with an authorisation.

10.2 Interest
If will pay interest on the compensation or sum insured if more than two months have passed after the insurance event was reported to If through Vertikal Helse.

10.3 Obsolescence
The right to compensation becomes time-barred after three years. The limitation period starts from the end of the calendar year in which the insured received the necessary information about the circumstances on which the claim is based. Nevertheless, the claim will become time-barred no later than ten years after the end of the calendar year in which the insurance event occurred.