



DENTAL INSURANCE TERMS AND CONDITIONS AMT-1/2021

Valid from 01.01.2021

Insurer:

AmTrust International Underwriters DAC

Reg.no 169384

6-8, College Green

Dublin 2 Ireland

AmTrust International Underwriters Limited is regulated by the Central Bank of Ireland under number C33525.

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1. PURPOSE OF THE 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 insured person's dental treatment expenses. All existing teeth are covered regardless of previous treatment history (missing teeth are excluded). This includes, already ongoing, planned or recommended treatments, provided that the treatment occurs after the start date of the policy and is pre-authorized where required (see section 7.2).
- The cover is valid if in our opinion the treatment was clinically necessary and the treatment takes place and is completed before 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 CONTRACTS CONCERNED

- **The policyholder** is a legal person (your employer) who submits an insurance application on behalf of insured persons, to enter into a collective insurance contract, who is responsible for paying the premium and who will make sure the terms and conditions of the contract are met.
- **The insured person** (you, your) is a member of the collective insurance contract that the policyholder has concluded with the insurer and who has the right to the cover according to the terms and conditions of this contract.
- **The insurer** (we, our, us) is AmTrust International Underwriters DAC (registered in Ireland under no. 169384, address 6-8 College Green, Dublin 2, Ireland. www.amtrustfinancial.com) is in the insurance providers' list kept by the Estonian Financial Supervision and Resolution Authority (www.fi.ee). AmTrust International Underwriters Limited is regulated by the Central Bank of Ireland under number C33525.
- **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 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 below 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.

- **Collective insurance contract** is an agreement concluded between the insurer and the policyholder (your employer) 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 the insured person (you) for their clinically required dental treatment costs, up to the limits stated in Annex A and after applying the deductible.
- **Policy schedule** is a document issued to the insured person that proves the conclusion of the insurance contract between the insurer and the policyholder. The policy schedule contains the insured person's start date under the insurance as well as the insurance benefit plan chosen by the policyholder.
- **Cover** is the insurer's obligation to pay the indemnity for treatments listed in Annex A, up to the plan limits and the maximum sums insured.
- **Insurance benefit plan** is the insurance indemnity plan marked in your policy schedule.
- **Sum insured** is the maximum amount of indemnity that can be claimed in one policy period per insured person, after applying the deductible. Each plan has an overall maximum sum insured, as well as category limits and procedure limits as described in Annex A.
- **Deductible** is the amount the insured person pays for eligible dental treatment expenses before the insurance will start to pay. The deductible is 50€ or 100€ per insured person per policy period depending on the plan.
- **Premium** is the amount agreed in the insurance contract to be paid by the policyholder for the annual cover per insured person.
- **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, or any subsequent date of entry in which an insured person joins the insurance, your start date is stipulated on your policy schedule.
- **Renewal date** is the day when 12 calendar months have passed from the start date of the collective insurance contract concluded between your employer and insurer.
- **Dentist** is a duly qualified and licensed dentist who is registered with the Health Board in Estonia. 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 insured person chooses to receive the treatment to be indemnified.

- **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(s), the number(s) of the treated tooth, the full price of the service and the rate of the national benefit if applicable.
- **Treatment** is any dental procedure that is listed in Annex A that must be clinically necessary to maintain or restore the oral health of the insured person on the condition that all 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.
- **Treatment expenses** are provable and invoiced expenses for treatment undergone and paid by the insured person and covered by this policy.
- **Orthodontic treatment** is treatment by a dentist to prevent or correct uneven teeth.
- **Cosmetic treatment** is treatment that is not necessary to maintain oral health, its sole purpose is correction of the insured person'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

4.1 Validity and taking of effect of the insurance contract

4.1.1 The insurance contract and the cover will take effect on the start date stated on your policy schedule.

4.1.2 The premium is paid by the policyholder as established in the insurance contract between the insurer and the policyholder.

4.1.3 The insurance contract is concluded for an unspecified term. The first policy period will run from your start date until the renewal date. The insurance automatically renews for another 12 months at each renewal date for an unspecified term, unless the insurance contract is terminated by the insurer or the policyholder with valid notice. For each policy period, the distributor issues a new policy schedule unless otherwise agreed in the insurance contract.

4.2 Payment of premium

4.2.1 The insurance contract is agreed between the insurer and the policyholder and the premium is paid by the policyholder.

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 19–70 years old on the start date of the insurance contract.

4.4 When cover ends

Cover ends for each insured person on the earliest of the below dates:

4.4.1 On termination of the work relationship between insured person and the policyholder;

4.4.2 At the renewal date following the insured person's 70th birthday;

4.4.3 Upon the death of the insured person.

4.5 Other insurance

4.5.1 If you have similar cover under another insurance contract, the insurer will only pay the amount due after deducting the amounts covered by other insurances.

4.6 Third party rights

4.6.1 According to the terms and conditions of the insurance contract, no persons other than the insured person and the policyholder shall have any rights to rely on any terms under this policy.

4.7 Important exclusion

4.7.1 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.

5. RIGHTS AND OBLIGATIONS OF INSURANCE CONTRACT PARTIES

5.1 Policyholder rights and obligations

5.1.1 The insured person has the right to receive the insurance indemnity in accordance with these terms and conditions.

5.1.2 The policyholder is required to submit the required information about the insured person for concluding the insurance contract and to ensure the accuracy of the submitted information.

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 insurance contract.

5.2 Insurer's rights and obligations

5.2.1 In the event of a claim, the insurer is obliged to pay the insured person the insurance indemnity in accordance with these terms and conditions.

5.2.2 The insurer has the right to cancel the insured person's membership under the insurance, not pay any claim and to recover any paid claim if the insured person has:

- a) misled the insurer by submitting false information, exaggerated or excessive treatment costs or withheld 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) intentionally violated the insurance terms and conditions or other contractual obligations in any other material way due to gross 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 insured person's membership under the insurance, 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 has the right to make changes to the insurance contract with the policyholder with 90 days notice prior to the renewal date.

5.2.5 Should the insurer not apply any clause of these terms and conditions 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 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. IDEMNIFICATION RULES

6.1 Regular treatment

6.1.1 The dental insurance benefit shall be paid up to the lower amount of either the dentist's treatment price or the amount set out in Annex A for each treatment.

6.1.2 The total benefit for each policy period is the amount of eligible expenses for treatments covered by this insurance less the annual deductible, up to the maximum sums insured for the categories of treatments and up to the annual sum insured all set out in Annex A.

6.1.3 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. For existing fillings to be covered under this insurance they must be at least 3 years old.

6.1.4 The crown, bridge or inlays/onlays indemnity per tooth is valid for 5 years. The crown, bridge or inlays/onlays for the same tooth is reimbursed again in year 6 if the policyholder renews the insurance contract for subsequent periods of insurance. For existing crowns, bridges, inlays and onlays to be covered under this insurance they must be at least 5 years old.

6.1.5 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. For existing dentures to be covered under this insurance they must be at least 5 years old.

6.1.6 The insurance indemnity for implants will be paid once per tooth location, the tooth being replaced must have been extracted during the policy period, 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.

7. CLAIMS

7.1 Claims

7.1.1 All claims where indemnification is claimed must be for treatment that is clinically necessary and incurred only for treatment performed 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 by a licensed dentist in Estonia.

7.2 Pre-authorisation of certain treatment

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

- Transplantation of the tooth
- Placement of crowns and bridges
- Placement of implants, implant abutments and implant crowns and any other implant related treatment
- Fitting of full (top and bottom jaw) and partial dentures

For us to authorise the treatment, we will require a treatment pre-authorisation form (see article 13 Annex C) or treatment plan to be submitted to the claims administrator's [via website https://kindlustusjuhtumid.cavitas.ee](https://kindlustusjuhtumid.cavitas.ee) The treatment pre-authorisation form or 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 website www.cavitas.ee or printed out from this document.

7.3.2 Filled in claim form together with dentist's invoice and proof of payment must be submitted by uploading these to the claims administrator's portal via <https://kindlustusjuhtumid.cavitas.ee>

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 insured person, 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 Submitting a claim

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.

8. EXCLUSIONS

8.1 Benefits are not available for:

8.1.1 services or supplies which are not described in article 11 Annex A under your insurance benefit plan or which are excluded in these terms and conditions;

8.1.2 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.

8.1.3 treatment that exceeds the maximum sum insured per policy year, per treatment category and/or per procedure;

8.1.4 treatments to replace teeth which were missing on or prior to the start date;

8.1.5 treatment to replace any existing crowns, bridges, inlays/onlays, dentures or implants unless the treatment has been pre-authorised (article 7.2);

8.1.6 preventive treatment (check-ups, scaling, polishing, fluoride treatments and similar);

8.1.7 cosmetic treatment and treatment that is not clinically necessary;

8.1.8 cost of hospitals, anaesthesiologists and pathologists;

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

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

8.1.11 reimbursement for travelling expenses or telephone calls in connection with

any treatment or charges for completing the claim form;

8.1.12 any claims for the replacement of dentures

damaged whilst not being worn;

8.1.13 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;

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

8.1.15 orthodontic treatment;

8.1.16 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;

8.1.17 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;

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

8.1.19 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.

8.1.20 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 PROCEDURES

We are committed to treating customers fairly. However, there may be times when things go wrong. Any complaint must be submitted no later than 3 years after concluding an insurance contract.

Complaints can be submitted:

- via electronic complaint form on webpage www.cavitas.ee
- via email info@cavitas.ee 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 receiving the complaint. If we are unable to resolve your complaint within 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 avaldus@komisjon.ee;
- d. Data Protection Inspectorate, address City of Tallinn, Väike-Ameerika 19, email info@aki.ee

10. PRIVACY AND DATA PROTECTION NOTICE

1. DATA PROTECTION

AmTrust International Underwriters DAC (the Data Controller) is committed to protecting and respecting your privacy in accordance with the current Data Protection Legislation ("Legislation").

2. HOW WE USE YOUR INFORMATION

We may use the personal data we hold about you in the following ways:

- For the purposes of providing insurance, handling Claims and any other related purposes. This may include underwriting decisions made via automated means – this is for the performance of the insurance contract between you and us.
- For offering renewal, research or statistical purposes – this is for our legitimate interests: for us to analyse historic activity, to improve our rating algorithms and to help predict future business impact. To further our commercial interests, to enhance our product offering and to develop new systems and processes.
- To provide you with information, products or services that you request from us or which we feel may interest you - where you have consented to be contacted for such purposes.
- To notify you about changes to our service – this is for our legal and regulatory obligations.
- To safeguard against fraud and money laundering and to meet general legal or regulatory obligations - this is for our legal and regulatory obligations.

2.1 Sensitive (Special) Personal Data (such as information relating to health), may be required by us for the specific purposes of underwriting and fraud detection, or as part of the Claims handling process. The provision of such data is conditional for us to be able to provide insurance or manage a Claim and, whilst you can withdraw your

consent for us to process such data, this may result in us not being able to continue cover, or to process any Claims. Where such data is provided to us, it will only be used for the purposes set out above, and will be treated securely and in line with this notice.

3. DISCLOSURE OF YOUR PERSONAL DATA

We may disclose your personal data to third parties involved in providing products or services to us, or to service providers who perform services on our behalf. These include:

- Our group companies,
- Affinity partners;
- Brokers, agents, third party administrators, reinsurers and other insurance intermediaries;
- Medical service providers;
- Fraud detection agencies;
- Loss adjusters;
- External law firms;
- External auditors;
- Regulatory authorities; and
- As may be required by law

We may also disclose your personal information:

- a. In the event that we sell or buy any business or assets, in which case we may disclose your personal data to the prospective seller or buyer of such business or assets.
- b. If any AmTrust company or substantially all of its assets are acquired by a third party, in which case personal data held by it about its customers will be one of the transferred assets.
- c. To protect the rights, property, or safety of AmTrust, our customers, or others.

4. INTERNATIONAL TRANSFERS OF DATA

We may transfer your personal data to destinations outside the European Economic Area (“EEA”). Where we transfer your personal data outside of the EEA, we will ensure that it is treated securely, and in accordance with this privacy notice and the Legislation. We only transfer data to countries deemed as having adequate protection by the European Commission or, where there is no adequacy decision, we use the European Commission approved ‘Standard Contractual Clauses’ with such parties to protect the data. A copy of the ‘Standard Contractual Clauses’ can be obtained by writing to: Data

Protection Commission, 21 Fitzwilliam Square South, Dublin 2, D02 RD28, Ireland.

5. YOUR RIGHTS

You have the right to:

- Ask us not to process your data for marketing purposes.
- See a copy of the personal information we hold about you.
- Ask us to delete any of your personal data (subject to certain exemptions).
- Have any inaccurate or misleading data corrected or deleted.
- Ask us to provide a copy of your data to any controller.
- Lodge a complaint with the local data protection authority.

For access to your personal data please write to: The Data Protection Officer, AmTrust International Underwriters DAC: dpo.dublin@amtrustgroup.com or by telephone to +35 31 775 2900.

6. MARKETING

Where you have provided consent, we may share personal data that you provide to us within the AmTrust Group of Companies and with other companies that we establish commercial links with. They and we may contact you (by mail, e-mail, telephone, text, or other agreed means) in order to tell you about products, services or offers that we believe will be of interest to you, or to provide you with commercial updates.

7. RETENTION

Your data will not be retained for longer than is necessary, and will be managed in accordance with our data retention policy. In most cases the retention period will be for a period of ten (10) years following the expiry of the insurance contract, or our business relationship with you, unless we are required to retain the data for a longer period due to business, legal or regulatory requirements.

11. ANNEX A – LIST OF TREATMENTS

			BRONZE	SILVER	GOLD*
Total annual sum insured:			1200 €	2000 €	3000 €
Deductible:			50 €	100 €	100 €
Code	Treatment category and treatment description	Sum insured per treatment	Treatment category sum insured (+) covered under benefit plan (-) not covered under benefit plan		
ANESTHESIA & DIAGNOSTICS			75 €	75 €	75 €
52405	X-ray small	14 €	+	+	+
52406	X-ray panoramic	15 €	+	+	+
52407	3D X-ray	60 €	+	+	+
52413	Topical anesthesia	5 €	+	+	+
52414	Local injection anesthesia	12 €	+	+	+
RESTORATIVE TREATMENT			250 €	250 €	250 €
52415	A single prefabricated post	20 €	+	+	+
52416	Each additional prefabricated post	15 €	+	+	+
52417	Filling small	40 €	+	+	+
52418	Filling medium	60 €	+	+	+
52419	Filling large	80 €	+	+	+
52420	Extensive filling	40 €	+	+	+
52421	Core for crown	30 €	+	+	+
52423	Temporary crown (laboratory)	35 €	+	+	+
52424	Temporary filling	5 €	+	+	+
52426	Filling base	15 €	+	+	+
52422	Temporary crown (chair side)	30 €	+	+	+
52425	Temporary composite bridge	70 €	+	+	+
ROOT CANAL TREATMENT			375 €	375 €	375 €
52427	Removal of dental nerve	30 €	+	+	+
52428	Medicating root canal	10 €	+	+	+
52429	Opening and cleaning root canal	50 €	+	+	+
52430	Opening and clening every subsequent root canal in a tooth	27 €	+	+	+
52431	Re-medicating root canal	40 €	+	+	+
52432	Seal first canal	50 €	+	+	+
52433	Seal every subsequent canal	25 €	+	+	+
52434	Surgical resection of the tooth root (apisectomy)	80 €	+	+	+
52435	Primary tooth nerve removal	47 €	+	+	+
52436	Murdunud juureraviinstrumendi eemaldamine kanalist	65 €	+	+	+
52437	Re-prepare previously sealed root canal	50 €	+	+	+
52438	Tooth build up to facilitate root canal treatment	35 €	+	+	+
52439	Repair of the perforation located at root canal wall or pulp chamber floor	43 €	+	+	+
SURGERY (incl. GUM SURGERY)			500 €	500 €	500 €
52443	Periodontal surgery, per four teeth	70 €	+	+	+
52450	Extraction of single-rooted tooth	40 €	+	+	+
52451	Extraction of multi-rooted tooth	60 €	+	+	+
52452	Complicated extraction	70 €	+	+	+
52454	Minor oral surgery	110 €	+	+	+
52456	Minor gum surgery	100 €	+	+	+
52457	Drain abscess	30 €	+	+	+
52459	Management of the post-traumatic wound	40 €	+	+	+
52460	Sutures	20 €	+	+	+
52461	Minor bone surgery	110 €	+	+	+
52463	Biopsy of gum	40 €	+	+	+
52466	Transplantation of the tooth	500 €	+	+	+

CROWNS, BRIDGES, CERAMIC FILLINGS			-	250 €	400 €
61001	All ceramic crowns	250 €	-	+	+
61002	Ceramic-metal crown or bridge (per tooth)	200 €	-	+	+
61003	Partial crown, inlay or onlay	200 €	-	+	+
61004	Temporary crown	50 €	-	+	+
61005	Recement crown or bridge	35 €	-	+	+
61006	Remove crown	30 €	-	+	+
DENTURES			-	250 €	500 €
72001	Removable acrylic full denture, upper or lower jaw	250 €	-	+	+
72002	Removable acrylic full denture, upper and lower jaw	400 €	-	+	+
72003	Removable acrylic partial denture	200 €	-	+	+
72004	Removable chrome-based/cast partial denture/implant supported denture	400 €	-	+	+
72005	Denture repair	25 €	-	+	+
IMPLANTS			-	300 €	900 €
83001	Surgical implant including placement (per implant)	500 €	-	+	+
83002	Implant supported crown including abutment (per crown)	500 €	-	+	+
83003	Implant supported bridge (per piece)	500 €	-	+	+
83004	Bone graft and/or sinus lift before implant placement	500 €	-	+	+

*Gold Benefit Plan applicable only for groups 250+ employees

12. ANNEX B – CLAIM FORM

First name		Family name		ID code	
Dentist code				Pre-authorisation approval no	

Code	Treatment description	Treatment date	Quantity	Tooth number	Fee
52405	X-ray small			No need	
52406	X-ray panoramic			No need	
52407	3D X-ray			No need	
52413	Topical anesthesia			No need	
52414	Local injection anesthesia			No need	
52415	A single prefabricated post				
52416	Each additional prefabricated post				
52417	Filling small				
52418	Filling medium				
52419	Filling large				
52420	Extensive filling				
52421	Core for crown				
52423	Temporary crown (laboratory)				
52424	Temporary filling				
52426	Filling base				
52422	Temporary crown (chair side)				
52425	Temporary composite bridge				
52427	Removal of dental nerve				
52428	Medicating root canal				
52429	Opening and cleaning root canal				
52430	Opening and clening every subsequent root canal in a tooth				
52431	Re-medicating root canal				
52432	Seal first canal				
52433	Seal every subsequent canal				
52434	Surgical resection of the tooth root (apisection)				
52435	Primary tooth nerve removal				
52436	Murdunud juureraviinstrumendi eemaldamine kanalist				
52437	Re-prepare previously sealed root canal				
52438	Tooth build up to facilitate root canal treatment				
52439	Repair of the perforation located at root canal wall or pulp chamber floor				
52443	Periodontal surgery, per four teeth			No need	
52450	Extraction of single-rooted tooth				
52451	Extraction of multi-rooted tooth				
52452	Complicated extraction				
52454	Minor oral surgery			No need	
52456	Minor gum surgery			No need	
52457	Drain abscess			No need	
52459	Management of the post-traumatic wound			No need	
52460	Sutures			No need	
52461	Minor bone surgery			No need	
52463	Biopsy of gum			No need	
52466	*Transplantation of the tooth				
61001	*All ceramic crowns				
61002	*Ceramic-metal crown or bridge (per tooth)				
61003	*Partial crown, inlay or onlay				
61004	Temporary crown				
61005	Recement crown or bridge				
61006	Remove crown				
72001	*Removable acrylic full denture, upper or lower jaw			No need	
72002	*Removable acrylic full denture, upper and lower jaw			No need	
72003	*Removable acrylic partial denture			No need	
72004	*Removable chrome-based/cast partial denture/implant supported denture			No need	
72005	Denture repair				
83001	*Surgical implant including placement (per implant)				
83002	*Implant supported crown including abutment (per crown)				
83003	*Implant supported bridge (per piece)				
83004	*Bone graft and/or sinus lift before implant placement			No need	

*Treatment need to be pre-authorized by claims administrator in order to be covered by insurance. Please enter pre-authorization approval number given by claims administrator into the

13. ANNEX C – PRE-AUTHORISATION FORM

First Name		Last Name		ID Number	
Dentist Code		Practice Name		Date	

Code	Treatment description	Quantity	Tooth Numbers	Fee
52466	Transplantation of the tooth			
61001	All ceramic crowns			
61002	Ceramic-metal crown or bridge			
61003	Partial crown, inlay or onlay			
72001	Removable acrylic full denture, upper or lower jaw			
72002	Removable acrylic full denture, upper and lower jaw			
72003	Removable acrylic partial denture			
72004	Removable chrome-based/cast partial denture			
83001	Surgical implant including placement (per implant)			
83002	Implant supported crown including abutment (per crown)			
83003	Implant supported bridge (per tooth)			
83004	Bone graft and/or sinus lift before implant placement			

Is the treatment to replace an existing crown/bridge/denture?	YES	NO
If YES, how old is the existing crown/bridge/denture?	Less than 5 years	More than 5 years

Please note, the insurer reserves the right to request dental records to validate anything stated on this form.