

DENTAL INSURANCE TERMS AND CONDITIONS HRK-2/2019

Valid from 29.03.2019

Welcome and thank you for choosing our dental insurance plan 'Silver'.

Dental insurance terms and conditions are the part of the insurance contract and a basis for the indemnification of insured events. Please take the time to carefully read these terms and conditions through and make sure you understand all these terms, conditions, exclusions and limitations.

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1. PURPOSE OF INSURANCE

- The purpose of this dental insurance is to indemnify, on the basis of the insurance terms of conditions, the policyholder's expenses on dental treatment.
- The cover specified in the insurance contract is valid within the limits of the insurance plan specified in Annex A to these terms and conditions and within the limits of the maximum sums insured.
- The cover is valid if in the dentist's opinion, the dental treatment was clinically necessary, the premium or a part of it has been paid by the time of the insured event and the insured event takes place or starts during the policy period.
- Any issues not regulated in these dental insurance terms and conditions will be governed by Estonian law.

2. PERSONS WHOM THE INSURANCE CONTRACT CONCERNS

- **The policyholder** (you, your) is the insured person stated on the insurance certificate who is responsible for paying the premium or instalments of premium, who has a right for cover and ensuring that the policy terms and conditions are adhered to.
- **The insurer** (we, our, us) is XL Insurance Company SE (reg.no 641686) at 8, St. Stephen's Green, Dublin 2, Ireland, www.axaxl.com), who is in the insurance providers' list kept by the Estonian Financial Supervision and Resolution Authority (www.fi.ee).
- **The insurance distributor** (distributor) is Northern1 International Insurance Brokers OÜ (reg. no. 12806139, address Tartu mnt 84A-M302, 10112 Tallinn, www.northern1.eu), who is in the insurance intermediaries' list kept by the Estonian Financial Supervision and Resolution Authority (www.fi.ee) and who engages, for a remuneration and based on a brokerage contract, in insurance distribution.
- **The claims administrator** is Denis UK Limited (reg. no. 06399615, seat at 603 Network House Basing View, Basingstoke, Hampshire, RG21 4HG United Kingdom, www.denisglobal.com).

3. DEFINITIONS OF THE INSURANCE CONTRACT

The terms and definitions have the same meanings in the terms and conditions and the insurance certificate. Any other words and phrases not listed here are used in their ordinary meanings.

- **The insurance contract** is an agreement concluded between the insurer and the policyholder in compliance with these terms and conditions, on the basis of which the policyholder undertakes to pay premium to the extent and pursuant to the procedure stipulated in the contract, and the insurer undertakes to indemnify to policyholder, within the limits of the amount of sum insured and in compliance with Annex A to these terms and conditions, the medically required dental treatment costs and other agreed costs that were incurred as a result of an illness or accident.
Please note: The insurance contract includes the insurance application, the insurance certificate, the terms and conditions and special terms and conditions (if any).
- **Insurance application** is the application form policyholder submits to insurer via distributor.
- **Insurance certificate** is an insurance policy within the meaning of the insurance contract that proves the conclusion of the insurance contract.
- **The cover** is the insurer's obligation to pay the indemnity for dental treatment listed in Annex A, within the limits of the maximum sum insured after the insured event. The cover will take effect immediately, except for regular treatment and oral cancer treatment to which a waiting period is applied.
Please note: The cover for regular treatment and oral cancer treatment is applicable only to treatments by dental practices or other health care practices in Estonia. In the event of treatment following an accident, the cover is applicable with respect to the services provided by dental practices in Estonia and by licensed dentists abroad.
- **The insurance benefit plan** is the name of the insurance indemnity plan marked in Annex A of the terms and conditions.
Please note: Change of the insurance benefit plan can be done only at the renewal date.
- **The insurance indemnity** is the amount to be paid as compensation for the loss resulting from the insured event.

- **The sum insured** is the maximum amount of indemnity in one policy period specified for each type of treatment (regular treatment, accident treatment and oral cancer treatment) indicated in Annex A.
Please note: The maximum sum insured of regular treatment is divided into subgroups on the basis of treatment groups (X-ray, minor treatments and major treatments).
- **The premium** is the amount agreed in the insurance contract to be paid by the policyholder for the cover.
- **The policy period** is the period of time on the basis of which premiums are calculated and during which the cover specified in the contract is valid.
- **The start date** of insurance contract is the first day of the policy period, as also stipulated on the insurance certificate. It is usually the day when the insurance application was submitted.
- **The renewal date** of insurance contract is the day when 12 calendar months have passed from the start date of insurance contract.
- **The waiting period** is a certain period of time from the start date of insurance contract. The insurance indemnity will not be paid for insured events that take place during this period. The exact duration of the waiting period (in days) is specified for each type of treatment in Annex A.
- **The dentist** is a duly qualified and licensed dentist who practices in the state where the treatment is provided. In Estonia, the dentists with the requisite professional skills are registered by the Health Board. The dentist's license code issued by the Health Board must be on the invoice of the dental practice.
- **The dental practice** is any dental practice in Estonia where the policyholder wants to receive the dental treatment to be indemnified and any dental practice abroad where the policyholder can turn to receive accident treatment.
Please note: A contracted practice is:
 - a) a dental practice which submits insurance claims directly to the claims administrator in the name of the policyholder or
 - b) a dental practice which adopts the dental insurance treatment coding system and tooth numbering for use on the practice invoice to enable faster and more accurate claim processing.
- **Dental treatment** is the dental treatment service or procedure listed in Annex A.
- **The invoice** by the dental practice is an electronically compiled and, where necessary, printed invoice for dental treatment. It must include the requisite data of the dental practice and the insured person, the dentist's license code, the treatment code (in case of contracted practice dental insurance treatment code), the number of the treated tooth, the full price of the service and the rate of the national benefit (if applicable).
- **The treatment** is the medical service or procedure that is listed in Annex A and clinically necessary to maintain and/or restore the oral health of the policyholder on the condition that the services are provided:
 - a) by a licensed dentist, a physician or any other specialist in the respective field;
 - b) in compliance with the generally acceptable medical standards;
 - c) during the policy period.
- **The accident** is an injury caused by direct impact outside of the oral cavity that results in fracture of tooth structure and or the bone and gums around the teeth. To qualify as an accident in terms of this insurance the nature of the injury should require treatment by a dentist within one week of the incident. Damage to dentures whilst being worn is included. Damage due to chewing is regarded as an internal injury and therefore specifically excluded from the accident category of cover.
- **Dentures** are the false teeth that replace the missing teeth and can be removed from the mouth

- **Orthodontic treatment** is treatment by a dentist to prevent or correct uneven teeth.
- **Cosmetic treatment** is dental treatment that is not necessary to maintain tooth health; its sole purpose is correction of the policyholder's appearance.
- **Physical contact** sports are rugby, hockey, boxing, wrestling, lacrosse, ice hockey, Gaelic football or any other type of sports where it is common to wear a mouth, gum or head protection.

4. GENERAL TERMS AND CONDITIONS OF THE INSURANCE CONTRACT

The cover described in the insurance contract is valid only if policyholder complies with the terms and conditions stipulated in the contract during the whole policy period.

4.1 Validity and taking of effect of the insurance contract and payment of the premium

4.1.1 The insurance contract is concluded on the basis of the insurance application.

4.1.2 The insurance contract and the cover will take effect on the start date of the policy period, as stated on the insurance certificate, if the premium or its first instalment has been paid and the respective amount is deposited on the distributor's bank account and distributor confirms conclusion of the contract by issuing an insurance certificate.

4.1.3 The insurance contract is concluded for an unspecified term. The policy period shall be for the period running from the start date to the subsequent renewal date. If the insurance contract has not been cancelled by either of the parties 30 days before renewal date, it will renew for another 12 months at each renewal date for an unspecified term. For each policy period, the distributor issues a new certificate of insurance unless otherwise agreed in the insurance contract.

4.1.4 Premiums are paid either once a month in 12 consecutive instalments or once a year according to the choice of the policyholder and payment method enabled by Distributor.

4.1.5 If the policyholder fails to pay the second or any subsequent premium instalment on time, the insurer can, in a format which can be reproduced in writing, set for the policyholder an additional payment term of at least two weeks.

4.1.6 If the insurer has set an additional deadline for payment of the premium instalment and an insured event occurs after such deadline without the policyholder having paid the premium by the date of occurrence of the insured event, the insurer is released of its obligation to perform, unless the failure to pay the premium occurred due to a circumstance not arising from the policyholder.

4.1.7 If the insurer has set an additional payment term and the policyholder fails to pay the premium within the term, the insurer can cancel the insurance contract without prior notice.

4.1.8 If the policyholder pays the premium within 1 month after cancellation of the insurance contract or expiry of the additional term given for payment and no insured event has occurred prior to payment, the insurance contract is not deemed as cancelled.

4.2 Age limit

4.2.1 According to the terms and conditions of the insurance contract, the cover is applicable to persons who are 19-70 years old on the start date of the insurance contract.

4.3 Pre-existing conditions

4.3.1 The insurance contract does not provide cover for the treatment to replace teeth which were lost before the start date of the contract.

4.4 Waiting period

4.4.1 Pursuant to the terms and conditions of the insurance contract, a waiting period for indemnification of treatment expenditure will be applicable after the contract is concluded. The waiting periods for each type of treatment are specified in Annex A.

4.4.2 No waiting period is applicable to the treatment after an accident nor after renewal of the contract for a consecutive policy period.

4.4.3 If you have entered into a dental insurance contract with another insurer and want our cover to be effective immediately as of the day that other insurance contract ends, no waiting period is applied, and the cover will take effect on the first day of the policy period. To be able to receive that cover immediately after the previous contract, you must inform the distributor of your previous dental insurance thereof before submitting the insurance application. The distributor has the right to ask You to provide proof of the previous dental insurance.

4.5 Other insurance

4.5.1 If You have similar cover under another insurance contract, you must inform the distributor thereof before signing our contract or immediately after entering into the other insurance contract.

4.5.2 Upon an insured event, the insurer has no obligation to pay a higher indemnity than is proportionate compared to the cover under the other insurance contract.

5. RIGHTS AND OBLIGATIONS OF INSURANCE CONTRACT PARTIES

5.1 Policyholder rights and obligations

5.1.1 The policyholder has the right to receive the insurance indemnity in accordance with the terms and conditions of the insurance contract.

5.1.2 To sign a dental insurance contract the policyholder is obliged to submit an application for him/herself either via webpage www.hambaravikindlustus.ee submenu 'Application form' or with the help of contracted practice and ensure accuracy of the information provided.

5.1.3 Should the information provided by the policyholder turn out or become inaccurate or inadequate or should significant changes take place, the policyholder must inform the distributor thereof as soon as possible.

5.1.4 The policyholder has an obligation to pay premiums as agreed in the contract.

5.1.5 The policyholder can cancel this policy within 14 days of the start date of this policy, unless they have made or intend to make a claims and shall be entitled to a refund of any premium paid.

5.1.6 The policyholder shall have the right to terminate the insurance contract for an unspecified term by notifying the Distributor thereof 1 month before the end of the current insurance period.

5.1.7 If the insurer increases or decreases its premium, the policyholder may cancel the contract within one month after receipt of the notice of amendment. The contract will then terminate at the time of the entry into force of the premium increase or reduction of the liability.

5.2 Insurer's rights and obligations

5.2.1 In the event of an insured event, the insurer is obliged to pay the policyholder insurance indemnity in accordance with the terms and conditions of the insurance contract.

5.2.2 The insurer has the right to cancel the insurance contract if the policyholder has:

- a) misled the insurer by submitting false information or withholding information;
- b) knowingly claimed indemnity for purposes not allowed in the insurance terms and conditions;
- c) consented to a third person's attempt to obtain unreasonable financial gain to the detriment of the insurer;

d) violated the insurance terms and conditions or other contractual obligations in any other material way due to negligence.

5.2.3 Should the insurer terminate the contract, it must be done by informing the policyholder 30 days in advance. The respective notice must be sent to the most up-to-date e-mail address the policyholder has given the insurer. The policyholder will have the right to receive the remaining proportional amount of the premium for the unused policy period if no indemnity has been paid.

5.2.4 The insurer has no right to declare some clauses of the insurance contract null and void or change these to Your detriment, unless upon renewal of the insurance contract.

5.2.5 Should the insurer not apply any clause of the insurance contract in certain circumstances or cases, this does not mean the insurer cannot apply the clause in another circumstance or case.

5.2.6 The insurer may change the premium rates, terms and conditions and indemnity rates, but the changes cannot take effect before the date of renewal of the contract and must be notified at least 30 days in advance.

5.2.7 The insurer may at its own expense take proceedings in your name to recover its losses from any third party in respect of any loss or damage covered by this insurance, and any amount so recovered shall belong to the Insurer.

6. INDEMNIFICATION RULES

Pursuant to the insurance contract, the dental treatment expenditure of the policyholder, if it is clinically necessary and incurred during the policy period, will be indemnified in compliance with the terms and conditions of this contract and within the limits of the maximum sum insured set out in Annex A.

6.1 Regular dental treatment

6.1.1 The indemnity for regular treatment will be paid within the limits of the sum insured for regular treatments group, for subgroups or for treatments stipulated in Annex A.

6.1.2 The policyholder can have a limited number of certain procedures done on them during one dental visit, during policy period or during 2 years period stipulated in Annex A.

6.2 Bridges, dentures and crowns

6.2.1 Bridges and dentures are only covered if the tooth or teeth being replaced were extracted after the appropriate waiting period for extractions. This rule is not applicable where a tooth is lost due to an accident.

6.2.2 The cover does not apply to the replacement of any existing crowns.

6.3 Accident treatment

6.3.1 If the accident meets the criteria defined in these insurance terms and conditions, the emergency treatment necessary for immediate alleviation of the accidental injury and any following treatment necessary to restore the damaged tooth or teeth will be indemnified within the limits of the maximum sum insured specified for accident treatment in Annex A, irrespective whether the treatment was done in Estonia or abroad.

6.4 Oral cancer treatment

6.4.1 Pursuant to the insurance contract, the oral cancer treatment expenditure will be indemnified once in the insured person's lifetime in compliance with the terms and conditions of the insurance contract and within the limits of the maximum sum insured set out in Annex A.

6.4.2 The indemnity will be paid only if the oral cancer was diagnosed and treated by a specialist, physician or dentist who is licensed in Estonia and has the respective qualifications.

6.4.3 The following oral cancer treatment expenditure will be indemnified:

- a) hospital treatment (outpatient or inpatient);
- b) surgery and anesthesia (outpatient or inpatient);
- c) for ambulatory care: specialist consult and services, pathology tests and X-rays;
- d) radiology;
- e) chemotherapy.

7. INSURED EVENTS

7.1 Insured event

7.1.1 An insured event is when You incur expenses to be indemnified according to Annex A as a result of Your dental treatment or oral cancer treatment during the policy period.

7.1.2 All expenses that are incurred in connection with the insured event and where indemnification is claimed must be reasonable, clinically necessary and incurred only for treatment purposes.

7.1.3 The insurance indemnity will be paid only if the treatment services have been provided:

- a) by a licensed dentist in Estonia;
- b) in the event of accident treatment, by a licensed dentist in Estonia or abroad;
- c) by a physician having a licence to treat oral cancer or the respective specialist in Estonia.

7.2 Notifying about insured event upon accident

7.2.1 If You run into an accident that requires accident treatment in Estonia or abroad, You must inform thereof by writing to kindlustusjuhtum@denisglobal.com.

7.3 Submitting a claim

7.3.1 An invoice from a dental practice functions as a form for claim registration. The invoice must include requisite data of the dentist and You, description of the dental treatment, the treatment code (in case of contracted practice dental insurance treatment code), the price, the rate of the national dental treatment benefit (if applicable) and the number of the tooth treated.

7.3.2 Claims (invoices from dental practices) must be submitted to us:

- a) either by You by uploading these via

<https://hambaravikindlustus.ee/kindlustusjuhtum>

or

- b) by the contracted practice if this service has been made available. In the latter case, you don't need to pay for the treatment up to the sum insured per treatment group or sub-group defined in Appendix A, these costs will be indemnified directly to the contacted practice.

Please note: If any part of your claim is not covered by this contract or if You have used up all the annual amount of coverage, you must pay the invoice of the contracted practice yourself.

7.3.3 All claims (including additional documents where necessary) must be submitted within 60 days of the end of the treatment. We do not indemnify any claims that we will receive later.

7.3.4 Upon treatment after an accident abroad, you will be paid the indemnity in euros (€) on the basis of the exchange rate of the day of the treatment.

7.3.5 You must cover the costs of possible translations of the dentist's invoices, claims and proof documents should these be not in Estonian or English. This will be deducted from the indemnity.

7.3.6 The indemnity will be paid to your or the contracted practice's bank account within five (5) working days of the moment all requisite documents are received, the claims administrator has approved the claim and done processing it. You will be e-

mailed a notice of indemnification. The notice will specify the amount of the indemnity and whether the indemnity will be paid to you or the partner. If the decision was not to pay the indemnity, the notice will let you know that and specify the reasons for this. Claims administration might take longer if the invoice lacks the data required for handling the claim.

8. GENERAL EXCLUSIONS

8.1 Benefits will not be available for:

8.1.1 any dental treatment which took place on or prior to the start date and treatment received after the policy period ceases;

8.1.2 treatments designed to replace teeth which were missing on or prior to the start date or which were removed during waiting period applying for group of minor treatments.

8.1.3 services or supplies which are not described in Appendix A or which are specifically excluded in terms and conditions;

8.1.4 preventive treatment (scaling, polishing, fluoride treatments and similar);

8.1.5 cosmetic treatments and treatments not clinically necessary;

8.1.6 cost of hospitals, anaesthesiologists and pathologists except in the case of oral cancer treatment;

8.1.7 orthognathic surgery (surgery designed to alter the position of the jaws and teeth);

8.1.8 services or supplies which are experimental in nature, or not normally supplied by a dental practice, or which are not clinically necessary;

8.1.9 any treatment once the annual maximum number of treatments and/or maximum number of treatments per visit or maximum sum insured per treatment group and/or per treatment has been reached;

8.1.10 reimbursement for travelling expenses or telephone calls in connection with any treatments or charges for completing the claim form;

8.1.11 charges resulting from missed appointments;

8.1.12 any claims for the replacement of dentures damaged whilst not being worn;

8.1.13 for costs which are not reasonably and necessarily incurred. All benefits will be paid in accordance with customary and accepted levels of charges for the treatment received. The charges must be reasonable, necessary, incurred wholly and exclusively for the purposes of treatment and in line with Our dental advisor's opinion;

8.1.14 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;

8.1.15 injuries sustained while engaged in illegal, unlawful or anti-social activities;

8.1.16 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;

8.1.17 oral Cancer resulting from smoking or chewing tobacco products (including betel nut juice);

8.1.18 adult orthodontic treatment;

8.1.19 any Treatment charges which qualify for reimbursement under state dental provision or any other form of insurance, regardless of whether or not the insured person claims these benefits from the state or other insurance provider;

8.1.20 war and terrorism mass destruction exclusion clause:

Notwithstanding any provision to the contrary within this insurance or any endorsement thereto it is agreed that this insurance shall exclude war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, or military or usurped power or terrorism but only as the sole

result of the utilisation of nuclear, chemical or biological weapons of mass destruction howsoever these may be distributed or combined.

For the purpose of this clause:

- a) terrorism means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorism can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorism can either be acting alone, or on behalf of, or in connection with any organisation(s) or governments(s).
- b) utilisation of nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.
- c) utilisation of chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.
- d) utilisation of biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which are capable of causing incapacitating disablement or death amongst people or animals.

8.1.21 We will not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, law or regulations of the European Economic Union, United Kingdom or United States of America.

9. COMPLAINTS PROCEDURE

We are committed to treating customers fairly. However, there may be times when things go wrong. Any complain must be submitted no later than 2 years after concluding an insurance contract.

1. In case of complaints about insurance contract or distributor activities written complaint must be sent to email kaebus@northern1.com by using Complaint form available on website <https://hambaravikindlustus.ee/northern1>.
2. In case of complaints about claims written complaint must be sent to email: kindlustusjuhtum@denisglobal.com.

We aim to answer your complaint within 3 working days of receiving it. If we are unable to resolve your complaint with this time, we will issue the final decision within 8 weeks of receiving it.

3. If, having received the answer to your complaint, you are still not satisfied, you can take your complaint to either the:
 - a) Estonian Financial Supervision and Resolution Authority (Sakala 4, 15030 Tallinn www.fi.ee), or
 - b) The Estonian Consumer Protection Board (Pronksi 12, 10117 Tallinn www.tarbijakaitseamet.ee), or
 - c) Kindlustuse lepitusorgan (Mustamäe tee 46, 10621 Tallinn www.eksl.ee)

The Online Dispute Resolution website <https://webgate.ec.europa.eu/odr> is an official website managed by the European Commission dedicated to helping consumers and traders resolve their disputes out-of-court. If you have had a problem with something that you have bought on line, you can use this site if you live in the EU and the trader is based in the EU.

10. FAIR PROCESSING NOTICE

This Privacy Notice describes how the insurer collects and uses the personal information of insureds, claimants and other parties when they are providing our insurance and reinsurance services.

The information provided to the insurer, together with medical and any other information obtained from you or from other parties about you in connection with this policy, will be used by them for the purposes of determining your application, the operation of insurance (which includes the process of underwriting, administration, claims management, analytics relevant to insurance, rehabilitation and customer concerns handling) and fraud prevention and detection. They may be required by law to collect certain personal information about you, or as a consequence of any contractual relationship they have with you. Failure to provide this information may prevent or delay the fulfilment of these obligations.

Information will be shared by the Insurer for these purposes with group companies and third party insurers, reinsurers, insurance intermediaries and service providers. Such parties may become data controllers in respect of your personal information. Because they operate as part of a global business, they may transfer your personal information outside the European Economic Area for these purposes.

You have certain rights regarding your personal information, subject to local law. These include the rights to request access, rectification, erasure, restriction, objection and receipt of your personal information in a usable electronic format and to transmit it to a third party (right to portability).

If you have questions or concerns regarding the way in which your personal information has been used, please contact: legalcompliance@axaxl.com.

The insurer is committed to working with you to obtain a fair resolution of any complaint or concern about privacy. If, however, you believe that they have not been able to assist with your complaint or concern, you have the right to make a complaint to the Irish Data Protection Commission.

For more information about how the insurer processes your personal information, please see their full privacy notice at: <http://axaxl.com/privacy-and-cookies>.

Appendix A – Benefit plan SILVER

Treatments groups and subgroups	Maximum sums insured and limits	Waiting period
REGULAR TREATMENTS TOTAL	2500€ per policy year	
X-RAYS:	60€ per policy year	
Intraoral X-ray		90
Digital X-ray full mouth		90
3D X-ray		90
MINOR TREATMENTS:	640€ per policy year	
Local anesthesia		90
Anesthesia injection	2 per visit	90
Small filling, 1 surface – glassionomer		90
Composite filling, 1 surface - light cured		90
Medium and deep filling, 1 surface – glassionomer		90
Medium and deep filling - light cured	1 filling per each tooth every 2 years, total all fillings up to 300€ per policy year	90
Filling, 2 surfaces – glassionomer		90
Composite filling, 2 surfaces - light cured		90
Composite filling, 3 surfaces - light cured		90
Denture repairs		90
Extraction of single-root tooth		90
Extraction of multiple-root tooth		90
Difficult extraction of multiple-root tooth		90
Extraction of retained tooth		90
Wisdom tooth removal		90
Abscess drainage		90
Cofferdam		90
Hemostasis		90
MAJOR TREATMENTS:	1800€ per policy year	
Opening the cavity, placing the drug and a temporary filling		90
Remove old root canal filling		90
Changing the drug in the root canal		90
Cleaning and enlarging one root canal		90
Cleaning and enlarging every subsequent root canal		90
Filling of one root canal		90
Filling of every subsequent root canal	1 root filling per tooth* per every 2 years	90
Gingival plastic surgery		90
Occlusal index, silicone		90
Occulus index, alginate		90
Preparation of tooth for crowning		90
Cast post and core restoration		90
Additional post		90
Crown	3 crowns and total crown works up to 1100€ per policy year	90
Bridge		90
Crown cementing		90
Temporary Crown		90
Partial denture		90
Full denture		90
Treatment of alveolitis		90
Treatment of pericoronitis (3rd molar problematic eruption)		90
Remove broken instruments from root canal		90
ACCIDENT TREATMENT (ESTONIA AND ABROAD)	2500€ per policy year	
All of the regular treatments described above will be reimbursed according to the maximum sum insured of the accident treatment if the accident meets the definition of dental insurance terms and conditions.		0
ORAL CANCER TREATMENT	20000€ per lifetime	
Treatment and procedures related to oral cancer treatment (hospital, surgeons, anesthetist, out-patient, radiotherapy, chemotherapy)		90

*includes one or multiple canals per tooth