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# APPENDIX NO. 5: INSURANCE VARIANT – PREMIUM 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	Outpatient services: §1(1); §2(1) and (3); §3(1) and (3); §4(1) and (3); §5(1); §6(1); §7(1,2) and (3); §8(1) and (2); §9(1), (3) and (4); §10(1,2) and (3); §11(1) and (2); §12(1,2) and (3); §13(1,2) and (3); §14(1) and (2) paras. 1) - 20); §15; §16 sections 1 and 3; §17 sections 2,3 and 4; §18 sections 1 and 2; §19 section 1, subsection 1); §19 section 2; §19 section 1; §19 section 3, subsection 1); §19 section 4: §19(5); §19(6)(1) and (2); §19(7)(1) and (2); §19(8)(1) and (2). 1) i 2): §19.9(1) and (2); §19.10; §19.11(1) and (2); §19.12(1) and (2); §19.13; §19.14; §19.15; §19.16(1); §20.1 and (5); §21; §22.1; §23.1.  Hospital benefits: Orthopaedic care: §1(1)(1); §2(1); §3(1) and (2); §4(1); §5(1) / Hospital Care Coordination: paras. 1), 2), 3) i 4).  Provision of a Second Medical Opinion: para. 1; para. 2; para. 3; para. 5
Limitations and exclusions of the insurance company's liability entitling it to refuse to pay compensation and other benefits or to reduce them	Outpatient services: §1 (3), (4) and (5); §2 (8), (9), (10) and (11); §3 (4); §4 (3) pt. 3) and 4); §4(4); §5(2)(2) and 3); §4(4); §5(2)(2) and 3); §5(4); §6(2)(2); §7(3); §8(2); §9(2). 2 and 5; §10 para. 4; §11 para. 3; §14 para. 2; §16 para. 2,3, and 4; §17 para. 1 and 5; §18 para. 3, 4, 5, 6, and 8; §19 para. 1 items 1) and 2); §19 para. 2; §19(3)(2); §19(6)(2); §19(7)(2); §19(8)(2); §19(9)(2); §19(10); §19(11)(2); §19(12)(2); §19(13); §19(14); §19(16)(2); §20(1), (2), (3), (4) and (5); §22(1), (2) and (3); §23(1,2) and (3). Hospital benefits: Orthopedic care: §1(1)(2); §2(2) and (3); §3(1) and (3); §4(1), (2), (3) and (4); §5(2). Benefit Second Medical Opinion: §7.

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Additional information regarding designations in the content of the Detailed List of Benefits

names of medical procedures marked with "\*" and described as "Standard" - means medical procedures that are commonly available and commonly used in the Republic of Poland



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# **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 nation-wide 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:



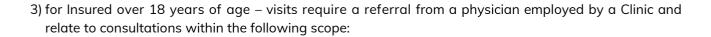
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O internal medicine/family medicine (from the age of	O paediatrics (under the age of 18 years)
18 years)	O obstetrics

- O 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.



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3. The insurance includes: medical history taking, physician's advice and basic procedures necessary a diagnosis, taking an appropriate therapeutic decision and monitoring of treatment and refers to tions within the following scope:	
<ul><li>Internal medicine</li><li>Family doctor</li></ul>	O Paediatrics
4. The benefit Specialist Consultation basic option o	does not include:
<ol> <li>consultation of Doctors on duty,</li> <li>consultation of Doctors with a post-doctoral density hold the position of associate professor, associate</li> </ol>	egree or academic title of professor, as well as Doctors who iate professor and full professor.
§4 Healthcare specialists' consultations (option IV	′)
The insurance provides an opportunity to obtain emergency medical assistance and general medical.	medical consultations in cases, such as onset of an illness, cal advice.
2. Consultations are available in the following forms	s:
<ol> <li>in outpatient medical clinics indicated by us – in</li> <li>via communication systems – in the form of tel</li> <li>in Infection Treatment Centers – in the form of tions, provided in selected medical facilities ind</li> </ol>	ephone or video consultations; on-site visits for Entitled Persons with symptoms of infec-
	ncludes: an interview, advice from a specialist, together with , making the right therapeutic decision and monitoring treat- owing scope:
1) for Insured over 18 years of age – visits without a referral relate to consultations within the following scope:	
<ul> <li>allergology</li> <li>general surgery</li> <li>dermatology</li> <li>diabetology</li> <li>endocrinology</li> <li>gastroenterology</li> <li>gynaecology</li> <li>gynaecological endocrinology</li> <li>haematology</li> <li>cardiology</li> <li>laryngology</li> </ul>	<ul> <li>nephrology</li> <li>neurology</li> <li>ophthalmology</li> <li>optometry</li> <li>oncology</li> <li>orthopaedics</li> <li>proctology</li> <li>pulmonology</li> <li>rheumatology</li> <li>urology</li> </ul>
<ol><li>for Insured under 18 years of age- visits with scope:</li></ol>	out a referral relate to consultations within the following
<ul> <li>anaesthesiology</li> <li>angiology</li> <li>audiology</li> <li>balneology and physical medicine</li> <li>vascular surgery</li> <li>surgical oncology</li> <li>infectious diseases</li> </ul>	<ul> <li>geriatrics</li> <li>gynaecological oncology</li> <li>hepatology</li> <li>hypertension therapy</li> <li>immunology</li> <li>travel medicine</li> <li>neurosurgery</li> </ul>



• medical rehabilitation



O phlebology

**O** phoniatry

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<ul> <li>anaesthesiology</li> <li>angiology</li> <li>audiology</li> <li>balneology and physical medicine</li> <li>vascular surgery</li> <li>surgical oncology</li> <li>infectious diseases</li> <li>phlebology</li> <li>phoniatry</li> </ul>	<ul> <li>geriatrics</li> <li>gynaecologic oncology</li> <li>hepatology</li> <li>hypertension therapy</li> <li>immunology</li> <li>travel medicine</li> <li>neurosurgery</li> <li>medical rehabilitation</li> </ul>	
<ol> <li>for Insured under 18 years of age – visits require of relate to consultations within the following scope:</li> </ol>	a referral from a physician employed by a Clinic and	
<ul> <li>allergology</li> <li>anaesthesiology</li> <li>infectious diseases</li> <li>diabetology</li> <li>endocrinology</li> <li>gastroenterology</li> <li>gynaecology (under 16)</li> <li>haematology</li> <li>immunology</li> <li>cardiology</li> </ul>	<ul> <li>travel medicine</li> <li>nephrology</li> <li>neonathology</li> <li>neurosurgery</li> <li>oncology</li> <li>pulmonology</li> <li>medical rehabilitation doctor</li> <li>rheumatology</li> <li>urology</li> </ul>	
4. The Specialist Consultation benefit (Option III) does no	ot include:	
<ol> <li>consultation of Doctors on duty;</li> <li>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.</li> <li>Other consultations are also chargeable.</li> </ol>		
§5 Consultation of mental health and speech developm	nent specialists	
1. The insurance entitles to attend consultation in outpothe the following scope:	atient Medical Facilities indicated by the Insurer, within	
2. I case:		
1) The Insured over 18 years of age – total of 3 consultation within a 12-month term of the agreed without a referral relate to consultations within the following scope:		
<ul><li>psychiatry</li><li>psychology</li></ul>	<ul><li>sex therapy</li><li>speech therapy</li></ul>	
2) The Insured up to 18 years of age – total of 3 co visits without a referral relate to consultations with		
O psychology	O speech therapy	
3) The Insured s up to 18 years of age – 1 consultati a referral relate to consultations within the following	_	
O 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.

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### §6 Dietician consultations (option II)

1. The insurance entitles the Insured to attend dietary consultations, including interview, dietary recommendations (without creating an individual diet) in Medical Facilities 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:

O Internal medicine	<ul><li>Paediatrics</li></ul>
<ul><li>Family doctor</li></ul>	

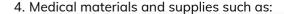
- 4. In the case of Insured over 18 years of age, in addition (as long as the above mentioned consultations are available at the facility):
  - O general surgery O orthopaedics

#### §8 Professor consultations

- 1. The insurance entitles the Insured with a referral issued by a physician from a Clinic indicated by the Insurer to use the consultations of physicians with the degree of "doktor habilitowany" (associate professor) or the scientific title of "profesor" (professor) as well as physicians holding the positions of "docent" (assistant professor), "profesor nadzwyczajny" (associate professor) and "profesor zwyczajny" (full professor).
- 2. The insurance (if available in the Medical Facilities indicated by the Insurer) covers the same range of consultations, which the Insured is entitled to on the grounds of the Agreement within the Specialists consultations

# §9 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
  - O 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





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O dressings,	O syringes
O swabs	<b>○</b> []needles
O bandages	○ []serum - tetanus antitoxin,
O plasters	○ []disinfectants,
Ovenflon	

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 Outpatient procedures (option IV)

- 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:
  - O Blood pressure measurement
  - O Height and body weight measurement
  - 2) outpatient surgical procedures:
  - O 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 indications) with standard histopathological examination specimen from the skin lesion removed
  - O Ingrown nail procedure (onychoplasty) bilateral
  - O Ingrown nail procedure (onychoplasty) unilateral
  - O Nail surgery cleaning / removal
  - Non-surgical tick removal
  - Placement/change/removal small dressing (not requiring surgical debridement)
  - Removal of a boil / small skin abscess (up to 2 cm).
  - Removal of another foreign body without incision
  - Sampling of skin tissue for specialist examination
  - Skin procedure incision of haematoma / abscess, with drainage
  - 3) outpatient laryngological procedures:
  - O Application/change/removal of a drain in the ear
  - O Bilateral dressing of nasal hemorrhage
  - O Catheterisation of the Eustachian tube
  - O Closed reduction of the nose
  - O Coagulation of blood vessels of the nasal septum
  - Cryosurgery (does not include snoring therapy)

- Non-surgical tick removal
- O Skin procedure removal of a foreign body, with wound debridement (removal of a foreign body from the skin with wound debridement)
- O Stitching a wound of up to 3 cm (in emergency situations requiring immediate help);
- Surgical tick removal
- O 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)
- Suture removal in a treatment room after procedures performed in the Medical Facilities indicated by the Insurer
- Suturing of a wound up to 1,5 cm
- Wound cleansing / excision
- O Nasal tamponade removal
- O obliteration of varicose veins at the base of tongue;
- O Pretz sinus rinse
- O Removal of a foreign body from the nose/ear
- Simple laryngological dressing
- O Sinus puncture
- O Sinus rinse



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- Ear irrigation
- O Electrocoagulation of blood vessels of the nasal septum
- O Eustachian tube examination, insufflation
- O Incision of auricular haematomas
- O Incision of haematomas of the nasal septum
- O Incision of the lingual frenulum in the oral cavity
- Laryngeal clysis
- Nasal administration of mucosa-shrinking medicine as needed
- 4) outpatient ophthalmologic procedures:
- Corrective lens selection (excludes varifocal lenses)
- Gonioscopy (iridocorneal angle assessment)
- O Lacrimal duct irrigation (refers to: the Insured over 18 years of age)
- O Medicine instillation into the conjunctival sac
- 5) outpatient orthopaedic procedures:
- Adjustment of small orthopaedic devices big joints
- Adjustment of small orthopaedic devices small joints
- Dessault type immobilisation (small/large)
- O Intra-articular and peri-articular block;
- O Intra-articular injection and peri-articular injection
- O Upper limb plaster cast removal
- 6) outpatient dermatological procedures:
- Aesthetic cryotherapy dermatological procedure 1 to 6 lesions
- Aesthetic cryotherapy dermatological procedure 7 to 10 lesions
- Aesthetic electrotherapy dermatological procedure 1 to 6 lesions
- Aesthetic electrotherapy dermatological procedure 7 to 10 lesions
- 7) Outpatient gynecological procedures:
- O Standard\* sample collection for Pap smear
- Removal of an intrauterine contraceptive device
- Insertion of an intrauterine contraceptive device
- 8) Outpatient allergological procedures:
- O Desensitisation with allergist consultation
- 9) Anaesthesia:
- O Local (infiltration or permeation) anaesthesia
- O Simple anaesthesia for colonoscopy

- Suture removal after laryngological procedures performed outside of Medical Facilities indicated by the Insurer, qualification based on the doctor's assessment;
- Suture removal in a treatment room after laryngological procedures performed in Medical Facilities indicated by the Insurer
- Unilateral dressing of nasal hemorrhage
- Removal of a foreign body from the eye
- Standard\* autorefractometry
- Standard\* intraocular pressure measurement
- O Standard\* ocular fundus examination
- O Standard\* stereoscopic vision examination
- O Visual acuity examination
- O Intra-articular puncture taking sample material for examination
- Lower limb plaster cast removal Placement of a jacket type traditional plaster cast
- O Placement/change/removal small dressing
- O Plaster cast application
- Preparation: traditional cast tape
- Reposition of a dislocation or fracture
- Dermatological procedure curettage/destruction of skin lesion
- Dermatological procedure cutting and coagulation of skin fibromas
- O Dermatological procedure PUVA lamp
- Standard\* dermatoscopy
- Cervical procedures by crycoagulation preventing cervical erosion
- Cervical and vulvar procedures by cryocoagulation
- Simple anaesthesia for gastroscopy
- O Local (topical) anesthesia for endoscopy



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KOD: OI.3PRONH1 Page 10 z 43 10) Biopsy with standard histopathological examination – fine-needle biopsy material: O Fine-needle biopsy – skin / subcutaneous tissue Fine-needle biopsy – thyroid gland • Fine-needle biopsy – breast • Fine-needle biopsy – lymph nodes O Fine-needle biopsy - salivary gland 11) Other: • Foley catheter application • Removal of a polyp up to 1 cm during colonoscopy O Foley catheter removal • Removal of a polyp up to 1 cm during gastroscopy • Performing an enema 4. Medical materials and supplies such as: O dressings O plasters O bandages O needles O serum - tetanus antitoxin O plasters O venflon Q disinfectants O syringes O sutures and surgical sutures O cotton wools 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: O Medical consultation before vaccination (consists O Performance of a nursing service (injection) of a medical consultation with a doctor or nurse be- O Vaccine (the medicinal product fore vaccination 3. Flu vaccinations are performed in Medical Facilities indicated by the Insurer. §11 Additional recommended preventive 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: O Tick-borne encephalitis • Hepatitis A and B O Hepatitis A O Rubella, mumps, measles 3. The insurance includes: O Medical consultation before vaccination (consists O Performance of a nursing service (injection). of a medical consultation with a doctor or nurse be- • Vaccine (the medicinal product) fore vaccination §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:

O Standard\* Pap smear O Urine - general examination



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O TSH
O beta-hCG
O Strip CRP
O Standard* Pap smear (available for Insureds over
16 years of age)

# §13 Laboratory and imaging diagnostics (option IV)

- 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:

O Absolute eosinophil count	O Factor V Leiden – PCR method
O Antithrombin III	<ul><li>Fibrinogen</li></ul>
O APTT	<ul><li>INR / Prothrombin time</li></ul>
O Blood count + platelet count + automated smear	O Manual blood smear
O C protein activity	O Platelets
O D – dimers	○ S protein free
O FSR	O Thrombin time – TT

- 2) Laboratory diagnostics biochemical and hormonal tests and tumour markers together with collection of material (blood) for examination:
- 17 OH Progesterone O ACE • Acid phosphatase O Adrenocorticotropic hormone (ACTH) • AFP – alpha-fetoprotein O Albumins Aldolase Aldosterone
- O Alkaline phosphatase O Alkaline phosphatase – bone fraction
- O Alpha-1 antitrypsin
- O Alpha-1 acid glycoprotein (Orosomucoid)
- Amylase
- Androstendione
- O Apo A1
- Apolipoprotein A1
- O Blood-cell cholinesterase / Blood-cell acetylcholinesterase
- O BNP
- O BRCA1, method: PCR
- O CA 125
- O CA 15.3 breast cancer antigen

- Immunoglobulin IgG O 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
- O Insulin 4 hours after 75 g glucose ingestion O Insulin – 5 hours after 75 g glucose ingestion
- O Insulin / Insulin 120'
- O Insulin / Insulin 60'
- O Iron (Fe)
- Iron / Fe 120 mins after administration (absorption
- O Iron / Fe 180 mins after administration (absorption curve)
- Iron / Fe 240 mins after administration (absorption curve)
- Iron / Fe 300 mins after administration (absorption
- Iron / Fe 60 mins after administration (absorption
- O Kappa light chains in serum
- O Lambda light chains in serum



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- O CA 19.9 digestive cancer antigen
- O CA 21-1 lung tumour marker
- O CA 72-4 colon tumour marker
- O Caeruloplasmin
- O Caeruloplasmin
- **O** Calcitonin
- O Calcium (Ca)
- O CEA carcinoembryonic antigen
- O Chlorides (CI)
- O Cholesterol
- O Cholinesterase
- O CK MB activity
- O CK MB mass
- O CK (creatine kinase)
- O Copper
- O Cortisol in the afternoon
- O Cortisol in the morning
- O C-peptide
- O Creatinine
- O Creatinine clearance
- O CRP quantitative
- O Cystatin C
- O Dehydroepiandrosterone (DHEA)
- O DHEA S
- O Direct bilirubin
- O Directly measured LDL cholesterol
- O Erythropetin
- **O** Estradiol
- O Fasting glucose
- Fasting insulin
- Fee testosterone
- O Ferritin
- Folic acid
- O Free estriol
- O Free PSA
- O Free T3
- Free T4
- **O** FSH
- O Gastrin
- O GGTP
- O Glucose 120'/120' after a meal
- O Glucose 60'/60' after a meal
- Glucose 75 g, 4-hour glucose challenge test
- O Glucose 75 g, 5-hour glucose challenge test
- Glucose tolerance test (4 points, 75 g, 0, 1, 2, 3 h)
- O GOT/AST transaminase
- O GPT/ALT transaminase
- O Growth hormone (GH)
- O Haptoglobin

- O LDH Lactate dehydrogenase
- O LDL cholesterol
- Leptin
- O LH
- O Lipase
- O Lipid profile (CHOL, HDL, LDL, TG)
- O Macroprolactin
- O Magnesium (Mg)
- O Myoglobin
- O NSE Neuro-specific enolase
- O NT pro BNP
- O Occult iron binding capacity (UIBC)
- Osteocalcin (bone formation marker)
- O PAPP a protein
- Parathyroid hormone
- O Phosphorus (P)
- O Potassium (K)
- O Progesterone
- O Prolactin
- O Prolactin 120' after administration MCP 1 tablet
- O Prolactin 30' after administration of MCP 1 tablet
- O Prolactin 60' after administration of MCP 1 tablet
- O Prostatic acid phosphatase
- O Protein profile
- O PSA panel (PSA, FPSA, FPSA / PSA index)
- O Renin activity of plasma
- O Reticulocytes
- O S100
- SCC squamous cell carcinoma antigen
- **O** SHBG
- O Sodium (Na)
- O Somatomedin (IGF 1)
- O Testosterone
- O Thyroglobulin
- TIBC total iron binding capacity (alternative to Fe saturation)
- O Total Beta-hCG
- O Total bilirubin
- O Total protein
- O Total PSA
- O Total T3
- O Total T4
- O TPS
- **O** Transferrin
- O Triglycerides
- O TSH / hTSH
- O Urea/blood urea nitrogen, BUN
- O Uric acid
- O Vitamin B12



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- O Hb A1c Glycated haemoglobin
- O HDL cholesterol
- O Homocysteine
- OIGF-BP3
- O Immunoglobulin IgA
- O Immunoglobulin IgE (total IgE)

- O Vitamin D3 1,25 (OH)2 metabolite
- Q Vitamin D3 25-OH metabolite
- O Zino
- Zinc protoporphyrin (ZnPP)
- O β2 microglobulin
- 3) laboratory diagnosis serological tests and infection diagnosis with collection of material (blood) for examination:
- A-microsomal/anti-TPO antibodies
- O Anti-beta-2-glicoprotein I IGG antibodies
- O Anti-beta-2-glicoprotein I IGM antibodies
- Anti-beta-2-glicoprotein IgG and IgM antibodies (total)
- O Antibodies against striated muscles and cardiac muscle (myasthenia gravis), method: IIF
- O Antibodies against striated muscles, method: IIF
- Antibodies to acetylocholine receptors (AChR-Ab)
- Antibodies to adrenal cortex
- O Antibodies to Ascaris lumbricoides, IgG
- O Antibodies to Castle's intrinsic factor and anti-parietal cell antibodies (APCA), method:
- O Antibodies to double-stranded / native DNA dsDNA (nDNA)
- O Antibodies to dsDNA method: IIF
- O Antibodies to myocardial cells (HMA)
- O Antibodies to ovary antigen, method: IIF
- Antibodies to pancreatic islets, pancreatic exocrine cells and goblet cells in intestines, method: IIF
- O Antibodies to pemphigus and pemphigoid, method: IIF
- Antibodies to TSH receptors (TRAb)
- O Anticardiolipin antibodies IgG
- O Anticardiolipin antibodies IgG and IgM
- O Anticardiolipin antibodies IgM
- O Anti-CCP antibodies
- Anti-endomysial and anti-reticulin IgA antibodies
- Anti-endomysial and anti-reticulin IgG antibodies
- O Anti-endomysial, anti-reticulin and anti-gliadin antibodies, lgA+lgG
- Anti-endomysial, anti-reticulin and anti-gliadin antibodies, IgG
- Anti-gliadin IgG and IgA (AGA) antibodies (total), method: IIF
- O Anti-glomerular basement membrane (GBM) antibodies and anti-alveolar basement membrane (ABM) antibodies, method: IIF

- O Chlamydia pneumoniae IgM antibodies
- Chlamydia trachomatis IgA antibodies
- Chlamydia trachomatis IgG antibodies
- O Chlamydia trachomatis IgM antibodies
- O CMV antibodies IgG
- O CMV antibodies IgM
- O Complement component 3 (C3)
- O Complement component 4 (C4
- Coxackie antibodies
- Cytomegalovirus (CMV), method: Qualitative PCR
- Cytomegaly IgG avidity test
- O EBV / mononucleosis IgG
- O EBV / mononucleosis IgM
- O EBV, method: Qualitative PCR
- O EBV, method: Quantitative PCR
- O EBV/mononucleosis latex
- O Echinococcosis (Echinococcus granulosus) IgG
- O Endomysium IgA antibodies EmA IgA
- Endomysium IgG antibodies EmA IgG
- O Endomysium IqG, IqA antibodies EmA
- O FTA test
- O Full liver panel antibodies (ANA2, AMA, ASMA, anti-LKM, anti-LSP, anti-SLA), method: IIF, DID
- Glutamic acid decarboxylase (anti-GAD) antibodies
- O HBc Ab IgM
- O HBc Ab total
- O HBe Ab
- O Hbe Aq
- O HBs Ab/antibodies;
- O HBs Ag/antigen
- O HBV, method: Qualitative PCR
- O HBV, method: Quantitative PCR
- HCV Ab/antibodies
- HCV, method: Qualitative PCR
- O HCV, method: Quantitative PCR
- Helicobacter pylori IgG, quantitative;
- Hemochromatosis, method: PCR
- O HIV-1/HIV-2



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- O Anti-HAV IgM
- O Anti-HAV total
- O Anti-liver cytosol antibodies Type 1 (anti-LC1), method: Western blot
- Anti-liver kidney microsomal antibodies (Anti-LKM), method: IIF
- Anti-mitochondrial antibodies (AMA)
- O Anti-mitochondrial antibodies (AMA) type M2
- O Anti-neutrophil cytoplasmic antigen antibody ANCA (pANCA and cANCA), method: IIF
- Anti-nuclear (including histone, Ku, rib-P-Protein) antibodies (ANA3), method: Western blot
- O Anti-nuclear and anti-cytoplasmatic antibodies (ANA1), screening, method: IIF
- Anti-nuclear and anti-cytoplasmatic antibodies (ANA2), method: IIF, DID
- Anti-nucleosome antibodies (ANuA) (IMMUNOB-LOT)
- O Anti-parietal cell antibodies (APCA), method: IIF
- O Anti-phosphatidylinositol IgG antibodies
- O Anti-phosphatidylinositol IgM antibodies
- O Anti-phosphatidylserine IgG antibodies
- O Anti-phosphatidylserine IgM antibodies
- O Anti-prothrombin IgG antibodies
- O Anti-prothrombin IgM antibodies
- Anti-reticulin antibodies (ARA) IgA and IgG (total), method: IIF
- O Anti-reticulin antibodies (ARA) IgA, method: IIF
- O Anti-reticulin antibodies (ARA) IgG, method: IIF
- Anti-Saccharomyces cerevisiae antibodies (ASCA) IgG, method: IIF
- Anti-smooth muscle antibodies (ASMA)
- O Anti-tGT (anti-tissue transglutaminase) IgA antibodies, method: ELISA
- O Anti-tGT (anti-tissue transglutaminase) IgG and IgA antibodies, method: ELISA
- Anti-tGT (anti-tissue transglutaminase) IgG antibodies, method: ELISA
- O Antithyroglobulin / anti-TG antibodies
- O Ascaris lumbricoides (ASCARIS) IGG
- O ASO qualitative
- ASO quantitative
- Basic syphilis serology (VDRL or USR or anti-TP), formerly WR
- Bile duct antibodies, method: IIF
- Blood group (AB0), Rh factor and antibody screenina
- O Borelia burgdorferii, method: Qualitative PCR
- O Borreliosis (Lyme disease) IgG

- O HLA B27 antigen assay
- O HPV (Human papillomavirus), method: Qualitative PCR swab
- O hsCRP
- O HSV / Herpes 1 and 2 IgG qualitative
- O 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
- O IgA anti-gliadin antibodies AGA
- IgG antibodies to endomysium and gliadin (total), method: IIF
- O IgG anti-gliadin antibodies AGA
- Immune antibody screening / alloantibodies (replaces anti-Rh /-/ antibodies)
- Intestinal panel (antibodies to pancreatic exocrine cells and goblet cells in intestines, ASCA, ANCA), method: IIF
- O Listeriosis qualitative
- O Liver panel antibodies (anti-LKM, anti-LSP, anti-SLA), method: IIF
- Lupus anticoagulant
- O Measles IgG
- O Measles IgM
- O Mumps IgG
- O Mumps IqM
- O Mycoplasma pneumoniae IgG
- O Mycoplasma pneumoniae IgM
- O Mycoplasma pneumoniae, method: Qualitative PCR
- O Parvovirus B19 IgG and IgM
- O PCR HSV herpes, qualitative
- O Pertussis IgA
- O Pertussis IgG
- O Pertussis IgM
- O Pneumocystosis IgG quantitatively
- O Pneumocystosis IgM quantitatively
- O RF Rheumatoid Factor quantitative
- Rubella IgG
- O Rubella IgM
- SLE semi-quantitative
- O Syphilis serology FTA ABS confirmatory test
- O Tick-borne encephalitis IqM antibodies
- O Toxocariasis IgG (semi-quantitative)
- O Toxoplasma gondii, method: Qualitative PCR
- O Toxoplasma IgG
- O Toxoplasma IgM
- O Toxoplasmosis IgG avidity test



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- O Borreliosis (Lyme disease) IgM
- Borreliosis IgG Western-blot method (confirmatory test)
- Borreliosis IgM Western-blot method (confirmatory test)
- O Brucellosis IgG
- O Brucellosis IgM
- O BTA test
- O C1 inhibitor
- O C1 inhibitor (activity)
- O Chlamydia pneumoniae IgA antibodies
- O Chlamydia pneumoniae IgG antibodies

- O TPHA test
- O Trichinosis, IgG
- O Tyrosine phosphatase (IA2) antibodies
- O Ureaplasma urealyticum, method: Qualitative PCR
- Varicella IgG
- O Varicella IgM
- Waaler-Rose test
- O Yersinia enterocolitica antibodies IgG
- Yersinia enterocolitica antibodies IgG, IgM, IgA (total)
- O Yersinia enterocolitica antibodies IgM
- 4) laboratory diagnosis urine tests including taking material (urine) for examination:
- O 17 hydroxycorticosteroids in 24-hour urine collection
- O 17 ketosteroids in 24-hour urine collection
- O 5-Hydroxyindoleacetic acid in 24-hour urine collection (5 HIAA)
- O Albumin / Albumins
- O Albumin in 24-hour urine collection
- Albumin/creatinine ratio in urine (ACR) (former microalbuminuria in urine)
- O Aldosterone in 24-hour urine collection
- O Amylase in urine
- O Bence-Jones protein in urine
- O Bence-Jones protein in urine
- O Cadmium in blood
- O Calcium in urine
- O Calcium/Ca in urine / 24-hour urine collection
- Catecholamines (noradrenaline, adrenaline) in 24-hour urine collection
- O Chemical composition of renal calculus
- O Chlorides / Cl in urine
- O Chlorides / Cl in urine / 24-hour urine collection
- O Coproporphyrines in urine
- O Cortisol in 24-hour urine collection
- O Creatinine urine / 24-hour urine collection
- O Creatinine in urine
- O Delta aminolevulinic acid (ALA)
- O D-Pyrilinks (bone resorption marker)

- Delta aminolevulinic acid (ALA) in 24-hour urine collection
- Hippuric acid in urine / 24-hour urine collection
- Kappa light chains in urine
- O Lambda light chains in urine
- O Lead/Pb in urine
- O Magnesium / Mg / 24-hour urine collection
- O Magnesium / Mg in urine
- O Mercury/Hg in urine
- Metoxycatecholamines in 24-hour urine collection
- Oxalates in urine
- O Phosphorus in urine
- O Phosphorus in urine / 24-hour urine collection
- Potassium (K) urine
- O Potassium (K) urine/ 24-hour urine collection
- O Sodium/Na in urine
- O Sodium/Na in urine / 24-hour urine collection
- O Total protein / 24-hour urine collection
- O Urea/blood urea nitrogen, BUN in urine
- O Urea/blood urea nitrogen, BUN in urine / 24-hour urine collection
- O Uric acid in urine
- Uric acid in urine / 24-hour urine collection
- O Urine general analysis
- O Urine glucose and ketones
- Urine protein
- O 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):
- O Abscess content anaerobic culture
- Abscess content culture
- Anal and vaginal swab culture for Streptococcus GBS
- O Anal swab gerobic culture
- O Anal swab culture for SS

- O Left ear seton aerobic culture
- O Liquid from sinuses aerobic culture
- O Mycoplasma hominis and Ureaplasma urealiticum endocervical swab
- O Mycoplasma hominis and Ureaplasma urealiticum urethral swab



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- O Breast discharge aerobic culture
- O Chlamydia pneumoniae antigen, method: IIF Throat swab
- Chlamydia pneumoniae antigen, method: IIF swab
- O Chlamydia pneumoniae antigen, method: IIF swab other material
- O Chlamydia pneumoniae PCR swab
- Chlamydia trachomatis antigen, method: IIF Endocervical swab
- O Chlamydia trachomatis antigen, method: IIF urethral swab
- O Chlamydia trachomatis antigen, method: IIF swab other material
- Chlamydia trachomatis, method: PCR qualitative method (vaginal swab, urethral swab or urine)
- O Culture for GC (GNC) Endocervical swab
- O Culture for GC (GNC) Vaginal swab
- O Culture of human milk from left breast aerobic
- Culture of human milk from right breast aerobic
- O Ear swab aerobic culture
- O Ear swab anaerobic culture
- O Endocervical smear anaerobic culture
- **Q** Endocervical swab
- O Eosilophils in nasal swab
- O Eye swab aerobic culture
- O Foreskin swab aerobic culture
- O Furuncle swab
- O General faeces culture
- O Gingival swab aerobic culture
- O Laryngeal swab aerobic culture
- O Laryngeal swab for Pneumocystis carini

- O Nasal swab
- O Nasal swab aerobic culture
- O Nasopharyngeal swab aerobic culture
- O Nasopharyngeal swab anaerobic culture
- Oral cavity swab aerobic culture
- O Penile swab aerobic culture
- Pharyngeal / tonsil swab aerobic culture
- O Pinworms anal swab
- O Right ear seton aerobic culture
- Semen culture gerobic
- O Skin lesion swab aerobic culture
- O Sputum culture
- Stool culture for Pathogenic E. Coli in children up to 2 years
- Stool culture for SS
- Stool culture for Yersinia enterocolitica
- Synovial fluid cytology
- O Synovial fluid general analysis
- O Tongue swab aerobic culture
- O Ulceration swab aerobic culture
- O Umbilical swab aerobic culture
- **O** Urethral swab
- O Urethral swab anaerobic culture
- O Urethral swab for GC (GNC) culture
- O Urine culture
- Vaginal microbiological test (vaginal biocenosis)
- O Vaginal swab aerobic culture
- O Vaginal swab anaerobic culture
- O Vulvar swab aerobic culture
- O Wound swab
- O Wound swab anaerobic culture
- 6) laboratory diagnosis faecal tests including taking material for examination:
- O Faecal analysis for rota- and adenovirus
- O Faecal ELISA analysis for lamblia
- Faecal occult blood (FOB)
- O Faeces analysis for parasites, 1 assay
- O Helicobacter pylori faecal antigen
- O Stool analysis
- Stool analysis Clostridium difficile GDH antigen and A / B toxin
- 7) laboratory diagnosis cytological tests including taking material for examination:
- O 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
- O Anal area swab culture for fungi
- O Ear swab culture for yeast-like fungi
- O Endocervical smear, culture for yeast-like fungi
- O eye swab culture for yeast-like fungi;
- Foreskin swab culture for yeast-like fungi
- O Gingival swab culture for yeast-like fungi

- Nasal swab culture for yeast-like fungi
- O Nasopharyngeal swab culture for yeast-like fungi
- O Oral swab culture for yeast-like fungi
- O Penile swab culture for yeast-like fungi
- Pharyngeal / tonsil swab culture for yeast-like fungi



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- Laryngeal swab culture for yeast-like fungi
- Mycological examination fingernail fungal culture
- O Mycological examination foot epidermis fungal culture scrapings
- Mycological examination fungal culture hairy head skin scraping
- O Mycological examination hair fungal culture
- O Mycological examination hand epidermis fungal culture scrapings
- O Mycological examination skin fungal culture
- Mycological examination skin scraping fungal culture
- Mycological examination toenail fungal culture

- O Secretion culture for yeast-like fungi
- O Sement culture for yeast-like fungi
- O 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
- O Ulceration swab culture for fungi
- Urethral swab culture for yeast-like fungi
- Urine culture for yeast-like fungi
- O Vaginal swab culture for yeast-like fungi
- O 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:
- O Bile acids
- O Carbamazepine
- O Ciclosporin A, quantitative
- O Digoxin
- O Lead

- O Lithium
- Phenytoin, quantitative
- O Toxicological test methemoglobin quantitative
- O Valproic acid
- 10) laboratory diagnosis rapid strip tests with taking material (blood) for examination:
- O CRP strip test
- Cholesterol strip test
- Glucose meter test

- Troponin strip test
- O Pharyngeal swab for Streptococcus a. quick test
- 11) diagnostic imaging ECG examinations:
- O Mounting Holter ECG monitor with 12 leads (for 24h)
- Mounting of a standard\* Holter ECG monitor (for 24h) in an office
- O Mounting Holter RR (for 24h) device in an office
- Resting ECG
- O Stress test
- O Stress test Exercise ECG using an cycloergometer
- 12) diagnostic imaging X-ray examinations (medium conforming with the standard applicable in a given clinic):
- Abdominal X-ray, erect
- O Abdominal X-ray, other
- Abdominal X-ray, supine
- Ankle joint X-ray, AP + lateral
- O Ankle joint X-ray, AP + lateral bilateral
- O Bilateral forearm X-ray, AP + lateral
- O Bilateral hip joint X-ray, AP
- O Bilateral patellar X-ray, axial in 2 positions
- O Bilateral patellar X-ray, axial in 3 positions
- O Cervical functional X-ray
- Cervical X-ray
- Cervical X-ray, AP + lateral
- O Cervical X-ray, lateral
- O Cervical X-ray, lateral + oblique (3 views)
- O Cervical X-ray, oblique views
- O Chest X-ray
- O Chest X-ray X-ray tomography

- O Larynx X-ray tomography
- O Lateral nasal X-ray
- O Lower leg X-ray, AP + bilateral lateral
- O Lower leg X-ray, AP + lateral
- Q Lumbar functional X-ray
- O Lumbar X-ray: AP + lateral
- O Mandibular X-ray
- O Metatarsal X-ray
- Paranasal sinus X-ray
- O Pelvic and hip joint X-ray
- O Rib X-ray (unilateral), 2 oblique views
- Sacrococcygeal X-ray
- Scaphoid X-ray
- Scapular X-ray
- Shoulder X-ray (transthoracic)
- O Shoulder X-ray, AP
- O Shoulder X-ray, AP + axial



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- O Chest X-ray X-ray tomography
- O Chest X-ray + lateral
- O Chest X-ray PA + lateral with barium
- O Chest X-ray, lateral with barite
- O Chest X-ray, other
- O Clavicular X-ray
- O Cranial X-ray orbits
- O Cranial X-ray PA + lateral
- O Cranial X-ray PA + lateral + base
- O Cranial X-ray, base
- O Cranial X-ray, cranial nerve canals
- O Cranial X-ray, sella turcica
- O Cranial X-ray, semi-axial by Orley
- O Cranial X-ray, tangential
- O Elbow joint X-ray
- O Elbow/forearm X-ray, AP + lateral
- O Elbow/forearm X-ray, AP + lateral, bilateral
- O Esophagus, stomach and duodenum X-ray (with standard contrast agents)
- O Femoral bone X-ray, AP + left lateral
- O Femoral bone X-ray, AP + right, lateral
- O Finger(s) X-ray, PA + lateral/oblique
- O Finger(s) X-ray, PA + lateral/oblique bilateral
- O Foot X-ray, AP (comparative)
- O Foot X-ray, AP + lateral/oblique
- O Foot X-ray, AP + lateral/oblique bilateral
- O Foot X-ray, AP + lateral/oblique bilateral, erect
- O Foot X-ray, AP + lateral/oblique., erect
- O Forearm X-ray, AP + lateral
- O Hand X-ray PA, bilateral
- Hand X-ray, lateral
- O Hand X-ray, PA
- O Hand X-ray, PA + oblique
- O Hand X-ray, PA + oblique, bilateral
- O Heel X-ray + axial
- Heel X-ray, lateral
- O Hip joint X-ray, AP
- O Hip joint X-ray, axial
- O Knee joint X-ray, AP + bilateral lateral
- O Knee joint X-ray, AP + bilateral lateral, erect
- O Knee joint X-ray, AP + lateral
- Knee joint X-ray, lateral
- O Large intestine X-ray rectal enema (with standard contrast agents)
- 13) diagnostic imaging ultrasound examinations:
- Abdominal ultrasound
- Achilles tendon ultrasound
- O Ankle joint ultrasound

- O Shoulder X-ray, AP + lateral
- O 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
- O Thoracic X-ray
- Thoracic X-ray AP + lateral
- O Thoracic X-ray, AP + lateral + oblique
- O Thoracic X-ray, lateral
- O Thoracic X-ray, oblique views
- Toe(s) X-ray, AP + lateral/oblique
- O Upper leg and lower leg X-ray
- Urography (with standard contrast agents)
- O Wrist X-ray, lateral
- Wrist X-ray, PA + bilateral lateral
- O 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
- O Wrist/hand X-ray, PA + lateral/oblique right
- O X-ray of both patellae axial
- O X-ray of both wrists, lateral
- O X-ray of chest, thyroid, trachea
- X-ray of lumbar spine, AP + lateral + oblique
- X-ray of lumbar spine, lateral
- O X-ray of lumbosacral spine AP + lateral
- X-ray of lumbosacral spine, oblique
- X-ray of nasopharynx
- X-ray of orbits + lateral (2 views)
- O X-ray of sacroiliac joints oblique
- O X-ray of sacroiliac joints PA
- O X-ray of sternum, AP
- X-ray of temporal bones by Schuller/Stevers
- X-ray of temporal bones, transorbital
- O X-ray sternum / chest lateral
- X-ray teleradiogram digital cephalometry
- X-ray, small intestine passage (with standard contrast agents)
- O Transrectal prostate ultrasound
- O Transvaginal gynaecological ultrasound



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- Breast ultrasound
- O Echocardiography cardiac ultrasound
- O Echocardiography cardiac ultrasound (foetal)
- Elbow joint ultrasound
- O Finger and metacarpophalangeal joint ultrasound
- O Hip joint ultrasound
- O Hip joints ultrasound for children
- O Hip joints ultrasound + orthopaedic consultation (up to 1 year of age);
- O Knee joint ultrasound
- laryngeal ultrasound;
- O Lymph node ultrasound
- Obstetric ultrasound extended examination (4 D)
- O Post-traumatic muscle haematoma ultrasound
- O Salivary gland ultrasound
- Shoulder ultrasound
- O Subcutaneous tissue ultrasound (lipomas, fibromas, etc.)
- O Testicular ultrasound
- O Thyroid ultrasound
- O Transabdominal gynaecological ultrasound
- O Transabdominal prostate ultrasound
- O Trans-fontanelle 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
- O Ultrasound of pleura
- Ultrasound of the plantar aponeurosis
- O Ultrasound/Doppler ultrasound of hepatic vessels (assessment of hepatic portal circulation)
- Ultrasound/Doppler ultrasound of intracranial arteries
- O Ultrasound/Doppler ultrasound of lower limb veins
- Ultrasound/Doppler ultrasound of renal arteries
- O 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
- O Wrist ultrasound
- 14) diagnostic imaging endoscopic examinations with endoscopic biopsy specimen sampling:
- Anoscopy
- O Colonoscopy
- O Gastroscopy (with urease test)
- Histopathological examination endoscopy biopsy material
- Laryngological endoscopy
- O Rectoscopy
- Sigmoidoscopy
- 15) diagnostic imaging magnetic resonance imaging with standard contrast agents:
- MR magnetic resonance arteriography of lower limb arteries
- O MR magnetic resonance Cholangiography MR
- MR magnetic resonance heart examination with quantitative assessment of systolic function, viability, perfusion at rest and viability assessment
- MR magnetic resonance heart examination with quantitative assessment of systolic function
- O MR magnetic resonance heart examination with quantitative assessment of blood flow
- MR magnetic resonance heart morphological examination with quantitative assessment of systolic function and viability assessment
- O MR magnetic resonance Mammography MR
- O MR magnetic resonance head + angiography
- O MR magnetic resonance of abdomen
- MR magnetic resonance of abdomen and cholangiography

- MR magnetic resonance of hip joint
- MR magnetic resonance of joint with colorful cartilage imaging
- MR magnetic resonance of knee joint
- MR magnetic resonance of lower leg
- MR magnetic resonance of lumbar spine
- MR magnetic resonance of neck
- O MR magnetic resonance of orbits
- MR magnetic resonance of pituitary gland
- O 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
- O MR magnetic resonance of wrist
- MR magnetic resonance, angiography head



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- MR magnetic resonance of abdomen and small pelvis;
- O MR magnetic resonance of adrenal glands
- MR magnetic resonance of ankle joint
- O MR magnetic resonance of arm
- O MR magnetic resonance of bone pelvis
- O MR magnetic resonance of cervical spine
- O MR magnetic resonance of elbow joint
- O MR magnetic resonance of fetus
- O MR magnetic resonance of foot
- O MR magnetic resonance of forearm
- O MR magnetic resonance of hand
- O MR magnetic resonance of head
- 16) diagnostic imaging computed tomography with standard contrast agents:
- O CT arthrography of shoulder joint
- CT computed tomography Angio of abdominal aorta
- O CT computed tomography Angio of carotid arteries
- O CT computed tomography Angio of epigastrium
- CT computed tomography Angio of lesser pelvis arteries
- O CT computed tomography Angio of lower limbs
- O CT computed tomography Angio of the abdomen and small pelvis
- O CT computed tomography Angio of the head arteries
- O CT computed tomography Angio of the head examination of veins and sinuses of the brain
- CT computed tomography Angio of thoracic aorta
- O CT computed tomography Angio of thorax
- O CT computed tomography Angio of upper limb
- O CT computed tomography Bronchography CT
- O CT computed tomography Colonography
- CT computed tomography coronary vessels arteries
- O CT computed tomography of abdomen
- O CT computed tomography of abdomen and small pelvis
- O CT computed tomography of ankle joint
- ${f O}$  CT computed tomography of arm
- O CT computed tomography of bone pelvis
- O CT computed tomography of cervical + lumbar spine
- CT computed tomography of cervical + thoracic + lumbar spine

- O MR magnetic resonance, angiography of the great vessels of the chest
- MR magnetic resonance, arteriography of renal arteries
- O MR magnetic resonance, head and pituitary gland
- MR magnetic resonance, splanchnocranium
- MR magnetic resonance; Urography
- MR arthrography of ankle joint
- MR arthrography of elbow joint
- O MR arthrography of knee joint
- MR arthrography of shoulder joint
- MR arthrography of wrist
- CT computed tomography of foot
- CT computed tomography of forearm
- O CT computed tomography of hand
- CT computed tomography of head
- CT computed tomography of hip joint
- O CT computed tomography of jaw, mandible dental examination (implantology)
- CT computed tomography of knee joint
- CT computed tomography of larynx
- O CT computed tomography of lower leg
- CT computed tomography of lumbar spine
- O CT computed tomography of neck
- CT computed tomography of neck, thorax, abdomen, small pelvis
- O CT computed tomography of orbits
- O CT computed tomography of pituitary gland
- CT computed tomography of shoulder joint
- O CT computed tomography of sinuses
- CT computed tomography of small pelvis
- CT computed tomography of temporal bones
- O CT computed tomography of thoracic + lumbar spine
- CT computed tomography of thoracic spine
- CT computed tomography of thorax
- CT computed tomography of thorax (HRCT)
- O CT computed tomography of thorax and abdomen
- O 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



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spine	O CT arthrography of elbow joint O CT arthrography of elbow joint
O CT – computed tomography of cervical spine	O CT arthrography of knee joint
O CT – computed tomography of elbow joint	O CT arthrography of wrist
O CT – computed tomography of facial skeleton	
17) diagnostic imaging - EEG examinations:	
○ Standard* EEG	○ Standard* EEG – children
18) diagnostic imaging - EMG examinations:	
<ul> <li>EMG – electromyography – assessment of muscle function at rest</li> </ul>	○ EMG – electromyography – non-traumatic nerve injury
○ EMG – electromyography – carpal tunnel syndrome	O EMG – electromyography – plexus injury
<ul><li>O EMG – electromyography – facial nerve</li><li>O EMG – electromyography – ischemic (tetany) test</li></ul>	• EMG – electromyography – polyneuropathy/myo- pathy
<ul> <li>EMG – electromyography – motor neuron disease / amyotrophic lateral sclerosis (MND / SLA)</li> </ul>	O EMG – electromyography – quantitative assessment of the muscle
O EMG – electromyography – myasthenia test	O EMG – electromyography – traumatic nerve injury
19) diagnostic imaging - electroneurographic exami	nations:
<ul><li>Electroneurography (ENG) – sensory nerve</li><li>Electroneurography (ENG) – motor nerve (long)</li></ul>	<ul> <li>Electroneurography (ENG) – motor nerve (short sections</li> </ul>
20) diagnostic imaging - other diagnostic tests and	examinations:
O ABR – differential diagnostics	O Labyrinth test
O ABR – latencies	O Lumbar spine densitometry (trabecular bone as-
O Anomaloscope test	sessment) – screening ;
O Audiometric test – Characteristics of tinnitus	O Mammography
• Audiometric test – determination of Uncomfortable	O Mammography – targeted image
Listening Level (UCL)	O OCT examination – both eyes
<ul><li>Audiometric test – whisper test</li></ul>	O OCT examination – one eye

- compression test

  O Colposcopy
- O Computerised visual field test
- Dark adaptation test

O Cold provocation test

O Densitometry femoral collum (cortical bone assessment) – screening

O Cold provocation test with skin thermometry and

- Electronystagmography (ENG)
- Fluorescein angiography
- **O** GDX examination
- O Impedance audiometry with tympanometry and stapedial muscle reflex evaluation (IA)

- Otoacoustic emission
- O Pachymetry
- O Spirometry diastolic test
- Spirometry without medication
- Standard audiometry supraliminal audiometry
- Standard audiometry verbal audiometry
- Standard audiometry\*
- O Tilt Test
- **O** Tympanometry
- O Uroflowmetric examination
- Vibratory perception
- O Videonystagmography (VNG)
- 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



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options (including extended genetic ultrasound).

### §15 Allergy tests (option III)

- 1. The insurance includes allergy skin tests, patch tests or contact tests and blood allergy 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:
  - O skin allergy tests 1 spot

- skin allergy tests inhaled allergens panel
- skin allergy tests food allergy panel
- 3) Patch/contact tests patch tests with a product for allergy tests:
- O Patch/contact tests 1 spot
- O Patch/contact tests basic panel
- O Patch/contact tests cosmetic panel
- patch/contact tests crural ulceration panel
- Patch/contact tests hairdresser panel
- 4) Allergy blood tests with taking test samples (blood:
- O IGE SP. Acarus Siro D70 (in dust)
- O IGE SP. Alternaria Tenuis M6
- O IGE SP. Amoxycillin C204
- O IGE SP. Aspergillus Fumigatus M3
- O IGE SP. Ribwort plantain W9
- O IGE SP. Banana F92
- O IGE SP. Egg white F1
- O IGE SP. Silver birch T3
- O IGE SP. Mugwort W6
- O IGE SP. Candida Albicans M5
- O IGE SP. Onion F48
- O IGE SP. Chironimus Plumosus 173
- O IGE SP. Weeds blend: mugwort (W6), stinging nettle (W20), European goldenrod (W12), ribwort plantain (W9), Chenopodium album (W10)
- O IGE SP. Cladosporium Herbarum M2
- O IGE SP. Chocolate F105
- O IGE SP. Cod F3
- O IGE SP. Brewer's yeast F403
- O IGE SP. Trees blend: alder (T2), birch (T3), hazel (T4), oak (T7), willow (T12)
- O IGE SP. Bean F15
- O IGE SP. FP5 food blend (paediatric): cod (F3), egg white (F1), peanut (F13), cow's milk (F2), soy (F14), wheat flour (F4)
- O IGE SP. Human ascaris P1
- O IGE SP. Gluten (gliadin) F79
- O IGE SP. GP4 late grass blend: sweet vernal grass (G1), perennial rye grass (G5), timothy grass (G6), common reed grass (G7), rye (G12), yorkshire fog (G13)
- O IGE SP. Pea F12

- Specific IgE mould blend MP1: Alternaria tenuis (M6), Penicilium notatum (M1), Cladosporium herbarum (M2), Aspergillus fumigatus (M3), Candida ablicans (M5)
- O IGE SP. Cow's milk Beta-lactoglobulin F77
- O IGE SP. Cow's milk F2
- O IGE SP. Cow's milk alpha-lactalbumin F76
- O IGE SP. Mucor racemosus M4
- IGE SP. Mustard F89
- O IGE SP. Hamster epidermis E84
- O IGE SP. Rabbit epidermis E82
- O IGE SP. Sheep epidermis E81
- O IGE SP. Guinea pig epidermis E6
- O IGE SP. Pigeon droppings E7
- O IGE SP. Cucumber F244
- O IGE SP. Alder T2
- O IGE SP. Hazelnut F17
- O IGE SP. Walnut F256
- O IGE SP. Peanut F13
- O IGE SP. Oat F7
- IGE SP. Inhalant panel
- O IGE SP. Mixed panel
- IGE SP. Food panel
- O IGE SP. Penicilium notatum M1
- O IGE SP. Black pepper F280
- O IGE SP. Feather blend EP71: duck feathers (E86), goose feathers (E70), hen feathers, turkey feathers
- O IGE SP. Feathers (goose) E70
- O IGE SP. Parsley F86
- O IGE SP. Duck feathers E86
- O IGE SP. Canary feathers E201
- O IGE SP. Budgerigar feathers E78



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- O IGE SP. Pear F94
- O IGE SP. Buckwheat F11
- O IGE SP. Turkey F284
- O IGE SP. Apple F20
- O IGE SP. Vespula wasp venom SP.13
- O IGE SP. Bee venom I1
- O IGE SP. European hornet venom 15
- O IGE SP. Lamb (mutton) F88
- O IGE SP. Whole egg F245
- O IGE SP. Barley F6
- O IGE SP. Cocoa F93
- O IGE SP. Cockroach German cockroach 16
- O IGE SP. Coffee F221
- O IGE SP. Casein F78
- O IGE SP. Kiwi fruit F84
- O IGE SP. Mosquito I71
- O IGE SP. Chenopodium album W10
- O IGE SP. Dill 277
- O IGE SP. Meadow fescue G4
- O IGE SP. Orchard grass G3
- IGE SP. Maize F8
- O IGE SP. Chicken F83
- O IGE SP. Dust blend (Bencard)
- O IGE SP. Latex K82
- O IGE SP. Lepidoglyphus destructor D71
- O IGE SP. Common hazel T4
- O IGE SP. Carrot F31
- O Specific IgE epidermis blend EP1: dog (E5), cat
  - (E1), horse (E3), cow (E4)

- O IGE SP. Orange F33
- O IGE SP. Tomato F25
- O IGE SP. Wheat F4
- O IGE SP. Rye pollen G12
- O IGE SP. Mite Dermathopag Pteronys. D1
- O IGE SP. Mite Dermathophag Farinae D2
- O IGE SP. Rice F9
- O IGE SP. Celery F85
- O IGE SP. Cheddar cheese F81
- O IGE SP. Horse hair E3
- O IGE SP. Cat fur E1
- O IGE SP. Dog coat E2
- O IGE SP. Soy F14
- O IGE SP. Poplar T14
- O IGE SP. Strawberry F44
- O IGE SP. Tuna F40
- O IGE SP. Grasses blend GP1 (orchard grass G3, meadow fescue G4, perennial rye grass G5, timothy grass G6, Kentucky bluegrass G8)
- O IGE SP. Timothy G6
- IGE SP. Tyrophagus putescentiae
- O IGE SP. Pork F26
- O IGE SP. Willow T12
- O IGE SP. Beef F27
- O IGE SP. Potato F35
- O IGE SP. Egg yolk F75
- O IGE SP. Rye F5
- O IGE SP. blend FP2 fish, crustacean, seafood: cod (F3), shrimp (F24), salmon (F41), mussel (F37), tuna (F40)
- 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.

#### §16 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:
- **GBS**
- O basic syphilis serology (VDRL or USR or anti-TP);
- O Blood count + platelet count + automated smear
- O Blood group (AB0), Rh factor and antibody screening
- O Culture for GC (GNC) Endocervical swab
- O Culture for GC (GNC) Vaginal swab
- O Fasting glucose
- O Free estriol

- O Anal and vaginal swab culture for Streptococcus O Immune antibody screening / alloantibodies (replaces anti-Rh /-/ antibodies)
  - obstetric ultrasound;
  - O Prenatal midwife education a limit of 6 meetings in the 12-month period of the Agreement
  - O Rubella IqG
  - O Rubella IqM
  - O Standard\* Pap smear
  - Total Beta-hCG



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- O Glucose 75 g, 1-hour glucose challenge test
- O Glucose 75 g, 2-hour glucose challenge test
- O Gynaecologist consultation pregnancy care
- O HBs Ab/antibodies;
- O HBs Ag/antigen
- O HCV Ab/antibodies
- O HIV-1/HIV-2

- O Toxoplasma IgG
- O Toxoplasma IgM
- O Transabdominal gynaecological ultrasound
- O Transvaginal gynaecological ultrasound O transvaginal obstetric ultrasound;
- O 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.

# §17 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:
  - O Blood count + platelet count + automated smear
  - **O** Creatinine
  - **O** ESR
  - faecal occult blood (FOB);
  - Fasting glucose
  - O GPT/ALT transaminase
  - O HBs Ag/antigen
  - 3) Imaging examinations in justified medical cases
  - Abdominal ultrasound

- HCV Ab/antibodies
- O Lipid profile (CHOL, HDL, LDL, TG)
- O Standard\* Pap smear
- O TSH / hTSH
- Uric acid
- O Urine general analysis
- Thyroid ultrasound



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<ul> <li>Breast ultrasound and Mammography - women, depending on medical indication</li> <li>PA chest X-ray - depending on medical indications</li> <li>Functional examinations:</li> </ul>	<ul> <li>Transabdominal gynaecological ultrasound or transvaginal gynaecological ultrasound</li> </ul>
Resting ECG	O Spirometry without medication
5) Internist consultation — closing consultation.	o opinometry manoatimeanoanon
. The scope of the check for men includes:	
1) Physician consultations:	
<ul> <li>a) Internist consultation — medical history</li> <li>b) urological consultation;</li> <li>c) Ophthalmological/ optometrist consultation</li> <li>d) Dermatological consultation with standard* derm</li> </ul>	natoscopy.
2) Laboratory tests:	
<ul> <li>Blood count + platelet count + automated smear</li> <li>Creatinine</li> <li>ESR</li> <li>Faecal occult blood (FOB);</li> <li>Fasting glucose</li> <li>GPT/ALT transaminase</li> <li>HBs Ag/antigen</li> </ul>	<ul> <li>HCV Ab/antibodies</li> <li>Lipid profile (CHOL, HDL, LDL, TG)</li> <li>PSA panel (PSA, FPSA, FPSA / PSA index)</li> <li>TSH / hTSH</li> <li>Uric acid</li> <li>Urine – general analysis</li> </ul>
3) Imaging examinations Imaging examinations in justi	ified medical cases
<ul><li>PA chest X-ray - depending on medical indications</li><li>Prostate ultrasound</li></ul>	<ul><li>Thyroid ultrasound</li><li>Testicular ultrasound</li><li>Abdominal ultrasound</li></ul>

- Resting ECG
  - O 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

# §16 Physiotherapy (option III)

4) Functional examinations:

4

- 1. As part of the Physiotherapy (option III) 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



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- 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 and covers performance of a total of 5 of rehabilitation services (neurokinesilogy or postural defects) within a 12-month term of the agreement. Physiotherapy covers the following range of physiotherapy and kinesitherapy procedures:
  - O 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 fore-
  - Kinesitherapy function-improving exercises hand
  - Kinesitherapy function-improving exercises hip joint
  - Kinesitherapy function-improving exercises knee ioint
  - Kinesitherapy function-improving exercises lumbar spine
  - Kinesitherapy function-improving exercises shank
  - Kinesitherapy function-improving exercises shoulder joint
  - O Kinesitherapy function-improving exercises thigh
  - Kinesitherapy function-improving exercises thoracic spine
  - O Kinesitherapy function-improving exercises wrist
  - Kinesitherapy individual therapy ankle joint
  - Kinesitherapy individual therapy arm
  - Kinesitherapy individual therapy cervical spine
  - Kinesitherapy individual therapy elbow joint
  - O Kinesitherapy individual therapy foot
  - Kinesitherapy individual therapy for scars

- O Physical therapy ionophoresis lower leg
- Physical therapy ionophoresis lumbar spine
- O Physical therapy ionophoresis shoulder joint
- O Physical therapy ionophoresis thoracic spine
- O Physical therapy ionophoresis upper leg
- O Physical therapy ionophoresis wrist
- Physical therapy local cryotherapy ankle joint
- O Physical therapy local cryotherapy arm
- Physical therapy local cryotherapy cervical spine
- O Physical therapy local cryotherapy elbow joint
- O Physical therapy local cryotherapy foot
- Physical therapy local cryotherapy forearm
- O Physical therapy local cryotherapy hand
- O Physical therapy local cryotherapy hip joint
- Physical therapy local cryotherapy knee joint
- O 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
- O Physical therapy local cryotherapy wrist
- O Physical therapy low- Energy laser
- O Physical therapy low-energy laser therapy ankle joint
- Physical therapy low-energy laser therapy arm
- O Physical therapy low-energy laser therapy cervical spine
- Physical therapy low-energy laser therapy elbow joint
- O Physical therapy low-energy laser therapy foot
- Physical therapy low-energy laser therapy forearm
- O Physical therapy low-energy laser therapy hand
- Physical therapy low-energy laser therapy hip joint



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- O Kinesitherapy individual therapy forearm
- O Kinesitherapy individual therapy hand
- O Kinesitherapy individual therapy hip joint
- Kinesitherapy individual therapy knee joint
- Kinesitherapy individual therapy lower leg
- 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
- O Kinesitherapy instructional exercises forearm
- Kinesitherapy instructional exercises hand
- Kinesitherapy instructional exercises hip joint
- O 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
- Myorelaxation therapy Therapeutic spinal massage
- Phisical therapy ultrasound therapy for scars
- Physical therapy diadynamic currents therapy ankle joint
- O Physical therapy diadynamic currents therapy arm
- O 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
- O Physical therapy diadynamic currents therapy hand
- Physical therapy diadynamic currents therapy hip joint

- Physical therapy low-energy laser therapy knee joint
- Physical therapy low-energy laser therapy lower lea
- O Physical therapy low-energy laser therapy lumbar spine
- O Physical therapy low-energy laser therapy shoulder joint
- Physical therapy low-energy laser therapy thoracic spine
- O Physical therapy low-energy laser therapy upper lea
- Physical therapy low-energy laser therapy wrist
- Physical therapy magnetic field therapy ankle joint
- O 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
- O Physical therapy magnetic field therapy forearm
- O 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 leq
- Physical therapy magnetic field therapy lumbar spine
- Physical therapy magnetic field therapy shoulder joint
- Physical therapy magnetic field therapy thoracic spine
- O Physical therapy magnetic field therapy upper lea
- O Physical therapy magnetic field therapy wrist
- O Physical therapy phonophoresis ankle joint
- O Physical therapy phonophoresis arm
- Physical therapy phonophoresis cervical spine
- O Physical therapy phonophoresis elbow joint
- O Physical therapy phonophoresis foot
- Physical therapy phonophoresis forearm
- O Physical therapy phonophoresis hand
- Physical therapy phonophoresis hip joint
- Physical therapy phonophoresis knee joint
   Physical therapy phonophoresis lower leg
- O Physical therapy phonophoresis lumbar spine
- O Physical therapy phonophoresis shoulder joint



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- Physical therapy diadynamic currents therapy knee joint
- Physical therapy diadynamic currents therapy lower leq
- O Physical therapy diadynamic currents therapy lumbar spine
- O Physical therapy diadynamic currents therapy shoulder joint
- O Physical therapy diadynamic currents therapy thoracic spine
- Physical therapy diadynamic currents therapy upper leg
- O 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
- O Physical therapy galvanisation ankle joint
- O Physical therapy galvanisation arm
- Physical therapy galvanisation elbow joint
- O Physical therapy galvanisation foot
- Physical therapy galvanisation forearm
- O Physical therapy galvanisation hand
- O Physical therapy galvanisation hip joint
- Physical therapy galvanisation knee joint
- O Physical therapy galvanisation lower leg
- Physical therapy galvanisation shoulder joint
- Physical therapy galvanisation upper leg
- O Physical therapy galvanisation wrist
- O Physical therapy galvanotherapy cervical spine
- O Physical therapy galvanotherapy lumbar spine
- O Physical therapy galvanotherapy thoracic spine
- Physical therapy interferential currents therapy ankle joint
- O Physical therapy interferential currents therapy arm
- O 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
- O Physical therapy interferential currents therapy hand
- O Physical therapy interferential currents therapy hip joint

- O Physical therapy phonophoresis thoracic spine
- O Physical therapy phonophoresis upper leg
- O Physical therapy phonophoresis wrist
- Physical therapy TENS currents therapy ankle joint
- Physical therapy TENS currents therapy arm
- O 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 lea
- 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
- O 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



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- Physical therapy interferential currents therapy knee joint
- O 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 interferential currents therapy upper lea
- Physical therapy interferential currents therapy wrist
- O Physical therapy ionophoresis ankle joint
- O Physical therapy ionophoresis arm
- Physical therapy ionophoresis cervical spine
- O Physical therapy ionophoresis elbow joint
- O Physical therapy ionophoresis foot
- O Physical therapy ionophoresis forearm
- O Physical therapy ionophoresis hand
- O Physical therapy ionophoresis hip joint
- Physical therapy ionophoresis knee joint

- Physical therapy Trabert's current therapy thoracic spine
- Physical therapy Trabert's current therapy upper leg
- Physical therapy Trabert's current therapy wrist
- O Physical therapy ultrasound (in water)
- Physical therapy ultrasound therapy ankle joint
- O Physical therapy ultrasound therapy arm
- Physical therapy ultrasound therapy cervical spine
- Physical therapy ultrasound therapy elbow joint
- O Physical therapy ultrasound therapy foot
- Physical therapy ultrasound therapy forearm
- Physical therapy ultrasound therapy hand
- O Physical therapy ultrasound therapy hip joint
- Physical therapy ultrasound therapy knee joint
   Physical therapy ultrasound therapy lower leg
- O Physical therapy ultrasound therapy lumbar spine
- Physical therapy ultrasound therapy shoulder joint
- O 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 Hospitalls 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.

#### §19 Dentistry (option III)

- 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-moth Insuranace Period, of the following performed by dentists' services:
  - Emergency dental abscess incision, including drainage
- Emergency extraction of a tooth by intra-alveolar chiseling



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- KOD: OI.3PRONH1 Page 30 z 43
  - 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
  - O Emergency extraction of a single-rooted deciduous tooth
  - Emergency extraction of a single-rooted tooth

- 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 abovementioned 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



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dentist specialising in conservative dentistry, and oral hygiene procedures performed by a dental hygienist, and includes the following services:

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

#### 3. Anaesthesia

- 1) The insurance is performed by dentists in outpatient Medical Facilities indicated by the Insurer and covers the following services:
  - O Dental anaesthesia with a WAND device
  - O Dental local infiltration anaesthesia
- O Dental local permeation anaesthesia
- O Dental intraoral conduction anaesthesia
- 2) The Dentistry (option II) insurance does not cover services provided under general anaesthesia.

# 4. Conservative dentistry

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

- O Specialist consultation conservative dentistry
- O Cauterisation of interdental papilla
- O Circumpulpar pin inlay
- O Cosmetic covering of discoloured dentine in anterior teeth – composite veneer
- O Cosmetic covering of enamel hypoplasia composite veneer
- Examination of tooth vitality
- Filling glass ionomer
- O Medicinal dressing on a permanent tooth
- Periodontal pocket irrigation

- Periodontal pocket irrigation and drug application
- Restoration of damaged incisal angle with regular light-cured material
- O Tooth cavity filling 1 surface with regular lightcured material
- Tooth cavity filling 2 surfaces with regular lightcured material
- Tooth cavity filling 3 surfaces with regular lightcured material
- Treatment of changes of the oral mucosa

# 5. Paedodontics

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

- O Dental consultation paedodontal
- Adaptation visit (children) dentistry
- O Amputation of devitalised deciduous tooth pulp
- O Deciduous tooth cavity filling 1 surface
- O Deciduous tooth cavity filling 1 surface, therapeutic
- O Deciduous tooth cavity filling 2 surfaces
- O Deciduous tooth cavity filling 3 surfaces
- O Deciduous tooth cavity filling 3 surfaces, therapeutic

- O Dentine impregnation per tooth
- Endodontic treatment of a deciduous tooth
- Medicinal dressing on a deciduous tooth
- Prophylactic fissure sealing limited to 8
- Tooth pulp devitalisation in a deciduous tooth with cavity dressing
- O Deciduous tooth cavity filling 2 surfaces, therapeutic O Treatment of pulp necrosis in a deciduous tooth
  - Vital pulp amputation in a tooth with unformed root

# 6. Dental surgery

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



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- O Specialist consultation dental surgery
- O Apicoectomy of a posterior tooth

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- Apicoectomy of a posterior tooth, with retrograde root canal filling
- O Apicoectomy of an anterior tooth
- Apicoectomy of an anterior tooth, with retrograde root canal filling
- O Dental abscess incision including drainage
- O Dry socket irrigation + application of medication
- O Enucleation of odontogenic cyst
- O 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

• Flap procedure with augmentation with Endobon preparation

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- Extraction of a tooth by intra-alveolar chiselling
- Frenuloplasty, meloplasty, glossoplasty dentistry
- O 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
- O 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
- 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:
  - Alveolar regeneration / augmentation following extraction using biomaterial
  - Alveolar regeneration / augmentation following extraction using collagen cones
  - Alveoloplasty with a transplant excluding cost of material
  - Alveoloplasty within a half of maxilla preparation for prosthetic restoration
  - O Application of platelet-rich fibrin (PRF) in dentistry
  - O Autogenic bone transplant to 3 alveoli
  - O Bone augmentation 1
  - O Bone augmentation 2
  - O Bone augmentation 3
  - O Closure of oroantral communication or fistula
  - O Collagen membrane plus application
  - Connective tissue replacement membrane plus application
  - O Connective tissue transplant from a palate sampling
  - O Connective tissue transplant from a palate sampling
  - $\ensuremath{\mathbf{O}}$  Emdogain and Endobon implantation procedure

- Flap procedure with augmentation using Endobon and Emdogain
- Flap procedure with augmentation with Endobon preparation and Osseoguard membrane
- O i-GEN membrane or titanium mesh plus application
- **Q** i-Gen membrane removal
- O Inferior alveolar nerve transposition
- O Maxillary sinus 1 augmentation
- Maxillary sinus 2 augmentation
- Maxillary sinus 3 augmentation
- Membrane plus application
- Removal of salivary duct calculus dentistry
- O Replenishment of the alveolus with bone replacement material, excluding cost of material
- Repositioning and immobilisation of a fractured alveolar process
- Repositioning and immobilisation of an avulsed mandible
- Stitching a lip wound
- O Surgical removal of tooth buds
- O Temporary management of fractured maxilla
- Tooth reimplantation

#### 7. Endodontics

- 1) The insurance is performed by dentists in outpatient Medical Facilities indicated by the Insurer and covers the following services:
- Specialist consultation conservative dentistry
- O Chemical and mechanical root canal preparation
- O Crown-root inlay removal

- Root canal filling
- Root canal opening
- Tooth pulp devitalisation with cavity dressing



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- 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:
- 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
- O 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
- O 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

#### 8. Prosthodontics

- 1) The insurance is performed by dentists in outpatient Medical Facilities indicated by the Insurer and covers the following services:
- O Specialist prosthetic consultation
- 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:
- O 1 arch MOCK UP
- O 1 point MOCK UP
- Acrylic microdenture
- O Adhesive bridge 1 point
- O All-ceramic crown-root inlay
- All-ceramic crown-root inlay Stage I
- O All-ceramic crown-root inlay Stage II
- O All-composite crown
- O All-gold cast crown, anterior tooth
- O All-gold cast crown, anterior tooth Stage I
- All-gold cast crown, anterior tooth Stage II
- O All-gold cast crown, molar
- All-gold cast crown, molar Stage I
- All-gold cast crown, molar Stage II
- O All-gold cast crown, premolar
- O All-gold cast crown, premolar Stage I
- O All-gold cast crown, premolar Stage II
- O All-metal cast crown
- O All-metal cast crown Stage I
- O All-metal cast crown Stage II
- O All-porcelain crown
- All-porcelain crown on zirconia
- O All-porcelain crown on zirconia Stage I
- O All-porcelain crown on zirconia Stage II
- O All-porcelain crown Stage I
- O All-porcelain crown Stage II
- O ASC bracket
- O Bredent latch 1 element
- O Cementation of a bridge

- Metal, ceramic, glass fibre crown-root inlay standard
- O Models for diagnostic or planning purposes doctor
- O Models for diagnostic or planning purposes doctor
- Occlusion alignment using articulator
- O Overdenture on gold latch Stage I
- O Overdenture on gold latch Stage II
- O Overdenture on telescopic crowns Stage I
- Overdenture on telescopic crowns Stage II
- O Partial denture 1 point
- O Partial denture supporting 1–4 missing teeth
- O Partial denture supporting 1–4 missing teeth Stage I
- O Partial denture supporting 1–4 missing teeth Stage
- O Partial denture supporting 5–8 missing teeth
- O Partial denture supporting 5–8 missing teeth Stage I
- Partial denture supporting 5–8 missing teeth Stage
- Partial denture supporting more than 8 teeth
- O Partial denture supporting more than 8 teeth Stage
- O Partial denture supporting more than 8 teeth Stage
- O Porcelain crown on galvanised metal Stage I
- O Porcelain crown on galvanised metal Stage II
- O Porcelain crown on gold molar tooth Stage I
- O Porcelain crown on gold molar tooth Stage II
- O Porcelain crown on gold premolar tooth Stage I
- O Porcelain crown on gold premolar tooth Stage II



in case of any interpretation doubts or discrepancies between Polish and English version, the Polish one is applicable

- O Cementation of a prosthetic crown
- O Composite crown on glass fibre
- O Composite crown ONLAY INLAY OVERLAY
- O Crown-root inlay cast metal

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- O Crown-root inlay cast metal combined
- O Crown-root inlay cast metal combined Stage I
- O Crown-root inlay cast metal combined Stage II
- O Crown-root inlay cast metal Stage I
- O Crown-root inlay cast metal Stage II
- O Crown-root inlay made of gold
- O Crown-root inlay made of gold combined
- O Crown-root inlay made of gold combined Stage I
- O Crown-root inlay made of gold combined Stage II
- O Crown-root inlay made of gold Stage I
- O Crown-root inlay made of gold Stage II
- O Denture repair 1 element
- O Direct denture lining
- Frame denture
- O Frame denture metal control and correction
- Frame denture Stage I
- O Frame denture Stage II
- O Frame denture with latches without latch cost
- O Frame denture with latches without latch cost Stage I
- O Frame denture with latches without latch cost
- O Full denture with metal palate
- O Full mandibular denture
- O Full mandibular denture Stage I
- O Full mandibular denture Stage II
- O Full maxillary denture
- O Full maxillary denture Stage I
- O Full maxillary denture Stage II
- O Functional impression using individual tray
- O Galvanised telescopic crown, gold
- O Galvanised telescopic crown, gold Stage I
- O Galvanised telescopic crown, gold Stage II
- Gold crown inlay
- O Gradia gingival mask
- O Gradia gingival mask Stage I
- O Gradia gingival mask Stage II
- O Indirect denture lining
- O Latch / bolt / retainer point in frame denture
- O Latch / bolt / retainer point in frame denture Stage I
- Latch / bolt / retainer point in frame denture Stage II
- O Malocclusion correction
- O Maryland missing tooth restoration acrylic
- Maryland missing tooth restoration composite

- O Porcelain crown on gold, anterior tooth
- O Porcelain crown on gold, anterior tooth Stage I

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- O Porcelain crown on gold, anterior tooth Stage II
- O Porcelain crown on gold, molar
- O Porcelain crown on gold, premolar
- O Porcelain crown on metal with a ceramic margin
- O Porcelain crown on metal with a ceramic margin
- O Porcelain crown on metal with a ceramic margin Stage II
- O Porcelain crown on metal without margin
- O Porcelain crown on metal without margin, Stage I
- O Porcelain crown on metal without margin, Stage II
- O Porcelain crown on zirconia using CADCAM Lava **Everest method**
- O Porcelain crown on zirconia using CADCAM Lava Everest method Stage I
- O Face-bow examination and placement in articulator O Porcelain crown on zirconia using CADCAM Lava Everest method Stage II
  - O Porcelain crown ONLAY INLAY OVERLAY
  - O Porcelain crown ONLAY INLAY OVERLAY Stage I
  - O Porcelain crown ONLAY INLAY OVERLAY Stage II
  - O Porcelain veneer
  - O Porcelain veneer posterior
  - Porcelain veneer posterior Stage I
  - O Porcelain veneer posterior Stage II
  - O Porcelain veneer Stage I
  - O Porcelain veneer Stage II
  - O Protective splint sport
  - O Protective splint sport colour
  - O 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 1 element
  - Rhein latch 1 element
  - Silver-palladium crown-root inlay
  - O Silver-palladium crown-root inlay
  - Silver-palladium crown-root inlay
  - Silver-palladium crown-root inlay combined
  - O Silver-palladium crown-root inlay combined Stage I
  - O Silver-palladium crown-root inlay combined Stage II
  - Spherical inlays
  - Splint denture
  - Stage I
  - Stage II
  - Teflon replacement



in case of any interpretation doubts or discrepancies between Polish and English version, the Polish one is applicable

- O Metal crown ONLAY INLAY OVERLAY
- Metal telescopic crown

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- Metal telescopic crown Stage I
- O Metal telescopic crown Stage II
- O Overdenture on gold latch

O Visualisation of prosthodontic treatment on a model

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- Q Wax teeth control and correction
- **QUXAW**
- O WAX UP INTERDENT

#### 9. 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 15% discount off the price list of the facility indicated by the Insurer for the following services:
  - O 1/2 segment arch
  - O 1/3 segment arch
  - Acrylic bite splint
  - O Additional orthodontic element 1
  - Additional orthodontic element 2
  - Additional orthodontic element 3
  - O Attachment of a crystal bracket
  - Attachment of a metal bracket
  - O Block braces
  - O Block braces Stage I
  - O Block braces Stage II
  - O Block braces with modification
  - O Braces repair
  - O Braces repair replacement of 1 element
  - O Braces repair replacement of 2 elements
  - O Braces repair replacement of 3 elements
  - Braces repair, 1 arch wire replacement 2D lingual brackets
  - Braces repair, 1 arch wire replacement ceramic brackets
  - O Braces repair, 1 arch wire replacement metal brackets
  - O 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
  - O Braces repair, 2 screws replacement
  - O Braces repair, addition of a wire element
  - O Braces repair, arch wire replacement
  - O Braces repair, plate breakage
  - O Carriere distalizer
  - O Chin cap
  - O Class II corrector

- O 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
- O One wire arch of fixed braces crystal brackets
- One wire arch of fixed braces individual lingual brackets
- O 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
- O One wire arch of fixed braces metal and crystal brackets Stage I
- 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
- O 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
- O One wire arch of fixed metal braces
- O Orthodontic acrylic splint
- Orthodontist consultation in the course of treatment with fixed braces
- Orthodontist consultation in the course of treatment with removable braces



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- O Clear aligner follow-up
- O Clear aligner impression
- O Derichsweiler apparatus
- Expander braces
- O Fixed aesthetic braces 2x4
- O Fixed aesthetic braces 2x4 Stage I
- O Fixed aesthetic braces 2x4 Stage II
- O Fixed braces 2D lingual brackets 1 arch
- O Fixed braces aesthetic brackets 1 arch
- O Fixed braces aesthetic brackets part of arch 1
- O Fixed braces aesthetic brackets part of arch 2
- O Fixed braces aesthetic, non-ligature brackets 1 arch
- O Fixed braces aesthetic, non-ligature Damon brackets 1 arch
- O Fixed braces closed metal 1 arch
- O Fixed braces metal, non-ligature brackets 1 arch
- Fixed braces metal, non-ligature Damon brackets

  1 arch
- O Fixed metal braces 2x4
- O Flexible orthodontic appliance
- O Follow-up visit fixed braces, 2D lingual brackets
- O Follow-up visit fixed braces, crystal brackets
- O Follow-up visit fixed braces, metal brackets
- O Follow-up visit fixed braces, porcelain brackets
- O Follow-up visit in the course of treatment with fixed braces with non-ligature Damon brackets 1 arch
- O 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
- Follow-up visit in the course of treatment with removable braces
- Fragmentary fixed braces
- O Guray / OBC wedging
- O Hass braces
- **O** Headgear
- O Headgear application
- O Herbst hinge
- O Herbst hinge Stage I
- O Herbst hinge Stage II
- O Hyrax braces
- O Hyrax braces Stage I
- O Hyrax braces Stage II
- O Lip-bumper
- O MALU appliance
- Models for diagnostic or planning purposes orthodontist
- O Multifunctional braces Molar rotator

- Orthodontist's consultation with an impression
- O Orthognathic treatment planning
- Palatal expander
- Pendulum braces
- O Pendulum braces Stage I
- O Pendulum braces Stage II
- Plate denture for children
- O Plate denture for children Stage I
- O Plate denture for children Stage II
- Removable braces
- Removable braces Schwarz plate
- O 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
- O Replacement of a porcelain bracket
- O Replacement of an aesthetic bracket
- Replacement of an individual lingual bracket
- O Retainer 1
- Retainer 2
- O Retainer 3
- O Retainer arch 1 tooth
- O Retainer arch 6 teeth
- Retention arch application
- Retention arch application mandible
- O Retention arch application maxilla
- Retention control
- O Retention plate
- O Space maintainer
- Stochfisch braces
- Stripping 1 tooth
- System Benefit braces Stage I
- O System Benefit braces Stage II
- Tooth separation procedure
- **O** TWIN-BLOCK braces
- O TWIN-BLOCK braces Stage I
- **O** TWIN-BLOCK braces Stage II
- O TWIN-BLOCK braces with a screw modified
- O TWIN-BLOCK braces with a screw modified Stage I
- O TWIN-BLOCK braces with a screw modified Stagell
- O Vestibular plate
- O Vestibular plate infant trainer
- O Visit with a chin cap
- O Visit with a vestibular plate
- O Visit with cusp grinding
- Wide-arch braces palatal arch
- O Wide-arch braces tongue arch



in case of any interpretation doubts or discrepancies between Polish and English version, the Polish one is applicable

O Multi-P braces

KOD: OI.3PRONH1

- Nance braces
- O Nance plate
- NiTi palatal expander
- Occlusal analysis and treatment plan development
- Wide-arch braces Bi-helix, Quad helix
- O Wide-arch braces Bi-helix, Quad helix Stage I
- Wide-arch braces Bi-helix, Quad helix Stage II
- Wire arch replacement individual lingual brackets

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### 10. Biological dentistry

The insurance is performed by dentists in outpatient Medical Facilities indicated by the Insurer with a 15% discount off the price list of the facility indicated by the Insurer for the following services:

- O Application of bioactive dentin substitute Biodentine (Septodont)
- O Bioreconstruction of lost tooth tissue using ACTIVA (Pulpdent)
- O Enamel remineralisation with a Tooth Mousse preparation
- O Local application of MI VARNISH (GC) releasing bio- O Restoration of lost tooth tissue using BPA-free available calcium, phosphate and fluoride
- O Maintenance treatment using bioavailable calcium, phosphate and fluoride – GC MI Paste Plus
- O Minimally invasive tooth decay treatment using glass hybrid technology – EQUIA FORTE
- O Molecular and biological assay for pathogens causing periodontitis/periimplantitis using Real-Time PCR - PET standard (MIP PHARMA) method

- O 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
- Gaenial
- O Saliva-Check Buffer (GC) test
- O Streptococcus mutans saliva concentration using Saliva-Check Mutans (GC)
- Tooth decay infiltration ICON (DMG)
- Tri Plaque ID Gel (GC) control

### 11. Periodontology

- 1) The insurance is performed by dentists in outpatient Medical Facilities indicated by the Insurer and covers the following services:
- O Specialist periodontal consultation
- 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:
- O Treatment of oral mucosa lesions ozonotherapy doctor
- O Open curettage within 1 tooth
- Teeth immobilisation with wire ligature tooth
- Teeth immobilisation with composite splint 1 tooth
- O Teeth immobilisation with composite splint with additional reinforcements - 1 tooth
- O Biomaterial implantation procedure 1
- O Emdogain implantation procedure 1 tooth
- O Covering exposed teeth roots procedure
- Periodontal dressing
- O Treatment of oral mucosa lesions ozonotherapy dental hygienist
- O Biomaterial implantation procedure 2
- O Biomaterial implantation procedure 3
- Emdogain implantation procedure 2 teeth
- Emdogain implantation procedure 3 teeth

- NanoBone bone replacement material implantation procedure
- O Oral cancer Vizilite screening test
- Root planning one arch
- O Periodontology Crown lengthening (up to 6 teeth)
- O Performance of a test for presence of pathogens causing periodontitis / periimplantitis
- Specialist periodontal consultation follow-up visit
- O Covering exposed teeth roots procedure of 1 tooth area
- Covering exposed teeth roots procedure of a 2 teeth
- O Covering exposed teeth roots procedure of a 3 teeth
- Periodontology Tunnelization
- Preparation of a written plan and costs of periodontal treatment



in case of any interpretation doubts or discrepancies between Polish and English version, the Polish one is applicable

O Gingivoplasty within 1 tooth

KOD: OI.3PRONH1

- O Gingival osteoplasty within 1 tooth
- O Periodontology Splinting of maxilla and mandible
- O Periodontology Crown lengthening of a doublerooted tooth
- O Periodontology Crown lengthening of a singlerooted tooth
- O Periodontology Bone regeneration control
- O Periodontology Gingival transplant up to 2 teeth
- O Dental biostimulation laser

- O Regular curettage within 1 tooth
- Periodontology Flap (1 tooth)
- Vector periodontal apparatus procedure 2 arches

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- Vector periodontal apparatus procedure 1 arch
- Vector prosthetic apparatus procedure 2 arches
- Vector prosthetic apparatus procedure 1 arch
- O Vector prosthetic apparatus procedure 1 tooth (1 to 6 teeth)
- O Root planning 1/2 arch
- Simple curettage within 1/4 of dental arch

#### 11. Implantology

- 1) The insurance is performed by dentists in outpatient Medical Facilities indicated by the Insurer and covers the following services:
- O Specialist implantological 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:
- O Denture on 2 implants with a bar
- O Denture on 2 implants with a bar Stage I
- O Denture on 2 implants with a bar Stage II
- O Denture on 2 implants with locators
- O Denture on 2 implants with locators Stage I
- O Denture on 2 implants with locators Stage II
- O Denture on 4 implants with a bar
- O Denture on 4 implants with a bar Stage I
- O Denture on 4 implants with a bar Stage II
- O Denture on 4 implants with locators
- O Denture on 4 implants with locators Stage I
- O Denture on 4 implants with locators Stage II
- O Implant splint with titanium positioners
- Implant splint, model
- O Implant uncovering with a healing screw 1 point
- Insertion of a BEGO implant
- O Insertion of a micro implant
- O Insertion of a Straumann implant
- O Insertion of an Astra implant
- O Insertion of an Astra implant and support one-stage O Toronto acrylic bridge on implants 1 arch Stage I
- O Insertion of Dentium implant
- O Insertion of Neodent implant
- O Insertion of Straumann SL Actve implant
- O Locator attachment on an implant
- O Porcelain bridge on implants 1 arch
- O Porcelain bridge on implants 1 arch Stage I
- O Porcelain bridge on implants 1 arch Stage II
- O Porcelain bridge on implants with individual crowns 1 point

- Porcelain bridge on implants with individual crowns 1 point Stage I
- Porcelain bridge on implants with individual crowns 1 point Stage II
- O Porcelain crown on implant, two-structure on steel
- O Porcelain crown on implant, two-structure on steel Stage I
- O Porcelain crown on implant, two-structure on steel Stage II
- Provisional immediate crown on an implant made by a dentist
- Provisional immediate crown on an implant made by a technician
- Removal of a micro implant
- Removal of a permanent implant
- Renovation of Toronto acrylic bridge on implants, acrylic replacement
- O Titanium bar on 6 implants
- Toronto acrylic bridge on implants 1 arch
- Toronto acrylic bridge on implants 1 arch Stage II
- Zirconium bar on implants 4–5 implants
- Zirconium bar on implants 4-5 implants Stage I
- O Zirconium bar on implants 4-5 implants Stage II
- Zirconium bar on implants 6–8 implants
- Zirconium bar on implants 6-8 implants Stage I
- Zirconium bar on implants 6-8 implants Stage II



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# 12. Treatment of functional disorders of the masticatory apparatus

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:

- Soft dental guard
- O Hard dental guard
- O NTI dental guard

 Face-bow examination and placement in articulator with an MDI examination

#### 13. Aesthetic 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:

- O Diastema closure per tooth
- O Teeth whitening Beyond lamp 1 dental arch
- O Teeth whitening Beyond lamp 2 dental arches
- Teeth whitening using external method 1 syringe
- Teeth whitening using external method 1 syringe
   dental hygienist
- Teeth whitening using external method supplemental set
- O Teeth whitening using external method supplemental set dental hygienist

- O Tooth whitening Smile Laser 1 arch
- O Tooth whitening Smile Laser 2 arches
- **O** Tooth whitening Smile Laser supplementation
- Tooth whitening using internal method 1 procedure
- Whitening of group of teeth using external method1 dental arch
- Whitening of group of teeth using external method
   1 dental arch using LED lamp
- 14. Dental X-ray (medium conforming with the standard applicable in a given medical facility).

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

O Panoramic X-ray

#### 15. 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).

#### §21 Home visits (option II)

- 1. The scope of insurance is limited to 3 free visits during the 12-month period of the agreement. Each subsequent visit requires payment in the amount of PLN 100.
- 2. The insurance 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, 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 Patient to report to the clinic do not include, among others: inconvenient access to the outpatient Medical Facility indicated by the Insurer, the need to obtain a prescription or issue a medical certificate for sick leave.



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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. In the case of a ho me 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.

4. 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.

# §22 VIP Insured's Personal Assistant

- 1. Each Insured is assigned a VIP Patient's Personal Assistant.
- 2. The Assistant contacts the Insured regularly by phone, arranges examinations and medical consultations in selected outpatient Medical Facilities indicated by the Insurer.

# §23 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.

# §24 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:



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- 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



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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

- 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:
  - O Neoplasms
  - O Myocardial infarction
  - O Coronary artery disease requiring an operation
  - O Coma
  - Cerebral stroke
  - O Multiple sclerosis
  - O Paralysis, Plegia, Paresis
  - O Chronic obstructive pulmonary disease
  - O Emphysema
  - O Inflammatory bowel disease
  - O Chronic liver disease

- O Diabetes mellitus
- **O** Thromboembolism
- O Amputations
- Rheumatoid arthritis
- O Severe burns
- O Sudden loss of sight due to illness
- Transplantation of large organs
- Neurodegenerative disease/Alzheimer's disease
- O Loss of hearing
- **O** Hip and knee replacement surgery
- O Loss of speech



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• Renal failure	<ul><li>Serious injuries</li></ul>
O Chronic pelvic pain	O 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.

