

Appendix 1: Requirement Specification for the Services

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1 General information about the procurement

The Ministry of Foreign Affairs (MFA) shall procure health insurance for posted staff and their accompany families to EU/EEA countries: Belgium, Finland, France, Ireland, Croatia, Portugal, Spain, the United Kingdom, Switzerland, Germany, and Austria.

The MFA shall also procure health insurance for mobile personnel covering all of the Ministry's missions abroad.

The insurance shall be comprehensive and provide financial coverage for necessary healthcare expenses in cases of illness, injury, disability, family planning, pregnancy, childbirth, and termination of pregnancy, at a minimum equivalent to the benefits provided under the National Insurance Act of 28 February 1997 No. 19, Part IV Chapter 5 (Benefits for healthcare services).

As of 3 December 2025, 131 posted employees, 173 family members, and 10 mobile personnel are enrolled. The number of insured persons may vary over time.

The MFA intends to enter into a contract for 1 year, with the possibility of annual renewals for up to 5 additional years (1+1+1+1+1). The annual contract value is estimated to be between NOK 4 and 7 million.

2 Definitions

In the procurement documents, the following terms shall be understood as described below:

Term	Description
Mobile personnel	MFA staff assigned to rotate between missions abroad to assist ongoing operations in cases of temporary need for additional resources (e.g. crises, long-term sick leave, temporary replacements).
Policy holder	The Royal Norwegian Ministry of Foreign Affairs
Locally employed staff	Employees hired at Norwegian missions abroad.
Accompanying family	Spouse, cohabitant, or children who relocate to the duty station from Norway, a previous posting location, or a third country as a result of the posted employee's assignment, and who reside permanently at the duty station. This includes stepchildren living in the household and supported by the posted employee.
Member	A person entitled to compensation under the terms of the collective health insurance scheme.
Official travel	Required and/or approved non-permanent travel, cf. Special Agreement on reimbursement of travel and subsistence expenses outside Norway § 2 (1).
Posted foreign service employee	Civil servant appointed to or acting in a position in the MFA, or a public employee permanently or temporarily employed by the

	MFA, who serves at a foreign mission, as well as special envoys financed by other government agencies, temporarily employed by the MFA for specific purposes, cf. Act on the Foreign Service of 13 February 2015 No. 9, § 3.
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3 Scope of insurance coverage

3.1 Who shall be covered

The following may be members of the insurance scheme:

1. Posted foreign service employees serving in: Belgium, Finland, France, Ireland, Croatia, Portugal, Spain, the United Kingdom, Switzerland, Germany, and Austria.
2. Mobile personnel working worldwide, except in countries where business activity is restricted under Norwegian regulations.

Accompanying spouses/cohabitants and children up to 18 years of age are covered under the member's insurance. Children over 18 who are entitled to extended schooling under the Education Act § 5-1 shall also be covered.

Visiting family members are not covered.

Locally employed staff are not covered.

For mobile personnel, accompanying families are not relevant; coverage applies only to the individual member.

3.2 Where and when the insurance applies

For posted staff, the insurance applies throughout the entire period abroad, 24/7, in the listed countries in section 3.1 above.

For mobile personnel, the insurance applies worldwide (with regulatory restrictions), 24/7.

3.3 What the insurance shall cover

The insurance shall provide financial coverage for necessary healthcare expenses in the event of illness, injury, disability, family planning, pregnancy, childbirth, and termination of pregnancy, at a minimum equivalent to the benefits provided under the National Insurance Act of 28 February 1997 No. 19, Part IV Chapter 5 (Benefits for healthcare services).

More specifically, this means that the insurance shall cover:

Covered benefits and legal basis	Limitations / conditions for coverage
Medical examination and treatment by a physician, cf. § 5-4	No limitations.
Tests and examinations at medical laboratories, cf. § 5-5	A referral from a physician, dentist, chiropractor, or manual therapist is required, cf. § 5-5 (2).
Radiological examinations and treatment at X-ray departments or institutes, cf. § 5-5	A referral from a physician, dentist, chiropractor, or manual therapist is required, cf. § 5-5 (2).
Dental examination and treatment for disease, cf. § 5-6 Dental hygienist examination and treatment for disease, cf. § 5-6a	The following conditions/cases are covered in accordance with applicable regulations: 1. Rare medical conditions 2. Cleft lip, jaw or palate 3. Tumours in the oral cavity or adjacent tissues/head region 4. Preventive dental treatment for certain medical conditions 5. Diseases and anomalies of the mouth and jaw 6. Periodontitis 7. Developmental dental disorders 8. Malocclusions 9. Pathological loss of tooth substance due to attrition/erosion 10. HyposalivationAllergic reactions to dental restorative materials 11. Dental injury due to approved occupational injury 12. Dental injury due to accident (non-occupational) 13. Severely reduced ability for self-care due to permanent illness or disability 14. Complete or partial tooth loss without teeth in the lower jaw
Examination and treatment by a psychologist (approved specialist), cf. § 5-7	A referral from a physician or psychologist is required. However, up to three consultations are covered without referral.
Physiotherapy treatment for illness, injury, or disability, cf. § 5-8	Treatment must be of significant importance for the patient's condition and functional ability.
Chiropractic treatment, cf. § 5-9	Treatment must be of significant importance for the patient's functional ability.
Speech therapy and audiopedagogical treatment, cf. § 5-10	Treatment must be of significant importance for the patient's condition and functional ability.
Orthoptist treatment, cf. § 5-10a	Referral from an ophthalmology specialist is required. Treatment must be of significant importance for the patient's functional ability.
Midwifery services, cf. § 5-12 Costs of pregnancy check-ups performed by a midwife are covered, as well as necessary costs of midwifery assistance for childbirth outside an institution	No limitations.

Childbirth outside an institution, cf. § 5-13	A lump-sum benefit is paid in accordance with the amount set by the Norwegian Parliament. As of 1 January 2026, the benefit is NOK 3,574.
Essential medicines and medical equipment, cf. § 5-14	Coverage requires long-term use of the medicine, medical equipment, or consumables. These must be prescribed by a physician for use outside hospital in accordance with the “blue prescription” scheme.
Essential medicines also used in hospitals, cf. § 5-15	Costs may be covered if: • The use in hospital initiates or is an alternative to treatment outside hospital with the same or therapeutically comparable medicine, and • The medicine is covered under § 5-14 when used outside hospital. The maximum reimbursement is determined separately. The member shall not be required to pay a co-payment for the medicine.
Hospitalisation	Hospital admission and treatment shall be covered. Costs are covered up to a standard single room with private bathroom in a private hospital. Higher standards are not covered. All treatment-related costs are covered. In the case of hospitalisation of accompanying children, necessary parental accommodation is covered.
Limitations of the Insurance Coverage Area:	
- The insurance shall not cover procedures primarily undertaken for cosmetic reasons, nor the treatment of foreseeable consequences of such procedures.	
- The insurance shall not cover vaccinations.	
- The National Insurance Scheme does not provide benefits for preventive measures, scientific studies, or research (cf. commentary to § 5-1).	
- Treatment in hospitals or outpatient clinics must be based on a referral from a physician, chiropractor, or manual therapist.	

4 Administration of the scheme

4.1 Enrolment and termination

Enrolment in and termination from the insurance scheme shall be carried out centrally by the policyholder for mobile personnel.

Enrolment in and termination for other personnel shall be carried out by the individual mission abroad.

The policyholder shall nominate individuals authorized to carry out enrolment and termination. These nominated individuals shall serve as contact persons vis-à-vis the Service Provider.

No health assessment shall be conducted, and no health requirements shall be imposed for enrolment in the scheme.

It is desirable that the Service Provider has efficient administrative procedures, including enrolment and termination forms, electronic solutions, internet-based systems, manual handling, etc.

4.2 Language

Communication with the policyholder and members shall, as a minimum, be conducted in Norwegian or English.

4.3 Member records

The provider must maintain an updated member register.

4.4 Certificates and membership cards

All members shall receive a certificate of insurance, cf. the Insurance Contracts Act § 19-4.

The Service Provider shall issue membership cards or equivalent, which as a minimum shall include the Service Provider's contact details and information on the scope of coverage under the agreement.

Membership cards (or equivalent), insurance certificates, and information shall be sent directly to the members, except for mobile personnel. Membership cards, etc., for members who are mobile personnel shall be sent to the policyholder, who will distribute them to the relevant members.

4.5 Claims, reimbursements and customer service

Claims for reimbursement submitted by individual members shall be processed and paid without undue delay. Treatment costs may also be settled directly with the healthcare provider or hospital.

The Service Provider shall establish procedures for claims handling and customer service. Enquiries shall be answered without undue delay.

It is desirable that the Service Provider facilitates direct settlement wherever possible, particularly for high-cost treatments.

4.6 Settlement and invoicing

The policyholder shall pay the premium for all persons enrolled. The premium shall be paid annually in advance.

Premiums for members who are enrolled during the insurance period shall be settled at the end of the insurance period.

An annual settlement shall be carried out by offsetting excess premium for members who are removed before the end of the insurance period against outstanding premium for members enrolled during the year.

At a minimum, the invoice must include an overview of enrolled members with the following information for each member:

- Price
- Coverage period
- Pricing category
- Corresponding mission abroad or indication of mobile personnel

5 Statistics

5.1 Current membership

Overview of insured members posted in EU/EEA and mobile personnel on the current contract.

Coverage	Insured	Number for 2026 (as of 30. april)
EU/EØS	Employee (no accompanying family)	40
EU/EØS	Employee w/family (children included)	91
Global	Mobile personnel (no accompanying family)	10

Overview of enrolled members distributed by country of residence, as of 3rd of December 2025.

Coverage	Employees under 60 years, no family	Employees above 60 years, no family	Employees under 60 years, w/ family	Employees above 60 years w/family	Number of family members
Belgium	15	4	26	3	57
Finland	0	1	3	1	6
France	1	3	12	2	20
Ireland	0	0	1	1	5
Croatia	0	0	1	0	1
Portugal	1	0	2	0	3
Spain	2	0	5	0	9
The United Kingdom	2	1	10	1	17

Switzerland	1	4	12	1	31
Germany	2	1	0	4	9
Austria	1	1	4	2	15
Global (mobile personnel)	5	5	0	0	0

5.2 Claims history

The following claims statistics for health insurance for staff posted in the EU/EEA, including mobile personnel, under the current agreement for the period 2019 to 2026 are set out below.

Year	Number of employees covered	Number of claims	Paid claims
2026*	46,3**	157	758 759
2025	140,9	648	3 326 178
2024	140,3	658	4 153 707
2023	136,9	644	3 928 489
2022	125,9	398	2 822 293
2021	127,9	377	1 967 713
2020	121,3	393	2 077 246
2019	177,9	471	2 160 090

*As of 30.04.2026

** Number of enrolled members for the current annual insurance period, adjusted for the proportion of the year that has elapsed, which in this case is 4/12 months.

The following claims statistics for health insurance for staff posted in the EU/EEA, including mobile personnel, broken down by the countries where the claims occurred, are set out below.

Country	2019	2020	2021	2022	2023	2024	2025	2026
Belgium	151	114	114	167	209	248	263	94
Finland	13	16	9	4	13	21	31	11
France	92	85	76	58	57	60	54	13
Ireland	3		2			13	4	1
Croatia	3		9	10	7	1		
Portugal	18	23	45	23	39	18	13	6
Spain	13	25	29	31	97	65	48	13
United Kingdom	54	25	20	46	74	58	55	14
Switzerland	68	56	28	24	72	85	112	45
Germany	10	18	8	6	5	12	11	3
Austria	22	14	15	7	32	57	37	7
Algeria	1							1

Bosnia and Herzegovina								1
Brazil						4	1	
Chile						1		
China	1							2
Congo					1			
Czech Republic	1	1						
Dem. Rep. of Congo							1	
Denmark			1	1		1		
Ethiopia						2		
Eswatini						2		
Greece			2			1		
Hungary	1							
Iceland								1
India							1	
Indonesia	1							
Israel				1		1		
Italy								1
Japan	1							
Jordan		2						1
Kenya								1
Mali					2			
Mexico	1		1					
Morocco	1							
Namibia							1	1
Norway	6	4	13	6	6	5	13	1
Null*	8	8	5	7				
Pakistan						1		
Romania		1						
Russia	1							
Senegal							2	
South Korea								1
USA	1			8	30	2	2	3
Thailand							1	3
Vietnam		1						

*Null = Expenses incurred without a registered country.