

APPENDIX NO. 4: INSURANCE VARIANT – COMPREHENSIVE to the General Terms and Conditions of PROMED Individual Health Insurance

Information referred to in Article 17. paragraph 1 of the Act of September 11, 2015 on insurance and reinsurance activity:

Information type	Number of the drafting unit of the model contract
Conditions for payment of compensation and other benefits	<p><u>Outpatient services:</u> §1(1); §2 (2)(3); §3(1)(3); §4(1)(3); §5 (2)(3); §6 (1)(2) and (3); §10; §11; §12; §13 par. 1 and 2 items 1 -19); §14; §15 (1) (2); §16 (1)(3) and (4); §17 (1),(2) and (6); §18 (1); §8 (2); §18.3(1); §18.4; §18.5(1) and (2); §18.6(1) and (2); §18.7(1), (2) and (3); §18.8(1) and (2); §18.9(1) and (2); §18.10; §18.11(1) and (2); §18.12(1); §19.1; §20.1; §21.1.</p> <p><u>Hospital benefits: Orthopedic care:</u> §1(1)(1); §2(1); §3(1) and (2); §4(1); §5(1) / Hospital Care Coordination: paras. 1), 2), 3) i 4).</p> <p><u>Benefits Second Medical Opinion:</u> para 1; para 2; para 3; para 5.</p>
Limitations and exclusions of the insurance company's liability entitling it to refuse to pay compensation and other benefits or to reduce them	<p><u>Outpatient services:</u> §1(3); §2(4) and (5); §3(3); §4(2)(3); §4(3); §5(1) and (4); §6(1) and (2)(2). 2); §7(1); §8(2) and (5); §9(4); §12(1); §13(2); §15(1) and (5); §16(3), (4), (5), (6), (7); §17(1)(1) and (2); §17(2); §17(3)(2); §17(4)(1) and (2); §17(5)(1) and (2). 5(1) and (2); §17(6)(2); §17(7)(2) and (3); §17(8)(2); §17(9)(2); §17(10); §17(11)(2); §17(12)(2); §18(2), (4) and (5); §19(1), (2) and (3).</p> <p><u>Hospital benefits: Orthopedic care:</u> §1(1)(2); §2(2) and (3); §3(1) and (3); §4(1), (2), (3) and (4); §5(2).</p> <p><u>Benefits Second Medical Opinion:</u> paras. 7</p>

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Additional information concerning designations in the content of the Detailed List of Benefits
names of medical procedures marked "*" or described as "Standard" - mean medical procedures that are commonly available and commonly used in the territory of the Republic of Poland

DETAILED LIST OF BENEFITS

I. OUTPATIENT SERVICES

§1 Medical Helpline 24/7

1. Medical Helpline is a healthcare service provided in situations requiring urgent assistance. This service includes the possibility of using Medical Helpline serviced by medical specialists (doctors, nurses) in the fields of internal medicine, family medicine, paediatrics and nursing, using the LUX MED Group 24/7 nationwide Infoline.
2. In medically justified cases, a medical specialist may refer the Entitled Person to an in-person consultation with a doctor, decide to call an ambulance, or refer him/her for urgent admission to the Hospital Emergency Department.
3. During the Medical Call Centre, the following are not issued:
 - 1) e-prescriptions for vaccines,
 - 2) potent medicines,
 - 3) medicines with potential for addiction,
 - 4) postcoital contraception (emergency contraception),
 - 5) referrals for examinations where ionizing radiation is used,
 - 6) referrals for biopsies,
 - 7) referrals for endoscopic examinations,
 - 8) referrals for exercise tests.
4. The provision of services in the form of Medical Helpline consultation is carried out exclusively for the benefit of the person who is indicated as a Person entitled to Health Services for the Medical Helpline on the basis of the concluded Agreement. The Entitled Person may not provide the service in the form of Medical Helpline to another person and bears full civil and criminal liability for ensuring that the data he/she provides are genuine. Medical Helpline service does not replace emergency services in a state of medical emergency.
5. Medical Helpline does not replace:
 - 1) services in a life or health emergency;
 - 2) in-person consultations because no direct examinations can be performed.
6. The final decision to issue an e-prescription/e-sick leave during a Medical Helpline consultation is at the discretion of the Physician who may refuse to issue an e-prescription/e-sick leave, based on medical indications and the Entitled Person's welfare.

§2 The Online Consultation

1. The Online Consultation is a Medical Service provided by the Operator through IT or communication systems. The Insurer enables the Insured an interactive individual consultation with a medical specialist (doctor, midwife or nurse) via means of distance communication i.e. the Patient Portal. The Insured with full access to the Patient Portal may benefit from Online Consultations. Time accessibility of Online Consultations with a doctor, a midwife and a nurse is a consequence of the schedule of medical specialists and is visible under "Online Consultation" ("Konsultacje online") tab. The Insured can choose a communication channel: video, audio or text.
2. Since medical specialists answering questions have access to the medical records of the Insured, in situations of medical necessity, they can order specific tests or refer the Insured to a different specialist. Online Consultations is exclusively available for the Insured who has logged in the Patient Portal and the content of Online Consultation is saved and constitutes a part of the medical documentation of the Insured.
3. Online Consultations include listed below medical specialists' consultations which do not require contact with a specialist in person:
 - internal medicine/family medicine (from the age of 18 years)
 - paediatrics (under the age of 18 years)
 - obstetrics

☐ paediatric nursing

4. Online Consultation with a specialist does not replace an outpatient consultation because it does not enable direct examination.
5. In order to use the Online Consultation, the Insured after logging into the account on the Patient Portal in the "Online Consultations" tab sets himself in the queue waiting to use the insurance.
6. The provision of services in the form of Online Consultations is only for the benefit of the Insured who has concluded the Agreement or who is indicated as an Insured entitled to Medical Services under Online Consultations. The Insured cannot make Online Consultation service available to other individuals. The Insured bears full civil and criminal liability for the fact that the data provided are consistent with the facts.
7. Within the Online Consultation the Insured receives a Medical Service, and as a part of that service may be issued:
 - 1) a referral for diagnostics;
 - 2) a referral to another specialist for the purpose of obtaining another Telemedicine Advice;
 - 3) a referral to another specialist in order to obtain a Medical Service as part of an outpatient service,
 - 4) an e-Prescription for drugs for the continuation of chronic treatment,
 - 5) a de novo e-Prescription based on medical records and medical indications arising in the course of an Online Consultation;
 - 6) a medical certificate for medical indications.
8. In medically justified cases, while carrying out Online Consultation, a medical specialist may refuse to give advice at a distance and refer the Insured to an outpatient consultation with a doctor, a nurse or a midwife.
9. During the Online Consultation, the following are not issued:
 - 1) e-referrals;
 - 2) referrals for examinations during which ionizing radiation is used;
 - 3) referrals for biopsies;
 - 4) referrals for endoscopic examinations;
 - 5) referrals for exercise tests.
10. The final decision to issue an e-Prescription during Online Consultation is at the discretion of the physician who may refuse to issue an e-Prescription based on medical indications and the Insured's welfare.
11. A doctor during an Online Consultation will not issue an e-prescription for:
 - 1) vaccines;
 - 2) potent medicines;
 - 3) medicines with potential for addiction;
 - 4) postcoital contraception (emergency contraception).

§3 Healthcare specialists' consultations (basic option)

1. The insurance provides an opportunity to obtain medical consultations in cases, such as onset of an illness, emergency medical assistance and general medical advice without a referral.
2. Consultations are available in the following forms:
 - 1) in outpatient medical clinics indicated by us – in the form of on-site visits;
 - 2) via communication systems – in the form of telephone or video consultations;
 - 3) in Infection Treatment Centres – in the form of on-site visits for Entitled Persons with symptoms of infections, provided in selected Medical facilities indicated by the Insurer.
3. The insurance includes: medical history taking, physician's advice and basic procedures necessary for making a diagnosis, taking an appropriate therapeutic decision and monitoring of treatment and refers to consultations within the following scope:

☐ Internal medicine

☐ Family doctor

☐ Paediatrics

4. The benefit Specialist Consultation basic option does not include:

- 1) consultation of Doctors on duty,
- 2) consultation of Doctors with a post-doctoral degree or academic title of professor, as well as Doctors who hold the position of associate professor, associate professor and full professor.

§4 Healthcare specialists' consultations (option III)

1. The insurance provides an opportunity to obtain medical consultations in cases, such as onset of an illness, emergency medical assistance and general medical advice.

2. Consultations are available in the following forms:

- 1) in outpatient medical clinics indicated by us – in the form of on-site visits;
- 2) via communication systems – in the form of telephone or video consultations;
- 3) in Infection Treatment Centers – in the form of on-site visits for Entitled Persons with symptoms of infections, provided in selected medical facilities indicated by the Insurer.

3. The service - depending on the form of delivery - includes: an interview, advice from a specialist, together with the basic steps necessary for making a diagnosis, making the right therapeutic decision and monitoring treatment, and applies to consultations within the following scope:

- 1) for Insured over 18 years of age – visits without a referral relate to consultations within the following scope:

- | | |
|--|-------------------------------------|
| <input type="radio"/> allergology | <input type="radio"/> nephrology |
| <input type="radio"/> general surgery | <input type="radio"/> neurology |
| <input type="radio"/> dermatology | <input type="radio"/> ophthalmology |
| <input type="radio"/> diabetology | <input type="radio"/> optometry |
| <input type="radio"/> endocrinology | <input type="radio"/> oncology |
| <input type="radio"/> gastroenterology | <input type="radio"/> orthopaedics |
| <input type="radio"/> gynaecology | <input type="radio"/> proctology |
| <input type="radio"/> gynaecological endocrinology | <input type="radio"/> pulmonology |
| <input type="radio"/> haematology | <input type="radio"/> rheumatology |
| <input type="radio"/> cardiology | <input type="radio"/> urology |
| <input type="radio"/> laryngology | |

- 2) for Insured under 18 years of age – visits without a referral relate to consultations within the following scope:

- | | |
|--|-------------------------------------|
| <input type="radio"/> surgery | <input type="radio"/> ophthalmology |
| <input type="radio"/> dermatology | <input type="radio"/> orthopaedics |
| <input type="radio"/> gynaecology (from the age of 16) | <input type="radio"/> laryngology |
| <input type="radio"/> neurology | |

- 3) for Insured over 18 years of age – visits require a referral from a physician employed by a Clinic and relate to consultations within the following scope:

- | | |
|---|------------------------------------|
| <input type="radio"/> vascular surgery | <input type="radio"/> immunology |
| <input type="radio"/> surgical oncology | <input type="radio"/> neurosurgery |
| <input type="radio"/> infectious diseases | <input type="radio"/> hepatology |
| <input type="radio"/> hepatology | <input type="radio"/> immunology |

- 4) for Insured under 18 years of age – visits require a referral from a physician employed by a Clinic and relate to consultations within the following scope:

- | | |
|--|-----------------------------------|
| <input type="radio"/> allergology | <input type="radio"/> oncology |
| <input type="radio"/> diabetology | <input type="radio"/> pulmonology |
| <input type="radio"/> endocrinology | <input type="radio"/> haematology |
| <input type="radio"/> gastroenterology | <input type="radio"/> cardiology |
| <input type="radio"/> gynaecology (from the age of 16) | <input type="radio"/> nephrology |
| <input type="radio"/> haematology | <input type="radio"/> oncology |

- ☐ cardiology
- ☐ nephrology
- ☐ pulmonology

4. The Specialist Consultation benefit (Option III) does not include:

- 1) consultation of Doctors on duty;
 - 2) consultation of Doctors with a post-doctoral degree or academic title of professor, as well as Doctors who hold the position of associate professor, associate professor and full professor.
- Other consultations are also chargeable.

§5 Consultation of mental health and speech development specialists

1. The insurance entitles to attend consultation in outpatient Medical Facilities indicated by the Insurer, within the following scope:

2. I case:

- 1) The Insured over 18 years of age – total of 3 consultation within a 12-month term of the agreement) without a referral relate to consultations within the following scope:

- ☐ psychiatry
- ☐ psychology
- ☐ sex therapy
- ☐ speech therapy

- 2) The Insured up to 18 years of age – total of 3 consultation within a 12-month term of the agreement visits without a referral relate to consultations within the following scope:

- ☐ psychology
- ☐ speech therapy

- 3) The Insured s up to 18 years of age – 1 consultation within a 12-month term of the agreement without a referral relate to consultations within the following scope:

- ☐ psychiatry

3. This includes: medical history taking, specialist advice and basic procedures necessary for making a diagnosis, taking an appropriate therapeutic decision and monitoring of treatment.
4. The service does not include professor consultations, neuro speech therapy or speech therapy in deaf and hearing-impaired patients or conducting therapy.

§6 Dietician consultations (option I)

1. The insurance entitles the Insured to attend 3 dietary consultations in a 12-month Insurance Period, including interview, dietary recommendations (without creating an individual diet) in Clinic indicated by the Insurer.

2. In case of:

- 1) the Insured over 18 years of age – visits without a referral;
- 2) the Insured up to 18 years of age – visits require a referral from a physician employed by a Clinic.

§7 On-duty physician consultations (option II)

1. The insurance includes exclusively basic emergency assistance in a sudden onset of an illness which has occurred within 24 hours preceding the receipt of a consultation request by the Operator. On-duty doctors are available within the working hours of Medical Facilities indicated by the Insurer, only on the day of reporting it.

2. The insurance does not include healthcare services provided to save life and health in accordance with the National Medical Rescue Act (Journal of Laws 2006.191.1410, as amended).

3. The insurance includes: medical history taking, physician's advice and basic procedures necessary for making an initial diagnosis, taking an appropriate therapeutic decision and refers to consultations within the following scope:

- ☐ Internal medicine
- ☐ Family doctor
- ☐ Paediatrics

4. In the case of Insured over 18 years of age, in addition (as long as the above mentioned consultations are available at the facility):

- ☐ general surgery
- ☐ orthopaedics

§8 Nursing procedures

1. The insurance including basic measurements, minor procedures, including diagnostic ones, performed by a nurse or midwife on their own or according to the Physician's order, in line with their competences, in Medical Facilities indicated by the Insurer.
2. The scope of outpatient consultation procedures depends on the range of physician consultation which the Insured is entitled to under the insurance coverage, the age of the Insured and on the availability of a given procedure in a Clinic indicated by the Insurer.

3. Nursing procedures include:

- ☐ Intravenous injection
- ☐ Subcutaneous/intramuscular injection
- ☐ Emergency drip
- ☐ Oral medication in an emergency situation
- ☐ Measurement of body temperature (without referral)
- ☐ Application / change / removal - small dressing
- ☐ Blood sampling
- ☐ RR/pressure measurement (without referral)
- ☐ Height and weight measurement (without referral)
- ☐ Midwifery service in the office - breast palpation

4. Medical materials and supplies such as:

- ☐ dressings,
- ☐ swabs
- ☐ bandages
- ☐ plasters
- ☐ venflon
- ☐ syringes
- ☐ needles
- ☐ serum - tetanus antitoxin,
- ☐ disinfectants,

used for the above-mentioned treatments are free of charge.

5. A fee shall be charged to the Insured for other medical materials and supplies not mentioned in point 4, but used for the aforementioned treatments.

§9 Outpatient procedures (option III)

1. The insurances including basic measurements and procedures (including the diagnostic ones) not requiring hospitalization and operating room regimen. Performed in accordance with the competences by a physician or a nurse or an obstetrician during a procedure-specific consultation or beyond the medical consultation, in Medical Facilities indicated by the Insurer.
2. The scope of outpatient consultation procedures depends on the range of physician consultation which the Insured is entitled to under the insurance coverage, the age of the Insured and on the availability of a given procedure in a Clinic indicated by the Insurer.

3. Outpatient procedures include:

1) outpatient general medical procedures:

- ☐ Blood pressure measurement
- ☐ Height and body weight measurement

2) outpatient surgical procedures:

- ☐ Non-surgical tick removal
- ☐ Surgical tick removal
- ☐ Placement/change/removal – small dressing (not requiring surgical debridement)
- ☐ Removal of another foreign body without incision
- ☐ Non-surgical tick removal
- ☐ stitching a wound of up to 3 cm (in emergency situations requiring immediate help);
- ☐ Removal of a boil / small skin abscess (up to 2 cm).
- ☐ Classical surgical excision of a skin lesion of up to 1,5 cm due to medical indications (does not include lesions excised due to aesthetic, plastic

- Suture removal in a treatment room after procedures performed in the Medical Facilities indicated by the Insurer
 - Suture removal after procedures performed outside of Medical Facilities indicated by the Insurer, qualification based on the doctor's assessment (we do not remove stitches after childbirth)
- 3) outpatient laryngological procedures:
- Eustachian tube examination, insufflation
 - Catheterisation of the Eustachian tube
 - Ear irrigation
 - Removal of a foreign body from the nose/ear
 - Simple laryngological dressing
 - Coagulation of blood vessels of the nasal septum
 - Electrocoagulation of blood vessels of the nasal septum
 - Bilateral dressing of nasal hemorrhage
 - Unilateral dressing of nasal hemorrhage
 - Suture removal in a treatment room after laryngological procedures performed in Medical Facilities indicated by the Insurer
 - Application/change/removal of a drain in the ear canal
- 4) outpatient ophthalmologic procedures:
- Standard* ocular fundus examination
 - Corrective lens selection (excludes varifocal lenses)
 - Gonioscopy (iridocorneal angle assessment)
 - Removal of a foreign body from the eye
 - Visual acuity examination
- 5) outpatient orthopaedic procedures:
- Adjustment of small orthopaedic devices — small joints
 - Reposition of a dislocation or fracture
 - Preparation: traditional cast – tape
 - Intra-articular injection and peri-articular injection
 - Intra-articular puncture – taking sample material for examination
 - Plaster cast application
- 6) outpatient dermatological procedures:
- Dermatological procedure – cutting and coagulation of skin fibromas
 - Aesthetic cryotherapy dermatological procedure 1 to 6 lesions
 - Aesthetic electrotherapy dermatological procedure 1 to 6 lesions
- indications) with standard histopathological examination – specimen from the skin lesion removed
 - Suturing of a wound up to 1,5 cm
- Suture removal after laryngological procedures performed outside of Medical Facilities indicated by the Insurer, qualification based on the doctor's assessment;
 - Nasal administration of mucosa-shrinking medicine as needed
 - Nasal administration of mucosa-shrinking medicine as needed
 - Laryngeal clysis
 - Incision of the lingual frenulum in the oral cavity
 - Incision of haematomas of the nasal septum
 - Incision of auricular haematomas
 - Closed reduction of the nose
 - Nasal tamponade removal
 - Sinus rinse
- Standard* autorefractometry
 - Medicine instillation into the conjunctival sac
 - Standard* intraocular pressure measurement
 - Standard* stereoscopic vision examination
 - Lacrimal duct irrigation (refers to: the Insured over 18 years of age)
- Lower limb plaster cast removal
 - Upper limb plaster cast removal
 - Intra-articular and peri-articular block;
 - Placement/change/removal - small dressing
 - Adjustment of small orthopaedic devices – big joints
 - Dessault type immobilisation (small/large)
 - Placement of a jacket type traditional plaster cast
- Aesthetic cryotherapy dermatological procedure 7 to 10 lesions
 - Aesthetic electrotherapy dermatological procedure 7 to 10 lesions
 - Standard* dermatoscopy

7) Outpatient gynecological procedures:

- Removal of an intrauterine contraceptive device
- Insertion of an intrauterine contraceptive device
- Cervical procedures by cryocoagulation - preventing cervical erosion
- Cervical and vulvar procedures by cryocoagulation
- Standard* sample collection for Pap smear

8) Outpatient allergological procedures:

- Desensitisation with allergist consultation

9) Anaesthesia:

- Local (infiltration or permeation) anesthesia
- Local (topical) anaesthesia for endoscopy

10) Biopsy with standard histopathological examination – fine-needle biopsy material:

- Fine-needle biopsy – breast
- Fine-needle biopsy - salivary gland
- Fine-needle biopsy – thyroid gland
- Fine-needle biopsy – lymph nodes
- Fine-needle biopsy – skin / subcutaneous tissue

11) Other:

- Foley catheter application
- Performing an enema
- Foley catheter removal

4. Medical materials and supplies such as:

- dressings
- bandages
- plasters
- venflon
- syringes
- cotton wools
- plasters
- needles
- serum - tetanus antitoxin
- disinfectants
- sutures and surgical sutures

used for the above-mentioned treatments are free of charge.

5. A fee shall be charged to the Insured for other medical materials and supplies not mentioned in point 4, but used for the aforementioned treatments.

§10 Influenza and tetanus vaccinations

1. As part of infectious disease prevention, the insurance includes vaccinations against seasonal flu and administer tetanus anatoxin (anti-tetanus anatoxin).

2. The insurance includes:

- Medical consultation before vaccination (consists of a medical consultation with a doctor or nurse before vaccination)
- Performance of a nursing service (injection)
- Vaccine (the medicinal product)

3. Flu vaccinations are performed in Medical Facilities indicated by the Insurer.

§11 Influenza and tetanus vaccinations

1. The insurance is available within the additional prophylaxis of infectious diseases in Medical Facilities indicated by the Insurer, following referral issued by a physician of the abovementioned Clinic.

2. The insurance covers the following vaccinations (this also refers to combination vaccines) against:

- Tick-borne encephalitis
- Hepatitis A and B
- Hepatitis A
- Rubella, mumps, measles

3. The insurance includes:

- Medical consultation before vaccination (consists of a medical consultation with a doctor or nurse before vaccination)
- Performance of a nursing service (injection).
- Vaccine (the medicinal product)

§12 Laboratory test panel (no referral needed)

The insurance is provided only in Medical Facilities indicated by the Insurer. The insurance includes a one-time performance of a panel of laboratory tests, composed of the following items, without a referral from a physician (within 12 months of the Insurance Period):

1) in the case of Insureds aged 18 and over:

- Urine - general examination
- Morphology + platelets + automated smear
- Lipid panel
- Fasting glucose
- Standard* Pap smear
- TSH
- beta-hCG

2) for Insureds under 18 years of age:

- Urine - general examination
- Morphology + platelets + automated smear
- Fasting glucose
- Strip CRP
- Standard* Pap smear (available for Insureds over 16 years of age)

§13 Laboratory and imaging diagnostics (option III)

1. The benefit covers the following laboratory, imaging and functional diagnostic tests, performed in Medical Facilities indicated by the Insurer.

2. All diagnostic tests and examinations available within the insurance are performed following referrals issued by physicians from Medical Facilities, only based on medical indications as part of a diagnostic and therapeutic process conducted in these Medical Facilities:

1) Laboratory diagnosis - hematological and coagulological tests including taking of material (blood) for examination:

- Absolute eosinophil count
- antithrombin III
- APTT
- Blood count + platelet count + automated smear
- C protein activity
- D – dimers
- ESR
- Fibrinogen
- INR / Prothrombin time
- Manual blood smear
- Platelets
- S protein free
- Thrombin time – TT

2) Laboratory diagnostics - biochemical and hormonal tests and tumour markers together with collection of material (blood) for examination:

- 17 – OH Progesterone
- ACE
- Acid phosphatase
- Adrenocorticotrophic hormone (ACTH)
- AFP – alpha-fetoprotein
- Albumins
- Aldolase
- Aldosterone
- Alkaline phosphatase
- Alkaline phosphatase – bone fraction
- Alpha-1 – antitrypsin
- Alpha-1 acid glycoprotein (Orosomucoid)
- Amylase
- Immunoglobulin IgE (total IgE)
- Immunoglobulin IgG
- Immunoglobulin IgM
- Insulin – 1 hour after 75 g glucose ingestion
- Insulin – 2 hours after 75 g glucose ingestion
- Insulin – 3 hours after 75 g glucose ingestion
- Insulin – 4 hours after 75 g glucose ingestion
- Insulin – 5 hours after 75 g glucose ingestion
- Insulin / Insulin 120'
- Insulin / Insulin 60'
- Iron (Fe)
- Iron / Fe 120 mins after administration (absorption curve)

- Androstendione
- Apo A1
- Apolipoprotein A1
- Blood-cell cholinesterase / Blood-cell acetylcholin-esterase
- CA 125
- CA 15.3 – breast cancer antigen
- CA 19.9 – digestive cancer antigen
- Caeruloplasmin
- Calcitonin
- Calcium (Ca)
- CEA – carcinoembryonic antigen
- Chlorides (Cl)
- Cholesterol
- Cholinesterase
- CK – MB activity
- CK – MB mass
- CK (creatinine kinase)
- Copper
- Cortisol in the afternoon
- Cortisol in the morning
- C-peptide
- Creatinine
- Creatinine clearance
- CRP quantitative
- Cystatin C
- Dehydroepiandrosterone (DHEA)
- DHEA – S
- Direct bilirubin
- Directly measured LDL cholesterol
- Erythropoietin
- Estradiol
- Fasting glucose
- Fasting insulin
- Free testosterone
- Ferritin
- Folic acid
- Free estriol
- Free PSA
- Free T3
- Free T4
- FSH
- Gastrin
- GGTP
- Glucose 120' after a meal
- Glucose 60' after a meal
- Glucose 75 g, 4-hour glucose challenge test
- Glucose 75 g, 5-hour glucose challenge test
- Glucose tolerance test (4 points, 75 g, 0, 1, 2, 3 h)
- Iron / Fe 180 mins after administration (absorption curve)
- Iron / Fe 240 mins after administration (absorption curve)
- Iron / Fe 300 mins after administration (absorption curve)
- Iron / Fe 60 mins after administration (absorption curve)
- Kappa light chains in serum
- Lambda light chains in serum
- LDH – Lactate dehydrogenase
- LDL cholesterol
- LH
- Lipase
- Lipid profile (CHOL, HDL, LDL, TG)
- Macroprolactin
- Magnesium (Mg)
- Myoglobin
- Occult iron binding capacity (UIBC)
- Osteocalcin (bone formation marker)
- PAPP – a protein
- Parathyroid hormone
- Phosphorus (P)
- Potassium (K)
- Progesterone
- Prolactin
- Prolactin 120' after administration MCP 1 tablet
- Prolactin 30' after administration of MCP 1 tablet
- Prolactin 60' after administration of MCP 1 tablet
- Prostatic acid phosphatase
- Protein profile
- PSA panel (PSA, FPSA, FPSA / PSA index)
- Renin activity of plasma
- Reticulocytes
- SCC – squamous cell carcinoma antigen
- SHBG
- Sodium (Na)
- Somatomedin – (IGF – 1)
- Testosterone
- Thyroglobulin
- TIBC – total iron binding capacity (alternative to Fe saturation)
- Total Beta-hCG
- Total bilirubin
- Total protein
- Total PSA
- Total T3
- Total T4
- Transferrin
- Triglycerides

- GOT/AST transaminase
- GPT/ALT transaminase
- Growth hormone (GH)
- Haptoglobin
- Hb A1c – Glycated haemoglobin
- HDL cholesterol
- Homocysteine
- IGF – BP 3
- Immunoglobulin IgA
- TSH / hTSH
- Urea/blood urea nitrogen, BUN
- Uric acid
- Vitamin B12
- Vitamin D3 – 25-OH metabolite
- Zinc
- Zinc protoporphyrin (ZnPP)
- β 2 microglobulin

3) laboratory diagnosis - serological tests and infection diagnosis with collection of material (blood) for examination:

- A-microsomal/anti-TPO antibodies
- Anti-beta-2-glicoprotein I IGG antibodies
- Anti-beta-2-glicoprotein I IGM antibodies
- Anti-beta-2-glicoprotein IgG and IgM antibodies (total)
- Antibodies against striated muscles and cardiac muscle (myasthenia gravis), method: IIF
- Antibodies against striated muscles, method: IIF
- Antibodies to acetylcholine receptors (AChR-Ab)
- Antibodies to adrenal cortex
- Antibodies to Ascaris lumbricoides, IgG
- Antibodies to Castle's intrinsic factor and anti-parietal cell antibodies (APCA), method: IIF
- Antibodies to double-stranded / native DNA – dsDNA (nDNA)
- Antibodies to dsDNA method: IIF
- Antibodies to myocardial cells (HMA)
- Antibodies to pancreatic islets, pancreatic exocrine cells and goblet cells in intestines, method: IIF
- Antibodies to pemphigus and pemphigoid, method: IIF
- Antibodies to TSH receptors (TRAb)
- Anticardiolipin antibodies – IgG
- Anticardiolipin antibodies – IgG and IgM
- Anticardiolipin antibodies – IgM
- Anti-CCP antibodies
- Anti-endomysial and anti-reticulon IgA antibodies
- Anti-endomysial and anti-reticulon IgG antibodies
- Anti-endomysial, anti-reticulon and anti-gliadin antibodies, IgA+IgG
- Anti-endomysial, anti-reticulon and anti-gliadin antibodies, IgG
- Anti-gliadin IgG and IgA (AGA) antibodies (total), method: IIF
- Anti-glomerular basement membrane (GBM) antibodies and anti-alveolar basement membrane (ABM) antibodies, method: IIF
- Anti-HAV – IgM
- Anti-HAV – total
- Borreliosis IgG Western-blot method (confirmatory test)
- Borreliosis IgM Western-blot method (confirmatory test)
- Brucellosis – IgG
- Brucellosis – IgM
- BTA test
- C1 – inhibitor
- C1 – inhibitor (activity)
- Chlamydia pneumoniae IgA antibodies
- Chlamydia pneumoniae IgG antibodies
- Chlamydia pneumoniae IgM antibodies
- Chlamydia trachomatis IgA antibodies
- Chlamydia trachomatis IgG antibodies
- Chlamydia trachomatis IgM antibodies
- CMV antibodies IgG
- CMV antibodies IgM
- Complement component 3 (C3)
- Complement component 4 (C4)
- Coxsackie antibodies
- Cytomegaly – IgG avidity test
- EBV / mononucleosis IgG
- EBV / mononucleosis IgM
- EBV/mononucleosis – latex
- Echinococcosis (Echinococcus granulosus) IgG
- Endomysium IgA antibodies – EmA IgA
- Endomysium IgG antibodies – EmA IgG
- Endomysium IgG, IgA antibodies – EmA
- FTA test
- Full liver panel antibodies (ANA2, AMA, ASMA, anti-LKM, anti-LSP, anti-SLA), method: IIF, DID
- Glutamic acid decarboxylase (anti-GAD) antibodies
- HBc Ab IgM
- HBc Ab total
- HBe Ab
- HBe Ag
- HBs Ab/antibodies; HBs Ag/antigen
- HCV Ab/antibodies

- Anti-liver cytosol antibodies Type 1 (anti-LC1), method: Western blot
- Anti-liver kidney microsomal antibodies (Anti-LKM), method: IIF
- Anti-mitochondrial antibodies (AMA)
- Anti-mitochondrial antibodies (AMA) type M2
- Anti-neutrophil cytoplasmic antigen antibody ANCA (pANCA and cANCA), method: IIF
- Anti-nuclear (including histone, Ku, rib-P-Protein) antibodies (ANA3), method: Western blot
- Anti-nuclear and anti-cytoplasmatic antibodies (ANA1), screening, method: IIF
- Anti-nuclear and anti-cytoplasmatic antibodies (ANA2), method: IIF, DID
- Anti-nucleosome antibodies (ANuA) (IMMUNOBLOT)
- Anti-parietal cell antibodies (APCA), method: IIF
- Anti-phosphatidylinositol IgG antibodies
- Anti-phosphatidylinositol IgM antibodies
- Anti-reticulin antibodies (ARA) IgA and IgG (total), method: IIF
- Anti-reticulin antibodies (ARA) IgA, method: IIF
- Anti-reticulin antibodies (ARA) IgG, method: IIF
- Anti-Saccharomyces cerevisiae antibodies (ASCA) IgG, method: IIF
- Anti-smooth muscle antibodies (ASMA)
- Anti-tGT (anti-tissue transglutaminase) IgA antibodies, method: ELISA
- Anti-tGT (anti-tissue transglutaminase) IgG and IgA antibodies, method: ELISA
- Anti-tGT (anti-tissue transglutaminase) IgG antibodies, method: ELISA
- Antithyroglobulin / anti-TG antibodies
- Ascaris lumbricoides (ASCARIS) IGG
- ASO qualitative
- ASO quantitative
- Basic syphilis serology (VDRL or USR or anti-TP), formerly WR
- Bile duct antibodies, method: IIF
- Blood group (ABO), Rh factor and antibody screening
- Borreliosis (Lyme disease) IgG
- Borreliosis (Lyme disease) IgM
- 4) laboratory diagnosis - urine tests including taking material (urine) for examination:
 - 17 – hydroxycorticosteroids in 24-hour urine collection
 - 17 - ketosteroids in 24-hour urine collection
 - 5-Hydroxyindoleacetic acid in 24-hour urine collection (5 – HIAA)
 - Albumin / Albumins
 - Helicobacter pylori IgG, quantitative;
 - HIV-1/HIV-2
 - HLA B27 antigen assay
 - hsCRP
 - HSV / Herpes 1 and 2 – IgG – qualitative
 - HSV / Herpes 1 and 2 – IgM – qualitative
 - IgA and IgG antibodies to endomysium and gliadin (total), method: IIF
 - IgA antibodies to endomysium and gliadin (total), method: IIF
 - IgA anti-gliadin antibodies – AGA
 - IgG antibodies to endomysium and gliadin (total), method: IIF
 - IgG anti-gliadin antibodies – AGA
 - Immune antibody screening / alloantibodies (replaces anti-Rh +/- antibodies)
 - Listeriosis – qualitative
 - Liver panel antibodies – (anti-LKM, anti-LSP, anti-SLA), method: IIF
 - Lupus anticoagulant
 - Mumps – IgG
 - Mumps – IgM
 - Mycoplasma pneumoniae – IgG
 - Mycoplasma pneumoniae – IgM
 - Pertussis – IgA
 - Pertussis – IgG
 - Pertussis – IgM
 - Pneumocystosis IgG – quantitatively
 - Pneumocystosis IgM – quantitatively
 - RF – Rheumatoid Factor – quantitative
 - Rubella IgG
 - Rubella IgM
 - SLE – semi-quantitative
 - Syphilis serology – FTA – ABS confirmatory test
 - Tick-borne encephalitis IgM antibodies
 - Toxocariasis IgG (semi-quantitative)
 - Toxoplasma IgG
 - Toxoplasma IgM
 - Toxoplasmosis – IgG avidity test
 - TPHA test
 - Trichinosis, IgG
 - Tyrosine phosphatase (IA2) antibodies
 - Waaler-Rose test
 - Delta - aminolevulinic acid (ALA)
 - D-Pyridoxal (bone resorption marker)
 - Hippuric acid in urine / 24-hour urine collection
 - Kappa light chains in urine
 - Lambda light chains in urine
 - Lead/Pb in urine

- Albumin in 24-hour urine collection
- Albumin/creatinine ratio in urine (ACR) (former microalbuminuria in urine)
- Aldosterone in 24-hour urine collection
- Amylase in urine
- Bence-Jones protein in urine
- Bence-Jones protein in urine
- Cadmium in blood
- Calcium in urine
- Calcium/Ca in urine / 24-hour urine collection
- Catecholamines (noradrenaline, adrenaline) in a daily urine sample
- Chemical composition of renal calculus
- Chlorides / Cl in urine
- Chlorides / Cl in urine / 24-hour urine collection
- Coproporphyrins in urine
- Cortisol in 24-hour urine collection
- Creatinine – urine / 24-hour urine collection
- Creatinine in urine
- Delta - aminolevulinic acid (ALA) in 24-hour urine collection
- Magnesium / Mg / 24-hour urine collection
- Magnesium / Mg in urine
- Mercury/Hg in urine
- Metoxycatecholamines in 24-hour urine collection
- Oxalates in urine
- Phosphorus in urine
- Phosphorus in urine / 24-hour urine collection
- Potassium (K) — urine
- Potassium (K) — urine/ 24-hour urine collection
- Sodium/Na in urine
- Sodium/Na in urine / 24-hour urine collection
- Total protein / 24-hour urine collection
- Urea/blood urea nitrogen, BUN in urine
- Urea/blood urea nitrogen, BUN in urine / 24-hour urine collection
- Uric acid in urine
- Uric acid in urine / 24-hour urine collection
- Urine – general analysis
- Urine glucose and ketones
- Urine protein
- Vanillylmandelic acid (VMA) in urine

5) laboratory diagnosis - Bacteriological tests with taking smear for examination (The insurance does not include tests performed using molecular biology techniques):

- Abscess content – anaerobic culture
- Abscess content culture
- Anal and vaginal swab culture for Streptococcus GBS
- Anal swab – aerobic culture
- Anal swab culture for SS
- Breast discharge – aerobic culture
- Chlamydia pneumoniae antigen, method: IIF – Throat swab
- Chlamydia pneumoniae antigen, method: IIF swab
- Chlamydia pneumoniae antigen, method: IIF swab – other material
- Chlamydia trachomatis antigen, method: IIF – Endocervical swab
- Chlamydia trachomatis antigen, method: IIF – urethral swab
- Chlamydia trachomatis antigen, method: IIF swab – other material
- Culture for GC (GNC) Vaginal swab
- Culture for GC (GNC) Endocervical swab
- Culture of human milk from left breast – aerobic
- Culture of human milk from right breast – aerobic
- Ear swab – aerobic culture
- Ear swab – anaerobic culture
- Endocervical smear – anaerobic culture
- Endocervical swab
- Eosinophils in nasal swab
- Left ear seton – aerobic culture
- Mycoplasma hominis and Ureaplasma urealyticum endocervical swab
- Mycoplasma hominis and Ureaplasma urealyticum urethral swab
- Nasal swab
- Nasal swab – aerobic culture
- Nasopharyngeal swab – aerobic culture
- Nasopharyngeal swab – anaerobic culture
- Oral cavity swab — aerobic culture
- Penile swab – aerobic culture
- Pharyngeal / tonsil swab – aerobic culture
- Pinworms – anal swab
- Right ear seton – aerobic culture
- Semen culture — aerobic
- Skin lesion swab – aerobic culture
- Sputum culture
- Stool culture for Pathogenic E. Coli in children up to 2 years
- Stool culture for SS
- Stool culture for Yersinia enterocolitica
- Tongue swab – aerobic culture
- Ulceration swab – aerobic culture
- Umbilical swab – aerobic culture
- Urethral swab
- Urethral swab – anaerobic culture
- Urethral swab for GC (GNC) culture

- Eye swab – aerobic culture
 - Foreskin swab – aerobic culture
 - Furuncle swab
 - General faeces culture
 - Gingival swab – aerobic culture
 - Laryngeal swab – aerobic culture
 - Laryngeal swab for *Pneumocystis carini*
 - Urine culture
 - Vaginal microbiological test (vaginal biocenosis)
 - Vaginal swab – aerobic culture
 - Vaginal swab – anaerobic culture
 - Vulvar swab – aerobic culture
 - Wound swab
 - Wound swab – anaerobic culture
- 6) laboratory diagnosis - faecal tests including taking material for examination:
- Stool analysis
 - Faeces analysis for parasites, 1 assay
 - Faecal occult blood (FOB)
 - Faecal analysis for rota- and adenovirus
 - Faecal ELISA analysis for lamblia
 - *Helicobacter pylori* – faecal antigen
 - Stool analysis *Clostridium difficile* – GDH antigen and A / B toxin
- 7) laboratory diagnosis - cytological tests including taking material for examination:
- Standard* Pap smear
 - Standard* nasal mucosa cytological test
- 8) laboratory diagnosis - mycological tests with taking smear (The insurance does not include tests performed using molecular biology techniques):
- Abscess content culture for yeast-like fungi
 - Anal area swab – culture for fungi
 - Ear swab culture for yeast-like fungi
 - Endocervical smear, culture for yeast-like fungi
 - eye swab culture for yeast-like fungi;
 - Foreskin swab – culture for yeast-like fungi
 - Gingival swab culture for yeast-like fungi
 - Laryngeal swab culture for yeast-like fungi
 - Mycological examination – fingernail fungal culture
 - Mycological examination – foot epidermis fungal culture – scrapings
 - Mycological examination – fungal culture – hairy head skin – scraping
 - Mycological examination – hair fungal culture
 - Mycological examination – hand epidermis fungal culture – scrapings
 - Mycological examination – skin fungal culture
 - Mycological examination – skin scraping fungal culture
 - Mycological examination – toenail fungal culture
 - Nasal swab culture for yeast-like fungi
 - Nasopharyngeal swab – culture for yeast-like fungi
 - Oral swab – culture for yeast-like fungi
 - Penile swab culture for yeast-like fungi
 - Pharyngeal / tonsil swab culture for yeast-like fungi
 - Secretion culture for yeast-like fungi
 - Sement culture for yeast-like fungi
 - Skin lesion swab – culture for fungi
 - Sputum culture for yeast-like fungi
 - Stool culture for yeast-like fungi
 - Swab culture for yeast-like fungi
 - Tongue swab culture for yeast-like fungi
 - Ulceration swab – culture for fungi
 - Urethral swab culture for yeast-like fungi
 - Urine culture for yeast-like fungi
 - Vaginal swab culture for yeast-like fungi
 - Vulvar swab – culture for yeast-like fungi
 - Wound smear culture for yeast-like fungi
- 9) laboratory diagnosis – toxicological tests with taking material (blood) for examination:
- Bile acids
 - Carbamazepine
 - Ciclosporin A, quantitative
 - Digoxin
 - Lead
 - Lithium
 - Valproic acid
 - Phenytoin, quantitative
 - Toxicological test – methemoglobin quantitative
- 10) laboratory diagnosis - rapid strip tests with taking material (blood) for examination:
- CRP – strip test
 - Cholesterol strip test
 - Glucose meter test
 - Troponin – strip test
 - Pharyngeal swab for *Streptococcus a.* quick test
- 11) diagnostic imaging - ECG examinations:

- Mounting Holter ECG monitor with 12 leads (for 24h)
- Mounting of a standard* Holter ECG monitor (for 24h) in an office
- 12) diagnostic imaging - X-ray examinations (medium conforming with the standard applicable in a given clinic):
 - Abdominal X-ray, erect
 - Abdominal X-ray, other
 - Abdominal X-ray, supine
 - Ankle joint X-ray, AP + lateral
 - Ankle joint X-ray, AP + lateral bilateral
 - Bilateral forearm X-ray, AP + lateral
 - Bilateral hip joint X-ray, AP
 - Bilateral patellar X-ray, axial in 2 positions
 - Bilateral patellar X-ray, axial in 3 positions
 - Cervical functional X-ray
 - Cervical X-ray
 - Cervical X-ray, AP + lateral
 - Cervical X-ray, lateral
 - Cervical X-ray, lateral + oblique (3 views)
 - Cervical X-ray, oblique views
 - Chest X-ray
 - Chest X-ray – X-ray tomography
 - Chest X-ray – X-ray tomography
 - Chest X-ray + lateral
 - Chest X-ray PA + lateral with barium
 - Chest X-ray, lateral with barite
 - Chest X-ray, other
 - Clavicular X-ray
 - Cranial X-ray orbits
 - Cranial X-ray PA + lateral
 - Cranial X-ray PA + lateral + base
 - Cranial X-ray, base
 - Cranial X-ray, cranial nerve canals
 - Cranial X-ray, sella turcica
 - Cranial X-ray, semi-axial by Orley
 - Cranial X-ray, tangential
 - Elbow joint X-ray
 - Elbow/forearm X-ray, AP + lateral
 - Elbow/forearm X-ray, AP + lateral, bilateral
 - Esophagus, stomach and duodenum X-ray (with standard contrast agents)
 - Femoral bone X-ray, AP + left lateral
 - Femoral bone X-ray, AP + right, lateral
 - Finger(s) X-ray, PA + lateral/oblique
 - Finger(s) X-ray, PA + lateral/oblique bilateral
 - Foot X-ray, AP (comparative)
 - Foot X-ray, AP + lateral/oblique
 - Foot X-ray, AP + lateral/oblique bilateral
 - Foot X-ray, AP + lateral/oblique bilateral, erect
 - Mounting Holter RR (for 24h) device in an office
 - Stress test Exercise ECG using an cycloergometer
 - Stress test
 - Resting ECG
 - Larynx X-ray – tomography
 - Lateral nasal X-ray
 - Lower leg X-ray, AP + bilateral lateral
 - Lower leg X-ray, AP + lateral
 - Lumbar functional X-ray
 - Lumbar X-ray: AP + lateral
 - Mandibular X-ray
 - Metatarsal X-ray
 - Paranasal sinus X-ray
 - Pelvic and hip joint X-ray
 - Rib X-ray (unilateral), 2 oblique views
 - Sacrococcygeal X-ray
 - Scaphoid X-ray
 - Scapular X-ray
 - Shoulder X-ray (transthoracic)
 - Shoulder X-ray, AP
 - Shoulder X-ray, AP + axial
 - Shoulder X-ray, AP + lateral
 - Shoulder X-ray, AP, both – comparative image
 - Shoulder X-ray, axial
 - Shoulder X-ray, bilateral axial
 - Shoulder X-ray: AP + bilateral – comparative image
 - Spinal X-ray AP, erect (scoliosis)
 - Spinal X-ray AP, erect + lateral (scoliosis)
 - Splanchnocranium X-ray
 - Temporal bone pyramid X-ray, transorbital
 - Temporomandibular joint functional X-ray
 - Thoracic X-ray
 - Thoracic X-ray AP + lateral
 - Thoracic X-ray, AP + lateral + oblique
 - Thoracic X-ray, lateral
 - Thoracic X-ray, oblique views
 - Toe(s) X-ray, AP + lateral/oblique
 - Upper leg and lower leg X-ray
 - Urography (with standard contrast agents)
 - Wrist X-ray, lateral
 - Wrist X-ray, PA + bilateral lateral
 - Wrist X-ray, PA + lateral
 - Wrist/hand X-ray, PA + lateral/oblique bilateral
 - Wrist/hand X-ray, PA + lateral/oblique bilateral
 - Wrist/hand X-ray, PA + lateral/oblique left
 - Wrist/hand X-ray, PA + lateral/oblique right
 - X-ray of both patellae axial

- Foot X-ray, AP + lateral/oblique, erect
- Forearm X-ray, AP + lateral
- Hand X-ray PA, bilateral
- Hand X-ray, lateral
- Hand X-ray, PA
- Hand X-ray, PA + oblique
- Hand X-ray, PA + oblique, bilateral
- Heel X-ray + axial
- Heel X-ray, lateral
- Hip joint X-ray, AP
- Hip joint X-ray, axial
- Knee joint X-ray, AP + bilateral lateral
- Knee joint X-ray, AP + bilateral lateral, erect
- Knee joint X-ray, AP + lateral
- Knee joint X-ray, lateral
- Large intestine X-ray – rectal enema (with standard contrast agents)
- X-ray of both wrists, lateral
- X-ray of chest, thyroid, trachea
- X-ray of lumbar spine, AP + lateral + oblique
- X-ray of lumbar spine, lateral
- X-ray of lumbosacral spine AP + lateral
- X-ray of lumbosacral spine, oblique
- X-ray of nasopharynx
- X-ray of orbits + lateral (2 views)
- X-ray of sacroiliac joints – oblique
- X-ray of sacroiliac joints – PA
- X-ray of sternum, AP
- X-ray of temporal bones by Schuller/Stevers
- X-ray of temporal bones, transorbital
- X-ray sternum / chest lateral
- X-ray, small intestine passage (with standard contrast agents)

13) diagnostic imaging - ultrasound examinations:

- Abdominal ultrasound
- Achilles tendon ultrasound
- Ankle joint ultrasound
- Breast ultrasound
- Echocardiography – cardiac ultrasound
- Elbow joint ultrasound
- Finger and metacarpophalangeal joint ultrasound
- Hip joint ultrasound
- Hip joints ultrasound – for children
- Hip joints ultrasound + orthopaedic consultation of hip joints (up to 1 year of age)
- Knee joint ultrasound
- Laryngeal ultrasound;
- Lymph node ultrasound
- Post-traumatic muscle haematoma ultrasound
- Salivary gland ultrasound
- Shoulder ultrasound
- Subcutaneous tissue ultrasound (lipomas, fibromas, etc.)
- Testicular ultrasound
- Thyroid ultrasound
- Transabdominal gynaecological ultrasound
- Transabdominal prostate ultrasound
- Trans-fontanelle ultrasound
- Transrectal prostate ultrasound
- Transvaginal gynaecological ultrasound
- Ultrasound / Doppler ultrasound of carotid arteries and vertebral arteries
- Ultrasound / Doppler ultrasound of lower limb arteries
- Ultrasound of eyeballs and orbits
- Ultrasound of ligaments, muscles, small joints
- Ultrasound of metatarsal
- Ultrasound of the plantar aponeurosis
- Ultrasound/Doppler ultrasound of hepatic vessels (assessment of hepatic portal circulation)
- Ultrasound/Doppler ultrasound of intracranial arteries
- Ultrasound/Doppler ultrasound of lower limb veins
- Ultrasound/Doppler ultrasound of renal arteries
- Ultrasound/Doppler ultrasound of the abdominal aorta and pelvic arteries
- Ultrasound/Doppler ultrasound of upper limb arteries
- Ultrasound/Doppler ultrasound of upper limb veins
- Urinary tract ultrasound
- Urinary tract ultrasound + TRUS
- Wrist ultrasound

14) diagnostic imaging - endoscopic examinations with endoscopic biopsy specimen sampling:

- Anoscopy
- Gastroscopy (with urease test)
- Rectoscopy
- Sigmoidoscopy
- Colonoscopy
- Histopathological examination — endoscopy biopsy material

15) diagnostic imaging - magnetic resonance imaging with standard contrast agents:

- MR – magnetic resonance head + angiography
- MR – magnetic resonance of lumbar spine

- MR – magnetic resonance of abdomen
- MR – magnetic resonance of abdomen and small pelvis;
- MR – magnetic resonance of ankle joint
- MR – magnetic resonance of arm
- MR – magnetic resonance of bone pelvis
- MR – magnetic resonance of cervical spine
- MR – magnetic resonance of elbow joint
- MR – magnetic resonance of foot
- MR – magnetic resonance of forearm
- MR – magnetic resonance of hand
- MR – magnetic resonance of head
- MR – magnetic resonance of hip joint
- MR – magnetic resonance of knee joint
- MR – magnetic resonance of lower leg
- MR – magnetic resonance of neck
- MR – magnetic resonance of orbits
- MR – magnetic resonance of pituitary gland
- MR – magnetic resonance of sacroiliac joints
- MR – magnetic resonance of shoulder joint
- MR – magnetic resonance of sinuses
- MR – magnetic resonance of small pelvis
- MR – magnetic resonance of thoracic spine
- MR – magnetic resonance of thorax
- MR – magnetic resonance of upper leg
- MR – magnetic resonance of wrist
- MR – magnetic resonance, angiography head
- MR – magnetic resonance, head and pituitary gland
- MR – magnetic resonance, splanchnocranium

16) diagnostic imaging - computed tomography with standard contrast agents:

- CT – computed tomography – Angio of abdominal aorta
- CT – computed tomography – Angio of the head – arteries
- CT – computed tomography – Angio of the head – examination of veins and sinuses of the brain
- CT – computed tomography of abdomen
- CT – computed tomography of abdomen and small pelvis
- CT – computed tomography of ankle joint
- CT – computed tomography of arm
- CT – computed tomography of bone pelvis
- CT – computed tomography of cervical + lumbar spine
- CT – computed tomography of cervical + thoracic + lumbar spine
- CT – computed tomography of cervical + thoracic spine
- CT – computed tomography of cervical spine
- CT – computed tomography of elbow joint
- CT – computed tomography of facial skeleton
- CT – computed tomography of foot
- CT – computed tomography of forearm
- CT – computed tomography of hand
- CT – computed tomography of hip joint
- CT – computed tomography of knee joint
- CT – computed tomography of larynx
- CT – computed tomography of lower leg
- CT – computed tomography of lumbar spine
- CT – computed tomography of neck
- CT – computed tomography of neck, thorax, abdomen, small pelvis
- CT – computed tomography of orbits
- CT – computed tomography of pituitary gland
- CT – computed tomography of shoulder joint
- CT – computed tomography of sinuses
- CT – computed tomography of small pelvis
- CT – computed tomography of temporal bones
- CT – computed tomography of thoracic + lumbar spine
- CT – computed tomography of thoracic spine
- CT – computed tomography of thorax
- CT – computed tomography of thorax (HRCT)
- CT – computed tomography of thorax and abdomen
- CT – computed tomography of thorax, abdomen, small pelvis
- CT – computed tomography of upper leg
- CT – computed tomography of wrist
- CT – computed tomography, abdomen (3 phases)
- CT – computed tomography, lumbar + sacral spine
- CT – low-dose computed tomography of thorax

17) diagnostic imaging - EEG examinations:

- Standard* EEG

Standard* EEG – children

18) diagnostic imaging - EMG examinations:

EMG – electromyography – carpal tunnel syndrome

19) diagnostic imaging - other diagnostic tests and examinations:

- Cold provocation test
- Cold provocation test with skin thermometry and compression test
- Computerised visual field test
- Dark adaptation test
- Densitometry femoral collum (cortical bone assessment) – screening
- GDX examination
- Labyrinth test
- Lumbar spine densitometry (trabecular bone assessment) – screening
- Mammography
- Mammography – targeted image
- OCT examination – both eyes OCT examination – one eye
- Pachymetry
- Spirometry – diastolic test
- Spirometry without medication
- Standard audiometry – supraliminal audiometry
- Standard audiometry – verbal audiometry
- Standard audiometry*
- Tympanometry
- Uroflowmetric examination
- Vibratory perception

3. As technology advances, the names or methods of specific diagnostic tests may be subject to change, which shall not limit the scope of services provided in the insurance agreement. If as a result of the application of a new method, the above scope of services is extended, then The insurances resulting from the scope extensions shall not be covered by the scope of the package. Examination results are stored on a medium conforming with the standard applicable in a given facility. Unless stated otherwise, the insurance does not include strip tests, and CT, MRI and ultrasound diagnostic imaging includes a 2D image with no additional options (including extended genetic ultrasound).

§14 Allergy tests (option II)

1. The insurance includes allergy skin tests. The tests are ordered by a Physician from a Medical Facility, in the following scope:

- 1) Allergist consultation – qualification for tests
- 2) Allergy skin tests – skin prick tests with a product for allergy tests:
 - skin allergy tests – 1 spot
 - skin allergy tests – food allergy panel
 - skin allergy tests – inhaled allergens panel
- 3) Patch/contact tests – patch tests with a product for allergy tests:
 - patch/contact tests – crural ulceration panel
 - patch/contact tests – basic panel

2. As technology advances, the names or methods of specific diagnostic tests may be subject to change, which shall not limit the scope of services provided in the insurance agreement. If as a result of the application of a new method, the above scope of services is extended, then The insurances resulting from the scope extensions shall not be covered by the scope of the package.

§15 Pregnancy care

1. This scope of insurance includes monitoring of physiological pregnancy by a physician in outpatient Medical Facilities indicated by LUX MED in accordance with the standards of LUX MED and consists of active health counseling in the field of physiology of pregnancy and childbirth in the following scope:

- Anal and vaginal swab culture for Streptococcus GBS
- Immune antibody screening / alloantibodies (replaces anti-Rh +/- antibodies)
- basic syphilis serology (VDRL or USR or anti-TP);
- obstetric ultrasound;
- Blood count + platelet count + automated smear
- Prenatal midwife education – a limit of 6 meetings in the 12-month period of the Agreement
- Blood group (ABO), Rh factor and antibody screening
- Rubella IgG
- Rubella IgM
- Culture for GC (GNC) Endocervical swab
- Standard* Pap smear
- Culture for GC (GNC) Vaginal swab
- Total Beta-hCG
- Fasting glucose
- Toxoplasma IgG
- Free estriol
- Glucose 75 g, 1-hour glucose challenge test

- Glucose 75 g, 2-hour glucose challenge test
- Gynaecologist consultation – pregnancy care
- HBs Ab/antibodies;
- HBs Ag/antigen
- HCV Ab/antibodies
- HIV-1/HIV-2
- Toxoplasma IgM
- Transabdominal gynaecological ultrasound
- Transvaginal gynaecological ultrasound
- transvaginal obstetric ultrasound;
- Urine – general analysis

2. The insurance does not cover:

- 1) molecular biology tests;
 - 2) ultrasound examinations include only a 2D image with no extended genetic ultrasound. Performance of the above range of services is available based on pregnancy care sheet issued to the Patient by outpatient Medical Facility indicated by LUX MED.
3. The above scope of tests and examinations does not limit the possibility of being referred to tests and examinations not covered by the scheme and agreement, but does not include their cost. This pertains also to cases of the Patient's pregnancy and medical indications for test and examinations not included in the above scheme and the scope of the agreement.
4. In accordance with the current Regulation of the Minister of Health on the organisational standard of perinatal care, pregnancy care does not include pathological pregnancies, including multiple pregnancies. In such cases, the Eligible Person is referred to the reference centres. In the event of a change in the legal provisions concerning the organisational standard of perinatal care, the services within the above scope, including the scope of tests and examinations, may be subject to change as a result of their adaptation to the generally applicable provisions of law.

§16 Preventive health check (option II)

1. Preventive health check (option II) is an annual (available once during a 12-month term of the agreement) health check, depending on the age and sex of the Insured, including a range of examinations and consultations for the Insured over 18 years of age.
2. The health check starts with an internist visit when medical history is taken and referrals for examinations (according to the indications). The health check concludes with an internist consultation, during which the Insured obtains information on their health status and further recommendations.
3. The scope of the check for women includes:
 - 1) Physician consultations:
 - a) Internist or nurse telephone opening consultation — medical history;
 - b) Gynecological consultation;
 - c) Ophthalmological or optometric consultation;
 - 2) Laboratory tests:
 - Blood count + platelet count + automated smear
 - Creatinine
 - ESR
 - faecal occult blood (FOB);
 - Fasting glucose
 - GPT/ALT transaminase
 - HBs Ag/antigen
 - HCV Ab/antibodies
 - Lipid profile (CHOL, HDL, LDL, TG)
 - Standard* Pap smear
 - TSH / hTSH
 - Uric acid
 - Urine – general analysis
 - 3) Imaging examinations - in justified medical cases
 - Abdominal ultrasound
 - Breast ultrasound and Mammography - women, depending on medical indication
 - PA chest X-ray - depending on medical indications
 - Thyroid ultrasound
 - Transabdominal gynaecological ultrasound or transvaginal gynaecological ultrasound

4) Functional examinations:

○ Resting ECG

○ Spirometry without medication

5) Internist consultation — closing consultation.

4. The scope of the check for men includes:

1) Physician consultations:

- a) Internist consultation — medical history
- b) urological consultation;
- c) Ophthalmological/ optometrist consultation
- d) Dermatological consultation with standard* dermatoscopy.

2) Laboratory tests:

- Blood count + platelet count + automated smear
- Creatinine
- ESR
- Faecal occult blood (FOB);
- Fasting glucose
- GPT/ALT transaminase
- HBs Ag/antigen
- HCV Ab/antibodies
- Lipid profile (CHOL, HDL, LDL, TG)
- PSA panel (PSA, FPSA, FPSA / PSA index)
- TSH / hTSH
- Uric acid
- Urine – general analysis

3) Imaging examinations Imaging examinations in justified medical cases

- PA chest X-ray - depending on medical indications
- Prostate ultrasound
- Thyroid ultrasound
- Testicular ultrasound
- Abdominal ultrasound

4) Functional examinations:

- Resting ECG
- Spirometry without medication

5) Internist consultation — closing consultation

5. The scheme is available in outpatient Medical Facilities indicated by LUX MED. In order to make an appointment for scheme implementation, the Patient should contact using the on-line form available on <https://www.luxmed.pl/strona-glowna/kontakt/infolinia.html>

§17 Physiotherapy (option II)

1. As part of the Physiotherapy option II Insurance, the Insured is entitled to access to consultations with a physical therapist.

2. The scope of insurance includes:

- 1) a medical history interview,
- 2) a functional examination,
- 3) the physical therapist's advice and procedures necessary to make a diagnosis, adopting an appropriate therapeutic decision and determining the mode of rehabilitation.:

3. Consultations with a physical therapist does not include rehabilitation and kinesiotherapy activities..

4. The insurance only includes rehabilitation of the locomotor system and it is provided for the following indications (qualification criteria); i.e. it applies to the Insured with:

- 1) orthopaedic traumas
- 2) osteoarthritis
- 3) occupational disorders of the motor organ (confirmed by a relevant medical certificate)
- 4) neurological pain syndromes
- 5) muscle tone disorders (refers to neurokinesiological rehabilitation for children up to 18 years of age)
- 6) post-operative scars
- 7) postural defects (refers to postural defects rehabilitation for children up to 18 years of age)

5. The procedures are provided on the basis of referrals from physical therapists or Physicians (specialists in the field of orthopaedic, neurology, neurosurgery, rheumatology, rehabilitation medicine, balneology) from an outpatient Medical Facility, specifying the scope and type of rehabilitation procedures, and includes physiotherapy services available at outpatient Medical Facilities indicated by the Insurer.
6. The service is limited and covers performance of a total of the following services within a 12-month term of the agreement:
- 1) 20 physical therapy procedures and
 - 2) 10 kinesitherapy procedures (including therapeutic massage) and 3 rehabilitation procedures (neurokinesiology or postural defects) from the following range of physical therapy and kinesitherapy procedures:
- Individual therapy using neurokinesiology / neurophysiology methods for children
 - Kinesitherapy – cervical spine traction
 - Kinesitherapy – exercises improving postural defects in children
 - Kinesitherapy – function-improving exercises ankle joint
 - Kinesitherapy – function-improving exercises arm
 - Kinesitherapy – function-improving exercises cervical spine
 - Kinesitherapy – function-improving exercises elbow joint
 - Kinesitherapy – function-improving exercises foot
 - Kinesitherapy – function-improving exercises forearm
 - Kinesitherapy – function-improving exercises hand
 - Kinesitherapy – function-improving exercises hip joint
 - Kinesitherapy – function-improving exercises knee joint
 - Kinesitherapy – function-improving exercises lumbar spine
 - Kinesitherapy – function-improving exercises shank
 - Kinesitherapy – function-improving exercises shoulder joint
 - Kinesitherapy – function-improving exercises thigh
 - Kinesitherapy – function-improving exercises thoracic spine
 - Kinesitherapy – function-improving exercises wrist
 - Kinesitherapy – individual therapy ankle joint
 - Kinesitherapy – individual therapy arm
 - Kinesitherapy – individual therapy cervical spine
 - Kinesitherapy – individual therapy elbow joint
 - Kinesitherapy – individual therapy foot
 - Kinesitherapy – individual therapy forearm
 - Kinesitherapy – individual therapy hand
 - Kinesitherapy – individual therapy hip joint
 - Kinesitherapy – individual therapy knee joint
 - Kinesitherapy – individual therapy lower leg
 - Physical therapy – ionophoresis knee joint
 - Physical therapy – ionophoresis lower leg
 - Physical therapy – ionophoresis lumbar spine
 - Physical therapy – ionophoresis shoulder joint
 - Physical therapy – ionophoresis thoracic spine
 - Physical therapy – ionophoresis upper leg
 - Physical therapy – ionophoresis wrist
 - Physical therapy – laser for scars excluding CO2 laser
 - Physical therapy – local cryotherapy ankle joint
 - Physical therapy – local cryotherapy arm
 - Physical therapy – local cryotherapy cervical spine
 - Physical therapy – local cryotherapy elbow joint
 - Physical therapy – local cryotherapy foot
 - Physical therapy – local cryotherapy forearm
 - Physical therapy – local cryotherapy hand
 - Physical therapy – local cryotherapy hip joint
 - Physical therapy – local cryotherapy knee joint
 - Physical therapy – local cryotherapy lower leg
 - Physical therapy – local cryotherapy lumbar spine
 - Physical therapy – local cryotherapy shoulder joint
 - Physical therapy – local cryotherapy thoracic spine
 - Physical therapy – local cryotherapy upper leg
 - Physical therapy – local cryotherapy wrist
 - Physical therapy – low-energy laser therapy ankle joint
 - Physical therapy – low-energy laser therapy arm
 - Physical therapy – low-energy laser therapy cervical spine
 - Physical therapy – low-energy laser therapy elbow joint
 - Physical therapy – low-energy laser therapy foot
 - Physical therapy – low-energy laser therapy forearm
 - Physical therapy – low-energy laser therapy hand
 - Physical therapy – low-energy laser therapy hip joint
 - Physical therapy – low-energy laser therapy knee joint

- Kinesitherapy – individual therapy lumbar spine
- Kinesitherapy – individual therapy shoulder joint
- Kinesitherapy – individual therapy thoracic spine
- Kinesitherapy – individual therapy upper leg
- Kinesitherapy – individual therapy wrist
- Kinesitherapy – instructional exercises ankle joint
- Kinesitherapy – instructional exercises arm
- Kinesitherapy – instructional exercises cervical spine
- Kinesitherapy – instructional exercises elbow joint
- Kinesitherapy – instructional exercises foot
- Kinesitherapy – instructional exercises forearm
- Kinesitherapy – instructional exercises hand
- Kinesitherapy – instructional exercises hip joint
- Kinesitherapy – instructional exercises knee joint
- Kinesitherapy – instructional exercises lumbar spine
- Kinesitherapy – instructional exercises shank
- Kinesitherapy – instructional exercises shoulder joint
- Kinesitherapy – instructional exercises thigh
- Kinesitherapy – instructional exercises thoracic spine
- Kinesitherapy – instructional exercises wrist
- Kinesitherapy – lumbar spine traction
- Kinesitherapy- individual scar therapy
- Myorelaxation therapy – Therapeutic spinal massage
- Physical therapy – diadynamic currents therapy ankle joint
- Physical therapy – diadynamic currents therapy arm
- Physical therapy – diadynamic currents therapy cervical spine
- Physical therapy – diadynamic currents therapy elbow joint
- Physical therapy – diadynamic currents therapy foot
- Physical therapy – diadynamic currents therapy forearm
- Physical therapy – diadynamic currents therapy hand
- Physical therapy – diadynamic currents therapy hip joint
- Physical therapy – diadynamic currents therapy knee joint
- Physical therapy – diadynamic currents therapy lower leg
- Physical therapy – diadynamic currents therapy lumbar spine
- Physical therapy – diadynamic currents therapy shoulder joint
- Physical therapy – diadynamic currents therapy thoracic spine
- Physical therapy – low-energy laser therapy lower leg
- Physical therapy – low-energy laser therapy lumbar spine
- Physical therapy – low-energy laser therapy shoulder joint
- Physical therapy – low-energy laser therapy thoracic spine
- Physical therapy – low-energy laser therapy upper leg
- Physical therapy – low-energy laser therapy wrist
- Physical therapy – magnetic field therapy ankle joint
- Physical therapy – magnetic field therapy arm
- Physical therapy – magnetic field therapy cervical spine
- Physical therapy – magnetic field therapy elbow joint
- Physical therapy – magnetic field therapy foot
- Physical therapy – magnetic field therapy forearm
- Physical therapy – magnetic field therapy hand
- Physical therapy – magnetic field therapy hip joint
- Physical therapy – magnetic field therapy knee joint
- Physical therapy – magnetic field therapy lower leg
- Physical therapy – magnetic field therapy lumbar spine
- Physical therapy – magnetic field therapy shoulder joint
- Physical therapy – magnetic field therapy thoracic spine
- Physical therapy – magnetic field therapy upper leg
- Physical therapy – magnetic field therapy wrist
- Physical therapy – phonophoresis ankle joint
- Physical therapy – phonophoresis arm
- Physical therapy – phonophoresis cervical spine
- Physical therapy – phonophoresis elbow joint
- Physical therapy – phonophoresis foot
- Physical therapy – phonophoresis forearm
- Physical therapy – phonophoresis hand
- Physical therapy – phonophoresis hip joint
- Physical therapy – phonophoresis knee joint
- Physical therapy – phonophoresis lower leg
- Physical therapy – phonophoresis lumbar spine
- Physical therapy – phonophoresis shoulder joint
- Physical therapy – phonophoresis thoracic spine
- Physical therapy – phonophoresis upper leg
- Physical therapy – phonophoresis wrist
- Physical therapy – TENS currents therapy ankle joint
- Physical therapy – TENS currents therapy arm

- Physical therapy – diadynamic currents therapy upper leg
- Physical therapy – diadynamic currents therapy wrist
- Physical therapy – electrical stimulation of muscle of the lower limb
- Physical therapy – electrical stimulation of muscle of the upper limb
- Physical therapy – galvanisation ankle joint
- Physical therapy – galvanisation arm
- Physical therapy – galvanisation elbow joint
- Physical therapy – galvanisation foot
- Physical therapy – galvanisation forearm
- Physical therapy – galvanisation hand
- Physical therapy – galvanisation hip joint
- Physical therapy – galvanisation knee joint
- Physical therapy – galvanisation lower leg
- Physical therapy – galvanisation shoulder joint
- Physical therapy – galvanisation upper leg
- Physical therapy – galvanisation wrist
- Physical therapy – galvanotherapy cervical spine
- Physical therapy – galvanotherapy lumbar spine
- Physical therapy – galvanotherapy thoracic spine
- Physical therapy – interferential currents therapy ankle joint
- Physical therapy – interferential currents therapy arm
- Physical therapy – interferential currents therapy cervical spine
- Physical therapy – interferential currents therapy elbow joint
- Physical therapy – interferential currents therapy foot
- Physical therapy – interferential currents therapy forearm
- Physical therapy – interferential currents therapy hand
- Physical therapy – interferential currents therapy hip joint
- Physical therapy – interferential currents therapy knee joint
- Physical therapy – interferential currents therapy lower leg
- Physical therapy – interferential currents therapy lumbar spine
- Physical therapy – interferential currents therapy shoulder joint
- Physical therapy – interferential currents therapy thoracic spine
- Physical therapy – TENS currents therapy cervical spine
- Physical therapy – TENS currents therapy elbow joint
- Physical therapy – TENS currents therapy foot
- Physical therapy – TENS currents therapy forearm
- Physical therapy – TENS currents therapy hand
- Physical therapy – TENS currents therapy hip joint
- Physical therapy – TENS currents therapy knee joint
- Physical therapy – TENS currents therapy lower leg
- Physical therapy – TENS currents therapy lumbar spine
- Physical therapy – TENS currents therapy shoulder joint
- Physical therapy – TENS currents therapy thoracic spine
- Physical therapy – TENS currents therapy upper leg
- Physical therapy – TENS currents therapy wrist
- Physical therapy – Trabert's current therapy ankle joint
- Physical therapy – Trabert's current therapy arm
- Physical therapy – Trabert's current therapy cervical spine
- Physical therapy – Trabert's current therapy elbow joint
- Physical therapy – Trabert's current therapy foot
- Physical therapy – Trabert's current therapy forearm
- Physical therapy – Trabert's current therapy hand
- Physical therapy – Trabert's current therapy hip joint
- Physical therapy – Trabert's current therapy knee joint
- Physical therapy – Trabert's current therapy lower leg
- Physical therapy – Trabert's current therapy lumbar spine
- Physical therapy – Trabert's current therapy shoulder joint
- Physical therapy – Trabert's current therapy thoracic spine
- Physical therapy – Trabert's current therapy upper leg
- Physical therapy – Trabert's current therapy wrist
- Physical therapy – ultrasound (in water)
- Physical therapy – ultrasound therapy ankle joint
- Physical therapy – ultrasound therapy arm
- Physical therapy – ultrasound therapy cervical spine
- Physical therapy – ultrasound therapy elbow joint
- Physical therapy – ultrasound therapy foot

- Physical therapy – interferential currents therapy upper leg
- Physical therapy – interferential currents therapy wrist
- Physical therapy – ionophoresis ankle joint
- Physical therapy – ionophoresis arm
- Physical therapy – ionophoresis cervical spine
- Physical therapy – ionophoresis elbow joint
- Physical therapy – ionophoresis foot
- Physical therapy – ionophoresis forearm
- Physical therapy – ionophoresis hand
- Physical therapy – ionophoresis hip joint
- Physical therapy – ultrasound therapy for scars
- Physical therapy – ultrasound therapy forearm
- Physical therapy – ultrasound therapy hand
- Physical therapy – ultrasound therapy hip joint
- Physical therapy – ultrasound therapy knee joint
- Physical therapy – ultrasound therapy lower leg
- Physical therapy – ultrasound therapy lumbar spine
- Physical therapy – ultrasound therapy shoulder joint
- Physical therapy – ultrasound therapy thoracic spine
- Physical therapy – ultrasound therapy upper leg
- Physical therapy – ultrasound therapy wrist

7. The scope of services does not include the costs of physiotherapy for:

- 1) congenital malformations and their consequences,
- 2) postural defects,
- 3) perinatal traumas,
- 4) chronic connective tissue diseases and their consequences,
- 5) demyelinating diseases and their consequences;
- 6) neurodegenerative diseases and their consequences;
- 7) physiotherapy after: surgical procedures not performed in Hospitals of the insurer;
- 8) coronary events, neurological and cerebrovascular events;
- 9) urogynaecological physiotherapy;
- 10) physiotherapy with highly specialist methods (mechanical and neurophysiological methods, osteopathic techniques);
- 11) diagnostic and functional training services or corrective gymnastics and fitness services;
- 12) necrosis physiotherapy, physiotherapy of scars/keloid scars or post-burn conditions, or visceral manipulation – internal organ therapy.

§18 Dentistry (option II)

1. Dental emergency

- 1) Dental emergency includes, depending on the Medical Facility, coverage or reimbursement of expenses (Reimbursement) up to the maximum limit of PLN 350 per each 12-month Insurance Period, of the following performed by dentists' services:
 - Emergency dental abscess incision, including drainage
 - Emergency dental intraoral conduction anaesthesia
 - Emergency dental local infiltration anaesthesia
 - Emergency dental local permeation anaesthesia
 - Emergency dry socket irrigation + application of medication
 - Emergency extraction of a multi-rooted deciduous tooth
 - Emergency extraction of a multi-rooted tooth
 - Emergency extraction of a single-rooted deciduous tooth
 - Emergency extraction of a single-rooted tooth
 - Emergency extraction of a tooth by intra-alveolar chiseling
 - Emergency medicinal dressing on a deciduous tooth
 - Emergency medicinal dressing on a permanent tooth
 - Emergency periapical abscess decompression
 - Emergency repositioning and immobilisation of an avulsed tooth
 - Emergency single tooth X-ray
 - Emergency tooth pulp devitalisation in a deciduous tooth with cavity dressing
 - Emergency tooth pulp devitalisation with cavity dressing
- 2) Dental emergency services are provided exclusively in the sudden onset of an illness or in case of an accident outside the working hours of the Operator's own facilities.
- 3) A precondition for obtaining dental emergency services shall be for the Insured to notify the need to attend a dental emergency as a result of a sudden onset of an illness or an accident using our Helpline (on 22 33 22

888), and then avail of The insurances at a medical facility indicated by the Operator, in line with the instructions provided by the Helpline staff. If the indicated medical facility does not offer cashless services, the Insured must cover the costs of The insurances performed in accordance with the applicable price list, then submit an application for a Reimbursement with attached original invoices or receipts for services provided to the Insured. The invoice or receipt should include:

- a) the data of the Insured for whom services were provided, for the reimbursement of costs (at least the Insured t's name, surname, address). In the event that services are provided to a child, the invoice should be issued for the actual carer or legal guardian of the child, and the invoice should include the data of the child for whom The insurances were performed;
 - b) a list of services performed for the Insured (indicated in the content of the invoice) or an attached specification issued by the medical facility providing The insurances, indicating the name of The insurance, or a copy of medical records related to the specific service provided;
 - c) the number of a specific type of services provided;
 - d) service performance date;
 - e) service unit price.
- 4) If, following The insurance cost reimbursement under the Insurer Reimbursement procedure, the Insurer obtains evidence that the Reimbursement was made upon information, invoices or receipts that are inaccurate given the actual situation indicated in the Application or attached documents (e.g. if the Insured submits invoices or receipts for services performed for third parties with the Application), the Insurer shall have the right to claim reimbursement of the amounts paid to the Insured with interest calculated from the date of disbursement of funds under the Reimbursement procedure.
- 5) Payment by way of Reimbursement shall be made on the basis of the Refund Application filed by the Insured along with accompanying original invoices or receipts and other required documents.
- 6) The Insurer shall reimburse the costs to the bank account number indicated in the Application Form within 30 days from the date of delivery of the complete Application Form. Should it prove impossible to clarify all circumstances necessary to determine the Insurer's liability or the amount of the benefit within the above-mentioned period, the benefit will be paid out within 14 days from the date on which the clarification of those circumstances with due diligence was possible.
- 7) The application form for the Cash Benefit is available at: <https://www.luxmed.pl/dla-pacjenta/ubezpieczenia-dla-klientow-indywidualnych/indywidualne-ubezpieczenie-zdrowotne-promed>.

2. Dental prophylaxis

Dental prophylaxis is a dental examination that involves assessment of the state of dentition and oral hygiene performed once in a 12-month Insurance Period in outpatient Medical Facilities indicated by the Insurer by a dentist specialising in conservative dentistry, and oral hygiene procedures performed by a dental hygienist, and includes the following services:

- | | |
|--|---|
| ○ Dental consultation | ○ Deposit removal — sandblasting |
| ○ Dental fluoride treatment (Fluor Protector) 1 dental arch | ○ Individual fluoride treatment, topical Instructions on oral hygiene |
| ○ Dental fluoride treatment (Fluor Protector) 1/2 of dental arch | ○ Periodontal scaling – complementary |
| ○ Dental fluoride treatment (Fluor Protector) 2 dental arches | ○ Periodontal scaling from 1 dental arch |
| | ○ Periodontal scaling from all teeth |
| | ○ Tooth polishing |

3. Anaesthesia

- 1) The insurance is performed by dentists in outpatient Medical Facilities indicated by the Insurer and covers the following services:

- | | |
|---|---|
| ○ Dental anaesthesia with a WAND device | ○ Dental local permeation anaesthesia |
| ○ Dental local infiltration anaesthesia | ○ Dental intraoral conduction anaesthesia |

- 2) The Dentistry (option II) insurance does not cover services provided under general anaesthesia.

4. Conservative dentistry

- 1) The insurance is performed by dentists in outpatient Medical Facilities indicated by the Insurer and covers the following services:
 - Specialist consultation — conservative dentistry
- 2) And two times in a 12-month Insurance Period one of the following services:
 - Filling – glass ionomer
 - Restoration of damaged incisal angle with regular light-cured composite
 - Tooth cavity filling 1 surface with regular light-cured composite
 - Tooth cavity filling 2 surfaces with regular light-cured composite
 - Tooth cavity filling 3 surfaces with regular light-cured composite

When the Insured reaches the limit, they shall be offered an additional 15% discount off the price list of the facility indicated by the Insurer for the above services.

- 3) In addition, the Insured is entitled to a 15% discount off the price list of the facility indicated by the Insurer for the following services:
 - Cauterisation of interdental papilla
 - Circumpulpal pin inlay
 - Cosmetic covering of discoloured dentine in anterior teeth – composite veneer
 - Cosmetic covering of enamel hypoplasia – composite veneer
 - Examination of tooth vitality
 - Medicinal dressing on a permanent tooth
 - Periodontal pocket irrigation
 - Periodontal pocket irrigation and drug application
 - Treatment of changes of the oral mucosa

5. Paedodontics

- 1) The insurance is performed by dentists in outpatient Medical Facilities indicated by the Insurer and covers the following services:
 - Dental consultation – paedodontal
- 2) and once in a 12-month Insurance Period one of the following services:
 - Deciduous tooth cavity filling 1 surface
 - Deciduous tooth cavity filling 1 surface, therapeutic
 - Deciduous tooth cavity filling 2 surfaces
 - Deciduous tooth cavity filling 2 surfaces, therapeutic
 - Deciduous tooth cavity filling 3 surfaces
 - Deciduous tooth cavity filling 3 surfaces, therapeutic
 - Prophylactic fissure sealing – limited to 8

When the Insured reaches the limit, they shall be offered an additional 15% discount off the price list of the facility indicated by the Insurer for the above services.

- 3) In addition, the Insured is entitled to a 15% discount off the price list of the facility indicated by Insurer for the following services:
 - Adaptation visit (children) – dentistry
 - Amputation of devitalised deciduous tooth pulp
 - Dentine impregnation – per tooth
 - Endodontic treatment of a deciduous tooth
 - Medicinal dressing on a deciduous tooth
 - Tooth pulp devitalisation in a deciduous tooth with cavity dressing
 - Treatment of pulp necrosis in a deciduous tooth
 - Vital pulp amputation in a tooth with unformed root

7. Dental surgery

- 1) The insurance is performed by dentists in outpatient Medical Facilities indicated by the Insurer and covers the following services:
 - Specialist consultation – dental surgery
- 2) In addition, the Insured is entitled to a 15% discount off the price list of the facility indicated by Insurer for the following services:
 - Apicoectomy of a posterior tooth
 - Frenuloplasty, meloplasty, glossoplasty – dentistry

- Apicoectomy of a posterior tooth, with retrograde root canal filling
- Apicoectomy of an anterior tooth
- Apicoectomy of an anterior tooth, with retrograde root canal filling
- Dental abscess incision – including drainage
- Dry socket irrigation + application of medication
- Enucleation of odontogenic cyst
- Excision of a gingival flap within 1 tooth
- Excision of nodule, nodule-like lesion, mucocele – dentistry
- Extraction of a tooth by extra-alveolar chiselling with formation of a mucoperiosteal flap
- Extraction of a tooth by intra-alveolar chiselling
- Multi-rooted deciduous tooth extraction
- Multi-rooted tooth extraction
- Repositioning and immobilisation of an avulsed tooth
- Sampling of a biopsy specimen in the oral cavity
- Single-rooted deciduous tooth extraction
- Single-rooted tooth extraction
- Surgical dressing – dentistry
- Surgical exposure of an impacted tooth
- Surgical exposure of an impacted tooth with bracket attachment
- Surgical extraction of a partially impacted tooth
- Surgical tooth extraction – surgically complex

8. Endodontics

1) The insurance is performed by dentists in outpatient Medical Facilities indicated by the Insurer and covers the following services:

- Specialist consultation — endodontics

2) In addition, the Insured is entitled to a 15% discount off the price list of the facility indicated by the Insurer for the following services:

- Chemical and mechanical root canal preparation
- Crown-root inlay removal
- Root canal filling
- Root canal opening
- Tooth pulp devitalisation with cavity dressing

3) In addition, the Insured is entitled to a 10% discount off the price list of the facility indicated by the Insurer for the following services:

- Crown-root inlay removal under a surgical microscope
- Endodontal treatment of a molar under a surgical microscope stage I
- Endodontal treatment of a molar under a surgical microscope stage II
- Endodontal treatment of a premolar under a surgical microscope stage I
- Endodontal treatment of a premolar under a surgical microscope stage II
- Endodontal treatment of an incisor or a canine under a surgical microscope stage I
- Endodontal treatment of an incisor or a canine under a surgical microscope stage II
- Interventional appointment during endodontic treatment
- Removal of a fractured tool from the canal under a surgical microscope
- Specialised assessment of tissue under a surgical microscope

9. Prosthodontics

1) The insurance is performed by dentists in outpatient Medical Facilities indicated by the Insurer and covers the following services:

- Specialist prosthetic consultation

2) In addition, the Insured is entitled to a 10% discount off the price list of the facility indicated by the Insurer for the following services:

- 1 arch MOCK UP
- 1 point MOCK UP
- Acrylic microdenture
- Adhesive bridge – 1 point
- All-ceramic crown-root inlay
- All-ceramic crown-root inlay Stage I
- All-ceramic crown-root inlay Stage II
- All-composite crown
- Metal, ceramic, glass fibre crown-root inlay – standard
- Models for diagnostic or planning purposes – doctor
- Occlusion alignment using articulator
- Overdenture on gold latch
- Overdenture on gold latch Stage I
- Overdenture on gold latch Stage II
- Overdenture on telescopic crowns Stage I

- All-gold cast crown, anterior tooth
- All-gold cast crown, anterior tooth Stage I
- All-gold cast crown, anterior tooth Stage II
- All-gold cast crown, molar
- All-gold cast crown, molar Stage I
- All-gold cast crown, molar Stage II
- All-gold cast crown, premolar
- All-gold cast crown, premolar Stage I
- All-gold cast crown, premolar Stage II
- All-metal cast crown
- All-metal cast crown Stage I
- All-metal cast crown Stage II
- All-porcelain crown
- All-porcelain crown on zirconia
- All-porcelain crown on zirconia Stage I
- All-porcelain crown on zirconia Stage II
- All-porcelain crown Stage I
- All-porcelain crown Stage II
- ASC bracket
- Bredent latch – 1 element
- Cementation of a bridge
- Cementation of a prosthetic crown
- Composite crown on glass fibre
- Composite crown ONLAY INLAY OVERLAY
- Crown-root inlay cast metal
- Crown-root inlay cast metal combined
- Crown-root inlay cast metal combined Stage I
- Crown-root inlay cast metal combined Stage II
- Crown-root inlay cast metal Stage I
- Crown-root inlay cast metal Stage II
- Crown-root inlay made of gold
- Crown-root inlay made of gold combined
- Crown-root inlay made of gold combined Stage I
- Crown-root inlay made of gold combined Stage II
- Crown-root inlay made of gold Stage I
- Crown-root inlay made of gold Stage II
- Denture repair – 1 element
- Direct denture lining
- Face-bow examination and placement in articulator
- Frame denture
- Frame denture metal control and correction
- Frame denture Stage I
- Frame denture Stage II
- Frame denture with latches without latch cost
- Frame denture with latches without latch cost Stage I
- Frame denture with latches without latch cost Stage II
- Full denture with metal palate
- Full mandibular denture
- Overdenture on telescopic crowns Stage II
- Partial denture – 1 point
- Partial denture supporting 1–4 missing teeth
- Partial denture supporting 1–4 missing teeth Stage I
- Partial denture supporting 1–4 missing teeth Stage II
- Partial denture supporting 5–8 missing teeth
- Partial denture supporting 5–8 missing teeth Stage I
- Partial denture supporting 5–8 missing teeth Stage II
- Partial denture supporting more than 8 teeth
- Partial denture supporting more than 8 teeth Stage I
- Partial denture supporting more than 8 teeth Stage II
- Porcelain crown on galvanised metal
- Porcelain crown on galvanised metal Stage I
- Porcelain crown on galvanised metal Stage II
- Porcelain crown on gold molar tooth Stage I
- Porcelain crown on gold molar tooth Stage II
- Porcelain crown on gold premolar tooth Stage I
- Porcelain crown on gold premolar tooth Stage II
- Porcelain crown on gold, anterior tooth
- Porcelain crown on gold, anterior tooth Stage I
- Porcelain crown on gold, anterior tooth Stage II
- Porcelain crown on gold, molar
- Porcelain crown on gold, premolar
- Porcelain crown on metal with a ceramic margin
- Porcelain crown on metal with a ceramic margin Stage I
- Porcelain crown on metal with a ceramic margin Stage II
- Porcelain crown on metal without margin
- Porcelain crown on metal without margin, Stage I
- Porcelain crown on metal without margin, Stage II
- Porcelain crown on zirconia using CAD/CAM Lava Everest method
- Porcelain crown on zirconia using CAD/CAM Lava Everest method Stage I
- Porcelain crown on zirconia using CAD/CAM Lava Everest method Stage II
- Porcelain crown ONLAY INLAY OVERLAY
- Porcelain crown ONLAY INLAY OVERLAY Stage I
- Porcelain crown ONLAY INLAY OVERLAY Stage II
- Porcelain veneer
- Porcelain veneer posterior
- Porcelain veneer posterior Stage I
- Porcelain veneer posterior Stage II
- Porcelain veneer Stage I
- Porcelain veneer Stage II

- Full mandibular denture Stage I
- Full mandibular denture Stage II
- Full maxillary denture
- Full maxillary denture Stage I
- Full maxillary denture Stage II
- Functional impression using individual tray
- Galvanised telescopic crown, gold
- Galvanised telescopic crown, gold Stage I
- Galvanised telescopic crown, gold Stage II
- Gold crown inlay
- Gradia gingival mask
- Gradia gingival mask Stage I
- Gradia gingival mask Stage II
- Indirect denture lining
- Latch / bolt / retainer point in frame denture
- Latch / bolt / retainer point in frame denture Stage I
- Latch / bolt / retainer point in frame denture Stage II
- Malocclusion correction
- Maryland missing tooth restoration – acrylic
- Maryland missing tooth restoration – composite
- Metal crown ONLAY INLAY OVERLAY
- Metal telescopic crown
- Metal telescopic crown Stage I
- Metal telescopic crown Stage II
- Protective splint sport
- Protective splint sport colour
- Provisional crown using indirect method
- Reinforcement of a denture with a gold-plated mesh
- Reinforcement of a denture with a steel mesh
- Reinforcement of a denture with an arch
- Removal of a prosthetic crown – 1 element
- Replacement of Rhein inlay / ball latch – 1 element
- Rhein latch – 1 element
- Silver-palladium crown-root inlay
- Silver-palladium crown-root inlay combined
- Silver-palladium crown-root inlay combined Stage I
- Silver-palladium crown-root inlay combined Stage II
- Silver-palladium crown-root inlay Stage I
- Silver-palladium crown-root inlay Stage II
- Spherical inlays
- Splint denture
- Teflon replacement
- Visualisation of prosthodontic treatment on a model
- Wax teeth control and correction
- WAX UP
- WAX UP INTERDENT

10. Orthodontics

1) The insurance is performed by dentists in outpatient Medical Facilities indicated by the Insurer and covers the following services:

- Orthodontist's consultation

2) In addition, the Insured is entitled to a 10% discount off the price list of the facility indicated by the Insurer for the following services:

- 1 arch
- 1/2 segment arch
- 1/3 segment arch
- Acrylic bite splint
- Additional orthodontic element 1
- Additional orthodontic element 2
- Additional orthodontic element 3
- Attachment of a crystal bracket
- Attachment of a metal bracket
- Block braces
- Block braces Stage I
- Block braces Stage II
- Block braces with modification
- Braces repair
- Braces repair replacement of 1 element
- Braces repair replacement of 2 elements
- Braces repair replacement of 3 elements
- Braces repair, 1 arch wire replacement 2D lingual brackets
- Occlusal analysis and treatment plan development
- One brace of metal, fixed braces
- One brace of metal, transparent braces
- One wire arch of fixed brace with crystal brackets Stage I
- One wire arch of fixed brace with crystal brackets Stage II
- One wire arch of fixed braces crystal brackets
- One wire arch of fixed braces individual lingual brackets
- One wire arch of fixed braces individual lingual brackets Stage I
- One wire arch of fixed braces individual lingual brackets Stage II
- One wire arch of fixed braces metal and crystal brackets
- One wire arch of fixed braces metal and crystal brackets Stage I

- Braces repair, 1 arch wire replacement ceramic brackets
- Braces repair, 1 arch wire replacement metal brackets
- Braces repair, 1 screw replacement
- Braces repair, 2 arch wires replacement 2D lingual brackets
- Braces repair, 2 arch wires replacement ceramic brackets
- Braces repair, 2 arch wires replacement metal brackets
- Braces repair, 2 screws replacement
- Braces repair, addition of a wire element
- Braces repair, arch wire replacement
- Braces repair, plate breakage
- Carriere distalizer
- Chin cap
- Class II corrector
- Clear aligner follow-up
- Clear aligner impression
- Derichsweiler apparatus
- Expander braces
- Fixed aesthetic braces 2x4
- Fixed aesthetic braces 2x4 Stage I
- Fixed aesthetic braces 2x4 Stage II
- Fixed braces – 2D lingual brackets
- Fixed braces – aesthetic brackets 1 arch
- Fixed braces – aesthetic brackets part of arch 1
- Fixed braces – aesthetic brackets part of arch 2
- Fixed braces – aesthetic, non-ligature brackets 1 arch
- Fixed braces – aesthetic, non-ligature Damon brackets 1 arch
- Fixed braces – closed metal 1 arch
- Fixed braces – metal, non-ligature brackets 1 arch
- Fixed braces – metal, non-ligature Damon brackets 1 arch
- Fixed metal braces 2x4
- Flexible orthodontic appliance
- Follow-up visit – fixed braces, 2D lingual brackets
- Follow-up visit – fixed braces, crystal brackets
- Follow-up visit – fixed braces, metal brackets
- Follow-up visit – fixed braces, porcelain brackets
- Follow-up visit in the course of treatment with fixed braces with non-ligature Damon brackets – 1 arch
- Follow-up visit in the course of treatment with fixed braces x 1
- Follow-up visit in the course of treatment with fixed partial braces
- One wire arch of fixed braces metal and crystal brackets Stage II
- One wire arch of fixed braces metal brackets
- One wire arch of fixed braces nickel-free brackets
- One wire arch of fixed braces nickel-free brackets Stage I
- One wire arch of fixed braces nickel-free brackets Stage II
- One wire arch of fixed braces porcelain brackets
- One wire arch of fixed braces with metal brackets Stage I
- One wire arch of fixed braces with metal brackets Stage II
- One wire arch of fixed metal braces
- Orthodontic acrylic splint
- Orthodontist consultation in the course of treatment with fixed braces
- Orthodontist consultation in the course of treatment with removable braces
- Orthodontist's consultation with an impression
- Orthognathic treatment planning
- Palatal expander
- Pendulum braces
- Pendulum braces Stage I
- Pendulum braces Stage II
- Plate denture for children
- Plate denture for children Stage I
- Plate denture for children Stage II
- Removable braces
- Removable braces – Schwarz plate
- Removable braces – Schwarz plate Stage I
- Removable braces – Schwarz plate Stage II
- Removal of fixed braces
- Removal of retention arch
- Replacement of a 2D lingual metal bracket
- Replacement of a metal bracket
- Replacement of a porcelain bracket
- Replacement of an aesthetic bracket
- Replacement of an individual lingual bracket
- Retainer 1
- Retainer 2
- Retainer 3
- Retainer arch 1 tooth
- Retainer arch 6 teeth
- Retention arch application
- Retention arch application – mandible
- Retention arch application – maxilla
- Retention control
- Retention plate
- Space maintainer

- Follow-up visit in the course of treatment with re-movable braces
- Fragmentary fixed braces
- Guray / OBC wedging
- Hass braces
- Headgear
- Headgear application
- Herbst hinge
- Herbst hinge Stage I
- Herbst hinge Stage II
- Hyrax braces
- Hyrax braces Stage I
- Hyrax braces Stage II
- Lip-bumper
- MALU appliance
- Models for diagnostic or planning purposes – orthodontist
- Multifunctional braces Molar rotator
- Multi-P braces
- Nance braces
- Nance plate
- NiTi palatal expander
- Stochfish braces
- Stripping – 1 tooth
- System Benefit braces Stage I
- System Benefit braces Stage II
- Tooth separation procedure
- TWIN-BLOCK braces
- TWIN-BLOCK braces Stage I
- TWIN-BLOCK braces Stage II
- TWIN-BLOCK braces with a screw modified
- TWIN-BLOCK braces with a screw modified Stage I
- TWIN-BLOCK braces with a screw modified Stage II
- Vestibular plate
- Vestibular plate – infant trainer
- Visit with a chin cap
- Visit with a vestibular plate
- Visit with cusp grinding
- Wide-arch braces – palatal arch
- Wide-arch braces – tongue arch
- Wide-arch braces Bi-helix, Quad – helix
- Wide-arch braces Bi-helix, Quad – helix Stage I
- Wide-arch braces Bi-helix, Quad – helix Stage II
- Wire arch replacement individual lingual brackets

11. Biological dentistry

The insurance is performed by dentists in outpatient Medical Facilities indicated by the Insurer with a 10% discount off the price list of the facility indicated by the Insurer for the following services:

- Application of bioactive dentin substitute – Bio-dentine (Septodont)
- Bioreconstruction of lost tooth tissue using ACTIVA (Pulpdent)
- Enamel remineralisation with a Tooth Mousse preparation.
- Local application of MI VARNISH (GC) releasing bio-available calcium, phosphate and fluoride
- Maintenance treatment using bioavailable calcium, phosphate and fluoride – GC MI Paste Plus
- Minimally invasive tooth decay treatment using glass hybrid technology – EQUIA FORTE
- Molecular and biological assay for pathogens causing periodontitis/periimplantitis using Real-Time PCR – PET standard (MIP PHARMA) method
- Molecular and biological assay for pathogens causing periodontitis/periimplantitis using Real-Time PCR – PET plus (MIP PHARMA) method
- Molecular and biological assay for pathogens causing periodontitis/periimplantitis using Real-Time PCR – PET deluxe (MIP PHARMA) method
- Restoration of lost tooth tissue using BPA-free Gaenial
- Saliva-Check Buffer (GC) test
- Streptococcus mutans saliva concentration using Saliva-Check Mutans (GC)
- Tooth decay infiltration – ICON (DMG)
- Tri Plaque ID Gel (GC) control

15. Dental X-ray (medium conforming with the standard applicable in a given medical facility).

1) The insurance includes provision of the following services in outpatient Medical Facilities indicated by the Insurer, based on a referral from a dentist from these facilities, and includes the following services:

- Single tooth X-ray

2) and a 15% discount off the price list of the facility indicated by the Insurer :

- Panoramic X-ray

16. Guarantee

- 1) The Insured is provided with a 24-month guarantee for final conservative fillings used in permanent teeth. A precondition to obtaining the guarantee is to attend follow-up visits in outpatient Medical Facilities indicated by the Insurer at least once in a 12-month Insurance Period or according to an individually agreed schedule, and undergo tartar and deposit removal and fluoride treatment procedures once in a 12-month Insurance Period or according to an individually agreed schedule in outpatient Medical Facilities indicated by the Insurer, compliance with dentist's recommendations, maintaining oral hygiene as instructed by the dentist and/or dental hygienist.
- 2) The guarantee does not cover conditions occurring as a result of: non-attendance at follow-up and prophylaxis visits, non-compliance with dentist's recommendations, mechanical injuries, accidents, missing posterior teeth (lack of support zones), pathological dental wear (bruxism) or other functional impairments of the masticatory apparatus, physiological bone atrophy and periodontal lesions, general co-morbidities affecting the stomatognathic system (diabetes, osteoporosis, epilepsy, history of radiotherapy and chemotherapy), or temporary fillings (e.g. provided until a prosthesis is prepared).
- 3) The Dentistry (option I) service does not cover services provided under general anaesthesia.

§19 Home visits (option I)

1. The scope of insurance is limited to 1 visit within a 12-month term of the agreement and is carried out by an Emergency Physician at the Insured's place of residence if the place of residence is within the current territorial range of home visits.
2. The home visits are realized only in medically justified cases where the Insured is unable to get to the outpatient Medical Facility indicated by the Insurer, excluding direct life-threatening situations. Reasons making it impossible for the Insured to report to the clinic do not include, among others:
 - 1) inconvenient access to the clinic,
 - 2) the need to obtain a prescription or issue a medical certificate for sick leave.
3. A house call is an emergency service provided solely on the visit request day and aimed at making a diagnosis and starting treatment, whereas treatment continuation and follow-up visits take place in outpatient Medical Facilities indicated by the Insurer.
4. In the case of a home visit, it is impossible to freely choose a physician. A house call request is accepted or refused by a medical dispatcher indicated by the Insurer based on the information provided.
5. The current territorial coverage of home visits can be found at www.luxmed.pl. In cities where home visits are not provided, the Insured will be reimbursed. Details of reimbursement can be found on the above website. Reimbursement shall be considered reasonable only after the Insured has been qualified for a home visit by the dispatcher.

§20 10% discount on other services offered by LUX MED and Medycyna Rodzinna

1. The Insured is entitled to a 10% discount on medical services, excluding dental services, offered by Medical Facilities indicated by the Insurer – this applies to LUX MED and Medycyna Rodzinna facilities listed on www.luxmed.pl.
2. The discount is calculated from the price list available in the facility.
3. Discounts may not be combined.

§21 10% discount on medical procedures provided in PROFEMED

1. The Insured is entitled to a 10% discount on all medical procedures provided in PROFEMED facilities..
2. The discount is calculated from the price list available in the facility.
3. Discounts may not be combined.

II. HOSPITAL SERVICES

A. Orthopaedic care

§1 Hospitalisation

Hospitalisation caused by accident (with a referral to a surgery or procedure resulting from a trauma occurring during the Orthopaedic Care insurance coverage period and performed within 30 days of its occurrence). The scope includes:

1. Orthopaedics

1) includes orthopaedic surgeries, orthopaedic fusion materials;

2) excludes:

- a) endoprosthesis
- b) elongation of limbs;
- c) osseointegration procedures;
- d) spinal surgeries.

§2 Pre-hospitalisation medical care

1. The scope covers the services of imaging, laboratory diagnostics and specialist consultations necessary for preparation for hospitalisation. We will determine the scope of all examinations and consultations during the preparation of the Insured Person for hospitalisation, after accepting the application for the Service. We will not carry out tests or consultations on medical treatment before hospitalisation ordered by a medical facility other than the one indicated by us. Pre-hospitalisation medical care is necessary for:

- 1) determining the necessity of hospitalisation, its type, method and scope;
- 2) qualifying the Insured Party for hospitalisation;
- 3) determination of the date of a surgery or procedure;
- 4) development of a treatment plan.

2. Pre-hospitalisation medical care is not the same as:

- 1) diagnosis;
- 2) treatment monitoring;
- 3) general medical advice;
- 4) second medical opinion.

3. Pregnancy is not covered.

§3 Post-hospitalisation medical care

- 1. Post-hospitalisation care includes 3 inspection visits to the medical facility indicated by us. They are used to monitor the effects of the procedure and the recovery process carried out within 30 days of the discharge from the Hospital.
- 2. We also provide care in the event of a sudden deterioration of the health condition of the Insured Party, after the provided Hospital Service. In such a case, the scope of care is adapted to the medical situation and demand and is aimed at improving or restoring the proper health condition of the Insured Party. The scope of the Service is determined by the Physician indicated by us.
- 3. We provide post-hospitalisation medical care only in respect of the Service provided under the Insurance Agreement.

§4 Rehabilitation

- 1. Post-hospitalisation rehabilitation shall include the necessary physiotherapy and kinesiotherapy procedures as recommended by the physiotherapy or physiotherapy personnel after orthopaedic procedures, starting within 2 weeks from the date of the orthopaedic procedure and lasting up to 6 weeks from the date of commencement.
- 2. We will determine the detailed scope of rehabilitation before the end of Hospitalisation. We will not carry out the rehabilitation ordered by a medical facility other than the one indicated by us.
- 3. Our responsibility for rehabilitation does not include:
 - 1) rehabilitation procedures resulting from indications other than the consequences of a surgery carried out under the insurance coverage;

- 2) fracture therapy with bone fusion stimulators using physical interactions (e.g. ultrasonic wave).
4. We provide rehabilitation only in respect of the Hospital Services provided under the Insurance Agreement.
- §5 Medical transportation
5. This includes road transportation:
- 1) from the place of stay of the Insured Party to the Hospital, resulting from medical indications confirmed by us (inability to move independently for medical reasons, necessity of continuous care and medical supervision);
 - 2) interhospital transportation if we commission medical transportation to another entity as part of the continuation of treatment covered by the insurance, as well as to another nearest Hospital as part of the continuation of treatment if further diagnosis and treatment falls outside our scope of responsibility;
 - 3) transport from the Hospital to the place of stay of the Insured Party resulting from medical indications confirmed by us;
6. Medical transportation is provided only in respect of Hospital Services under the scope of the Insurance Agreement.

B. Hospital Care Coordination

The scope of services we offer as part of the Hospital Care Coordination includes:

- 1) acceptance of a request for the Service from the Insured Party and ongoing contact with the Insured Party during the verification of the request and during the term of the Agreement;
- 2) Insured Party care coordination prior to Hospitalisation:
 - a) verification of entitlement to the Service, including obtaining a decision of the Insurer in connection with the submitted application;
 - b) presentation of Hospitalisation proposals – presentation of accessible Hospitals and Physicians, as well as a midwife, for the Insured Party planning delivery;
 - c) arranging a stay and at the Insured Party's discretion;
 - d) assistance in arrangements for tests and consultations qualifying for Hospitalisation;
 - e) monitoring the performance of tests and consultations by the Insured Party;
 - f) reminding the Insured Party of the date of admission to the Hospital and the required documents, as well as confirmation of the Insured Party's attendance at the Hospital;
 - g) coordinating the circulation of medical documents between the Insured Party and the Hospital;
 - h) provision of information on the Hospital stay;
- 3) Coordination during the Hospital Service: handing over all documents necessary for the providing the Service of the Insured Party;
 - a) ongoing contact with the Hospital;
 - b) providing information on the current status of the execution of medical procedures to a person authorised to receive medical information about the Insured Party;
 - c) arranging a follow-up visit after staying at the Hospital and presenting a post-Service plan;
 - d) arranging Medical Transportation;
- 4) coordination of post-hospitalisation care, in accordance with the physician's recommendations:
 - a) arranging the tests or rehabilitation commissioned to the Insured Party;
 - b) arrangement of Medical Transportation, if it results from medical indications;
 - c) compiling the Insured Party's medical records.

III. SECOND MEDICAL OPINION SERVICE

1. A service organised in cooperation with WorldCare International Inc. with its registered office in Boston (Massachusetts; USA), enabling the Insured Party to consult the diagnosis and treatment plan prepared in the Republic of Poland with the teams of specialists cooperating with internationally recognised academic medical centres in the USA, belonging to the WorldCare Consortium, the list of which is available at:

- <https://www.worldcare.com/worldcare-consortium-2/>, and to obtain the second medical opinion without having to leave Poland.
2. The opinion is issued for the following illnesses or conditions where the diagnosis, injury or the need for surgical treatment or procedure has been identified:
- | | |
|--|---|
| <input type="radio"/> Neoplasms | <input type="radio"/> Diabetes mellitus |
| <input type="radio"/> Myocardial infarction | <input type="radio"/> Thromboembolism |
| <input type="radio"/> Coronary artery disease requiring an operation | <input type="radio"/> Amputations |
| <input type="radio"/> Coma | <input type="radio"/> Rheumatoid arthritis |
| <input type="radio"/> Cerebral stroke | <input type="radio"/> Severe burns |
| <input type="radio"/> Multiple sclerosis | <input type="radio"/> Sudden loss of sight due to illness |
| <input type="radio"/> Paralysis, Plegia, Paresis | <input type="radio"/> Transplantation of large organs |
| <input type="radio"/> Chronic obstructive pulmonary disease | <input type="radio"/> Neurodegenerative disease/Alzheimer's disease |
| <input type="radio"/> Emphysema | <input type="radio"/> Loss of hearing |
| <input type="radio"/> Inflammatory bowel disease | <input type="radio"/> Hip and knee replacement surgery |
| <input type="radio"/> Chronic liver disease | <input type="radio"/> Loss of speech |
| <input type="radio"/> Renal failure | <input type="radio"/> Serious injuries |
| <input type="radio"/> Chronic pelvic pain | <input type="radio"/> Parkinson's disease |
3. Each notification covered by the above-mentioned scope is comprehensively analysed at the leading medical centres in the USA. A team of specialists, based on the submitted medical dossier and the results of imaging and histopathological tests, verifies the diagnosis and treatment plan proposed by the Insured Party's attending physician, and then presents a detailed report that may confirm the previous diagnosis and treatment method or recommend their modification.
4. The report (Second Medical Opinion) shall contain:
- 1) case report,
 - 2) diagnosis,
 - 3) recommendations for further treatment,
 - 4) list of questions to be discussed by the Insured Party with his/her physician,
 - 5) information on the specialist and institution issuing the Second Medical Opinion – translated into Polish, as well as data on recent scientific research and educational materials related to the case.
5. As part of the service, the Insured Party, within 30 days of receiving the Second Medical Opinion, may also ask additional questions concerning a given condition, to which the Insured Party shall respond by electronic means. If necessary, in order to consult the case of the Insured Party, an audio conference may be held between the treating doctor and the specialist issuing the second opinion.
6. In order to obtain a Second Medical Opinion, the Insured Party should contact WorldCare in Poland at +48 (22) 221 06 41.
7. The Second Medical Opinion Service shall be provided to the Insured Party no earlier than 90 days after the first day of the Coverage Period.