

PROMED Individual Health Insurance



EXTENDED 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*	4 284 PLN	2 142 PLN	1 071 PLN	357 PLN
PARTNER	8 568 PLN	4 284 PLN	2 142 PLN	714 PLN
FAMILY	13 284 PLN	6 642 PLN	3 321 PLN	1 107 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)	•
Healthcare specialists' consultations (option II)	☐ • 34 specialists' (adults – 20, children – 14)
Consultation of mental health and speech development specialists	• limited benefit
Dietician consultations (option I)	• limited benefit (limit: 3 per year)
On-duty physician consultations (option I)	☐ • 3 specialists'
Nursing procedures	•
Outpatient procedures (option II)	•
Influenza and tetanus vaccinations	•
Laboratory test panel (no referral needed)	☐ • limited benefit (limit: once a year)
Laboratory and imaging diagnostics (option I)	•
Allergy tests (option I)	•
Preventive health check (option I)	☐ • limited benefit (limit: once a year)
Physiotherapy (option I)	• limited benefit 10 physical therapy procedures 3 kinesitherapy procedures (incl. therapeutic massage)
Dentistry (option II)	•
Home visits (option I)	☐ • limited benefit (limit: once 1 a year)
10% discount on other services LUX MED and Medycyna Rodzinna	•
10% discount on medical procedures provided in PROFEMED	•
The list of Clinics where Outpatient Services are provided is updated on an ongoing basis and is available at: https://www.luxmed.pl/placowki	•
The application for payment of the Cash Benefit for the Outpatient Benefit (dental on-call) is available at: https://www.luxmed.pl/dla-pacjenta/ubezpieczenia-dla-klientow-indywidualnych/indywidualne-ubezpieczenie-zdrowotne-promed from the section: detailed ranges / downloads.	•

HOSPITAL SERVICES	
Orthopedic Care	•
Hospital Care Coordination	•
The list of hospitals is regularly updated and available at: https://www.luxmed.pl/dla-pacjenta/ubezpieczenia-dla-klientow-indywidualnych/ubezpieczenie-szpitalne-lux-med-pelna-opieka and in the search engine at: https://www.luxmed.pl/placowki .	•
SECOND MEDICAL OPINION SERVICE	
The Second Medical Opinion Service is provided in cooperation with WorldCare International Inc. based in Boston (Massachusetts; USA). To obtain a Second Medical Opinion, the Insured should contact WorldCare in Poland at the phone number: + 48 (22) 221 06 41. The Second Medical Opinion Service is available to the Insured no earlier than 90 days from the first day of the Coverage Period. Forms that the Insured should fill out to obtain a Second Medical Opinion are available at: https://www.luxmed.pl/dla-pacjenta/ubezpieczenia-dla-klientow-indywidualnych/indywidualne-ubezpieczenie-zdrowotne-promed , in the section: detailed scope / documents to download.	•

DETAILED LIST OF BENEFITS

I. OUTPATIENT SERVICES

§1 Medical Helpline 24/7

1. Medical Helpline is a healthcare service provided in situations requiring urgent assistance. This service includes the possibility of using Medical Helpline serviced by medical specialists (doctors, nurses) in the fields of internal medicine, family medicine, paediatrics and nursing, using the LUX MED Group 24/7 nationwide Infoline.
2. In medically justified cases, a medical specialist may refer the Entitled Person to an in-person consultation with a doctor, decide to call an ambulance, or refer him/her for urgent admission to the Hospital Emergency Department.
3. During the Medical Call Centre, the following are not issued:
 - 1) e-prescriptions for vaccines,
 - 2) potent medicines,
 - 3) medicines with potential for addiction,
 - 4) postcoital contraception (emergency contraception),
 - 5) referrals for examinations where ionizing radiation is used,
 - 6) referrals for biopsies,
 - 7) referrals for endoscopic examinations,
 - 8) referrals for exercise tests.
4. The provision of services in the form of Medical Helpline consultation is carried out exclusively for the benefit of the person who is indicated as a Person entitled to Health Services for the Medical Helpline on the basis of the concluded Agreement. The Entitled Person may not provide the service in the form of Medical Helpline to another person and bears full civil and criminal liability for ensuring that the data he/she provides are genuine. Medical Helpline service does not replace emergency services in a state of medical emergency.

5. Medical Helpline does not replace:

- 1) services in a life or health emergency;
- 2) in-person consultations because no direct examinations can be performed.

6. The final decision to issue an e-prescription/e-sick leave during a Medical Helpline consultation is at the discretion of the Physician who may refuse to issue an e-prescription/e-sick leave, based on medical indications and the Entitled Person's welfare.

§2 The Online Consultation

1. The Online Consultation is a Medical Service provided by the Operator through IT or communication systems. The Insurer enables the Insured an interactive individual consultation with a medical specialist (doctor, midwife or nurse) via means of distance communication i.e. the Patient Portal. The Insured with full access to the Patient Portal may benefit from Online Consultations. Time accessibility of Online Consultations with a doctor, a midwife and a nurse is a consequence of the schedule of medical specialists and is visible under "Online Consultation" ("Konsultacje online") tab. The Insured can choose a communication channel: video, audio or text.

2. Since medical specialists answering questions have access to the medical records of the Insured, in situations of medical necessity, they can order specific tests or refer the Insured to a different specialist. Online Consultations is exclusively available for the Insured who has logged in the Patient Portal and the content of Online Consultation is saved and constitutes a part of the medical documentation of the Insured.

3. Online Consultations include listed below medical specialists' consultations which do not require contact with a specialist in person:

- internal medicine/family medicine (from the age of 18 years)
- paediatrics (under the age of 18 years)
- paediatric 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 Centres – in the form of on-site visits for Entitled Persons with symptoms of infections, provided in selected Medical facilities indicated by the Insurer.
3. The insurance includes: medical history taking, physician's advice and basic procedures necessary for making a diagnosis, taking an appropriate therapeutic decision and monitoring of treatment and refers to consultations within the following scope:
 - Internal medicine
 - Family doctor
 - Paediatrics
4. The benefit Specialist Consultation basic option does not include:
 - 1) consultation of Doctors on duty,
 - 2) consultation of Doctors with a post-doctoral degree or academic title of professor, as well as Doctors who hold the position of associate professor, associate professor and full professor.

§4 Healthcare specialists' consultations (option II)

1. The insurance provides an opportunity to obtain medical consultations in cases, such as onset of an illness, emergency medical assistance and general medical advice.
2. Consultations are available in the following forms:
 - 1) in outpatient medical clinics indicated by us – in the form of on-site visits;
 - 2) via communication systems – in the form of telephone or video consultations;
 - 3) in Infection Treatment Centers – in the form of on-site visits for Entitled Persons with symptoms of infections, provided in selected medical facilities indicated by the Insurer.
3. The service - depending on the form of delivery - includes: an interview, advice from a specialist, together with the basic steps necessary for making a diagnosis, making the right therapeutic decision and monitoring treatment, and applies to consultations within the following scope:
 - 1) for Insured over 18 years of age – visits without any referral relate to consultations within the following scope:
 - allergology
 - general surgery
 - dermatology
 - nephrology
 - neurology
 - ophthalmology

- diabetology
- endocrinology
- gastroenterology
- gynaecology
- haematology
- cardiology
- laryngology
- optometry
- oncology
- orthopaedics
- pulmonology
- proctology
- rheumatology
- urology

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

- surgery
- dermatology
- gynaecology (from the age of 16)
- laryngology
- neurology
- ophthalmology
- orthopaedics

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

- allergology
- gastroenterology
- cardiology
- nephrology
- pulmonology
- rheumatology
- urology

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

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

§5 Consultation of mental health and speech development specialists

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

2. I case:

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

- psychiatry
- psychology
- sex therapy
- speech therapy

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

- psychology
- speech therapy

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

- psychiatry

3. This includes: medical history taking, specialist advice and basic procedures necessary for making a diagnosis, taking an appropriate therapeutic decision and monitoring of treatment.

4. The service does not include professor consultations, neuro speech therapy or speech therapy in deaf and hearing-impaired patients or conducting therapy.

§6 Dietician consultations (option I)

1. The insurance entitles the Insured to attend 3 dietary consultations in a 12-month Insurance Period, including interview, dietary recommendations (without creating an individual diet) in Clinic indicated by the Insurer.
2. In case of:
 - 1) the Insured over 18 years of age – visits without a referral;
 - 2) the Insured up to 18 years of age – visits require a referral from a physician employed by a Clinic.

§7 On-duty physician consultations (option I)

1. The insurance includes exclusively basic emergency assistance in a sudden onset of an illness which has occurred within 24 hours preceding the receipt of a consultation request by the Operator. On-duty doctors are available within the working hours of Medical Facilities indicated by the Insurer, only on the day of reporting it.
2. The insurance does not include healthcare services provided to save life and health in accordance with the National Medical Rescue Act (Journal of Laws 2006.191.1410, as amended).
3. The insurance includes: medical history taking, physician's advice and basic procedures necessary for making an initial diagnosis, taking an appropriate therapeutic decision and refers to consultations within the following scope:
 - Internal medicine
 - Family doctor
 - Paediatrics

§8 Nursing procedures

1. The insurance including basic measurements, minor procedures, including diagnostic ones, performed by a nurse or midwife on their own or according to the Physician's order, in line with their competences, in Medical Facilities indicated by the Insurer.
2. The scope of outpatient consultation procedures depends on the range of physician consultation which the Insured is entitled to under the insurance coverage, the age of the Insured and on the availability of a given procedure in a Clinic indicated by the Insurer.
3. Nursing procedures include:
 - □ Application / change / removal - small dressing
 - □ Blood sampling
 - □ Emergency drip
 - □ Height and weight measurement (without referral)
 - □ Intravenous injection
 - □ Measurement of body temperature (without referral)
 - □ Midwifery service in the office - breast palpation
 - □ Oral medication in an emergency situation
 - □ RR/pressure measurement (without referral)
 - □ Subcutaneous/intramuscular injection
4. Medical materials and supplies such as:
 - dressings,
 - swabs
 - bandages
 - plasters
 - venflon
 - syringes
 - □ needles
 - □ serum - tetanus antitoxin,
 - □ disinfectants,used for the above-mentioned treatments are free of charge.
5. A fee shall be charged to the Insured for other medical materials and supplies not mentioned in point 4, but used for the aforementioned treatments.

§9 Outpatient procedures (option II)

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
 - Non-surgical tick removal
 - 2) outpatient surgical procedures:
 - Suturing of a wound up to 1,5 cm
 - Placement/change/removal – small dressing (not requiring surgical debridement)
 - Suture removal in a treatment room after procedures performed in the Medical Facilities indicated by the Insurer
 - Surgical tick removal
 - Removal of another foreign body without incision
 - 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)
 - Non-surgical tick removal
 - 3) outpatient laryngological procedures:
 - Application/change/removal of a drain in the ear canal
 - Bilateral dressing of nasal hemorrhage
 - Catheterisation of the Eustachian tube
 - Coagulation of blood vessels of the nasal septum
 - Ear irrigation
 - Electrocoagulation of blood vessels of the nasal septum
 - Eustachian tube examination, insufflation Nasal administration of mucosa-shrinking medicine as needed
 - Nasal tamponade removal
 - Removal of a foreign body from the nose/ear
 - Simple laryngological dressing
 - 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
 - 4) outpatient ophthalmologic procedures:
 - Standard* ocular fundus examination
 - Corrective lens selection (excludes varifocal lenses)
 - Gonioscopy (iridocorneal angle assessment)
 - Removal of a foreign body from the eye
 - Visual acuity examination
 - Standard* autorefractometry
 - Medicine instillation into the conjunctival sac
 - Standard* intraocular pressure measurement
 - Standard* stereoscopic vision examination
 - Lacrimal duct irrigation (refers to: the Insured over 18 years of age)
 - 5) outpatient orthopaedic procedures:
 - Adjustment of small orthopaedic devices — small joints
 - Reposition of a dislocation or fracture
 - Preparation: traditional cast – tape
 - Plaster cast application
 - Lower limb plaster cast removal
 - Upper limb plaster cast removal
 - Placement/change/removal - small dressing

6) outpatient dermatological procedures:

- Standard* dermatoscopy

7) Outpatient gynecological procedures:

- Standard* pap smear

8) Outpatient allergological procedures:

- Desensitisation with allergist consultation

9) Anesthesia:

- Local (infiltration or permeation) anesthesia

4. Medical materials and supplies such as:

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

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

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.

§10 Influenza and tetanus vaccinations

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

2. The insurance includes:

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

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

§11 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)

§12 Laboratory and imaging diagnostics (option II)

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

Facilities indicated by the Insurer.

2. All diagnostic tests and examinations available within the insurance are performed following referrals issued by physicians from Medical Facilities, only based on medical indications as part of a diagnostic and therapeutic process conducted in these Medical Facilities:
- 1) Laboratory diagnosis - hematological and coagulological tests including taking of material (blood) for examination:
- Absolute eosinophil count
 - Morphology + platelets + automated smear
 - Manual blood smear
 - ESR
 - Platelets
 - INR / Prothrombin time
 - Thrombin time – TT
 - D – dimers
 - APTT
 - Fibrinogen
- 2) Laboratory diagnostics - biochemical and hormonal tests and tumour markers together with collection of material (blood) for examination:
- Acid phosphatase
 - AFP – alpha-fetoprotein
 - Albumins
 - Alkaline phosphatase /
 - Amylase
 - Apolipoprotein A1
 - CA 125
 - CA 15.3 – breast cancer antigen
 - CA 19.9 – gastrointestinal cancer antigen
 - Caeruloplasmin
 - Calcium (Ca)
 - CEA – carcinoembryonic antigen
 - Chlorides (Cl)
 - Cholesterol
 - CK (creatin kinase)
 - Copper
 - Cortisol in the afternoon
 - Cortisol in the morning
 - Creatinine
 - CRP quantitative
 - Direct bilirubin
 - Directly measured LDL cholesterol
 - Estradiol
 - Fasting glucose
 - Free testosterone
 - Ferritin
 - Folic acid
 - Free PSA
 - Free T3
 - Free T4
 - FSH
 - GGTP
 - Glucose 120' after a meal
 - Iron / Fe 120 mins after administration (absorption curve)
 - Iron / Fe 180 mins after administration (absorption curve)
 - Iron / Fe 240 mins after administration (absorption curve)
 - Iron / Fe 300 mins after administration (absorption curve)
 - Iron / Fe 60 mins after administration (absorption curve)
 - LDH – Lactate dehydrogenase
 - LDL cholesterol
 - LH
 - Lipase
 - Lipid profile (CHOL, HDL, LDL, TG)
 - Magnesium (Mg)
 - PAPP – a protein
 - Phosphorus (P)
 - Potassium (K)
 - Progesterone
 - Prolactin
 - Prolactin 120' after administration of MCP 1 tablet
 - Prolactin 30' after administration of MCP 1 tablet
 - Prolactin 60' after administration of MCP 1 tablet
 - Protein profile
 - Sodium (Na)
 - Testosterone
 - Thyroglobulin
 - TIBC – total iron binding capacity (alternative to Fe saturation)

- Glucose 60' after a meal
- Glucose 75 g, 4-hour glucose challenge test
- Glucose 75 g, 5-hour glucose challenge test
- Glucose tolerance test (4 points, 75 g, 0, 1, 2, 3 h)
- GOT/AST transaminase
- GPT/ALT transaminase
- HDL cholesterol Immunoglobulin IgA
- Immunoglobulin IgE (total IgE)
- Immunoglobulin IgG
- Immunoglobulin IgM
- Iron (Fe)
- Total Beta-hCG
- Total bilirubin
- Total protein
- Total PSA
- Transferrin
- Triglycerides
- TSH / hTSH
- Urea/blood urea nitrogen, BUN
- Uric acid
- Vitamin B12

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

- A-microsomal/anti-TPO antibodies
- Antithyroglobulin / anti-TG antibodies
- ASO qualitative
- ASO quantitative
- Basic syphilis serology (VDRL orUSR or anti-TP), formerly WR
- Blood group (ABO), Rh factor and antibody screening
- BTA test
- Chlamydia trachomatis IgA antibodies
- Chlamydia trachomatis IgG antibodies
- Chlamydia trachomatis IgM antibodies
- CMV antibodies IgG
- CMV antibodies IgM
- EBV / mononucleosis IgG
- EBV / mononucleosis IgM
- EBV/mononucleosis – latex
- HBc Ab IgM
- HBs Ab/antibodies;
- HBs Ag/antigen
- HCV Ab/antibodies
- Helicobacter pylori IgG, quantitative;
- HIV-1/HIV-2
- Immune antibody screening / alloantibodies (replaces anti-Rh +/- antibodies)
- RF – Rheumatoid Factor – quantitative
- Rubella IgG
- Rubella IgM
- Toxoplasma IgG
- Toxoplasma IgM
- Waaler-Rose test

4) laboratory diagnosis - urine tests including taking material (urine) for examination:

- Calcium in urine
- Calcium/Ca in urine / 24-hour urine collection
- Catecholamines (noradrenaline, adrenaline) in a daily urine sample
- Cortisol in 24-hour urine collection
- Creatinine – urine / 24-hour urine collection
- Creatinine in urine
- Delta - aminolevulinic acid (ALA)
- Delta - aminolevulinic acid (ALA)in 24-hour urine collection
- Lead/Pb in urine
- Magnesium / Mg / 24-hour urine collection
- Magnesium / Mg in urine
- Metoxycatecholamines in 24-hour urine collection
- Phosphorus in urine
- Phosphorus in urine / 24-hour urine collection
- Potassium (K) — urine
- Potassium (K) — urine/ 24-hour urine collection
- Sodium/Na in urine
- Sodium/Na in urine / 24-hour urine collection
- Total protein / 24-hour urine collection
- Urea/blood urea nitrogen, BUN in urine / 24-hour urine collection
- Urea/blood urea nitrogen, BUN in urine
- Uric acid in urine
- Uric acid in urine / 24-hour urine collection
- Urine – general analysis
- Urine protein
- Vanillylmandelic acid (VMA)in urine

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

- Anal and vaginal swab culture for Streptococcus GBS
 - Culture for GC (GNC) Endocervical swab
 - Culture for GC (GNC)Vaginal swab
 - Ear swab – aerobic culture
 - Ear swab – anaerobic culture
 - Endocervical smear – anaerobic culture
 - Endocervical swab
 - Eye swab – aerobic culture
 - General faeces culture
 - Nasal swab
 - Nasal swab – aerobic culture
 - Nasopharyngeal swab – aerobic culture
 - Nasopharyngeal swab – anaerobic culture
 - Oral cavity swab — aerobic culture
 - Pharyngeal / tonsil swab – aerobic culture
 - Semen culture — aerobic
 - Sputum culture
 - Stool culture for Pathogenic E. Coli in children up to 2 years
 - Stool culture for SS
 - Stool culture for Yersinia enterocolitica
 - Tongue swab — aerobic culture
 - Urethral swab
 - Urethral swab – anaerobic culture
 - Urine culture
 - Vaginal microbiological test (vaginal biocenosis)
 - Vaginal swab – aerobic culture
 - Vaginal swab – anaerobic culture
 - Wound swab
 - Wound swab – anaerobic culture
- 6) laboratory diagnosis - faecal tests including taking material for examination:
- Faecal analysis for rota- and adenovirus
 - Faecal ELISA analysis for lamblia
 - Faecal occult blood (FOB)
 - Faeces analysis for parasites, 1 assay
 - Stool analysis
- 7) laboratory diagnosis - cytological tests including taking material for examination:
- Standard* Pap smear
- 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
 - Ear swab culture for yeast-like fungi
 - Endocervical smear culture for yeast-like fungi
 - Eye swab culture for yeast-like fungi
 - Mycological examination – fingernail fungal culture
 - Mycological examination – hair fungal culture
 - Mycological examination – skin fungal culture
 - Mycological examination – skin scraping fungal culture
 - Mycological examination – toenail fungal culture
 - Nasal swab culture for yeast-like fungi
 - Nasopharyngeal swab – culture for yeast-like fungi
 - Oral swab – culture for yeast-like fungi
 - Pharyngeal / tonsil swab culture for yeast-like fungi
 - Secretion culture for yeast-like 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
 - Urethral swab culture for yeast-like fungi
 - Urine culture for yeast-like fungi
 - Vaginal swab culture for yeast-like fungi
 - Wound smear culture for yeast-like fungi
- 9) laboratory diagnosis – toxicological tests with taking material (blood) for examination:
- Digoxin
 - Lead
- 10) laboratory diagnosis - rapid strip tests with taking material (blood) for examination:
- CRP – strip test
 - Cholesterol strip test
 - Glucose meter test
 - Troponin – strip test

11) diagnostic imaging - ECG examinations:

- Resting ECG
- Standard* exercise test
- Mounting of a standard* Holter ECG monitor (for 24h) in an office
- Mounting Holter RR (for 24h) device in an office

12) diagnostic imaging - X-ray examinations (medium conforming with the standard applicable in a given clinic):

- Abdominal X-ray, erect
- Abdominal X-ray, other
- Abdominal X-ray, supine
- Ankle joint X-ray, AP + lateral
- Ankle joint X-ray, AP + lateral bilateral
- Bilateral forearm X-ray, AP + lateral
- Bilateral hip joint X-ray, AP
- Bilateral patellar X-ray, axial in 2 positions
- Bilateral patellar X-ray, axial in 3 positions
- Cervical functional X-ray
- Cervical X-ray
- Cervical X-ray, AP + lateral
- Cervical X-ray, lateral
- Cervical X-ray, lateral + oblique (3 views)
- Cervical X-ray, oblique views
- Chest X-ray
- Chest X-ray – X-ray tomography
- Chest X-ray + lateral
- Chest X-ray PA + lateral with barium
- Chest X-ray, lateral with barite
- Chest X-ray, other
- Clavicular X-ray
- Cranial X-ray orbits
- Cranial X-ray PA + lateral
- Cranial X-ray PA + lateral + base
- Cranial X-ray, base
- Cranial X-ray, cranial nerve canals
- Cranial X-ray, sella turcica
- Cranial X-ray, semi-axial by Orley
- Cranial X-ray, tangential
- Elbow joint X-ray
- Elbow/forearm X-ray, AP + lateral
- Elbow/forearm X-ray, AP + lateral, bilateral
- Femoral bone X-ray, AP + left lateral
- Femoral bone X-ray, AP + right, lateral
- Finger(s) X-ray, PA + lateral/oblique
- Finger(s) X-ray, PA + lateral/oblique bilateral
- Foot X-ray, AP (comparative)
- Foot X-ray, AP + lateral/oblique
- Foot X-ray, AP + lateral/oblique bilateral
- Foot X-ray, AP + lateral/oblique bilateral, erect
- Foot X-ray, AP + lateral/oblique, erect
- Lower leg X-ray, AP + bilateral lateral
- Lower leg X-ray, AP + lateral
- Lumbar functional X-ray
- Lumbar X-ray: AP + lateral
- Mandibular X-ray
- Metatarsal X-ray
- Paranasal sinus X-ray
- Pelvic and hip joint X-ray
- Rib X-ray (unilateral), 2 oblique views
- Sacrococcygeal X-ray
- Scaphoid X-ray
- Scapular X-ray
- Shoulder X-ray (transthoracic)
- Shoulder X-ray, AP
- Shoulder X-ray, AP + axial
- Shoulder X-ray, AP + lateral
- Shoulder X-ray, AP, both – comparative image
- Shoulder X-ray, axial
- Shoulder X-ray, bilateral axial
- Shoulder X-ray: AP + bilateral – comparative image
- Spinal X-ray AP, erect (scoliosis)
- Spinal X-ray AP, erect + lateral (scoliosis)
- Splanchnocranium X-ray
- Temporal bone pyramid X-ray, transorbital
- Temporomandibular joint functional X-ray
- Thoracic X-ray
- Thoracic X-ray AP + lateral
- Thoracic X-ray, AP + lateral + oblique
- Thoracic X-ray, lateral
- Thoracic X-ray, oblique views
- Toe(s) X-ray, AP + lateral/oblique
- Upper leg and lower leg X-ray
- Urography (with standard contrast agents)
- Wrist X-ray, lateral
- Wrist X-ray, PA + bilateral lateral
- Wrist X-ray, PA + lateral
- Wrist/hand X-ray, PA + lateral/oblique bilateral
- Wrist/hand X-ray, PA + lateral/oblique bilateral
- Wrist/hand X-ray, PA + lateral/oblique left
- Wrist/hand X-ray, PA + lateral/oblique right
- X-ray of both patellae axial

- Forearm X-ray, AP + lateral
- Hand X-ray PA, bilateral
- Hand X-ray, lateral
- Hand X-ray, PA
- Hand X-ray, PA + oblique
- Hand X-ray, PA + oblique, bilateral
- Heel X-ray + axial
- Heel X-ray, lateral
- Hip joint X-ray, AP
- Hip joint X-ray, axial
- Knee joint X-ray, AP + bilateral lateral
- Knee joint X-ray, AP + bilateral lateral, erect
- Knee joint X-ray, AP + lateral
- Knee joint X-ray, lateral
- Lateral nasal X-ray

13) diagnostic imaging - ultrasound examinations:

- Abdominal ultrasound
- Urinary tract ultrasound
- Breast ultrasound
- Thyroid ultrasound
- Transabdominal prostate ultrasound
- Transvaginal gynecological ultrasound
- Transabdominal gynecological ultrasound
- Testicular ultrasound
- Salivary gland ultrasound
- Transrectal prostate ultrasound
- Ultrasound / Doppler ultrasound of carotid arteries and vertebral arteries
- Ultrasound / Doppler ultrasound of lower limb arteries
- Ultrasound/Doppler ultrasound of upper limb arteries
- Ultrasound/Doppler ultrasound of lower limb veins
- Ultrasound/Doppler ultrasound of upper limb veins
- Ultrasound/Doppler ultrasound of the abdominal aorta and pelvic arteries
- Ultrasound/Doppler ultrasound of hepatic vessels (assessment of hepatic portal circulation)
- ultrasound/Doppler ultrasound of renal arteries;
- Ultrasound/Doppler ultrasound of intracranial arteries

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

- Anoscopy
- Gastroscopy (with urease test)
- Rectoscopy

- X-ray of both wrists, lateral
- X-ray of chest, thyroid, trachea
- X-ray of lumbar spine, AP + lateral + oblique
- X-ray of lumbar spine, lateral
- X-ray of lumbosacral spine AP + lateral
- X-ray of lumbosacral spine, oblique
- X-ray of nasopharynx
- X-ray of orbits + lateral (2 views)
- X-ray of sacroiliac joints – oblique
- X-ray of sacroiliac joints – PA
- X-ray of sternum, AP
- X-ray of temporal bones by Schuller/Stevers
- X-ray of temporal bones, transorbital
- X-ray sternum / chest lateral

- Hip joints ultrasound – for children
- Hip joints ultrasound + orthopedic consultation (up to 1 year of age);
- Hip joint ultrasound
- Knee joint ultrasound
- Elbow joint ultrasound
- Ankle joint ultrasound
- Shoulder ultrasound
- Subcutaneous tissue ultrasound (lipomas, fibromas, etc.)
- Post-traumatic muscle haematoma ultrasound
- Lymph node ultrasound
- Wrist ultrasound
- Ultrasound of ligaments, muscles, small joints
- Ultrasound of metatarsal
- Ultrasound of the plantar aponeurosis
- Finger and metacarpophalangeal joint ultrasound
- Achilles tendon ultrasound;
- Urinary tract ultrasound + TRUS
- Trans-fontanelle ultrasound
- Echocardiography – cardiac ultrasound

○ Sigmoidoscopy

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

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

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

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

17) diagnostic imaging - other diagnostic tests and examinations:

- Spirometry without medication
- Spirometry – diastolic test
- Standard audiometry*
- Uroflowmetric examination
- Mammography Mammography – targeted image
- Computerised visual field test
- Dark adaptation test

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

§13 Allergy tests (option I)

1. The insurance includes allergy skin tests. The tests are ordered by a Physician from a Medical Facility, in the following scope:
- 1) Allergist consultation – qualification for tests
 - 2) Allergy skin tests – skin prick tests with a product for allergy tests:
 - skin allergy tests – 1 spot
 - skin allergy tests – food allergy panel
 - skin allergy tests – inhaled allergens panel
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.

§14 Preventive health check (option I)

1. Preventive health check – option I 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:
 - Urine – general analysis
 - faecal occult blood (FOB);
 - Blood count + platelet count + automated smear
 - ESR
 - Fasting glucose
 - Lipid profile (CHOL, HDL, LDL, TG)
 - GPT/ALT transaminase
 - TSH / hTSH
 - Standard* Pap smear
 - 3) Imaging examinations Imaging examinations in justified medical cases
 - Transabdominal gynaecological ultrasound or transvaginal ultrasound
 - PA chest X-ray - depending on medical indications
 - Abdominal ultrasound

- Breast ultrasound and Mammography - women,
depending on medical indications
- 4) Functional examinations:
 - Resting ECG
 - 5) Internist consultation — closing consultation.
- 4. The scope of the check for men includes:
 - 1) Physician consultations:
 - a) Internist or nurse telephone opening consultation — medical history;
 - b) Urological consultation;
 - c) Ophthalmological or optometric consultation.
 - 2) Laboratory tests:
 - Urine – general analysis
 - faecal occult blood (FOB);
 - Blood count + platelet count + automated smear
 - PSA panel (PSA, FPSA, FPSA / PSA index)
 - TSH / hTSH
 - Fasting glucose
 - Lipid profile (CHOL, HDL, LDL, TG)
 - GPT/ALT transaminase
 - Creatinine
 - ESR
 - 3) Imaging examinations Imaging examinations in justified medical cases
 - PA chest X-ray - depending on medical indications
 - USG jamy brzusznej
 - 4) Functional examinations:
 - Resting ECG
 - 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>

§15 Physiotherapy (option I)

- 1. As part of the Physiotherapy option I 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,
 - 4) adopting an appropriate therapeutic decision and determining the mode of rehabilitation.
- 3. The insurance only includes rehabilitation of the locomotor system and it is provided for the following indications (qualification criteria); i.e. it applies to Patients with:
 - 1) orthopaedic traumas;
 - 2) osteoarthritis;
 - 3) occupational disorders of the motor organ (confirmed by a relevant medical certificate);
 - 4) post-operative scars;
 - 5) neurological pain syndrome.
- 4. The procedures are provided on the basis of referrals from physical therapists or Physicians (specialists in the field of orthopaedics, neurology, neurosurgery, rheumatology, rehabilitation medicine, balneology) from an outpatient Medical Facility, specifying the scope and type of rehabilitation procedures, and includes physiotherapy available at outpatient Medical Facilities indicated by the insurer.

5. The scope is limited and covers performance of a total of the following services within a 12-month term of the agreement:

- 1) 10 physical therapy procedures and
- 2) 3 kinesitherapy procedures (including therapeutic massage)

○ from the following range of physical therapy and kinesitherapy procedures:

- Kinesitherapy – cervical spine traction
- Kinesitherapy – function-improving exercises ankle joint
- Kinesitherapy – function-improving exercises arm
- Kinesitherapy – function-improving exercises cervical spine
- Kinesitherapy – function-improving exercises elbow joint
- Kinesitherapy – function-improving exercises foot
- Kinesitherapy – function-improving exercises forearm
- Kinesitherapy – function-improving exercises hand
- Kinesitherapy – function-improving exercises hip joint
- Kinesitherapy – function-improving exercises knee joint
- Kinesitherapy – function-improving exercises lumbar spine
- Kinesitherapy – function-improving exercises shank
- Kinesitherapy – function-improving exercises shoulder joint
- Kinesitherapy – function-improving exercises thigh
- Kinesitherapy – function-improving exercises thoracic spine
- Kinesitherapy – function-improving exercises wrist
- Kinesitherapy – individual therapy ankle joint
- Kinesitherapy – individual therapy arm
- Kinesitherapy – individual therapy cervical spine
- Kinesitherapy – individual therapy elbow joint
- Kinesitherapy – individual therapy foot
- Kinesitherapy – individual therapy forearm
- Kinesitherapy – individual therapy hand
- Kinesitherapy – individual therapy hip joint
- Kinesitherapy – individual therapy knee joint
- Kinesitherapy – individual therapy lower leg
- Kinesitherapy – individual therapy lumbar spine
- Kinesitherapy – individual therapy shoulder joint
- Kinesitherapy – individual therapy thoracic spine
- Kinesitherapy – individual therapy upper leg
- Physical therapy – ionophoresis upper leg
- Physical therapy – ionophoresis wrist
- Physical therapy – local cryotherapy ankle joint
- Physical therapy – local cryotherapy arm
- Physical therapy – local cryotherapy cervical spine
- Physical therapy – local cryotherapy elbow joint
- Physical therapy – local cryotherapy foot
- Physical therapy – local cryotherapy forearm
- Physical therapy – local cryotherapy hand
- Physical therapy – local cryotherapy hip joint
- Physical therapy – local cryotherapy knee joint
- Physical therapy – local cryotherapy lower leg
- Physical therapy – local cryotherapy lumbar spine
- Physical therapy – local cryotherapy shoulder joint
- Physical therapy – local cryotherapy thoracic spine
- Physical therapy – local cryotherapy upper leg
- Physical therapy – local cryotherapy wrist
- Physical therapy – low-energy laser for scars excluding CO2 laser
- Physical therapy – low-energy laser therapy ankle joint
- Physical therapy – low-energy laser therapy arm
- Physical therapy – low-energy laser therapy cervical spine
- Physical therapy – low-energy laser therapy elbow joint
- Physical therapy – low-energy laser therapy foot
- Physical therapy – low-energy laser therapy forearm
- Physical therapy – low-energy laser therapy hand
- Physical therapy – low-energy laser therapy hip joint
- Physical therapy – low-energy laser therapy knee joint
- Physical therapy – low-energy laser therapy lower leg
- Physical therapy – low-energy laser therapy lumbar spine
- Physical therapy – low-energy laser therapy shoulder joint

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

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

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

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

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

§16 Dentistry (option II)

1. Dental emergency

- 1) Dental emergency includes, depending on the Medical Facility, coverage or reimbursement of expenses (Reimbursement) up to the maximum limit of PLN 350 per each 12-month Insurance Period, of the following performed by dentists' services:
- Emergency dental abscess incision, including drainage
 - Emergency dental intraoral conduction anaesthesia
 - Emergency dental local infiltration anaesthesia
 - Emergency dental local permeation anaesthesia
 - Emergency dry socket irrigation + application of medication
 - Emergency extraction of a multi-rooted deciduous tooth
 - Emergency extraction of a multi-rooted tooth
 - Emergency extraction of a tooth by intra-alveolar chiseling
 - Emergency medicinal dressing on a deciduous tooth
 - Emergency medicinal dressing on a permanent tooth
 - Emergency periapical abscess decompression
 - Emergency repositioning and immobilisation of an avulsed tooth
 - Emergency single tooth X-ray

- Emergency extraction of a single-rooted deciduous tooth
 - Emergency extraction of a single-rooted tooth
 - Emergency tooth pulp devitalisation in a deciduous tooth with cavity dressing
 - Emergency tooth pulp devitalisation with cavity dressing
- 2) Dental emergency services are provided exclusively in the sudden onset of an illness or in case of an accident outside the working hours of the Operator's own facilities.
- 3) A precondition for obtaining dental emergency services shall be for the Insured to notify the need to attend a dental emergency as a result of a sudden onset of an illness or an accident using our Helpline (on 22 33 22 888), and then avail of The insurances at a medical facility indicated by the Operator, in line with the instructions provided by the Helpline staff. If the indicated medical facility does not offer cashless services, the Insured must cover the costs of The insurances performed in accordance with the applicable price list, then submit an application for a Reimbursement with attached original invoices or receipts for services provided to the Insured. The invoice or receipt should include:
- a) the data of the Insured for whom services were provided, for the reimbursement of costs (at least the Insured t's name, surname, address). In the event that services are provided to a child, the invoice should be issued for the actual carer or legal guardian of the child, and the invoice should include the data of the child for whom The insurances were performed;
 - b) a list of services performed for the Insured (indicated in the content of the invoice) or an attached specification issued by the medical facility providing The insurances, indicating the name of The insurance, or a copy of medical records related to the specific service provided;
 - c) the number of a specific type of services provided;
 - d) service performance date;
 - e) service unit price.
- 4) If, following The insurance cost reimbursement under the Insurer Reimbursement procedure, the Insurer obtains evidence that the Reimbursement was made upon information, invoices or receipts that are inaccurate given the actual situation indicated in the Application or attached documents (e.g. if the Insured submits invoices or receipts for services performed for third parties with the Application), the Insurer shall have the right to claim reimbursement of the amounts paid to the Insured with interest calculated from the date of disbursement of funds under the Reimbursement procedure.
- 5) Payment by way of Reimbursement shall be made on the basis of the Refund Application filed by the Insured along with accompanying original invoices or receipts and other required documents.
- 6) The Insurer shall reimburse the costs to the bank account number indicated in the Application Form within 30 days from the date of delivery of the complete Application Form. Should it prove impossible to clarify all circumstances necessary to determine the Insurer's liability or the amount of the benefit within the above-mentioned period, the benefit will be paid out within 14 days from the date on which the clarification of those circumstances with due diligence was possible.
- 7) The application form for the Cash Benefit is available at: <https://www.luxmed.pl/dla-pacjenta/ubezpieczenia-dla-klientow-indywidualnych/indywidualne-ubezpieczenie-zdrowotne-promed>.

2. Dental prophylaxis

Zakres Profilaktyki Stomatologicznej obejmuje wykonanie 1 raz w 12 miesięcznym Okresie ubezpieczenia w ambulatoryjnych placówkach medycznych wskazanych przez Ubezpieczyciela przeglądu stomatologicznego tj. oceny stanu uzębienia przez Lekarza stomatologa przyjmującego w zakresie stomatologii zachowawczej oraz zabiegów higieny jamy ustnej przez higienistkę stomatologiczną, i obejmuje następujące świadczenia:

- Dental consultation
- Dental fluoride treatment (Fluor Protector) 1 dental arch
- Dental fluoride treatment (Fluor Protector) 1/2 of dental arch
- Instructions on oral hygiene
- Tooth polishing Periodontal scaling – complementary
- Periodontal scaling from 1 dental arch
- Periodontal scaling from all teeth

- Dental fluoride treatment (Fluor Protector) 2 dental arches
- Deposit removal — sandblasting
- Individual fluoride treatment, topica

3. Anaesthesia

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

- Dental anaesthesia with a WAND device
- Dental local infiltration anaesthesia
- Dental local permeation anaesthesia
- 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:

- Specialist consultation — conservative dentistry
- Tooth cavity filling 1 surface with regular light-cured material
- Tooth cavity filling 2 surfaces with regular light-cured material
- Tooth cavity filling 3 surfaces with regular light-cured material
- Restoration of damaged incisal angle with regular light-cured material
- Filling – glass ionomer
- Examination of tooth vitality
- Circumpulpar pin inlay Cosmetic covering of enamel hypoplasia – composite veneer
- Cosmetic covering of discoloured dentine in anterior teeth – composite veneer
- Treatment of changes of the oral mucosa
- Medicinal dressing on a permanent tooth
- Periodontal pocket irrigation
- Periodontal pocket irrigation and drug application
- Cauterisation of interdental papilla

5. Paedodontics

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

- Dental consultation – paedodontal
- Deciduous tooth cavity filling 1 surface
- Deciduous tooth cavity filling 1 surface, therapeutic
- Deciduous tooth cavity filling 2 surfaces
- Deciduous tooth cavity filling 2 surfaces, therapeutic
- Deciduous tooth cavity filling 3 surfaces
- Deciduous tooth cavity filling 3 surfaces, therapeutic
- Adaptation visit (children) – dentistry
- Medicinal dressing on a deciduous tooth
- Dentine impregnation – per tooth
- Amputation of devitalised deciduous tooth pulp
- Endodontic treatment of a deciduous tooth
- Treatment of pulp necrosis in a deciduous tooth
- Vital pulp amputation in a tooth with unformed root
- Tooth pulp devitalisation in a deciduous tooth with cavity dressing
- Prophylactic fissure sealing – limited to 8

7. Dental surgery

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

- Specialist consultation – dental surgery
- Dental abscess incision – including drainage
- Apicoectomy of a posterior tooth
- Apicoectomy of a posterior tooth, with retrograde root canal filling
- Apicoectomy of an anterior tooth
- Excision of a gingival flap within 1 tooth
- Excision of nodule, nodule-like lesion, mucocele – dentistry
- Surgical dressing – dentistry
- Dry socket irrigation + application of medication
- Sampling of a biopsy specimen in the oral cavity
- Frenuloplasty, meloplasty, glossoplasty – dentistry

- Apicoectomy of an anterior tooth, with retrograde root canal filling
- Single-rooted tooth extraction
- Single-rooted deciduous tooth extraction
- Extraction of a tooth by intra-alveolar chiselling
- Extraction of a tooth by extra-alveolar chiselling with formation of a mucoperiosteal flap
- Multi-rooted tooth extraction
- Multi-rooted deciduous tooth extraction
- Enucleation of odontogenic cyst
- Surgical tooth extraction – surgically complex
- Surgical exposure of an impacted tooth
- Surgical exposure of an impacted tooth with bracket attachment
- Surgical extraction of a partially impacted tooth
- Repositioning and immobilisation of an avulsed tooth

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:

- Tooth reimplantation
- Alveoloplasty within a half of maxilla – preparation for prosthetic restoration
- Alveoloplasty with a transplant – excluding cost of material
- Repositioning and immobilisation of a fractured alveolar process
- Removal of salivary duct calculus – dentistry
- Closure of oroantral communication or fistula
- Temporary management of fractured maxilla
- Repositioning and immobilisation of an avulsed mandible
- Maxillary sinus 1 augmentation
- Maxillary sinus 2 augmentation
- Maxillary sinus 3 augmentation
- Connective tissue transplant from a palate – sampling
- Connective tissue transplant from a palate – sampling
- Inferior alveolar nerve transposition
- Bone augmentation 1
- Bone augmentation 2
- Bone augmentation 3
- Emdogain and Endobon implantation procedure
- Flap procedure with augmentation with Endobon preparation
- Flap procedure with augmentation with Endobon preparation and Osseoguard membrane
- Flap procedure with augmentation using Endobon and Emdogain
- Alveolar regeneration / augmentation following extraction using biomaterial
- Stitching a lip wound
- Surgical removal of tooth buds
- Alveolar regeneration / augmentation following extraction using collagen cones
- Autogenic bone transplant to 3 alveoli
- Replenishment of the alveolus with bone replacement material, excluding cost of material
- Application of platelet-rich fibrin (PRF) in dentistry
- Membrane plus application
- Connective tissue replacement membrane plus application
- Collagen membrane plus application
- i-GEN membrane or titanium mesh plus application
- i-Gen membrane removal

8. 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
- Tooth pulp devitalisation with cavity dressing
- Chemical and mechanical root canal preparation
- Root canal opening
- Root canal filling
- Crown-root inlay removal

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:

- Removal of a fractured tool from the canal under a surgical microscope
- Crown-root inlay removal under a surgical microscope
- Endodontal treatment of a premolar under a surgical microscope stage II
- Endodontal treatment of a molar under a surgical microscope stage I

- Endodontal treatment of an incisor or a canine under a surgical microscope stage I
- Endodontal treatment of an incisor or a canine under a surgical microscope stage II
- Endodontal treatment of a premolar under a surgical microscope stage I

- Endodontal treatment of a molar under a surgical microscope stage II
- Specialised assessment of tissue under a surgical microscope
- Interventional appointment during endodontic treatment

9. Prosthodontics

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

- Specialist prosthetic consultation

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

- Full denture with metal palate
- Malocclusion correction
- Models for diagnostic or planning purposes – doctor
- Crown-root inlay cast metal
- Crown-root inlay cast metal combined
- Crown-root inlay made of gold
- Crown-root inlay made of gold combined
- Metal, ceramic, glass fibre crown-root inlay – standard
- Provisional crown using indirect method
- All-metal cast crown
- All-gold cast crown, premolar
- Porcelain crown on metal without margin
- Porcelain crown on gold, premolar
- Porcelain veneer
- Composite crown ONLAY INLAY OVERLAY
- Galvanised telescopic crown, gold
- Latch / bolt / retainer point in frame denture
- Replacement of Rhein inlay – 1 element
- Partial denture supporting 1–4 missing teeth
- Full maxillary denture
- Full mandibular denture
- Frame denture with latches without latch cost
- Frame denture
- Overdenture on gold latch
- Denture repair – 1 element
- Direct denture lining
- Indirect denture lining
- Removal of a prosthetic crown – 1 element
- Partial denture supporting 5–8 missing teeth
- Partial denture supporting more than 8 teeth
- Porcelain crown on gold, molar
- Porcelain crown on gold, anterior tooth
- All-gold cast crown, molar

- Partial denture supporting more than 8 teeth Stage I
- Partial denture supporting more than 8 teeth Stage II
- Full maxillary denture Stage I
- Full maxillary denture Stage II
- Full mandibular denture Stage I
- Full mandibular denture Stage II
- Frame denture with latches without latch cost Stage I
- Frame denture with latches without latch cost Stage II
- Frame denture Stage I
- Frame denture Stage II
- WAX UP
- WAX UP INTERDENT
- All-ceramic crown-root inlay Stage I
- All-ceramic crown-root inlay Stage II
- Adhesive bridge – 1 point
- Porcelain crown on zirconia using CAD/CAM Lava Everest method
- Porcelain crown on zirconia using CAD/CAM Lava Everest method Stage I
- Porcelain crown on zirconia using CAD/CAM Lava Everest method Stage II
- Rhein latch – 1 element
- Bredent latch – 1 element
- Porcelain crown on metal with a ceramic margin
- Porcelain crown on metal with a ceramic margin Stage I
- Porcelain crown on metal with a ceramic margin Stage II
- Metal telescopic crown
- Metal telescopic crown Stage I
- Metal telescopic crown Stage II
- Porcelain veneer posterior
- Porcelain veneer posterior Stage I

- All-gold cast crown, anterior tooth
- Porcelain crown ONLAY INLAY OVERLAY
- Cementation of a prosthetic crown
- Cementation of a bridge
- Partial denture – 1 point
- Occlusion alignment using articulator
- Functional impression using individual tray
- All-ceramic crown-root inlay
- Crown-root inlay cast metal Stage I
- Crown-root inlay cast metal Stage II
- Crown-root inlay cast metal combined Stage I
- Crown-root inlay cast metal combined Stage II
- Crown-root inlay made of gold Stage I
- Crown-root inlay made of gold Stage II
- Crown-root inlay made of gold combined Stage I
- Crown-root inlay made of gold combined Stage II
- All-metal cast crown Stage I
- All-metal cast crown Stage II
- All-gold cast crown, premolar Stage I
- All-gold cast crown, premolar Stage II
- All-gold cast crown, molar Stage I
- All-gold cast crown, molar Stage II
- All-gold cast crown, anterior tooth Stage I
- All-gold cast crown, anterior tooth Stage II
- Porcelain crown on metal without margin, Stage I
- Porcelain crown on metal without margin, Stage II
- Porcelain crown on galvanised metal Stage I
- Porcelain crown on galvanised metal Stage II
- Porcelain crown on gold premolar tooth Stage I
- Porcelain crown on gold premolar tooth Stage II
- Porcelain crown on gold molar tooth Stage I
- Porcelain crown on gold molar tooth Stage II
- Porcelain crown on gold, anterior tooth Stage I
- Porcelain crown on gold, anterior tooth Stage II
- Porcelain veneer Stage I
- Porcelain veneer Stage II
- Porcelain crown ONLAY INLAY OVERLAY Stage I
- Porcelain crown ONLAY INLAY OVERLAY Stage II
- Galvanised telescopic crown, gold Stage I
- Galvanised telescopic crown, gold Stage II
- Latch / bolt / retainer point in frame denture Stage I
- Latch / bolt / retainer point in frame denture Stage II
- Partial denture supporting 1–4 missing teeth Stage I
- Partial denture supporting 1–4 missing teeth Stage II
- Partial denture supporting 5–8 missing teeth Stage I
- Partial denture supporting 5–8 missing teeth Stage II
- Porcelain veneer posterior Stage II
- Overdenture on gold latch Stage I
- Overdenture on gold latch Stage II
- Gradia gingival mask
- Gradia gingival mask Stage I
- Gradia gingival mask Stage II
- Wax teeth control and correction
- Frame denture metal control and correction
- Splint denture
- Metal crown ONLAY INLAY OVERLAY
- Gold crown inlay
- Spherical inlays
- Protective splint sport
- Protective splint sport colour
- Silver-palladium crown-root inlay
- Silver-palladium crown-root inlay Stage I
- Silver-palladium crown-root inlay Stage II
- Silver-palladium crown-root inlay combined
- Silver-palladium crown-root inlay combined Stage I
- Silver-palladium crown-root inlay combined Stage II
- Models for diagnostic or planning purposes – doctor
- Reinforcement of a denture with an arch
- Reinforcement of a denture with a steel mesh
- Reinforcement of a denture with a gold-plated mesh
- Overdenture on telescopic crowns Stage I
- Overdenture on telescopic crowns Stage II
- ASC bracket
- Face-bow examination and placement in articulator
- Acrylic microdenture
- 1 arch MOCK UP
- 1 point MOCK UP
- Visualisation of prosthodontic treatment on a model
- Teflon replacement
- All-composite crown
- Composite crown on glass fibre
- All-porcelain crown on zirconia
- All-porcelain crown on zirconia Stage I
- All-porcelain crown on zirconia Stage II
- All-porcelain crown
- All-porcelain crown Stage I
- All-porcelain crown Stage II
- Maryland missing tooth restoration – acrylic
- Maryland missing tooth restoration – composite

10. Prosthodontics

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:

- Wide-arch braces Bi-helix, Quad – helix
- Block braces with modification
- Derichsweiler apparatus
- Removable braces
- Fixed braces – closed metal 1 arch
- Stochfisch braces
- One brace of metal, transparent braces
- One brace of metal, fixed braces
- Lip-bumper
- Braces repair, arch wire replacement
- Braces repair, 1 screw replacement
- Braces repair, 2 screws replacement
- Braces repair, plate breakage
- Braces repair, addition of a wire element
- Nance plate
- Vestibular plate
- Chin cap
- Palatal expander
- NiTi palatal expander
- Retainer 1
- Retainer 2
- Retainer 3
- Orthodontist consultation in the course of treatment with removable braces
- Orthodontist consultation in the course of treatment with fixed braces
- Headgear
- Removal of fixed braces
- Visit with a chin cap
- Visit with cusp grinding
- Occlusal analysis and treatment plan development
- Block braces
- One wire arch of fixed braces porcelain brackets
- One wire arch of fixed metal braces
- Orthodontist's consultation with an impression
- Braces repair replacement of 1 element
- Braces repair replacement of 2 elements
- Braces repair replacement of 3 elements
- Visit with a vestibular plate
- Follow-up visit in the course of treatment with removable braces
- Follow-up visit in the course of treatment with fixed braces x 1
- Replacement of a metal bracket
- Follow-up visit – fixed braces, porcelain brackets
- Hass braces
- Space maintainer
- Clear aligner impression
- Clear aligner follow-up
- Braces repair, 1 arch wire replacement ceramic brackets
- Braces repair, 2 arch wires replacement ceramic brackets
- Braces repair, 1 arch wire replacement metal brackets
- Braces repair, 2 arch wires replacement metal brackets
- Additional orthodontic element 1
- Additional orthodontic element 2
- Additional orthodontic element 3
- Replacement of an aesthetic bracket
- Vestibular plate – infant trainer
- Fixed braces – aesthetic, non-ligature Damon brackets 1 arch
- Fixed braces – metal, non-ligature Damon brackets 1 arch
- Follow-up visit in the course of treatment with fixed braces with non-ligature Damon brackets – 1 arch
- One wire arch of fixed braces metal and crystal brackets
- One wire arch of fixed braces metal and crystal brackets Stage I
- One wire arch of fixed braces metal and crystal brackets Stage II
- Multi-P braces
- Multifunctional braces Molar rotator
- Expander braces
- TWIN-BLOCK braces with a screw – modified
- TWIN-BLOCK braces with a screw – modified Stage I
- TWIN-BLOCK braces with a screw – modified Stage II
- Herbst hinge
- Herbst hinge Stage I
- Herbst hinge Stage II
- Carriere distalizer
- Guray / OBC wedging
- Fragmentary fixed braces

- Replacement of a porcelain bracket
- 1/3 segment arch
- 1/2 segment arch
- Follow-up visit – fixed braces, metal brackets
- Follow-up visit – fixed braces, crystal brackets
- One wire arch of fixed braces crystal brackets
- One wire arch of fixed braces metal brackets
- Removable braces – Schwarz plate
- Fixed braces – aesthetic brackets 1 arch
- Hyrax braces
- Pendulum braces
- Fixed braces – aesthetic brackets part of arch 1
- Fixed braces – aesthetic brackets part of arch 2
- Wide-arch braces Bi-helix, Quad – helix Stage I
- Wide-arch braces Bi-helix, Quad – helix Stage II
- Block braces Stage I
- Block braces Stage II
- Removable braces – Schwarz plate Stage I
- Removable braces – Schwarz plate Stage II
- Hyrax braces Stage I
- Hyrax braces Stage II
- One wire arch of fixed brace with crystal brackets Stage I
- One wire arch of fixed brace with crystal brackets Stage II
- One wire arch of fixed braces with metal brackets Stage I
- One wire arch of fixed braces with metal brackets Stage II
- Braces repair
- Pendulum braces Stage I
- Pendulum braces Stage II
- Nance braces
- Retention control
- Stripping – 1 tooth
- Acrylic bite splint
- Headgear application
- Retention plate
- Retention arch application – maxilla
- Retention arch application – mandible
- Removal of retention arch
- Fixed braces – metal, non-ligature brackets 1 arch
- Fixed braces – aesthetic, non-ligature brackets 1 arch
- TWIN-BLOCK braces
- TWIN-BLOCK braces Stage I
- TWIN-BLOCK braces Stage II
- Fixed braces – 2D lingual brackets 1 arch
- Replacement of a 2D lingual metal bracket
- Follow-up visit – fixed braces, 2D lingual brackets
- Braces repair, 1 arch wire replacement 2D lingual brackets
- Braces repair, 2 arch wires replacement 2D lingual brackets
- MALU appliance
- Wide-arch braces – palatal arch
- Wide-arch braces – tongue arch
- Fixed metal braces 2x4
- Orthodontic acrylic splint
- Class II corrector
- One wire arch of fixed braces individual lingual brackets
- One wire arch of fixed braces individual lingual brackets Stage I
- Wire arch replacement individual lingual brackets
- Replacement of an individual lingual bracket
- One wire arch of fixed braces individual lingual brackets Stage II
- System Benefit braces Stage I
- System Benefit braces Stage II
- Flexible orthodontic appliance
- Tooth separation procedure
- Follow-up visit in the course of treatment with fixed partial braces
- Attachment of a metal bracket
- Attachment of a crystal bracket
- Retention arch application
- Fixed aesthetic braces 2x4
- Fixed aesthetic braces 2x4 Stage I
- Fixed aesthetic braces 2x4 Stage II
- One wire arch of fixed braces nickel-free brackets
- One wire arch of fixed braces nickel-free brackets Stage I
- One wire arch of fixed braces nickel-free brackets Stage II
- Retainer arch 1 tooth
- Orthognathic treatment planning
- Plate denture for children
- Plate denture for children Stage I
- Plate denture for children Stage II
- Retainer arch 6 teeth
- Models for diagnostic or planning purposes – orthodontist

11. 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:

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

12. Periodontology

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

- 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:

- Treatment of oral mucosa lesions – ozonotherapy – doctor
- Simple curettage within 1/4 of dental arch
- Open curettage within 1 tooth
- Teeth immobilisation with wire ligature – tooth
- Teeth immobilisation with composite splint – 1 tooth
- Teeth immobilisation with composite splint with additional reinforcements – 1 tooth
- Biomaterial implantation procedure 1
- Emdogain implantation procedure 1 tooth
- Covering exposed teeth roots procedure
- Periodontal dressing
- Treatment of oral mucosa lesions – ozonotherapy – dental hygienist
- Biomaterial implantation procedure 2
- Biomaterial implantation procedure 3
- Emdogain implantation procedure 2 teeth
- Emdogain implantation procedure 3 teeth
- Gingivoplasty within 1 tooth
- Gingival osteoplasty within 1 tooth
- Periodontology Splinting of maxilla and mandible
- Periodontology Gingival transplant – up to 2 teeth
- Dental biostimulation laser
- NanoBone bone replacement material implantation procedure
- Oral cancer Vizilite screening test
- Root planning one arch
- Periodontology Crown lengthening (up to 6 teeth)
- Performance of a test for presence of pathogens causing periodontitis / periimplantitis
- Specialist periodontal consultation follow-up visit
- Covering exposed teeth roots procedure of 1 tooth area
- Covering exposed teeth roots procedure of a 2 teeth area
- Covering exposed teeth roots procedure of a 3 teeth area
- Periodontology Tunnelization
- Preparation of a written plan and costs of periodontal treatment
- Regular curettage within 1 tooth
- Root planning 1/2 arch
- Periodontology Flap (1 tooth)

- Periodontology Crown lengthening of a double-rooted tooth
- Periodontology Crown lengthening of a single-rooted tooth
- Periodontology Bone regeneration control
- Vector periodontal apparatus procedure 2 arches
- Vector periodontal apparatus procedure 1 arch
- Vector prosthetic apparatus procedure 2 arches
- Vector prosthetic apparatus procedure 1 arch
- Vector prosthetic apparatus procedure 1 tooth (1 to 6 teeth)

13. Implantology

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

- 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:

- Implant splint with titanium positioners
- Implant uncovering with a healing screw 1 point
- Insertion of a micro implant
- Insertion of an Astra implant
- Insertion of a Straumann implant
- Removal of a micro implant
- Insertion of an Astra implant and support one-stage
- Insertion of a BEGO implant
- Removal of a permanent implant
- Insertion of Dentium implant
- Insertion of Neodent implant
- Insertion of Straumann SL Active implant
- Implant splint, model
- Titanium bar on 6 implants
- Zirconium bar on implants 4–5 implants
- Zirconium bar on implants 4–5 implants Stage I
- 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
- Locator attachment on an implant
- Porcelain crown on implant, two-structure on steel
- Porcelain crown on implant, two-structure on steel Stage I
- Porcelain crown on implant, two-structure on steel Stage II
- Porcelain bridge on implants 1 arch
- Porcelain bridge on implants 1 arch Stage I
- Porcelain bridge on implants 1 arch Stage II
- Toronto acrylic bridge on implants 1 arch
- Toronto acrylic bridge on implants 1 arch Stage I
- Toronto acrylic bridge on implants 1 arch Stage II
- 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
- Provisional immediate crown on an implant made by a technician
- Provisional immediate crown on an implant made by a dentist
- Renovation of Toronto acrylic bridge on implants, acrylic replacement
- Denture on 4 implants with locators
- Denture on 4 implants with locators Stage I
- Denture on 4 implants with locators Stage II
- Denture on 4 implants with a bar
- Denture on 4 implants with a bar Stage I
- Denture on 4 implants with a bar Stage II
- Denture on 2 implants with a bar
- Denture on 2 implants with a bar Stage I
- Denture on 2 implants with a bar Stage II
- Denture on 2 implants with locators
- Denture on 2 implants with locators Stage I
- Denture on 2 implants with locators Stage II

14. 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
- Hard dental guard
- NTI dental guard
- Face-bow examination and placement in articulator with an MDI examination

15. 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 for the following services:

- Diastema closure – per tooth
- Tooth whitening using internal method – 1 procedure
- Whitening of group of teeth using external method – 1 dental arch
- Teeth whitening using external method – supplemental set
- Teeth whitening using external method – 1 syringe
- Tooth whitening Smile Laser 1 arch
- Tooth whitening Smile Laser 2 arches
- Tooth whitening Smile Laser supplementation
- Teeth whitening using external method – 1 syringe – dental hygienist
- Teeth whitening using external method – supplemental set – dental hygienist
- Teeth whitening Beyond lamp 1 dental arch
- Teeth whitening Beyond lamp 2 dental arches
- Whitening of group of teeth using external method – 1 dental arch using LED lamp

6 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
- Panoramic X-ray

16. Guarantee

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

§17 Home visits (option I)

1. The scope of insurance is limited to 1 visit within a 12-month term of the agreement and is carried out by an Emergency Physician at the Insured's place of residence if the place of residence is within the current territorial range of home visits.
2. The home visits are realized only in medically justified cases where the Insured is unable to get to the outpatient Medical Facility indicated by the Insurer, excluding direct life-threatening situations. Reasons making it impossible for the Insured to report to the clinic do not include, among others:
 - 1) inconvenient access to the clinic,
 - 2) the need to obtain a prescription or issue a medical certificate for sick leave.

3. A house call is an emergency service provided solely on the visit request day and aimed at making a diagnosis and starting treatment, whereas treatment continuation and follow-up visits take place in outpatient Medical Facilities indicated by the Insurer.
4. In the case of a home visit, it is impossible to freely choose a physician. A house call request is accepted or refused by a medical dispatcher indicated by the Insurer based on the information provided.
5. The current territorial coverage of home visits can be found at www.luxmed.pl. In cities where home visits are not provided, the Insured will be reimbursed. Details of reimbursement can be found on the above website. Reimbursement shall be considered reasonable only after the Insured has been qualified for a home visit by the dispatcher.

§18 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.

§19 10% discount on medical procedures provided in PROFEMED

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

II. HOSPITAL SERVICES

A. Orthopaedic care

§1 Hospitalisation

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

1. Orthopaedics
 - 1) includes orthopaedic surgeries, orthopaedic fusion materials;
 - 2) excludes:
 - a) endoprosthesis
 - b) elongation of limbs;
 - c) osseointegration procedures;
 - d) spinal surgeries.

§2 Pre-hospitalisation medical care

1. The scope covers the services of imaging, laboratory diagnostics and specialist consultations necessary for preparation for hospitalisation. We will determine the scope of all examinations and consultations during the preparation of the Insured Person for hospitalisation, after accepting the application for the Service. We will not carry out tests or consultations on medical treatment before hospitalisation ordered by a medical facility other than the one indicated by us. Pre-hospitalisation medical care is necessary for:
 - 1) determining the necessity of hospitalisation, its type, method and scope;
 - 2) qualifying the Insured Party for hospitalisation;
 - 3) determination of the date of a surgery or procedure;
 - 4) development of a treatment plan.

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

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

3. Pregnancy is not covered.

§3 Post-hospitalisation medical care

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

§4 Rehabilitation

1. Post-hospitalisation rehabilitation shall include the necessary physiotherapy and kinesiotherapy procedures as recommended by the physiotherapy or physiotherapy personnel after orthopaedic procedures, starting within 2 weeks from the date of the orthopaedic procedure and lasting up to 6 weeks from the date of commencement.
2. We will determine the detailed scope of rehabilitation before the end of Hospitalisation. We will not carry out the rehabilitation ordered by a medical facility other than the one indicated by us.
3. Our responsibility for rehabilitation does not include:
 - 1) rehabilitation procedures resulting from indications other than the consequences of a surgery carried out under the insurance coverage;
 - 2) fracture therapy with bone fusion stimulators using physical interactions (e.g. ultrasonic wave).
4. We provide rehabilitation only in respect of the Hospital Services provided under the Insurance Agreement.

§5 Medical transportation

1. This includes road transportation:
 - 2) 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);
 - 3) 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;
 - 4) transport from the Hospital to the place of stay of the Insured Party resulting from medical indications confirmed by us;
1. Medical transportation is provided only in respect of Hospital Services under the scope of the Insurance Agreement.

B. Hospital Care Coordination

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

- 1) acceptance of a request for the Service from the Insured Party and ongoing contact with the Insured Party during the verification of the request and during the term of the Agreement;

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

III. SECOND MEDICAL OPINION SERVICE

1. A service organised in cooperation with WorldCare International Inc. with its registered office in Boston (Massachusetts; USA), enabling the Insured Party to consult the diagnosis and treatment plan prepared in the Republic of Poland with the teams of specialists cooperating with internationally recognised academic medical centres in the USA, belonging to the WorldCare Consortium, the list of which is available at: <https://www.worldcare.com/worldcare-consortium-2/>, and to obtain the second medical opinion without having to leave Poland.
2. The opinion is issued for the following illnesses or conditions where the diagnosis, injury or the need for surgical treatment or procedure has been identified:

<input type="radio"/> Neoplasms	<input type="radio"/> Diabetes mellitus
<input type="radio"/> Myocardial infarction	<input type="radio"/> Thromboembolism
<input type="radio"/> Coronary artery disease requiring an operation	<input type="radio"/> Amputations
<input type="radio"/> Coma	<input type="radio"/> Rheumatoid arthritis
<input type="radio"/> Cerebral stroke	<input type="radio"/> Severe burns
<input type="radio"/> Multiple sclerosis	<input type="radio"/> Sudden loss of sight due to illness
<input type="radio"/> Paralysis, Plegia, Paresis	<input type="radio"/> Transplantation of large organs
<input type="radio"/> Chronic obstructive pulmonary disease	<input type="radio"/> Neurodegenerative disease/Alzheimer's disease
<input type="radio"/> Emphysema	<input type="radio"/> Loss of hearing
<input type="radio"/> Inflammatory bowel disease	<input type="radio"/> Hip and knee replacement surgery
<input type="radio"/> Chronic liver disease	<input type="radio"/> Loss of speech
<input type="radio"/> Renal failure	<input type="radio"/> Serious injuries
<input type="radio"/> Chronic pelvic pain	<input type="radio"/> Parkinson's disease
3. Each notification covered by the above-mentioned scope is comprehensively analysed at the leading medical centres in the USA. A team of specialists, based on the submitted medical dossier and the results of imaging and histopathological tests, verifies the diagnosis and treatment plan proposed by the Insured Party's

attending physician, and then presents a detailed report that may confirm the previous diagnosis and treatment method or recommend their modification.

4. The report (Second Medical Opinion) shall contain:
 - 1) case report,
 - 2) diagnosis,
 - 3) recommendations for further treatment,
 - 4) list of questions to be discussed by the Insured Party with his/her physician,
 - 5) information on the specialist and institution issuing the Second Medical Opinion – translated into Polish, as well as data on recent scientific research and educational materials related to the case.
5. As part of the service, the Insured Party, within 30 days of receiving the Second Medical Opinion, may also ask additional questions concerning a given condition, to which the Insured Party shall respond by electronic means. If necessary, in order to consult the case of the Insured Party, an audio conference may be held between the treating doctor and the specialist issuing the second opinion.
6. In order to obtain a Second Medical Opinion, the Insured Party should contact WorldCare in Poland at +48 (22) 221 06 41.
7. The Second Medical Opinion Service shall be provided to the Insured Party no earlier than 90 days after the first day of the Coverage Period.