

Medical expenses insurance Companies and organisations Without health declaration

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The content of all insurance contracts is determined on the basis of the relevant insurance policy, these medical expenses insurance terms and conditions, and the General terms and conditions. The insurance policy shows the unique details of an insurance contract, such as the insured persons, the scope of insurance cover, the sums insured, the maximum compensation, the deductibles, and an indication of when the insurance cover ends.

This insurance can be granted only to enterprises and it cannot be transferred to private individuals. Additionally, it is not possible to transfer this insurance to another enterprise.

1 Granting and validity of insurance

Section 3 of the General terms and conditions discusses the commencement of LocalTapiola's liability and the validity of insurance contracts.

An insurance contract takes effect and it remains in force on condition that the policyholder has active with LocalTapiola an insurance policy laid down in the Workers' Compensation Act.

The granting of medical expenses insurance is not subject to a health declaration.

2 Insured persons and recipients of compensation

2.1 Insured persons

This insurance covers the persons shown in the insurance policy.

An insured person must reside in Finland on a permanent basis and must hold a valid Kela (health insurance) card as an indication that he or she is covered by Finnish residence-based social security. If an insured person annually stays outside Finland for a period of more than six months during a calendar year, he or she is not considered to reside in Finland on a permanent basis. Insured persons must without undue delay inform LocalTapiola, if their coverage by Finnish residence-based social security is affected or if their Kela (health insurance) card is no longer valid.

2.2 Recipient of compensation

The insured person or some other party entitled to compensation is the recipient of compensation.

3 General information on reimbursement

3.1 LocalTapiola's right to determine place of treatment

LocalTapiola may require an insured person to contact LocalTapiola in the manner which it specifies before that insured person seeks a medical examination or treatment. LocalTapiola has the right to determine the place where an insured person's medical examination and treatment procedures are administered.

Examinations may also be performed and treatments administered using remote services, where medically possible.

3.2 Filing for reimbursement

Claimants must file for reimbursement with LocalTapiola within one year of the claimant becoming aware of the validity of this insurance, of the relevant insured event, and of the loss, damage or injury resulting from that insured event. In any case claims must be presented within 10 years of the relevant insured event or of the resulting loss, damage or injury in question. If no claim is presented within this time period, the claimant will forfeit their entitlement to reimbursement. No late claims for any expenses will be accepted.

Claimants must themselves pay their medical treatment expenses, unless otherwise agreed, and in respect of them claim from the Social Insurance Institution of Finland (Kela) the reimbursement set out in the Health Insurance Act. If entitlement to the reimbursement referred to in the Health Insurance Act is extinguished on account of failure to comply with the applicable time limit or for some other reason, LocalTapiola will subtract from the relevant reimbursement the proportion that would have been paid under the Health Insurance Act.

If an insured person is entitled to reimbursement for medical treatment expenses under an act other than the Health Insurance Act, such as the Workers' Compensation Act, the Workers' Compensation Act for Self-employed Farmers, the Motor Liability Insurance Act, the Basic Education Act or the Patient Insurance Act, reimbursement must first be claimed under that act.

Regarding any expenses for which no reimbursement was paid by operation of law, a claim settlement decision or an equivalent report must be submitted to LocalTapiola.

3.3 Payment of reimbursement

Expenses incurred to an insured person as a result of treating a covered illness or accident are covered on the basis of an original invoice or receipt. This insurance only covers expenses that refer to an insured person's medical treatment. The payment of medical treatment expenses is subject to the condition that medical expenses insurance is in force at the moment when the relevant medical treatment expenses are incurred and that the insured person in question has a valid Kela (health insurance) card at the moment when the medical treatment expenses are incurred.

Medical treatment expenses are eligible for reimbursement when treatment is administered by a doctor or some other health care professional approved by the Finnish National Supervisory Authority for Welfare and Health (Valvira).

All reimbursement for medical treatment expenses is subject to the condition that the examinations, treatments and procedures are ordered by a doctor and that they are, according to generally accepted medical practice, considered necessary for the medical examination or treatment of an injury or an illness, as well as being commonly employed in healthcare in Finland. The medical treatment expenses must be reasonable. This medical expenses insurance covers the reasonable costs of medical investigations and medical statements, if they are requested by LocalTapiola for the purpose of examining a claim.

3.4 Limitations on payment of reimbursement

Where circumstances unrelated to a covered insured event essentially contribute to an injury or an illness or prolong the healing of an injury or an illness, medical treatment expenses are paid insofar as the treatment can, on the basis of medical knowledge, be deemed to result from the covered insured event.

This medical expenses insurance does not cover any of the following:

- medical treatment expenses of complications whenever a complication relates to medical examinations or treatments not covered by insurance;
- alternative treatment solutions not generally approved under the medical treatment principles and not evidence-based;
- insured events that an insured person causes deliberately;
- exacerbation or prolonged healing, resulting from a lack of medical treatment, of an illness or of an accidental injury;
- medical treatment expenses and any deductibles charged for them in respect of an insured event covered by another insurance company.

Under the General terms and conditions, reimbursement may be reduced where an insured person or some other party entitled to insurance reimbursement through gross negligence contributes to an illness, an injury or an incident. Reimbursement may be denied if an insured person or some other party entitled to insurance reimbursement causes an insured event deliberately.

4 Validity and termination of medical expenses insurance

4.1 Territorial limits and period of validity

This medical expenses insurance is in force throughout the world round the clock at work and in leisure time. However, this insurance only covers medical treatment expenses of examinations ordered and performed and treatments administered in Finland.

All reimbursement for medical treatment expenses is subject to the condition that the insured person concerned is covered by Finnish residence-based social security at the moment when the relevant medical treatment expenses are incurred and that he or she has a valid Kela (health insurance) card as an indication of this.

4.2 Validity in sports activities

With the exception of professional sports, this insurance is in force in all sports activities.

Professional sports are individual and team sports which athletes practise as a professional activity and in which they receive payment for their performance exceeding the sum laid down in the Act on Athletes' Accident and Pension Cover or where they are obligated to take out an insurance set out in the Act on Athletes' Accident and Pension Cover.

4.3 Termination of insurance and insurance cover

With regard to an individual insured person, insurance cover terminates:

- at the end of the insurance period during which the insured person reaches the age of 80 years;
- on the day when he or she does not hold a valid Kela (health insurance) card as an indication of being covered by Finnish residence-based social security;
- when the insured person's employment relationship, public-service employment relationship or some other contractual relationship with the policyholder terminates. The date of the expiry of medical expenses insurance cover is the last day of the insured person's employment relationship or some other contractual relationship.
- once the maximum amount of the healthcare costs shown in the insurance policy has been attained.

This medical expenses insurance terminates at the same time when the policyholder's insurance taken out under the Workers' Compensation Act with Local-Tapiola terminates.

Section 16 of the General terms and conditions discusses the termination of insurance contracts in more detail.

When an insurance contract terminates because of measures taken by LocalTapiola or the policyholder, with regard to an individual insured person insurance cover terminates one month after the insurer's submission of the relevant notification or the insurer's notification of the termination of insurance.

4.4 Criminal activity, nuclear damage, and war

Medical expenses insurance does not cover any loss or expense caused by:

- criminal activity by an insured person;
- an impact of a weapon or a device based on a nuclear reaction or ionising radiation and injuring masses of people;
- nuclear damage as described in the Nuclear Liability Act, or by damage caused by a material, a device or a weapon based on a nuclear reaction, irrespective of where the damage occurs;
- a war, a rebellion, a riot, an armed conflict or similar, or service in a peacekeeping operation or other military action organised by the United Nations, the European Union or some other entity.

Where an insured person embarks on international travel before armed action commences and does not participate in it, this section does not apply until 14 days have elapsed from the commencement of the armed action. If an insured person personally takes part in such armed action or where there is a major war, this section applies immediately. Major war means any war between two or more permanent members of the United Nations Security Council.

5 Premium and indexation

5.1 Elements influencing premium

The insured person's sex and age as well as the sum insured and the deductible are the elements affecting the premium payable for medical expenses insurance.

LocalTapiola has the right to adjust the premium when a new insurance period begins as a result of the development of the insured person's age. The other situations where LocalTapiola has the right to adjust premiums are discussed in our General terms and conditions.

5.2 Indexation

The sums insured and all premiums are wage coefficient adjusted annually at the beginning of an insurance period. All policies are linked to the wage coefficient (TyEL wage coefficient) referred to in the Employees Pensions Act. The value in the calendar year preceding the commencement of the relevant insurance period is used as the wage coefficient.

6 General information on medical expenses insurance

This insurance covers, in accordance with these insurance terms and conditions, medical treatment expenses of illnesses and accidental injuries that start during the validity of this insurance or before the entry into force of this insurance. However, in order for such medical treatment expenses to be covered by insurance, they must be incurred during the validity of this insurance.

6.1 Concepts of accident and illness

'Accident' means a sudden and unforeseeable event caused by an external factor which causes a bodily injury to an insured person against his or her will.

'Illness' means a condition that requires medical treatment which, on the basis of a report submitted to LocalTapiola, has started independently of the insured person's will and not accidentally.

6.2 Maximum compensation

The maximum amount of the covered healthcare costs is shown in the insurance policy.

We pay up to €10,000 in compensation for the costs of any single covered medical examination or treatment.

From the maximum amount of the healthcare costs, any compensation paid is deducted on an annual basis, and the remaining amount is increased as laid down in Section 5.2 of the terms and conditions. The insurance policy also shows the daily maximum compensation in respect of the covered daily hospital charges.

6.3 Deductible

All covered medical treatment expenses are subject to the deductible shown in the insurance policy. This deductible is deducted once for each time a claim is filed. For example, seeking appointment with a doctor incurs one deductible, and you need to pay the deductible a second time if you receive a payment commitment to an examination or a procedure.

7 Medical treatment expenses of illnesses and accidents

7.1 Exclusions to covered insured events

Where circumstances unrelated to a covered insured event essentially contribute to an injury or an illness or prolong the healing of an injury or an illness, reimbursement is paid only insofar as the need for treatment can, on the basis of medical knowledge, be deemed to result from the covered insured event.

This medical expenses insurance covers illnesses and injuries sustained in connection with a surgical procedure, a treatment procedure or some other medical procedure only if that procedure was administered to treat an illness covered by this insurance.

No reimbursement is payable, if an insured event is caused by any of the following:

- poisoning by an ingested substance not intended for food purposes;
- attempted suicide by an insured person;
- an insured person's injury or illness that the insured person causes deliberately;
- narcotics, alcohol, nicotine or some other drugs consumed, or abuse of a pharmaceutical substance, by an insured person.

No reimbursement is payable for any injury caused to a tooth, the temporomandibular joints or dentures by occlusion, even where an external factor contributes to such injury.

7.2 Reimbursement

Covered medical treatment expenses of illnesses and accidents include the following:

- costs of medical examinations, treatments and procedures when administered by a doctor or some other health care professional;
- daily hospital charges up to the daily maximum compensation shown in the insurance policy for not more than 360 days per any one illness or accident;
- costs from urgent emergency medical transport by ambulance;
- medical treatment expenses of accidental dental injuries.

7.3 Exclusions to medical treatment expenses of insured events

No reimbursement is payable for the medical treatment expenses shown below, even where deemed medically necessary.

7.3.1 Medical treatment expenses

Covered medical treatment expenses do not include any:

- pharmaceutical preparations;
- emollient creams, nutrient preparations, vitamins, trace elements, minerals, natural drugs, natural products or homeopathic or anthroposophic preparations or comparable products or any medical treatment expenses arising from the administration of these goods, even where the preparations are ordered by a doctor;

- vitamin or trace element examinations or any other comparable examinations, even where ordered by a doctor;
- alternative examination and treatment solutions not generally approved under the medical treatment principles;
- medical examination or treatment of snoring, with the exception of the treatment of sleep apnea confirmed by means of sleep polygraphy;
- costs of medical treatment which primarily improves the quality of life when used, for example, to alleviate the adverse effects of balding or other physiological changes;
- costs from the examination or treatment of menopausal problems;
- costs from the examination or treatment of erectile dysfunction;
- examination and treatment of the venous insufficiency of a lower extremity (varicose veins);
- mole removal, with the exception of malignant tumours and related premalignant conditions requiring medical treatment;
- medical examination or treatment of obesity, a gastric bypass, gastric sleeve surgery, liposuction, or any illness or sequela caused by these;
- medical treatment for which the need arises as a consequence of severe weight loss, such as the treatment of excess skin.

7.3.2 Other treatments

Covered medical treatment expenses do not include any:

- costs of speech therapy, psychotherapy, nutritional therapy, occupational therapy or neuropsychological rehabilitation, or costs of any comparable therapy, treatment or rehabilitation;
- examinations performed or treatments administered by a physiotherapist, foot therapist, chiropractor, osteopath, naprapath, massage therapist or some other health care professional comparable to them;
- physical therapy or some other comparable treatment, such as phototherapy;
- costs of spending time at a spa or at a natural health or similar institution;
- costs of residence or stay at a service facility or a facility producing rehabilitation services, even where the unit's activities consist of healthcare services;
- costs from rehabilitation care administered in public or private health care.

7.3.3 Prevention

Covered medical treatment expenses do not include any:

- preventive care or vaccinations;
- medical inspections or periodic inspections, such as annual gynaecological check-ups;
- examinations performed for the purpose of identifying or excluding an illness regarding which an insured person had no symptoms before the commencement of such examination, such as gene testing.

7.3.4 Oral and dental care

Covered medical treatment expenses do not include any:

- medical treatment or examination of dental diseases;
- medical examination or treatment of the teeth or the masticatory system, even where the need for the examination or treatment is caused by a factor other than a dental disease or where it causes symptoms elsewhere than in the dentition.

7.3.5 Eyes

Covered medical treatment expenses do not include any:

- eye tests, or the medical examination or treatment of a sight defect;
- medical examination, treatment or procedure regarding refractive errors or cataract;
- acquisition of spectacles or contact lenses.

7.3.6 Cosmetic and plastic surgery treatment

Covered medical treatment expenses do not include any:

- cosmetic or plastic surgery examinations, treatments or procedures, any complications caused by them, or any repair procedures performed later;
- reduction mammoplasty, augmentation mammoplasty, plastic reshaping of the breasts, breast reconstruction, or any related examinations or treatments;
- lift surgery or reshaping of the eyelids, the periorbital area or some other facial region, or any related examinations or treatments.

7.3.7 Intoxicants and addictions

Covered medical treatment expenses do not include any:

- expenses of medical examination and treatment of addictions or illnesses caused by the consumption of drugs, alcohol, pharmaceutical substances, nicotine or some other substance;
- expenses of medical examination and treatment of some other addiction, such as gaming addiction or social media addiction.

7.3.8 Pregnancy and infertility

Covered medical treatment expenses do not include any:

- expenses of contraception, pregnancy, childbirth, abortion, miscarriage or infertility examinations and treatments, or any expenses of related complications.

7.3.9 Other exclusions

Covered medical treatment expenses do not include any:

- travel and accommodation costs;
- home visit supplements;
- orthopaedic supports, arch support insoles, dressings, prostheses, medical equipment, or other equipment such as bite splints or respiratory care devices;

- medical transports from outside Finland into Finland;
- acquisition or repair costs of spectacles, contact lenses, hearing aids, dentures and hard hats, even where the item in question gets broken or goes missing in connection with an accident or when an insured person is stricken with a sudden and acute illness;
- indirect expenses, such as loss of earnings, accommodation, meal and telephone costs or clothing, equipment, home care costs, or any travel and accommodation costs of a companion;
- medical investigations and medical statements, unless specifically requested by LocalTapiola;
- other costs not listed under the covered medical treatment expenses of illnesses.

In case of any dispute under these terms and conditions the original Finnish wording shall prevail.

Insurance is granted by the following mutual insurance companies in LocalTapiola Group (business ID):

LähiTapiola **Etelä** (0139557-7) | LähiTapiola **Etelä-Pohjanmaa** (0178281-7) | LokalTapiola **Sydkusten** -
 LähiTapiola **Etelärannikko** (0135987-5) | LähiTapiola **Itä** (2246442-0) | LähiTapiola **Kaakkois-Suomi**
 (0225907-5) | LähiTapiola **Kainuu-Koillismaa** (0210339-6) | LähiTapiola **Keski-Suomi** (0208463-1) |
 LähiTapiola **Lappi** (0277001-7) | LähiTapiola **Loimi-Häme** (0134859-4) | LähiTapiola **Länsi-Suomi** (0134099-8) |
 LähiTapiola **Pirkanmaa** (0205843-3) | LokalTapiola **Österbotten** - LähiTapiola **Pohjanmaa** (0180953-0) |
 LähiTapiola **Pohjoinen** (2235550-7) | LähiTapiola **Pääkaupunkiseutu** (2647339-1) | LähiTapiola **Savo**
 (1759597-9) | LähiTapiola **Savo-Karjala** (0218612-8) | LähiTapiola **Uusimaa** (0224469-0) |
 LähiTapiola **Varsinais-Suomi** (0204067-1) | LähiTapiola **Vellamo** (0282283-3) |
 LocalTapiola General Mutual Insurance Company (0211034-2)

The companies' contact details are available at www.lahitapiola.fi.

