

Confido Health Plan

Insurance service information document

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The information document contains a general overview of the employer's Confido Health Plan (health insurance). It does not reflect the terms of the insurance contract based on your insurance interests and requirements. The terms and conditions of the contract are in other documents, such as the offer, insurance terms and conditions, and the insurance policy.

What type of insurance is it?

Confido Health Plan is intended for legal entities. It is voluntary insurance, the purpose of which is to compensate the expenses related to the health care service to the extent specified in the insurance contract.



What is insured?

- ✓ Insurance coverages that can be selected:
 - ✓ Outpatient treatment (e.g., medical specialist care, nursing, tests, telephone, and video consultations);
 - ✓ Mental health (e.g., psychological counseling and therapy);
 - ✓ Special diagnostics (e.g., ultrasound, X-ray, MRI, CT, gastroscopy, and colonoscopy);
 - ✓ Hospital treatment;
 - ✓ Preventive health examinations (e.g., STD tests, gynecologist appointments);
 - ✓ Dental care;
 - ✓ Rehabilitation (e.g., with a referral to physiotherapy and chiropractic);
 - ✓ Critical illnesses (a more detailed list of illnesses in the insurance conditions);
 - ✓ Permanent disability as a result of an accident.
- ✓ An insured event is the occurrence of an insurance coverage event selected in the insurance policy.
- ✓ The sum insured is the maximum indemnifiable amount. The sum insured and the deductible rate are indicated on the policy and are determined separately for each insurance coverage.
- ✓ Insurance coverage is valid around the clock.
- ✓ The insured persons are the policyholder's employees and their family members if their names are indicated on the policy.



What is not insured?

- ✗ Damage caused intentionally by the policyholder or insured person;
- ✗ The costs of optical products and aids (e.g., cast, orthopedic insoles, etc.);
- ✗ Cosmetic care and treatment (including aesthetic operations and services);
- ✗ Cases caused by the consumption of alcohol, narcotics, or psychotropic substances.



Are there restrictions on insurance coverage?

- ! On the basis of ambulatory care insurance coverage, e.g., the cost of maternity care is not eligible for indemnity; Covid tests; the cost of prescription drugs; cost of outpatient rehabilitation; studies related to pregnancy; birthmark examinations;
- ! On the basis of special diagnostics, e.g., blood pressure measurement, spirometry, ECG are not eligible for indemnity;
- ! On the basis of hospitalization insurance coverage, e.g., preoperative and post-operative care services are not eligible for indemnity;
- ! On the basis of preventive health check-up insurance coverage, the following are not covered: food intolerance tests, genetic tests; contact lenses, blue light glasses; the cost of medicines;
- ! On the basis of dental insurance coverage, the following are not covered: the costs of dental and oral cosmetic surgeries, the costs of teeth whitening;
- ! In the case of critical illnesses, e.g., treatment costs for diseases outside the list of diseases are not eligible for indemnity;
- ! In the event of an accident, e.g., permanent disability as a result of the high-risk activity is not eligible for indemnity;
- ! Other exclusions are listed in the general conditions and insurance conditions.
- ! Any coverage you choose may have a deductible.



Where am I insured?

- ✓ The insurance coverage is valid in Estonia



What are my obligations?

- To provide the correct information when concluding the contract.
- To pay the insurance premium in the indicated volume and by the specified deadline.
- When concluding the contract, the insurer must be informed of all known circumstances, and the insurer must not be provided false information.
- To familiarize oneself with the insurance contract, insurance conditions, and insurance program and inform the insured persons about the conclusion of the insurance contract and introduce their rights and obligations.
- To inform about risk situations and their changes.
- In the event of an insured event, notify the insurance agent Tervisekindlustusagent OÜ immediately.



When and how do I pay?

The amount of the insurance payment and the payment deadline are on the offer and on the insurance policy. Payment will be made by bank transfer on the basis of an invoice.



When does insurance coverage begin, and when does it end?

Insurance coverage begins on the start date of the insurance period stated in the policy (except for critical illness coverage, which is subject to a three-month waiting period). The insurance coverage ends at the end of the insurance period (except for critical illness insurance coverage, which ends when the insurance indemnity is paid out). The insurance coverage may end before the end of the insurance period specified in the contract. For example, an insurer may terminate a contract if the premium has not been paid.



How can I terminate the insurance contract?

To terminate the contract, an application must be submitted to the insurer. Usually, the contract can be terminated prematurely only by agreement between the policyholder and the insurer.