Confido Health Plan

Insurance Product Information Document

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The Insurance Product Information Document provides employers with a general overview of the Confido Health Plan (health insurance). It does not describe the terms and conditions of an insurance contract tailored to your insurable interest, demands and needs. The full terms and conditions of the contract are set out in other documents, including the quotation, the insurance terms and conditions, and the insurance policy.

What type of insurance is it?

The Confido Health Plan is intended for legal entities. It is voluntary insurance designed to reimburse healthcare-related expenses to the extent specified in the insurance contract.

What is insured?

- ✓ Optional insurance covers:
  - ✓ outpatient treatment (e.g. specialist medical care, nursing care, and telephone and video consultations);
  - ✓ mental health services (e.g. psychological counselling and therapy);
  - ✓ specialist diagnostic procedures (e.g. ultrasound, X-ray, MRI, CT, gastroscopy and colonoscopy);
  - ✓ hospital treatment (day treatment and healthcare services requiring an extended stay in hospital);
  - ✓ preventive health examinations (e.g. tests for sexually transmitted infections and vaccinations);
  - ✓ dental treatment;
  - ✓ rehabilitation treatment (e.g. physiotherapy and chiropractic treatment);
  - ✓ supplementary insurance covers (e.g. prescription medicines, orthopaedic aids and optical products);
  - ✓ other supplementary insurance covers agreed in the insurance contract.
- ✓ An insured event is the occurrence of an event covered under an insurance cover selected in the insurance policy.
- ✓ The sum insured is the maximum amount payable under the insurance contract. The sum insured and the deductible are specified in the insurance policy and determined separately for each insurance cover.
- ✓ The insurance cover applies 24 hours a day.
- ✓ The insured persons are the policyholder's employees and, subject to an additional written agreement, their close family members.

What is not insured?

- ✘ Injury or harm intentionally caused by the insured person to their own health.
- ✘ Conditions resulting from self-treatment.
- ✘ Obesity treatment, weight-loss services, bariatric surgery and related services.
- ✘ Services provided for the purposes of preventive medicine, lifestyle medicine, anti-ageing medicine, health promotion or extending longevity.
- ✘ Cosmetic surgery.
- ✘ Alternative and complementary medicine services.
- ✘ Conditions resulting from the consumption of alcohol, narcotic drugs or psychotropic substances.
- ✘ Addiction treatment.
- ✘ Any loss, expenses or illness directly or indirectly caused by war, armed conflict, terrorism, a coup d'état, civil unrest, a state of emergency or military service.
- ✘ Other exclusions listed in the General Terms and Conditions of the Confido Health Plan.

Are there any restrictions on cover?

- ✘ The outpatient treatment cover does not reimburse, for example, maternity care expenses; COVID-19 tests; prescription medicine expenses; outpatient rehabilitation expenses; pregnancy-related examinations; mole examinations; or tests for sexually transmitted infections.
- ✘ The preventive health examination cover does not reimburse, for example, food intolerance tests; genetic tests; medicine expenses; specialist diagnostic examinations; or examination packages, including ultrasound and MRI examinations.
- ✘ The dental treatment cover does not reimburse, for example, cosmetic or aesthetic services involving the teeth or oral cavity, professional teeth cleaning using pearl or soda blasting, or orthodontic treatment.
- ✘ The critical illness cover does not reimburse, for example, the treatment costs of illnesses not included in the list of covered critical illnesses.
- ✘ Exclusions applicable to supplementary insurance covers are set out in the General Terms and Conditions and in the description of the relevant insurance cover.

- ✖ Other exclusions listed in the General Terms and Conditions of the Confido Health Plan.
- ✖ A deductible may apply to each selected insurance cover.

Where am I covered?

- ✓ The insurance cover applies in Estonia, unless otherwise agreed.

What are my obligations?

- Provide accurate information when entering into the insurance contract.
- Pay the insurance premium in the specified amount by the due date.
- Inform the insurance agent of all known circumstances when entering into the contract and refrain from providing false information.
- Familiarise yourself with the insurance contract, the insurance terms and conditions, and the insurance covers. Inform the insured persons that the insurance contract has been entered into and explain their rights and obligations to them.
- Keep the insured persons' details up to date and notify the insurance agent of any changes.
- Submit an insurance claim as soon as possible, but no later than 30 days after receiving the healthcare service.

When and how do I pay?

The amount of the insurance premium and the payment due date are specified in the quotation and the insurance policy. Payments must be made by bank transfer based on an invoice.

When does the cover start and end?

The insurance cover begins on the start date of the insurance period specified in the policy, except for critical illness cover, which is subject to a three-month waiting period. The insurance cover ends upon expiry of the insurance period, except for critical illness cover, which ends when the insurance benefit is paid. The insurance cover may end before the end of the insurance period specified in the contract. For example, the insurer may terminate the contract if the insurance premium has not been paid.

How can I cancel the insurance contract?

A request to terminate the contract must be submitted to the insurance agent. The contract may be terminated early by written agreement between the policyholder and the insurance agent or on any other grounds set out in the General Terms and Conditions or by law.