

**THE GENERAL DIRECTIVES OF
THE CLERICAL EMPLOYEE SICKNESS FUND META**

Valid as of January 21st 2026, until further notice

CONTACT INFORMATION

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THE FUND BOARD

Actual members

Jokinen Sami, chair
Etelämäki Pia
Nuija Veli-Pekka
Nyholm Sanna
Salo Osmo, vice chair
Waltzer Mari

Deputy members

Nurminen Marko
Viljanen Heidi
Rannikko Pertti
Järvinen Jari
Kesti Matti
Hyssälä Teija

These general directives are meant to briefly inform about the Clerical Employee Sickness Fund Meta and fund's most common practices and compensations.

Specific directives are found in the official rules of the Clerical Employee Sickness Fund Meta. Contact the sickness fund for more detailed information.

NB: Please notice that this is an unofficial translation.

The valid official guidelines and rules in Finnish are followed in the interpretation and decision-making.

THE INSURANCE

A person belonging to the sickness fund's area of operation can apply for the insurance status if their employer provides their main income (work time is at least 60 hours per calendar month) for at least 6 months and the salary is paid from Finland.

The insurance must be applied for within six months from the start of employment.

Any changes in personal information e.g. bank account number, address or name must be notified to the sickness fund in writing.

An insured shall resign from the sickness fund when no longer belonging to its area of operation. An insured can resign from the sickness fund by submitting a written notification. The insurance expires at the end of the same calendar month as the notice of resignation is given.

A person who has resigned from the sickness fund without a termination of employment is not entitled to reapply for the insurance.

THE INSURANCE FEE

The insurance fee is 1,50 per cent of the monthly gross salary; however, the maximum fee **from January 1st 2026 is 54,76 € per month**. The maximum insurance fee is bound to the wage coefficient as provided in sections 96, 97, and 100 of the Employees Pensions Act (395/2006). The insurance fee is deducted directly from the salary by the employer and settled with the sickness fund. The insurance fee is not tax-deductible.

UNPAID LEAVE

The insured must notify the sickness fund when starting an unpaid leave. The insured should also inform about the periods spent on assignments abroad in case a foreign employer pays the salary. Since the insurance fee is not deducted during unpaid leave (e.g. temporary lay-offs), the insured is not entitled to any sickness fund's compensations for the period in question.

APPLYING FOR COMPENSATION

The insured must apply for the compensation **in writing within six months** from the date of payment. Applications are to be sent to the sickness fund either by post or via e-service IRIS.

EXAMINATIONS AND TREATMENTS

A doctor's referral must be provided **each time** a reimbursement for examination or treatment is applied for. **The referral must be acquired before entering an examination or a treatment.** The referral is valid for one year. The maximum amount of visit that can be reimbursed is marked on the referral.

KELA-COMPENSATION

The Kela-compensation (compensation according to the Health Insurance Act) must be deducted before applying for the compensation from the sickness fund. If direct reimbursement method is not used insured must apply for the compensation themselves. In these cases, the compensation can be applied for providing Kela's decision within six months from its date. **Please notice that if the treatment or the examination is Kela-reimbursable, the Kela-reimbursement will be subtracted from the sickness fund's reimbursement.**

MEDICINES

Reimbursement for medicinal products can be applied for with the receipt and a calculation called "**Laskelma lääkeostoista**". **The calculation is reimbursable.**

You can request the calculation afterwards from the pharmacy where you made the purchase. Attach the front page of the calculation to your compensation application.

THE SICKNESS FUND COMPENSATIONS AND CONDITIONS BRIEFLY

Please notice that this is a summary. The valid official guidelines and rules in Finnish are followed in the interpretation and decision-making.

FROM THE BEGINNING OF THE INSURANCE

Public health care e.g. Health Centre fees, day surgery and daily hospital fees, outpatient and emergency clinic fees (NB: Not to be applied to oral/dental care or examinations)	100 %
Medicines (Kela-reimbursable, including the initial deductible of 70,33 €, Ask also for the Calculation "Laskelma lääkeostoista" (SV 27 ATK) in the pharmacy)	100 %
Doctor's fees in private health care, However, for surgery the maximum compensation is 900 €. (NB: Not to be applied to a surgery performed by a dentist or cosmetic surgery)	80 %
Psychotherapy, rehabilitative psychotherapy compensated by Kela	80 %
Valvira-registered psychotherapists' or psychologist's visits max.10 times per calendar year, when prescribed by the occupational health care doctor or a psychiatrist	80 %
Valvira-registered psychologist's examination (doctor's referral to be included in the claim)	80 %
Radiological, pathological, laboratory and DIVA-examinations (doctor's referral to be included in the claim)	80 %
Optician and optometrist examinations (referral is not required)	80 %
Endoscopic examinations through a natural opening in the body such as mouth, nose, urethra or anus	80 %
Lymphatic draining, desensitization, cryotherapy and phototherapy treatments (doctor's referral to be included in the claim)	75 %
Physiotherapy and physiotherapeutic examination (doctor's referral to be included in the claim)	60 %
Massage, osteopathic, naprapathic or chiropractic treatments prescribed by a doctor. Treatment provider must be Valvira-registered. Doctor's referral to be included in the claim	60 %
Ambulance fees	100 %
Procedure and institutional fees charged by a private health care	max. 100 €/ treatment
Reimbursement for voluntary health insurance's deductible portion per granted insurance compensation	max. 100 €
Funeral allowance after the death of a member	1000 €

AFTER ONE YEAR OF INSURANCE

Costs for dental care 250 € per calendar year

Costs for eyeglasses/contact lenses 250 €
(prescribed by an ophthalmologist/optician)

The compensation is available again, when new glasses/lenses have been purchased after at least two years have passed since the previous purchase

The maximum compensation for laser eye surgery is 900 €.

NB: Laser eye surgery does not require that the insurance has been valid a year.

According to the fund rules, a prerequisite for receiving compensation is that the treatment is necessary and is due to an illness, a pregnancy or a childbirth AND that

- 1) the examination or the treatment is given by a doctor or other professional with appropriate professional training and who is registered by National Supervisory Authority for Welfare and Health (Valvira) in the Registers of social welfare and healthcare professionals
OR
- 2) the examination or the treatment is given in a private health care unit as referred to in the Law on the supervision of social and health care (Laki sosiaali- ja terveydenhuollon valvonnasta 741/2023).

Medical treatment that has general medical approval and is carried out according to good healthcare practice and is considered as medically necessary treatment or examination that should be compensated.

THE SICKNESS FUND DOES NOT COMPENSATE

- administrative fees, invoicing extras, penalty interests etc.
- parking fees
- journeys made by other means of transport than an ambulance
- non-Kela-reimbursable medicine, over-the-counter medicine, vitamins, herbal products etc.
- vaccinations
- medical certificates acquired for military service or a driver's license
- detoxification
- braces, orthosis, insoles, medical aids etc.
- support person's or family member's fees or a family room
- cosmetic procedures
- the share of costs covered by employer (e.g. ePassi)
- artificial insemination costs
- artificial kidney or cancer treatments or examinations in private health care
- pregnancy 3D- or 4D –examinations

DISCOUNTS FOR THE INSURED BY META SICKNESS FUND

The sickness fund Meta has settled discounts with the following service providers. Discounts are given by presenting your membership card.

The electronic membership card can be found in the fund's electronic service, IRIS. Register to IRIS at: <https://meta.omasairauskassa.fi>

You can request a plastic membership card by e-mail meta@toimihenkilosairauskassameta.fi. Also, provide your postal address to which the card will be send.

CORONARIA NAANTALI, RAISIO AND TURKU

FYSIOTERAPIA MEDIASKEL OY

HAMMAS HOHDE HAMMASKLINIKAT

HAMMASMEHILÄINEN

IHOTALO

KUNTOUTUS- JA HYVINVOINTIKESKUS VARIAATIO OY

LÄÄKÄRIKESKUS AAVA OY

MEHILÄINEN

PIHLAJALINNA LÄÄKÄRIKESKUKSET

RAISION FYSIOTERAPIA KY

RECUROR OY

Discounts in Recuror are for the insured and for their family members

SILMÄASEMA

Discounts in Silmäasema are for the insured and for their family members

SYNLAB

SYNSAM

Discounts in Synsam are for the insured and their family members

TERVEYSTALO