ERGO MEDICAL INSURANCE FOR NONRESIDENTS. MINI.
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MINI insurance package covers the outpatient activities of a family physician and medical specialist upon diagnosing and treating a disease or injury for the purpose of alleviating a person's discomfort, preventing their disease from aggravating and restoring their health; also, hospital treatment in the case of acute illnesses and medically proven costs of returning to their home country.

The conditions of medical insurance for non-residents shall be applied to the package "MINI" 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 the 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.

The maximum limit of Indemnity for Insured Events occurred on the basis of a "MINI" insurance is stipulated in the Insurance Contract.

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 the Insurance Contract and the 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 another period of time 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 following Insurance Period.

3. Insured Event. Waiting period

3.1. The Insured Event is an acute disease contracted by the Insured Person 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 they have been provided with the medically-determined health care service there to the extent and under 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 the death of the Insured Person as a result of the aforementioned events.

3.2. The duration of the waiting period shall be 30 days as of the beginning of the Insurance Period. No waiting time shall be applied in the case of accidents which occurred during the validity of the Insurance Contract or renewal of the Contract for new Insurance Period.

4. Insurable risk and circumstances influencing the probability thereof

4.1. The insurable risk may be increased by circumstances and diseases contracted earlier, due to which the probability of the occurrence of the 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 the application by the Insured Person and, if necessary, on the basis of additionally presented medical documents or a medical examination.

4.4. Any expenses related to assessment of the insurable risk, ordered by the Insurer, shall be borne by the Insurer.

5. Scope of Insurance Cover

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. Insurance Cover of the MINI Insurance Contract

6.1. Medical assistance by a family physician.
Medical assistance by a family physician includes:
• physician's outpatient appointment;
• consultation;
• physician or nurse home visits;
• examinations designated by the physician according to the area of activity of the family physician.
• treatment procedures.

6.2. Specialist outpatient services include:
• specialist outpatient appointment;
• consultation;
• doctor or nurse home visits;
• examinations designated by the doctor according to their area of activity.
• treatment procedures.
The maximum limit of Indemnity for outpatient services provided by a family physician and specialised doctors during the Insurance Period is stipulated in the Insurance Policy.

6.3. Inpatient services
The inpatient treatment costs of acute diseases having occurred for the first time during the Insurance Period shall be covered. Reasonable emergency treatment costs related to aggravation of chronic diseases diagnosed before conclusion of the 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 the health condition of the sick person, when absence of emergency medical care would have posed a danger to the life of the Insured Person or caused a serious impairment to bodily functions or disability. Inpatient services include the following services:
• a place in a common ward;
• a conversation with the sick person and collection of information about their health;
• an examination of the sick person, organization of health surveys, determination of diagnosis and preparation of a health plan;
• notification of the sick person about their disease and treatment possibilities;
• determination regarding treatment;
• drawing up of medical documentation;
• care and nursing of a sick person;
• catering, medicaments in hospital;
• diagnostic examinations;
• surgery;
• intensive care.
The maximum limit of Indemnity for inpatient services during the Insurance Period is stipulated in the Insurance Policy

6.4. Rehabilitation procedures prescribed by a physician
Costs for electric treatment, massage, curative baths, medical gymnastics, osteopathy, and chiropractic treatment shall be compensated if such services were provided within one month after the end of inpatient treatment or the end of active treatment after a covered accident.

6.5. Medically substantiated costs that are related to conveyance of the insured to their country of permanent residence (repatriation)
Costs for transportation of the insured to their country of permanent residence outside Estonia, if incurred by prescription of a physician and upon prior consent of the Insurer, shall be compensated.
Upon the death of the Insured Person, the costs for cremation and/or burial of the insured in Estonia or for repatriation of their remains to their homeland shall be compensated to the extent stipulated in the Insurance Policy. Costs must have been previously agreed upon with the Insurer.

6.6. Dental treatment services
The Insurer and policyholder may agree, in the Insurance Contract, upon compensation for dental treatment services upon the occurrence of 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 for diagnosing, treating and preventing soft and hard tissue diseases, defects, traumas and congenital development disorders.

6.6.1. Dental treatment services include:
• dentist's outpatient appointment, including:
• promoting the health of the oral cavity and preventing diseases;
• a conversation with the sick person and the collection of information;
• examination of the oral cavity, drawing up of a 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 medicinal products;
• drawing up of medical documentation;
• expert assessment of the work capacity of the sick person;
• examinations necessary for diagnosing dental diseases and oral tissue diseases;
• physiotherapy of oral and dental tissue prescribed by the doctor.
The limit of Indemnity for dental care costs is stipulated in Insurance Policy.

7. Conditions for provision of services

Upon the occurrence of an Insured Event, the Insured Person is obligated to submit to the medical institution or doctor their health insurance card and copies of all available medical records and any required data regarding their health condition.

7.1. In order to receive medical assistance from a family physician, the insured shall have the right:

7.1.1. to receive information about the place and time of the physician's appointment;

7.1.2. to receive information by phone about matters concerning the physician's appointment or the insured within at least eight (8) hours on working days;

7.1.3. 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 a planned visit;

7.1.4. to receive one's health card from a physician against signature.

7.2. In order to receive medical assistance from a medical specialist, the insured shall have the right:

7.2.1. 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;

7.2.2. to get an appointment with a medical specialist on the same working day in the case of acute illness;

7.2.3. in case of a planned visit, to get an appointment with the medical specialist at the first possibility, at a time suitable for the Insured Person.

7.3. In case of need for planned treatment, the insured is entitled to hospital treatment at the first available opportunity, 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, whom they have personally selected, their health card or other data reflecting their current health condition, disease episodes or health examinations.

7.2. Conditions for provision of dental services
The Insured Person may turn to a dentist whom they consider reliable. The insured shall pay for the services themselves and shall submit to ERGO a document certifying payment along with an application for Indemnity.

ERGO shall compensate the Insured Person for incurred expenses within ten (10) working days, at the latest, as of the deadline for submission of documents.

8. Circumstances excluding Insurance Cover

8.1. In addition to the provisions of clause 7 of the General Terms and Conditions of Medical Insurance Contracts, Insurance Cover shall not apply and the Insurer shall not pay any Indemnity in the following cases:

8.1.1. Costs of examinations, related to family planning, pregnancy and delivery (excl. receipt of document confirming the pregnancy);

8.1.2. Medical treatment costs related to diseases that developed before the beginning of the Insurance Period, except to the extent specified in clause 6.3 of these conditions;

8.1.3. Costs incurred due to purchase of medicinal products, vitamins, and food supplements prescribed to ambulatory patients.

8.1.4. Costs of prophylactical examinations and consultations;

8.1.5. Costs, connected with medical checks for issuing the documents (driving license, working permit etc.).