

Member certificate/insurance certificate



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Equinor ASA
att: PO 4503714762
Postboks 8500
4035 STAVANGER

18 December 2024

Insured:	Alle fast ansatte og midlertidige ansatte med kontrakt over 3 måneder
Policyholder:	Equinor ASA
Policy number:	SP2013804
Valid from:	01.01.2025

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

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

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
Treatment warranty

5 000 000 kr
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 100 km to place of treatment included

Deductible

No deductible

Services

Communication of health services

Included

Personal medical advisor

Included

Medical advice service

Included

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

Addiction

1 treatment stay up to 150 000 NOK

Psychological care

Crisis therapy

Up to 10 treatments included

Psychological counseling

Maximum 10 treatments with referral included

Deductible psychological care

No deductible

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 runs for one year at a time, and is automatically renewed unless the policyholder or If has notified that the insurance is to be terminated.

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

If the insurance is terminated (not renewed), If will reimburse expenses for treatment by a medical specialist for up to nine (9) months for insurance cases reported to If during the insurance period, upwards limited to the agreed sum insured.

The right to physical treatment and treatment by a psychologist ceases on the day the insurance ends.

If an insurance event has occurred and the insurance is transferred to another insurance company, expenses for examination, treatment or surgery will be reimbursed for up to three (3) months after the agreement was terminated.

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

3 Where the cover applies

The insurance covers both assessment and treatment in Norway as described in section 5.

4 What is covered

The insurance covers:

- Health insurance
- Treatment guarantee

5 Health insurance

The health insurance covers reasonable and necessary expenses for examination and treatment in the specialist health service in Norway when an insurance event has occurred and the waiting time in the public health service exceeds the agreed treatment guarantee specified in the insurance certificate.

The assessment and/or treatment must be based on scientific documentation or recognised clinical practice in Norwegian medicine.

If there is disagreement between medical specialists, Vertikal Helse can decide that it is the recommendation from the medical specialist in Vertikal Helse's network that should be followed.

5.1 The insurance event

The insurance event occurs when a referral is issued for investigation or treatment that has not already been initiated when the insurance comes into force. For treatment that does not require a referral, the insurance event occurs on the date the claim is reported to If.

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

5.2 Requirements concerning the referral

The referral that can trigger the right to help under the health insurance must satisfy the following requirements:

- The referral for assessment by a medical specialist must be issued by a doctor or other health professional with the right to make a referral, and the person in question must hold a Norwegian government-approved authorisation
- The referral for treatment must be issued by a medical specialist with a Norwegian officially approved authorisation, and who works in the specialist health service. A specialist in general practice is not considered a medical specialist in this context.
- The referral must document the necessary medical indication to start investigation or treatment
- The referral must have been issued within the last 12 months before Vertikal Helse receives the referral from the insured
- The referral cannot be issued by the insured himself or his immediate family

5.3 Requirement of pre-approval

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

5.4 Choice of treatment site

Vertikal Helse will, on the basis of information about the insured and the referral received, choose a treatment centre that carries out assessment and treatment. It is Vertikal Helse that procures offers assessment and treatment.

The insured is free to refuse the offer, but is then not entitled to any examination or treatment under the insurance.

In situations where it is not possible for Vertikal Helse to book treatment 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 the assessment or treatment, is the responsibility of the individual therapist and/or clinic. This applies to all assessment and treatment carried out under this insurance.

5.5 Assessment in the private specialist health service

The health insurance covers an examination by a medical specialist in the specialist health service. Assessment of symptoms/ailments can be covered for up to nine (9) months from the first consultation.

After pre-approval, Vertikal Helse may cover interpreting services when it is reasonable and necessary.

5.6 Treatment in private specialist health service

In addition to the assessment, the health insurance covers treatment by a medical specialist in the specialist health service. Regardless of the number of insurance cases, the insurance can cover a maximum of nine (9) months for treatment and necessary follow-up checks for one and the same diagnosis. The nine-month period is calculated from the start of primary treatment covered by the insurance. If treatment is needed after this period, the insured must pay for this themselves or be followed up further in the public health service.

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

After pre-approval, Vertikal Helse may cover interpreting services when it is reasonable and necessary.

5.7 New assessment of diagnosis and treatment

On the basis of a referral, the insurance may include one new assessment of a diagnosis made during the insurance period by a medical specialist, but can also be applied to treatment that has been proposed or initiated during the insurance period.

5.8 Personalized cancer treatment

The insurance covers personalised cancer treatment, including diagnostics and treatment, which is based on scientific evidence. The insurance includes, but is not limited to, genetic testing (NGS) of the cancer tumor and immunotherapy.

Diagnosis and treatment must be recommended and scientifically justified by a specialist in cancer diseases within Vertikal Health's network. The treatment must be available in Norway, and be covered as long as it has a documented effect. Cancer treatment is limited up 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.



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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.

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 an assessment or treatment in connection with an insurance incident is ordered by Vertikal Helse, the insurance covers the following travel and accommodation expenses:

- Travel expenses according to the cheapest alternative when the travel distance between home and treatment center is more than 100 kilometres one way.
- Travel expenses are reimbursed according to the state's rates for patient travel.
- Necessary flights and hotel accommodation, when this has been pre-approved and booked by Vertikal Helse.
- Special transport is not covered. Subsistence allowances are covered according to the state's rates for patient travel.
- If the need for assessment or treatment arises during a stay abroad, the insured must cover transport expenses to Norway.

Expenses for a travel companion can be covered if the insurance case itself means that it is medically necessary, and this has been agreed with Vertikal Helse in advance.

However, travel and accommodation expenses related to physical treatment or psychological treatment are not covered.

5.13 Technical aids

The insurance covers expenses for medically indicated technical aids in connection with surgery or treatment, limited to NOK 10,000 in total.

The treating medical specialist must document that the need is linked to an insurance event that has occurred. If the insured is entitled to equivalent assistive devices from the public sector, this is not covered by the insurance.

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 insured's 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 coverage for physical treatment will be stated in the insurance certificate.

The insurance covers physical treatment when it is medically necessary to permanently improve functional ability, illness or injury. It is Vertikal Helse together with the therapist that approves the type of treatment and the number of treatments to be covered. The treatment will take place within Vertikal Helse's network of therapists.

In order for Vertikal Helse to approve a course of treatment, authorized health personnel are required to prepare 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 involves a temporary improvement/alleviation of the condition is not covered by the insurance.

The insurance covers physical treatment at a publicly approved:

- physiotherapist
- manual therapist
- chiropractor
- osteopath
- naprapath

The agreed number of hours applies within a nine (9) month period from the first day of treatment. Three (3) months must pass from the last treatment covered by the insurance before new treatments for the same ailment can be claimed, provided that the insurance is still in force.

If there is a need for physical treatment after surgery, the insured must make use of their public patient rights. If the insured is not offered treatment in the public sector within the recommended start-up, Vertikal Helse can cover treatment for up to two (2) weeks.

5.16 Psychological counselling

After a referral from a doctor, the insurance can cover up to 10 treatments with a psychologist with Norwegian government-approved authorization. However, studies are not covered. The treatment will take place within Vertikal Helse's network of psychologists.

Treatment can be carried out digitally via a digital treatment program or video consultation with a psychologist.

Treatment must occur within a 12-month period from the first date of treatment. 12 months must pass from the last treatment covered by the 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 weaning from:

- alcohol,
- drugs,
- addictive drugs and
- game.

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 insured is staying abroad, the treatment guarantee is calculated from the time the insured 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 Health certificates, preventive examinations, etc.

The insurance does not cover:

- health certificates,
- preventive examinations and treatment,
- vaccinations
- hyposensitization or
- examinations/medical consultation if there are no symptoms or signs of somatic disease.

The exemption also includes preventive treatment based on genetic tests.

7.5 Vision-correcting actions

The insurance does not include eye tests and vision correction measures such as glasses, lenses, or surgical procedures.

7.6 Assistive devices for hearing problems

The insurance does not include eye tests and vision correction measures such as glasses, lenses, or surgical procedures.

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 and reconstructive surgery

The insurance does not cover cosmetic treatments, including the consequences of previously performed cosmetic treatments.

Reconstructive surgery may be covered if the need for treatment is a direct consequence of a treatment that has been approved or would have been approved under sections 5 and 7 of the insurance.

7.12 Assessment and treatment of obesity and weight-related diseases

The insurance does not cover assessment or treatment related to generalised or localised obesity, including lipoedema. Also excluded are assessment and treatment related to weight loss, previous 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 obtain and present all necessary documentation confirming that the circumstances that led to the specialist consultation and/or treatment are covered by the insurance, and the necessary documentation to be able to determine the basis for the claim.

Vertikal Helse reserves the right to conduct additional research in connection with the insurance case to determine the correctness of the claim for compensation. In the event of ambiguity, it may mean that Vertikal Helse asks the insured to attend a new medical examination.

10.3 Authorization

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

Vertikal Helse reserves the right to conduct additional research in connection with the insurance case to determine the correctness of the claim for compensation. In the event of ambiguity, it may mean that Vertikal Helse asks the insured to attend a new medical examination.

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 the order is made by Vertikal Helse, the compensation is paid directly to the clinic/contract partner. In other cases, the insurance claim is not paid until the claim has been received from the insured together with written documentation and receipts.

11.2 Interest

If shall pay interest on late payment of compensation or the sum insured of the insured's expenses when more than two months have passed after notification of the insurance event has been sent to If at 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 based on symptoms or signs of somatic illness.

Cosmetic treatment

Treatment where the primary purpose is to achieve improved appearance.

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.

Medical indication

Medical indication means that there are symptoms or findings consistent with illness or injury.

Physical rehabilitation

Rehabilitation is social and health services that aim to regain physical, cognitive, or social functional ability that has been lost due to illness or injury.

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.

Reconstructive surgery

Reconstructive surgery is the correction of congenital and acquired defects and deformities to restore both normal anatomy and function.

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 somatic illness

Objective findings consistent with 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.

Symptom

Subjective experience that something is abnormal about oneself.

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.