

# Employer's Health Insurance

## Information Document of Insurance Service

### AB Lietuvos draudimas Estonia branch



This information document provides an overview of employer's health insurance. It does not reflect the terms and conditions of the insurance contract that are based on your insurance interest and requirements. The terms and conditions of the contract can be found in other documents, such as the quote, the terms and conditions of insurance and the policy.

### What type of insurance is it?

Employer's health insurance means the voluntary health insurance to be taken out by an employer in the interests of its employees and that supplements national health insurance.



#### What is insured?

- ✓ According to the insurance option selected when the insurance contract is entered into, the use of health services and the acquisition of medically indicated medicines or aids by the insured person during the insurance cover valid with regard to them and to the extent agreed in the insurance contract are indicated in the insurance policy.
- ✓ Insurance covers:
  - ✓ outpatient treatment. The visit and consultation fees of family doctors and specialists, and the expenses of tests, analyses, procedures and day treatment that are medically indicated and prescribed by a doctor are indemnified;
  - ✓ prescription medicines. The costs of purchasing the prescription medicine prescribed by the attending physician will be compensated.
  - ✓ Hospital treatment. The costs of medically indicated hospitalisation will be compensated.
  - ✓ Rehabilitation. The costs of outpatient and inpatient rehabilitation prescribed by a doctor are indemnified.
  - ✓ Daily allowance indemnity. Daily allowance indemnity will be paid if a certificate of incapacity for work is issued to the person for at least three days. The daily allowance indemnity will be paid for a maximum of 14 days.
  - ✓ Dentistry. The appointment fees of a dentist, incl. an endodontist, orthodontist, prosthodontist, parodontologist and dental surgeon, and the preparation of a treatment plan; dentistry and dental surgery, incl. x-ray and anaesthesia, oral hygiene are indemnified.
  - ✓ Occupational health check. The cost of the mandatory occupational health check that arises from legislation and is necessary for the performance of the insured person's employment duties, and the issue of mandatory health certificates is indemnified.
  - ✓ Prophylactic tests. The costs of the following tests and analyses carried out without medical indications for the purpose of health checks or prevention of diseases are indemnified.
  - ✓ Vaccination. The cost of vaccination is indemnified.
  - ✓ Glasses and contact lenses. The expenses of the glasses or contact lenses prescribed by a doctor or optometrist during the insurance period are indemnified. Only the costs of one pair of glasses or contact lenses are indemnified during the insurance period.
- ✓ The sum insured is provided in the policy.



#### What is not insured?

- ✗ The insurance does not cover:
  - ✗ cosmetic and aesthetic procedures;
  - ✗ the services of a nutritionist;
  - ✗ non-prescription medicines;
  - ✗ treatment of addiction diseases;
  - ✗ treatment of sexually transmitted diseases;
  - ✗ transport and parking expenses;
  - ✗ alternative medical services;
  - ✗ organ transplantation;
  - ✗ sterilisation and vasectomy;
  - ✗ cost of contraceptives;
  - ✗ family planning, including infertility diagnostics and treatment;
  - ✗ other exclusions set out in the terms and conditions.

For example, the following is not subject to compensation:

- ✗ expenses incurred as a result of an event other than an insured event;
- ✗ costs caused by the consumption of alcohol, narcotic or psychotropic substances;
- ✗ costs caused by suicide, attempted suicide, self-injuries or putting one's health at risk;
- ✗ damage caused by failure to follow the doctor's orders.

Read the insurance terms and conditions for more information on exclusions.



#### Is the insurance cover restricted?

- ! Hospitalisation, incl. inpatient rehabilitation, must be agreed with the insurer before the service is used.
- ! A doctor's referral is required for analyses, procedures and tests (except prophylactic tests).
- ! Deductible will be applied to all insurance covers, except for occupational health checks and daily allowances, in accordance with the rate indicated in the policy.
- ! A service received in a medical institution that does not have the respective authorisation and that is provided by medical professionals not registered in the Health Board is not subject to indemnification.



## Where am I covered?

- ✓ The insurance applies within the territory specified in the insurance policy.



## What are my obligations?

- Before entering into an insurance contract, you must provide the insurer with the requested data. The submitted data must be true and complete. Additionally, the insurer expects the client to submit data that is of substantial, recognisable interest to the insurer and has an important effect on the insurance premium without being asked to do so.
- The insurer must be notified of any changes in the data.
- The main obligation of the policyholder is to pay the insurance premium.
- The safety requirements specified in the insurance contract must be followed.
- Behaviour during the insurance period must be reasonable in order to avoid insured events.
- The policyholder must immediately notify the insurer of an insured event and follow their instructions.



## When and how do I pay?

The insurance premium and payment deadline are specified in the policy. The premium is usually paid by bank transfer on the basis of an invoice.



## When does the cover start and end?

The cover becomes effective on the commencement date of the insurance period, provided that the first insurance premium has been paid.

The insurance contract will be entered into for an unspecified term and it will consist of one or several insurance periods.



## How do I terminate the contract?

In order to terminate the contract, you must submit a respective request to the insurer. In general, the contract can only be terminated prematurely upon mutual agreement between the policyholder and the insurer.

The terms and conditions of cancelling and termination of the contract and withdrawal therefrom are given in the general terms and conditions of PZU insurance contracts.