

HEALTH INSURANCE CERTIFICATE (unofficial translation)

Insurer	ERGO Life Insurance SE Eesti filiaal	Registration code	12025488
Phone	6106 677, fax 610 6501	E-mail	elukindlustus@ergo.ee
Head office	Veskiposti 2/1, 10138, Tallinn		

Beneficiary Insured person or medical institution, who provided medical services

Covered medical services/Indemnity limits	Hoian End	
	Indemnity limit (€)	Indemnity rate (% of costs)
Sum insured per insurance period	11 100 €	
Outpatient treatment	2 000 €	80%
The maximum number of reimbursable outpatient visits to a certified psychologist/therapist or psychiatrist in the case of psychiatric illnesses	2	
Hospital treatment (inpatient and day inpatient)	3 000 €	80%
Prophylactic health check*	200 €	80%
Dental care, hygiene procedures excluding prosthetics and orthodontics	300 €	50%
Dental care following accident	500 €	80%
Vaccination (any)	100 €	80%
Critical illnesses (medical expenses)	5 000 €	100%

*Campaign: Higher limit is added to new clients without additional insurance premium in the first insurance period if the insurance period starts between 01.10.2025-01.11.2025

Terms and conditions applicable

General Terms and Conditions of ERGO Health Insurance Services. Effective as of 01.03.2025

Special terms and conditions of ERGO health insurance services. Effective as of 01.03.2025

List and description of covered critical illnesses. Effective as of 01.03.2025

Conditions can be found on ERGO's homepage: www.ergo.ee

Territory of coverage: Estonia, Latvia, Lithuania.

Insurance product information

https://ergo.ee/files/web-public/2025-03/ERGO_T%C3%B6C%C3%B6andja_ravikindlustus_al_01_03_ENG.pdf

The insurance period is one year. The start and end dates of the insurance period are specified in the insurance policy. **The insurance agreement is with term.** Current insurance proposal is issued electronically and will not be signed by the Insurer.

Short description of all choosable health insurance covers.

Insured persons can see their insurance coverage in ERGO Health insurance app (can be found in application stores under "ERGO Estonia"). Kindly asking to read the insurance conditions!

Download ERGO Estonia mobile application

Download on the App Store

GET IT ON Google Play

In the application: your policy information

Report a claim

Teeme tähtsa lihtsaks

ERGO

Outpatient treatment

We indemnify the costs of outpatient family and specialist care, including: patient co-payment; doctor's (i.e. family doctor, specialist) visit fee, paid consultation, teleconsultation and digital clinic; with doctor's prescription medically indicated examinations, analyses and procedures.

Excluded are for example services provided by a coach; prosthetic technician; food intolerance testing; allergy tests; gene and cytogenetic analyses; medical services that require additional coverage like medicines, rehabilitation etc.

Hospital treatment

We indemnify the expenses for medically indicated hospital treatment provided during the validity of the insurance cover (both day-inpatient and inpatient treatment) including additional expenses of the postpartum ward.

Excluded are for example services provided outside of the hospital; surgery for veins; laparoscopic surgery for the penetrability of fallopian tubes and removal of adhesions; laser eye surgery correcting visual acuity; plastic, bariatric and sex reassignment surgery; eyelid correction; organ and tissue transplants and cancer treatment; obstetrics. **Special clause: the cost of paid hospital treatment for an illness or trauma diagnosed before the insurance contract entered into force is only reimbursed if the need for hospital treatment arose during the validity of the insurance coverage.**

Prophylactic health checks

We indemnify the expenses of health checks made at your request and analyses, examinations and consultations necessary for the interpretation of their results for example: paid analysis package or health audit; allergy and food intolerance tests and examinations; travel-related medical counselling; tolerance tests; medical certificates; dermatoscopy; radiology, optometrist consultations. Excluded are for example expenses of the mandatory occupational health check arising from law, investigations necessary for the diagnosis of psychiatric diseases and their syndromes.

Dental treatment

We indemnify costs for dental outpatient services agreed in the insurance contract, including: visit and appointment fee of a dentist and oral hygienist; dental hygiene services; soda blasting or pearl wash; dental surgery; gum and root canal treatment; examinations and treatment prescribed by a dentist; anaesthesia. If there is a separate agreement, we also reimburse costs related to prosthetics, implants, crowns and orthodontics. Excluded are for example: the cost of teeth whitening and the cost of cosmetic operations.

Dental care following an accident

We indemnify the costs of repairing teeth damaged as a result of an accident, plastic surgeries of the jaw or teeth, and prosthetics (including orthodontics) as described in the health insurance service conditions.

Exclusions applicable to types of accident insurance indemnity: stroke, epileptic or other cramp-like seizures; skin injuries through which infectious agents enter the body, except for rabies and tetanus, also intoxication and unintentional injuries caused by improper biting; food poisoning; vertebral spine disc damage, internal organs and brain haemorrhages.

Outpatient rehabilitation prescribed by a physician

We indemnify outpatient rehabilitation treatment prescribed by a doctor, including: massage (i.e. therapeutic, back, sports, shoulder girdle, classical and lymphatic massage), physiotherapy, therapeutic gymnastics, osteopathy, manual therapy, chiropractic, myofunctional therapy. Excluded are: relaxing procedures, types of massages not mentioned in the conditions.

Vaccination

We indemnify costs of vaccinations carried out during the insurance period, incl. vaccination at the working place.

Expenses of ophthalmological aids

We indemnify the expenses of glasses and contact lenses based on a prescription issued by a physician or optometrist during the insurance period

Critical illnesses

We will pay the insurance compensation according to agreement in the insurance contract as a lump sum payment or as compensation for medical expenses in the event of a critical illness occurring for the first time during the insurance period and after the waiting period (2 months). In the case of a lump sum benefit, we apply a survival period (30 days from the date of diagnosis).

Critical illnesses are: Active tuberculosis; Alzheimer's disease that appears before 65 years of age; Aorta surgery; Aplastic anaemia; Bacterial meningitis; Hepatitis C; Crohn's disease; Organ or bone marrow transplant; Benign brain tumour; Idiopathic Parkinson's disease before 65 years of age; Human immunodeficiency virus or HIV; Total loss of a limb or function of a limb; Total and irreversible damage to hearing in both ears; Partial or total loss of speech; Hepatic insufficiency; Multiple sclerosis; Malign tumour; Stroke; Tick-borne borreliosis; Tick-borne encephalitis; Coronary artery bypass grafting; Acute chronic renal insufficiency; Heart surgery; Acute myocardial infarction; 3rd and 4th degree burns.

General exclusions (unless otherwise agreed in the contract)

speech- and ergotherapy; sleep therapy, diagnosis and treatment of sleep disorders; sexual pathology; family planning, including infertility treatment; termination of pregnancy without medical indication; immunotherapy; treatment and diagnostics of venereal diseases, AIDS and HIV, except for PAP test and HPV; transplantation of organs and tissues or hemodialysis, except for additional protection of critical diseases; nutritional supplements and special food;

light therapy, photodynamic therapy; informational lectures; spa stay; diagnosis and treatment (including drugs) of psychiatric diseases or their syndromes, excl. the scope of the insurance coverage provided for in p. 7.1.1 of these terms and conditions; trichology, podometry; cosmetic and aesthetic services, including laser treatment; botulinum injections, sclerotherapy and vein therapy; infusion therapy for migraine.

non-traditional diagnostics or treatment; participation in a drug study; engaging in a professional level or high-risk sport or hobby (for example, Thai boxing, bungee jumping, mountain and rock climbing, motor sports, diving); self-inflicted illnesses or injuries; acts of terrorism, state of war, civil unrest, pandemic.

Reporting of insured events

To receive medical service the insured person may contact ERGO's medical partners or a service provider of their own choice. In case of compulsory health controls indemnity will be indemnified only to policyholder.

When contacting ERGO's medical partner, the insured has to inform the service provider about having ERGO's health insurance. ERGO's medical partner then can send invoice for provided medical service directly to ERGO and insured person **does not have to submit indemnity application to ERGO**. In case of deductibles or insufficient insurance coverage to cover expenses in full amount the insured person receives an invoice from ERGO or service provider after medical service has been provided. The contact information on ERGO's partners is available here: <https://www.ergo.ee/private-clients/health-insurance/health-insurance-partners>

When using **medical institution outside ERGO's partners' list**, the insured person pays for all medical services first to medical service provider and then presents the indemnity application with payment confirmation to ERGO. For Inpatient care ERGO always pays directly to medical service provider. In terms of an insurance case ERGO compensates occurred medical expenses.

Indemnity application can be submitted by insured person via "ERGO Estonia" health insurance mobile app.

An insured event can also be submitted by submitting a damage notice on ERGO's website <https://ergo.ee/en/claims/health-insurance-claim>

Notification of the policyholder

According to § 429 of the Law of Obligations Act, no annual letter of notification will be sent regarding the health insurance contract because it does not form a life provision. No reserve is formed for the insurance contract and no return value is created for the insurance contract. The insurance contract cannot be made non-payment.

Law governing insurance contracts

Insurance contracts are governed by Estonian law. A claim under the insurance contract may be filed with Harju County Court.

Settlement of complaints and supervision

If you are not satisfied with ERGO's activities, you have the right to send a complaint to the e-mail address info@ergo.ee. You also have the right to file a complaint against ERGO's activities with the Financial Supervision Authority, address Sakala 4, Tallinn. www.fi.ee. In order to resolve a dispute with the insurer, you can contact the insurance conciliation body, which operates at the Union of Estonian Insurance Societies. Before the conciliation procedure, a claim must be submitted to the insurer in the disputed matter and the insurer must be guaranteed an opportunity to respond to the claim. If the customer is not satisfied with the insurer's answer, he can contact the insurance conciliation body. More information is available on the Estonian Insurance Association's website www.eksl.ee. Disputes arising from insurance contracts, including disputes for which an agreement has not been reached in the insurance conciliation body, are resolved in Harju County Court.