

PROMED Individual Health Insurance



BASIC MEDICAL CARE

Medical care for children and adults available in three types of insurance:

- ☐ Individual
- ☐ Partner
- ☐ Family

PROMED Individual Health Insurance is intended for individuals who appreciate basic medical care. The Premium can be paid monthly, quarterly, six-monthly or annually.

Insurance type	Payable			
	Annually	Six-monthly	Quarterly	Monthly
INDIVIDUAL*	1 704 PLN	852 PLN	426 PLN	142 PLN
PARTNER	3 420 PLN	1 710 PLN	855 PLN	285 PLN
FAMILY	5 304 PLN	2 652 PLN	1 326 PLN	442 PLN

* Insurance premiums in PLN per person

Appendix to the PROMED Individual Health Insurance Agreement

GENERAL LIST OF SERVICES

OUTPATIENT SERVICES	
Medical Helpline 24/7	•
The Online Consultation	•
Healthcare specialists' consultations (basic option)	• 12 specialists' (adults – 7, children – 5)
Healthcare specialists' consultations (basic option)	•
Nursing procedures	•
Outpatient procedures (option I)	•
Laboratory test panel (no referral needed)	• limited benefit limit: once a year
Laboratory and imaging diagnostics (basic option)	•
The list of Clinics where Outpatient Services are provided is updated on an ongoing basis and is available at: https://www.luxmed.pl/placowki	•

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

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, pediatrics and nursing, using the LUX MED Group 24/7 nationwide Infoline.
2. In medically justified cases, a medical specialist may refer the Entitled Person to an in-person consultation with a doctor, decide to call an ambulance, or refer him/her for urgent admission to the Hospital Emergency Department.
3. During the Medical Call Centre, the following are not issued:
 - 1) e-prescriptions for vaccines,
 - 2) potent medicines,
 - 3) medicines with potential for addiction,
 - 4) postcoital contraception (emergency contraception),
 - 5) referrals for examinations where ionizing radiation is used,
 - 6) referrals for biopsies,
 - 7) referrals for endoscopic examinations,
 - 8) referrals for exercise tests.

4. The provision of services in the form of Medical Helpline consultation is carried out exclusively for the benefit of the person who is indicated as a Person entitled to Health Services for the Medical Helpline on the basis of the concluded Agreement. The Entitled Person may not provide the service in the form of Medical Helpline to another person and bears full civil and criminal liability for ensuring that the data he/she provides are genuine. Medical Helpline service does not replace emergency services in a state of medical emergency.
5. Medical Helpline does not replace:
 - 1) services in a life or health emergency;
 - 2) in-person consultations because no direct examinations can be performed.
6. The final decision to issue an e-prescription/e-sick leave during a Medical Helpline consultation is at the discretion of the Physician who may refuse to issue an e-prescription/e-sick leave, based on medical indications and the Entitled Person's welfare.

§2 The Online Consultation

1. The Online Consultation is a Medical Service provided by the Operator through IT or communication systems. The Insurer enables the Insured an interactive individual consultation with a medical specialist (doctor, midwife or nurse) via means of distance communication i.e. the Patient Portal. The Insured with full access to the Patient Portal may benefit from Online Consultations. Time accessibility of Online Consultations with a doctor, a midwife and a nurse is a consequence of the schedule of medical specialists and is visible under "Online Consultation" ("Konsultacje online") tab. The Insured can choose a communication channel: video, audio or text.
2. Since medical specialists answering questions have access to the medical records of the Insured, in situations of medical necessity, they can order specific tests or refer the Insured to a different specialist. Online Consultations is exclusively available for the Insured who has logged in the Patient Portal and the content of Online Consultation is saved and constitutes a part of the medical documentation of the Insured.
3. Online Consultations include listed below medical specialists' consultations which do not require contact with a specialist in person:
 - ☐ internal medicine/family medicine (from the age of 18 years)
 - ☐ pediatrics (under the age of 18 years)
 - ☐ pediatric nursing
 - ☐ obstetrics
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 Centers – in the form of on-site visits for Entitled Persons with symptoms of infections, provided in selected Medical facilities indicated by the Insurer.
3. The insurance includes: medical history taking, physician's advice and basic procedures necessary for making a diagnosis, taking an appropriate therapeutic decision and monitoring of treatment and refers to consultations within the following scope:
- ☐ Internal medicine
 - ☐ Family doctor
 - ☐ Pediatrics
4. The benefit Specialist Consultation basic option does not include:
- 1) consultation of Doctors on duty,
 - 2) consultation of Doctors with a post-doctoral degree or academic title of professor, as well as Doctors who hold the position of associate professor, associate professor and full professor.

§4 Healthcare specialists' consultations (option I)

1. The benefit provides the opportunity to receive non-referral medical consultations in sickness situations, emergency care and general medical advice.
2. Consultations are available in the following forms:
- 1) in outpatient medical clinics indicated by us – in the form of on-site visits;
 - 2) via communication systems – in the form of telephone or video consultations;
 - 3) in Infection Treatment Centers – in the form of on-site visits for Entitled Persons with symptoms of infections, provided in selected Medical facilities indicated by the Insurer.
3. The service - depending on the form of delivery - includes: an interview, advice from a specialist, together with the basic steps necessary for making a diagnosis, making the right therapeutic decision and monitoring treatment, and applies to consultations within the following scope:

1) for Insured over 18 years of age. - the visits concern consultations:

- | | |
|--|--|
| <input type="checkbox"/> general surgery | <input type="checkbox"/> ophthalmology |
| <input type="checkbox"/> gynecology | <input type="checkbox"/> optometry |
| <input type="checkbox"/> laryngology | <input type="checkbox"/> urology |
| <input type="checkbox"/> neurology | |

2) for Insured under 18 years of age. - the visits concern consultations:

- | | |
|--|--|
| <input type="checkbox"/> surgery | <input type="checkbox"/> neurology |
| <input type="checkbox"/> gynecology (from the age of 16) | <input type="checkbox"/> ophthalmology |
| <input type="checkbox"/> laryngology | |

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

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

§5 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:

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

4. Medical materials and supplies such as:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> dressings, | <input type="checkbox"/> syringes |
| <input type="checkbox"/> swabs | <input type="checkbox"/> needles |
| <input type="checkbox"/> bandages | <input type="checkbox"/> serum - tetanus antitoxin, |
| <input type="checkbox"/> plasters | <input type="checkbox"/> disinfectants, |
| <input type="checkbox"/> venflon | |

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.

§6 Outpatient procedures (option I)

1. The insurances including basic measurements and procedures (including the diagnostic ones) not requiring hospitalization and operating room regimen. Performed in accordance with the competences by a physician or a nurse or an obstetrician during a procedure-specific consultation or beyond the medical consultation, in Medical Facilities indicated by the Insurer.

2. The scope of outpatient consultation procedures depends on the range of physician consultation which the Insured is entitled to under the insurance coverage, the age of the Insured and on the availability of a given procedure in a Clinic indicated by the Insurer.

3. Outpatient procedures include:

1) outpatient general medical procedures:

- Blood pressure measurement
- Height and body weight measurement

2) outpatient surgical procedures:

- Tick removal - surgical
- Tick removal - non-surgical
- Insertion/replacement/removal – small dressing (non-surgical)
- Removal of stitches in the surgery, after procedures performed at medical facilities indicated by the Insurer.

3) outpatient laryngological procedures:

- Ear trumpet examination blowing
- Ear trumpet catheterization
- Ear flushing
- Nasal / ear foreign body removal
- Simple ENT dressings
- Coagulation of nasal septal vessels
- Electrocoagulation of nasal septal vessels
- Nasal tamponade removal
- Nasal hemorrhage dressing, two sides
- Nosebleed treatment, one side

4) outpatient ophthalmologic procedures:

- Standard* fundus examination
- Corrective lens selection (does not include fluorescent lenses)
- Gonioscopy (assessment of the angle of the isthmus)
- Foreign body removal from the eye
- Visual acuity test

5) Outpatient gynecological procedures:

- Standard* pap smear

6) Anesthesia:

- Local (infiltration or permeation) anesthesia

4. Medical materials and supplies such as:

- dressings
- bandages
- plasters
- venflon

- Non-surgical tick removal

- Removal of other foreign body without incision
- Removal of stitches after operations performed outside Medical Centers indicated by the Insurer - qualification of the case after assessment by the Doctor (we do not perform removal of stitches after childbirth)
- Suturing a wound up to 1.5 cm

- Removal of sutures in surgery after ENT procedures performed at medical facilities indicated by the Insurer
- Removal of sutures after ENT procedures performed outside medical facilities indicated by the Insurer - case qualification after assessment by the Physician
- Intranasal administration of nasal mucosal decongestant in an emergency situation
- Insertion/replacement/removal of a drain in the external auditory canal

- Standard* examination with autorefractometer
- Conjunctival injection
- Standard* measurement of intraocular pressure
- Standard* examination of spatial vision
- Lacrimal duct lavage (for Insured over 18 years of age)

- plasters
- needles
- serum - tetanus antitoxin
- disinfectants

- syringes
- cotton wools
- sutures and surgical sutures

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

6. 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.

§7 Laboratory test panel (no referral needed)

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

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

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

- 2) for Insureds under 18 years of age:

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

§8 Laboratory and imaging diagnostics (basic option)

1. The benefit covers the following laboratory, imaging and functional diagnostic tests, performed in medical facilities indicated by the Insurer.
2. All diagnostic tests available within the scope of the benefit shall be performed on the basis of referrals issued by Doctors at medical facilities, exclusively for medical indications in the diagnostic and therapeutic process:

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

- Morphology + platelets + automated smear
- ESR
- INR / Prothrombin time
- APTT

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

- Chlorides (Cl)
- Creatinine
- Fasting glucose
- Glucose 120' after a meal
- Glucose 60' after a meal
- Glucose 75 g glucose challenge test after 4 h
- Glucose 75 g glucose challenge test after 5 h
- Glucose tolerance test (4 points, 75g,0,1,2,3h)
- Iron / Fe
- Iron / Fe 120 min after administration (absorption curve)
- Iron / Fe 180 min after administration (absorption curve)
- Iron / Fe 240 min after administration (absorption curve)
- Iron / Fe 300 min after administration (absorption curve)
- Iron / Fe 60 min after administration (absorption curve)
- Potassium / K
- Sodium / Na
- Total bilirubin
- Total Cholesterol
- Total PSA
- Transaminase GOT / AST
- Transaminase GPT / ALT
- TSH / hTSH
- Urea / Urea nitrogen / BUN

