

DENTAL INSURANCE TERMS AND CONDITIONS HRK-4/2020

Valid from 01.08.2020

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

EXCHANGE OF INFORMATION

Information related to the insurance contract, including the policy confirming the start or extension of the contract, notices about premium payment, insurance indemnity claims or amendments to the insurance contract shall be transmitted only by e-mail. Therefore, it is important that when you sign up for dental insurance, you provide us with an email address that is actively in use and will inform us immediately if you have changed your email address. The valid dental insurance terms and conditions are always available on the website www.hambaravikindlustus.ee

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1. PURPOSE OF INSURANCE CONTRACT

- The purpose of this dental insurance contract is to indemnify, on the basis of the insurance terms and conditions in this contract, the policyholder's treatment expenses resulting from causes which are needed and manifest themselves after the start date of this policy.
- The cover is valid if in our opinion the treatment was clinically necessary, the premium or part of it has been paid by the time of the claim and the treatment takes place and is completed by the end of the policy period.
- Any issues not regulated in these dental insurance terms and conditions are governed by Estonian law.

2. PERSONS WHOM THE INSURANCE CONTRACT CONCERNS

- **The policyholder** (you, your) is the insured person stated on the insurance policy who is responsible for paying the premium or instalments of premium, who has a right to cover and must comply with the policy terms and conditions.
- **The insurer** (we, our, us) is XL Insurance Company SE (reg.no 641686, [address](#) 8, St. Stephen's Green, Dublin 2, Ireland, [www.axaxl.com](#)) is part of AXA XL, a division of AXA and who is in the insurance providers' list kept by the Estonian Financial Supervision and Resolution Authority ([www.fi.ee](#)). This term also includes the insurer's authorised agents.
- **The insurance distributor** (distributor) is Northern1 International Insurance Brokers OU (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 Europe OÜ (reg. no. 14868989, seat at Sakala tn 7-2, 10141 Kesklinna linnaosa, Tallinn, Harju maakond, Eesti, [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 policy. Any other words and phrases not listed here are used in their ordinary meanings. Terms that are defined below are in bold in this policy.

- **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 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 policy, the terms and conditions and special conditions if agreed.
- **Insurance application** is the application form policyholder submits to insurer via distributor.
- **Policy** is an insurance contract document that proves the conclusion of the insurance contract.
- **Cover** is the insurer's obligation to pay the indemnity for treatment listed in Annex A, within the limits of the maximum sums insured after the claim.
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.
- **Insurance benefit plan** is the insurance indemnity plan marked in your policy schedule. There are 3 dental insurance benefit plans : Bronze, Silver and Gold, which cover the list of eligible treatments and are listed in Annex A of the terms and conditions up to the sum insured stated.
Please note: Change of the insurance benefit plan can be done only at the renewal date.
- **Sum insured** is the maximum amount of indemnity in one policy period depends on the insurance benefit plan chosen and per procedure, specified for each type of treatment (regular treatment, accident treatment and oral cancer treatment) indicated in Annex A.
Please note: The maximum sum insured for regular treatment is divided between subgroups (X- rays, minor treatments and major treatments).
- **Deductible** is the amount of money you must pay as your share of benefits paid under this insurance policy. It is expressed in Annex A as a percentage of the sum insured per procedure.
- **Premium** is the amount agreed in the insurance contract to be paid by the policyholder for the annual cover.
- **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.
- **Start date** is the first day of the policy period, as also stipulated on

the insurance policy. It is usually the day when the Insurance application was submitted.

- **Renewal date** is the day when 12 calendar months have passed from the start date of insurance contract.
- **Waiting period** is a certain period of time from the start date of the insurance contract within which the insurance indemnity will not be paid for the claim 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.
- **Dentist** is a duly qualified and licensed dentist who practices in the state where the treatment is provided. In Estonia, dentists with the requisite professional skills are registered by the Health Board. The dentist's registration number issued by the Health Board must be on the invoice of the dental practice.
- **Dental practice** is any dental practice in Estonia where the policyholder wants to receive the treatment to be indemnified and any dental practice abroad where the policyholder can turn to receive accident treatment.
- **Invoice** is an electronically compiled and, where necessary, printed invoice for treatment. It must include the requisite data of the dental practice and the insured person, the dentist's license code, the treatment, the number of the treated tooth, the full price of the service and the rate of the national benefit if applicable.
- **Treatment** is the dental procedure that is listed in Annex A and must be clinically necessary to maintain or restore the oral health of the policyholder on the condition that all the services, including the start of treatment plan or discussion around it, 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.
- **Treatment** expenses are provable and invoiced expenses for treatment undergone and paid for by you, authorised by us if required (see article 7.2), and covered by this policy.
- **Dentures** are the false teeth that replace the missing teeth and which can be removed from the mouth.
- **Cosmetic treatment** is treatment that is not necessary to maintain tooth health; its sole purpose is correction of the policyholder's appearance.
- **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.
- **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

4.1 Validity and taking of effect of the insurance contract

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 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 policy.

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 policy of insurance unless otherwise agreed in the insurance contract.

4.2 Payment of premium

4.2.1 The premium must be paid at the time of purchasing this insurance policy in the manner required by the insurance distributor.

4.3 Age limit

4.3.1 According to the terms and conditions of the insurance contract, the cover is applicable to persons who are 21–70 years old on the start date of the insurance 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 a claim, the insurer has no obligation to pay a higher indemnity than is proportionate compared to the cover under the other insurance contract.

4.6 Important Exclusion

4.6.1 In addition to the other exclusions listed in article 8 of this policy, this contract does not provide cover for the treatment to replace teeth which were missing before or on the start date of the contract or for treatment needed on or before that date.

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 via webpage www.hambaravikindlustus.ee 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 claim 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.

5.2 Insurer's rights and obligations

5.2.1 In the event of a claim, 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, not pay any claim and to recover any paid claim if the policyholder has:

a) misled the insurer by submitting false information, exaggerated or excessive treatment costs or withholding information;

- b) colluded with the dentist in doing the above;
 - c) knowingly claimed indemnity for purposes not allowed in the insurance terms and conditions or knowingly consented to the dentist to do so on your behalf;
 - d) consented to a third person's attempt to obtain unreasonable financial gain to the detriment of the insurer;
 - e) violated the insurance terms and conditions or other contractual obligations in any other material way due to negligence.
 - f) committed or attempted to commit fraud or knowingly consented, expressly or impliedly, to your dentist committing or attempting to commit fraud.
- 5.2.3 Should the insurer terminate the contract, it must be done by informing the policyholder 30 days in advance except in the case of fraud (either on your or the dentist's part) in which case cancellation can take effect immediately. 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 except in the case of fraud or other dishonest conduct.
- 5.2.4 The insurer reserves the right to only pay claims resulting from treatment provided by or authorise treatment to be provided by a dentist or dental practice that is on its approved list of dentists or dental practices.
- 5.2.5 The insurer has the right at any time to make changes to this insurance contract including the premium payable by giving you at least 30 days notice. If you do not want to accept the changes, the contract will cancel after that time, no claims will be paid after the policy has ended and we shall refund you a proportion of your premium if you have already paid it, if no indemnity has been paid, or stop further payment of premium instalments.
- 5.2.6 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.
- 5.2.7 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

6.1 Regular treatment

- 6.1.1 The indemnity and the limits for what we will pay under this policy for regular treatments are set out in Annex A.
- 6.1.2 The filling indemnity per the tooth is valid for 3 years. The filling for the same tooth is reimbursed again in year 4 if the policyholder renews the insurance contract for subsequent periods of insurance.
- 6.1.3 The crown or bridge indemnity per tooth is valid for 5 years. The crown or bridge for the same tooth is reimbursed again in year 6 if the policyholder renews the insurance contract for subsequent periods of insurance.
- 6.1.4 The indemnity for dentures is valid for 5 years. The denture is reimbursed again in year 6 if the policyholder renews the insurance contract for subsequent periods of insurance.
- 6.1.5 Bridges, dentures and implants are only covered if the tooth or teeth being replaced were extracted after the appropriate waiting period for removal of the tooth. This rule is not applicable where a tooth is lost due to an accident.
- 6.1.6 Crowns, bridges and implants are only covered if the diagnosis to place the crown, bridge or implant was made after the start date.
- 6.1.7 The insurance indemnity for implants will be paid once per tooth location, and the insurer will not be liable for any further expenditure that might arise due to implant-related complications, such as rejection, chipping or infection.

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 Oral cancer treatment like hospital treatment (outpatient or inpatient), surgery and anesthesia (outpatient or inpatient), ambulatory care specialist consult and services, pathology tests and X-rays, radiology and chemotherapy expenditure will be indemnified.

7. CLAIMS

7.1 Claim

7.1.1 All claims where indemnification is claimed must be for treatment that is clinically necessary and incurred only for treatment needed after the start date and completed within the policy year. 7.1.2 The insurance indemnity will be paid only if the treatment has 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 Pre-authorisation of certain treatment

The following treatments are not covered unless authorised by the claims administrator before treatment commences:

- Placement of crowns and bridges, including Pontic or Maryland bridges
- Removal of Wisdom teeth
- Placement of implants, implant abutments and implant crowns
- Placement of temporary crowns
- Fitting of full and partial dentures (top and bottom jaw)

For us to authorise the treatment, we will require a treatment plan to be submitted via the claims administrator's secure portal <https://hambaravikindlustus.denisglobal.com>. The treatment plan must contain the following information:

- Treatment description
- Tooth number(s)
- Fee(s) and cost(s) of the treatment(s) broken down by treatment code
- Dentist registration Number

The claims administrator may in some cases request further information to complete an authorisation. Once processed, the claims administrator will send back an authorisation document and authorisation number detailing what is covered according to the respective benefit plan and to what value. Any treatment expenses not covered or partially payable will be detailed and you will be liable for those costs.

It is recommended that you do not agree to treatment until you are in receipt of an authorisation number. If you do so, you will be liable for the costs we have not authorised.

7.3 Submitting a claim

7.3.1 A claim form (see article 12 Annex B) can be downloaded from the claims administrator's portal <https://hambaravikindlustus.denisglobal.com>. This form must be filled in and submitted along with a copy of the dentist's invoice and proof of payment of the invoice.

7.3.2 Claims documents must be submitted to claims administrator by you by uploading these via directly to claims handler portal <https://hambaravikindlustus.denisglobal.com>.

7.3.3 All claims (including additional documents where necessary) must be submitted within 180 days of the end of the treatment. We do not indemnify any claims that are received after this period.

7.3.4 The claims administrator may request clinical records to substantiate a claim from the policyholder, health care provider or other third party. The claims administrator may request these clinical records taken out from www.digilugu.ee. Clinical records must include a set of x-rays which displays the date taken and the name of the patient. The x-rays should show the status of the tooth or teeth before and if possible after the claimed treatment was rendered.

7.4 Payment of indemnity

7.4.1 The insurance indemnity will be paid out to you within 5 working days from the moment the claims administrator has sent a notice of claim payment to your e-mail address confirming that the claim has been completed.

7.4.2 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.

7.5 Notifying us about an accident claim

7.5.1 If you have an accident that requires immediate treatment in Estonia or abroad, you must inform thereof by writing to kindlustusjuhtum@denisglobal.com with a description of the accident including where and when it took place and, where possible, complete a claim form.

7.5.2 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.

8. EXCLUSIONS

8.1 Benefits are not available for:

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

8.1.2 services or supplies which are not described in article 11 Annex A or which are specifically excluded in terms and conditions;

8.1.3 any costs for commercial products such as sterile drapes, fluoride, tooth brushes, bone or tissue growth enhancement products or dentist protection products, clothes and devices.

8.1.4 treatment that exceeds maximum number of treatments and/or maximum sum insured per treatment group, subgroup and/or per procedure;

8.1.5 treatments to replace teeth which were missing on or prior to the start date or where the diagnosis to remove the teeth was made before policy start date or where the teeth were removed during waiting period;

8.1.6 treatment to replace any existing crowns, bridges or implants;

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

8.1.8 cosmetic treatment and treatment that is not clinically necessary;

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

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

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

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

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

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 betelnut 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 you claim these benefits from the state or other insurance provider;

8.1.20 any claims for treatment, replacement or extraction of deciduous teeth ('baby teeth');

8.1.21 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 Claim administrator's opinion, whose decision will be final;

8.1.22 implant crowns if the implant upon which it is placed is not covered by this policy.

8.1.23 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.

8.1.24 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 3 years after concluding an insurance contract.

Complaints can be submitted:

- via electronic complaint form on webpage www.hambaravikindlustus.ee
- via email kaebus@northern1.com or
- sent by post to distributor's address

We aim to answer your complaint as soon as possible, no later than within 15 days of the receiving the complaint. If we are unable to resolve your complaint with this time, we will issue the final decision within 8 weeks of receiving it.

If, having received the answer to your complaint, you are still not satisfied, you can take your complaint to either the:

- a. Financial Supervision Authority, address City of Tallinn, Sakala 4, email info@fi.ee;
- b. Consumer Protection Board, address City of Tallinn, Pronksi 12, email info@tarbijakaitseamet.ee;
- c. Consumer Protection Commission, address Endla 10A, 10142 Tallinn, email avaldu@komisjon.ee;
- d. Data Protection Inspectorate, address City of Tallinn, Väike-Ameerika 19, email info@aki.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>.

11. ANNEX A

			BRONZE PLAN	SILVER PLAN	GOLD PLAN				
Dental procedures to be indemnified	Deductible from sum insured	Sum insured per procedure	Sums insured are <u>per policy year</u> (unless stated otherwise below) and quantity limits <u>per invoice or per policy year</u>			Waiting period			
REGULAR TREATMENTS TOTAL			1000 €	2000 €	3000 €				
X-RAYS			30 €	40 €	60 €				
Intraoral X-ray	0%	14 €				30			
Digital X-ray full mouth	0%	18 €				30			
3D X-ray	0%	35 €				30			
MINOR TREATMENTS			280 €	510 €	690 €				
Local anesthesia	0%	5 €	2 per invoice	2 per invoice	2 per invoice	30			
Anesthesia injection	0%	8 €	2 per invoice	2 per invoice	2 per invoice	30			
Small filling, 1 surface – glassionomer	0%	38 €	3 fillings, 1 filling per tooth	4 fillings, 1 filling per tooth	5 fillings, 1 filling per tooth	30			
Composite filling, 1 surface - light cured	0%	42 €				30			
Medium and deep filling, 1 surface – glassionomer	0%	42 €				30			
Medium and deep filling - light cured	0%	50 €				30			
Filling, 2 surfaces – glassionomer	0%	50 €				30			
Composite filling, 2 surfaces - light cured	0%	75 €				30			
Composite filling, 3 surfaces - light cured	0%	80 €				30			
Denture repairs incl adding a tooth	0%	25 €							30
Extraction of single-root tooth	0%	55 €							30
Extraction of multiple-root tooth	0%	70 €				30			
Difficult extraction of multiple-root tooth	50%	75 €				30			
Extraction of retained tooth	50%	85 €				30			
Wisdom tooth removal	50%	110 €				30			
Abscess drainage	0%	30 €				30			
Cofferdam	0%	9 €				30			
Hemostasis	0%	12 €				30			
Sutures	0%	15 €				30			
Remove sutures	0%	5 €				30			
MAJOR TREATMENTS			690 €	1450 €	2250 €				
Opening the cavity, placing the drug and a temporary filling	50%	25 €	3 teeth**	4 teeth**	5 teeth**	30			
Remove old root canal filling	50%	25 €				30			
Changing the drug in the root canal	50%	25 €	3 teeth**	4 teeth**	5 teeth**	30			
Cleaning and enlarging one root canal	50%	50 €	3 teeth**	4 teeth**	5 teeth**	30			
Cleaning and enlarging every subsequent root canal	50%	30 €				30			
Filling of one root canal	50%	55 €	3 teeth**	4 teeth**	5 teeth**	30			
Filling of every subsequent root canal	50%	55 €				30			
Gingival plastic surgery	50%	60 €				30			
Occlusal index, silicone	50%	35 €	1 per invoice	1 per invoice	1 per invoice	30			
Occulus index, alginate	50%	35 €	1 per invoice	1 per invoice	1 per invoice	30			
Preparation of tooth for crowning	50%	50 €	1	2	3	30			
Cast post and core restoration	50%	60 €	1	2	3	30			
Additional post	50%	30 €	1	2	3	30			
Crown	50%	375 €	1	2	3	30			
Pontic or Maryland bridge – covering 1 missing tooth	50%	325 €				30			
Crown cementing	50%	30 €	1	2	3	30			
Temporary Crown	50%	35 €	1	2	3	30			
Partial denture	50%	400 €	1 per jaw	1 per jaw	1 per jaw	30			
Full denture (top and bottom jaw)	50%	600 €	1 set	1 set	1 set	30			
Remove broken instruments from root canal	50%	65 €				30			
Placement of implant	50%	600 €	Not covered	1	1	30			
Implant abutment	50%	200 €	Not covered	1	1	30			
Implant crown	50%	450 €	Not covered	1	1	30			
Implant check-up	50%	25 €	Not covered	1	1	30			
ACCIDENT TREATMENT (ESTONIA AND ABROAD)			1000 €	2000 €	3000 €				
	0%	n/a				0			
ORAL CANCER TREATMENT			5 000 € per lifetime	10 000 € per lifetime	15 000 € per lifetime				
	0%	n/a				90			

** includes one or multiple canals per tooth

12. ANNEX B

In order to handle information on your dental invoice correctly and to process your claim quickly, it is necessary for you to fill in the claim form below, using the information on the dental invoice or asking your dentist for help. Enter your name, ID number, dentist registration number, practice name, the treatment date, the quantity of the treatment(s) done and the fee charged for the treatment(s) done.

NB! Please be aware not all procedures on your dental invoice are necessarily covered and are not found in the list below.

NB! All items on this list below are not necessarily covered by your policy and will be processed according to your policy rules.

This claim form, your dental invoice and proof of payment must be scanned or photographed and submitted online at <https://hambaravikindlustus.denisglobal.com/>.

First Name	Last Name	ID Number
Dentist Code		Pre-authorisation approval No

Code	Treatment description	Treatment Date	Quantity	Tooth Numbers	Fee
HRK001	Intraoral X-ray			No need	
HRK002	Digital X-ray full mouth			No need	
HRK003	3D X-ray			No need	
HRK010	Local anesthesia			No need	
HRK011	Anesthesia injection			No need	
HRK012	Small filling, 1 surface – glassionomer				
HRK013	Composite filling, 1 surface - light cured				
HRK014	Medium and deep filling, 1 surface – glassionomer				
HRK015	Medium and deep filling - light cured				
HRK016	Filling, 2 surfaces – glassionomer				
HRK017	Composite filling, 2 surfaces - light cured				
HRK018	Composite filling, 3 surfaces - light cured				
HRK019	Denture repairs incl adding a tooth				
HRK020	Extraction of single-root tooth				
HRK021	Extraction of multiple-root tooth				
HRK022	Difficult extraction of multiple-root tooth				
HRK023	Extraction of retained tooth				
HRK024	*Wisdom tooth removal				
HRK025	Abscess drainage				
HRK027	Cofferdam			No need	
HRK110	Hemostasis			No need	
HRK061	Sutures			No need	
HRK062	Remove sutures				
HRK030	Opening the cavity, placing the drug and a temporary filling				
HRK057	Remove old root canal filling				
HRK031	Changing the drug in the root canal				
HRK032	Cleaning and enlarging one root canal				
HRK033	Cleaning and enlarging every subsequent root canal				
HRK034	Filling of one root canal				
HRK035	Filling of every subsequent root canal				
HRK036	Gingival plastic surgery			No need	
HRK038	Occlusal index, silicone				
HRK039	Occlusal index, alginate				
HRK037	Preparation of tooth for crowning				
HRK040	Cast post and core restoration				
HRK041	Additional post				
HRK044	* Crown				
HRK058	* Pontic or Maryland bridge – covering 1 missing tooth				
HRK056	Crown cementing				
HRK120	* Temporary Crown				
HRK046	*Partial denture			No need	
HRK047	*Full denture (top and bottom jaw)			No need	
HRK051	Treatment of alveolitis			No need	
HRK052	Treatment of pericoronitis (3rd molar problematic eruption)				
HRK055	Remove broken instruments from root canal				
HRK060	*Placement of implant				
HRK078	*Implant abutment				
HRK068	*Implant crown				
HRK064	Gum former				
HRK071	Mucoperiosteal flaps			No need	
HRK067	Implant check-up			No need	

*In case of policy terms and conditions version HRK-4/2020 (valid from 01.08.2020) treatment need to be pre-authorized by claims administrator in order to be covered by insurance. Please enter pre-authorisation approval number given by claims administrator into the table above.