



# BeHealthy Nordics Healthcare Schedule of Benefits

Effective 1st April 2025

The BeHealthy Nordics plans have been specifically created for companies based in the Nordic region\*\*, sending employees on assignment abroad. The BeHealthy Core 3 is compliant according to LFU in Sweden, insuring medical expenses incurred by employees stationed outside Sweden.

Core Plan	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3 LFU Compliant
Annual Maximum Benefit USD (\$)	\$1,500,000	\$3,000,000	No limit
Annual Maximum Benefit EUR (€)	€1,300,000	€2,600,000	No limit
Annual Maximum Benefit GBP (£)	£1,200,000	£2,400,000	No limit
Annual Maximum Benefit CHF	1,400,000 CHF	2,800,000 CHF	No limit
Core Plan healthcare benefits	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3 LFU Compliant
<b>Hospital Accommodation*</b>	Private room	Private room	Private room
<b>Day-patient Treatment*</b>	Paid in full	Paid in full	Paid in full
<b>Prescriptions Medicines, Drugs and Dressings*</b>	Paid in full	Paid in full	Paid in full
<b>Parental Accommodation*</b> Applies to a parent staying in the hospital with a dependant child under 18.	Paid in full	Paid in full	Paid in full
<b>Accommodation Costs for Accompanying Person*</b> Staying in hospital in the same room in cases of critical conditions.	\$70/€60/£55/65 CHF per night	\$70/€60/£55/65 CHF per night	Paid in full
<b>Chronic Conditions</b>	Covered up to listed benefit limits	Covered up to listed benefit limits	Covered up to listed benefit limits
<b>Surgeon and Anaesthetist's Fees*</b>	Paid in full	Paid in full	Paid in full
<b>Surgical Procedures and Appliances and Materials*</b> In-patient and day-patient treatment.	Paid in full	Paid in full	Paid in full
<b>Intensive Care*</b>	Paid in full	Paid in full	Paid in full
<b>Therapist and Physician Fees*</b> In-patient and day-patient treatment only.	Paid in full	Paid in full	Paid in full
<b>Diagnostic Tests*</b> Includes pathology, X-rays, radiology, CT and MRI scans, PET and CT-PET scans. In-patient and day-patient treatment only.	Paid in full	Paid in full	Paid in full

\*Benefits require pre-authorisation.

\*\*BeHealthy Nordics is available to employers based in Norway, Sweden, Denmark, and Finland.

United  
Healthcare  
Global

Core Plan healthcare benefits (cont.)	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3
<b>Rehabilitation*</b> Treatment must start within 14 days of surgery and/or discharge after the acute medical condition. In-patient and day-patient treatment only.	\$4,000/€3,600/£3,200/3,900 CHF	\$11,100/€10,000/£8,900/10,800 CHF	Paid in full
<b>Reconstructive Surgery*</b> After an accident, illness or injury. In-patient, out-patient and day-patient treatment.	Paid in full	Paid in full	Paid in full
<b>Congenital and Hereditary Conditions*</b>	Paid in full	Paid in full	Paid in full
<b>Organ Transplant*</b>	Paid in full	Paid in full	Paid in full
<b>Dialysis*</b>	Paid in full	Paid in full	Paid in full
<b>Psychiatric and Psychotherapy Care*</b> 10 month waiting period applies. In-patient and day-patient treatment only.	Up to 20 days	Up to 30 days	Paid in full
<b>Hospice and Palliative Care*</b>	\$30,000/€26,750/£24,500/29,000 CHF per lifetime	\$47,000/€42,000/£38,000/45,000 CHF per lifetime	\$59,000/€52,500/£48,000/56,500 CHF per lifetime
<b>Home Nursing or in a Convalescent Home*</b> Covered immediately after or instead of hospitalisation.	\$200/€175/£160/190 CHF per day up to 20 days	\$200/€175/£160/190 CHF per day up to 30 days	Paid in full
<b>In-patient Cash Benefit</b> Where treatment is free of charge.	\$140/€125/£115/135 CHF per night up to 20 nights	\$140/€125/£115/135 CHF per night up to 30 nights	\$140/€125/£115/135 CHF per night up to 40 nights
<b>Second Medical Opinion</b> Provided by another medical professional to confirm the diagnosis and treatment of a primary physician or to offer an alternative diagnosis and or treatment.	Not covered	Included	Included
<b>Accident and Emergency Treatment</b> Outside of area of cover (for trips of a maximum period of six weeks).	20 days per year	30 days per year	30 days per year
<b>HIV/AIDS*</b> In-patient, out-patient and day-patient treatment.	\$4,800/€4,250/£3,900/4,600 CHF	\$9,500/€8,500/£7800/9,200 CHF	Paid in full
<b>Ambulance Services</b>	Paid in full	Paid in full	Paid in full
<b>Repatriation of Remains*</b>	Paid in full	Paid in full	Paid in full
<b>Travel Costs of Insured Family Member</b> In the event of repatriation of mortal remains.	\$1,700/€1,500/£1,350/1,600 CHF	\$1,700/€1,500/£1,350/1,600 CHF	\$1,700/€1,500/£1,350/1,600 CHF
<b>In-patient Dental Treatment Following an Accident</b>	Paid in full	Paid in full	Paid in full
<b>Preventative Surgery*</b>	Not covered	\$22,300/€20,000/£18,300/21,500 CHF	\$33,500/€30,000/£27,500/32,500 CHF
Oncology benefits	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3
<b>Oncology Treatment*</b> In-patient, out-patient and day-patient treatment.	Paid in full	Paid in full	Paid in full
<b>Oncology Counselling Services</b> Consultations with a registered counsellor via our EAP service when you have been diagnosed with cancer.	7 visits	7 visits	7 visits
<b>Wig or Prosthetic Bra</b> Purchase of a wig or a prosthetic bra following cancer treatment.	\$175/€150/£135/160 CHF	\$175/€150/£135/160 CHF	\$175/€150/£135/160 CHF

Wellness benefits	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3
<b>Routine Annual Health Checks and Preventive Care</b> Includes blood and cholesterol checks, physical examinations, blood pressure and BMI, urine analysis and hearing examination.	70% refund	Paid in full	Paid in full
<b>Cancer Screenings</b> • Mammograms every two years for women aged 40-49 or one mammogram every year for women aged 50+ • Routine gynaecological tests including PAP smears • Testicular/prostate examination/PSA/DRE tests every year for men aged 50+ or earlier based on family history • BRCA 1 and BRCA 2 genetic tests for women with high risk for breast cancer*	70% refund	Paid in full	Paid in full
<b>My Wellbeing</b> A healthy lifestyle mobile app and web based services focused on health activity and nutritional programmes. Includes Digital Wellness Coaching.	Included	Included	Included
<b>Employee Assistance Programme (EAP)</b> Confidential, 24/7 telephonic support to help you and your family with life's challenges. Includes access to structured face-to-face, virtual and telephonic counseling services for acute conditions.	7 face-to-face visits per year and unlimited telephonic support per issue	7 face-to-face visits per year and unlimited telephonic support per issue	7 face-to-face visits per year and unlimited telephonic support per issue
<b>Livewell Online Resources</b> The Livewell portal is your guide for all things health and wellness related. It provides comprehensive information on the EAP service and offers an extensive range of educational materials and tools.	Included	Included	Included
<b>Vaccinations</b>	70% refund	Paid in full	Paid in full
<b>Dietician Consultations</b> Cover initial consultations and two follow up visits.	Not covered	Not covered	3 visits
<b>Cardiovascular Genetic Testing</b>	Not covered	Not covered	Paid in full
Maternity benefits	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3
<b>Routine Maternity Care*</b> In-patient, out-patient and day-patient treatment 10-month waiting period.	\$4,500/€4,000/£3,650/4,300 CHF per pregnancy	\$9,500/€8,500/£7,750/9,200 CHF per pregnancy	Paid in full
<b>Stem Cell Storage*</b> Costs covers extraction and one year preservation of stem cells 10-month waiting period.	Not covered	\$2,000/€1,750/£1,600/1,900 CHF per pregnancy included within the routine maternity benefit	\$3,000/€2,500/£2,250/2,700 CHF per pregnancy
<b>Complications of Pregnancy and Childbirth*</b>	\$12,000/€10,500/£9,600/11,350 CHF	Paid in full	Paid in full
<b>Home Delivery*</b>	Not covered	\$1,100/€1,000/£900/1,080 CHF per pregnancy	Paid in full
<b>Medically Necessary Cesarean Section*</b>	\$12,000/€10,500/£9,600/11,350 CHF	\$25,000/€22,000/£20,000/23,750 CHF per pregnancy	Paid in full
<b>Newborn Care*</b>	\$140,000/€125,000/£115,000/135,000 CHF per child	\$140,000/€125,000/£115,000/135,000 CHF per child	\$235,000/€210,000/£190,000/227,000 CHF per child

\*Benefits require pre-authorisation.

Assistance services	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3
<b>Medical Evacuation and Repatriation*</b> The eligible costs and expenses in connection with the Medical Evacuation and Repatriation Services are as follows:			
1. Arranging and providing for transportation and related medical services (including the cost of a medical or non-medical escort) and medical supplies necessarily incurred in connection with the evacuation.	Paid in full	Paid in full	Paid in full
2. Returning the Insured Member to their Home Country or Host Country following treatment and stabilisation, their Home Country must be within their Area of Cover. The return journey must be made within one month after treatment has been completed.	Paid in full	Paid in full	Paid in full
3. Hotel accommodation costs are covered for the Insured Member if medical necessity or availability of transport prevents an immediate return trip following completion of treatment (discharge or final appointment) hotel costs will be covered up to the limit specified in the Schedule of Benefits. Your accommodation will be covered: <ul style="list-style-type: none"> <li>Up to 7 days from the completion of treatment OR</li> <li>Until the date you are deemed fit to travel (ie., fit to fly) in the event that your clinical condition advances your fitness to travel date beyond the 7 day limit OR</li> <li>Until the date of your medical transportation (in cases where we are arranging your medical transportation)</li> </ul>	Up to 7 days	Up to 7 days	Up to 7 days
4. Expenses occurred for one adult accompanying an evacuated person.	\$3,100/€2,800/ £2,500/3,000 CHF	\$3,100/€2,800/ £2,500/3,000 CHF	\$3,100/€2,800/ £2,500/3,000 CHF
5. Travel and hotel costs for the insured family members in the event of an emergency evacuation which could be a life-threatening condition.	\$2,300/€2,000/ £1,800/2,150 CHF	\$2,300/€2,000/ £1,800/2,150 CHF	\$2,300/€2,000/ £1,800/2,150 CHF
6. Transportation of Your children (under the age of 18) either to the same location as the Insured Member or to a location where the children can be placed under the care of another guardian or relative.	Paid in full	Paid in full	Paid in full
7. Dispatch of a Medical Practitioner to Insured Member's location when it is deemed appropriate for medical management of a case.	Paid in full	Paid in full	Paid in full
Global Intelligence Centre	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3
<b>Healthcare Intelligence</b> The Global Intelligence Centre contains intel for 200+ territories and countries and 350+ major cities around the globe to help travellers prepare before visiting an international destination.	Included	Included	Included

## Out-patient plan and deductibles

The following Out-patient plans can be purchased with any of the Core Plans. They cannot be purchased separately. Deductibles apply per insured member, per insurance year.

Deductible options	Premium discount		
Nil	0%	0%	0%
\$150/€125/£110/135 CHF	6%	5%	4%
\$300/€250/£225/270 CHF	11.5%	10%	7.5%
\$800/€675/£600/725 CHF	25%	22.5%	17.5%

## Optional cover

Out-patient healthcare benefits	BeHealthy Outcare 1	BeHealthy Outcare 2	BeHealthy Outcare 3
<b>Outcare Plan Limit</b> Applies per insured member, per insurance year.	\$7,500/€6,500/£6,000/7,000 CHF	\$12,000/€10,500/£9,600/11,350 CHF	Paid in full
<b>Medical Practitioner Fees and Specialist Fees</b>	Up to the outcare plan limit	Up to the outcare plan limit	Paid in full
<b>Prescription Drugs</b> Out-patient prescriptions relating to Oncology or HIV/AIDS will be captured under the Oncology or HIV/AIDS Core plan benefits.	Up to the outcare plan limit	Up to the outcare plan limit	Paid in full
<b>Non-Surgical and Minor Surgical Procedures (i.e., Dialysis)</b>	Up to the outcare plan limit	Up to the outcare plan limit	Paid in full
<b>Lab / Diagnostic / Pathology</b>	Up to the outcare plan limit	Up to the outcare plan limit	Paid in full
<b>Durable Medical Equipment (DME) and Prosthetics</b>	Up to the outcare plan limit	Up to the outcare plan limit	Paid in full
<b>Hormone Replacement Therapy (HRT)</b> Includes Menopausal Hormone Therapy.	Up to the outcare plan limit	Up to the outcare plan limit	Paid in full
<b>Out-patient Rehabilitation</b> If treatment is required after an acute medical condition and/or surgical treatment it must start within 14 days of surgery and/or discharge.	5 visits, up to the outcare plan limit	20 visits, up to the outcare plan limit	Paid in full
<b>Speech and Occupational Therapy</b> Includes occupational therapy, restorative and development speech therapy and/or fees.	Not covered	5 visits, up to the outcare plan limit	Paid in full
<b>Alternative and Complementary Therapies</b> Includes Acupuncture, Acupressure, Ayurveda, Chiropractic, Osteopathy, Podiatry and Traditional Chinese Medicine.	Not covered	20 visits, up to the outcare plan limit	Paid in full
<b>Emergency Room Out-patient Treatment</b> Treatment received in an emergency room or in a casualty ward within 24-hours of an accident or sudden illness where there is no need for you to occupy a bed.	\$1,100/€1,000/£900/1,080 CHF, up to the outcare plan limit	\$2,200/€2,000/£1,800/2,160 CHF, up to the outcare plan limit	Paid in full
<b>Physiotherapy</b> Initial five sessions non prescribed.	5 visits, up to the outcare plan limit	20 visits, up to the outcare plan limit	Paid in full
<b>Virtual Visits</b> Digital healthcare and telemedicine service that facilitates a consultation with a doctor through a desktop or mobile device.	Paid in full	Paid in full	Paid in full

Out-patient healthcare benefits (cont.)	BeHealthy Outcare 1	BeHealthy Outcare 2	BeHealthy Outcare 3
<b>Health Management Programme</b> Personal support for managing chronic health conditions. The programme focuses on medication and dietary management, DME supplies assistance, specialty provider support and action planning for urgent needs.	Included	Included	Included
<b>Infertility</b> 18-month waiting period applies.	Not covered	Not covered	50% Refund \$10,000/€9,000/ £8,000/9,700 CHF lifetime limit
<b>Psychiatry and Psychotherapy</b> 18-month waiting period applies.	Not covered	20 visits, up to the outcare plan limit	30 visits
<b>Well Baby Cover</b> Out-patient and day-patient treatment. Covered under the child's own policy only and up until the child's second birthday. This benefit includes physical examinations, sensory screening, neuropsychiatric evaluation, development screening, as well as hereditary and metabolic screening and routine immunisations.	70% refund, up to the outcare plan limit	Up to the outcare plan limit	Paid in full
<b>Vision/Optical</b> Includes one eye examination and hardware purchase per year.	Not covered	\$200/€175/ £160/190 CHF, up to the outcare plan limit	\$300/€270/ £245/290 CHF
<b>Out-patient Dental Treatment Following an Accident</b>	Paid in full	Paid in full	Paid in full
<b>Prescribed Over-the-Counter Drugs</b> Prescription is not legally required however the drugs must be prescribed by a medical practitioner.	Not covered	\$45/€40/ £37/43 CHF, up to the outcare plan limit	\$55/€50/ £45/54 CHF

## Dental plan

The following Dental plans can be purchased with any of the Core and Out-patient Plans. They cannot be purchased separately.

Dental benefits	BeHealthy Dencare 1	BeHealthy Dencare 2	BeHealthy Dencare 3
<b>Dencare Plan Limit</b> Applies per insured member, per insurance year	\$1,000/€900/ £820/970 CHF	\$2,500/€2,200/ £2,000/2,375 CHF	\$4,500/€4,000/ £3,650/4,300 CHF
<b>Dental Treatment</b>	80% refund	80% refund	Paid in full
<b>Dental Surgery</b>	80% refund	80% refund	Paid in full
<b>Periodontics</b>	Not covered	80% refund	80% refund
<b>Dental Prostheses</b>	Not covered	50% refund	65% refund
<b>Orthodontic Treatments</b> 10-month waiting period applies.	Not covered	50% refund	65% refund
<b>Orthodontic Treatments for Dependent Children Under the Age of 18</b> 10-month waiting period applies.	Not covered	50% Refund up to \$1,250/€1,100/ £1,000/1,200 CHF	65% Refund up to \$2,300/€2,000/ £1,850/2,150 CHF

## Area of cover - Options

Worldwide\*\*\*

Worldwide, Excluding U.S.

\*Benefits require pre-authorisation.

\*\*\*Out-of-Network restrictions apply for claims in the U.S., please refer to the Membership Guide for more details.

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