

PROMED Individual Health Insurance



STANDARD 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 standard medical care. The Premium can be paid monthly, quarterly, six-monthly or annually.

Insurance type	Payable			
	Annually	Six-monthly	Quarterly	Monthly
INDIVIDUAL*	2 352 PLN	1 176 PLN	588 PLN	196 PLN
PARTNER	4 704 PLN	2 352 PLN	1 176 PLN	392 PLN
FAMILY	7 296 PLN	3 648 PLN	1 824 PLN	608 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 I plus)	• 18 specialists' (adults – 13, children – 5)
On-duty physician consultations (option I)	• 3 specialists'
Nursing procedures	•
Outpatient procedures (option I)	•
Influenza and tetanus vaccinations	•
Laboratory test panel (no referral needed)	• limited benefit limit: once a year
Laboratory and imaging diagnostics (option I)	•
Dentistry (option I)	•
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.	•

DETAILED LIST OF BENEFITS

I. OUTPATIENT SERVICES

§1 Medical Helpline 24/7

1. Medical Helpline is a healthcare service provided in situations requiring urgent assistance. This service includes the possibility of using Medical Helpline serviced by medical specialists (doctors, nurses) in the fields of internal medicine, family medicine, pediatrics and nursing, using the LUX MED Group 24/7 nationwide Infoline.
2. In medically justified cases, a medical specialist may refer the Entitled Person to an in-person consultation with a doctor, decide to call an ambulance, or refer him/her for urgent admission to the Hospital Emergency Department.
3. During the Medical Call Centre, the following are not issued:
 - 1) e-prescriptions for vaccines,
 - 2) potent medicines,
 - 3) medicines with potential for addiction,
 - 4) postcoital contraception (emergency contraception),
 - 5) referrals for examinations where ionizing radiation is used,
 - 6) referrals for biopsies,

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

§2 The Online Consultation

1. The Online Consultation is a Medical Service provided by the Operator through IT or communication systems. The Insurer enables the Insured an interactive individual consultation with a medical specialist (doctor, midwife or nurse) via means of distance communication i.e. the Patient Portal. The Insured with full access to the Patient Portal may benefit from Online Consultations. Time accessibility of Online Consultations with a doctor, a midwife and a nurse is a consequence of the schedule of medical specialists and is visible under "Online Consultation" ("Konsultacje online") tab. The Insured can choose a communication channel: video, audio or text.
2. Since medical specialists answering questions have access to the medical records of the Insured, in situations of medical necessity, they can order specific tests or refer the Insured to a different specialist. Online Consultations is exclusively available for the Insured who has logged in the Patient Portal and the content of Online Consultation is saved and constitutes a part of the medical documentation of the Insured.
3. Online Consultations include listed below medical specialists' consultations which do not require contact with a specialist in person:
 - internal medicine/family medicine (from the age of 18 years)
 - pediatrics (under the age of 18 years)
 - obstetrics
 - pediatric nursing
4. Online Consultation with a specialist does not replace an outpatient consultation because it does not enable direct examination.
5. In order to use the Online Consultation, the Insured after logging into the account on the Patient Portal in the "Online Consultations" tab sets himself in the queue waiting to use the insurance.
6. The provision of services in the form of Online Consultations is only for the benefit of the Insured who has concluded the Agreement or who is indicated as an Insured entitled to Medical Services under Online Consultations. The Insured cannot make Online Consultation service available to other individuals. The Insured bears full civil and criminal liability for the fact that the data provided are consistent with the facts.
7. Within the Online Consultation the Insured receives a Medical Service, and as a part of that service may be issued:
 - 1) a referral for diagnostics;
 - 2) a referral to another specialist for the purpose of obtaining another Telemedicine Advice;
 - 3) a referral to another specialist in order to obtain a Medical Service as part of an outpatient service,
 - 4) an e-Prescription for drugs for the continuation of chronic treatment,
 - 5) a de novo e-Prescription based on medical records and medical indications arising in the course of an

Online Consultation;

- 6) a medical certificate for medical indications.
8. In medically justified cases, while carrying out Online Consultation, a medical specialist may refuse to give advice at a distance and refer the Insured to an outpatient consultation with a doctor, a nurse or a midwife.
9. During the Online Consultation, the following are not issued:
- 1) e-referrals;
 - 2) referrals for examinations during which ionizing radiation is used;
 - 3) referrals for biopsies;
 - 4) referrals for endoscopic examinations;
 - 5) referrals for exercise tests.
10. The final decision to issue an e-Prescription during Online Consultation is at the discretion of the physician who may refuse to issue an e-Prescription based on medical indications and the Insured's welfare.
11. A doctor during an Online Consultation will not issue an e-prescription for:
- 1) vaccines;
 - 2) potent medicines;
 - 3) medicines with potential for addiction;
 - 4) postcoital contraception (emergency contraception).

§3 Healthcare specialists' consultations (basic option)

1. The insurance provides an opportunity to obtain medical consultations in cases, such as onset of an illness, emergency medical assistance and general medical advice without a referral.
2. Consultations are available in the following forms:
- 1) in outpatient medical clinics indicated by us – in the form of on-site visits;
 - 2) via communication systems – in the form of telephone or video consultations;
 - 3) in Infection Treatment Centers – in the form of on-site visits for Entitled Persons with symptoms of infections, provided in selected Medical facilities indicated by the Insurer.
3. The insurance includes: medical history taking, physician's advice and basic procedures necessary for making a diagnosis, taking an appropriate therapeutic decision and monitoring of treatment and refers to consultations within the following scope:
- ☐ Internal medicine ☐ Pediatrics
- ☐ Family doctor
4. The benefit Specialist Consultation basic option does not include:
- 1) consultation of Doctors on duty,
 - 2) consultation of Doctors with a post-doctoral degree or academic title of professor, as well as Doctors who hold the position of associate professor, associate professor and full professor.

§4 Healthcare specialists' consultations (option I plus)

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 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 relate to consultations within the following scope:

- | | |
|---------------------------------------|-------------------------------------|
| <input type="radio"/> allergology | <input type="radio"/> ophthalmology |
| <input type="radio"/> general surgery | <input type="radio"/> optometry |
| <input type="radio"/> diabetology | <input type="radio"/> proctology |
| <input type="radio"/> gynaecology | <input type="radio"/> pulmonology |
| <input type="radio"/> laryngology | <input type="radio"/> rheumatology |
| <input type="radio"/> nephrology | <input type="radio"/> urology |
| <input type="radio"/> neurology | |

2) for Insured under 18 years of age – visits relate to consultations within the following scope:

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

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

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

§5 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:

<input type="radio"/> Internal medicine	<input type="radio"/> Paediatrics
<input type="radio"/> Family doctor	

§6 Nursing procedures

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

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

- ☐ Measurement of body temperature (without referral)

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.

§7 Outpatient procedures (option I)

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

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

3. Outpatient procedures include:

1) outpatient general medical procedures:

- Blood pressure measurement
- Height and body weight measurement
- Non-surgical tick removal

2) outpatient surgical procedures:

- Suturing a wound up to 1.5 cm
- Tick removal - surgical
- Tick removal - non-surgical
- Insertion/replacement/removal – small dressing (non-surgical)
- Removal of other foreign body without incision
- Removal of stitches in the surgery, after procedures performed at medical facilities indicated by the Insurer.
- Removal of stitches after operations performed outside Medical Centres indicated by the Insurer - qualification of the case after assessment by the Doctor (we do not perform removal of stitches after childbirth)

3) outpatient laryngological procedures:

- Ear trumpet examination blowing
- Ear trumpet catheterization
- Ear flushing
- Nasal / ear foreign body removal
- Simple ENT dressings
- Coagulation of nasal septal vessels
- Electrocoagulation of nasal septal vessels
- Nasal tamponade removal
- Nasal haemorrhage dressing, two sides
- Nosebleed treatment, one side
- Removal of sutures in surgery after ENT procedures performed at medical facilities indicated by the Insurer
- Removal of sutures after ENT procedures performed outside medical facilities indicated by the Insurer - case qualification after assessment by the Physician
- Intranasal administration of nasal mucosal decongestant in an emergency situation
- Insertion/replacement/removal of a drain in the external auditory canal

4) outpatient ophthalmologic procedures:

- Standard* fundus examination
- Corrective lens selection (does not include fluorescent lenses)
- Gonioscopy (assessment of the angle of the isthmus)
- Foreign body removal from the eye
- Visual acuity test
- Standard* examination with autorefractometer
- Conjunctival injection
- Standard* measurement of intraocular pressure
- Standard* examination of spatial vision
- Lacrimal duct lavage (for Insured over 18 years of age)

5) Outpatient gynaecological procedures:

- Standard* pap smear

6) Anaesthesia:

- Local (infiltration or permeation) anaesthesia

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.

§8 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)
- Vaccine (the medicinal product)
- Performance of a nursing service (injection).

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

§9 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
- Strip CRP

○ Fasting glucose

○ Standard* Pap smear (available for Insureds over 16 years of age)

§10 Laboratory and imaging diagnostics (option I)

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 - haematological and coagulological tests including taking of material (blood) for examination:

○ Absolute eosinophil count

○ Morphology + platelets + automated smear

○ ESR

○ INR / Prothrombin time

○ Thrombin time – TT

○ APTT

○ Fibrinogen

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

○ CRP quantitative

○ GPT/ALT transaminase

○ GOT/AST transaminase

○ Amylase

○ Albumins

○ Total protein

○ PAPP-A protein

○ Total bilirubin

○ Direct bilirubin

○ Chlorides (Cl)

○ Total cholesterol

○ HDL cholesterol

○ LDL cholesterol

○ Directly measured LDL cholesterol

○ CK (creatine kinase)

○ LDH – Lactate dehydrogenase

○ Alkaline phosphatase

○ Acid phosphatase

○ Phosphorus (P)

○ GGTP

○ Glucose tolerance test (4 points, 75g, 0,1,2,3 h)

○ Fasting glucose

○ Glucose 120' after a meal

○ Glucose 60' after a meal

○ Glucose 75 g, 4-hour glucose challenge test

○ Glucose 75 g, 5-hour glucose challenge test

○ Creatinine

○ Uric acid

○ Lipid profile (CHOL, HDL, LDL, TG)

○ Magnesium (Mg)

○ Urea/blood urea nitrogen, BUN

○ Potassium (K)

○ Protein profile

○ Calcium (Ca)

○ Iron (Fe)

○ Immunoglobulin IgE (total IgE)

○ Immunoglobulin IgA

○ Immunoglobulin IgG

○ Immunoglobulin IgM

○ Folic acid

○ Vitamin B12

○ TIBC – total iron binding capacity (alternative to Fe saturation)

○ 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)

○ Ferritin

○ Ceruloplasmin

○ Transferrin

○ Thyroglobulin

○ Apolipoprotein A1

○ Lipase

○ Copper

○ TSH / hTSH

○ Free T3

○ Free T4

○ Total Beta-hCG

○ AFP – alpha-fetoprotein

○ Free PSA

- Sodium (Na)
- Triglycerides

- Total PSA
- CEA – carcinoembryonic antigen

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

- Basic syphilis serology (VDRL or USR or anti-TP), formerly WR
- ASO quantitative
- ASO qualitative
- RF - Rheumatoid Factor - quantitative
- Waaler-Rose test
- BTA test
- Blood group (AB0), Rh factor and antibody screening
- Immune antibody screening / alloantibodies (replaces anti-Rh +/- antibodies)
- HBs Ag/antigen
- CMV antibodies IgG
- CMV antibodies IgM
- HBs Ab / antibodies
- HIV-1/HIV-2
- EBV/mononucleosis – latex
- EBV / mononucleosis IgG
- EBV / mononucleosis IgM
- Toxoplasma IgG
- Toxoplasma IgM

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

- Urine – general analysis
- Urine protein
- Phosphorus in urine / 24-hour urine collection
- Creatinine in urine
- Creatinine – urine / 24-hour urine collection
- Uric acid in urine / 24-hour urine collection
- Uric acid in urine
- Magnesium / Mg in urine
- Total protein / 24-hour urine collection
- Magnesium / Mg / 24-hour urine collection
- Lead/Pb in urine
- Urea/blood urea nitrogen, BUN in urine / 24-hour urine collection
- Urea/blood urea nitrogen, BUN in urine
- Sodium/Na in urine
- Sodium/Na in urine / 24-hour urine collection
- Phosphorus in urine
- Calcium in urine
- Calcium/Ca in urine / 24-hour urine collection
- potassium (K) - urine;
- Potassium (K) - urine/ 24-hour urine collection
-

5) laboratory diagnosis - bacteriological tests including taking a swab for examination (the service does not cover tests performed using molecular biology techniques):

- Urine culture
- General faeces culture
- Pharyngeal / tonsil swab – aerobic culture
- Oral cavity swab — aerobic culture
- Tongue swab — aerobic culture
- Nasopharyngeal swab – anaerobic culture
- Nasopharyngeal swab – aerobic culture
- Anal and vaginal swab culture for Streptococcus GBS
- Vaginal swab – anaerobic culture
- Vaginal swab – aerobic culture
- Culture for GC (GNC) Vaginal swab
- Stool culture for SS
- Vaginal microbiological test (vaginal biocenosis)
- Endocervical swab
- Endocervical smear – anaerobic culture
- Endocervical swab for GC (GNC) culture

6) laboratory diagnosis - faecal tests including taking material for examination:

- Stool analysis
- Faecal occult blood (FOB)

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):

- Stool culture for yeast-like fungi
- Urine culture for yeast-like fungi
- Nasopharyngeal swab – culture for yeast-like fungi
- Vaginal swab culture for yeast-like fungi

- Pharyngeal / tonsil swab culture for yeast-like fungi
- Oral swab – culture for yeast-like fungi
- Endocervical smear culture for yeast-like fungi
- Tongue swab – culture for yeast-like fungi

9) laboratory diagnosis - rapid strip tests with taking material (blood) for examination:

- CRP – strip test
- Glucose meter test
- Cholesterol strip test
- Troponin – strip test

10) diagnostic imaging - ECG examinations:

- Resting ECG
- Standard* exercise test

11) 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 + 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
- Lateral nasal X-ray
- Lower leg X-ray, AP + bilateral lateral
- Lower leg X-ray, AP + lateral
- Lumbar functional X-ray
- Lumbar X-ray: AP + lateral
- Mandibular X-ray
- Metatarsal X-ray
- Paranasal sinus X-ray
- Pelvic and hip joint X-ray
- Rib X-ray (unilateral), 2 oblique views
- Sacrococcygeal X-ray
- Scaphoid X-ray
- Scapular X-ray
- Shoulder X-ray (transthoracic)
- Shoulder X-ray, AP
- Shoulder X-ray, AP + axial
- Shoulder X-ray, AP + lateral
- Shoulder X-ray, AP, both – comparative image
- Shoulder X-ray, axial
- Shoulder X-ray, bilateral axial
- Shoulder X-ray: AP + bilateral – comparative image
- Spinal X-ray AP, erect (scoliosis)
- Spinal X-ray AP, erect + lateral (scoliosis)
- Splanchnocranium X-ray
- Temporal bone pyramid X-ray, transorbital
- 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
- 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

- Foot X-ray, AP + lateral/oblique, erect
- Forearm X-ray, AP + lateral
- Hand X-ray PA, bilateral
- Hand X-ray, lateral
- Hand X-ray, PA
- Hand X-ray, PA + oblique
- Hand X-ray, PA + oblique, bilateral
- Heel X-ray + axial
- Heel X-ray, lateral
- Hip joint X-ray, AP
- Hip joint X-ray, axial
- Knee joint X-ray, AP + bilateral lateral
- Knee joint X-ray, AP + bilateral lateral, erect
- Knee joint X-ray, AP + lateral
- Knee joint X-ray, lateral
- X-ray of both patellae axial
- 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/Stevens
- X-ray of temporal bones, transorbital
- X-ray sternum / chest lateral

12) diagnostic imaging - ultrasound examinations:

- Abdominal ultrasound
- Breast ultrasound
- Thyroid ultrasound
- Transabdominal prostate ultrasound
- Transvaginal gynaecological ultrasound
- Transabdominal gynaecological ultrasound

13) diagnostic imaging - endoscopic examinations:

- Anoscopy

14) diagnostic imaging - magnetic resonance imaging without contrast agent:

- MR – magnetic resonance of head
-

15) diagnostic imaging - computed tomography without contrast agent:

CT – computed tomography of head

16) diagnostic imaging - other diagnostic tests and examinations:

- Spirometry without medication
- Standard audiometry*
- Mammography
- Mammography – targeted image

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).

§11 Dentistry (option I)

1. Dental emergency

- 1) Dental emergency includes, depending on the Medical Facility, coverage or reimbursement of expenses (Cash Benefit) 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 extraction of a tooth by intra-alveolar chiseling
- Emergency medicinal dressing on a deciduous tooth
- Emergency medicinal dressing on a permanent tooth

- Emergency dry socket irrigation + application of medication
 - Emergency extraction of a multi-rooted deciduous tooth
 - Emergency extraction of a multi-rooted tooth
 - Emergency extraction of a single-rooted deciduous tooth
 - Emergency extraction of a single-rooted tooth
 - Emergency periapical abscess decompression
 - Emergency repositioning and immobilisation of an avulsed tooth
 - Emergency single tooth X-ray
 - Emergency tooth pulp devitalisation in a deciduous tooth with cavity dressing
 - Emergency tooth pulp devitalisation with cavity dressing
- 2) Dental emergency services are provided exclusively in the sudden onset of an illness or in case of an accident outside the working hours of the Operator's own facilities.
- 3) A precondition for obtaining dental emergency services shall be for the Insured to notify the need to attend a dental emergency as a result of a sudden onset of an illness or an accident using our Helpline (on 22 33 22 888), and then avail of The insurances at a medical facility indicated by the Operator, in line with the instructions provided by the Helpline staff. If the indicated medical facility does not offer cashless services, the Insured must cover the costs of The insurances performed in accordance with the applicable price list, then submit an application for a Cash Benefit 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 insurers' liability or the amount of the benefit within the above-mentioned period, the benefit will be paid out within 14 days from the date on which the clarification of those circumstances with due diligence was possible.
- 7) The application form for the Cash Benefit is available at.: <https://www.luxmed.pl/dla-pacjenta/ubezpieczenia-dla-klientow-indywidualnych/indywidualne-ubezpieczenie-zdrowotne-promed>.

2. Dental prophylaxis

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

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

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 I) service does not cover services provided under general anaesthesia.

4. Conservative dentistry

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

Specialist consultation — conservative dentistry

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

- 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
- Circumpulpal 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. Pedodontics

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

- Dental consultation – pedodontal

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

- Deciduous tooth cavity filling 1 surface
- Deciduous tooth cavity filling 1 surface, therapeutic
- Deciduous tooth cavity filling 2 surfaces
- Deciduous tooth cavity filling 2 surfaces, therapeutic
- Deciduous tooth cavity filling 3 surfaces
- Deciduous tooth cavity filling 3 surfaces, therapeutic
- 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

6. Dental surgery

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

- Specialist consultation – dental surgery

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

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

7. 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, with a 10% discount off the price list of the said clinic indicated by Insurer:

- Single tooth X-ray

8. 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.