



Medical Cost Insurance- Domestic

Insurance terms no. ST11

Valid from 8 January 2019

The following shall apply to the insurance:

- The insurance policy, together with special entries and special terms.
- These terms, no. ST11.
- The collective terms of the company, no. YY10.
- The Act on Insurance Contracts, no. 30/2004.

The provisions of the insurance policy or renewal receipt shall take precedence over the provisions in these terms. The provisions of the insurance contract, renewal certificate, and insurance terms shall take precedence over any statutory provisions that may be derogated.

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1. The insured

The insured is the person named in the insurance policy.

2. Geographical validity

The insurance is valid in Iceland.

3. Liability period

- 3.1 The insurance shall be valid for six months from the time the individual arrives in Iceland, cf. article 10 of the Social Security Act, no. 112/2008, provided that the company has received satisfactory health information on the individual concerned.
 - 3.1.1 Despite of article 3.1 the insurance time can be longer than 6 months if it says so on the insurance certificate and the insured is not insured under the Social Security Act. Maximum insurance time is 12 months.
- 3.2 If the insured's Icelandic residence permit is revoked during the liability period, the insurance shall expire as of the day the revocation takes effect. The insurance shall also expire if the insured moves out of the country.
- 3.3 This insurance is not renewable.

4. Scope of insurance

The insurance covers the following medical expenses incurred in Iceland:

- 4.1 Expenses related to a hospital stay ordered by a physician and expenses for general and specialized service that is provided in hospitals where the patient does not have to be permitted, cf. article 18 of the Social Security Act, no. 112/2008, but not a stay at a sanatorium unless such a stay is required because of an illness whose symptoms first appeared after the insurance took effect, or because of an accident that occurred during the insurance period.
- 4.2 Expenses related to general medical care outside the hospital, cf. article 17, Item (a) of the Social Security Act, no. 112/2008.
- 4.3 Expenses related to necessary tests and treatment rendered by specialists or healthcare institutions, cf. article 19, Item (b) of the Social Security Act, no. 112/2008.

- 4.4 Expenses related to pharmaceuticals that the insured must take on a regular basis due to medical necessity, as well as other necessary drug costs, cf. article 25, Item (c) of the Social Security Act, no. 112/2008.
- 4.5 Expenses related to unavoidable travel by a physician to the insured, and expenses related to the transport of the insured to a hospital, cf. article 30, Items (g) and (h) of the Social Security Act, no. 112/2008.
- 4.6 Expenses related to home nursing resulting from serious, long-term illnesses or accidents covered by the insurance, provided that home rest substitutes for a hospital stay, cf. article 14, of the Social Security Act, no. 112/2008.

The insurance does not cover the following expenses:

- 4.7 Expenses resulting from a stay in a maternity ward or childbirth center.
- 4.8 Expenses that are paid in accordance with the Social Security Act or regulations set on the basis of that Act.
- 4.9 Expenses related to accidents that occurred before the insurance took effect, unless the company had prior knowledge of the accident.
- 4.10 Expenses related to illnesses whose symptoms appeared before the insurance took effect, unless the company had prior knowledge of the illness.
- 4.11 Expenses related to dentistry or plastic surgery, unless these are due to necessary emergency procedures resulting from a covered accident or illness.
- 4.12 Expenses resulting from pregnancy, obstetrical care, or illness that can be traced to pregnancy or miscarriage.
- 4.13 Expenses related to illnesses resulting from the use of alcohol, addictive drugs, or other recreational substances.
- 4.14 Expenses related to brawling or participation in punishable acts.
- 4.15 Expenses related to accidents that occurred during participation in competitions or during training sessions in preparation for competitions in any sport. Sports refers to individual- and team sports which are trained for regularly under coach supervision connected to a club or an organization which focus on sports competition.

Those restrictions do not apply for public participation in competition or preparation for golf, road cycling, triathlon, cross country- or street running.
- 4.16 Expenses related to fighting, wrestling or self-defense sports where the object of the sport in question is to hit, punch or kick the opponent or to tackle the opponent in any other manner.
- 4.17 Expenses related to driving sports.
- 4.18 Expenses related to cliff rappelling and cliff, mountain and ice climbing.
- 4.19 Expenses related to mountain hiking of any sort higher than 4,000 m above sea level.
- 4.20 Expenses related to scuba diving with an oxygen tank and during free-diving (without oxygen) to a depth greater than 10 m.

Risks according to section 4.15 to 4.20 can be insured separately.

- 4.21 Expenses related to hot-air ballooning and glider, kite, hang-gliding, ultralight aircraft flights and other comparable activities.
- 4.22 Expenses related to bungee jumping, sky-diving and base jumping and other comparable activities.
- 4.23 Expenses related to accidents directly or indirectly caused by acts of terrorism, any sort of biological or chemical effects and/or poisoning, including those caused by microbes and viruses, or when the consequences of an accident are more severe because of these factors.

5. Specific limitations on liability

The insurance does not compensate for expenses, or increased expenses, that can be traced, directly or indirectly, to the following:

- 5.1 Earthquakes, volcanic eruptions, rockslides, snow avalanches, or other natural disasters.
- 5.2 War, invasion, military action, civil disturbance, uprisings, riots, strikes, or similar incidents.
- 5.3 Nuclear reactions, ionic radiation, pollution stemming from radioactive materials, nuclear fuel, or nuclear waste.

6. Payment of premium

- 6.1 The insurance premium is due and payable upon demand.

- 6.2 Non-payment of premiums can result in loss of rights or cancellation of the policy, cf. Article 33 of the Act on Insurance Contracts, no. 30/2004.

7. Insurance amount

The insurance amount is specified in the insurance policy, and total benefits payable during the insurance period shall be limited to that amount.

8. Deductible

The insured is required to pay the deductible that is specified in the insurance policy and is due to the combined cost of the benefits that fall within the scope of the insurance. The deductible is the amount that the insured must pay during the insurance period in excess of a patient's legally required participation in medical expenses, as set forth at any given time by law or other regulatory instrument.

9. Determination of benefits

- 9.1 Benefits are paid in accordance with the appropriate provisions of the Social Security Act, no. 112/2008. The insurance protection shall never be broader in scope than is set forth in the Act.
- 9.2 Invoices for expenses in excess of the Social Security Institute's guideline schedule of fees will not be paid by the insurance policy.

10. Multiple insurance

- 10.1 If the same loss is covered by more than one insurance policy, the insured may choose which insurance he wishes to use until he has received the benefits to which he is entitled.
- 10.2 If more than one insurance company is liable to pay compensation in accordance with Article 10.1, the companies shall pay benefits proportionally, in accordance with each company's liability for the loss, unless another agreement has been reached.

11. Time limitation on liability

The entitlement to compensation expires after four (4) years. The four-year time period shall begin at the end of the calendar year in which the claimant received the necessary information about the event on which his claim is based. The entitlement to compensation shall expire, however, no later than ten (10) years after the end of the calendar year in which the insured event took place.