

Personal Health Insurance

Insurance Product Information Document

ERGO Life Insurance SE

Personal Health Insurance Regulations No 23 (valid from 1 January 2021)

This document does not reflect the terms and conditions of the specific insurance contract. All detailed pre-contractual information about the insurance product and information relating to the specific insurance contract is provided in other documents (insurance regulations, insurance policy).

What is the type of this insurance?

Personal health insurance is a type of voluntary insurance. Personal health insurance applies to natural persons for the purpose of being treated in the selected health care institutions in the event of acute illness and receiving faster the necessary treatment with its costs being reimbursed by the insurer according to the terms and conditions of the insurance policy.



Who is covered by the insurance?

Insured events:

Inpatient treatment

- ✓ Single or double ward;
- ✓ Medical aids and medicines prescribed by a doctor and used in hospital.

Rehabilitation treatment after trauma treated in hospital

- ✓ Consultations of a kinesiotherapist, ergotherapist, speech therapist, physiotherapy procedures;
- ✓ Individual and group kinesiotherapy sessions in the gym and in the water;
- ✓ Water and mud procedures;
- ✓ Manual therapy sessions, therapeutic massages.

Dental treatment, oral hygiene

- ✓ Consultations of a dental practitioner, dental specialist and oral hygienist;
- ✓ Removal of dental concretions, plaque removal, fluoride applications;
- ✓ Endodontic, periodontal, therapeutic and surgical treatment of diseases of the teeth, mouth, mucous membranes and jaw ;
- ✓ Disease treatment, anaesthesia, radiological examination.

Preventive check-up and vaccination

- ✓ Statutory health screening required by the nature of the work;
- ✓ Tests carried out on request of the insured person;
- ✓ Consultations and tests;
- ✓ Preventive consultations by a doctor and tests required for regular follow-up of the insured person suffering from a chronic illness;
- ✓ Vaccines chosen by the insured person or prescribed by a doctor and vaccination.

Outpatient treatment

Day surgery services, day hospital

Treatment of severe diseases

The sum insured shall be specified in the insurance policy.



Who is not covered by the insurance?

Non-insured events:

- ✗ Health problems and chronic illnesses diagnosed before the entry into force of the insurance contract;
- ✗ Vision corrections for myopia and hyperopia or laser vision correction surgery;
- ✗ Pregnancy care, natal and postnatal care, termination of pregnancy in the absence of medical indications and sexually transmitted diseases;
- ✗ Family planning and contraception counselling;
- ✗ Diagnostics and treatment of warts and moles, benign lesions of the skin/subcutaneous/soft tissue, vascular lesions, spots, pigmentation disorders;
- ✗ Treatment of benign tumours;
- ✗ Interventional treatment of deep leg veins/capillaries (sclerotherapy) sclerotherapy) and treatment of varicose veins;
- ✗ Therapeutic and surgical diagnosis and treatment of overweight and eating disorders, food intolerance tests;
- ✗ Cosmetic/beauty procedures, cosmetic plastic surgery;
- ✗ Aesthetic fillings, prosthetics, dental implants, orthodontic treatment, caps, braces, trainers, tooth whitening, veneering, silant coating, dental jewellery;
- ✗ Accommodation and meals expenses.

All non-insured events are described in the Personal Health Insurance Regulations or indicated in the insurance policy.



Are there any restrictions on insurance cover?

- Health problems that occurred when the insurance cover was not valid and/or services provided during the period when the insurance cover was not valid (was suspended);
- ! The insured person's health problems developed as a result of the use of alcohol, narcotic drugs, toxic substances or medicines not prescribed by a doctor for the purpose of intoxication, practising self-medication;
- ! Use of the insurance cover not by the Insured Person.

Full details of the restrictions of the insurance cover are set out in the Personal Health Insurance Regulations.



Where does the insurance cover apply to me?

- ✓ Insurance cover for inpatient treatment and treatment of serious illnesses is available in the Republic of Lithuania, the Republic of Latvia and the Republic of Estonia;
- ✓ Outpatient treatment, rehabilitation after inpatient treatment of an injury, dental treatment, hygiene, prophylaxis and vaccination insurance cover is valid only in the territory of the Republic of Lithuania.



What are my responsibilities?

- Before the insurance contract is concluded, to provide correct information about the insured person's health status by answering in detail the questions in the "Application for a personal health insurance offer";
- To pay the insurance premiums specified in the insurance contract;
- The Policyholder or the Insured Person must fill in the application for reimbursement of health insurance costs within 30 calendar days of the insured event. The most convenient way to submit the application for reimbursement of health insurance expenses is to use ERGO Lietuva mobile application, which can be downloaded free of charge from the App Store or Google Play stores, or email the application together with other documents scanned/photographed to sveikatos_zalos@ergo.lt;
- The Policyholder or the Insured Person must provide accounting documents indicating the amount of incurred expenses, a referral extract or a copy of the medical documentation containing information on the nature of the illness, diagnosis, prescribed tests, procedures, treatment and all documents necessary to determine the amount of the insurance benefit;
- To carry out other obligations of the Policyholder provided for in the applicable legal acts of the Republic of Lithuania.



When and how do I pay?

The insurance premium, terms and conditions of payment are specified in the insurance policy. The insurance premium may be paid by bank transfer.



When does the insurance cover enter into force and expire?

The personal health insurance contract is concluded for a period of 1 year. The insurance cover comes into force when the Policyholder or the Insured Person pays the first insurance premium and the Insurer issues the insurance policy. The period of validity of the insurance cover is indicated by the Insurer in the insurance policy.



How can I terminate the contract?

You may terminate the insurance contract before its expiry on your own initiative, by mutual agreement between you and us, and in any other cases provided for in the contract. You must give us at least 30 days' written notice of termination of the insurance contract, unless the insurance contract specifies a different notice period.

For termination of the contract, please contact the insurance representative who services you by email info@ergo.lt or call 1887.