

Health insurance

Insurance product information document



Company:
AAS "BTA Baltic Insurance Company"
Country of registration: Latvia

Product:
Health insurance

The insurance product information document provides for a general description of the product. Full pre-contractual information and information about the insurance product is provided in other documents. Complete information, including the terms and conditions, which contain comprehensive information about the insurance product, are published at www.bta.lv.

This document does not reflect the terms of a specific insurance contract. The terms of the insurance contract, including the principal risks and additional risks insured, are set out in the insurance contract.

What type of insurance is it?

Health insurance is mainly insurance against unforeseen and unavoidable medical expenses, which supplements the national healthcare system (type of insurance: health insurance (insurance against illnesses)).



What is subject to insurance?

Basic risks:

- ✓ Patient contributions for outpatient healthcare services and inpatient services. Minimum sum insured 600 EUR;
- ✓ paid outpatient services. Minimum sum insured 1 700 EUR.

Optional risks:

- ✓ paid inpatient services Minimum sum 300 EUR;
- ✓ paid outpatient rehabilitation services. Minimum sum insured 90 EUR;
- ✓ Dental services. Minimum sum insured 60 EUR;
- ✓ Vaccination services. Minimum sum insured 50 EUR;
- ✓ Rehabilitation services. Minimum sum insured 200 EUR;
- ✓ Sports services. Minimum sum insured 240 EUR;
- ✓ Maternity care and paid delivery services. Minimum sum insured 200 EUR;
- ✓ Medicine purchase services/ Minimum sum insured 70 EUR;
- ✓ Medical check-ups and statements. Minimum sum insured 30 EUR;
- ✓ Emergency - state and paid emergency medical care. Minimum sum insured 20 EUR;
- ✓ compulsory health checks (in accordance with the applicable laws and regulations) and health books related to the specific nature of the work, to which the employer refers in accordance with the procedure laid down by law. Minimum sum insured 45 EUR.
- ✓ Psychosomatics services. Minimum sum insured 50 EUR.

The maximum sum insured is not limited.

NB! The basic and optional risks that are covered are specified in the insurance contract.



What is not subject to insurance?

- * Only a legal entity (policyholder) can conclude a health insurance contract and insure its employees and their family members.
- * The following are not considered as insured events and are not reimbursed:
 - * incurred by the insured as a result of force majeure, i.e. an extraordinary event which the insured could neither have foreseen nor prevented (e.g. natural disaster, terrorist acts, riots, strikes, other mass disturbances, wars);
 - * if the insured person has treated himself or herself by taking medication or narcotic drugs which are not medically prescribed and have not been prescribed for the case by the attending doctor;
 - * if the insured person has deliberately caused harm to his/her health, including by attempting suicide;
 - * as a result of the use of alcohol, toxic, narcotic or other intoxicating substances;
 - * incurred by the insured person as a result of an unlawful act, breach of a right or commission of, or participation in, a criminal offence;
 - * if the payment of the claim would expose the insurer or the reinsurance undertaking to which the insurance contract has been ceded to national or international sanctions.

NB! All events that are not covered are specified in the insurance contract.



Are there any coverage restrictions?

- ! The insurance benefit cannot exceed the sum insured, indemnity limits, aggregate and/or percentage limits for services and limits on the number or periodicity of services specified in the health insurance programme.
- ! Expenses incurred outside the health insurance period are not indemnified for.

NB! All coverage limits are specified in the insurance contract.



Where am I insured?

- ✓ Unless otherwise specified in the insurance contract, the insurance is valid in Latvia, Lithuania and Estonia.



What are my commitments?

You undertake to provide complete and truthful information requested by the Insurer for the conclusion, performance and processing of the contract.

If you are the policyholder, you have an additional obligation:

- pay the insurance premium;
- inform the Insured that he/she is insured and acquaint him/her with the insurance programme and the terms of the contract;
- submit changes to the list of insured persons to the insurer.

If you are the insured, you have an additional obligation:

- prevent another person from using your insurance;
- keep track of your medical expenses so as not to exceed the sum insured and/or the limit;
- reimburse the insurer the amount of money for which you have received medical treatment in excess of the sum insured or the limit, or received it after the insurance has been cancelled.



When and how should I pay?

The amount of the insurance premium and the due date for payment are set out in the insurance policy. The insurance premium can be paid by bank transfer based on the invoice, in person at customer service centres or by calling 26121212.



When does coverage start and end?

The insurance cover referred to in the insurance contract shall take effect from the date of commencement of the insurance period, provided that the insurance premium, or the first instalment thereof, has been paid in the amount and within the period specified in the insurance policy.

The insurance cover provided for in the insurance contract shall cease immediately after the last day of the insurance period.

The insurance contract may be terminated before the end of the insurance period. Termination of the insurance contract may be initiated by both the policyholder and the insurer (for example, if the premium has not been paid).



How can I cancel the contract?

The policyholder may terminate the contract unilaterally by giving 15 days' written notice to the insurer.