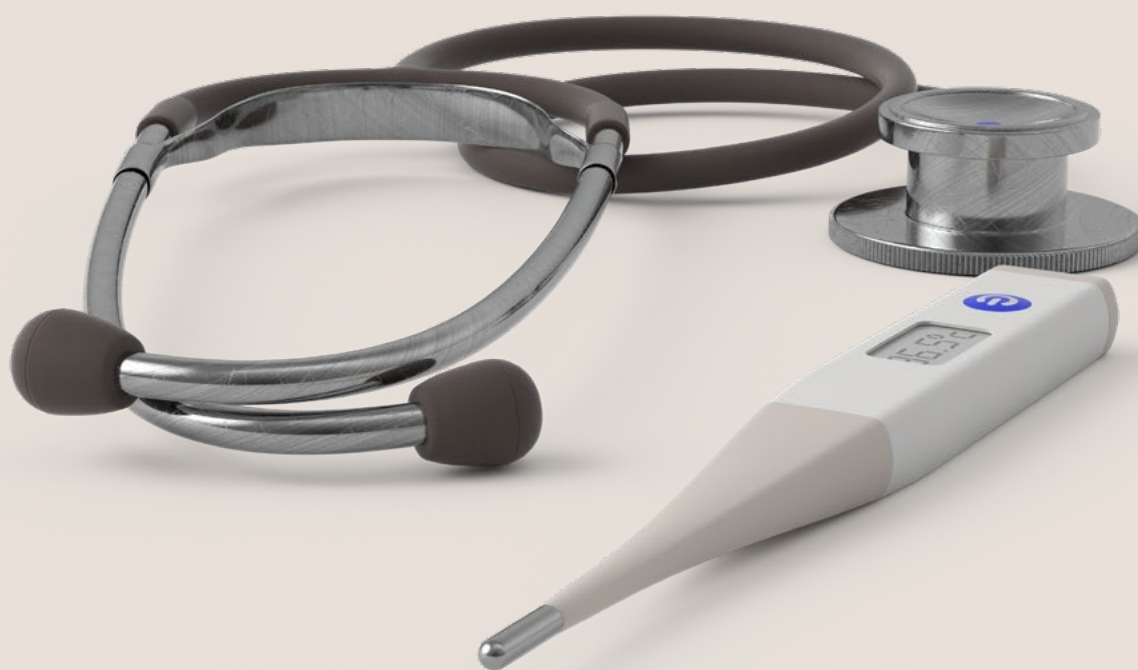




If Health Insurance Conditions for Employers

THE-20231



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If Health Insurance Conditions for Employers

THE-20231

Unofficial translation. In case of differences in interpretation of following document, the Estonian text will be regarded as the original.

Before you, you'll find If's Health Insurance Conditions for Employers, which is an important part of the insurance contract. Please take your time to read the insurance conditions through. Should anything remain unclear to you, call your insurance contact or If's Insurance Phone at 777 1211. We will be glad to answer any questions you may have.

Using the conditions

1. These insurance conditions are used together with the General Insurance Terms and Conditions of If P&C Insurance AS (hereinafter referred to as "If"). This means that the rights and obligations set out below are applicable in addition to the rights and obligations of the General Insurance Terms and Conditions, without being mutually exclusive.

Policyholder and insured persons

2. The insured are the employees of the policyholder indicated in the list of the insured prepared on the basis of these insurance conditions. Policyholder is a legal entity who has concluded the health insurance contract with If.
3. For the purposes of these insurance conditions, employees are the persons who:
 - 3.1. are employed under the employment contract or are in public service
 - 3.2. are members of the managing body or procurator of a legal entity
 - 3.3. are acting on the basis of a contract under the Law of Obligations, provided that the client pays social tax on the fees of such contract (e.g. contract for services, authorisation agreement, agency contract etc.).
4. The insured person can also be a member of the employee's family if the policyholder has specifically agreed with If and the family member is listed in the insured list. For the purposes of these Terms and Conditions, "family member" is a spouse, partner and children under the age of 21.
5. The insurance cover is applicable only for the insured. An insured person cannot transfer the insurance cover to another person, e.g. an uninsured family member.

Preparing and changing the list of the insured

6. If modifies the list of the insured based on the policyholder's request once a month, the changes shall take effect from the month following the submission of the policyholder's request, unless If and the policyholder have agreed differently.
7. The policyholder shall send the request for changing the list of the insured 5 working days before the end of month.
8. The insurance cover for the insured starts from the moment of entering into the list of the insured, but not earlier than on the first day of the first insurance period.
9. The insurance cover for the insured ends from the moment of deleting from the list of the insured, but not later than on the last day of the last insurance period.
10. If the person has not been entered into the list of the insured by the time of occurrence of the insurance event, the insurance cover shall not be valid for that person.
11. The employer is responsible for ensuring that the list of insured persons matches the policyholder's insurance interest.
12. The validity of the insurance cover does not depend on if the insured was an employee of the policyholder at the time of the insurance event or not.

Informing the insured

13. The policyholder informs the insured of the health insurance cover, including refers to the opportunity to read the insurance terms and conditions and provides information on how to behave in the case of an insurance event.

Insurance validity area

14. The insurance validity area is Estonia, i.e. the health care service subject to compensation must be provided in Estonia; the prescription medicinal products, glasses or contact lenses subject to compensation must be purchased in Estonia.

Insurance event and insurance covers

15. An insurance event is the occurrence of the insured's need for a health care service, prescription medicinal product, glasses or contact lenses covered with the insurance cover and indicated on the policy during the validity of the insured's insurance cover, except in cases excluded with the insurance conditions.

16. **These insurance conditions set out insurance covers to the extent of which the insurance applies. Your insurance contract includes only the insurance covers that are indicated on the insurance policy.**

17. Please check that the health care provider has a professional certificate or a statutory activity licence before using the healthcare service, see also Articles 79 - 81. The existence of an activity licence can be checked on the website of the Health Board; the existence of professional certificate can be checked on the website of Qualifications Authority.

18. If shall pay the indemnity only for the health care services arising from the insurance event covered with the insurance cover indicated in the policy, which were provided to the insured during the insurance period.

19. If shall pay the indemnity only for the prescription medicinal products, glasses or contact lenses the use of which arises from the insurance event covered with the insurance cover indicated in the policy, which were purchased during the insurance period.

20. The following insurance covers are possible in the health insurance:

20.1. out-patient treatment

20.2. occupational health checks

20.3. employee's health certificates

20.4. preventive medical examinations

20.5. psychological and psychiatric counselling and treatment

20.6. out-patient medical rehabilitation

20.7. hospital treatment

20.8. vaccination

20.9. extended cover for vaccination

20.10. prescription medicines

20.11. dental care

20.12. glasses, contact lenses

20.13. rehabilitation at hospital

20.14. obstetrical care

20.15. vein treatment and sclerotherapy.

Out-patient treatment

21. If shall indemnify the visit and consultation fee of the health care provider, including that of the family doctor, if the contact with the health care provider is due to an insured event.

22. Indemnity for medically indicated analyses, examinations and procedures resulting from an insured event will be indemnified by If only based on the doctor's prescription (e.g. referral, digital referral, entry in the health history or occupational doctor's decision).

23. Out-patient insurance also covers day care. Day care is an out-patient healthcare service that requires short-term follow-up of a person's condition after which the person leaves the health care service provider on the same day.

24. The doctor's referral, digital referral, entry in the health history or the occupational doctor's decision, etc., must be issued before the analysis, examination or procedure to be indemnified.

Out-patient care insurance covers, for example:

- specialist consultation
- medical analyses, examinations, procedures and operations carried out in a hospital or out-patient clinic, provided that the insured does not spend the night in the hospital
- X-ray of one body part, magnetic resonance imaging (MRI)
- regular pregnancy monitoring, examinations, analyses and consultations.

25. Out-patient insurance does not cover costs for dental services, obstetrics, overnight hospital stays, vaccinations, prescription medicinal products, employees' health checks, employee's health certificate, glasses, contact lenses, out-patient treatment, rehabilitation in case of overnight hospital stays, preventive examinations.

Please also read the general exclusions.

Occupational health checks

26. If will indemnify the cost of the occupational health check carried out during the insurance period if the need for occupational health check arises from legislation and is due to an insured event. There is no deductible for indemnifying the cost of occupational health check.

Please also read the general exclusions.

Employee's health certificates

27. If shall indemnify the cost of an employee's health certificate issued during the insurance period if the need for an insured employee's health certificate arises from legislation, is due to an insured event and **is related to working for the policyholder**. There is no deductible for indemnifying the employee's health certificate.

Please also read the general exclusions.

Preventative medical examinations

28. Preventive medical examination is a medical examination (including examination packages) at the request of the insured without a medical indication.
29. If shall indemnify the cost of the preventive medical examination carried out during the insurance period by a licensed medical institution.

Preventive medical examination insurance covers, for example:

- sports tests or stress tests with consultation
- complex or individual laboratory analyses with consultation
- eye examinations
- foetal 3d / 4d ultrasound examinations
- antibody tests.

30. On the basis of insurance cover for preventive medical examinations, If shall not indemnify occupational health checks, the cost of an employee's health certificate, preventive examinations for venereal diseases.

Please also read the general exclusions.

Psychological and psychiatric counselling and treatment

31. If shall indemnify the out-patient visit and consultation fee for a psychologist or psychiatrist arising from an insured event.
32. If shall also indemnify the cost of purchasing prescription medicines lawfully sold in Estonia if the prescription is issued by an Estonian activity licensed doctor as a result of an insured event and is required for the treatment of a psychiatric illness, including antidepressants.
33. On the basis of insurance cover for psychological and psychiatric counselling and treatment, If shall not indemnify the cost of in-patient hospital treatment or rehabilitation in hospital.
34. If shall indemnify the cost of psychological and psychiatric counselling and treatment if the service provider holds an activity license or certificate of competence for the provision of the respective medical service.

Please also read the general exclusions.

Out-patient medical rehabilitation

35. If shall indemnify the cost of out-patient rehabilitation treatment arising from an insured event (including orthoses, crutches, wheelchair, aids, etc.) only on the basis of a doctor's prescription (e.g. referral, digital referral, entry in the health history or occupational health doctor's decision). Procedures performed without a medical indication will not be indemnified.

Out-patient rehabilitation includes, for example, physiotherapy, chiropractic therapy, osteopathy, manual therapy, electrical therapy, physical therapy, hydrotherapy, mud therapy, therapeutic swimming etc.

Out-patient rehabilitation shall include massage therapy only if it is classic massage or sports massage. Other types of massage are not subject to indemnification.

36. The fee for a rehabilitation consultation is indemnified on the basis of ambulatory rehabilitation insurance cover, and not on the basis of ambulatory medical insurance cover.
37. If shall indemnify out-patient rehabilitation services if the provider of rehabilitation services (except for the swimming pool) holds an activity licence or a professional certificate for the provision of the respective out-patient rehabilitation service.

Please also read the general exclusions.

Hospital treatment

38. If indemnifies the cost of medically indicated hospital treatment due to the insured event, including planned and emergency operations, provided that the insured stays in the hospital and the hospital treatment has been previously agreed with If.
39. The hospital treatment insurance cover also covers the cost of hospital room for a fee and meals in hospital.
40. The hospital treatment insurance cover does not indemnify any cost of rehabilitation treatment, dental services or obstetrical care.

Please also read the general exclusions.

Vaccination

41. If shall indemnify the cost of the vaccination due to the insured event (including visit fee) if the vaccination has been carried out at the premises of a medical institution or pharmacy.
42. The vaccination insurance cover also includes all vaccines, except the vaccine for the corona virus illness COVID-19.

Extended insurance cover for vaccination

43. If the extended vaccination insurance cover is indicated on the policy, the insurance cover includes all vaccines, including the vaccine for the corona virus illness COVID-19.

Please also read the general exclusions.

Prescription medicines

44. If shall indemnify the cost of purchasing any prescription medicines sold legally in Estonia, if the prescription has been issued as a result of the insurance event by a doctor holding an Estonian activity licence.

45. On the basis of insurance cover for prescription medicines, If shall not indemnify vaccines, antidepressants, contraceptives and aids.

Please also read the general exclusions.

Dental care

46. If shall indemnify the cost of the following dental services at medical institution with the respective activity licence, if the service is necessary as a result of an insurance event:

- 46.1. consultation, preparation of the treatment plan, dental treatment
- 46.2. removing of a tooth
- 46.3. oral hygiene services (e.g. soda wash, pearl wash, tartar removal)
- 46.4. dental surgery
- 46.5. x-ray
- 46.6. anaesthesia.

47. On the basis of dental care insurance cover, If shall not indemnify the following procedures, services, products, related consultations, treatment plans, examinations, diagnostics, medicines and support materials:

- 47.1. dental services not listed in Article 46
- 47.2. whitening of the teeth, applying and removing of tooth gems
- 47.3. treatment of parodontosis
- 47.4. orthodontics
- 47.5. prosthetics, crowns, implants for teeth
- 47.6. aftercare of prostheses, crowns and implants
- 47.7. restoration of the tooth using a laboratory-made ceramic or metal filler, e.g. inlay, onlay or overlay
- 47.8. installation of porcelain implants on teeth
- 47.9. installation of facets, capes.

Please also read the general exclusions.

Extended dental care insurance

48. If the policy states extended dental care insurance, If shall, in addition to Article 46 and unlike subarticles 47.4 – 47.9 of Article 47, indemnify the cost of the following services and procedures, related consultations, treatment plans, examinations, diagnostics, medicines, products and support materials:

- 48.1. orthodontics
- 48.2. prosthetics, crowns, implants for teeth
- 48.3. parodontosis treatment
- 48.4. aftercare of prostheses, crowns and implants
- 48.5. restoration of the tooth using a laboratory-made ceramic or metal filler, e.g. inlay, onlay or overlay
- 48.6. installation of porcelain implants on teeth
- 48.7. installation of facets, capes.

Glasses, contact lenses

49. If shall indemnify the cost of glasses or contact lenses indicated during the insurance period by a doctor or optometrist as a result of an insurance event, provided that the change in visual acuity of the insured has been identified during the insurance period.

50. On the basis of insurance cover for glasses and contact lenses, If shall not indemnify costs of glasses cases, cleaning and preservation equipment and the cost of repairing or replacing existing glasses.

Please also read the general exclusions.

Rehabilitation at hospital

51. If shall indemnify the cost of in-patient rehabilitation (overnight hospital stay) due to an insured event, if all of the following conditions are met:

- 51.1. the need for rehabilitation is caused by an illness or injury that requires hospitalisation
- 51.2. rehabilitation is prescribed by a doctor (e.g. referral, digital referral or entry in the health record)
- 51.3. the rehabilitation has been previously approved by If

- 51.4. the rehabilitation occurs during the insurance period in a hospital with a respective activity licence
51.5. a rehabilitation service started within 60 days from the end of the hospitalisation is subject to indemnification.

Please also read the general exclusions.

Obstetrical care

52. If the insured is the mother of the newborn child, If shall indemnify the cost of health care provided for labour and birth during the period of insurance until discharge from the maternity ward, including midwife and / or doctor delivery, painkillers, caesarean section, paid ward (including meals).
53. If the insured is the father of the newborn child, If shall only indemnify the cost of the family ward upon presentation of the cost document (invoice) and the child's birth certificate in case of childbirth that began during the insurance period. A family ward is a ward where the father can stay overnight.
54. If shall not indemnify the cost of homebirth.
55. If shall not indemnify the cost of postpartum care.
56. If shall not indemnify the cost of transportation of the insured, including transportation to and from the hospital.

Please also read the general exclusions.

Vein treatment and sclerotherapy

57. If shall indemnify the visit and consultation fee of the health care provider, if the contact with the health care provider is related to vein treatment and due to an insured event.
58. The indemnification of medically indicated vein treatment and sclerotherapy analyses, examinations, out-patient or in-patient procedures due to an insured event is subject to indemnification by If only on the basis of a doctor's prescription (e.g. referral, digital referral, entry in the health history).

General exclusions

59. The exclusions set out below shall be applicable for all insurance covers. In addition to the following, the exclusions of "General Terms and Conditions" apply to all insurance covers. In the circumstance stated in the exclusions, the event shall not be considered as an insured event.
60. If will not indemnify if it is not an insured event.
61. If shall not indemnify if the costs do not meet the characteristics of indemnifiable costs.
62. If shall not indemnify if the healthcare provider did not hold a professional certificate or a statutory activity license to provide the healthcare, except for swimming pools.

Epidemic, pandemic

63. If shall not indemnify if a medical condition is caused by an infectious disease, which is covered by an outbreak causing an epidemic, pandemic or an emergency situation in the state. This exclusion shall not apply for theCovid-19 tests and Covid-19 antibodies tests.

Excluded illnesses and health conditions

64. If shall not indemnify the costs of the services and procedures, consultations, examinations, diagnostics, medicines and support materials related to the following diseases and health conditions:
- 64.1. fatigue, exhaustion, burnout, depression, mental illness, addiction, drug addiction, alcoholism. The exclusions above shall not apply in the cases and to the extent set forth in Articles 31 - 34
- 64.2. sleep disorders, apnea, etc.
- 64.3. venereal diseases, AIDS and HIV. The exclusion above shall not apply to the vaccines of venereal diseases and diagnosis of papilloma, including the PAP test.

Excluded specialists, services and procedures, consultations, examinations, medicines

65. If shall not indemnify the costs for the services and procedures, related consultations, examinations, diagnostics, medicines and support materials of the following specialists:
- 65.1. psychiatrist, psychologist. The exclusions above shall not apply in the cases and to the extent set forth in Articles 31 - 34
- 65.2. narcologist, speech therapist
- 65.3. geneticist, except costs related to pregnancy monitoring
- 65.4. trichologist
- 65.5. sexual pathologist
- 65.6. nutritionist.
66. If shall not indemnify the cost of alternative and / or complementary medical services and procedures, related consultations, examinations, diagnostics, medicines and support materials:
- 66.1. acupuncture

- 66.2. aromatherapy
- 66.3. reflexology
- 66.4. bioresonance diagnostics, diagnostics by R. Foll method
- 66.5. homoeopathy
- 66.6. hydrocollonotherapy
- 66.7. iridology
- 66.8. Ayurvedic therapy, kinesiology, etc.

67. If shall not indemnify family planning costs of the following services and procedures, related consultations, examinations, diagnostics, medicines and support materials:

- 67.1. contraceptives
- 67.2. termination of pregnancy without medical prescription
- 67.3. infertility diagnosis, treatment and follow-up examinations
- 67.4. diagnosis and treatment of gynaecological diseases related to infertility
- 67.5. sperm analyses
- 67.6. in vitro fertilisation
- 67.7. laparoscopic operations related to removal of joints or examination of the passage of the fallopian tube
- 67.8. sterilisation, vasectomy.

68. If shall not indemnify costs for the following services and procedures, related consultations, examinations, diagnostics, medicines and support materials:

- 68.1. magnetic resonance imaging (MRI) when the whole body is examined in the same examination
- 68.2. laser surgery for visual acuity correction or other surgery for visual acuity correction
- 68.3. gene analyses, except those required for pregnancy monitoring
- 68.4. positron emission tomography
- 68.5. immunotherapy
- 68.6. capsular endoscopy
- 68.7. sleep tests
- 68.8. exercise test, including sports test; the exclusion above shall not apply in the cases and to the extent set forth in Article 26 (occupational health checks) and in Articles 28 – 30 (preventive health examinations)
- 68.9. cosmetic surgery, plastic surgery
- 68.10. vein treatment and sclerotherapy, except in the case described in Articles 57- 58
- 68.11. gastric reduction surgery
- 68.12. food intolerance tests
- 68.13. health capsule services
- 68.14. prostate and gynaecological massage, lymph massage, vacuum massage, cryo-massage
- 68.15. biostimulation
- 68.16. cosmetic and beauty services, including implants and their placement
- 68.17. manicure, including therapeutic manicure
- 68.18. pedicure, excluding therapeutic pedicure
- 68.19. gender reassignment
- 68.20. sports trainings.

Excluded products and medicines

- 69. If shall not indemnify the cost of hygiene products and medicines purchased without prescription.
- 70. If shall not indemnify sports equipment, orthoses, crutches, wheelchairs and similar aids, except for out-patient rehabilitation insurance cover.
- 71. If shall not indemnify medical devices (glucometer, blood pressure monitor etc.).
- 72. If shall not indemnify the cost of dietary supplements, dietetic foods, vitamins, except for hospital insurance cover.

Palliative treatment and hospice services

- 73. If shall not indemnify the cost of palliative treatment and hospice services.

Health certificates

- 74. If shall not indemnify costs related to the issuing of health certificates issued for a cost (e.g. driver's licence, gun permit, visa etc.), including consultations, studies etc. The exclusion above shall not apply in the cases and to the extent set out in Article 27 (employee's health certificates).

Transportation of the insured

- 75. If shall not indemnify the cost of transportation of the insured and/or related accessories (e.g. wheelchair).

Fee for staying at a hospital

- 76. If shall not indemnify the fee for staying at a hospital (including in-patient fee) for the persons who are staying at the hospital in relation to the treatment of the insured. The exclusion above shall not apply in the case and to the extent set out in Article 53.

Money, gifts as a thank you

77. If shall not indemnify money or cost of gifts given to medical employees as a thank you.

Trainings, seminars, lectures

78. If shall not indemnify the cost of participating in a medical training, lecture or seminar

Unlawful treatment

79. If shall not indemnify if the health care provider did not have a valid professional certificate or was not entitled to do so under the law, for example, lacking the activity licence required to provide the relevant service.

80. If shall not indemnify if the vendor of the prescription medicinal product did not have a valid activity license to do so.

81. If shall not indemnify if a health care service is provided by using a methodology or technology the use of which is not allowed for the treatment of people in Estonia.

Intentionally caused damages, conscious compromising of life or health

82. If shall not indemnify if an insurance event was caused or facilitated by the insured's conscious compromising of his or her own life or health (e.g. a fight initiated by the insured etc.), self-mutilation, suicide, attempted suicide.

Crime

83. If shall not indemnify if an insurance event was caused or facilitated by a crime committed by the insured.

Speeding, driving without licence, telephone, smart device

84. If shall not indemnify if an insurance event was caused or facilitated by a situation, where the insured exceeded the allowed driving speed, drove a vehicle without the necessary licence or used a telephone or smart device during driving without a hands-free device.

State of intoxication, alcohol

85. If shall not indemnify if the occurrence of an insurance event was influenced by the insured's state of intoxication by alcohol, drugs or toxic substances.

86. If shall not indemnify if an insurance event was caused or facilitated by the state of intoxication of the driver, of which the insured was aware.

87. If shall not indemnify treatment or medicinal products for the treatment of alcoholism or drug addiction.

88. If shall not indemnify the cost of treatment and medicinal products if an illness was caused or facilitated by the consumption of alcohol or drugs.

Following the instructions of a doctor or nurse

89. In case of an insurance event, the insured shall contact a doctor as soon as possible and follow the treatment instructions of the doctor or a nurse.

90. If shall not indemnify if an insurance event was caused or facilitated by the failure to follow the instructions of a doctor or nurse, e.g. stopping of the treatment, refusal to take medicines, failure to appear at a repeated visit etc.

Documents required for applying for indemnity

91. In order to apply for the indemnity documents necessary for loss adjustment and making of the decision shall be submitted to If:

91.1. a notice on the occurrence and circumstances of the insurance event and application for indemnity

91.2. medical documents describing the insured person's need for medical assistance (excerpt from the patient portal, copy of patient chart or copy of health history or trauma chart, vaccination certificate, etc.)

91.3. supporting documents for the cost of health care

91.4. a prescription (e.g. an excerpt from the patient portal) for the purchase of the prescription medicinal product

91.5. certificate of change in visual acuity, proof of purchase for glasses or contact lenses, issued by optometrist or doctor during insurance period

91.6. copy of birth certificate.

92. The document must show who provided the service, which service was provided and whether the service was provided to the insured person or that the glasses, contact lenses or prescription medicinal product is meant for the insured person.

93. If has the right to request additional documents (explanations, earlier medical history, treatments carried out etc.).

Sum insured, indemnity limits

94. The sum insured and indemnity limits are set out in the insurance contract.

95. The sum insured is a sum of money that is the summarised limit per insured of all indemnities paid for all insurance events that have occurred during the insurance period.
96. The insurance contract sets out an indemnity limit per insured for each insurance cover. If several insurance events occur during the same insurance period, If shall indemnify only with that indemnity limit in total for all insurance events of the respective insurance cover.
97. The sum insured and indemnity limits are decreased by the paid indemnities.
- Example.** Out-patient treatment 90% has been indicated on the policy. The cost of the treatment is €100. If shall compensate €90, the insured shall have to pay €10.
98. If shall indemnify the cost covered with the insurance to the extent indicated on the policy.
99. If shall pay the insurance indemnity to the insured or the medical institution that provided the health care treatment. If shall pay the indemnity for occupational health insurance to the policyholder (employer) or to the health care institution providing the occupational health service.

Term of the insurance contract

100. This insurance contract is concluded for a specified term and shall expire on the last day of the insurance period. A separate insurance contract shall be valid on each insurance period.
101. The insurance period is one year, unless provided differently on the policy.

Continuation of insurance as a separate insurance (not applicable for Employer's health insurance)

102. If the policyholder and If have agreed to use these insurance terms and conditions for a health insurance contract that is not an employer's health insurance contract, the policyholder shall inform the insured persons of the opportunity to continue health insurance as a separate insurance when the insurance cover offered under these insurance terms and conditions expires.
103. Upon continuing as a separate insurance, If shall calculate the new insurance premium according to the separate health insurance contracts' premium rate and shall increase the insurance premium accordingly. This article shall not be applicable for the employer's health insurance.