

TERMS AND CONDITIONS OF SPECIAL SELECTION OF MEDICAL INSURANCE FOR FOREIGNERS

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The terms and conditions of special selection of medical insurance for foreigners shall be applied to contracts on special selection of medical insurance 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 life assurance contracts of the Estonian branch of ERGO Life Insurance SE, the Law of Obligations Act and other legislation.

Special selection is a package of health services, which includes medical assistance by a family physician, ambulatory medical assistance by a medical specialist, medical assistance provided at a hospital, a large selection of medical devices for accidents or illnesses, also dental treatment. Special selection of medical insurance is insurance cover of the aforementioned medical expenses.

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 issued in 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. Upon delivery, the waiting period shall be 9 months as of the date of entry into force of the contract. No waiting period 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 medical check made before conclusion of the contract and, if necessary, on the basis of addi-

tionally presented medical documents or medical examination. Therefore, the insured person is required to have his/her health checked by a family physician who is a contractual partner of the insurer, before conclusion of a contract.

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

5. Scope of application 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 sum insured or maximum limit of indemnity for medical costs compensated on the basis of a contract on special selection of medical insurance shall total 15,256 euros per year, including:

- the sum insured for medical care costs shall be 10 000 euros per year, including:
 - the sum insured for physiotherapy procedures shall be 400 euros per year;
 - the sum insured for spectacles and contact lenses shall be 60 euros per year;
 - the sum insured for medical devices shall be 1000 euros per year.

The sum insured for dental treatment costs shall be 256 euros per year.

The maximum limit of indemnity for costs of conveyance of the insured person to the country of permanent residence (repatriation) shall be 5000 euros per year.

7. Insurance cover under a contract on special selection of medical insurance

- 7.1. Medical assistance by a family physician
Medical assistance by a family physician includes the activities of 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).
- 7.1.5. Vaccination
- Children are vaccinated according to "Time-schedule for vaccination of children", approved by a regulation of the Minister of Social Affairs.
- for 3–5 day old BCG1
 - for 3 month old PDT1+OPV1
 - for 4.5 month old PDT2+OPV2
 - for 6 month old PDT3+OPV3
 - for 1 year old MMR1
 - for 2 year old PDT4+OPV4
 - for 8 year old dT5+OPV5
 - for 8 year old BCG2
 - for 12 year old dT6
 - for 13 year old MMR2
 - for 17 year old dT7
- BCG – tuberculosis vaccine, PDT – pertussis, diphtheria, tetanus vaccine, OPV – live poliomyelitis vaccine, MMR – measles, mumps and rubella virus vaccine. Adults are vaccinated against influenza and tick-borne encephalitis.
- 7.1.6. Physiotherapy procedures determined by a physician: electric treatment, massage, curative baths, medical gymnastics. The sum insured for physiotherapy procedures shall be 400 euros per year.
- 7.1.7. Prophylactic examination once a year
- Prophylactic examination is a client's health survey. The survey explains his/her health condition and helps detect symptoms that might indicate the onset of health disorder or chronic disease; enables to provide advice for shaping the life style and habits of the client with the purpose of maintaining or improving his/her health. The survey consists of medical examination and diagnostic tests.
- The following procedures are made
- general examination (observation, auscultation, percussion, palpation);
 - measuring blood pressure;
 - clinical analyses of blood, blood sugar, general cholesterol, LDL, HDL, triglycerides and urine;
 - for over 30 years old – additionally ECG in a resting state;
 - for over 40 years old - additionally ECG with a load.
- 7.2. Medical assistance by a medical specialist
- Medical assistance by a medical specialist includes the activities of a medical specialist 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.
- Services by a medical specialist include:
- appointment with a medical specialist;
 - consultation by a medical specialist
 - home visit by a nurse of the medical specialist's team;
 - medically-determined examinations and treatment procedures determined by a medical specialist within the professional competence of the physician.
- 7.3. Hospital treatment
- The treatment costs of acute diseases that occurred for the first time during the insurance period are covered by a contract on special selection of medical insurance. Reasonable 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 on a common ward;
- conversation with the sick person and collection of information about his/her health;
- examination of the sick person, drawing up of treatment plan, organisation of health studies and determination of diagnosis;
- 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. The following medical devices by prescription of a physician:

- 7.4.1. spectacles and contact lenses, hearing aid (up to 60 euros per year);
- 7.4.2. wheelchair, bandages, orthopaedic shoes and medical devices, support apparatus, osteosynthesis metal plates, artificial joints – up to 1000 euros per insured event.

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

Dental treatment is a health care service that is ambulatory provided by a dentist and his/her team for diagnosing, treating and preventing oral soft and hard tissue diseases, defects, traumas and congenital development disorders. The sum insured for dental treatment costs to be compensated during the insurance period shall be 256 euros or any other amount agreed upon in the insurance contract.

8.1. Dental services include the following services:

- 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

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.