

Employer's health insurance

Insurance product information document

ERGO Life Insurance SE Eesti filiaal

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ERGO

The information document provides a general overview of the insurance product. The information document does not reflect the specific features of the contract to be concluded, which arise 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 type of insurance is it?

Health insurance is voluntary insurance, the main purpose of which is 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:

- ✓ outpatient family medicine and specialised medical services
- ✓ hospital treatment
- ✓ prophylactic health checks
- ✓ mandatory occupational health checks
- ✓ dental treatment
- ✓ rehabilitation and technical aids following an accident
- ✓ dental care following an accident
- ✓ prescription medications
- ✓ outpatient rehabilitation prescribed by a physician
- ✓ vaccination
- ✓ expenses of ophthalmic aids
- ✓ critical illnesses
- ✓ inpatient rehabilitation
- ✓ repatriation expenses
- ✓ the listed insurance covers are optional.
- ✓ the selected insurance cover and sums insured are specified in the policy.
- ✓ the sum insured that is established in the insurance contract is the maximum disbursement per insurance period.



What is not insured?

Health insurance does not cover:

- ✗ the cost of services provided by a person who is not registered with the Health Board or does not hold the necessary professional certification or licence to provide healthcare services in Estonia, Latvia, or Lithuania;
- ✗ damage related to professional sports, high-risk sports activities, or joining active military service;
- ✗ damage caused intentionally or through unlawful activities;
- ✗ unconventional diagnostics or treatment, participation in a clinical drug trial;
- ✗ cosmetic and aesthetic services;
- ✗ stay at a spa;
- ✗ family planning.



Are there any restrictions on insurance cover?

Exemptions from insurance cover for outpatient family physician and specialist medical care:

- ! services provided by a coach;
- ! prosthetic technician;
- ! food intolerance and allergy tests;
- ! gene and cytogenetic analyses, unless medically indicated in case of pregnancy.

Exemptions from insurance cover for hospitalisation:

- ! services that are not provided in the hospital;
- ! vascular surgery;
- ! laparoscopic surgery for the penetrability of fallopian tubes and removal of adhesions;
- ! laser surgery correcting visual acuity;
- ! plastic surgery without medical indications;
- ! bariatric and gender reassignment surgeries;
- ! eyelid correction;
- ! organ and tissue transplants, as well as cancer treatment;
- ! costs related to an insured person's companion's stay in the hospital and obstetric care.

Exemptions from prophylactic health checks:

- ! examinations and tests for psychiatric diseases and their syndromes;
- ! costs of mandatory occupational health check.

Exemptions from insurance cover in the case of an accident:

- ! incidents that are not related to an accident;
- ! rehabilitation costs provided more than three (3) months after the end of hospital treatment.

Exemptions from prescription medicinal products:

- ! over-the-counter medicinal products and contraceptives;
- ! dietary supplements, vitamins, diet drinks, and foods;
- ! medicinal products for psychiatric diseases.

Exemptions from insurance cover for rehabilitation prescribed by a doctor:

- ! relaxation procedures and massage types not specified in the terms and conditions;
- ! sports club visit and membership fees.

Exemptions from insurance cover for dental treatment:

- ! teeth whitening and cosmetic procedures;
- ! costs for prosthetics and orthodontics are reimbursed only by separate agreement.

Exemptions from ophthalmological aids:

- ! costs are not reimbursed if the change in vision sharpness is not confirmed during the insurance period.



Where am I covered?

The insurance cover applies to medical services provided in Estonia, Latvia, and Lithuania.

Repatriation cover applies in the event of an insured event occurring in Estonia.



What are my obligations?

- To present correct and complete information required by ERGO upon the conclusion of the insurance contract.
 - To pay the insurance premiums by the required term.
 - To take all possible actions for your recovery and follow the treatment prescribed by your doctor.
 - To undergo a medical examination at ERGO's request.
 - To notify ERGO of any changes in the information submitted, including the addition of a risky job or hobby.
 - To report any claims to ERGO via the ERGO Estonia mobile app, ERGO website or email at ravi@ergo.ee.
 - To submit documents proving the occurrence of the insured event, including details of the place, time, and costs.
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When and how do I pay?

- An insurance premium is payable in the amount and by the term indicated on the insurance policy.
 - If paying in instalments, the payments must be made in the amount and by the term specified in the policy.
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When does the cover start and end?

- The insurance cover starts after the insurance contract is concluded, on the date specified in the policy, and after the waiting period provided in the terms and conditions has passed.
 - The insurance cover ends when ERGO has paid out the full sum insured. The sum insured will be reinstated for the new insurance period, except in the case of critical illness cover.
 - For an insurance contract which is concluded for **unspecified term**, the insurance cover ends when either the policyholder or ERGO terminates the contract.
 - For a **fixed-term** contract, the insurance cover ends after the insurance period, unless the insurance contract is extended for the next period.
 - ERGO may terminate the contract if the insurance premium remains unpaid despite reminders.
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How can I terminate the contract?

- The policyholder can terminate an insurance contract which is concluded for **unspecified term** by notifying ERGO at least one month before the end of the insurance period, with the contract ending on the last day of the insurance period.
- The policyholder may cancel the contract within 14 days after signing the insurance contract.
- Notice of termination must be given to ERGO by email or in writing at an ERGO office.