

Dental Insurance

Insurance Product Information Document : GOLD dental insurance

Valid from 29.03.2019

Dental insurance distributor Northern 1 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).

The insurer is XL Insurance SE (registered in Ireland no. 641686) and authorised and regulated by the Central Bank of Ireland.

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



What is insured?

1. REGULAR TREATMENT.

Maximum benefit per insured person and per policy year (12 month): €4875

Includes:

X-rays: up to €100 per policy year

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

Minor treatments: up to €1000 per policy year

- ✓ Anesthesia - 2 per visit
- ✓ Filling - 1 filling per tooth per every 2 years, total all fillings up to 500€ per policy year
- ✓ Denture repair
- ✓ Tooth extraction

Major treatments: up to €2275 per policy year

- ✓ Crown, bridge and crown works - maximum of 3 crowns in a sum up to €1600 per policy year
- ✓ Root canal treatment - 1 filling per tooth (1 or several root canals) every 2 years

Implants: up to €1500 per policy year

- ✓ Implant and works - 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 his/her lifetime: €26000

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



What is not insured?

- ✗ treatments to replace the teeth which were already missing on or prior to your policy commencement date or were extracted during the appropriate waiting period for extractions;
- ✗ replacement of any existing crowns or implant screws;
- ✗ general anaesthetics or intravenous conscious sedation;
- ✗ mouth guards;
- ✗ oral surgery, such as surgical extractions of impacted teeth;
- ✗ orthodontic treatment.

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 is 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 70.
- ! 90 days qualifying period for regular and oral cancer treatment procedures.



Where am I covered?

- ✓ For the regular treatment the cover is only valid for the dental services in Estonia.
- ✓ In case 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, 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 distributor confirms concluding 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 distributor about your wish to cancel the contract 1 month prior to renewal date.