

Foreigners' Health insurance terms and conditions

Insurance product information document



Company:

ADB „Gjensidige“ Latvian Branch

Product:

Foreigners' Health insurance

Complete information to be provided prior to the conclusion of the insurance contract and information about the insurance product is provided in other documents, i.e. Foreigners' Health Insurance Terms and Conditions No. 12.8 (effective from 04.02.2020), General Insurance Terms and Conditions No. V1.4. (effective from 12.09.2023) and in the insurance offer.

What is this type of Insurance?

Assistance insurance in the territory of the Republic of Latvia or all Schengen Agreement countries. The product may include accident insurance.



What is insured?

- ✓ Medical Expenses
- ✓ Repatriation Expenses

Optional:

- ✓ Death or irreversible disability caused by an accident
- ✓ An injury caused by an accident

The Sum Insured depends on the selected insurance programme and individual conditions. The Sum Insured may vary for different insured risks. The total Sum Insured in a standard case is EUR 49 000.

- ✗ Expenses incurred because of accidents related to warfare, emergency conditions, mass riots and natural disasters.
- ✗ Expenses for injury treatment incurred during the Accident when the Insured himself/herself or acting as an accomplice has made an attempt or committed any kind of a crime or administrative offence.
- ✗ Expenses related to the Insured person's death if he/she has committed a suicide or has made an attempt to do so, or if he/she has injured himself/herself or has asked someone else to hurt him/her with an explicit intent to receive an insurance indemnity
- ✗ Treatment of mental disorders or psychotherapy.
- ✗ Medical treatment expenses because of an accident or disease caused by radioactive, poisonous, explosive or any other dangerous substances, nuclear weapons or their components.
- ✗ Expenses, which have been incurred because of the treatment that, in the physician's opinion, including that of a dentist, could have been postponed until the Insured returns to his/her Home Country.
- ✗ Expenses incurred because of accidents related to warfare, emergency conditions, mass riots and natural disasters.
- ✗ Incidents caused by a natural disaster or pandemic.



What is not covered?

Exceptions to insurance indemnity in the event of incapacity for work:

- ✗ Indirect losses or unearned income.
- ✗ Moral damages in connection with occurrence of an Insurable Event.
- ✗ Expenses, if, in case of illness or accident, the Insured has not immediately and at the first opportunity sought medical assistance or has failed to comply with the physicians instructions;
- ✗ Medical expenses, which are not related to emergency assistance required for treatment of a sudden illness or elimination of consequences of a trauma.
- ✗ Treatment provided by rehabilitation institutions, health resorts or sanatoriums.
- ✗ Expenses for medical services if such have been provided during the period of time when state of health of the Insured person has improved to the extent that the Insured is able to return to his/her Home Country on his/her own or accompanied by another person;
- ✗ Losses related to inability to work, inability to participate in a trip, excursion, spend a holiday abroad, ticket and hotel reservations, moral damage, etc.;
- ✗ Medical services related to pregnancy, diagnostics of pregnancy and expenses related to premature birth (miscarriage), childbirth and complications thereof, except cases when costs related to the first aid which is necessary for saving the Insured person's life, are compensated once during the period of validity of the Insurance Policy;
- ✗ Treatment of sexually transmitted diseases, including AIDS, as well as for treatment of all diseases related to HIV.
- ✗ Medical assistance due to the use of alcohol, drugs or toxic substances or consequences of such usage, or as a result of using medicine not prescribed by a doctor.
- ✗ Expenses related to treatment and diagnostics of chronic diseases and any other illnesses, regardless of their stage, suffered from prior to the Insurance Policy coming into effect, except cases when costs related to the first aid which is necessary for saving the Insured person's life, are compensated once during the period of validity of the Insurance Policy
- ✗ Planned dental treatment and prosthetics.
- ✗ Expenses for plastic and cosmetic surgery, purchase and repair of auxiliary aids (glasses, hearing aids, prostheses and other aids).



Are there any restrictions on cover?

- ! Expenses related to the exacerbation of a chronic illness that has not manifested itself for 2 (two) years, up to 7 (seven) days of hospitalisation, are reimbursed.
- ! The Insurer shall indemnify Medical Treatment Expenses until the moment when the Insured has been transported to the Republic of Latvia or Home Country, however, not exceeding 30 (thirty) days after expiry of the Insurance Period.
- ! Insurance indemnity limit for dental services for emergency treatment of acute toothache – EUR 200 during the Insurance period.
- ! Insurance indemnity limit for medical expenses per one insured event: EUR 750.
- ! Insurance indemnity limit for medication prescribed by a doctor and used for treatment during the trip - 50 EUR during the insurance period.
- ! In the standard case, the deductible for medical treatment expenses is EUR 50.
- ! A double rate of Deductible specified in the Insurance Policy but no less than EUR 100 shall be applied to each Insurable Event for Insured persons under the age of 1 (one) year and those aged 75 (seventy-five) or over.



Where am I covered?

- ✓ in Latvia or
- ✓ in Latvia and the Schengen area.



What are my obligations?

- To provide accurate and complete information required by the Insurer to conclude and perform an Insurance Contract, or to administer an Insurable Event.
- To inform about any changes to the Contract during its period of validity.
- To inform the Insured that he/she is insured, and to introduce him/ her with the insurance terms and conditions.
- To make a timely payment of insurance premium or any part thereof.
- During the term of the insurance contract, notify the Insurer in writing of any circumstances that increase the risk of the Insured.
- To notify the Insurer of the occurrence of an Insurable Event immediately but no later than within 30 (thirty) days.
- The Policyholder, the Insured and the Beneficiaries shall have an obligation to prove the fact and consequences of an Insurable Event, as well as to provide all information and documents requested by the Insurer confirming occurrence of the Insurable Event.
- The obligations provided in the Insurance Contract shall be equally applied also to the Beneficiary or the Relative.
- To inform the Insurer if damages have been indemnified, in part or in full, by another person or entity.



When and how do I pay?

- The premium shall be paid in one or more instalments, within the time limit and in the amount specified in the contract:
 - by bank transfer to the bank account specified in the invoice or insurance contract or via the self-service portal on the website www.gjensidige.lv (for private individuals);
 - by card payment at the Insurer's office;
 - at MAXIMA Latvia store cash registers (if the premium payment does not exceed EUR 1 000).
- If the insurance premium is paid by bank transfer, the date of payment shall be deemed the date when payment is received in the bank account specified by the Insurer.



When does the cover start and end?

Start date:

- as of the date and time specified in the Contract if insurance premium has been paid in the amount and within the period of time set in the Contract.

End date:

- as of the date and time specified in the Contract;
- in case of early termination of the Contract;
- in the event of death of the Insured;
- if, as a result of occurrence of an Insurable Event, insurance indemnity is paid in full amount of the sum insured.



How do I cancel the contract?

- By mutual agreement with the Insurer.
- By notifying the Insurer in writing 15 days before termination of the contract.
- By submitting an application and evidence to the Insurer if the insured interest has ceased to exist.
- In the event of termination of the contract, the Insurer shall be entitled to deduct expenses in the amount of 15 (fifteen) percent from the remaining premium and the insurance indemnity paid.
- If a distance insurance contract has been concluded for a period of not less than 1 (one) month, the right to exercise the right of withdrawal and to unilaterally withdraw from the contract within 14 days after the date of conclusion of the contract by notifying the Insurer in writing.