

Dental Insurance

Insurance Product Information Document

Insurer: Astrenska Insurance Limited. Authorised by Prudential Regulation Authority and regulated by Financial Conduct Authority and Prudential Regulation Authority.

Product: Dental Plan – GOLD

This document does not contain full terms and conditions of the cover which can be found in the policy wording and schedule available on website www.hambaravikindlustus.ee under sub-menu “Documents”.

What is this type of insurance?

This is a dental insurance contract which provides with cover towards the cost of dental treatment that may need during the period of insurance.



What is insured?

1. REGULAR AND EMERGENCY TREATMENT. Maximum benefit per insured person and per policy year (12 month): €4875

Includes:

X-rays: 100% up to €100 per policy year

- ✓ Intraoral X-ray
- ✓ Digital X-ray full mouth
- ✓ 3D X-ray

Minor treatments: 100% up to €1000 per policy year

- ✓ Anesthesia
- ✓ Filling – 1 filling per tooth per every 2 years
- ✓ Denture repair
- ✓ Tooth extraction

Major treatments: 100% up to €2275 per policy year

- ✓ Crown – maximum of 3 crowns per policy year
- ✓ Root canal treatment – 1 filling per tooth (1 or several root canals) every 2 years

Implants: 100% up to €1500 per policy year

- ✓ Implant – 1 per policy year
- ✓ Implant crown – 1 per policy year

2. ACCIDENT TREATMENT. Maximum benefit per insured person and per policy year (12 month): €4875

- ✓ All regular dental treatments are paid out from the accident treatment benefit section in the event of a verifiable accident in terms of the policy definitions.

3. ORAL CANCER TREATMENT. Maximum benefit per insured person and per policy year (12 month): €26000

- ✓ Treatment and procedures related to oral cancer treatment (hospital, surgeons, anaesthetist, out-patient, radiotherapy, chemotherapy).



What is not insured?

- ✗ Treatments designed to replace teeth which were already missing on or prior to your policy commencement date
- ✗ General anaesthetics or intravenous conscious sedation
- ✗ Mouth guards
- ✗ Oral surgery, such as surgical extractions of impacted teeth
- ✗ Orthodontic treatment

General exclusions

Benefits will not be available for:

- ✗ Any dental treatment which took place on or prior to the insured person's policy commencement date and treatment received after the policy period ceases
- ✗ Any treatment once the annual maximum number of treatments or maximum annual benefit limit has been reached
- ✗ Cosmetic treatments and treatments not clinically necessary;
- ✗ Any claims for the replacement of dentures damaged whilst not being worn;
- ✗ Any treatment relating to damage or injury caused whilst participating in any physical contact sports when the appropriate tooth, mouth or head protection was not being worn
- ✗ Oral cancer diagnosed, suspected, or for which tests were conducted or planned or for which a referral to a specialist had been made prior to the insured person joined the plan
- ✗ Treatment involving the necessity of hospital in-patient, day-patient or out-patient care

Full list of exclusions are available in dental insurance terms and conditions.



Are there any restrictions on cover?

- ! The benefits set out in this policy are only available to those between the ages of 19 and 80
- ! 30 days qualifying period for X-rays
- ! 90 days qualifying period for other regular treatment procedures



Where am I covered?

- ✓ For the regular treatment the cover is only valid for the dental services in Estonia
- ✓ In case of emergency and accident treatment the cover is valid in Estonia and abroad
- ✓ In case of oral cancer treatment cover is valid for services of any practice in Estonia



What are my obligations?

- To join a dental insurance contract the policyholder is obliged to submit an application and ensure accuracy of the information provided
- The policyholder is obliged to pay the agreed premium
- If after completing the application, the data presented have been changed it is your obligation to inform the insurance broker as soon as possible in writing
- If there is any other insurance covering any of the same benefits you must disclose that information to insurance broker the moment of joining a dental insurance contract



When and how do I pay?

Premiums shall be collected via bank card payment (VISA, VISA Electron, Maestro, Mastercard) once per month during 12 consecutive months or once per year based on your preference



When does the cover start and end?

The insurance cover is in force and policy period shall be for the period running from the policy commencement date to the subsequent renewal date (which shall not be more than 12 months). If the policy has not been cancelled 1 month before renewal date, it will renew for another 12 months at each renewal date for an unspecified term

The Policy shall come into force once payment of the premium has been made and it is received by the insurance broker and the insurance broker confirms the insurance contract by sending an insurance certificate to your e-mail address



How do I cancel the contract?

You have a right to withdraw from the contract during 14 days from the policy commencement date and by informing insurance broker about your wish to cancel the contract for unspecified term 1 month prior to renewal date