

Member certificate/insurance certificate



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Equinor ASA
att: PO 4503714762
Postboks 8500
4035 STAVANGER

1 February 2024

Insured:	Alle fast ansatte og midlertidige ansatte med kontrakt over 3 måneder
Policy holder:	Equinor ASA
Policy number:	SP2013804
Valid from:	01.01.2024

The health insurance covers:

- a) All permanent employees in Equinor ASA
- b) Temporary employees with a contract duration of at least 3 months in Equinor ASA
- c) Early retirement pensioners with agreements established prior to 1. January 2019 in Equinor ASA
- d) Employees on sick leave and partly disabled, as long as the employment relationship applies with Equinor ASA
- e) Employees of Equinor ASA who work offshore and commute to a residence outside the Nordic region and who are members of the Norwegian National Insurance Scheme

The next few pages contain an overview of your personal risk insurance through Equinor ASA.

Member certificate/insurance certificate - Health (cont.)

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- Alle fast ansatte og midlertidige ansatte med kontrakt over 3 måneder

MAIN COVER:

Health Super

Max insurance sum

5 000 000 kr

Deductible

No deductible

Treatment warranty

Specialist 7 days and treatment 10 days

Care

Surgery and hospitalization

Reasonable and necessary expenses

Specialist treatment

Reasonable and necessary expenses

New assessment of established diagnosis and treatment included

Reasonable and necessary expenses

Travel and accommodation in connection with examination and treatment

Over 50 km to place of treatment included

Services

Communication of health services

Included

Personal medical advisor

Included

Medical advice service

Our medical advice service can help you and your employees with questions about health, illness or injuries.

You can quickly speak to experienced nurses who answer questions and concerns. The service is open around the clock and free of charge for your employees and their family members.

Telephone number: 21492401

Digital contact with doctor

Included

Digital self-help tool

Included

Physical rehabilitation

Physical rehabilitation

Covers med. necessary treatment for permanent recovery in the event of illn. or injury without limitation in the number of hours
NOK 250 per treatment.

Deductible

Addiction rehabilitation

1 treatment stay up to 150 000 NOK

Addiction

Psychological care

Up to 10 treatments included

Crisis therapy

Maximum 10 treatments with referral included

Psychological counseling

No deductible

Deductible psychological care

The extent of insurance cover is limited or increased according to special provisions. See separate page 'Specifications'

Services

Medical advice, services and self-help.

Medical competence

We work every day to develop our medical expertise and ensure that we have the best partners in the investigation and treatment of illness and ailments. This means that you and your employees have access to the most skilled specialists and the latest treatment methods available in Norway.

Personal medical advisor

When you and your employees use the health insurance, you will receive follow-up and support from a personal medical adviser. Our advisers are healthcare professionals with extensive experience from both public and private healthcare. Their most important job is to find the right examination and treatment so that your employees can quickly return to work.

24-hour health advice

For questions about illness and health, you and your employees can get help from our advisory service. Here they meet experienced nurses who can give useful tips and advice. The service is open around the clock and can also be used free of charge by the employees' family members. See if.no for more information.



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Reference	Insured business operations	Cover
ST.01	Health - Alle fast ansatte og midlertidige ansatte med kontrakt over 3 måneder	Health Super

ST.01 Vilkårets pkt: 1.3 Forsikrede andre avsnitt erstattes av Forsikringen omfatter de som står nevnt i forsikringsbeviset og har rett til behandling gjennom det norske offentlig finansierte helsevesen.



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

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 Who the insurance covers

The insurance applies for the persons specified in the membership/insurance certificate and who have:

- permanent residential address in the Nordic countries,
- membership in Norwegian National Insurance and
- who has the right to treatment through the Norwegian publicly funded health care system

when the insured event occurs

2 When the cover applies

The insurance is valid for one year at a time and is automatically renewed unless the policyholder or If has notified that the insurance should cease.

The insurance applies to incidents that occur during the insurance period.

If the insurance is terminated (not renewed), If will cover expenses for treatment for up to nine (9) months for cases reported to If during the insurance period, limited upwards to the agreed insurance amount. If the insurance is transferred to another insurance company, expenses for evaluation, treatment, or surgery will be covered for up to three (3) months after the agreement has ended.

The insurance period is the time during which the agreed-upon insurance is in effect. For each insured person, the insurance period refers to the period that the individual is part of the group covered by the insurance agreement.

However, the insured person may still be covered after the employment relationship between the policyholder and the insured person ends, if a separate agreement is entered into for this purpose. Such an agreement must be entered into within two months after the employment relationship ends.

3 Where the cover applies

The insurance covers examination and treatment in Norway as described in section 5. If there are no treatment options available in Norway, similar assessment and treatment can be offered at treatment institutions in another country in Europe, with which Vertikal Helse has an agreement.

4 What is covered

The insurance covers:

- Health insurance
- Treatment guarantee

5 Health insurance

The health insurance covers reasonable and necessary expenses for assessment and treatment in the specialist health service when the waiting time in the Norwegian public health service exceeds the agreed treatment guarantee specified in the insurance certificate.

The measures must be intended to improve functional ability and must be carried out by authorised health personnel.

- The insurance covers examinations that are available in the specialist health service in Norway, and which are based on scientific documentation or recognised clinical practice in Norwegian medicine.
- The insurance covers medical and surgical treatment that is available in the specialist health service in Norway, and which is based on scientific documentation or recognised clinical practice in Norwegian medicine.

If there is disagreement between medical specialists regarding the choice of assessment or treatment method, Vertikal Helse may decide that it is the recommendation of a medical specialist in Vertikal Helse's network that must be followed.

5.1 The insurance event

The insurance case occurs when a referral is issued for assessment or treatment that has not already been initiated prior to the insurance coverage start date.

The insurance case must occur during the insurance period, see section 2.



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5.2 Requirements concerning the referral

The referral that may trigger the right to assistance under the health insurance must satisfy the following requirements:

- Referral for examination by a medical specialist must be issued by a doctor or other healthcare professional with the right to refer, and the person in question must hold a Norwegian government-approved authorisation
- Referrals for treatment must be issued by a medical specialist with a Norwegian government-approved authorisation and who works in the specialist health service. A specialist in general practice is not regarded as a medical specialist in this context.
- The referral must contain a medical justification for what healthcare personnel wish to achieve with assessment or treatment, and
- It must have been issued within the last 12 months before Vertikal Helse receives the referral from the insured

5.3 Pre-approval of assessment and treatment

All expenses relating to assessment and treatment must be pre-approved in writing by Vertikal Helse.

5.4 Choice of treatment location and offer of assessment and treatment

Based on information about insured and received referrals, Vertikal Helse will choose a treatment centre that performs assessment and treatment. It is Vertikal Helse that provides offers of assessment and treatment.

The insured is free to reject the offer, but is then not entitled to examination and treatment under the insurance.

In situations where it is not possible to find treatment options in Norway, private treatment institutions with which Vertikal Helse has an agreement in another country in Europe may be chosen.

Responsibility of the treatment facility

Responsibility for errors, and consequences thereof, that arise in connection with medical examination or treatment, is the individual therapist's and/or clinic's own responsibility. This applies to all processing carried out under this insurance.

5.5 Assessment in the private specialist health service

The health insurance covers examination by a medical specialist in the specialist health service. Assessment is covered for up to nine (9) months from the first consultation.

After pre-approval, Vertikal Health may cover interpretation services when reasonably and necessary.

5.6 Treatment in private specialist health service

The health insurance covers treatment by a medical specialist in the specialist health service. Treatment and necessary follow-up checks may be covered for up to nine (9) months after the start of primary treatment. If treatment is needed after this period, the insured must pay for this themselves or be followed up by the public health service.

Treatment interventions must be intended to improve functional ability and must be performed by authorised healthcare personnel.

After pre-approval, Vertikal Health may cover interpretation services when reasonably and necessary.

5.7 New assessment of established diagnosis and treatment

The insurance includes one new assessment of a diagnosis made during the insurance period, if requested by the insured. The assessment may encompass previous investigations and initiated or ongoing treatment. If a medical specialist concludes that there is an indication for a new type of treatment, this can be covered for a period of up to nine (9) months from the first day of treatment.

5.8 Personalized cancer treatment

The insurance covers personalized cancer treatment, including diagnostics and treatment, based on scientific documentation. The cover includes, but is not limited to, cancer tumor genetic testing (NGS) and immunotherapy.

Diagnostics and treatment must be recommended and justified by a specialist in oncology within the Vertikal Helse network. The treatment is covered as long as the treatment has a documented effect, limited upwards to the maximum sum insured.

5.9 Rehabilitation

The insurance includes one rehabilitation stay for up to four (4) weeks or day rehabilitation for up to 20 working days. The rehabilitation must be prescribed by a relevant medical specialist in specialized healthcare and conducted by authorized healthcare personnel. The need for rehabilitation must directly result from treatment that is approved or would have been approved under points 5 and 7 of the insurance.

The purpose of rehabilitation must be to improve functional ability and there must be a potential for recovery.

5.10 Personal medical adviser

In connection with an approved insurance case, the insured will be assigned a personal advisor from Vertikal Helse who will assist throughout the assessment and treatment course.



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5.11 Medicines

The insurance covers expenses for prescription medicines prescribed by the treating medical specialist in connection with an approved insurance event. Coverage is limited upwards to three (3) months' of consumption from the first collection after the prescription was issued.

5.12 Travel and accommodation

When assessment or treatment related to an occurred insurance event is booked by Vertikal Helse, the insurance includes the following travel and accommodation expenses:

- Travel expenses based on the most reasonable option when the distance between home and the treatment location is over 5 kilometers one way. Travel expenses are reimbursed according to the State's rates for patient travel.
- Necessary flights and hotel stays when pre-approved and arranged by Vertikal Helse. Special transport is not covered.
- Daily allowance is covered according to the State's rates for patient travel.

Expenses for a travel companion can be covered if the insurance event itself leads to it being medically necessary, and it has been agreed upon with Vertikal Helse in advance.

However, travel and accommodation expenses related to physical therapy or psychological treatment are not covered, even if the treatments are connected to an occurred insurance event.

5.13 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.

5.14 Crisis therapy

The insurance covers up to 10 hours of psychological first aid as a result of:

- Mental reactions resulting from a sudden and unforeseen event such as violence, robbery, serious traffic accident or death when the insured himself is affected by or is present at such events without being physically injured himself. The cover applies to all members of the insured's permanent household
- The insurance also covers psychological first aid in connection with the insureds own serious illness (serious illness linked to the list of diagnoses found in the Definition overview at the back of the terms and conditions)

Treatment must be initiated in direct connection with the incident and without undue delay. Psychological first aid does not include ordinary psychological treatment of disorders that have developed as a result of psychological strain over time, and which do not require immediate psychological assistance. The treatment will take place within Vertikal Health's network of psychologists.

In cases where a customer is covered by several personal insurances in If with cover for psychological first aid, such help is only covered under one of these for one and the same incident.

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5.15 Physical treatment

The right to physical treatment occurs when the insured contacts Vertikal Helse in need of physical treatment.

The coverage for physiotherapy treatment will be specified in the insurance certificate.

The insurance covers physiotherapy treatment when it is medically necessary to permanently improve functionality, illness, or injury. The type of treatment and the number of sessions to be covered are approved by Vertikal Helse in collaboration with the practitioner. The treatment should be carried out within Vertikal Helse's network of practitioners.

For Vertikal Helse to approve a course of treatment, it is required that authorized healthcare personnel create a targeted treatment plan to improve the insured's medical condition. The treatment plan may include requirements for self-effort in the form of self-training. Treatment that only results in temporary improvement or relief of the condition is not covered by the insurance.

The insurance covers physiotherapy treatment with:

- a publicly approved physiotherapist,
- a manual therapist,
- a chiropractor,
- an osteopath who is a member of the Norwegian Osteopathic Association, or
- a naprapath who is a member of the Norwegian Naprapath Association

The agreed-upon number of hours applies within a nine (9) month period from the first day of treatment. There must be a three (3) month gap from the last treatment covered by the insurance before new treatments for the same ailment can be requested for coverage, provided that the insurance is still valid.

In the case of a need for physiotherapy treatment after surgery, the insured must use their public patient rights. If the insured is not offered treatment within the public system within the recommended timeframe, Vertikal Helse can cover treatment for up to two (2) weeks.

5.16 Psychological counselling

The insurance covers up to 10 treatments by a psychologist within Vertikal Helse's network of psychologists. The referral must have been issued by a doctor with a Norwegian government-approved authorisation. Psychological assessment by a psychologist is not covered.

Treatment can also be provided digitally via a digital treatment program or video consultation with a psychologist.

Treatment must take place within a 12-month period from the first date of treatment. 12 months must elapse from the last treatment covered by insurance until new treatments can be claimed.

5.17 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.



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6 Treatment guarantee

Treatment guarantee is a guarantee that the first examination or treatment will take place within the guaranteed number of working days (guarantee period) as stated in the insurance policy. Saturdays, Sundays, legally recognized public holidays, designated common vacation periods, and Christmas Eve and New Year's Eve are not included in the calculation of the treatment guarantee.

If the treatment guarantee is not met, compensation of 600 NOK per working day will be paid from the expiration of the treatment guarantee until the examination or treatment is initiated, but not exceeding 30 working days.

The treatment guarantee is calculated from the moment Vertikal Helse receives notification of the insurance claim, a signed authorization, and necessary medical documentation from the insured or the relevant treatment facility.

If the need for treatment arises during a stay abroad, the insured must cover the transportation expenses to Norway. In this case, the treatment guarantee is calculated from the moment the insured person is in Norway.

However, the treatment guarantee does not apply when investigation or treatment is postponed due to:

- Circumstances involving the insured person
- The insured person not accepting an offer for investigation or treatment
- The insured person seeking investigation or treatment after the treatment guarantee has expired
- The insured person not being available for appointment scheduling
- Medical reasons
- Need to verify the existence of a new insurance claim
- Lack of treatment options in Vertikal Helse's network
- Circumstances beyond the control of Vertikal Helse or the treatment facility

In such cases, the insured person is entitled to an explanation for why the treatment guarantee cannot be upheld.

7 What is excluded

7.1 Immediate assistance and urgent treatment

The insurance does not cover emergency treatment.

7.2 General practitioners and specialists in general medicine

The insurance does not cover consultations with general practitioners and specialists in general medicine.

7.3 Psychiatrists and treatment at a psychiatric institution

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

7.4 Preventive examinations or treatment

The insurance does not cover preventive treatment, vaccinations, hyposensitisation or examinations/medical consultation if there is no suspicion of somatic illness. The exemption also covers preventive treatment based on genetic tests.

7.5 Vision-correcting actions

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.

7.6 Assistive devices for hearing problems

The insurance does not cover compensation for expenses in connection with adaptations or the acquisition of aids related to hearing problems.

7.7 Dentistry

The insurance does not cover examination or treatment by a dentist or dentist with further education/specialization.

7.8 Organ transplants and organ donation

The insurance does not cover organ donation or organ transplants.

7.9 Dialysis treatment

The insurance does not cover dialysis treatment.

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7.10 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.

7.11 Cosmetic treatment

The insurance does not cover cosmetic treatments, including consequences of previously performed cosmetic treatments. However, reconstructive surgery is covered if the need is directly caused by an approved insurance case and is approved in accordance with government guidelines.

7.12 Assessment and treatment of obesity and weight-related diseases

The insurance does not cover assessment, treatment or surgery and other treatment related to generalized or localized obesity (including, lipedema). Also excluded are assessment, treatment, operations or reoperations and complications of previous assessment and treatment of weight-related diseases and obesity.

7.13 No show at appointment

The insurance does not cover expenses for an agreed examination or treatment when the insured does not attend.

7.14 Gender reassignment surgery

The insurance does not cover expenses for examination or treatment in connection with gender confirmation issues.

7.15 Public deductibles

The insurance does not cover reimbursement of deductibles in connection with the use of public health services.

8 Sums insured

The sum insured is stipulated in the certificate of insurance.

9 Deductibles

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

10 Duties of the Insured in the event of damage

10.1 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.

10.2 Duty of disclosure and documentation

The insured is obliged to provide and provide all necessary documentation confirming that the circumstances that led to specialist consultation and/or treatment are covered by the insurance, and the necessary documentation to be able to establish the basis for the claim.

Vertical Health reserves the right to conduct additional investigation in connection with the insurance case to determine the correctness of the claim for compensation. In the event of ambiguity, this may mean that we ask the insured person to attend a new medical examination.

10.3 Authorization

The insured/insured's guardian/guardian shall, upon notification of a case, sign a power of attorney giving consent for Vertical Health to obtain statements and relevant information from all doctors, health professionals and health institutions where the insured has been examined and/or treated, both prior to the time he or she was insured and subsequently.

With the power of attorney, the insured exempts doctors, health personnel and health institutions from a duty of confidentiality. This includes answers to any relevant questions that If and Vertical Health may deem necessary for processing the insurance claim.

10.4 Contact details of the insured

The insured undertakes to keep Vertikal Helse informed about how the insured can be contacted on an ongoing basis in connection with rights the insured claims under the insurance contract.



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10.5 Expenses covered by the public sector

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.

11 Claims assessment and rules for paying benefits

11.1 Settlement Rules

Vertikal Helse pays on behalf of If the expenses covered by the insurance where there is a special pre-approved reimbursement of expenses. Vertikal Helse only pays out when the insurance claim has been received from the insured together with written documentation and receipts.

11.2 Interest

If shall pay interest on compensation or sum insured of the insured's expenses when more than two months have elapsed after notification of the insured event has been sent to If by Vertikal Helse together with the necessary documentation.

11.3 Obsolescence

The right to compensation becomes time-barred after three years. The limitation period begins to run from the end of the calendar year in which the insured gained the necessary knowledge of the circumstances on which the claim is based. However, the claim becomes time-barred no later than ten years after the end of the calendar year in which the insured event occurred.

Definitions

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Definitions

Assessment

Assessment means identifying and classifying a disease or condition on the basis of the patient's medical history and the doctor's objective findings.

Cosmetic treatment

The treatment is considered cosmetic when the purpose of the treatment is to change an appearance or condition in healthy individuals, and the treatment requirement is not the result of an injury, disease or congenital malformation.

Doctor

A medical doctor is a person with a medical degree and official authorization, and who is trained to prevent, diagnose and treat disease.

Insurance period

The insurance period is the time the agreed insurance is in force.

For the individual member, the insurance period means the period in which he or she belongs to the group covered by the insurance contract.

Insurance sum

The agreed amount of compensation that will be paid in the event of an insurance event.

Physical rehabilitation

Rehabilitation is social and health services whose purpose is to regain physical, cognitive or social functioning lost due to illness or injury. Various professional groups within the health service cooperate with the patient in the rehabilitation process.

Policyholder

The policyholder is the person or persons who, according to the membership certificate, have entered into the insurance agreement with If.

Primary treatment

Primary treatment is the first treatment which starts after the diagnosis has been given.

Severe disease

Diagnoses related to coverage for psychological first aid for one's own serious illness (Critical illness)

List of diagnoses that If classifies as serious illness according to the list in Critical illness:

- 1: Cancer
- 2: Brain tumor
- 3: ALS, primary lateral sclerosis, progressive spinal muscular atrophy or progressive bulbar palsy
- 4: Multiple sclerosis (MS)
- 5: Brain stroke
- 6: Heart attack
- 7: Positioning on the main pulmonary artery (aortic aneurysm)
- 8: Kidney failure
- 9: Severe visual loss
- 10: Severe hearing loss
- 11: Severe burn damages
- 12: Amputation
- 13: Spinal cord injury
- 14: Transplantation
- 15: Heart surgery
- 16: Impressions on the blood vessels of the brain (aneurysm)
- 17: Colostomy
- 18: Systemic connective tissue disease
- 19: Systemic lupus erythematosus (SLE)
- 20: Parkinson's disease (paralysis agitans)
- 21: Alzheimer's disease
- 22: Epilepsy

Signs of illness

Objective signs of the presence of disease.



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Specialist physician/doctor

A medical specialist means a doctor who is an approved specialist in accordance with the criteria set by the Norwegian Directorate of Health, and who performs diagnostics and treatment performed in the specialist health service in Norway. A specialist in general practice is not regarded as a medical specialist in this context.

The insured

The insured means the person whose life or health the insurance is linked to - normally an the member.

The Nordic Region

For the purpose of this insurance the Nordic region shall comprise Norway (excluding Svalbard), Denmark (excluding Greenland and the Faroe Islands), Finland (excluding Åland) and Sweden.

Treatment

Treatment refers to specific measures taken to alleviate symptoms or causes of disease. Includes both medical treatment with the help of drugs and surgical interventions.

Treatment Guarantee

The time from the need for examination, treatment or operation is documented according to The insurance terms and to Vertikal Helse have committed to provide these services.