

Seesam Health Insurance

Insurance product information document

Insurance company: **Compensa Vienna Insurance Group ADB Latvian branch**

Product: **Seesam Health Insurance**

Full details of the risks insured are given in the Seesam Health Insurance policy. Full insurance information regarding the insurance contract entered into and the risks covered by the policy is available in Seesam Health Insurance regulations No. VA 2021, available on the website of Compensa Vienna Insurance Group ADB Latvian branch www.compensa.lv, and Seesam Health Insurance supplementary regulations, which are an integral part of Seesam Health Insurance policy. The information material does not reflect the risks and additional conditions discussed with the customer. The conditions and risks must be covered by the insurance policy.

What type of insurance is it?

Seesam Health Insurance is a form of insurance that protects the insured person from losses that arise if it is necessary to receive outpatient medical treatment, hospital treatment, dental treatment or sports services or if it is necessary to purchase medicinal products or optics.



What is insured?

Insured health. Full product information is specified in the insurance terms and contract (policy), but there is an option to choose the following services:

In the framework programmes:

- ✓ patient contribution;
- ✓ consultations and treatment;
- ✓ prescribed laboratory, diagnostic examinations and manipulations;
- ✓ vaccination;
- ✓ medical certificates;
- ✓ mandatory health checks related to the nature of the work;
- ✓ emergency care;
- ✓ 24-hour and day inpatient stay;
- ✓ surgeries;
- ✓ rehabilitation services;
- ✓ expenses related to childbirth.

Additional programmes:

- ✓ Purchase of medicinal products, vitamins and food supplements registered in the Register of medicinal products of the Republic of Latvia;
- ✓ dental consultation, diagnosis, treatment and oral hygiene services;
- ✓ sports activities (gym training, pool visits, tennis, squash, aerobics);
- ✓ purchase of contact lenses, optical lenses for spectacles and spectacle cases on the basis of a prescription issued by a medical practitioner.



What is not insured?

- ✗ Non-payable services and goods referred to in the insurance programme and regulations;
- ✗ Additional allowances for the selection of a treating physician or other medical practitioner during a medical treatment episode;
- ✗ Paid operations received by the insured person as an emergency;
- ✗ Expenditure on medicinal products not purchased in a pharmacy;
- ✗ Expenditure on the purchase of medicinal products incurred in connection with the cases referred to in the Seesam Health Insurance regulations and the relevant insurance programme or intended for the treatment of unpaid diseases referred to in these documents.



Are there any coverage restrictions?

- ! There are separate medical institutions whose services are not remunerated.
- ! If the disease has been diagnosed before the insurance protection has taken effect or expenses have been incurred outside the term of the policy or outside the territory of the insurance;
- ! Certain services must be accompanied by a doctor's appointment;
- ! Full details of the coverage limits are stated in the insurance terms and conditions and the insurance contract (policy). As well as the insurance compensation shall be calculated according to the programme indicated in the policy (availability of a particular service, limits on the amount of insurance, self-risk and/or waiting period).



Where am I insured?

- ✓ In the territory of the Republic of Latvia or in the wider territory, if indicated in the insurance programme.



What are my obligations?

- To submit true information both for risk assessment, including announcing changes to the information already submitted, and also when applying for Seesam Health Insurance. The insured person must submit all the documents requested by the insurer for consideration of the indemnity.
- To inform the insurer if payment of the premium for the activities of the undertaking included in the Seesam Health Insurance policy is not made in full from the funds of the undertaking.
- Unless otherwise stated in the offer, to provide the insured person with the Seesam Health Insurance card and other information.
- To inform the insured person that he or she is being insured, to present insurance programmes, Seesam Health Insurance regulations, conditions and instructions. The insured person shall become acquainted with the insurance programme and the provisions of the Seesam Health Insurance contract and observe the provisions referred to therein.
- To inform insured person that Seesam Health Insurance regulations No. VA 2021 and the list of contractual organisations and changes made thereto during the insurance period have been made public on the insurer's website.
- To notify the Insurer about other valid insurance contracts relating to the health of the insured person.
- To inform the insured person that in case of loss or theft of the Seesam Health Insurance card, as well as in case of change of personal data or data error of the insured person, the Insurer should be notified. The insured person shall be liable for losses caused by failure to notify in a timely manner the occurrence of loss, theft of the Seesam Health Insurance card, changes in the insured person's personal data or data errors.
- To take care of maintaining one's state of health. When an Insurance event occurs, follow the instructions of the physician in order to reduce the amount of medical treatment expenses.
- At the Insurer's request, provide a health declaration for the person insured.
- If, upon occurrence of an insurance case, the insured person has settled for services by personal means, then not later than 90 (ninety) days from the moment of receipt of the service, an application for receipt of the Seesam Health Insurance indemnity and other documents requested by the Insurer shall be submitted to the insurer.
- The insured person shall keep the original of the documents submitted electronically for 3 (three) years in order to be able, if necessary, to submit them to the Insurer.
- In the cases referred to in Seesam Health Insurance regulations No. VA 2021, after receipt of a written claim by the Insurer to repay the insurance compensation within 15 (fifteen) days.
- An insured person is required to hand over a Seesam Health Insurance card if the contract against the insured is terminated early.



When and how should I pay?

- Pay the insurance premium in the amount and within the time period specified in the insurance policy. It is possible to pay the insurance premium in instalments according to the payment schedule indicated in the policy or invoice.



When does coverage start and end?

- Insurance shall begin on the date indicated in the policy if payment of the premium or part thereof has been made within the time period and amount specified in the policy or invoice.
- Insurance shall terminate on the date indicated in the policy if the current payment of the premium has been made within the time and amount specified in the policy or invoice and if the policy has not been terminated by the Insurer or Policyholder before that date.



How can I terminate my contract?

- An Insured Person may be excluded from the list in accordance with the procedures and conditions laid down in the Additional Regulations.
- The insurance contract may be terminated unilaterally in accordance with the requirements of the laws and regulations of the Republic of Latvia.

Attention!

Health insurance is intended to pay the insured persons their unexpected expenses while receiving medical services. The Insurer pays the insurance compensation according to the insurance program specified in the insurance policy, not exceeding the insurance amount and/or the insurance limit specified in the insurance policy.

Critical illness insurance is a type of personal insurance that provides for a one-time payment of the insurance amount stipulated in the insurance contract to the insured person in cases where, during the insurance contract period, the insured person is diagnosed with one of the critical illnesses included in the insurance contract and the waiting period stipulated by the insurance contract has passed, so that the insured person can use the insurance indemnity paid for the treatment of the critical illness or for daily expenses.

Accident insurance provides for the payment of indemnity if the insured person gets an injury or physical damage to the body as a result of exposure to external circumstances that he did not foresee in advance. The amount of indemnity is determined according to the risks included in the policy and indemnity calculation tables.

Life insurance is a type of insurance - life insurance with possible savings, when by making regular payments, it is possible to save for the financial security of your future, while providing material protection for your family in the event of a person's death.