

HEALTH INSURANCE TERMS AND CONDITIONS

Terms and Conditions No EE 02.01

Effective as of 01.04.2023.

The Estonian branch of AAS BTA Baltic Insurance Company and the Policyholder shall enter into a Health insurance contract in accordance with these terms and conditions and BTA General terms and conditions.

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1. DEFINITIONS OF TERMS USED IN INSURANCE CONTRACT

Alternative medicine means the methods of diagnosis, prophylaxis and treatment that have no generally accepted rationale and are used instead of or alongside scientific medicine.

Attending doctor means a person registered as a doctor in the Register of Health Care Professionals of the Republic of Estonia, the Republic of Latvia or the Republic of Lithuania and entitled to provide general or specialised medical care.

Compensation rate means the part of the health insurance bill that BTA covers up to the unused insurance limit.

Critical illness means an illness or condition diagnosed by an attending doctor and included in the list of critical illnesses.

Day treatment means outpatient health service, which requires a minimum stay of 4 hours in a health care institution, without the Insured Person having to stay overnight in the health care institution.

E-Insurance card means an individual electronic client card issued to an Insured Person.

Epicrisis means a summary of an outpatient, day or inpatient case, prepared by a health care institution.

Health care institution means the state and municipal institutions, companies and medical practices registered in the Register of Health Care Institutions of the Republic of Estonia, the Republic of Latvia or the Republic of Lithuania.

Health service (hereinafter referred to as the Service) means the activity of a health care professional for the prevention, diagnosis and treatment of an illness, injury or intoxication. The objective of this is to relieve a person's suffering, prevent the deterioration or exacerbation of their condition and restore health. A health service can be either an outpatient (a person does not need to stay in hospital 24 hours a day) or an inpatient (a person needs to stay in hospital 24 hours a day).

Health service provider (hereinafter referred to as the Service Provider) means a person who holds the relevant licence or professional certificate required to provide the Service.

Individual insurance programme means an integral part of the insurance contract, listing the health services to be covered, exclusions, amounts insured and compensation rates.

Inpatient or hospital treatment means treatment provided in a hospital with the Insured Person having to stay there overnight.

Insurance limit means the limit arising from the insurance contract to the extent of which BTA pays for the agreed health services provided for a fee that were received by the Insured Person.

Insurance territory means the Republic of Estonia, the Republic of Latvia or the Republic of Lithuania, unless otherwise agreed in the policy.

Musculoskeletal system – all the organs of movement that keep the body moving in space are connected into a single system. This includes bones, joints, muscles and ligaments. The human musculoskeletal system performs certain functions, which are determined by the characteristics of the formation and structure of the organs of movement.

Outpatient treatment means treatment during which the Insured Person is examined, undergoes any prescribed tests, analyses and treatment procedures and is advised on further treatment.

2. INSURANCE CONTRACT

- 2.1.** The Policyholder takes out an insurance contract with the aim of protecting the health of the Insured Persons and increasing their capacity for work.
- 2.2.** The documents of the insurance contract are the Policyholder's application, these terms and conditions of insurance, the BTA General Terms & Conditions of Insurance, the individual insurance programme, the policy and the special conditions agreed thereon, amendments to the insurance contract and other documents.
- 2.3.** The Policyholder chooses the suitable individual insurance programme and additional insurance cover(s) when the insurance contract is entered into.
- 2.4.** The insurance cover chosen by the Policyholder is valid for the period and territory indicated in the policy.
- 2.5.** In order to enter into an insurance contract, the Policyholder is obliged to provide the BTA with the following data of the Insured Persons: first name and surname, personal identification number, e-mail address or mobile number.
- 2.6.** The insurance contract is entered into for a temporary period. The insurance period is 1 year, unless otherwise specified in the policy.
- 2.7.** The insurance period cannot start later than two months after the conclusion of insurance contract, unless otherwise agreed.
- 2.8.** The insurance contract is deemed to be entered into from the moment the Client grants their consent. When the insurance cover takes effect, BTA will issue to each Insured Person an insurance card that bears their name.
- 2.9.** Upon entry into the insurance contract, BTA will issue to the Policyholder a policy with the number of the E-Insurance card of each Insured Person. When adding and/or deleting an Insured Person, the BTA will issue an annex to the policy.
- 2.10.** The Party will terminate the insurance contract at least one month before the end of the insurance period.
- 2.11.** When an Insured Person is deleted from the list, the Policyholder is entitled to a refund of the insurance premiums paid in advance for the remaining insurance period for that Insured Person. The insurance premium overpaid for the insurance period of a deleted Insured Person will be refunded in proportion to the insurance limit used and/or the number of days. The overpaid insurance premium will not be refunded if the insurance limit has been used up in full.
- 2.12.** In case of termination of a purchased health insurance contract before the end of insurance period on Policyholder's request, the unexpended share of insurance premium shall be calculated as follows – BTA will refund the share of insurance premium, the size of which is established by deducting the share of insurance premium for the insurance period, when the insurance contract had been in effect, the disbursed insurance indemnities and the BTA's expenses 15% of the unexpended insurance premium.
- 2.13.** BTA has the right to apply the price limit and/or volume of services established by BTA to the Services provided if this has been agreed in the insurance contract.

3. INSURED PERSON

- 3.1.** The Insured Person is the Policyholder's employee or the employee's Family Member, as defined by name in the insurance contract, if this has been separately agreed with BTA in a format that can be reproduced in writing.
- 3.2.** A Family Member is defined as an employee's spouse/civil partner and their children up to the age of 19. The Family Member's insurance premium is paid subject to an agreement between the Policyholder and BTA. A family member is insured until the expiry of the insurance period specified in the employer's policy.
- 3.3.** Upon entry into the insurance contract, the Policyholder submits a list of Insured Persons to BTA.
- 3.4.** In order to add an Insured Person to the list or delete an Insured Person from the list, the Policyholder will send a written notice to BTA on an ongoing basis, unless otherwise agreed in the insurance contract.
- 3.5.** When an Insured Person is added to the list of insured persons during an effective insurance period, the commencement date of the insurance period will be the date of submission of the Policyholder's written notice, but no later than 30 days after receiving the Policyholder's written notice, unless otherwise agreed by the Parties. The insurance period of the added Insured Persons during the effective insurance period ends at the end of the insurance period of the policy.
- 3.6.** When an Insured Person is deleted from the list during an effective insurance period the date of expiry of the insurance coverage will be the date indicated in the Policyholder's written notification, but not earlier than the next day of receipt of the Policyholder's notification.
- 3.7.** The Policyholder is responsible for compliance with the list of Insured Persons and the validity of the insurance cover does not depend on whether or not the Insured Person was an employee of the Policyholder at the time of the insured event.

4. INSURANCE COVER AND INSURED EVENT

- 4.1.** When concluding insurance contract, the insurance cover is valid from the first date of insurance period at 00:00.
- 4.2.** The main insurance cover defined in the individual insurance programme chosen by the Policyholder is outpatient treatment, to which additional covers can be selected:
 - 4.2.1.** inpatient treatment or hospital treatment;
 - 4.2.2.** prenatal care and childbirth;
 - 4.2.3.** outpatient rehabilitation;
 - 4.2.4.** inpatient rehabilitation;
 - 4.2.5.** prophylactic examination;
 - 4.2.6.** dental care (standard or extended);
 - 4.2.7.** prescribed medicine;
 - 4.2.8.** optics (supply of optical product);
 - 4.2.9.** critical illness.
- 4.3.** The selected additional insurance cover is part of the insurance contract if it is specified on the policy.

OUTPATIENT TREATMENT

- 4.4.** The insured event is an unexpected and unforeseeable illness, exacerbation of a chronic illness or visit to a healthcare institution as a result of an accident that occurs independently of the will of the Insured Person during the insurance period.
- 4.5.** An outpatient or Day treatment case epicrisis must be prepared for each visit.
- 4.6.** As a result of the insured event, BTA will indemnify the following costs related to the Services:
 - 4.6.1.** medically indicated visit and consultation of a general and specialist practitioners;
 - 4.6.2.** medically indicated paediatric consultation for an insured child up to 19 years of age;
 - 4.6.3.** occupational health examination carried out by an occupational health specialist once during the period of insurance, including the documentation required for working for the Policyholder;
 - 4.6.4.** medical examination for preparation of medical certificate: weapons permit, driving vehicles, going to an educational institution once during the insurance period;
 - 4.6.5.** counselling, medical examination and treatment provided by a psychologist, psychotherapist or psychiatrist;
 - 4.6.6.** vaccination.
- 4.7.** BTA will only indemnify the costs of the following Services on the basis of a referral from the attending doctor:
 - 4.7.1.** laboratory analysis, diagnostic test, therapeutic procedure;
- 4.8.** In addition to the exclusions set out in point 5, the following will not to be subject to compensation on the basis of the outpatient treatment cover:
 - 4.8.1.** the cost of an insured event of the insurance cover for inpatient treatment, dental care, prenatal care and childbirth, prophylactic examinations, prescribed medicine and/or supply of optical product, outpatient and/or inpatient rehabilitation;
 - 4.8.2.** critical illness insurance indemnity.

INPATIENT TREATMENT (HOSPITAL TREATMENT)

- 4.9.** The insured event is a sudden and unforeseeable illness or accident that occurs independently of the will of the Insured Person during the insurance period, as a result of which the Insured Person requires hospitalization. Scheduled surgery or therapeutic procedure must be approved by BTA in advance in a format that can be reproduced in writing.
- 4.10.** An inpatient case epicrisis is issued to the Insured Person about the visit.
- 4.11.** In addition to the exclusions set out in point 5, the following will not to be subject to compensation on the basis of the inpatient treatment cover:
 - 4.11.1.** the cost of outpatient treatment, dental care, prenatal care and childbirth, prophylactic examinations, prescribed medicine and/or supply of optical product, outpatient and/or inpatient rehabilitation;
 - 4.11.2.** critical illness insurance indemnity.

PRENATAL CARE AND CHILDBIRTH

- 4.12.** The pregnancy of the Insured Person during the insurance period is the insured event. If the Insured Person is the spouse/civil partner of the mother of the child, the expenses of a family room will be covered.
- 4.13.** BTA will indemnify the Insured Person's expenses for the Service related to prenatal care and/or childbirth provided for a charge.

4.14. In addition to the exclusions set out in point 5, the following will not to be subject to compensation on the basis of the prenatal care and childbirth cover:

4.14.1. the cost of outpatient treatment, inpatient treatment, dental care, prophylactic examinations, prescribed medicine and/or supply of optical product, outpatient and/or inpatient rehabilitation.

OUTPATIENT REHABILITATION

4.15. The insured event is the restoration or preservation of the function of the musculoskeletal system, which has become impaired as a result of an involuntary, unexpected and unforeseeable exacerbation of a chronic illness or accident or adapting to disability.

4.16. BTA will indemnify the cost of outpatient rehabilitation if the visit to the Service provider occurs as a result of an insured event and the need for rehabilitation has been confirmed by a referral letter from the attending doctor or the decision of an occupational health specialist. An epicrisis is not valid as a referral.

4.17. The outpatient rehabilitation Service provider must hold a valid activity license or professional certificate for the provision of the respective service. The activity license and/or professional certificate must be entered in the register of the relevant country.

4.18. In addition to the exclusions set out in point 5, the following will not to be subject to compensation on the basis of the outpatient treatment cover:

4.18.1. the cost of outpatient treatment, inpatient treatment, prenatal care and childbirth, dental care, prophylactic examinations, prescribed medicine and/or supply of optical product, inpatient rehabilitation.

INPATIENT REHABILITATION

4.19. The insured event is the need for inpatient rehabilitation services if an involuntary unexpected and unforeseeable illness or accident has occurred during the effective insurance period.

4.20. BTA will indemnify the cost of rehabilitation services provided in a health care institution as a result of an insured event if the need for rehabilitation arose during the effective insurance period and the rehabilitation starts within 90 days of the end of inpatient or hospital treatment.

4.21. Rehabilitation has been prescribed by the attending doctor, a referral has been issued to the Insured Person and a corresponding entry has been made in the epicrisis. An epicrisis is not valid as a referral.

4.22. In addition to the exclusions set out in point 5, the following will not to be subject to compensation on the basis of the inpatient treatment cover:

4.22.1. the cost of outpatient treatment, inpatient treatment, prenatal care and childbirth, dental care, prophylactic examinations, prescribed medicine and/or supply of optical product, outpatient rehabilitation.

PROPHYLACTIC MEDICAL EXAMINATION

4.23. The Insured Person visiting a health care institution during the insurance period in order to receive the Service is the insured event.

4.24. BTA will indemnify the medical analysis and examination carried out during the insurance period at the request and choice of the Insured Person.

4.25. In addition to the exclusions set out in point 5, the following will not to be subject to compensation on the basis of the prophylactic examination cover:

4.25.1. the cost of outpatient treatment, inpatient treatment, dental care, prenatal care and childbirth, prescribed medicine and/or supply of optical product, outpatient and/or inpatient rehabilitation.

DENTAL CARE

4.26. The Insured Person visiting a health care institution during the insurance period in order to receive the dental care service is the insured event.

4.27. BTA will indemnify the cost of dental care resulting from an insured event according to the type of insurance cover chosen by the Policyholder.

4.28. The Policyholder can choose between the standard or extended insurance cover.

4.29. In addition to the exclusions set out in point 5, the following will not to be subject to compensation on the basis of the dental care cover:

4.29.1. the cost of outpatient treatment, inpatient treatment, prenatal care and childbirth, prophylactic examinations, prescribed medicine and/or supply of optical product, outpatient or inpatient rehabilitation.

PRESCRIBED MEDICINE

4.30. The insured event is the cost of the acquisition of a prescribed medicine registered in the European Union Register of Medicinal Products and prescribed to the Insured Person during the insurance period.

- 4.31.** The prescribing doctor must have a valid activity license.
- 4.32.** In addition to the exclusions set out in point 5, the following will not to be subject to compensation on the basis of the prescribed medicine cover:
- 4.32.1.** the cost of outpatient treatment, inpatient treatment, dental care, prenatal care and childbirth, prophylactic examinations, supply of optical product, outpatient and/or inpatient rehabilitation.

OPTICS (SUPPLY OF OPTICAL PRODUCT)

- 4.33.** The insured event is a confirmed change in the visual acuity of the Insured Person during the insurance period and the related cost of dioptric glasses, contact lenses.
- 4.34.** The BTA also indemnifies the cost of a consultation with an optometrist or ophthalmologist related to the measurement of visual acuity.
- 4.35.** In addition to the exclusions set out in point 5, the following will not to be subject to compensation on the basis of the optics cover:
- 4.35.1.** the cost of outpatient treatment, inpatient treatment, dental care, prenatal care and childbirth, prophylactic examinations, acquisition of prescribed medicine, outpatient and/or inpatient rehabilitation.

CRITICAL ILLNESS

- 4.36.** The insured event is the first occurrence of a critical illness of the Insured Person, which is diagnosed during the insurance period and the final diagnosis is determined during the current insurance period.
- 4.37.** The list of critical illnesses and additional exclusions related to a specific critical illness are provided in the Terms & Conditions of Critical Illness Insurance (see the Terms & Conditions of Critical Illness Insurance), which are published on [BTA website](#).
- 4.38.** In the case of an insured event, BTA will indemnify the critical illness insurance indemnity noted on the policy.
- 4.39.** The critical illness insurance indemnity is paid by the BTA on a one-off basis, irrespective of the number of critical illnesses diagnosed in the Insured Person.
- 4.40.**

5. EXCLUSIONS

GENERAL EXCLUSIONS

- 5.1.** In addition to the exclusions set out in point 14 of the General Terms & Conditions of BTA Insurance and in the individual insurance programme, the following will not constitute an insured event and is not subject to compensation:
- 5.1.1.** a Service provided or a prescribed medicine, glasses, spectacle lenses or contact lenses purchased outside the insurance period;
- 5.1.2.** the cost of a Service provided to the Insured Person without a medical indication;
- 5.1.3.** the cost of a Service for which a referral letter is issued by the attending doctor outside the insurance period or after the Service has been provided;
- 5.1.4.** the provided Service noted on the expense receipt does not correspond to the referral or epicrisis entry, including the Service noted on the referral does not correspond to the epicrisis entry;
- 5.1.5.** the cost of a service and method in the field of alternative medicine, e.g. holistic medicine, gestalt psychotherapy, complementary or naturopathic medicine, imago therapy, hypnotherapy, iridodiagnostics, oriental medicine services, kinesiology, homeopathy, reflexology, aromatherapy, music and movement therapy, etc;
- 5.1.6.** the cost of not coming to a visit or cancelling an appointment;
- 5.1.7.** the cost of preparation, saving on a data medium, printing or issuing a medical document and/or an extract from a medical examination;
- 5.1.8.** the cost of a home visit, the Service provided during the home visit;
- 5.1.9.** the cost of transport, parking and/or accommodation;
- 5.1.10.** the cost of a seminar, training, coaching, lecture, course, including the cost of a family school lecture, travel medical advice, anonymous consultation;
- 5.1.11.** the cost of the purchase of non-prescription medicines, hygiene products and/or care products, the hire and/or purchase of medical equipment and/or rehabilitation aids;
- 5.1.12.** the cost of palliative care or hospice service.
- 5.2.** BTA does not cover the cost of the consultation, examination, diagnosis, procedure, treatment, medication and auxiliary material related to the following illness and health condition, if the insured event occurred as a result of at least one of the listed causes:
- 5.2.1.** sexual pathology, mainly sexually transmitted diseases (including PAP or HPV test), HIV, AIDS;

- 5.2.2.** fungal disease;
 - 5.2.3.** addiction (e.g. alcoholism, toxic substance abuse, drug addiction, etc.);
 - 5.2.4.** sleep disorder and apnoea, including sleep therapy;
 - 5.2.5.** oncological disease, hematopoietic disease, tuberculosis, leprosy;
 - 5.2.6.** congenital or degenerative disease;
 - 5.2.7.** an infectious disease covered by an epidemic, pandemic or outbreak of infection that has caused an emergency in the state.
- 5.3.** BTA does not indemnify the cost of the Service provided by an andrologist, dietician, phlebologist, geneticist (except in the case of prenatal care and childbirth), haematologist, hypnologist, home doctor, home carer, home nurse, beautician, coach, speech therapist, mentor, narcologist, nutritionist, oncologist, podiatrist, prosthetic orthopaedist, sexologist, somnologist, sports physician, trichologist, vasologist or vascular surgeon.
- 5.4.** BTA does not indemnify the cost of the following Service and related consultation, test, diagnosis, treatment, medicine and/or auxiliary material if the insured event occurred as a result of at least one of the following causes:
- 5.4.1.** family planning, including prescription, insertion and/or removal of contraception, semen analysis, artificial insemination, fertility treatment, termination of pregnancy without medical indication, sterilisation, vasectomy;
 - 5.4.2.** test and analysis during pregnancy (except in case of additional insurance cover for prenatal care and childbirth);
 - 5.4.3.** genetic analysis (except in case of additional insurance cover for prenatal care and childbirth);
 - 5.4.4.** magnetic resonance imaging (MRI) or computed tomography (CT) scans if the whole body is examined in the same scan, capsule endoscopy, hydrocolonoscopy, podometry;
 - 5.4.5.** immunoglobulin therapy, immunotherapy, barotherapy;
 - 5.4.6.** autohemotherapy (e.g. PRP injections), intraocular injections;
 - 5.4.7.** speech and occupational therapy, myofunctional therapy;
 - 5.4.8.** cosmetic and/or beauty procedure, including (medical) manicure and pedicure, cryotherapy, IPL laser treatment, health capsule service, bio-stimulation, seborrhoea treatment, etc;
 - 5.4.9.** treatment, including removal of benign skin and/or subcutaneous tissue formations (e.g. moles, papillomas, warts, keratoses, atheromas);
 - 5.4.10.** cosmetic, aesthetic, plastic and/or reconstructive surgery;
 - 5.4.11.** treatment of varicose veins, including sclerotherapy, phlebectomy;
 - 5.4.12.** bariatric surgery (all types), including weight loss programmes;
 - 5.4.13.** organ or tissue transplant;
 - 5.4.14.** laser vision correction surgery or other visual acuity correction surgery;
 - 5.4.15.** prostate or gynecological massage, lymphatic massage, lymphatic drainage, vacuum massage, roller massage, cup massage, lava stone massage, etc.

6. INDEMNIFICATION PROCEDURE

- 6.1.** The indemnification obligation of BTA is limited only to the insurance cover and insurance limit noted on the policy.
- 6.2.** The Insured Person may submit a claim for damages either through the BTA Estonia mobile application or through the e-office, unless otherwise agreed by the Parties.
- 6.3.** BTA will only indemnify the cost of the Service provided to the Insured Person those results from the epicrisis and is supported by an expense receipt.
- 6.4.** The Service provided to the Insured Person corresponds to one specific insurance cover. A single Service provided cannot be declared under several different insurance covers.
- 6.5.** If the document relating to the provided Service has been issued by a foreign institution, BTA has the right to request a translation of the document into Estonian or English. BTA does not indemnify translation costs.
- 6.6.** BTA will not accept as expense receipts and doesn't indemnify any prepayment invoices, gift cards or other documents that do not show during valid insurance period the name of provided Service to Insured Person, the date and time of the provided Service, the name of the Service provider or the name of Insured Person
- 6.7.** The list, insurance limits and compensation rates of the Services subject to and not subject to indemnification under each insurance cover are set out in the individual insurance programme.
- 6.8.** The insurance indemnity will be paid out to the Insured Person or the Policyholder, unless otherwise agreed in advance with BTA in a format that can be reproduced in writing.

7. OBLIGATIONS

OBLIGATIONS OF POLICYHOLDER BEFORE AND AFTER ENTRY INTO INSURANCE CONTRACT

- 7.1.** For the purposes of entering into and performance of the insurance contract, the Policyholder is obliged to ensure that the Insured Person has consented to the processing of his or her personal data. Policyholder's consent must be in a format that can be reproduced and available when requested by BTA.
- 7.2.** After the entry into the insurance contract, the Policyholder is obliged to:
 - 7.2.1.** notify the Insured Person of the entry into the insurance contract and inform each Insured Person about the number of their personal E-insurance card;
 - 7.2.2.** familiarize the Insured Person with the insurance programme and the terms and conditions applicable to the insurance contract, including [the privacy policy of BTA](#), including the rights and obligations;
 - 7.2.3.** keep the data of the Insured Person set out in point 2.5. up to date and inform BTA of any changes to the data and submit the new data as soon as possible.

OBLIGATIONS OF INSURED PERSON:

- 7.3.** The Insured Person is obliged to submit a claim through the BTA Estonia mobile application or e-office as soon as possible, but not later than within 90 (ninety) days of the receipt of the Service, with the following documents:
 - 7.3.1.** the original invoice, purchase receipt or a copy thereof (including a photograph or screenshot), which includes the following information:
 - 7.3.1.1.** the provider of the Service;
 - 7.3.1.2.** the date of provision of the Service;
 - 7.3.1.3.** the first name and surname of the recipient of the Service;
 - 7.3.1.4.** the name, quantity and price of the Service;
 - 7.3.1.5.** confirmation of payment for the Service.
 - 7.3.2.** any other documents required by BTA in relation to the Service provided to the Insured Person, which are necessary to establish the circumstances of the insured event or to determine the amount of the insurance indemnity.

8. OTHER PROVISIONS

- 8.1.** The General Insurance Terms and Conditions are published at the [BTA website](#).
- 8.2.** These terms and conditions of insurance are applied with the BTA General Terms & Conditions of Insurance.
- 8.3.** In the case of a conflict between the BTA General Terms & Conditions and these terms and conditions, these terms and conditions shall prevail.
- 8.4.** In matters not regulated in the terms and conditions of insurance the parties to the insurance contract follow the Law of Obligations Act and other legislation.