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 provided 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 indemnify the expenses related to the health care service to the extent specified in the insurance contract.



What is insured?

- Available insurance coverages:
 - outpatient treatment (e.g., specialist medical care, nursing, remote consultations, examinations with a referral);
 - mental health (e.g., psychological counselling)
 - ✓ special diagnostics (e.g., ultrasound, x-ray, MRI, CT, gastroscopy and colonoscopy);
 - ✓ hospital treatment;
 - ✓ preventive health check-ups (e.g., tests without a referral, STD tests, vaccinations, regular gynecologist appointments);
 - ✓ dental care;
 - outpatient rehabilitation (e.g., with a referral to physiotherapy and chiropractic);
 - critical illnesses (more detailed information in the insurance terms and conditions);
 - permanent disability as a result of an accident (more detailed information in the insurance conditions);
 - ✓ prescription drugs;
 - ✓ optics;
 - ✓ orthopedic aids;
 - ✓ pregnancy and birth.
- An insured event is the occurrence of an insurance coverage event selected in the insurance policy.
- The sum insured is the maximum reimbursable amount. The sum insured and the rate of deductible are indicated in the offer 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, provided they are specifically named in the policy.



What is not insured?

- Damage caused by the insured person to their own health intentionally.
- Cases that occurred as a result of self-treatment.
- Cosmetic and aesthetic services (including aesthetic operations).
- Cases caused by the consumption of alcohol, narcotics or psychotropic substances.
- Other exclusions listed in the general terms and conditions of the Confido Health Plan.



Are there restrictions on insurance coverage?

- ! On the basis of outpatient treatment insurance coverage, e.g. the cost of maternity care is not eligible for indemnity; also Covid tests; the cost of prescription drugs; cost of outpatient rehabilitation; studies related to pregnancy; birthmark examinations.
- ! Under special diagnostics are not covered e.g. blood pressure measurement, spirography.
- ! On the basis of hospital treatment insurance coverage is not eligible e.g. preoperative and post-operative care services.
- ! On the basis of preventive health check-up insurance coverage the following are not covered: food intolerance tests, genetic tests; blue light glasses; the cost of medicines.
- ! On the basis of dental care insurance coverage, e.g. the costs of dental and oral cosmetic surgeries, orthodontics, teeth whitening are not eligible for indemnification.
- ! In the case of critical illnesses, expenses for the treatment of diseases not included in the list of covered illnesses are not reimbursed.
- ! In the case of an accident, compensation is not provided, for example, for permanent disability resulting from high-risk activities.
- ! Other exclusions listed in the general terms and conditions of the cooperation partner of Confido Health Plan.
- ! Any insurance coverage selected may have a deductible applied.



Where am I insured?

The insurance coverage is valid in Estonia.



What are my obligations?

- To provide 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 insurance agent and the insurer must be informed of all known circumstances, and they must not be provided with false information.
- To familiarize themselves with the offer, insurance conditions and insurance coverage.
- To inform about risk situations and their changes.
- In the event of an insurance event, to notify the insurance agent or insurer immediately.



When and how I pay?

The amount and deadline of the insurance premium are specified in the offer and insurance policy. Payments are made based on an invoice via a bank transfer



When does the insurance coverage begin and end?

Insurance coverage begins on the start date of the insurance period stated in the policy and ends upon the expiry of the insurance period. 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?

In order to terminate the contract, a written request must be submitted to the insurance provider or insurance agent. The contract can be terminated earlier only by agreement with the insurer.