

TERMS AND CONDITIONS OF MEDICAL INSURANCE FOR FOREIGNERS

TI.0151.15

Insurer is ERGO Life Insurance SE (registered in Lithuania) that provides its services in Estonia through the Estonian branch of ERGO Life Insurance SE.

The terms and conditions of medical insurance for foreigners shall be applied to medical insurance contracts concluded at the Estonian branch of ERGO Life Insurance SE. In any matters not resolved by these terms and conditions, the parties to an insurance contract shall be guided by the general terms and conditions of sickness insurance contracts of the Estonian branch of ERGO Life Insurance SE, the Law of Obligations Act and other legislation. Medical insurance means ambulatory activities of a family physician and medical specialist upon diagnosing and treating a disease or injury with the purpose of alleviating a person's discomfort, preventing his/her disease from aggravating and restoring his/her health; also hospital treatment in case of acute illnesses which occur during the validity of insurance cover.

1. Insured person

The insured person is a resident of a foreign country who stays in Estonia on a temporary basis. The insured person shall be designated by name in the insurance contract. Upon entry of the contract, the age of the insured person may be up to 63 years and, at the end of the insurance period, not more than 65 years.

2. Validity of insurance contract and insurance period

- 2.1. The insurance contract is concluded for a fixed term. The term of the insurance contract may not exceed the expiry date of a residence permit applied for in the Republic of Estonia.
- 2.2. The insurance period is one year or other time period in full calendar months unless otherwise agreed upon in the insurance contract. If the insurance period is one year and the parties have not expressed their wish to terminate the insurance contract before the end of the period, the insurance contract shall be renewed for the next insurance period.

3. Insured event. Waiting period

- 3.1. The insured event is an acute disease of the insured person contracted during the insurance period, aggravation of a chronic disease or an accident any other event specified in the insurance contract, due to which the insured person has turned to a medical institution or physician for medical assistance and he/she has been provided the medically-determined health care service there to the extent and on the conditions specified in the insurance contract. Each event that happened to the insured person shall be regarded as an individual insured event. The insured event also includes death of the insured person as a result of the aforementioned events.
- 3.2. The duration of waiting period shall be 30 days as of the beginning of the insurance period. No waiting time shall be applied upon renewal of the insurance period.

4. Insurable risk and circumstances influencing thereof

- 4.1. The insurable risk may be increased by circumstances and diseases contracted earlier, due to which the probability of insured event or expenses related to the insured event will increase.
- 4.2. In case of a larger insurable risk, the insurer has the right to increase the insurance premium upon conclusion of the contract.
- 4.3. The insurable risk shall be assessed by an expert selected by the insurer on the basis of an application by the insured person and, if necessary, on the basis of additionally presented medical documents or medical examination.

- 4.4. Any expenses related to assessment of the insurable risk shall be borne by the insurer.

5. Scope of insurance cover

The insurance cover shall only apply to health services provided in Estonia. Costs of health services provided outside Estonia shall not be compensated. Insurance cover shall be valid 24 hours a day.

6. Sums insured or maximum limits of indemnity

The maximum limit of indemnity for insured events occurred on the basis of a medical insurance contract during a year shall be 11000 euros, including:

- the maximum limit of indemnity for the services of a family physician and medical specialist upon insured events occurred during the insurance period shall be total 1000 euros and the maximum limit of indemnity for hospital services shall be total 5000 euros;
- the maximum limit of indemnity for costs of conveyance of the insured person to his/her country of permanent residence (repatriation) shall be 5000 euros.

7. Insurance cover of medical insurance

- 7.1. Medical assistance by a family physician
Medical assistance by a family physician includes the activities of a family physician for preventing, diagnosing and treating a disease, injury or intoxication with the purpose of alleviating a person's discomfort, preventing his/her health or disease from aggravating and restoring his/her health.
Family physician's services include the following activities:
 - 7.1.1. Physician's ambulatory appointment, including:
 - conversation with the sick person and collection of information about his/her health;
 - examination of the sick person, organisation of health surveys, determination of diagnosis and preparation of health plan;
 - notification of the sick person about his/her disease and treatment possibilities;
 - determination of treatment;
 - recommendations related to work and life arrangements;
 - recommendation and prescription of medicaments;
 - drawing up of medical documentation;
 - performance of simpler treatment procedures (dressing wounds, injecting, etc.);
 - assessing work capacity of the sick person and initial expert assessment of health.
 - 7.1.2. Home visit by a physician, including:
 - conversation with the sick person and collection of information about his/her health;
 - examination of the sick person, determination of diagnosis and preparation of health plan;
 - notification of the sick person about his/her disease and treatment possibilities;
 - determination of treatment;
 - recommendations related to work and life arrangements;
 - recommendation and prescription of medicaments;
 - drawing up of medical documentation;
 - performance of simpler treatment procedures (dressing wounds, injecting, etc.);
 - assessing work capacity of the sick person and initial expert assessment of health.
 - 7.1.3. Home visit by a nurse, including:
 - providing treatment or making a procedure (measuring

- blood pressure, dressing a wound, injecting, etc.);
 - taking a sample for an analysis.
- 7.1.4. Examinations designated by the physician according to the area of activity of the family physician, including:
- measuring blood pressure;
 - clinical analyses of blood, blood sugar, general cholesterol, LDL, HDL, triglycerides and urine.
 - ECG (in a resting state or with a load).
- 7.2. Ambulatory services of medical specialist include:
- 7.2.1. a medical specialist's ambulatory appointment on the basis of a referral from the family physician;
- 7.2.2. medically-determined examinations and treatment procedures determined by a medical specialist within the professional competence of the specialist.
- 7.3. Hospital services
- The treatment costs of acute diseases that occurred for the first time during the insurance period are covered. Reasonable emergency treatment costs related to aggravation of chronic diseases diagnosed before conclusion of a contract are also covered. Costs are considered reasonable if they are related to health services that are provided at a hospital, upon sudden aggravation of health condition of the sick person, when absence of emergency medical care would have posed danger to the life of the insured or caused a serious impairment to bodily functions or disability. Hospital services include the following services:
- a place at a common ward;
 - conversation with the sick person and collection of information about his/her health;
 - examination of a sick person, organisation of health surveys, determination of diagnosis and preparation of health plan;
 - notification of the sick person about his/her disease and treatment possibilities;
 - determination of treatment;
 - drawing up of medical documentation;
 - care and nursing of a sick person;
 - catering, medicaments at a hospital;
 - diagnostic examinations;
 - surgery;
 - intensive care.
- 7.4. Physiotherapy procedures determined by a physician
- Costs for electric treatment, massage, curative baths, medical gymnastics shall be compensated if such services were provided within one month after the end of hospital treatment.
- 7.5. Medically substantiated costs that are related to conveyance of the insured to his/her country of permanent residence (repatriation)
- Costs for transportation of the insured to his/her country of permanent residence, if incurred by prescription of a physician and upon prior consent of the insurer, shall be compensated. Upon death of the insured person, the costs for cremation and/or burial of the insured in Estonia or for repatriation of his/her remains to his/her homeland shall be compensated to the extent of 5000 euros. Costs for which compensation is sought must be previously approved by the insurer.

8. Dental treatment services

The insurer and policyholder may agree, in the insurance contract, upon compensation for dental treatment services upon an insured event. If it is separately agreed upon, the provisions of this clause shall apply.

Dental treatment is a health care service that is provided to ambulatory patients by a dentist and his/her team for diagnosing, treating and preventing of soft and hard tissue diseases, defects, traumas and congenital development disorders.

The insured is entitled to compensation for dental treatment costs upon an insured event. The maximum limit of indemnity for dental treatment is 256 euros during the insurance period or other amount agreed upon in the insurance contract.

- 8.1. Dental treatment services include:
- 8.1.1. Dentist's ambulatory appointment, including:
- promoting health of oral cavity and preventing diseases;
 - conversation with the sick person and collection of information;

- examination of oral cavity, drawing up of treatment plan;
 - notification of the sick person about treatment possibilities;
 - treatment procedures;
 - installation of dentures, repairs of dentures, treatment of dental occlusion;
 - recommendation and prescription of medicaments;
 - drawing up of medical documentation;
 - expert assessment of work capacity of the sick person;
- 8.1.2. examinations necessary for diagnosing dental diseases and oral tissue diseases;
- 8.1.3. physiotherapy procedures determined for treatment of oral cavity diseases.
- 8.2. Conditions for provision of dental services
- In case of emergency help need (accident, destruction of the prosthesis, acute pain) the person insured has the right to get help the same day, in case of planned treatment – at the first possibility at a time suitable to the insured.
- The insured person may turn to a dentist whom he/she considers to be reliable. The insured shall pay for the services himself/herself and shall submit to ERGO a document certifying payment along with an application for indemnity. ERGO shall compensate the insured for incurred expenses within two (2) weeks at the latest as of the deadline for submission of documents.

9. Conditions for provision of services

- 9.1. In order to receive medical assistance from a family physician, the insured shall have the right:
- 9.1.1. to receive information about the place and time of the physician's appointment;
- 9.1.2. to receive information by phone about matters concerning the physician's appointment or the insured at least within eight (8) hours on working days;
- 9.1.3. in case of acute illness, to receive medical assistance at home or at a physician's appointment within the same working day, at the first possibility upon planned visit;
- 9.1.4. to receive one's health card from a physician against signature.
- 9.2. In order to receive medical assistance from a medical specialist, the insured shall have the right:
- 9.2.1. to select a suitable medical institution from among the contractual partners of the insurer and turn to it with a referral from the family physician;
- 9.2.2. to get an appointment with a medical specialist on the same working day in case of acute illness;
- 9.2.3. in case of a planned visit, to get an appointment with the medical specialist at the first possibility at a time suitable to the insured.
- 9.3. In case of need for planned treatment, the insured is entitled to hospital treatment at the first possibility if the basis therefore is a referral from a family physician or medical specialist. Upon acute illness, hospital treatment can be provided immediately and without a referral if the physician considers hospital treatment to be medically determined. The insured person has the obligation to present to a physician, who is selected by him/her, his/her health card or other data reflecting his/her current health condition, disease episodes or health examinations.

10. Circumstances excluding insurance cover

- 10.1. In addition to the provisions of clause 7 of the general terms and conditions of medical insurance contracts, the insurance cover shall not apply and the insurer shall not pay any indemnity in the following cases:
- 10.1.1. costs for examinations related to family planning, pregnancy and delivery;
- 10.1.2. costs related to obstetrical care;
- 10.1.3. medical treatment costs related to diseases that developed before the beginning of the insurance period, except to the extent specified in clause 7.3 of these conditions;
- 10.1.4. costs incurred due to purchase of medicaments, vitamins, food supplements prescribed to ambulatory patients.