

Insurance Product Information Document

Company: ERGO Life Insurance SE
Product: Personal Health Insurance

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This information document provides general information about the health insurance product of ERGO.

This document does not reflect the terms and conditions of a particular insurance contract. Full information about the insurance product and information related to the particular insurance contract is contained in other documents, such as Personal Health Insurance Rules No 23 (effective from 1 January 2021), the insurance policy.

What is the type of this insurance?

Personal health insurance is a voluntary type of insurance. Personal health insurance applies to natural persons for the purpose of being treated in the selected health care institutions in the event of acute illness and receiving faster the necessary treatment with its costs being reimbursed by the insurer according to the terms and conditions of the insurance policy.



Who is covered by the insurance?

The object of the insurance shall be the insured person's property interests relating to health problems that arise during the period of insurance cover, the prevention of diseases or the promotion of health. The scope of insurance shall be chosen by the policyholder in accordance with the terms and conditions specified in the insurance policy. All or some of the following property risks (insured events) may be covered:

- ✓ In-patient treatment
 - Single or double ward;
 - Medical aids and medicines prescribed by a doctor and used in hospital.
- ✓ Rehabilitation therapy after inpatient treatment of injury
 - Consultations of a kinesiotherapist, ergotherapist, speech therapist, physiotherapy procedures;
 - Individual and group physiotherapy sessions in the gym and in the water;
 - Water and mud procedures;
 - Manual therapy sessions, therapeutic massages.
- ✓ Dental treatment, oral hygiene
 - Consultations of a dental practitioner, dental specialist and oral hygienist;
 - Removal of dental concretions, plaque removal, fluoride applications;
 - Endodontic, periodontal, therapeutic and surgical treatment of diseases of the teeth, mouth, mucous membranes and jaw;
 - Disease treatment, anaesthesia, radiological examination.
- ✓ Preventive check-up and vaccination
 - Compulsory medical check-up according to the nature of the work, required by laws;
 - Tests carried out on request of the insured person;
 - Consultations and tests to determine susceptibility to illness and according to prevention programmes approved by the Ministry of Health;
 - Preventive consultations by a doctor and tests needed to regularly monitor the health of an insured person suffering from a chronic illness;
 - Vaccines chosen by the insured person or prescribed by a doctor and vaccination.
- ✓ Outpatient treatment (for diseases diagnosed during the period of insurance cover)
- ✓ Day surgery services, day care
- ✓ Treatment of severe diseases (diagnosed during the period of insurance cover). Subject to the waiting period of 3 months

The sum insured shall be specified in the insurance policy.



Who is not covered by the insurance?

Unless otherwise specified in the insurance contract, the insurance cover shall not apply to health conditions resulting from (non-insured events):

- ✗ Health conditions and chronic diseases diagnosed before the entry into force of the insurance contract;
- ✗ Myopia and hyperopia vision correction or laser vision correction surgery;
- ✗ Pregnancy care, antenatal and postnatal care, termination of pregnancy in the absence of medical indications, sexually transmitted diseases;
- ✗ Family planning and contraception counselling;
- ✗ Diagnosis and treatment of warts and moles, benign lesions of the skin / subcutaneous / soft tissue, vascular lesions, spots, pigmentation disorders;
- ✗ Treatment of benign tumours;
- ✗ Interventional treatment of deep leg veins / capillaries (sclerotherapy) and treatment of varicose veins;
- ✗ Diagnosis and treatment of obesity, eating disorders, food intolerance tests;
- ✗ Cosmetic / beauty procedures, cosmetic plastic surgery;
- ✗ Aesthetic fillings, prosthetics, implants, orthodontic treatment, caps, braces, trainers, teeth whitening, veneering, sealant coating, dental jewellery;
- ✗ Accommodation and meals expenses.
- ✗ Cosmetic plastic surgery, aesthetic dermatology treatment;
- ✗ Purchase of medicines: anabolic steroids, weight loss, potency enhancers, contraceptives, medicines to treat various addictions, medicines that are not registered by the State Medicines Control Authority in Lithuania and the European Union, hygiene and cosmetics products;
- ✗ Critical illness treatment, critical illness benefits for critical illnesses diagnosed in the first two months of insurance cover.

All non-insured events are described in the health insurance regulations or specified in the insurance contract (policy).



Are there any restrictions on insurance cover?

- ! Health problems occurring and/or services provided during the period when the insurance cover was not valid (was suspended);
- ! Health problems suffered by the Insured developed a result of abuse of alcohol, narcotic or intoxicating substances or drugs not prescribed by a doctor, practicing self-medication;
- ! Use of the insurance cover not by the Insured Person.
- ! Healthcare services must be provided in healthcare institutions licensed in the Republic of Lithuania.
- ! Our liability shall cease and no benefit shall be payable if a written notification of the event has not been received within 30 calendar days of the expiry of the insurance cover (unless otherwise agreed in the insurance policy).



Where does the insurance cover apply to me?

- ✓ Insurance cover for inpatient treatment and treatment of serious conditions shall be valid in the Republic of Lithuania, the Republic of Latvia and the Republic of Estonia;
- ✓ Outpatient treatment, rehabilitation after inpatient treatment of an injury, dental treatment, hygiene, prevention and vaccination insurance covers shall only be valid in the territory of the Republic of Lithuania.



What are my responsibilities?

- Before conclusion of the insurance contract – to provide correct information about the insured person's health status by providing full answers to the questions in the "Application for a personal health insurance offer";
- To pay the insurance premiums specified in the insurance contract;
- The Policyholder or the Insured Person must fill in the application for reimbursement of health insurance costs within 30 calendar days of the insured event. The most convenient way to submit the application for reimbursement of health insurance expenses is to use a mobile app of ERGO Lietuva, which can be downloaded free of charge from the App Store or Google Play stores, or email the application together with other documents scanned/photographed to sveikatos_zalos@ergo.lt;
- The Policyholder or the Insured must provide accounting documents indicating the amount of the expenses incurred, a referral extract or a copy of medical records containing information on the nature of the illness, the diagnosis, the prescribed tests, procedures, treatment and all documents necessary to determine the amount of the insurance benefit;
- Having noticed any incorrect or incomplete information, to correct it without undue delay.



When and how do I pay?

The insurance premium, its payment terms and conditions shall be specified in the insurance policy. The insurance premium may be paid by bank transfer.



When does the insurance cover enter into force and expire?

The personal health insurance contract shall be concluded for a period of 1 year. The insurance cover shall enter into force when the Policyholder or the Insured Person pays the first insurance premium and the Insurer issues the insurance policy. The period of validity of the insurance cover shall be indicated by the Insurer in the insurance policy.

The insurance premium shall be deemed to have been paid once the transfer has been credited to the bank account of the insurance company or its authorised distributor from whom you will purchase the insurance.

The insurance contract shall expire at 23:59 (Lithuania time) on the date specified in the insurance policy. The insurance cover shall also expire early in the cases provided for in the insurance rules, including, but not limited to, when we have paid all the benefits specified in the insurance contract.



How can I terminate the contract?

You may terminate the insurance contract before its expiry on your own initiative, by mutual agreement between you and us, and in any other case provided for in the contract. You must give us at least 30 days' written notice of termination of the insurance contract, unless the insurance contract specifies a different notice period.

Notice of termination of the insurance contract must be given to the insurance company at least 30 days before the desired date of termination, in writing, by post or by e-mail. The request for termination of the insurance contract must be signed by You or by Your authorised person.

If you have concluded the insurance contract by means of communication (internet, telephone, e-mail, etc.), you shall have the right to withdraw from such insurance contract within 14 days from the date of its conclusion, with the exception of cases where a report of a potentially insured event has been received.

For the termination of the contract, please apply to your insurance representative or by email: info@ergo.lt.