



Terms and Conditions of Health Insurance

THE-20251



Call us 777 1211 or see more if.ee

Table of Contents

1. Definitions	3
2. Object Insured and Validity Conditions	3
3. Insurance Covers	3
4. Procedure for Payment of Insurance Indemnity	8
5. Exclusions	8
6. Rights and Obligations of the Parties	11
7. Amendment of the List of Insured Persons	11
8. Continuation of Insurance as Separate Insurance (does not apply to Employer's Health Insurance)	11
9. Term of the Insurance Contract	12

Terms and Conditions of Health Insurance

THE-20251

NB! This is an unofficial text. In case of the dispute the Estonian wording shall prevail.

In front of you are the "Terms and Conditions of Health Insurance". These insurance terms and conditions are used in conjunction with the "General Terms and Conditions of Personal Insurance" specified in the insurance contract. That is, both conditions are used together without being mutually exclusive. Please take your time and read the insurance terms and conditions. If something remains unclear, call If's insurance line or send us an e-mail. We will be happy to answer your questions.

1. Definitions

- 1.1. **Indemnification rate** – the percentage indicated in the insurance policy, to the extent that the insurer indemnifies the Insured Person's expenses caused by the Insured Event and covered by the Insurance Cover within the limits of the Sum Insured.
- 1.2. **Insured Person (Insured)** – a natural person specified in the insurance policy or in its annex, whose state of health is insured and in the event of an Insured Event, the insurer pays the Insurance Indemnity. The insurance cover is valid only for the Insured. The insured cannot transfer the insurance cover to another person, such as an uninsured family member.
- 1.3. **Insurance Indemnity** – an amount of money that the insurer indemnifies the Insured Person for Health Care Services provided in accordance with the terms and conditions of the insurance contract.
- 1.4. **Insured Event** – the provision of Health Care Services to the Insured during the insurance period, the acquisition of medicines, aids or optical products for the Insured, if the indemnification of the cost of the respective service is prescribed by the Insurance Cover indicated in the insurance policy.
- 1.5. **Insurance Cover** – Health Care Services, in the provision of which the insurer is obliged to pay the Insurance Indemnity in the event of an Insured Event. Valid Insurance Covers are indicated on the insurance policy.
- 1.6. **Sum Insured** is the maximum amount of money indicated in the insurance policy, which the insurer must pay for all the Insured Events of the respective Insurance Cover that took place during the insurance period. The Sum Insured is reduced by the Insurance Indemnity paid.
- 1.7. **Partner** – a Health Care Institution providing services in the area of validity of the insurance, who has entered into a cooperation agreement with the insurer for the reimbursement of specific services to the Insured Person. The list of Partners is published in the insurer's digital channel (e.g. on the www.if.ee website, app, etc.).
- 1.8. **Day Care** – is an outpatient Health Care Service that includes short-term monitoring of the patient's health condition and after which the patient leaves the Health Care Institution on the same day.
- 1.9. **Health Care Institution** – an institution, company or person who has the right to provide health care and pharmacy services (including e-pharmacies) pursuant to the procedure established by the legislation of Estonia, Latvia or Lithuania (activity licence) or who has a relevant professional certificate. Optical shops are also classified as Health Care Institutions.
- 1.10. **Health Care Service** – the use of disease prevention, medical advice, diagnostics and treatment, rehabilitation services, acquisition of medicines, aids or optical products during the insurance period in Health Care Institutions registered in the territory of the validity of the insurance.

2. Object Insured and Validity Conditions

- 2.1. The object insured is the state of health of the Insured Person. The insurance does not extend to uninsured family members and other uninsured persons.
- 2.2. The area of validity of the insurance is Estonia, Latvia and Lithuania, unless otherwise stated in the insurance policy.
- 2.3. The Insurance Cover is valid around the clock, unless otherwise stated in the insurance policy.
- 2.4. The insurance contract is concluded for a fixed term and ends on the last day of the insurance period.
- 2.5. The insurance period is twelve months, unless otherwise stated in the insurance policy.
- 2.6. The Insurance Cover applies only to services provided at a Health Care Institution, unless otherwise stated in these insurance terms and conditions.

3. Insurance Covers

- 3.1. The terms and conditions of the respective Insurance Cover will only apply if this Insurance Cover is indicated in the insurance policy.
- 3.2. The following Insurance covers can be added to the insurance contract:
 - outpatient treatment;
 - occupational health check-ups;
 - preventive health checks;
 - mental health and nutrition;

- outpatient rehabilitation;
- hospitalization;
- vaccination;
- medications;
- dental care and hygiene;
- post-traumatic dental care;
- glasses and contact lenses;
- rehabilitation in a hospital;
- maternity care;
- vein treatment;
- wellness services.

3.2.1. Outpatient treatment

3.2.1.1. “Outpatient treatment” Insurance Cover covers:

- Consultations: consultations with a family physician or specialist, including remote (digital) and home visits;
- Tests and procedures: tests and procedures prescribed by a doctor (including blood tests, injections, etc.);
- Diagnostic examinations: laboratory, X-ray and ultrasound examinations prescribed by the doctor, including MRI of a part of the body;
- Eye examinations: eye examinations, including eye pressure measurement, computer perimetry, ophthalmic nurse's appointment, optometrist's appointment, eye examination, dry eye diagnostics, ophthalmoscopy, etc.
- Treatment and nursing: Physician-prescribed Health Care Services, such as:
 - post-traumatic or post-operative wound dressing exchanges, which are offered in a health care institution or at home;
 - laser procedures to remove skin lesions or treat skin diseases, if there is a medical indication for this;
 - outpatient minor operations, such as draining abscesses, stitching wounds, stopping bleeding without spending the night in the hospital;
 - prescribed allergen-specific or oncological immunotherapy;
- Podologist services: therapeutic pedicure, treatment of foot, skin and toenail diseases;
- Emergency medical care (incl. provided by private institutions): immediate assistance at the scene of an accident or at home and transport of medical care in case of life-threatening conditions;
- Special medical transport or disabled transport for persons with reduced mobility, which is necessary for receiving treatment, to the nearest Health Care Institution or between Health Care Institutions;
- Day Care: outpatient Health Care Service prescribed by a doctor, which also includes short-term monitoring of the patient's health condition and after which the patient leaves the Health Care Institution on the same day (e.g. knee arthroscopy, removal of a birthmark, etc.);
- Pregnancy monitoring: regular check-ups and consultations during pregnancy, tests prescribed by a doctor (e.g. NIPTIFY test, 3d/4d ultrasound scans).

3.2.1.2. According to the “Outpatient Treatment” Insurance Cover, the provision of the following services are not considered an Insured Event and the Insurer does not indemnify the following expenses:

- preventive health checks, preventive medicine consultations and tests, health certificates;
- occupational health check-ups;
- services related to mental health, nutrition, sleep disorders, narcological or other addiction disorders consultation and treatment;
- rehabilitation services;
- dental care and hygiene, post-traumatic dental care;
- vaccines and vaccination services;
- medicines and aids;
- hospitalisation, including vein treatment, vein surgery and sclerotherapy;
- maternity care services;
- visual aids or their correction or adjustment;
- wellness services.

In addition, please read the chapter “Exclusions”!

3.2.2. Occupational Health Checks

3.2.2.1. The Insurance Cover for “Occupational health check-ups” covers mandatory occupational health check-ups as required by law.

3.2.2.2. The Insurance Cover for “Occupational health check-ups” does not indemnify the cost of issuing health certificates and the medical examination necessary for it.

In addition, please read the chapter “Exclusions”!

3.2.3. Preventive Medical Examinations

3.2.3.1. The Insurance Cover for “Preventive medical examinations” includes, regardless of the medical indication and the doctor's referral, the provision of the following service at the Health Care Institution if the Insured so wishes:

- consultation with a preventive medicine doctor;
- the medical examinations necessary for a health certificate, such as a driving licence or weapons licence, a food business operator's health certificate, etc., and the issuance of a corresponding certificate;
- health examination packages (including doctor's consultation), whole body health checks, laboratory analysis packages, examinations and audits;
- consultations with a sports medicine specialist and sports examinations and stress tests;

- complex allergen (panel) test;
- antibody tests;
- food intolerance tests;
- genetic tests;
- tests for sexually transmitted diseases.

3.2.3.2. The Insurer shall not indemnify the cost of a health examination if the procedure of the health examination (e.g. taking a blood sample, etc.) has been carried out outside the premises of the Health Care Institution.

In addition, please read the chapter “Exclusions”!

3.2.4. Mental Health and Nutrition

3.2.4.1. “Mental Health and Nutrition” Insurance Cover includes consultations and examinations (including tests) carried out by the following specialists:

- a mental health nurse, psychologist, psychiatrist or psychotherapist (including family or couples therapy);
- narcologist;
- sleep specialist;
- a nutritional therapist (including health conditions related to obesity and overweight).

3.2.4.2. Expenses for the home use of medical or diagnostic devices and accessories (e.g. devices that facilitate breathing during sleep (e.g. CPAP masks, etc.) are not indemnified under this Insurance Cover.

3.2.4.3. Under this Insurance Cover, the insurer does not indemnify the cost of medications (e.g. antidepressants, sleeping pills, sedatives, stimulants, weight control drugs, etc.).

In addition, please read the chapter “Exclusions”!

3.2.5. Outpatient Rehabilitation

3.2.5.1. “Outpatient rehabilitation” Insurance Cover covers:

- rehabilitation consultations;
- physiotherapy prescribed by a doctor (including kinesiotherapy, shock wave therapy, magnetotherapy, electrotherapy, chiropractic, osteopathy, ultrasound therapy, inhalations, light therapy, hydrotherapy, salt therapy in a salt chamber, paraffin therapy, mud therapy, electromagnetic muscle stimulation EMLS, occupational therapy, etc.);
- therapeutic massage prescribed by a doctor in the form of manual therapy, classical and sports massage, lymphatic massage associated with treatment;
- therapeutic gymnastics prescribed by a doctor or physiotherapist (including therapeutic swimming, water gymnastics, etc.);
- speech therapy prescribed by a doctor, i.e. speech therapy and myofunctional therapy;
- purchase, rental or rental of medical or orthopaedic aids prescribed by a doctor that are used for the purpose of trauma or rehabilitation (including orthoses, crutches, wheelchairs, orthopaedic shoes, support soles, support belts, prostheses, etc.), except for compression socks or stockings for the purpose of vein treatment or sclerotherapy (these are not compensated under this Insurance Cover).

3.2.5.2. “On the basis of the Outpatient rehabilitation” Insurance Cover, the insurer does not indemnify the costs of beauty or wellness services, including general massage, vacuum massage, cryomassage, prostate and gynaecological massage, lymphatic massage for the treatment of cellulite, health capsule services, acupuncture, etc.

In addition, please read the chapter “Exclusions”!

3.2.6. Hospital Treatment

3.2.6.1. “Hospital treatment” Insurance Cover covers medically indicated hospital care services provided that the Insured stays overnight in the hospital: consultation, diagnostic tests, surgical treatment, intensive care, planned and emergency surgeries (including those related to oncological diseases), the costs of medicines and aids prescribed and used in the hospital, in-patient fee, private room service.

3.2.6.2. The insurer shall indemnify the cost of hospital treatment caused by the Insured Event on the condition that the hospital treatment has been previously approved by the insurer.

3.2.6.3. Under the “Hospital treatment” Insurance Cover, the insurer does not reimburse the costs of the following services:

- Stay of the Insured Person in an inpatient Health Care Institution, if it is not related to the treatment of the Insured Person but to the treatment of a person close to the Insured Person, as well as the stay of a family member of the Insured Person in a paid inpatient Health Care Institution due to the treatment of the Insured Person;
- rehabilitation in a hospital;
- maternity care, including comfort services (family room);
- vein treatment, sclerotherapy.

In addition, please read the chapter “Exclusions”!

3.2.7. Vaccination

3.2.7.1. “Vaccination” Insurance Cover covers the vaccine, vaccination fee and vaccination certificate fee. The cost of the consultation related to vaccination is compensated under the “Outpatient treatment” Insurance cover.

In addition, please read the chapter “Exclusions”!

3.2.8. Medicines

3.2.8.1. The Insurance Cover for “Medicines” may include:

- Insurance Cover for “Prescription medicines”, i.e. prescription medicines prescribed by a doctor and registered in the European Union Register of Medicinal Products and medicines prepared in pharmacies on the basis of a prescription;
- Insurance Cover for “Medicines, vitamins, food supplements”, i.e. prescription medicines prescribed by a doctor and registered in the European Union Register of Medicinal Products and medicines prepared in pharmacies on the basis of a prescription; over-the-counter medicines, vitamins and food supplements that are registered in the European Union Register of Medicinal Products and purchased from a pharmacy.

The policy will indicate whether the insurance covers only “Prescription medicines” or “Medicines, vitamins, food supplements” Insurance Cover.

3.2.8.2. On the basis of the “Medicines” Insurance Cover, the insurer does not indemnify the following expenses:

- the cost of medicines if the medicine is not registered in the European Union Register of Medicinal Products;
- the cost of over-the-counter medicines, food supplements and vitamins, if the Insurance Cover “Prescription medicines” has been selected;
- medicines intended for the treatment of health conditions caused by the consumption of tobacco products, alcohol or drugs or other psychoactive substances;
- weight loss medications;
- medicines that affect fertility or potency, including medicines that promote pregnancy, contraceptives, contraceptives, medical termination of pregnancy without medical indication
- vaccines;
- mechanical aids for sleeping (e.g. CPAP mask, etc.);
- energy bars, energy drinks, gels, etc.;
- diagnostic products such as thermometers, infusion pumps, inhalers, blood pressure monitors, glucose meters, over-the-counter tests for home use (including COVID and influenza antigen tests, Lyme disease tests, etc.), disposable containers for urine or other samples, containers, test tubes;
- medical or orthopaedic appliances used for trauma or rehabilitation purposes (including orthoses, crutches, wheelchairs, orthopaedic shoes, support soles, support belts, prostheses, etc.).

In addition, please read the chapter “Exclusions”!

3.2.9. Dental Care and Hygiene

3.2.9.1. “Dental care and hygiene” Insurance Cover covers:

- oral hygiene services (including soda washing, pearl washing, tartar removal, etc.),
- counselling, dental treatment, including caries treatment, root canal treatment, periodontology, orthodontics and prosthetics, crowns, dental implants (including porcelain), aftercare of dentures, crowns and implants, tooth restoration with a ceramic or metal filler made in a laboratory, e.g. inlay, onlay or overlay, installation of facets and aligners;
- injections necessary for treatment;
- X-ray, tooth extraction and anesthesia;
- dental surgery (surgical treatment of teeth and jaws/jaw diseases and all related services).

3.2.9.2. Under the “Dental Care and Hygiene” Insurance Cover, the insurer does not indemnify the following expenses:

- teeth whitening and other aesthetic dental services, such as chemical whitening, internal tooth whitening, Zoom whitening, whitening gel (Opalescence), fixing dental gems, etc.;
- medications prescribed by a doctor (e.g. painkillers after tooth extraction, antibiotics, etc.);
- the cost of hygiene, care and beauty products (e.g. toothpaste, dental floss, toothbrush, mouthwash, dental decorations, etc.).

In addition, please read the chapter “Exclusions”!

3.2.10. Post-Traumatic Dental Care

3.2.10.1. According to the “Post-Traumatic Dental Care” Insurance Cover, the Insured Event is gum injury and/or tooth damage or loss as a result of an unexpected and sudden event (domestic accident, blow to the face, fall, etc.) that occurred during the current insurance period.

3.2.10.2. Post-traumatic dental care includes:

- oral hygiene services (including soda washing, pearl washing, tartar removal, etc.);
- counselling, dental treatment, including caries treatment, root canal treatment, periodontology, orthodontics and prosthetics, crowns, dental implants (including porcelain), aftercare of dentures, crowns and implants, tooth restoration with a ceramic or metal filler made in a laboratory, e.g. inlay, onlay or overlay, installation of facets and aligners;
- injections necessary for treatment;
- X-ray, tooth extraction and anesthesia;
- dental surgery (surgical treatment of teeth and jaws and all related services).

3.2.10.3. The insurer does not indemnify the costs of dental care services that arose for a reason other than an accident.

3.2.10.4. Gum injuries and/or damage or loss of teeth when eating, chewing or biting are not considered an Insured Event.

3.2.10.5. On the basis of the “Post-traumatic dental care” Insurance Cover, the insurer does not indemnify the following expenses:

- teeth whitening and other aesthetic dental services, such as chemical whitening, internal tooth whitening, Zoom whitening, whitening gel (Opalescence), fixing dental gems, etc.;
- medications prescribed by a doctor (e.g. painkillers after tooth extraction, antibiotics, etc.);
- the cost of hygiene, care and beauty products (e.g. toothpaste, dental floss, toothbrush, mouthwash, dental decorations, etc.).

In addition, please read the chapter “Exclusions”!

3.2.11. Glasses and Contact Lenses

3.2.11.1. „Insurance Cover for “Glasses and contact lenses” covers:

- purchasing glasses or contact lenses prescribed by a doctor or optometrist;
- repair of glasses or replacement of spectacle lenses.

- 3.2.11.2. The costs of purchasing glasses or contact lenses will be indemnified only if they are purchased from an optician or pharmacy registered in Estonia, Latvia or Lithuania.
- 3.2.11.3. Under this Insurance Cover, the insurer does not indemnify the following expenses:
- purchase of glasses that do not correct vision (incl. blue light glasses for prophylactic protection when working with a computer, etc.) and sunglasses;
 - coloured non-optical glasses or lenses;
 - purchase of glasses or lens care products and accessories (e.g. spectacle cases, lens containers, wipes, storage or cleaning products, etc.).
 - medicines (including eye drops, etc.), vitamins and food supplements.

In addition, please read the chapter “Exclusions”!

3.2.12. Hospital Rehabilitation

- 3.2.12.1. “Rehabilitation in a hospital” Insurance Cover covers rehabilitation prescribed by a doctor for up to 90 consecutive treatment days in a hospital holding the relevant activity licence, if all of the following conditions are met:
- rehabilitation is necessary due to an illness or trauma due to which the Insured Person has been treated in the inpatient department of the hospital, and
 - the provision of the rehabilitation service began within 90 days of discharge from the inpatient department, and
 - rehabilitation was provided during the insurance period.
- 3.2.12.2. On the basis of this Insurance Cover, the insurer shall pay the Insurance Indemnity for only one Insured Event per insurance period.
- 3.2.12.3. Indemnified medical expenses include rehabilitation services (including accommodation and meals during rehabilitation) if the respective costs are included in the hospital's rehabilitation services.
- 3.2.12.4. The insurer shall indemnify the rehabilitation in the hospital caused by the Insured Event on the condition that the rehabilitation in the hospital has been previously agreed with the insurer.
- 3.2.12.5. The Insurer shall not indemnify the costs caused by the Insured Person's stay in an inpatient Health Care Institution, if it is not related to the treatment of the Insured Person, but to the treatment of a person close to the Insured Person, as well as the costs of the stay of a family member of the Insured Person in a paid inpatient Health Care Institution due to the treatment of the Insured Person.

In addition, please read the chapter “Exclusions”!

3.2.13. Maternity Care

- 3.2.13.1. “Maternity care” Insurance cover covers:
- childbirth-related medical services, including caesarean section and relief of birth pains for the insured mother;
 - comfort services (family room) for the insured mother giving birth and the insured parent of the child to be born.
- 3.2.13.2. In order to reimburse the above-mentioned expenses, the relevant expense receipt and the child's birth certificate must be submitted.
- 3.2.13.3. Under this Insurance Cover, the insurer shall not indemnify the following expenses:
- the cost of home birth, including the service of a home birth midwife, the cost of the delivery pool, etc.;
 - childbirth counselling, pregnancy or childbirth support services, training, courses, discussion groups
 - Postpartum care and treatment of the insured and/or the child after discharge from an inpatient medical institution;
 - the cost of childcare;
 - transport costs of the Insured Person, including transport to and from the hospital.

In addition, please read the chapter “Exclusions”!

3.2.14. Vein Treatment

- 3.2.14.1. “Vein Treatment” Insurance Cover covers:
- vein surgery, including leg vein surgery, and related hospitalization;
 - sclerotherapy;
 - compression stockings or knee-highs prescribed by a doctor.
- 3.2.14.2. The insurer will indemnify the cost of vein treatment and sclerotherapy caused by the insured event on the condition that the vein treatment and sclerotherapy have been coordinated with the insurer in advance.

In addition, please read the chapter “Exclusions”!

3.2.15. Wellness

- 3.2.15.1. “Wellness” Insurance Cover covers:
- services covered by the “Outpatient Rehabilitation” or “Mental Health and Nutrition” Insurance Cover, whereby a doctor's referral or appointment by a doctor is not required;
 - the following wellness services, whereby a doctor's referral or appointment of a service by a doctor is not necessary, but the service must be provided in a Health Care Institution:
 - wellness massages, general massage, vacuum massage, cryomassage, prostate and gynaecological massage, lymphatic massage;
 - health capsule services;
 - homeopathy consultation and homeopathic preparations;
 - acupuncture received;
 - consultation and procedures of a trichologist;
 - immunotherapy.

In addition, please read the chapter “Exclusions”!

4. Procedure for Payment of Insurance Indemnity

- 4.1. The Insurance Indemnity is paid to the Insured Person or his/her legal representative if the Insured Person is a minor, or directly to the Health Care Institution.
- 4.2. The Insurance Indemnity is paid in accordance with the Insurance Cover included in the insurance policy, without exceeding the specified Sums Insured, based on the provisions of the insurance terms and conditions.
- 4.3. Upon payment of the Insurance Indemnity, the Sum Insured shall be reduced by the amount of the Insurance Indemnity paid. Each Insurance Cover has a separate Sum Insured. In addition, separate Sums Insured may be set for certain expenses.
- 4.4. Payment for services provided by the Partner:
- 4.4.1. If the Insured Person wishes to use health insurance to pay for the Health Care Services provided by the Partner, the insurer shall receive information about the costs of the Health Care Service directly from the Partner whose services the Insured Person used.
- 4.4.2. The Insurer shall pay the Insurance Indemnity directly to the Partner in accordance with the Insurance Cover included in the insurance policy and on the basis of the Indemnification Rate, covering the costs of the Health Care Service in full or in part, if all of the following conditions are met:
- the Insured Person submitted his/her identity document to the Partner;
 - in the cases provided for by the Insurance Cover, the Insured Person submitted a doctor's referral or prescription to the Partner.
- 4.5. Indemnification to the Insured Person:
- 4.5.1. If the above-mentioned payment through the Partner has not been used to pay for the Health Care Service, the Insured shall submit a loss notice to the insurer in the insurer's self-service portal or via the If Mobile Baltics app and submit documents certifying the occurrence of the Insured Event and the amount of expenses in accordance with the provisions of the insurance terms and conditions.
- 4.5.2. The following documents must be attached to the application for payment of Insurance Indemnity:
- documents certifying the cost of Health Care Services, medicines, etc., e.g. purchase invoices;
 - if necessary, medical documents describing the Insured's need for medical assistance (extract from the health portal, copy of the patient card or a copy of the medical history or trauma card, vaccination certificate, etc.)
 - a prescription for medicines (e.g. an extract from the health portal);
 - prescription for glasses, prescription for contact lenses;
 - a copy of the birth certificate in case of "Maternity Care" Insurance Cover;
 - if necessary, confirmation of the service provider regarding the provision of the service.
- 4.5.3. The insurer has the right to demand the submission of additional evidence (explanations, previous medical history, treatment performed, etc.).
- 4.5.4. The document must indicate who provided the service, when and what kind of service was provided, and whether the service has been provided to the Insured or the glasses, contact lenses or prescription medicine are intended for the Insured.
- 4.5.5. The insurer has the right not to accept documents that have been changed or corrected (e.g. manual or digital corrections to the document) in a way that does not comply with the requirements of legislation.
- 4.6. Adoption of a decision to pay or refuse to pay an Insurance Indemnity:
- 4.6.1. Before making a decision on compensation, the insurer has the right to:
- 4.6.1.1. check whether the information provided is correct and whether the payment of the Insurance Indemnity is justified, and to ask the Insured Person to provide all other documents and information in his or her possession;
- 4.6.1.2. examine the medical records of the Insured Person held in medical institutions and apply for an independent examination.
- 4.6.2. After receiving all the necessary documents and information, the insurer will make a decision on the payment of the Insurance Indemnity or refuse to pay it as soon as possible, but not later than within 30 days.
- 4.6.3. After the decision on the payment of the insurance indemnity has been made, the Insurance Indemnity will be transferred to the bank account indicated in the loss notice.
- 4.6.4. The Insurer has the right to refuse to pay the Insurance Indemnity or reduce it if:
- the fact, date or circumstances of the Insured Event cannot be ascertained on the basis of the documents submitted by the policyholder and/or the Insured Person;
 - the policyholder and/or the Insured Person shall not allow or prevent the insurer from examining the Insured Person's medical records or other documents related to the event or examining his or her state of health;
 - in other cases provided for by law and/or the insurance contract.

5. Exclusions

- 5.1. The exclusions below apply to all Insurance Covers.
- 5.2. The occurrence of damage or expense in the circumstances set out in the exclusions is not considered an Insured Event.
- 5.3. If it is not an Insured Event, the Insurance Indemnity will not be paid.
- 5.4. The titles of the exclusions are provided for clarity only and shall not be used in the interpretation of these terms and conditions. Please note that general exclusions are also set out in the "General Terms and Conditions of Personal Insurance".

Intentionally caused damage, deliberate damage to life or health

- 5.5. The insurer does not indemnify damage and expenses caused by:
- 5.5.1. attempted suicide or intentional self-harm;

- 5.5.2. the use of alcohol, narcotic drugs or toxic substances, including drug addiction or alcoholism;
- 5.5.3. overconsumption of medicines that have not been prescribed by a doctor.

5.6. The exclusions set out in clause 5.5 shall not be used in the cases and to the extent prescribed in the “Mental Health and Nutrition” or “Wellness” Insurance Covers.

Crime

5.7. The Insurer shall not indemnify for damage and expenses caused by the actions of the policyholder and/or the Insured Person that have the characteristics of an intentional criminal offence, or for damage and expenses incurred during the detention of the Insured Person due to the aforementioned act and/or the Insured Person's stay in a detention or imprisonment institution.

Speeding, unauthorised driving, phone, smart device, intoxication

- 5.8. The insurer does not indemnify damage and expenses if the damage or expense was caused or contributed to by a situation where:
- 5.8.1. the Insured Person exceeded the speed limit;
 - 5.8.2. the Insured Person was driving a vehicle without a valid right to drive;
 - 5.8.3. the Insured Person was intoxicated;
 - 5.8.4. the Insured Person used a phone or smart device without a hands-free device while driving;
 - 5.8.5. The driver of the vehicle was intoxicated and the Insured was aware of this as a passenger.

Prepayment and booking of services

5.9. The insurer does not indemnify losses and expenses if the Health Care Service has been booked during the insurance period or payment for the Health Care Service has been made during the insurance period, but the service itself has been provided after the end of the insurance period.

Epidemic, pandemic

5.10. The insurer does not indemnify damages and expenses if the cause of the health problem is an infectious disease that is related to a state of emergency or emergency declared due to an epidemic, pandemic or outbreak of infection.

Seminars, lectures, trainings and sports trainings

5.11. The insurer does not indemnify damages and expenses for the following services: trainings, workshops and lectures, courses, coaching, lifestyle counselling, preparation of training plans, personal trainer service, individual training, group training, use of the gym, participation in a sports event, etc.

Failure to show up for an appointment

5.12. The insurer does not compensate the fee for not showing up for the appointment.

Money, gifts

5.13. The insurer will not reimburse the amount of money given as a token of gratitude or the cost of gifts.

Transport of the insured

5.14. The Insurer shall not indemnify the expenses for the transportation of the Insured Person and/or additional equipment (e.g. wheelchairs for disabled persons), except for the cases and to the extent prescribed by the “Outpatient Treatment” Insurance Cover.

Accommodation and catering

5.15. The insurer does not indemnify the costs of accommodation and/or meals. The above exclusion is not used in the cases and to the extent provided for in the “Hospital Care”, “Maternity Care”, “Rehabilitation in Hospital” or “Vein Treatment and Sclerotherapy” Insurance Covers.

Unregistered Institutions and Technologies

- 5.16. The insurer will not pay the Insurance Indemnity for the service if:
- 5.16.1. the service has been provided by a natural or legal person who does not have a relevant activity licence or professional certificate issued by an institution authorised for the registration of Estonian, Latvian or Lithuanian Health Care Institutions (e.g. an activity licence of the Health Board or a professional certificate issued by the Estonian Qualifications Authority); the above does not apply to swimming pool providers, chiropractors, trichologists, dental hygienists and osteopaths;
 - 5.16.2. a methodology or technology has been used in the provision of the service, the use of which is not permitted in the provision of Health Care Services in Estonia, Latvia or Lithuania;
 - 5.16.3. the seller of the medicine, vitamin or food supplement did not have a valid activity licence for the sale of pharmaceutical products as required by the legislation of Estonia, Latvia or Lithuania.

Alternative medicine or complementary medicine services

- 5.17. The insurer does not reimburse the costs of alternative medicine or complementary medicine services, medicines, consultations, procedures and related auxiliary materials (e.g. homeopathy, acupuncture specialist advice and therapy, aromatherapy, reflexology, osteoreflexology, bioresonance diagnostics, iridodiagnostics, hydrocolonotherapy, juice and diet sessions, Ayurvedic procedures, crystal therapy, kinesiology, etc.).
- 5.18. The exclusion of homeopathy and acupuncture is not used in the cases and to the extent prescribed by the “Wellness” Insurance Cover.

Failure to follow the doctor's instructions

5.19. The insurer does not indemnify damage and expenses if the Insured did not follow the doctor's or nurse's treatment instructions, including interrupting treatment, refusing to take medicines, failing to appear for a return visit, etc.

Diseases, health status

5.20. The insurer does not indemnify damage and expenses if they are related to the following illnesses or health conditions:

- 5.20.1. mental health disorders (incl. burnout, etc.), eating disorders, sleep disorders (incl. apnea, etc.), addiction disorders or diseases. This exclusion is not used in the cases and to the extent covered by the "Mental Health and Nutrition" and "Pharmaceuticals" Insurance Cover.
- 5.20.2. obesity, overweight. This exclusion is not used in the cases and to the extent prescribed by the "Mental Health and Nutrition" or "Wellness" Insurance Cover.
- 5.20.3. sexual pathology disease or disorder, sexually transmitted diseases, AIDS or HIV. This exclusion is not used for the reimbursement of tests for sexually transmitted diseases in the cases and to the extent prescribed by the "Preventive Health Checks" Insurance Cover.

Services and surveys

5.21. The insurer does not indemnify damage and expenses if they are related to the following services or examinations:

- 5.21.1. counselling, tests and treatment related to trichology. This exclusion is not used in the cases and to the extent prescribed by the "Wellness" Insurance Cover.
- 5.21.2. counselling of a gene specialist and genetic analyses. This exclusion is not used in the case of genetic tests necessary for pregnancy monitoring and in the cases and to the extent prescribed by the "Preventive Health Checks" Insurance Cover.
- 5.21.3. consultations with a sports medicine specialist and sports examinations or stress tests, health check packages, health certificates. This exclusion is not used in the cases and to the extent prescribed by the "Preventive Health Checks" Insurance Cover.
- 5.21.4. food intolerance tests (including home test kits, etc.). This exclusion is not used in the cases and to the extent prescribed by the "Mental Health and Nutrition" and "Preventive Health Check-ups" Insurance Cover.
- 5.21.5. antibody tests (including home test kits, etc.). This exclusion is not used in the cases and to the extent prescribed by the "Preventive Health Checks" Insurance Cover.
- 5.21.6. family planning and infertility treatment, related examinations and diagnostics, medications and procedures (including treatment of diseases related to infertility, artificial insemination, sterilization, vasectomy, laparoscopic surgeries related to removal of adhesions or tubal patency tests, semen analysis to assess fertility, storage (freezing) of sperm and/or eggs, insertion or removal of contraceptives); pregnancy-related service packages (child planning, pregnancy monitoring, etc.), birth support or doula services.
- 5.21.7. gender reassignment procedures and related medicines and services;
- 5.21.8. termination of pregnancy, if it is not medically necessary;
- 5.21.9. palliative and/or nursing care (including palliative, nursing or hospice services provided at home or in an inpatient medical institution, nursing institution, medical centre or social welfare institution, etc.);
- 5.21.10. beauty and cosmetic services (including injections and other procedures, skin rejuvenation procedures, such as laser treatment, etc.), medical manicure, manicure, pedicure, scar treatment;
- 5.21.11. aesthetic (plastic surgery) and reconstructive plastic surgery services (including medically indicated), such as eyelid plastic surgery and correction, rhinoplasty, ear surgery, face and head surgery, facelift, breast correction (augmentation and reduction), liposuction, gastric bypass surgery, medically indicated body correction surgery, plastic surgery for body contour changes due to obesity, plastic surgery of external genital organs, tattoo removal Like;
- 5.21.12. laser surgery to correct visual acuity or surgery to correct visual acuity and examinations related to the aforementioned surgery (including Flow2, Flow3, Lasik examination, cycloplegia, etc.);
- 5.21.13. spa or sanatorium packages.

Excluded products and medicines

5.22. The insurer does not reimburse the costs of the following products:

- 5.22.1. weight loss medications;
- 5.22.2. medical or orthopaedic aids (incl. orthoses, crutches, wheelchairs, walking frames, orthopaedic shoes, support soles, support belts, prostheses, etc.), except for "Outpatient rehabilitation" in the cases and to the extent prescribed by the Insurance Cover.
- 5.22.3. nursing equipment (including shower or bathroom chairs, lifts, rails, bath table, wheelchair ramp, patient furniture such as special tables, functional beds, etc., oxygen equipment, etc.);
- 5.22.4. first aid kits, disinfectants, hygiene products, cosmetic products, massage products and apparatus, sleeping bags and other heating devices, infrared devices, scales;
- 5.22.5. foodstuffs, energy bars, energy drinks, gels, etc.;
- 5.22.6. diagnostic products, such as thermometers, infusion pumps, inhalers, blood pressure monitors, glucose meters, over-the-counter tests for home use, (including COVID and influenza antigen tests, Lyme disease tests, etc.), disposable containers for urine or other samples, containers, test tubes;
- 5.22.7. products for pregnant and lactating women, infants;
- 5.22.8. protective and occupational safety equipment (including special footwear, special glasses, work clothes, hearing protectors, etc.);
- 5.22.9. sports equipment (including dumbbells, rubber bands, balls, yoga mats, etc.);
- 5.22.10. smart health devices and/or technology for digital health monitoring (including smart watches, smart belts, fitness apps, nutrition, lifestyle or weight management apps, medical condition monitoring apps, etc.).

6. Rights and Obligations of the Parties

6.1. The policyholder is obligated to:

- 6.1.1. forward to the insurer the list of Insured Persons; the policyholder is responsible for ensuring that the list corresponds to the policyholder's insurance interest;
- 6.1.2. notify the Insured Persons of the fact of concluding the insurance contract, familiarise themselves with the insurance terms and conditions and valid Insurance Cover, and explain to the Insured Persons the rights and obligations arising from the insurance contract;
- 6.1.3. immediately return to the insurer the amount of money paid by the insurer for services or goods that were provided or acquired after the expiry of the insurance contract or the deletion of the Insured Person from the list of Insured Persons, including if the person was deleted from the list of Insured Persons retroactively.

6.2. The Insured Person is obligated to:

- 6.2.1. not allow other persons to use their health insurance and, in the case of unauthorised use of health insurance, immediately notify the insurer thereof so that the insurer can block the health insurance.
- 6.2.2. return the indemnity paid to the insurer in the following cases:
 - 6.2.2.1. indemnity in the amount exceeding the Sums insured indicated in the insurance policy;
 - 6.2.2.2. the indemnity was paid for services that are not compensable under the insurance contract;
 - 6.2.2.3. the service was provided or the goods were acquired after the expiry of the insurance contract or the deletion of the Insured Person from the list of Insured Persons.

Submission of false information to the insurer

- 6.3. If the Insured Person has knowingly submitted false information to the insurer about the circumstances of the event or the amount of damage or expenses, or has knowingly avoided forwarding to the insurer information that is important for the resolution of the event, the insurer has the right to immediately terminate the provision of insurance services to the aforementioned Insured Person and unilaterally and without notice to remove the aforementioned person from the list of Insured Persons; The insurer also has the right to refuse to offer insurance services to the aforementioned person on the basis of insurance contracts to be entered into in the future.
- 6.4. The insurer shall immediately inform the policyholder of the removal of the Insured Person from the list of Insured Persons and of the termination of the provision of insurance services to the Insured Person, but shall not forward any special categories of personal data to the policyholder. The policyholder has the right to request access to the above-mentioned special categories of personal data pursuant to the procedure prescribed by law.

7. Amendment of the List of Insured Persons

- 7.1. The list of Insured Persons may be changed upon submission of an application by the policyholder in writing or in a format that can be reproduced in writing (on the insurer's website www.if.ee or by e-mail).
- 7.2. The Insurance Cover of the Insured Persons, including the Sums Insured, shall not be changed during the insurance period.
- 7.3. Inclusion of the Insured Person in the List of Insured Persons:
 - 7.3.1. upon adding a new Insured Person to the list of Insured Persons, the policyholder shall indicate which Insurance Covers specified in the insurance policy are applied to the specific Insured Person. The Insurance Cover of an Insured Person entered in the list begins on the date indicated in the application and ends on the last day of the insurance period indicated in the insurance policy, unless the Insured Person is deleted from the list before the end of the insurance period.
 - 7.3.2. the insurance premium of the Insured Persons, which is added, shall be added in proportion to the remaining instalments of the insurance policy. If the insurance premium for the entire insurance period has already been paid, the policyholder will pay for the additional Insured Persons by the date indicated on the invoice for the one-time insurance premium.
- 7.4. Exclusion of the Insured Person from the List of Insured Persons:
 - 7.4.1. the Insured Person shall be deleted from the list of the Insured Person as of the date indicated in the policyholder's application.
 - 7.4.2. the Insurer calculates the part of the insurance premium to be refunded for the unused insurance period; The corresponding amount will be deducted from the unpaid instalments. If the entire insurance premium has already been paid, the refundable premium will be used at the policyholder's discretion to pay for the next insurance period or returned to the policyholder's bank account.

8. Continuation of Insurance as Separate Insurance (does not apply to Employer's Health Insurance)

- 8.1. If these insurance terms and conditions are used in a collective health insurance contract (collective medical treatment insurance contract) that is not an employer's health insurance contract, the policyholder shall inform the Insured Persons of the possibility to continue health insurance as a separate insurance if the insurance contract is terminated or the Insured falls out of the circle of Insured Persons.
- 8.2. By continuing the health insurance as a separate insurance, the insurer will calculate the new premium according to the rate applied to the premium of separate health insurance contracts and increase the premium accordingly.
- 8.3. Sections 8.1 and 8.2 are not applied to the employer's health insurance.

9. Term of the Insurance Contract

9.1. This insurance contract is for a fixed term and expires on the last day of the insurance period. A separate insurance contract applies to each insurance period.

9.2. If you wish to enter into an insurance contract for an indefinite period and familiarise yourself with the terms and conditions of an insurance contract for an indefinite term, please inform the insurer thereof before concluding a fixed-term insurance contract. The terms and conditions of an insurance contract for an indefinite period (insurance covers, insurance premium, terms and conditions for amending and terminating an insurance contract) may differ from the terms and conditions of a fixed-term insurance contract.