



Employer's health insurance terms and conditions H100/2024

Effective as of 08.10.2024

This is an unofficial text. In case of the dispute the Estonian wording shall prevail.

These terms and conditions of insurance (hereinafter also referred to as the Terms and Conditions) are a part of the employer-based insurance contract entered into between AB Lietuvos draudimas Estonia Branch (hereinafter referred to as the Insurer or PZU) and the policyholder. These Terms and Conditions of Insurance are applied with the PZU General Terms and Conditions of Insurance Contracts. 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.

1. Definitions

- 1.1. Insurer** means AB Lietuvos draudimas Estonia branch.
- 1.2. Policyholder** means the legal entity who has entered into an insurance contract with the insurer.
- 1.3. Insured person** means the policyholder's employee whose insurance risk has been insured.
 - 1.3.1.** The insured person is also a family member of the policyholder's employee, if the policyholder and the insurer have separately agreed thereon. For the purposes of these Terms and Conditions, a family member is the spouse/partner of an insured employee and their dependent children up to 21 years of age.
 - 1.3.2.** All insured persons are named in the insurance contract. An employee's family member is insured for as long as the employee's insurance cover is valid. An employee or a family member of the policyholder who has not been named in the insurance contract is not insured.
 - 1.3.3.** The family member's premium may be different from the employee's, and the family member pays the premium for the cover themselves unless otherwise agreed with the policyholder.
- 1.4. Insured event** means the use of health services by the insured person during the insurance cover that is valid with regard to the insured person and to the extent agreed in the insurance contract, and the acquisition of medically indicated medicines or aids.
- 1.5. Sum insured** means the maximum sum indemnified for all insured events which have occurred during the insurance period specified in the insurance contract per insured person.

The sum insured consists of the indemnity limits of the different insurance covers specified in the insurance contract per insured person. The sum insured decreases by the insurance indemnity paid out.
- 1.6. Indemnity limit** means the maximum amount to be indemnified per insurance cover with regard to an insured person during the insurance period. The indemnity limit decreases by the insurance indemnity paid out.
- 1.7. Insurance indemnity** means the financial indemnity that compensates for the expenses incurred due to an insured event to the extent prescribed in the contract. The size of the insurance indemnity is limited to the indemnity limit of the insurance cover and the sum insured agreed in the insurance contract.
- 1.8. Deductible** means the amount of money specified in the insurance policy which is compensated by the insured person in the case of each insured event.
- 1.9. Insurance territory** means the region where the insurance cover selected in the contract applies to the health services provided and the prescription medicines and aids acquired. Unless otherwise indicated in the policy, the insurance territory is the Republic of Estonia.
- 1.10. Health Service Provider** is an authorised medical practice, a state or municipal institution, a company entered in the register of the Health Board or a person holding a valid professional certificate at the time of providing a health service in the Republic of Estonia. The existence of an authorisation can be checked on the website of the Health Board and the existence of a professional certificate can be checked on the website of the Estonian Qualifications Authority.

2. Insurance cover

The policyholder chooses the insurance cover when the insurance contract is entered into. The insurer's indemnification liability is limited to the insurance cover indicated in the policy. It is possible to choose from amongst the following insurance covers.

2.1. Outpatient care

- 2.1.1.** PZU indemnifies the following expenses related to outpatient care:
 - the health service provider's appointment and consultation fee;
 - telemedicine service provider's consultation fee;
 - fee for preparation of a medically indicated treatment plan;
 - medically indicated procedures, analyses and tests prescribed on the basis of a doctor's referral (e.g. digital referral, entry in medical records or decision of an occupational health specialist), e.g. x-ray, magnetic resonance imaging (MRI) of one body part, ultrasound;
 - medically indicated examinations, analyses and tests during pregnancy and, of genetic tests, the OSCAR test in the first trimester and fetal anatomy scan in the second trimester;
 - inspection of birthmarks by a dermatologist and histologically indicated removal of skin tumours;
 - optometrist's appointment and consultation fees for measuring visual acuity and issue of prescriptions for glasses.
- 2.1.2.** The following is not indemnified on the basis of outpatient care cover:
 - 3D and 4D tests during pregnancy and genetic studies related to pregnancy other than those mentioned in point 2.1.1. *It is possible to insure this cost by choosing the insurance cover for prophylactic examinations;*
 - surgery and procedures that correct visual acuity, including preliminary eye examinations. *It is possible to insure the cost of eye tests done before corrective eye surgery by choosing the insurance cover for prophylactic tests;*
 - allergy and food intolerance tests. *It is possible to insure this cost by choosing the insurance cover for prophylactic tests;*
 - psychological and psychiatric counselling and treatment, hospitalisation, rehabilitation, prescription medicines, vaccination, dentistry, glasses, contact lenses. *It is possible to insure these expenses by choosing the respective insurance cover;*
 - the cost of post-operative services/assistive device packages. *It is possible to insure these expenses by choosing rehabilitation cover;*
 - the cost of prophylactic examinations. A prophylactic examination is a healthcare service for which there is no medical indication, and it is performed at the request and choice of the insured person to check their health status, prevent diseases, or issue a health certificate. *It is possible to insure this cost by choosing the insurance cover for prophylactic tests;*
 - the expenses specified in point 3 "General exclusions".
- 2.1.3.** The costs of outpatient care are indemnified up to the indemnity limit specified in the insurance contract.

2.2. Psychological and psychiatric counselling and treatment

- 2.2.1.** PZU indemnifies the following:
 - outpatient visits and counselling by psychiatrists, clinical psychologists, psychotherapists and mental health nurses;
 - the cost of diagnosis and treatment of psychiatric illnesses (including psychotherapy, psychological counselling);
 - the cost of sleep counselling, including diagnostics and sleep therapy.
- 2.2.2.** The following is not indemnified under the cover of psychological and psychiatric counselling and treatment:
 - hospitalisation, rehabilitation;
 - group counselling and group therapies, coaching services, alternative mental health support practices including supervision, gestalt psychotherapy, transpersonal therapy, hypnotherapy, mindfulness, constellation, etc;
 - prescription medicines. *It is possible to insure these expenses by*

- choosing prescription medicine insurance cover;
- the expenses specified in point 3 “General exclusions”.
- 2.2.3. PZU will indemnify the costs of psychological and psychiatric counselling and treatment if the health service provider has a professional certificate or an authorisation to provide the relevant treatment.
- 2.2.4. In the case of couples or family counselling, the cost is shared in proportion to the number of participants and only the insured person’s share is indemnified.
- 2.2.5. The costs of psychological and psychiatric counselling and treatment are indemnified up to the indemnity limit specified in the insurance contract.

2.3. Prescription medicines

- 2.3.1. PZU indemnifies the cost of purchasing the prescription medicines prescribed by the attending physician, provided that the prescription medicine has been entered in the European Register of Medicinal Products.
- 2.3.2. Insurance cover for prescription medicines does not cover the following:
 - over-the-counter medicines;
 - hygiene products (including therapeutic shampoos, nail repair polishes, etc.);
 - vitamins and food supplements;
 - diet shakes and food for particular nutritional uses;
 - contraceptive devices and pills;
 - medical devices and their accessories (e.g. blood pressure monitor, inhaler, thermometer, hearing aid, devices related to sleep therapy);
 - vaccines. *It is possible to insure these expenses by choosing the vaccination insurance cover;*
 - the expenses specified in point 3 “General exclusions”.
- 2.3.3. The costs of prescription medicines are indemnified up to the indemnity limit specified in the insurance contract.

2.4. Hospitalisation

- 2.4.1. PZU compensates the insured person for the expenses of medically indicated hospitalisation on the condition that the person stays in the hospital for more than 24 hours. The hospitalisation costs that are indemnified are:
 - scheduled and emergency surgical operations and procedures;
 - bed day fee;
 - hospital room for a fee, including a family room after childbirth offered for a fee;
 - obstetrics;
 - analyses and diagnostic tests at hospitals;
 - medicines prescribed by a doctor and consumed at a hospital;
- 2.4.2. PZU will reimburse the cost of post-hospitalisation rehabilitation in a hospital if the need for rehabilitation is due to an illness or injury requiring hospitalisation during the period of insurance.
- 2.4.3. The following is not indemnified on the basis of hospitalisation cover:
 - pre-operative and post-operative procedures, analyses and tests performed by way of outpatient care;
 - postnatal care of a child;
 - expenses of close relatives staying in hospital, except for the costs of a family room after childbirth offered for a fee to a parent upon the presentation of the child’s birth certificate;
 - psychological and psychiatric counselling and treatment;
 - outpatient care, rehabilitation, excluding the expenses specified in point 2.4.2, prophylactic tests, prescription drugs, vaccination, dentistry. *It is possible to insure these expenses by choosing the respective insurance cover;*
 - the expenses specified in point 3 “General exclusions”.
- 2.4.4. The costs of hospitalisation are indemnified up to the indemnity limit specified in the insurance contract.

2.5. Rehabilitation

- 2.5.1. PZU indemnifies the medically indicated visit fee, the costs of the rehabilitation procedures, and the expenses of renting or purchasing aids required for rehabilitation (including orthopaedic aids, wheelchairs, crutches, support devices, supporting bandages, etc.) based on a doctor’s prescription (i.e. there is a referral for treatment, the decision of an occupational health specialist or an entry in the medical records). Some examples of what is indemnified on the basis of rehabilitation cover:
 - the physiotherapist’s visit fee and physiotherapy;
 - chiropractics and osteopathy;
 - physiotherapy;

- mud treatment;
- therapeutic massage;
- hydrotherapy;
- electrotherapy;
- occupational therapy;
- speech therapy.
- 2.5.2. PZU will indemnify post-operative services/assistive device packages (consultation with a doctor and physiotherapist, dressings, post-operative assistive devices).
- 2.5.3. The following is not indemnified on the basis of rehabilitation cover:
 - accommodation and food service at medical and recreational institutions, including spa packages;
 - tickets for sports clubs, swimming pools, training sessions, etc.;
 - performance of procedures that are not medically indicated;
 - procedures carried out before the referral letter was issued;
 - rehabilitation that does not correspond to the service specified in the referral letter;
 - aids not related to rehabilitation (e.g. orthopaedic insoles and footwear, compression hosiery, etc.);
 - ergonomic work equipment such as a footrest, mouse pad, computer glasses, etc.;
 - psychological and psychiatric counselling and treatment, dentistry, prophylactic tests, prescription medicines, vaccination. It is possible to insure these expenses by choosing the respective insurance cover;
 - the expenses specified in point 3 “General exclusions” of the Terms and Conditions.
- 2.5.4. PZU will indemnify the costs related to rehabilitation if the health service provider is authorised or certified to provide the respective rehabilitation service.
- 2.5.5. The costs of rehabilitation are indemnified up to the indemnity limit specified in the insurance contract.

2.6. Dentistry

- 2.6.1. PZU indemnifies the following expenses of dentistry and services:
 - the appointment fees of a dentist, including an endodontist, orthodontist, prosthodontist, periodontologist and dental surgeon, the preparation of a treatment plan and performance of this treatment;
 - oral hygiene services, e.g. removal of tartar, pearl wash, soda wash;
 - treatment of dental injuries caused as a result of an accident that occurred during the insurance period with an additional limit of up to 1,000 euros per insurance period. An accident is an event caused by an unexpected external impact and independent of the insured person’s will, as a result of which the teeth are broken and/or the gums are damaged. Injuries that occur as a result of biting or chewing are not deemed to be accidents.
- 2.6.2. The following is not indemnified on the basis of dentistry cover:
 - cosmetic and aesthetic procedures of teeth and the oral cavity, e.g. installation of dental decorations or veneers, laminate;
 - whitening of teeth;
 - aligners and other orthodontic devices not related to dentistry (e.g. sports aligner, anti-bruxism aligner, aligner related to sleep apnoea);
 - prescription medicines. It is possible to insure these expenses by choosing prescription medicine insurance cover;
 - The expenses specified in point 3 “General exclusions”.
- 2.6.3. The costs of dentistry are indemnified up to the indemnity limit specified in the insurance contract.

2.7. Prophylactic tests

- 2.7.1. PZU indemnifies the costs of examinations and tests carried out without medical indications for the purpose of health checks, disease prevention, or issuing a health certificate, as well as the related visit and consultation fees. Some examples of what is indemnified on the basis of prophylactic examination cover:
 - health audit;
 - blood tests;
 - allergy and food intolerance tests;
 - genetic tests;
 - tests and examinations for sexually transmitted diseases;
 - eye examinations preceding vision correction surgery;
 - sports medicine tests, including stress tests;
 - spirometry;
 - electrocardiography;
 - issuing health certificates for a fee, e.g. to apply for a driving licence, weapons licence, visa, etc., and/or to carry out work-rela-

- ted tasks.
- the cost of an examination by an optometrist, excluding the cost of measuring visual acuity and dispensing a prescription for spectacles, which is subject to indemnification under the out-patient treatment insurance cover
- 2.7.2. PZU will indemnify for pregnancy-related genetic tests and fetal 3D/4D ultrasound scans that are not covered under outpatient care insurance.
- 2.7.3. PZU will indemnify the costs of prophylactic tests if the health service provider that performed the test has a professional certificate or an authorisation to provide the relevant treatment.
- 2.7.4. Insurance cover for prophylactic tests does not cover the following:
 - outpatient care, psychological and psychiatric counselling and treatment, hospitalisation, rehabilitation, prescription medicines, vaccination, glasses, contact lenses or dentistry. *It is possible to insure these expenses by choosing the respective insurance cover;* The expenses specified in point 3 “General exclusions” are also not indemnified.
- 2.7.5. The costs of prophylactic tests are indemnified up to the indemnity limit specified in the insurance contract.

2.8. Vaccination

- 2.8.1. PZU indemnifies the following vaccination expenses:
 - vaccination;
 - consultation fee of travel medicine adviser;
 - issue of a vaccination certificate.
- 2.8.2. The costs of vaccination are indemnified up to the indemnity limit specified in the insurance contract.

2.9. Glasses, contact lenses

- 2.9.1. PZU indemnifies the expenses of the optical glasses or contact lenses prescribed by a doctor or optometrist during the insurance period.
- 2.9.2. The following is not indemnified on the basis of the cover for glasses and contact lenses:
 - glasses cases;
 - cleaning and storing products.
- 2.9.3. It is possible to apply for indemnification of the costs of glasses or contact lenses once in the insurance period.
- 2.9.4. During the insurance period, the costs of glasses or contact lenses are indemnified up to the indemnity limit set out in the insurance contract.

3. General exclusions

The exclusions given in this clause apply to all insured events listed in the Terms and Conditions of Insurance. Please also read the exclusions in the General Terms and Conditions of Insurance Contracts of PZU.

3.1. PZU does not indemnify the following:

- 3.1.1. the costs that emerged as a result of an event other than an insured event;
- 3.1.2. if the costs are not included in the list of the costs to be indemnified on the basis of insurance cover;
- 3.1.3. the health services provided and/or medicines and aids prescribed by a person who did not have the professional certificate or authorisation required by legislation for the provision of the respective service or for prescribing the medicine/aid;
- 3.1.4. medical training and seminars;
- 3.1.5. the transport and parking required for the use of health services or the acquisition of medicines and aids;
- 3.1.6. the health services and medicines used without medical indications, except in the cases and to the extent set out in point 2.7;
- 3.1.7. treatment plan changed without the doctor's consent;
- 3.1.8. which have been or are known to be indemnified for on the basis of the health insurance system, other health insurance contract or law, including the Motor Insurance Act.
- 3.1.9. on the basis of a prepayment invoice, before the health service is used;
- 3.1.10. smartphone applications, including monthly fees, periodic services, etc.

3.2. PZU does not reimburse for the cost of the following services, procedures, related consultations, examinations, diagnostics, medicines and aids

- 3.2.1. the laser surgery that corrects visual acuity or another procedure that corrects visual acuity;
- 3.2.2. the acquisition of optical products and aids, except in the case specified in point 2.9;

- 3.2.3. laser treatment for dry eye syndrome (including IPL);
 - 3.2.4. diagnosis and treatment of oncological diseases;
 - 3.2.5. immunotherapy; immunoglobulin therapy; biological therapy;
 - 3.2.6. plasma and hyaluronic acid treatment;
 - 3.2.7. venous therapy and sclerotherapy;
 - 3.2.8. haemodialysis treatment;
 - 3.2.9. organ transplantation and follow-up treatment;
 - 3.2.10. endoprosthetics and follow-up treatment;
 - 3.2.11. barotherapy;
 - 3.2.12. botox injections;
 - 3.2.13. infusion therapy of vitamins and minerals (e.g. vitamin and mineral drips, etc.), except in the cases mentioned in point 2.4.1;
 - 3.2.14. treatment of psychoses, schizophrenia and addictive disorders, except in the case and to the extent provided for in point 2.2;
 - 3.2.15. magnetic resonance imaging (MRI), when the whole body is scanned during the same test;
 - 3.2.16. treatment of obesity, including bariatric care e.g. surgical treatment of obesity;
 - 3.2.17. home birth;
 - 3.2.18. family planning, including infertility diagnostics and treatment, artificial insemination, semen analyses, laparoscopic operations involving removal of adhesions or tests to detect fallopian tube blockages;
 - 3.2.19. termination of pregnancy without medical indication;
 - 3.2.20. acquisition and installation of contraceptives;
 - 3.2.21. sterilisation and vasectomy;
 - 3.2.22. diagnosis and treatment of sexually transmitted diseases (including AIDS, HIV), except for medically indicated tests during pregnancy in the cases mentioned in point 2.1.1, tests and examinations for sexually transmitted diseases in the cases mentioned in point 2.7, PAP tests, and STD vaccines;
 - 3.2.23. treatment of sexual pathologies;
 - 3.2.24. treatment of congenital pathologies, degenerative diseases (Alzheimer's, Parkinson's, multiple sclerosis, etc.);
 - 3.2.25. genetic tests, except for pregnancy-related genetic tests mentioned in point 2.1.1. and genetic tests mentioned in point 2.7;
 - 3.2.26. nutrition counselling and therapist services;
 - 3.2.27. sleep counsellor's services, including sleep therapy, except in the case and to the extent set out in point 2.2;
 - 3.2.28. cosmetic or aesthetic procedures, including cosmetic or plastic surgery (e.g. removal and treatment of benign skin tumours, invasive and aesthetic dermatology, abdominoplasty, blepharoplasty, seborrhoea treatment, cryotherapy etc.); manicure, including medical manicure, pedicure, including medical pedicure, cryotherapy, etc.; any laser skin treatment;
 - 3.2.29. biostimulation, health capsule services;
 - 3.2.30. lymphatic massage, vacuum massage, cryomassage, prostate and gynaecological massage, etc.;
 - 3.2.31. complementary and alternative medicine, including acupuncture, Ayurvedic treatment, homoeopathy, aromatherapy, acupuncture, light therapy, reiki, reflexology, hypnosis, yoga, meditation, bio-resonance diagnostics, R. Foll diagnostics, hydrocolonotherapy, ophthalmic diagnostics, kinesiology (including kinesio taping), functional and anti-aging medicine, biohacking, radio wave therapy, vibroacoustic therapy, sound therapy, etc.;
 - 3.2.32. home tests, rapid tests (including COVID-19 rapid tests);
 - 3.2.33. medical devices and their accessories, except in the cases and to the extent specified in point 2.5;
 - 3.2.34. carer's service, except in the cases and to the extent specified in point 2.4.1;
 - 3.2.35. the issue of health certificates for a fee, e.g. when applying for a driving licence, weapons permit, visa, etc., except in the case and to the extent specified in point 2.7.1;
 - 3.2.36. the mandatory occupational health checks of employees arising from law.
- ### 3.3. PZU does not indemnify the costs caused by:
- 3.3.1. the failure to follow the doctor's or another medical professional's instructions;
 - 3.3.2. the use of medicines that are not necessary from a medical point of view and that have not been recommended or prescribed by the attending physician;
 - 3.3.3. the consumption of alcohol, narcotic or psychotropic substances;
 - 3.3.4. suicide, attempted suicide, self-injuries or putting one's health at risk;
 - 3.3.5. participation in active service, the international operations of the armed forces, other military operations or training;
 - 3.3.6. detention by law enforcement authorities or staying in a custodial institution as a detainee;
 - 3.3.7. use of nuclear power for any purpose or loss of control of nuclear

- 3.3.8. power or radioactivity; epidemic or pandemic, with the exception of COVID-19 testing expenses, if the prophylactic testing cover specified in point 2.7 was selected and COVID-19 vaccination expenses, if the vaccination cover specified in point 2.8 was selected;
- 3.3.9. the occurrence of a traffic accident as a result of the insured person not having the right to drive or giving in to distractions when driving.

4. Obligations of the policyholder and the insured person

- 4.1. The policyholder must inform the insured person of entry into the employer-based health insurance contract and explain to the insured person the rights and obligations arising from the contract.
- 4.2. The policyholder must inform the insurer as soon as possible if the insured person dies.
- 4.3. An insured person is required to follow the rules of behaviour established by legislation, including the Traffic Act, not endanger themselves, comply with the doctor's orders and take care of their health.
- 4.4. In the case of an insured event, the insured person must:
 - 4.4.1. seek assistance from a health care provider that has the professional certificate or authorisation required by law for the provision of the respective health service;
 - 4.4.2. follow the treatment guidelines given by a doctor or another medical professional and make every effort to prevent the deterioration of their health;
 - 4.4.3. notify the insurer as soon as possible of the occurrence of an insured event in a format that can be reproduced in writing, submitting information about the incident and the presumed period of treatment, and complying with the instructions of the insurer's representative thereafter;
 - 4.4.4. immediately inform the insurer of the need for a letter of guarantee upon payment for a health service, prescription medicine or aid;
 - 4.4.5. inform the insurer of the need for hospitalisation;
 - 4.4.6. ensure that the insurer receives the required information about the insured event, including provide access to sensitive personal data, and the submission of explanations and documents. Depending on the nature of the insured event, the insurer has the right to demand the submission of explanations and proof concerning the state of health and treatment before the insured event. The insured person submits the aforementioned information at the insurer's request themselves or authorises the insurer to request the necessary documents;
 - 4.4.7. provide the insurer with the true and complete information necessary to determine the performance of the insurer's obligations arising from the insurance contract.
- 4.5. Depending on the situation, the insured person must submit as soon as possible the following documents necessary for handling the insured event:
 - a notice of the occurrence and circumstances of the insured event;
 - an extract from the electronic health record, a copy of medical records or the health card, x-ray images and other medical documents describing the need for medical assistance by the insured person;
 - a referral letter, an extract from the medical records or a decision by an occupational health specialist to prescribe a specific treatment. If the issued referral letter has no expiry date, it is deemed to be valid for 1 year from the date of issue;
 - documents evidencing the cost of using the health service (e.g. receipts, invoices, payment orders);
 - for indemnification of expenses on glasses and contact lenses – a certificate of prescription of optical glasses or contact lenses issued by a doctor or optometrist in the insurance period, a purchase receipt;
 - in the case of indemnification of prescription medicines, a copy of the prescription or an extract from the electronic health record.
- 4.6. The documents specified in the previous point must indicate that the health service has been provided to the insured person or that the medicines and/or aids are meant for the insured person.

5. Indemnification procedure and refusal to indemnify

- 5.1. The insurer makes the decision to pay out or refuse to pay out the insurance indemnity no later than within ten working days of receiving all of the required documents.
- 5.2. The insurer pays the insurance indemnity to the insured person or

to a person designated by them, if the costs were borne by the insured person, and to the healthcare provider, if the healthcare provider has provided healthcare services to the insured person and borne the related costs. If the insurer has issued a letter of guarantee, the indemnity will be paid to the person specified in the letter of guarantee.

- 5.3. If the document proving the cost of using healthcare services includes healthcare services, medicines, or aids that are not listed as reimbursable under the insurance coverage, the cost of the excluded services will be deducted from the indemnity according to the price of the service indicated on the invoice or the service provider's price list. If it is not possible to precisely determine the cost of a non-reimbursable service (package services), the package cost will be divided by the number of services included in it to obtain the monetary value of one service.
- 5.4. The insurer has the right to refuse compensation if the policyholder or the insured person has misled or has tried to mislead the insurer about the circumstances and/or amount of the expenses.

6. Adding and removing insured persons

- 6.1. The policyholder's employees are insured on the basis of the list submitted to PZU. Existing employees can join the insurance contract at the beginning of the insurance period.
- 6.2. Changes to the list of insured persons will be made once a month on the basis of an application by the policyholder, unless otherwise agreed in the contract.
- 6.3. In order to add new employees and/or to remove an employee who has left, the policyholder will submit a written application to the insurer five (5) days before the end of the month in a format that can be reproduced in writing, stating the name and personal identification code of the insured person to be added or removed.
- 6.4. The insurer adds the person to the list of insured persons or removes them from the list as of the month following the month in which the application is submitted. A person is insured as of their entry in the list of insured persons, but no earlier than as of the start of the insurance period. The insurance cover expires upon the removal of the person from the list of insured persons, but not later than upon the expiry of the insurance period.

7. Term and amendment of the insurance contract

- 7.1. The insurance contract is concluded for a specified period.
- 7.2. The insurance period is one year, unless otherwise specified in the policy.
- 7.3. After entry into the insurance contract, the insurer has the right to unilaterally change the amount of the insurance premium and/or the terms and conditions of insurance in the following events:
 - 7.3.1. if there is a change in the circumstance specified in the insurance contract as the basis for the calculation of the insurance premium, e.g. the employer's area of activity, location and places of business, the number of employees, the number of the employee's family members (if family members are insured), number of persons not covered by Estonian health insurance;
 - 7.3.2. if the frequency of occurrence of insured events changes;
 - 7.3.3. if the extent to which health insurance services are compensated by the state changes;
 - 7.3.4. if the fees for health services change;
 - 7.3.5. if the legislation regulating the organisation of health care is amended.
- 7.4. The insurer informs the policyholder of any changes in the amount of the insurance premium and/or insurance terms and conditions at least 30 days in advance and the policyholder has the right to cancel the contract within 30 days of receipt of the respective notice if the policyholder does not agree to the amendment of the contract.