Health insurance for non-residents

ERGO

Insurance product information document
ERGO Life Insurance SE Eesti filiaal

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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 the policy.

What is this type of insurance?

Health insurance is voluntary insurance for citizens of foreign countries for the purpose of applying for a temporary residence permit in Estonia or to supplement the state health insurance during the validity of a temporary residence permit. 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 outpatient services
- ✓ hospitalisation
- ✓ prophylactic examinations
- ✓ dental treatment
- ✓ rehabilitation following an accident, medical aids
- ✓ dental treatment following an accident
- ✓ prescription medications
- ✓ repatriation
- ✓ vaccination
- ✓ prenatal care
- ✓ delivery
- ✓ rehabilitation prescribed by a physician

✓ The listed insurance covers are optional. The insured amount agreed upon in the insurance contract is the maximum payout per one insurance period. The selected insurance cover and sums insured are specified in the policy.

What is not insured?

The health insurance does not compensate:

- ✕ costs related to an illness or a trauma that appeared before the insurance contract entered into force, except for emergency hospital care;
- ✕ 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 in Estonia.

Are there any restrictions on insurance cover?

Exemptions to insurance cover for family physician and specialist outpatient services:

- ! 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 medicinal products, rehabilitation).

Exemptions to insurance cover for hospitalisation:

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

Exemptions for insurance cover in the case of an accident:

- ! stroke, epileptic seizure or vertebral spine disc damage not caused by the accident;
- ! minor injuries involving the skin or mucous membrane (except in the case of rabies or tetanus).
- ! Compensation is paid up to 3 months after the end of active inpatient treatment.

- ! Exemptions to the **costs of prescription medications** are prescription medications for chronic illnesses, vitamins, diet shakes, and birth control.
- ! Exemptions to the **insurance cover for dental treatment** are orthodontic treatment with braces, teeth whitening, and cosmetic procedures.
- ! **Insurance cover for vaccinations** includes all state-mandated vaccines for children and the costs of adult vaccination against tick-borne encephalitis and influenza.
- ! In the Mini package, only the cost of obtaining the medical certificate of pregnancy is covered under **prenatal care**.
- ! The costs of **delivery** are covered in the Midi and Maxi packages after the end of the waiting period.

Where am I covered?

Insurance cover is valid for health services provided in Estonia.

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

What are my obligations?

- Upon the conclusion of the insurance contract, to present correct and complete information about present or prior health issues, such as information about current health complaints, previously administered treatment or chronic illnesses.
- To notify the insurer of changes in information, incl. a new risky job or hobby.
- To notify the insurer of the amending of contact details.
- Only use the services of a licensed doctor or treatment facility.
- Notify the insurer of an insured event by phone at +372-610-6500, by e-mail at kahju@ergo.ee or on ERGO's website or via the ERGO health insurance mobile app.
- In the case of an insured event, to present all documents verifying the occurrence, site, time and expenses of the event (e.g. medical history, paid invoice). 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.

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.

When does the cover start and end?

- Insurance cover shall start after concluding an insurance contract and after the waiting period determined by the contract 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.

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 for the termination of an insurance contract is provided in the terms and conditions of insurance.