

ERGO Life Insurance SE Eesti filiaal

# Special terms and conditions of ERGO health insurance services



Dear Customer!

In the special terms and conditions of ERGO health insurance services, we explain the principles that we follow when providing you with the service. These special terms and conditions of ERGO health insurance services apply to the employer's health insurance contracts concluded in the ERGO Life Insurance SE Eesti filiaal.

In matters not resolved in the terms and conditions, the parties to the insurance contract are guided by the General Terms and Conditions of Health Insurance Services of ERGO Life Insurance SE Eesti filiaal, the Law of Obligations Act, and other legislation.

The terms and conditions of insurance that apply to a particular service and insurance contract are indicated in the policy. All terms and conditions of insurance are always available on our website: [www.ergo.ee](http://www.ergo.ee).

Please take some time to read the terms and conditions of insurance. If you have any questions, please contact us by sending an email to [info@ergo.ee](mailto:info@ergo.ee).

**We are always glad to help you.**

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## **1. Insured person**

- 1.1. The insured person is an employee of the policyholder named in the insurance contract (hereinafter also referred to you as the insured person).
- 1.2. We consider an employee to be a person working on the basis of an employment contract as well as persons acting on the basis of a contract under the law of obligations, in public service, or as a member of a management body or a procurator of a legal person.
- 1.3. The insured person may also be a family member of the employee if this has been agreed with us separately. We consider the employee's spouse, partner, and their child(ren) to be a family member, unless otherwise agreed between us and you as a policyholder.
- 1.4. In order to add an insured person to the list or delete them from the list, you, as the policyholder, must send us a written notice.
- 1.5. In case of adding insured persons, the insurance cover will enter into force on the day of the calendar month following the calendar month in which the notice is submitted, which corresponds to the date of the start of the insurance period, unless otherwise agreed between us and you as the policyholder.
- 1.6. When insured persons are deleted, the insurance cover will end on the last day of the calendar month of submitting the notice.
- 1.7. If insured persons are added during the insurance period or insurance cover is terminated, we account insurance premiums for the full month.
- 1.8. You, as a policyholder, are responsible for the accuracy of the information provided to us and for ensuring that the list of insured persons corresponds to your insurable interest as a policyholder.
- 1.9. You, as a policyholder, provide the insured person with information about the insurance contract, incl. the possibility to get acquainted with the insurance terms and conditions and provide information on how to behave in the event of an insured event.

## **2. Insurance period**

- 2.1. The insurance period is one (1) year, the start and end dates of which are stated in the policy.

## **3. Insured event**

- 3.1. An insured event is your illness as the insured person, an accident that occurred with you or any other event stipulated in the insurance contract, due to which, as the insured person, you have been provided with medically indicated health care services or prescribed medical technical aids or medicinal products in the volume and under the conditions agreed in the insurance contract during the insurance period and after the end of the waiting period or the survival period.
- 3.2. Each event that has occurred with you as the insured person, according to the definition of an insured event, is considered a separate insured event.

## **4. Insured risk and circumstances influencing it**

- 4.1. The insured risk may be increased by the risk circumstances related to you, due to which the likelihood of an insured event or the expenses related to the insured event increase.
- 4.2. In case of a higher insurance risk, we have the right to increase the insurance premium, apply special conditions or refuse to enter into an insurance contract when concluding the contract.
- 4.3. The expenses of the insurance risk assessment are covered by us.

## **5. Area of validity of the insurance cover**

- 5.1. The insurance cover applies to medical services purchased from a health care provider in Estonia, Latvia, and Lithuania and to prescription medicinal products, technical aids, glasses, and lenses.
- 5.2. The insurance cover for expenses related to repatriation is valid only in the event of an insured event that has occurred in Estonia.

## 6. Sum insured, Limit and rate of indemnity for medical treatment expenses

- 6.1. The sum insured is the amount of money prescribed in the insurance contract to the extent of which we pay the insurance indemnity upon an insured event that occurred during the insurance period.
- 6.2. The limit of indemnity for medical treatment expenses is the maximum amount stated in the policy that we pay upon an insured event that occurred during the insurance period.
- 6.3. The indemnity rate for medical treatment expenses is the percentage specified in the offer and the policy, calculated from the treatment expenses for each type of insurance indemnity. The part exceeding the rate of indemnity for medical treatment expenses will be covered by you as the insured person in the event of an insured event.
- 6.4. Following the payment of the insurance indemnity, the sum insured for the given insurance period will decrease by the amount of indemnity paid for the respective type of insurance indemnity.

## 7. Insurance cover

Below, we have listed the types of insurance indemnity that we and you, as the policyholder, may agree to cover. We indicate the types of insurance indemnity covered, the limit of their indemnification, and the indemnity rate in the policy.

### 7.1. Outpatient family medicine and specialised medical services

- 7.1.1. We will indemnify the expenses related to your outpatient treatment as the insured person:
  - cost-sharing by the patient not indemnified by the Health Insurance Fund;
  - visit fee and paid appointment of a physician (i.e. family physician, specialist), incl. also remote consultation and digital clinic services;
  - medically indicated examinations prescribed by a physician (i.e. indication in medical history or medical record), incl. high technology examinations (i.e. endoscopy, magnetic resonance imaging, and computed tomography), analyses and procedures;
  - consultations during pregnancy and medically indicated examinations and analyses prescribed by a physician;
  - visit fee and paid appointment of a psychiatrist, psychologist, and mental health nurse, incl. remote consultation, and medically indicated examinations and analyses. The expenses of couple, group, and family therapy are divided in proportion to the number of participants and only the proportional part of the expenses used by you as the insured person is indemnified.
- 7.1.2. The exclusions of outpatient family medicine and specialised medical services, other than those provided for in the general terms and conditions of health insurance contracts, include the following service providers, services, examinations, and expenses:
  - services provided by a coach;
  - prosthetic technician;
  - food intolerance testing;
  - allergy tests;
  - gene and cytogenetic analyses, unless they are medically indicated for monitoring pregnancy.
- 7.1.3. The insurance cover for outpatient family medicine and specialised medical services does not include without a separate agreement between us:
  - expenses of prescription medications;
  - rehabilitation expenses;
  - vaccination expenses;
  - dental expenses;
  - hospitalisation expenses;
  - expenses of prophylactic health checks;
  - expenses of mandatory occupational health check;
  - expenses of glasses and lenses;
  - expenses of inpatient rehabilitation.

## 7.2. Hospital treatment

- 7.2.1. We will indemnify the expenses for medically indicated hospital treatment provided to You during the validity of the insurance cover (both day-inpatient and inpatient treatment) incl:
- patient's inpatient fees not indemnified by the Health Insurance Fund;
  - additional expenses of a paid ward;
  - additional expenses of the postpartum ward, incl. if the person giving birth is your (as the insured person's) spouse or partner, who has been added as a parent to the child's birth certificate;
  - surgeries and treatment in hospital;
  - analyses and diagnostic testing carried out in the hospital.
- 7.2.2. The exclusions of hospital treatment insurance cover include, in addition to those prescribed in the general terms and conditions of health insurance contracts:
- services that are not provided in the hospital;
  - surgery for veins;
  - laparoscopic surgery for the penetrability of fallopian tubes and removal of adhesions;
  - laser eye surgery correcting visual acuity;
  - plastic surgery without medical indications, e.g. abdominoplasty;
  - bariatric surgery;
  - sex reassignment surgery;
  - eyelid correction;
  - organ and tissue transplants;
  - cancer treatment;
  - expenses of your (as the insured person's) accompanying person's stay in the hospital, except for the additional expenses of the postpartum ward;
  - obstetrics.
- 7.2.3. We will also indemnify the additional cost of the individual obstetrics service of a paid gynaecologist or midwife only if we and you, as the policyholder, have agreed on this separately in the insurance contract.

## 7.3. Prophylactic health checks

- 7.3.1. At the request of you, as the insured person, we will indemnify the expenses of health checks, analyses, examinations, and consultations necessary for the interpretation of their results for example:
- paid analysis package or health audit;
  - allergy and food intolerance tests and examinations (incl. also with referral);
  - travel-related medical counselling;
  - tolerance tests;
  - medical certificates;
  - dermoscopy;
  - radiology.
- 7.3.2. The insurance cover for prophylactic health checks does not include, in addition to general exclusions from insurance covers:
- the expenses of an occupational health check;
  - The employer first pays the expenses of the occupational health check from their own resources and then applies for indemnity from us.

## 7.4. Mandatory occupational health check

- 7.4.1. We will indemnify the expenses of mandatory occupational health checks arising from the law.
- 7.4.2. The employer first pays the expenses of the occupational health check from their own resources and then applies for indemnity from us.

## 7.5. **Dental treatment**

7.5.1. We indemnify dental outpatient services, such as:

- visit fee of a dentist and oral hygienist, which is not indemnified by the Health Insurance Fund;
- outpatient appointment and preparation of a treatment plan by a dentist and oral hygienist;
- dental hygiene services (e.g. removal of tartar);
- examinations (e.g. X-ray) and treatment prescribed by a dentist;
- anaesthesia;
- soda blasting or pearl wash;
- dental surgery;
- gum treatment;
- root canal treatment.

7.5.2. The extended dental insurance cover includes the following services if there is a corresponding agreement between us:

- fitting and repairing dental prostheses/dentures;
- implantation and crowns;
- orthodontics;
- aligners.

7.5.3. The exclusions of dental care insurance cover include:

- teeth whitening expenses;
- expenses of cosmetic treatment procedures and surgery on teeth and the oral cavity.

## 7.6. **Rehabilitation and necessary assistive devices following an accident**

7.6.1. We will indemnify the expenses of outpatient rehabilitation and related visits provided after an accident as described in the General Terms and Conditions of Health Insurance Services up to three (3) months after the end of hospitalisation (i.e. day or inpatient treatment), such as:

- massage (i.e. therapeutic massage, back massage, sports massage, classical massage, lymphatic massage);
- physiotherapy (incl. physiotherapist consultation);
- manual therapy;
- therapeutic gymnastics;
- chiropractic care;
- osteopathy;
- mud therapy;
- therapeutic baths;
- electric therapy.

7.6.2. We will indemnify the rental or acquisition expenses for the necessary assistive devices after an accident:

- support bandages and orthoses, wheelchair, crutches;
- orthopaedic shoes and technical aids;
- metal plate for osteosynthesis;
- support apparatus;
- hearing aid;
- joint prostheses.

## 7.7. **Dental care following an accident**

We will indemnify the expenses of repairing teeth damaged as a result of an accident, of dental or dental plastic surgeries and prosthetics (incl. orthodontics) as described in the General Terms and Conditions of Health Insurance Services.

## 7.8. Exemptions of insurance cover in the case of an accident

The following exclusions apply to types of accident insurance indemnity:

- stroke, epileptic seizure or other cramp-like seizures involving the entire body;
- minor injuries to the skin or mucous membrane through which infectious agents enter the body, with the exception of cases of rabies and tetanus caused by an accident;
- intoxication caused by solids or liquids voluntarily administered orally, incl. food poisoning;
- abdominal hernia;
- vertebral spine disc damage;
- internal organ and brain haemorrhages;
- expenses of treatment caused by inadvertently injuring oneself, incl. injuries caused by improper biting, lifting of weights, etc.

## 7.9. Prescription medications

7.9.1. In the case of insurance cover for prescription medicinal products, we will indemnify the expenses of medicinal products prescribed on the basis of a physician's prescription and registered in the European Union during the insurance period.

7.9.2. The exclusions of the insurance cover for prescription medicinal products include expenses on:

- medicinal products not subject to medical prescription;
- contraceptives;
- food supplements;
- vitamins;
- diet drinks and food;
- prescribed medications for psychiatric diseases.

## 7.10. Outpatient rehabilitation prescribed by a physician

7.10.1. We will indemnify outpatient rehabilitation and related visit fees prescribed by the physician (i.e. indication in the medical history or medical record made before the provision of rehabilitation, as well as a valid decision of the occupational health doctor):

- massage (i.e. medicinal, back, sports, shoulder girdle, classical, and lymphatic massage);
- physiotherapy;
- therapeutic gymnastics;
- osteopathy;
- manual therapy;
- chiropractic care;
- mud therapy;
- therapeutic baths;
- electric therapy;
- shockwave therapy;
- myofunctional therapy.

7.10.2. The insurance cover of outpatient rehabilitation prescribed by a physician does not include:

- relaxing procedures and types of massage not mentioned in the conditions;
- sports club and swimming pool visit and subscription fees.

7.10.3. The provider of rehabilitation services must have an activity licence or a valid professional certificate (e.g. [www.kutsekoda.ee](http://www.kutsekoda.ee)).

## 7.11. Vaccination

7.11.1. We will indemnify the expenses of vaccinations given during the insurance period up to the limit and rate of indemnity stated in the policy.

7.11.2. We will also indemnify the expenses of vaccinations given outside the premises of the health care provider.

#### 7.12. Expenses of ophthalmic aids

- 7.12.1. We will indemnify the expenses of glasses and contact lenses based on a prescription issued by a physician or optometrist during the insurance period up to the limit of indemnity stated in the policy.
- 7.12.2. The condition for indemnification of the expenses of ophthalmic aids is a change in your (as the insured person) visual acuity, which has been confirmed during the insurance period.

#### 7.13. Critical illnesses

- 7.13.1. We consider critical illness to be an illness or surgery in the case of which all of the following conditions are met:
- the illness or another event is included in the list in Annex 'List and description of critical illnesses' to the insurance terms and conditions and meets the criteria described therein;
  - the illness or another event has occurred for the first time during the insurance period and after the end of the waiting period;
  - the need for treatment or surgery for a critical illness has been confirmed by a health care professional entitled to work as a physician.
- 7.13.2. In the case of additional cover for critical illnesses, we will pay the insurance indemnity as a lump sum payment or indemnity of medical expenses. We indicate the type of insurance indemnity for critical illnesses and the limit of indemnity in the policy.
- 7.13.3. We apply a two (2) month waiting period to the additional cover for critical illnesses, which we take into account from the beginning of the insurance period or from the addition of an insured person during the insurance period.
- 7.13.4. In the case of a lump-sum payment, we will apply a survival period.
- The survival period is a period of 30 days, which we take into account from the date of determining the diagnosis of a critical illness that is an insured event.
  - If the insured person dies during the survival period, we are not obliged to pay the indemnity.
  - If the insured person dies during the survival period, the insurance cover ends in respect of you as the insured person and the insurance premium paid by the policyholder is not refunded. We make the decision on the payment of the indemnity within 10 working days of the end of the survival period.
- 7.13.5. With the indemnity of medical expenses in the case of protection of critical illnesses, we will indemnify the expenses of treating a critical illness, such as:
- the expenses of outpatient or inpatient treatment;
  - the expenses of the medicinal products prescribed during the treatment;
  - the expenses of outpatient or inpatient rehabilitation and assistive devices for rehabilitation prescribed by a physician.

We pay the insurance indemnity of medical treatment expenses within a maximum of 18 months of the end of the calendar month when the diagnosis of the critical illness was given or until the amount of the limit of indemnity specified in the policy is paid out.

- 7.13.6. If several critical illnesses occur during the insurance period, our liability is limited to the sum insured.
- 7.13.7. If we have paid you, as the insured person, the full sum insured due to the treatment of a critical illness, the insurance cover will no longer extend to the critical illness for which you have already been indemnified as the insured person if the policy is issued for the next insurance period.
- 7.13.8. On the basis of a payment document issued by a health care provider, we will pay the indemnity either directly to the health care provider or to you as the insured person.

#### 7.14. Inpatient rehabilitation

- 7.14.1. We will indemnify the expenses of inpatient rehabilitation after an insured event if rehabilitation has begun within 90 days after the end of active hospitalisation.
- 7.14.2. Inpatient rehabilitation must be prescribed by a physician and in connection with an illness or other case for which you, as the insured person, required active hospitalisation.

#### 7.15. Repatriation expenses

- 7.15.1. After the occurrence of the insured event, we indemnify the insured person who is a foreign national for the expenses of transporting them to their home country.



7.15.2. In the event of the death of an insured person who is a foreign citizen, we will indemnify the expenses of cremation and burial in Estonia or the expenses of repatriation to the extent of the limit of indemnity specified in the policy.

7.15.3. The expenses to be indemnified must be agreed with us in advance.

## **8. General exclusions from insurance covers**

In addition to what is stated in the general terms and conditions, we also apply the following exclusions to the types of insurance indemnity specified in these terms and conditions:

- 8.1. speech therapy and ergotherapy;
- 8.2. sleep therapy, diagnostics and treatment of sleep disorders;
- 8.3. sexual pathology;
- 8.4. family planning, incl. also infertility treatment, artificial insemination;
- 8.5. termination of pregnancy without medical indications;
- 8.6. immunotherapy;
- 8.7. treatment and diagnostics, except for PAP test and HPV, of infections with a predominantly sexual mode of transmission, AIDS and HIV;
- 8.8. transplantation of organs and tissues or haemodialysis, except for in the case of additional cover for critical illnesses;
- 8.9. food supplements, diet shakes, food for particular nutritional uses;
- 8.10. light therapy, photodynamic therapy;
- 8.11. informative lectures;
- 8.12. stay at a spa;
- 8.13. diagnostics and treatment of psychiatric diseases or their syndromes (incl. medicinal products), except for the scope of insurance cover provided for in clause 7.1.1 of these terms and conditions;
- 8.14. trichology, podometry;
- 8.15. cosmetic and aesthetic services, incl. also laser treatment;
- 8.16. botulinum toxin injections, sclerotherapy and procedures for treatment of veins;
- 8.17. infusion therapy for migraine.

## **9. Code of conduct in the case of a loss event**

- 9.1. You, as the insured person, can turn to our contractual partner as well as a suitable health care provider for treatment in case of injury.
- 9.2. As the insured person, you are obliged, in the case of injury, in addition to the provisions of clause 5.2 of the General Terms and Conditions of Health Insurance Services, to:
  - 9.2.1. consult a physician as soon as possible, comply with the physician's prescriptions and make every effort to prevent an increase in harm to health caused by an insured event;
  - 9.2.2. report to the police, either personally or through other persons, bodily injuries that have been caused to you as the insured person by a third person or third persons;
  - 9.2.3. notify us in writing of the need for treatment if our letter of guarantee is required.

## **10. Terms and conditions for receiving insurance indemnity**

You, as the insured person or a person entitled to apply for an insurance indemnity, undertake, at our request, to provide:

- 10.1. an indemnity application;
- 10.2. a health service invoice;

- 10.3. a copy of the health record of the respective visit, medical history or decision of the occupational health doctor in the case of rehabilitation, examinations, tests, treatment or vaccination prescribed by a physician;
- 10.4. a copy of the prescription in the case of indemnity of prescription medicinal products and glasses or lenses;
- 10.5. a police statement in the case of bodily injuries caused by a third party or third parties.