

Employee health insurance

Insurance product information document
ERGO Insurance SE

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The information document provides a general overview of the insurance product. The information document does not reflect the specific features of a contract to be concluded, arising from the choices made by the client. Complete information about the insurance contract to be concluded is included in other documents, such as the offer, terms and conditions and policy.

What is this type of insurance?

Health insurance is voluntary insurance with the main purpose of supplementing the state health insurance. The purpose of voluntary health insurance is to cover the costs of the agreed medical services to the extent specified in the insurance contract.



What is insured?

Health insurance covers the following costs:

- ✓ family physician and specialist medical care
 - ✓ hospitalisation
 - ✓ prophylactic examinations
 - ✓ dental treatment
 - ✓ rehabilitation, dental treatment and medical aids following an accident
 - ✓ rehabilitation prescribed by a physician
 - ✓ prescription medications
 - ✓ repatriation
 - ✓ glasses and contact lenses
 - ✓ self-financed post-hospitalisation rehabilitation treatment
 - ✓ critical illness treatment
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- ✓ The listed insurance covers are available for offer.
 - ✓ The sum insured that is established in the insurance contract is the maximum disbursement per each insured year.
 - ✓ The selected insurance cover and sums insured are specified in the policy.



What is not insured?

Health insurance does not cover:

- ✗ damage caused intentionally by the policyholder or insured person;
 - ✗ treatment provided by a medical institution, physician or nurse that is not registered in the registry of the Health Board;
 - ✗ traumas and injuries resulting from practising professional sports or very risky sports.
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- ✗ Health insurance is not offered to the employees of the healthcare service provider, who are providing the services of the selected types of health insurance cover.



Are there any restrictions on cover?

Exemptions of insurance cover for family physician and specialist medical care:

- ! health services of a nutritionist, homeopath, addiction specialist, clinical immunologist, orthopaedist-prosthetist;
- ! immunotherapy, sclerotherapy, and barotherapy;
- ! treatment services included under the optional types of extra cover (incl. vaccination, prescription medicine, rehabilitation).

Exemptions of insurance cover for hospitalisation:

- ! examination of the penetrability of fallopian tubes;
- ! treatment for veins and gynaecological illnesses; treatment of cardiovascular illnesses, laparoscopy, surgery correcting eye refraction and plastic surgery;
- ! self-financed hospital treatment of a chronic illness or trauma diagnosed before the contract entered into force;
- ! obstetrics.

Exemptions of insurance cover in the case of an accident:

- ! stroke, epileptic seizure or vertebral spine disc damage not caused by the accident;
 - ! minor injuries of the skin or mucous membrane (except for in the case of rabies or tetanus).
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- ! Compensation is paid up to 3 months after the end of active inpatient treatment.
 - ! Exemptions of the **costs on prescription medications** are prescription medications for chronic illnesses, vitamins, diet shakes, birth control.
 - ! Exemptions of the **insurance cover for dental treatment** are orthodontic treatment with braces, teeth whitening, cosmetic procedures.



Where am I covered?

Insurance cover is valid for health services provided in Estonia.

Insurance cover for treatment services for critical illnesses is valid in Estonia, Latvia and Lithuania.

The costs of repatriation (returning to the home country) are only covered when the insured event occurred in Estonia



What are my obligations?

- To present correct and complete information required by the insurer upon the conclusion of the insurance contract.
 - To notify the insurer of changes in information, incl. a new risky job or hobby.
 - Only use the services of a licensed doctor or treatment facility.
 - Notify the insurer of an insured event by phone on +372 610 6500, by e-mail at kahju@ergo.ee or on ERGO's website.
 - In the case of an insured event, to present all documents verifying the occurrence, site, time and expenses of the event. Upon the request of the insurer, to pass a medical examination.
 - To follow the orders of the treating physician in the case of an insured event.
 - To pay the insurance premiums by the required term.
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When and how do I pay?

- An insurance premium is payable in the amount and by the term indicated in the insurance contract.
 - If payment in instalments has been agreed upon in the insurance contract, the instalments must be paid in the amount and by the term indicated on the policy.
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When does the cover start and end?

- Insurance cover starts after the conclusion of the insurance period, when the waiting period (i.e. two months for the extra cover for critical illnesses) has passed.
 - Insurance cover ends when the insurer has paid out the full sum insured. The sum insured is restored for the following insurance period (except for the treatment costs covered for a critical illness).
 - Insurance cover ends when the policyholder or the insurer terminates the insurance contract.
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How do I cancel the contract?

- The insurance contract can be terminated upon agreement between the parties.
- In order to terminate the agreement, a written application must be presented to the insurer by e-mail or at the insurer's office. The termination requires at least one month's advance notice.
- The insurer has the right to ordinarily cancel a health insurance contract within the first three years by giving notice thereof at least one month in advance.
- The detailed procedure of the termination of an insurance contract is provided in the terms and conditions of insurance.