

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.
 - ✓ psychological and psychiatric counselling and treatment. The visit and consultation fees and the cost of diagnosis and treatment of psychiatric illnesses 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 and the expenses of renting or purchasing the aids required for rehabilitation are indemnified.
 - ✓ 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.
 - ✓ Prophylactic tests. the costs of the examinations and analyses carried out without medical indications for the purpose of health checks, prevention of diseases or issue of a health certificate are indemnified. the costs for pregnancy-related genetic tests and fetal 3D/4D ultrasound scans that are not covered under outpatient care insurance also are indemnified.
 - ✓ Vaccination. The cost of vaccination is indemnified.
 - ✓ Glasses and contact lenses. The expenses of the optical glasses or contact lenses prescribed by a doctor or optometrist during the insurance period are indemnified. It is possible to apply for indemnification of the costs of glasses or contact lenses once in the insurance period.
- ✓ The sum insured is provided in the policy.



What is not insured?

- ✗ The insurance does not cover:
 - ✗ cosmetic and aesthetic procedures incl. plastic surgery
 - ✗ alternative medical services
 - ✗ the services of a nutritionist
 - ✗ non-prescription medicines
 - ✗ transport and parking expenses
 - ✗ diagnosis and treatment of sexually transmitted diseases, except to the extent specified under diagnostic conditions
 - ✗ treatment of sexual pathologies
 - ✗ the surgeries that corrects visual acuity
 - ✗ treatment of oncological diseases
 - ✗ treatment of obesity, incl. bariatric care
 - ✗ venous therapy and sclerotherapy
 - ✗ home tests, rapid tests (incl. COVID-19 rapid tests)
 - ✗ 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?

- ! A doctor's referral is required for analyses, procedures, and tests (except prophylactic tests).
- ! Deductible will be applied to all insurance covers, 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 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 and shall be valid until the end date of the insurance period.

The insurance contract is concluded for a specified period and the insurance period is one year, unless otherwise specified in the policy.



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.