

General Terms and Conditions of LUX MED Hospital Insurance for Individual Customers – Illness Care

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LIST OF APPENDICES TO THE GTCI

- Appendix No 1 Detailed Scope of Services under the LUX MED Hospital Insurance for Individual Customers – Illness Care intended for: Main Insured Parties, Partners and Adult Children
- Appendix No 2 Detailed Scope of Services under the LUX MED Hospital Insurance for Individual Customers – Illness Care intended for Minor Children
- Appendix No 3 Information Obligation Clause of LMG Försäkrings AB S.A. Branch in Poland

Information contained in the General Terms and Conditions of LUX MED Hospital Insurance for Individual Customers – Illness Care

Type of information	Number of the editing unit in the GTCI
Conditions that oblige us to pay benefits	§3; §4 sections 1–2; §4 section 6 <u>Appendix No. 1 to the GTCI:</u> Part I: §1; §2 sections 1–3; §3 sections 1–2; §4 sections 1–2; Part II: sections 1–2; Part III: Table 1, Columns I–III <u>Appendix No. 2 to the GTCI:</u> Part I: §1; §2 sections 1–3; §3 sections 1–2; §4 sections 1–2; Part II: sections 1–2; Part III: Table 1, Columns I–III
Limitations and exclusions of our liability entitling us to refuse to pay benefits or to reduce them	§2 sections 3, 14 and 20; §4 sections 3–4; §5 section 3; §5 section item 2); §12; §13; §16 sections 1–2; <u>Appendix No. 1 to the GTCI:</u> Part I: §2 section 4; §3 section 3; §4 sections 3–4; Part III: Table 1, Column IV Part I: §2 section 4; §3 section 3; §4 sections 3–4; Part III: Table 1, Column IV

General Terms and Conditions of LUX MED Hospital Insurance for Individual Customers – Illness Care

CODE I/2/2026/OWCH

§1 With whom are you entering into the Agreement?

The Insurance Agreement is concluded between You (hereinafter: **Policyholder**) and us: LMG Försäkrings AB with its registered office in Stockholm (102 51), Box 27093, Sweden, operating in Poland via its branch LMG Försäkrings AB S.A. Branch in Poland with its registered office in Warsaw (our full details as the **Insurer** can be found in §2 section 15).

§2 Definitions

The terms used in these GTCI and the documents which form an integral part of the Insurance Agreement have the following meanings:

1. **Illness** – a physical or mental condition of the body that is abnormal according to the generally accepted medical knowledge and requires hospital treatment; the list of Illnesses covered by insurance is available in Appendix No. 1 or Appendix No. 2 to the GTCI Part III – List of Illnesses covered by insurance (the specific ICD-10 code is assigned to each Illness).
2. **Planned Hospitalisation** (also: Hospitalisation) – stay at a hospital ward, aimed at performing hospital treatment, including conducting surgeries or procedures caused by a covered Illness, as well as the necessary diagnostics. Planned Hospitalisation:
 - 1) takes place at a scheduled time;
 - 2) may be postponed for at least 7 days from the date of confirmation of necessity by the Hospital Physician who qualifies for hospitalisation, with the proviso that the postponement may not exceed the period after which a foreseeable serious deterioration of health or a significant reduction in chances of recovery may take place.
3. **ICD-10** – international classification of diseases for the coding of illnesses and health conditions, developed by the World Health Organization (WHO). Each disease has a unique code which enables it to be identified and classified for diagnostic, statistical and administrative purposes.
4. **Hospital Care Coordinator** (hereinafter: **HCC**) – a coordinator responsible for assisting the Insured Party in the receipt of the Hospital Services.
5. **Physician** – a person who holds the required qualifications and authorisations, confirmed by the relevant documents, to practice the medical profession in accordance with the generally applicable provisions of the Polish law, including in particular the Act of 5 December 1996 on the professions of physician and dentist.
6. **Coverage Period** – a period during which we are liable towards the Insured Party for events covered by the Agreement.
7. **Operator** – an entity coordinating the provision of Services on our behalf.
8. **Medical Facility** – a healthcare institution within the meaning of the Act of 15 April 2011 on medical activity that provides outpatient services, operating in the territory of and in accordance with the law in force in the Republic of Poland, providing Services based on the GTCI.
9. **Policy** – a document confirming the conclusion of the Agreement.
10. **Anniversary** – the day of the year corresponding to the date of conclusion of the Agreement, and if in a given calendar month there is no day of the month corresponding to that date – the last day of that month.
11. **Premium** – the amount due to us under the Agreement. Its amount and payment date are set out in the Policy.

12. **Hospital** – a healthcare institution within the meaning of the Act of 15 April 2011 on medical activity that provides hospital services, operating in the territory of and in accordance with the law in force in the Republic of Poland, providing Services based on the GTCI. The definition of a Hospital within the meaning of the GTCI also includes Medical Facilities which are part of the Hospital. The **List of Hospitals** is updated on an ongoing basis and is available at: www.opiekaszpitalna.luxmed.pl.
13. **Service** – the Agreement provides for the following types of Services:
- 1) **Hospital Services** – a medical service related to Planned Hospitalisation provided by a Hospital and, in some cases, also by a Medical Facility. The detailed scope of Hospital Services for adults is presented in Appendix No. 1 and for minors in Appendix No. 2 to the GTCI Part I Hospital Services.
 - 2) **Hospital Care Coordination** – a service aimed at assisting the Insured Party by the HCC in the receipt of the Hospital Services. Detailed terms and conditions for the provision of this service are presented for adults in Appendix No. 1 and for minors in Appendix No. 2 to the GTCI Part II Hospital Care Coordination.
14. **Insured Party** – the Main Insured Party or the Co-Insured Party. If there is a term 'Insured Party' in the GTCI, this means that it applies to both the Main Insured Party and the Co-Insured Party.
- 1) **Main Insured Party** – a natural person on whose account the Agreement was concluded, residing in the territory of the Republic of Poland, who was over 18 years of age and under 70 years of age on the date of commencement of the coverage.
 - 2) **Co-Insured Party** – a natural person, residing in the territory of the Republic of Poland, indicated by the Policyholder in the Insurance Application, whose health is covered with insurance coverage under the Agreement and who is not the Main Insured Party on whose account the Agreement was concluded. The Co-Insured Party may be:
 - a) **Partner** – a spouse or a person running a joint household with the Main Insured Party, not related by kinship, adoption or affinity, who was over 18 years of age and under 70 years of age on the date of commencement of the coverage.
 - b) **Minor Child** – own or adopted child of the Main Insured Party or the Partner, who was under the age of 18 on the date of commencement of the coverage. The person authorised to make declarations on behalf of the Minor Child is their legal guardian.
 - c) **Adult Child** – own or adopted child of the Main Insured Party or the Partner, who was over 18 years of age and under 70 years of age on the date of commencement of the coverage.
15. **Insurer** – LMG Försäkrings AB with its registered office in Stockholm (102 51), Box 27093, Sweden, registered with the Registrar of Companies under number 516406-0831, share capital: EUR 5,800,000, fully paid-up, Tax ID No. (NIP): 1080011494, operating in Poland via a branch LMG Försäkrings AB S.A. Branch in Poland with its registered office in Warsaw, entered in the Register of Entrepreneurs of the National Court Register (KRS) kept by the District Court for the Capital City of Warsaw, 13th Commercial Division of the National Court Register, under KRS No. 0000395438, Statistical ID No. (REGON): 145156729.
16. **Insurance Agreement** (hereinafter: **Agreement**) – the Agreement concluded on the basis of these GTCI. These GTCI together with appendices indicate the content of the Insurance Agreement. If, as a result of the medical risk assessment, we proposed conditions additional to or different from the GTCI, which were accepted by the Policyholder prior to the conclusion of the Agreement, these GTCI together with appendices and those provisions different from the GTCI indicate the content of the Agreement.
17. **Multi-Organ Injury** (polytrauma) – an injury involving several systems or organs at the same time and causing significant damage to at least two areas of the body, potentially disturbing the cardiovascular and respiratory stability of the injured person. Each of these injuries may constitute a condition directly threatening life. In particular, such injury includes conditions requiring urgent thoracic surgery, neurosurgery and staying in anaesthesiology and intensive care.
18. **Age of the Insured Party** – the number of full years of age of the Insured Party on the date of commencement of the Coverage Period, and then on the date of each Anniversary.
19. **Insurance Application (hereinafter: Application)** – Your proposal to enter into the Agreement on the terms and conditions of the hospital insurance which You submit to us.

20. Highly Specialised Treatment and Diagnostic Methods – the most technically advanced or extensive treatment methods, robotic surgery, surgical procedures on the intestines, pancreas and liver, arteries, treatment of endometriosis, Functional Endoscopic Sinus Surgery, procedures requiring the use of implantable materials, implants or endoprostheses, neurosurgical procedures on intervertebral discs, procedures using vascular glue and diagnostic tests and examinations using PET-CT / PET-MRI scanners, scintigraphic tests and MRI heart tests. The diagnostic tests and examinations referred to in this definition concern preparation for Planned Hospitalisation or post-hospitalisation medical care. In medically justified cases, diagnostic tests and examinations may be carried out on an ad hoc basis during Hospitalisation covered by the insurance, provided that diagnostics and treatment, the purpose of which may be achieved in outpatient conditions, are excluded.

§3 What is the subject matter of the Agreement?

1. The subject matter of insurance coverage under the Agreement is the health of the Insured Party. If You conclude the Agreement and it concerns Your health, You are both the Policyholder and the Insured Party.
2. The Insured Party can use the insurance in the event of an Illness, provided that its specific ICD-10 code is included in Appendix No. 1 or Appendix No. 2 to the GTCI Part III – List of Illnesses covered by insurance.
3. The event which entitles the Insured Party to receive the Services under the insurance shall be the receipt of a referral for hospital treatment, where a specific ICD-10 code of a given Illness is clearly indicated.
4. If an event which entitles the Insured Party to use the insurance occurs, the Insured Party may receive the Hospital Service together with the Hospital Care Coordination.
5. We are liable for the events that occur during the Coverage Period. The date of the event is the date of issue of the referral for hospital treatment.
6. When concluding the Agreement, You can choose one of the following types of coverage:
 - 1) Individual – only for the Main Insured Party;
 - 2) Partner – for the Main Insured Party and one Co-Insured Party (one Partner or one Child);
 - 3) Family – for the Main Insured Party and at least two Co-Insured Parties (one Partner and one or more Minor Children / Adult Children or at least two Minor Children / Adult Children).
7. The Services are provided solely in the territory of the Republic of Poland at locations indicated by us, the full list of which is updated on an ongoing basis and is available at www.opiekaszpitalna.luxmed.pl.

§4 How to use the insurance?

1. In order to use the Services, the Insured Party should notify the Hospital Care Coordinator about the event covered by the Agreement. We provide contact details to the HCC together with the Policy.
2. In order to decide on the provision of a Service, we need the following documents:
 - 1) a complete and correctly completed application for the provision of a Service;
 - 2) a copy of the referral to the hospital (it is required that the Illness which caused the Planned Hospitalisation be clearly identified by the ICD-10 code on the referral to the hospital);
 - 3) a copy of the medical records from the consultation during which the referral to the hospital was issued;
 - 4) a copy of other medical records concerning the submitted application (if the Insured Party has any).
3. The application for the provision of a Service should be submitted to us no later than 60 days after the issue of the referral to the Hospital. In the event of a breach of the obligation specified in the preceding sentence due to willful misconduct or gross negligence, we may reduce the Service accordingly if the breach contributed to increasing the damage or prevented us from determining the circumstances and the consequences of the accident.
4. If additional documents, information, additional medical tests and examinations or consultations are required to determine whether the Insured Party is entitled to the Service, we will inform the applicant thereof within 7 days from the date of receipt of the application for the Service. We will provide the information in writing or in any other manner as agreed upon by that person.
5. We shall commence the provision of the Service no later than 30 days from the receipt of the application for the provision of the Service, on the date agreed with the Insured Party. The Insured Party may indicate another later date.

6. It may be impossible to determine whether the Insured Party is entitled to the Service within the time limit specified in section 5. In such a situation, we will commence the Service within 14 days from the date on which it was possible to clarify these circumstances, while exercising due diligence.
7. When verifying the application for the provision of a Service and the medical records attached, we can determine that the Insured Party is not entitled to the Service. We will inform the applicant thereof in writing and indicate the circumstances and the legal basis that justify the refusal. We will also provide information about the possibility to pursue claims in court.

§5 What do we require for the conclusion of the Agreement?

1. If You conclude the Agreement remotely, the information on the amount of the insurance Premium for the insurance coverage shall be binding:
 - 1) until the end of its presentation in the sales application; or
 - 2) until You finish Your call concerning the conclusion of the Agreement.
2. You may conclude the Agreement with us after You and the Insured Parties have provided all the information and circumstances known to You that are required in the Insurance Application and other information necessary to conclude the Agreement, which we will ask about before its conclusion. We accept Applications that are complete and correctly filled out.
3. We shall not be liable for the consequences of circumstances that have not been communicated to us, concerning material matters relating to the health condition of the Insured Party that we have asked about.
4. You submit the Insurance Application via an electronic application.
5. If the Insurance Application does not contain all the required information or documents, we will immediately notify You and ask for their supplementation, indicating a 14-day time limit for remedying the deficiencies.
6. If You fail to supplement the information or documents within the time limit indicated by us, we will consider this a waiver of applying for the conclusion of the Agreement. Your Application shall be cancelled by us, as a result of which the Agreement will not be concluded on the basis thereof.
7. At the stage of verification of the health condition of the Insured Party, we may ask the Insured Party to provide additional documents or information.
8. Based on the risk assessment, we may:
 - 1) conclude the Agreement in accordance with the presented offer;
 - 2) propose amended terms and conditions of the Agreement, which require the approval of the Policyholder within 14 days from the date of their provision to the Policyholder;
 - 3) refuse to conclude the Agreement in accordance with the presented offer.
9. The Agreement shall be concluded, provided that the following conditions are jointly met:
 - 1) we accept the Insurance Application or the Policyholder accepts the amended terms and conditions of the Agreement proposed by us in accordance with section 8 item 2), if we submit such a proposal; and
 - 2) the Policyholder pays the Premium or the first instalment of the Premium.
10. When using the option to conclude the Agreement remotely, the Policyholder shall not bear any additional costs arising from the use of means of remote communication other than the costs of:
 - 1) an Internet connection allowing for the use of the electronic application and the email address indicated by the Policyholder in the course of conclusion of the Agreement to which the Policy and other documents related to the Agreement will be sent after its conclusion;
 - 2) a telephone call enabling contact with us, if the customer contacts us by phone in order to conclude the Agreement.

§6 For how long do You conclude the Agreement, what are the conditions for extending the coverage, and from when are You covered by the insurance?

1. We conclude the Agreement for a period of 12 months from the first day of the Coverage Period. The start date of the Coverage Period can be found on the Policy.

2. The Insured Party shall be covered by insurance from the date on which the Coverage Period begins.
3. The Agreement may be renewed (the insurance coverage may be extended) on the Anniversary for another 12-month Coverage Period, on the terms and conditions set forth in sections 4–8 below.
4. When extending the coverage and renewing the Agreement, we have the right to propose a change in the amount of the Premium due to an increase in our costs of services provided under the Agreement.
5. We will send a proposal to change the Premium to You at least 60 days before the Anniversary.
6. If You accept our proposal referred to in section 5 above, pay the Premium or its first instalment in the new amount no later than on the date indicated in our proposal. Payment of the Premium or its first instalment in the new amount shall constitute a confirmation of Your will to extend the insurance coverage for the next 12-month Coverage Period, counting from the last day of the previous Coverage Period.
7. If You fail to pay the Premium or its first instalment in the new amount within the payment deadline indicated in our proposal, we will deem that You do not agree to the change of the Premium amount and the extension of the insurance coverage for the next 12-month Coverage Period. In such a case, the Agreement shall expire at the end of the period for which it was concluded.
8. The coverage shall not be extended and the Agreement shall not be renewed for another 12-month Coverage Period, if no later than 10 days before the Anniversary at least one of the parties to the Agreement (You or we) submits to the other party a declaration of disagreement with the extension of the coverage.

§7 When can You withdraw from or terminate the Agreement?

1. You have the right to withdraw from the Agreement without giving a reason within 30 days from the date of notification of the conclusion of the Agreement or from the date of confirmation of the information referred to in Article 39(3) of the Act of 30 May 2014 on Consumer Rights, if this is a later date. We deem the time limit observed if the declaration has been sent before its expiry.
2. If You conclude the Agreement by means of remote communication, You agree to commence the provision of insurance coverage before the expiry of the time limit for withdrawal from the Agreement in accordance with the rules set forth in section 1. Withdrawal from the Agreement shall not release You from the obligation to pay the Premium for the period in which we provided the insurance coverage.
3. You withdraw from the Agreement by submitting to us a written declaration of withdrawal from the Agreement. You can send Your withdrawal to our email address: obslugabezpieczenia_ind@luxmed.pl. To meet the deadline, it is sufficient to send the declaration before the deadline for withdrawal from the Agreement expires.
4. You have the right to terminate the Agreement at any time with 1 month's notice, which starts on the 1st day of the calendar month immediately following the date of submitting the termination notice by You. You can send the termination notice to our email address: obslugabezpieczenia_ind@luxmed.pl.
5. We may terminate the Agreement with 1 month's notice, which starts on the 1st day of the calendar month immediately following the date of submitting the termination notice to You. We may terminate the Agreement only in the cases specified in the Act and for the important reasons specified below:
 - 1) You or the Insured Party committing a prohibited act within the meaning of Article 115 §1 of the Act of 6 June 1997 (the Penal Code), in connection with the conclusion or performance of the Agreement;
 - 2) persistent violation by You or the Insured Party of personal rights or other rights of the Insurer or entities or persons through whom the Insurer performs the Agreement, after having called upon the Insured Party or the Policyholder in writing to cease the above-mentioned violations;
 - 3) repeated failure by You or the Insured Party to comply with the rules of organisation of work in Medical Facilities and Hospitals or failure to comply with the instructions of the personnel of such Medical Facilities and Hospitals, after having called on You or the Insured Party to refrain from the above-mentioned actions;
 - 4) repeated breach by You or the Insured Party of the organisational rules of the Medical Facilities and Hospitals, after having called on You or the Insured Party to refrain from the above-mentioned actions.

§8 Until when is the Agreement applicable?

The Agreement shall be terminated:

- 1) on the day on which we received the Policyholder's notice of withdrawal from the Agreement;
- 2) upon the lapse of the last day of the notice period;
- 3) upon the lapse of the last day of the additional 7-day time limit for payment of the next instalment of the Premium, if the instalment has not been paid, in accordance with §9 section 6;
- 4) upon the lapse of the last day of the term of the Agreement, if the coverage is not extended on the Anniversary;
- 5) upon the lapse of the last day of the Coverage Period in which any of the Insured Parties reached the age of 70 (in the case of the Main Insured Party, a Partner, an Adult Child) or the age of 18 (in the case of a Minor Child);
- 6) on the day of death of any of the Insured Parties;
- 7) on the day of death of the Policyholder.

§9 What is the amount of the Premium and how to pay it?

1. You can pay the Premium for the insurance on a monthly, quarterly, semi-annual or annual basis.
2. The Premium shall be calculated separately for each Insured Party and its amount depends on the Age of the Insured Parties. The Policyholder shall be obliged to pay the total amount of the Premium for all the Insured Parties under the Agreement.
3. Please refer to the Policy for details of the amount of the Premium and the method of payment.
4. The date of payment of the Premium or its instalment shall be the date on which the bank account indicated in the Policy is credited with Your payment in the full amount due.
5. The Premium is calculated taking into account the grace periods indicated in §12 of the GTCI.
6. If any Premium instalment is not paid, when the Premium is paid in instalments, we will call on You in writing to pay it within an additional time limit of 7 days from the date of receipt of the call, while informing You of the consequences of non-payment. If the Premium instalment is not paid within this additional time limit, the Agreement shall expire on the last day of the additional time limit set by us in the request for payment of the Premium.
7. In the event of termination or expiration of the Agreement before the expiry of the period for which it was concluded and for which the Premium was paid, You shall be entitled to a refund of the Premium for the unused Coverage Period.
8. Early termination or expiration of the Agreement shall not release You from the obligation to pay the Premium for the period (including the notice period of the Agreement) in which we provided the insurance coverage.

§10 What obligations do we have towards You?

1. Before You conclude the Agreement with us, we will provide You with the GTCI together with appendices and if, as a result of the insurance risk assessment, we propose to conclude the Agreement on the terms and conditions additional to or different from the GTCI – apart from the GTCI and appendices, we will provide You with information about these terms and conditions.
2. We will inform You about a possible change of our mailing addresses, including a change of the phone line number where the Insured Party can obtain information about the insurance.
3. We will perform our obligations under the Agreement correctly and in a timely manner.

§11 What obligations do You and the Insured Parties have towards us?

1. Together with all the Insured Parties, You are obliged to inform us of all known circumstances that we will ask about in the Insurance Application and other documents required to conclude the Agreement, as well as to immediately inform us if the data provided in any of these documents change during the term of the Agreement.
2. Your obligations include:
 - 1) paying the Premium in the amount and within the time limits specified in the Agreement;
 - 2) informing us about any change of Your data and the data of all Insured Parties provided in the Insurance Application and other documents required to conclude the Agreement;

- 3) providing all the Insured Parties with the terms and conditions of the Agreement, in particular the GTCI together with appendices and if, as a result of the insurance risk assessment, we propose concluding the Agreement on additional terms or terms different from the GTCI – also with information about these terms and conditions, before they agree to provide them with insurance coverage, if the Insured Party agrees to finance, even partially, the cost of the insurance Premium, before the Insured Party gives their consent thereto. This obligation shall also apply to the service of documents introducing any amendments to the Agreement during its term;
 - 4) informing us of the death of any Insured Party;
 - 5) informing all the Insured Parties about any change of the phone line number where the Insured Parties can obtain information about the insurance and any changes concerning the Operator.
3. The obligations of each of the Insured Parties include:
- 1) familiarising themselves with the terms and conditions on which the Agreement (GTCI together with appendices) is concluded, as well as possible limitations of the insurance coverage offered to a given Insured Party as a result of the risk assessment after completing a medical questionnaire;
 - 2) complying with Physicians' recommendations;
 - 3) complying with the rules applicable in Medical Facilities and Hospitals;
 - 4) following the instructions of the personnel in Medical Facilities and Hospitals;
 - 5) complying with the Service performance dates agreed with us;
 - 6) arriving at the Hospital or Medical Facility indicated by us on the agreed date or informing the Operator about the resignation from the Service no later than 12 hours before the agreed date of its provision. If the circumstances do not allow for keeping the appointment, the Insured Party shall inform the Operator about the withdrawal immediately after the reason for it has arisen;
 - 7) refraining from any activities hindering or preventing the provision of the Services;
 - 8) producing an identity document with a photograph prior to the Service provision. Where the beneficiary of the Service is a Minor Child, an adult accompanying person may also be asked to produce an identity document;
 - 9) immediately informing us of the death of the Co-Insured Party and, in the case of Co-Insured Parties – of the death of the Main Insured Party; if the Co-Insured Party uses any Services under the Agreement after the Co-Insured Party becomes aware of the death of the Main Insured Party, we may claim reimbursement of the costs of unduly provided Services.

§12 What is the grace period and how long does it last?

1. We apply a grace period in the Agreement. A grace period means the time that must elapse from the beginning of the Coverage Period before the entitlement to a Service arises.
2. Grace periods used in the Agreement shall be as follows:
 - 1) 3 months – for Planned Hospitalisation Services;
 - 2) 10 months – for Highly Specialised Treatment and Diagnostic Methods.
3. We shall not apply a grace period to Hospital Care Coordination.
4. In the case of the Agreement renewed on the Anniversary for subsequent Coverage Periods, we shall not apply the grace period in the second and subsequent Coverage Periods.
5. If the Insured Party has been covered by group insurance where we or any other company from the LUX MED Group was the insurer, and which covered Planned Hospitalisation Services within the scope corresponding to the scope of this insurance, the duration of the previous insurance cover shall be included towards the grace periods. In order to benefit from this rule, the previous coverage must be completed and cannot end earlier than 3 months before the commencement of coverage under this insurance. If the Insured Party has been covered by several insurance agreements which satisfy the above-mentioned conditions, then this rule applies only to the insurance coverage with the latest end date.

§13 What is not covered by the insurance?

1. Our liability does not extend to incidents resulting from:

- 1) acts of war, hostilities, martial law, civil war, riots, state of emergency, civil coup d'état, acts of terrorism, military service, participation in military or stabilisation missions, the Insured Party's active participation in riots, commotions or strikes;
 - 2) the use of scientifically unrecognised methods of treatment and unconventional, folk and oriental medicine, the use of medicines not authorised for use in Poland and their consequences, as well as the Insured Party's participation in medical experiments, clinical trials or similar health-related research and their consequences;
 - 3) transplantation of organs or tissues, cells, cell cultures (of natural or artificial origin), including by means of autologous transplantation, implantation of implants and devices;
 - 4) competitive practicing by the Insured Party of sports requiring physical activity, including participation in club, union trainings or sports associations, practicing sports for profit, participation in sports competitions, as well as participation in fitness or training sports camps. Moreover, it includes trips to places with extreme climatic or natural conditions. The following is not considered as competitive practicing of sports:
 - a) recreational practicing of sports disciplines in free time aimed solely at leisure, restoring mental and physical strength or maintaining good health,
 - b) participation in amateur sports competitions, i.e. sporting events for persons or teams who are not formally affiliated, organised outside sports clubs, leagues, associations or societies;
 - 5) practising high-risk sports, i.e. sports whose practising poses a particular risk to health. Under the GTCI, such sports are:
 - a) aerial sports and the piloting of any motor aircraft,
 - b) ballooning,
 - c) parachute jumping,
 - d) bungee jumping,
 - e) mountain cycling,
 - f) motor and motorised water sports,
 - g) water jet skiing,
 - h) kitesurfing,
 - i) alpinism,
 - j) mountain climbing, rock climbing,
 - k) speleology,
 - l) cave mountaineering,
 - m) ski jumping,
 - n) snowboard and skiing except for those practised recreationally on designated routes,
 - o) bobsleighs,
 - p) rafting and other water sports practiced on mountain rivers,
 - q) diving with specialist equipment,
 - r) combat sports,
 - s) hunting,
 - t) horse riding;
 - 6) states of emergency due to natural disasters, acts of God, states of pandemic and states of epidemic declared and confirmed by the competent government authorities;
 - 7) the effects of nuclear energy, radioactivity and electromagnetic fields, as well as biological and chemical agents, to the extent that they are harmful to humans;
 - 8) driving a vehicle without a licence, driving a vehicle without a valid MOT certificate (as required under the applicable regulations) or driving a vehicle under the influence of alcohol, drugs or other intoxicants, psychotropic drugs or substitutes within the meaning of the Act of 29 July 2005 on counteracting drug addiction;
 - 9) suicide, self-mutilation or deliberate infliction of a health disorder attempted or committed by the Insured Party;
 - 10) committing or attempting to commit a crime or offence;
 - 11) wilful misconduct, self-diagnosis, treatment, modification of prescribed treatment or gross negligence by the Insured Party;
 - 12) being under the influence, abusing or being poisoned as a result of the voluntary consumption of: alcohol, drugs, other intoxicants or psychotropic substances, medicines used contrary to a Physician's prescription, and tobacco abuse or poisoning;
 - 13) detoxification, rehabilitation, drug treatment, and their consequences;
 - 14) obtaining medical services by means of prohibited acts, attempts at extortion or actions meant to deliberately mislead the Insurer.
2. In addition, our liability does not extend to:
- 1) treatment and consequences of illnesses, conditions, injuries other than those listed in Appendix No 1 and Appendix No 2 to the GTCI;
 - 2) urgent treatment of illnesses, conditions, injuries, including sudden and acute conditions;

- 3) immediate treatment of sudden conditions identified on the date of admission to the hospital ward (e.g. cerebral stroke, myocardial infarction, pancreatic inflammation, pulmonary embolism and other): under conditions of intensive care unit (in particular: Anaesthesiology and Intensive Care Unit, Cardiac Intensive Care Unit, Stroke Treatment Unit, Neurological Intensive Care Unit, Asthma Treatment Unit) or with the provision of intensive renal replacement therapy, liver dialysis, ECMO, mechanical ventilation, counterpulsation;
 - 4) rehabilitation other than at the facility indicated by us and listed in Appendix No. 1 or Appendix No. 2 to the GTCI;
 - 5) treatment of Multi-Organ Injuries and their consequences;
 - 6) implantation of prostheses and implants; replacing the functionality and shape of the operated organs;
 - 7) treatment in psychiatric wards;
 - 8) treatment of mental diseases, dementia, neurodegenerative diseases (including Alzheimer's disease) and their consequences;
 - 9) treatment resulting from psychological indications;
 - 10) diagnosis and treatment of fertility disorders and their consequences;
 - 11) diagnosis and treatment related to gender affirming surgery and their consequences;
 - 12) diagnosis and treatment of congenital genetic defects related to chromosomal aberrations and congenital defects causing recognised disability, and their consequences;
 - 13) diagnosis and treatment without medical indications and diagnostics and treatment, the purpose of which can be achieved in outpatient conditions;
 - 14) diagnosis and treatment of Rare Diseases and their consequences;
 - 15) robotic surgery procedures;
 - 16) performing abortion procedures and treating complications resulting from them;
 - 17) diagnosis, treatment and procedures or surgeries, also resulting from medical indications in the field of aesthetic medicine, plastic surgery, including corrective surgeries and procedures, cosmetology; as well as treatment of their undesirable consequences, unless the scope of the Hospital Service provides otherwise;
 - 18) diagnosis and treatment not provided in Hospitals or Medical Facilities designated by us and their consequences;
 - 19) hospital services which have been arranged for or provided to the Insured Party prior to reporting the event to the Insurer or pending a decision on the provision of the Service;
 - 20) issuing judgments, certificates, statements and applications not related to the necessity to continue the diagnostic and therapeutic process conducted at the Hospital or Medical Facility designated by us (the exclusion does not apply to occupational medicine services, if they are covered with the scope of the Services, and to certificates of incapacity for work or studying);
 - 21) sanatorium and health resort treatment and rehabilitation stays in a nursing home or other health care or nursing care facility in which the Insured Party is staying;
 - 22) treatment of HIV, SARS-CoV-2, viral hepatitis (excluding hepatitis A) infections and diseases resulting from these infections;
 - 23) home treatment as a continuation of hospital treatment, excluding treatment resulting from procedures covered by and performed under the insurance;
 - 24) medical treatment after Hospitalisation within the scope described in Appendix No 1 or Appendix No 2 to the GTCI related to Hospitalisation performed in facilities other than those indicated by us;
 - 25) diagnosis and treatment of illnesses, symptoms which were not disclosed to us in the documents required by us to conclude the Agreement and which were present or occurred or the reasons for their occurrence were known to the Policyholder or the Insured Party within 12 months prior to the conclusion of the Agreement by the Insured Party.
3. Taking into account the medical safety standards, a Medical Facility or Hospital may provide the Service to a particular patient with priority over other patients.
 4. A Medical Facility or Hospital shall have the right to refuse the Service to the Insured Party if the Insured Party violates the principles of social coexistence or the organisational rules of the Medical Facility or Hospital by his/her behaviour, as well as if the Insured Party hinders the work or functioning of the facility or its personnel.
 5. Hospitalisation shall be excluded from the scope of coverage if, for medical safety reasons identified on the date of admission to a hospital ward or during a stay, it requires simultaneous high-level and multi-specialist treatment

in a medical facility not included in the list referred to in § 3 section 7 or its scope exceeds the scope described in Appendix No 1 or Appendix No 2 to the GTCI.

6. We will not provide a Hospital Service during the first 12 months from the beginning of an uninterrupted Coverage Period in respect of the Insured Party, if the Service results from the Insured Party's prior resignation from a hospital stay in connection with diagnostics or treatment based on a referral to a Hospital issued before the beginning of the Coverage Period.
7. We will not provide a Service if, as a result of a state of emergency due to a natural disaster, act of God, a state of pandemic or a state of epidemic announced and confirmed by the competent government authorities, we are unable to provide services on our part.
8. Our liability shall not cover Hospital Services that have been arranged for or provided to the Insured Party prior to reporting the event to us or pending a decision on the provision of the Service.

§14 How can You lodge a complaint?

1. Complaints related to the offering, conclusion or performance of the insurance contract may be submitted by the Policyholder, the Insured, the beneficiary or beneficiary of the insurance contract, the heir having a legal interest in determining liability or performing the benefit under the Agreement.
2. A complaint can be filed:
 - 1) in writing:
 - a) in electronic form:
 - By sending an e-mail to: reklamacje.ubezpieczenia@luxmed.pl,
 - via online form: <https://www.luxmed.pl/zgloszenie-reklamacji-ubezpieczenia>,
 - to the address for electronic service entered in the database of electronic addresses of the AE:PL-71281-48855-GTFED-29, or
 - b) in paper form:
 - by post (within the meaning of the Postal Law) to the address of the registered office of LMG Försäkrings AB S.A. Branch in Poland, Szturmowa 2 Street, 02-678 Warsaw, or by sending it to an institution of an entity dealing with the delivery of correspondence in the European Union,
 - by personal delivery to the address of the registered office of LMG Försäkrings AB S.A. Branch in Poland, Szturmowa 2 Street, 02-678 Warsaw, or
 - 2) orally:
 - a) by phone at 22 501 81 60,
 - b) during a visit to our headquarters of LMG Försäkrings AB S.A. Branch in Poland, Szturmowa 2, 02-678 Warsaw, where the complaint will be recorded in the protocol.
3. A complaint should be addressed to the Insurer and contain a concise description of the irregularities, which will allow us to identify the event to which the complaint relates and establish all relevant circumstances.
4. We will respond to a complaint submitted in accordance with paragraphs 1-3 without undue delay, no later than within 30 days of its receipt.
5. We will provide the response in the same form in which it was submitted (except for a complaint submitted orally. If the complaint was submitted orally (by phone or during a visit to our branch office in Poland), we will provide the response in electronic form or in paper form, according to the preference of the person submitting the complaint.
6. We will provide the response using the means of electronic communication by which a person submitted the complaint, or another means of electronic communication indicated by the person submitting the claim – in the event that the complaint was submitted using the means of electronic communication.
7. The person filing the complaint may request a response to the complaint in a different form than the one submitted by him/her. If it is submitted in electronic form, it may request a written response in paper form. If the complaint has been submitted in writing in paper form, the person submitting it may submit a response in writing in electronic form.

8. In particularly complicated cases, which make it impossible to consider the complaint and respond within 30 days, we may need more time. In such a situation, before the deadline for reply, we will indicate:
 - 1) the reason for the delay;
 - 2) the circumstances that must be established in order to consider the case;
 - 3) the expected deadline for considering the complaint and responding, which will not be longer than 60 days from the date of receipt of the complaint.
9. If the claims arising from the complaint are not taken into account, the person who filed the complaint may apply for consideration of the matter to the Financial Ombudsman (details on the Financial Ombudsman's website: <https://rf.gov.pl/>).
10. The Financial Ombudsman is the entity authorised to resolve consumer disputes out of court, competent for the Insurer (details on the Financial Ombudsman's website: <https://rf.gov.pl/>).
11. A client with the status of a consumer has the right to ask for help from the locally competent Municipal or District Consumer Ombudsman.

§15 Why do we process personal data?

1. We are the controller of Your personal data and the personal data of the Insured Parties within the meaning of Article 4(7) of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 (hereinafter: Regulation). The data shall be processed for the purposes of concluding the Agreement and providing insurance coverage. If You or the Insured Party have consented to the processing of personal data for marketing purposes or to receive marketing communication, the personal data controllers are entities from the LUX MED Group – their list is available at www.luxmed.pl. In any matters related to the processing of personal data by us, You can contact our Data Protection Officer available at the following email address: daneosobowe@luxmed.pl.
2. You provide Your personal data to us at the time of conclusion of the Agreement. The personal data of Insured Parties is provided to us by submitting an Insurance Application (in the case of Co-Insured Parties, their personal data is provided to us by the Main Insured Party). We process personal data of the Insured Parties listed in the Application, i.e. first and last name, Personal ID No. (PESEL), sex, date of birth, main place of care, address of residence. If the Insured Party is a foreigner, we also process information about nationality and passport number. We may also receive a phone number, but this information is not necessary for us to provide insurance coverage to the Insured Parties. In connection with providing You with the opportunity to submit an Application via the electronic platform and to obtain insurance care through it for the Insured Parties submitted by You, we will also process Your email address and the email addresses of the Insured Parties. In order to assess the insurance risk, as part of the medical questionnaire filled out by the Insured Party, we also process personal data of the Insured Party contained therein, including age, weight, height, information about the profession or job position performed together with its characteristics, information about the Insured Party's employer, as well as information about the Insured Party's health condition within the scope resulting from the medical questionnaire. We may ask the Insured Party to provide additional information about his/her health condition or, on the basis of an authorisation granted by the Insured Party, ask the healthcare institutions used by him/her to obtain the information necessary to make a decision on the provision of the Service, its correct coordination or winding-up proceedings in connection with the claim. If, for the purposes referred to in the preceding sentence, it is necessary to obtain the Insured Party's medical records, we will ask the Insured Party to provide us with a copy of them to the extent necessary, or on the basis of consent provided by the Insured Party, we will request the relevant healthcare institutions to make the said records available.
3. Consent to the processing of data for marketing purposes includes all information provided to us by You or the Insured Party. This may include, for example, identification data (first and last name, sex, date of birth, age, place). However, we assure You that we will never use the medical records of the Insured Party provided to us or obtained by us from healthcare institutions on the basis of an appropriate authorisation – this information may only be accessed by authorised persons.
4. We process Your personal data and the personal data of the Insured Parties as the Insurer, and the purpose of this processing is the assessment of insurance risk and the performance of the Agreement. First of all, we need to accept the Application. This will allow us to establish the identity of the Insured Party before the Service is provided

and make it possible to execute the Agreement and to contact the Insured Party. As the Insurer, we are obliged by law to conduct the insurance risk assessment prior to the conclusion of the Agreement and to process personal data in the course of its performance, including for the purpose of coordinating the Insured Party's use of Services (Article 6(1)(b) of the Regulation in conjunction with Article 41(1) of the Act on insurance activity). As part of our insurance risk assessment, we will process the personal data of the Insured Party (including special categories of health data) and this will be done by automated means, including profiling. The legal basis for such action on the part of LMG is the regulations governing our business activity as an insurance entity. However, we inform You that the Insured Party always has the right not to be subject to a decision based on automated processing of personal data, and to request human intervention, which we ensure. As a data controller who is an entrepreneur, we have the right to process personal data in order to pursue claims related to our business activity (Articles 6(1)(b) and 6(1)(f) of the Regulation, as the so-called legitimate interest of the controller, which is the pursuit of our claims and protection of our rights). If You or the Insured Party share with us Your opinion about the Services or lodge a complaint, we may process personal data to consider and respond to it (Article 6(1)(f) of the Regulation, as the so-called legitimate interest of the controller, which is the processing of claims and the protection of the Insurer's interests). As an entrepreneur, we keep accounting books and have tax obligations – we issue e.g. bills for the services we render, which may involve the need to process personal data (Article 6(1)(c) of the Regulation in conjunction with Article 74(2) of the Accounting Act of 29 September 1994). If You or the Insured Party have consented to the processing of personal data for marketing purposes, we may process personal data in order to send marketing communications concerning the activities of the LUX MED Group to You or the Insured Party. Such communications may include offers, information about services, events organised by entities from the LUX MED Group, promotions and pro-health articles. On the basis of the consent given by You or the Insured Party, we may process personal data obtained in the course of our cooperation for marketing purposes, for example by analysing it and connecting it with other information about You in order to adapt the communications addressed to You to Your needs (Article 6(1)(a) of the Regulation).

5. The personal data may be transferred to the following categories of recipients in connection with our business activity:
 - 1) service providers providing us with technical and organisational solutions that enable us to render services and manage our organisation (in particular ICT service providers, courier and postal companies);
 - 2) providers of legal and advisory services and services supporting us in pursuing due claims (in particular law firms, debt collection companies);
 - 3) reinsurance undertakings which will be engaged in the reinsurance of the risk assumed by us under the Agreement;
 - 4) Medical Facilities or Hospitals;
 - 5) the Operator.
6. As part of the provision of Hospital Services, medical records of the Insured Party provided to us or obtained by us on the basis of his/her consent from the relevant healthcare institutions may be made available by the Insurer to Medical Facilities or Hospitals through the Hospital Care Coordinator, who assists the Insured Party in the process of: qualification for hospital treatment, the course of Hospitalisation and treatment after a stay in hospital. The process referred to in the preceding sentence shall apply to Hospital Services referred to in Appendix No. 1 and Appendix No. 2 to the GTCI.
7. On account of the fact that we use services of other providers, e.g. ICT structure services, the personal data of the Policyholder and Insured Parties may be transferred outside the European Economic Area (which comprises the EU Member States, Iceland, Norway and Liechtenstein). We assure You that in such an event the data will be transferred on the basis of relevant legal grounds, for example an agreement concluded between the Insurer and that entity that contains standard personal data protection clauses adopted by the European Commission, or on the basis of the European Commission's adequacy decision pertaining to personal data protection. The Insurer verifies whether personal data is processed securely by the service provider to which it is transferred.
8. One of the ways we process personal data is the so-called profiling. It consists in our creating preference profiles based on the information about You or the Insured Party and, therefore, based on it, customising our services and the content You receive from us. We assure You that we do not process personal data fully automatically and without human intervention.

9. We store personal data for the duration of the Agreement and then for 6 years after the expiry or termination of the Agreement. If we have processed data in order to pursue our claims (e.g. under debt collection proceedings), we process the data for the period of limitation of claims, in accordance with the provisions of the Civil Code. All tax data and data processed for accounting purposes is processed by us for 5 years from the end of the calendar year in which the tax obligation arose. If You or the Insured Party have consented to the processing of data for marketing purposes, we process the data from the time of Your consent until it is withdrawn. At the end of the aforementioned periods, personal data shall be erased or anonymised.
10. The conclusion of the Agreement with us is fully voluntary, however, as the Insurer, we are obliged to identify You and the Insured Parties, and to perform the insurance risk assessment using personal data. Failure to provide data may result in refusal to conclude the Agreement or to provide the Services. We have a legal obligation to process data also for accounting and tax reasons. Failure to provide it may result e.g. in the failure to issue an invoice or a personal bill to You. If we receive a phone number from You or the Insured Party, this is voluntary. The absence of this data does not affect the conclusion of the Agreement but it will make it much more difficult for us to contact the eligible person in the process of executing the Agreement. Giving any marketing consents is also voluntary. This means that the refusal to provide them does not affect the use of our Services. You and the Insured Party shall have the right to revoke Your consent at any time.
11. As a data controller, we provide You and the Insured Party with the right of access to Your data. You can also rectify it, request its erasure or restrict its processing. You can also object to the processing of Your personal data and to transferring Your data to another data controller. In order to exercise these rights, You should contact us via the phone line, the website or our Data Protection Officer. Also, please be advised You and the Insured Party have the right to lodge a complaint with the authority supervising compliance with personal data protection regulations.

§16 Final provisions

1. Taking into account medical safety standards, a Medical Facility or Hospital may provide the Service to a particular patient with priority over other patients.
2. The applicable law forming the basis for relations between us and the Policyholder prior to the conclusion of the Agreement and the applicable law for the conclusion and performance of this Agreement and for resolving any possible disputes related thereto shall be the Polish law. In matters not covered by the GTCI, the provisions of law generally applicable in the territory of the Republic of Poland shall apply.
3. The language used in the relations between You and us shall be the Polish language.
4. An action for a claim arising from the Insurance Agreement may be brought under the provisions on general jurisdiction or before a court competent for:
 - 1) Your place of residence; or
 - 2) the place of residence of the Insured Party;
 - 3) the place of residence of the Insured Party's heir.
5. Requests, representations and notices to us that relate to the performance of the Agreement concluded under these GTCI may be sent:
 - 1) to the address of our registered office;
 - 2) electronically to the following email address: obslogaubezpieczenia_ind@luxmed.pl.
6. Any amendments to the Agreement shall be made in writing, electronically or documented, otherwise being null and void.
7. Claims for the Services arising from the Agreement may not be assigned within the meaning of Article 509 of the Act of 23 April 1964 (the Civil Code) or pledged within the meaning of Article 327 of the Civil Code.
8. We are subject to supervision by the Polish Financial Supervision Authority as regards compliance of the activities with the provisions of Polish law. The sole supervision over our financial management is exercised by the Swedish regulator.
9. The institution which has authorised us to conduct the insurance business is Finansinspektionen with its registered office in Stockholm (Sweden).

10. The General Terms and Conditions of LUX MED Hospital Insurance for Individual Customers – Illness Care (code: I/2/2026/OWCH) have been approved by a resolution of the Management Board of the Insurer and apply to Insurance Agreements concluded on 12 May 2026 or after.

LMG FÖRSÄKRINGS AB S.A.
ODDZIAŁ W POLSCE

GRUPA LUXMED 

luxmed.pl

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District Court for the Capital City of Warsaw in Warsaw
13th Commercial Division of the National Court Register
KRS: 0000395438

Tax ID No (NIP): 108 001 14 94, Statistical ID No (REGON): 145156729
Share capital: EURO 5 800 000,00

Appendix No 1

to the General Terms and Conditions of LUX MED Hospital Insurance for Individual Customers – Illness Care Code I/2/2026/OWCH

Detailed Scope of Services under the LUX MED Hospital Insurance for Individual Customers – Illness Care intended for: Main Insured Parties, Partners and Adult Children

SECTION I: HOSPITAL SERVICE

§1 Hospitalisation

We provide Scheduled hospitalisation for the Illnesses listed in Section III, Table: Diseases covered by insurance under the Agreement for: the Main Insured Person, Partner and Adult Child.

§2 Medical care prior to Hospitalisation

1. The services in the field of imaging diagnostics, laboratory tests and specialist consultations necessary for the preparation for Hospitalisation are covered by the scope. The scope of all examinations and consultations shall be specified during preparation of the Insured for Hospitalisation, upon acceptance of the application for the provision of the Service.
2. We do not provide examinations and consultations for medical care prior to Hospitalisation, ordered by another medical facility than the one indicated by us.
3. Medical care prior to Hospitalisation is essential for:
 - 1) determining the necessity of Planned Hospitalisation, its type, methods and scope of the procedure;
 - 2) qualifying of the Insured for Hospitalisation;
 - 3) determining the date of a surgery or procedure;
 - 4) developing a treatment plan.
4. Medical care prior to Hospitalisation is not the same as:
 - 1) making a diagnosis;
 - 2) monitoring of treatment;
 - 3) general medical advice;
 - 4) issuing a second medical opinion.

§3 Medical care after Hospitalisation

1. Care after Hospitalisation includes 8 follow-up visits in the medical facility indicated by us. They are conducted to monitor the effects of the procedure and the recovery process up to 60 days after discharge from the Hospital or until the end of the rehabilitation period specified in §4 below.
2. We also provide care in cases of sudden deterioration of health status of the Insured after the provided Service. In such cases, the scope of care is tailored to the medical situation and needs, and aims to improve or restore the proper health condition of the Insured Person. The scope of the Service is specified by the Physician indicated by us.
3. Medical care after Hospitalisation is provided only in relation to the Service provided under the Insurance Agreement.

§4 Rehabilitation

1. Rehabilitation after Hospitalisation includes:
 - 1) necessary procedures in the field of physical therapy and kinesitherapy in accordance with the recommendations of medical or physiotherapeutic personnel after orthopaedic procedures for up to 12 weeks from the date of the procedure;

- 2) necessary procedures in the field of physical therapy and physiotherapy according to the recommendations of medical or physiotherapeutic personnel after neurosurgery for up to 12 weeks from the date of the procedure;
 - 3) necessary lymphatic drainage procedures following surgical procedures (e.g. mastectomy) as recommended by medical or physiotherapeutic personnel for up to 12 weeks after the procedure;
 - 4) Imaging tests necessary to monitor the progress of rehabilitation;
 - 5) A medical visit summarizing the rehabilitation period.
2. We shall specify the detailed scope of rehabilitation before the end of Hospitalisation.
 3. We do not provide rehabilitation services ordered by a medical facility other than that indicated by us.
 4. Our responsibility in the scope of rehabilitation does not include rehabilitation procedures resulting from indications other than the consequences of the surgical procedure performed as part of insurance coverage;

SECTION II: HOSPITAL CARE COORDINATION

1. Immediately after the beginning of the Insurance Coverage Period, we will provide you contact details for the Hospital Care Coordinating Team. The details will be provided by email, text message or letter, depending on which contact information we have received. You are obliged to immediately provide this information to the Insured.
2. The Insured uses the Hospital Care Coordination according to that person's needs. The person may benefit from a part or the entire scope offered.
3. The scope of services offered as part of the Hospital Care Coordination includes:
 - 1) accepting an application for the performance of the Service from the Insured and current contact with the Insured during verification of the application, as well as during the term of the Agreement.
 - 2) coordination of care over the Insured before Hospitalisation:
 - a) verification of entitlements to the Service, including obtaining the decision of the Insurer in connection with the application submitted;
 - b) presenting a proposal for Hospitalisation – presenting a selection of available Hospitals and Physicians;
 - c) arranging a stay and as decided by the Insured;
 - d) assistance in scheduling examinations and consultations eligible for Hospitalisation;
 - e) monitoring of the performance of examinations and consultations by the Insured;
 - f) reminding the Insured about the date of admission to the Hospital and the required documents as well as confirmation of the presence of the Insured at the Hospital;
 - g) coordination of the flow of medical documents between the Insured and the Hospital;
 - h) providing information on Hospital stay.
 - 3) coordination during the Hospital Service:
 - a) transfer of all documents necessary for the Service of the Insured;
 - b) current contact with the Hospital;
 - c) providing information on the current status of the performance of medical procedures to a person authorised to receive medical information about the Insured;
 - d) arranging a follow-up visit after Hospital stay and presenting a post-service care plan;
 - e) organisation of medical transport:
 - from Insured's place of stay to the Hospital, resulting from medical indications confirmed by us (inability to move independently for medical reasons, need for continuous care and medical supervision);
 - inter-hospital transport resulting from medical indications in the event that medical transport to another facility is necessary for: continuation of treatment covered by the insurance, as well as to another nearest hospital for continuation of treatment in a situation where further diagnostics and treatment go beyond the scope of our responsibility;
 - from the hospital to the place of stay of the Insured Person, resulting from medical indications confirmed by us

- 4) coordination of care after Hospitalisation, in accordance with the Physician's recommendations:
 - a) arranging for examinations and rehabilitation for the Insured;
 - b) organization of road medical transport, if it results from medical indications, in the same scope as in point 3) e), above;
 - c) completion of the medical documentation of the Insured.

SECTION III: LIST OF DISEASES COVERED BY INSURANCE

Table No. 1: Diseases covered by insurance under the Agreement for: Main insured person, Partner and Adult child.

Area	Detailed ICD-10 code	Definition
General surgery	K44.9	Diaphragmatic hernia is the displacement of the contents of the abdominal cavity into the chest cavity through an opening in the diaphragm. Under the agreement, we will only cover the treatment of a diaphragmatic hernia without obstruction or gangrene, which includes surgical treatment carried out on a scheduled basis.
General surgery	K42.9	Umbilical hernia is the displacement of the contents of the abdominal cavity through an open umbilical ring. Under the agreement, we will only cover the treatment of an umbilical hernia without obstruction or gangrene, which includes surgical treatment carried out on a scheduled basis.
General surgery	K43.9	Ventral hernia is the displacement of the contents of the abdominal cavity into a hernial sac outside its wall. Under the agreement, we will only cover the treatment of a ventral hernia without obstruction or gangrene, which includes surgical treatment carried out on a scheduled basis.
General surgery	K40.9	Unilateral inguinal hernia is the displacement of the contents of the abdominal cavity into a hernial sac outside its wall, occurring on one side in the groin area and inguinal canal. Under the agreement, we will only cover the treatment of a unilateral inguinal hernia without obstruction or gangrene, which includes surgical treatment carried out on a scheduled basis.
General surgery	K40.2	Bilateral inguinal hernia is the displacement of the contents of the abdominal cavity into a hernial sac outside its wall, occurring on both sides in the groin area and inguinal canal. Under the agreement, we will only cover the treatment of a bilateral inguinal hernia without obstruction or gangrene, which includes surgical treatment carried out on a scheduled basis.
General surgery	K41.2	Bilateral femoral hernia is the displacement of the contents of the abdominal cavity into a hernial sac outside its wall through the femoral canal on both sides. Under the agreement, we will only cover the treatment of a bilateral femoral hernia without obstruction or gangrene, which includes surgical treatment carried out on a scheduled basis.
General surgery	K41.9	Unilateral femoral hernia is the displacement of the contents of the abdominal cavity into a hernial sac outside its wall through the femoral canal on one side. Under the agreement, we will only cover the treatment of a unilateral femoral hernia without obstruction or gangrene, which includes surgical treatment carried out on a scheduled basis.
General surgery	E 04.0 E04.1 E04.2 E04.8	Goiter (Thyroid enlargement) is a symptom of thyroid disease, where there is most commonly an enlargement of the thyroid or the presence of nodules. Under the agreement, we will only cover the treatment of non-toxic diffuse goiter, single thyroid nodule, multinodular goiter, and other specified types of goiter, which includes surgical treatment carried out on a scheduled basis.
General surgery	E21.0	Hyperparathyroidism is characterised by the excessive secretion of parathyroid hormone (PTH) by the parathyroid cells, which disrupts calcium

	E21.1 E21.2 E21.4	metabolism. Under the agreement, we will only cover the treatment of primary, secondary, and other specified parathyroid disorders, which includes surgical treatment carried out on a scheduled basis.
General surgery	I84.0 I84.2 I84.3 I84.5 I84.6 I84.9	Hemorrhoidal Tumors (Hemorrhoids, Hemorrhoidal Disease) are the enlargement of cavernous, arteriovenous structures in the anal canal called hemorrhoidal nodules. Under the agreement, we will only cover the treatment of internal and external hemorrhoids, both thrombosed and non-thrombosed, without other complications, which includes surgical treatment or procedural interventions carried out on a scheduled basis.
General surgery	K25.7	Stomach ulcers are recurrent digestive ulcers (localised loss of the mucous membrane with inflammatory infiltration and necrosis) occurring in the stomach. Under the agreement, we will only cover the treatment of stomach ulcers, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
General surgery	K28.7	Stomach and jejunum ulcers are recurring digestive ulcers (localised loss of the mucous membrane with inflammatory infiltration and necrosis) occurring in the stomach and jejunum. Under the agreement, we will only cover the treatment of ulcers, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
General surgery	K26.7	Duodenal ulcer is a recurring digestive ulcer (limited loss of the mucous membrane with inflammatory infiltration and necrosis) occurring in the duodenum. Under the agreement, we will only cover the treatment of duodenal ulcers, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
General surgery	K57.1 K57.3 K57.5 K57.9	Diverticular disease (diverticula) of the intestines refers to the outpouching of the mucous membrane of the intestines through their walls. Under the agreement, we will only cover the treatment of diverticular disease of the small intestine or large intestine without symptoms of acute inflammation, perforation, or abscess, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
General surgery	K63.5	Colorectal polyp is a benign growth of the mucous membrane in the form of a protrusion into the lumen of the intestine. Under the agreement, we will only cover the treatment of pedunculated or non-pedunculated polyps of the colon, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
General surgery	K50.0 K50.1 K50.8	Crohn's Disease (CD) is a full-thickness inflammation of the gastrointestinal tract with characteristic segmental inflammatory changes. Under the agreement, we will only cover the treatment of inflammation affecting the small and large intestines, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
General surgery	K51.0 K51.1 K51.2 K51.3 K51.8	Ulcerative colitis is an inflammation of the mucous membrane of the gastrointestinal tract in the form of erosions or ulcers in more severe cases. Under the agreement, we will only cover the treatment of inflammation of the small intestine, large intestine, ileum and large intestine, rectum, rectum and sigmoid colon, other and unspecified colitis, which includes surgical treatment or procedural intervention carried out on a scheduled basis.

	K51.9	
General surgery	K80.2 K80.5	Gallstones is a condition in which insoluble deposits made of chemical substances found in bile occur in the gallbladder and/or bile ducts. Under the agreement, we will only cover the treatment of gallstones without symptoms of acute inflammation, which includes surgical treatment carried out on a scheduled basis.
General surgery	K81.1	Cholecystitis is an inflammatory condition of the gallbladder primarily caused by gallstones. Under the agreement, we will only cover the treatment of chronic cholecystitis without symptoms of acute inflammation, which includes surgical treatment carried out on a scheduled basis.
Vascular surgery	I83.9	Varicose veins of the lower limbs are the elongation and enlargement of veins, leading to a twisted path. Under the agreement, we will only cover the treatment of varicose veins of the lower limbs without ulcers or inflammation, which includes surgical treatment or procedural interventions carried out on a scheduled basis. Additionally, it does not cover spider veins, also known as telangiectasia and reticular varicose veins.
Ophthalmology	H26.0 H26.1 H26.2 H26.3 H26.4 H26.8 H26.9	Cataract is the clouding of the lens, causing a deterioration in visual acuity. Under the agreement, we will only cover the treatment of childhood, juvenile, presbyopic, traumatic, complicating, drug-induced cataracts, as well as post-cataract conditions and other specified and unspecified forms of cataracts, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Ophthalmology	H40.1 H40.2 H40.3 H40.4 H40.5 H40.6 H40.8 H40.9	Glaucoma is a progressive damage to the optic nerve due to high intraocular pressure, which leads to loss of peripheral vision or blindness. Under the agreement, we will only cover the treatment of primary glaucoma with open and closed drainage angles, secondary glaucoma, as well as other and unspecified forms of glaucoma, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Ophthalmology	H00.0	Stye is a bacterial (staphylococcal) infection of the hair follicle of the eyelash. Under the agreement, we will only cover the treatment of eyelid abscesses and eyelid boils, which includes procedural intervention carried out on a scheduled basis.
Ophthalmology	H00.1	Chalazion is a sterile inflammation of the eyelid margin. Under the agreement, we will only cover the treatment of chalazion, which includes procedural intervention carried out on a scheduled basis.
Laryngology	J35.0 J35.1 J35.2 J35.3	Tonsil hypertrophy is the chronic enlargement of the tonsils. Under the agreement, we will only cover the treatment of hypertrophy of the palatine and pharyngeal tonsils, chronic tonsillitis, and other chronic tonsil diseases, which includes surgical treatment or procedural intervention carried out on a scheduled basis.

Laryngology	J34.2	Deviated septum is a distortion within the rigid bony framework of the nasal septum. Under the agreement, we will only cover the treatment of the deviation, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Laryngology	J34.3	Nasal turbinate hypertrophy is a condition in which there is chronic enlargement of the nasal turbinates. Under the agreement, we will only cover the treatment of turbinate hypertrophy, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Laryngology	J32.0 J32.1 J32.2 J32.3 J32.4 J32.8 J32.9	Chronic sinusitis is an inflammatory condition of the sinuses lasting more than 12 weeks with mild symptoms such as: nasal obstruction/blockage/congestion, nasal discharge, facial pain/pressure, and weakened or loss of smell. Under the agreement, we will only cover the treatment of chronic inflammation of the maxillary, frontal, sphenoid sinuses, ethmoidal cells or other and unspecified sinuses, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Laryngology	J33.0 J33.1 J33.8 J33.9	Nasal and sinus polyps are benign growths of the mucous membrane of the nasal passages and paranasal sinuses, in the shape of protrusions. Under the agreement, we will only cover the treatment of nasal polyps, sinus polyps and undefined nasal polyps, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Urology	I86.1	Varicocele is the dilation of the venous vessels at the upper pole of the testicle. Under the agreement, we will only cover the treatment of varicocele, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Urology	N20.0 N20.1 N20.2	Kidney and ureter stones are the presence of deposits that formed as a result of the precipitation of chemical substances contained in urine. Under the agreement, we will only cover the treatment of kidney and ureter stones, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Urology	N21.0 N21.1	Bladder stones and urethral stones are the presence of deposits that have formed as a result of the precipitation of chemical substances contained in urine. Under the agreement, we will only cover the treatment of bladder stones and urethral stones, which includes surgical treatment or procedural intervention carried out on a scheduled or expedited basis.
Urology	N28.1	Kidney cysts are spaces within the renal parenchyma filled with fluid, formed as a result of the dilation of renal tubules, resembling vesicles in appearance. Under the agreement, we will only cover the treatment of cysts, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Urology	N28.8	Ureteral orifice cysts are dilatations of the ureter segment in the form of an expansion just above the narrowing of the ureter at the orifice leading to the bladder. Under the agreement, we will only cover the treatment of cysts, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Urology	N35.0 N35.1	Urethral stricture is a condition in which the lumen of the urethra becomes narrowed due to pathological conditions or injuries. Under the agreement, we will only cover the treatment of post-traumatic, non-inflammatory,

	N35.8 N35.9	other and unspecified strictures, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Urology	N40.1 N40.3 N40.6	Benign prostatic hyperplasia is the enlargement of the prostate gland of a benign nature. Under the agreement, we will only cover the treatment of hyperplasia, enlargement, or growth of the prostate gland, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Gynaecology	N84.0 N84.1 N84.2 N84.3 N84.8 N84.9	Uterine polyps are benign growths of the mucous membrane of the female reproductive organs, protruding above its surface. Under the agreement, we will only cover the treatment of polyps in the body of the uterus, cervix, vagina, vulva and other parts of the female reproductive organs, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Gynaecology	N81.1 N81.2 N81.3	Prolapse of the female reproductive organs is a change in the position of the pelvic organs, where they move below their normal location, resulting in the prolapse of the vagina, cervix, or uterus. Under the agreement, we will only cover the treatment of uterine prolapse, vaginal prolapse, both partial and complete, as well as bladder descent, which includes surgical treatment carried out on a scheduled basis.
Gynaecology	D25.0 D25.1 D25.2 D25.9	Fibroids are benign tumors of the uterus originating from smooth muscle tissue that forms the uterine muscle. Under the agreement, we will only cover the treatment of submucosal, intramural, serous and unspecified fibroids, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Gynaecology	N75.0 N75.1	Bartholin's gland cyst or abscess is a condition that arises as a result of inflammation of the gland caused by bacteria. Under the agreement, we will only cover the treatment of cysts and abscesses of the Bartholin's gland, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Gynaecology	N80.0 N80.1 N80.2 N80.3 N80.4 N80.5 N80.6 N80.8 N80.9	Endometriosis (Adenomyosis) is the abnormal presence of cells from the uterine lining (endometrium) outside the proper structure of the uterus. Under the agreement, we will only cover the treatment of endometriosis of the uterus, ovaries, fallopian tubes, lesser pelvis, rectovaginal septum, vagina, intestines, skin scars, other locations and unspecified sites, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Gynaecology	N82.0	Fistulas of the female reproductive organs are abnormal connections between the reproductive organ and another organ, which have occurred as

	N82.1 N82.2 N82.3 N82.4 N82.5 N82.8 N82.9	a result of pathological processes, including injuries. Under the agreement, we will only cover the treatment of fistulas such as vesicovaginal, between the vagina and the small intestine, between the vagina and the large intestine, between the female reproductive system and the skin, as well as other fistulas between the female reproductive system and the urinary system or intestines, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Gynaecology	N83.0 N83.1 N83.2 N83.6 N83.8	Ovarian cyst or fallopian tube cyst is the presence of an abnormal space with fluid content within the ovary or fallopian tube, surrounded by a wall. Under the agreement, we will only cover the treatment of follicular ovarian cysts, corpus luteum cysts, other and unspecified ovarian cysts, as well as fallopian tube haematomas, as well as other and unspecified fallopian tube cysts, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Gynaecology	N39.3 N39.4	Urinary incontinence is the uncontrollable, involuntary passing of urine from the bladder, independent of the individual's will or conscious decision. Under the agreement, we will only cover the treatment of stress urinary incontinence and other specified types of urinary incontinence, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Invasive cardiology	I25.0	Chronic ischemic heart disease (coronary artery disease) , as defined in the context of the agreement, refers to chronic conditions of insufficient blood supply to the heart muscle caused by the narrowing of the coronary arteries. Under the agreement, we will only cover the treatment of myocardial ischemia, which includes procedural treatments (angioplasty, coronary angiography) carried out on a scheduled basis.
Invasive cardiology	I47.1 I47.2	Paroxysmal tachycardia refers to any abnormal heart rhythm with a frequency greater than 100 beats per minute that is not sustained. Under the agreement, we will only cover the treatment of paroxysmal supraventricular and ventricular tachycardia, including procedural treatment (ablation) carried out on a scheduled basis.
Invasive cardiology	I48.0 I48.1 I48.3	Atrial fibrillation is the uncoordinated excitation of the heart's atria, leading to rapid, irregular heartbeats, often causing the sensation of palpitations in the chest. Under the agreement, we will only cover the treatment of paroxysmal, persistent, permanent, typical, atypical, and unspecified atrial fibrillation, including procedural treatment (ablation) carried out on a scheduled basis.
Neurosurgery	M51.1 M51.2 M51.3 M51.4 M51.8	Disc herniation is a degenerative change occurring within the intervertebral disc with protrusion of the nucleus pulposus. Under the agreement, we will only cover the treatment of thoracic intervertebral discs, lumbosacral discs, as well as thermolesion of the spinal nerves in the lumbar region, without any interference with the central nervous system, carried out on a scheduled basis.
Neurosurgery	M47.8	Degenerative changes of the spine refer to the wear and distortion of vertebrae and intervertebral joints. Under the agreement, we will only cover the treatment of cervical, thoracic, and lumbosacral intervertebral

		discs without any interference with the central nervous system, carried out on a scheduled basis.
Neurosurgery	M50.2 M50.3 M50.8	Disc herniation is a degenerative change occurring within the intervertebral disc with protrusion of the nucleus pulposus. Under the agreement, we will only cover the treatment of cervical intervertebral discs without any interference with the central nervous system, carried out on a scheduled basis.
Neurosurgery	M48.0	Narrow spinal canal syndrome is a set of neurological symptoms resulting from damage to the nerve root fibres running in the spinal canal, forming the cauda equina due to discopathy. Under the agreement, we will only cover the treatment of the lumbar-sacral intervertebral discs, without any interference with the central nervous system, carried out on a scheduled basis.
Neurosurgery	M54.3	Sciatica is a pain syndrome that most often originates from the lower part of the spine, caused by pressure exerted on the sciatic nerve or the spinal nerves that form it. Under the agreement, we will only cover the treatment of lumbosacral intervertebral discs, including thermocoagulation of the spinal nerves in the lumbar region, without any interference with the central nervous system, carried out on a scheduled basis.

Appendix No 2

to the General Terms and Conditions of LUX MED Hospital Insurance for Individual Customers – Illness Care Code I/2/2026/OWCH

Detailed Scope of Services under the LUX MED Hospital Insurance for Individual Customers – Illness Care intended for a Minor Child

SECTION I: HOSPITAL SERVICE

§1 Hospitalisation

We provide Scheduled hospitalisation for the Illnesses listed in Section III, Table: Diseases covered by insurance under the Agreement for a Minor Child.

§2 Medical care prior to Hospitalisation

1. The services in the field of imaging diagnostics, laboratory tests and specialist consultations necessary for the preparation for Hospitalisation are covered by the scope. The scope of all examinations and consultations shall be specified during preparation of the Insured for Hospitalisation, upon acceptance of the application for the provision of the Service.
2. We do not provide examinations and consultations for medical care prior to Hospitalisation, ordered by another medical facility than the one indicated by us.
3. Medical care prior to Hospitalisation is essential for:
 - 1) determining the necessity of Planned Hospitalisation, its type, methods and scope of the procedure;
 - 2) qualifying of the Insured for Hospitalisation;
 - 3) determining the date of a surgery or procedure;
 - 4) developing a treatment plan.
4. Medical care prior to Hospitalisation is not the same as:
 - 1) making a diagnosis;
 - 2) monitoring of treatment;
 - 3) general medical advice;
 - 4) issuing a second medical opinion.

§3 Medical care after Hospitalisation

1. Care after Hospitalisation includes 8 follow-up visits in the medical facility indicated by us. They are conducted to monitor the effects of the procedure and the recovery process up to 60 days after discharge from the Hospital or until the end of the rehabilitation period specified in §4 below.
2. We also provide care in cases of sudden deterioration of health status of the Insured after the provided Service. In such cases, the scope of care is tailored to the medical situation and needs, and aims to improve or restore the proper health condition of the Insured Person. The scope of the Service is specified by the Physician indicated by us.
3. Medical care after Hospitalisation is provided only in relation to the Service provided under the Insurance Agreement.

§4 Rehabilitation

1. Rehabilitation after Hospitalisation includes:
 - 1) necessary procedures in the field of physical therapy and kinesitherapy in accordance with the recommendations of medical or physiotherapeutic personnel after orthopaedic procedures for up to 12 weeks from the date of the procedure;

- 2) necessary procedures in the field of physical therapy and physiotherapy according to the recommendations of medical or physiotherapeutic personnel after neurosurgery for up to 12 weeks from the date of the procedure;
 - 3) necessary lymphatic drainage procedures following surgical procedures (e.g. mastectomy) as recommended by medical or physiotherapeutic personnel for up to 12 weeks after the procedure;
 - 4) Imaging tests necessary to monitor the progress of rehabilitation;
 - 5) A medical visit summarizing the rehabilitation period.
2. We shall specify the detailed scope of rehabilitation before the end of Hospitalisation.
 3. We do not provide rehabilitation services ordered by a medical facility other than that indicated by us.
 4. Our responsibility in the scope of rehabilitation does not include rehabilitation procedures resulting from indications other than the consequences of the surgical procedure performed as part of insurance coverage;

SECTION II: HOSPITAL CARE COORDINATION

1. Immediately after the beginning of the Insurance Coverage Period, we will provide you contact details for the Hospital Care Coordinating Team. The details will be provided by email, text message or letter, depending on which contact information we have received. You are obliged to immediately provide this information to the Insured.
2. The Insured uses the Hospital Care Coordination according to that person's needs. The person may benefit from a part or the entire scope offered.
3. The scope of services offered as part of the Hospital Care Coordination includes:
 - 1) accepting an application for the performance of the Service from the Insured and current contact with the Insured during verification of the application, as well as during the term of the Agreement.
 - 2) coordination of care over the Insured before Hospitalisation:
 - a) verification of entitlements to the Service, including obtaining the decision of the Insurer in connection with the application submitted;
 - b) presenting a proposal for Hospitalisation – presenting a selection of available Hospitals and Physicians;
 - c) arranging a stay and as decided by the Insured;
 - d) assistance in scheduling examinations and consultations eligible for Hospitalisation;
 - e) monitoring of the performance of examinations and consultations by the Insured;
 - f) reminding the Insured about the date of admission to the Hospital and the required documents as well as confirmation of the presence of the Insured at the Hospital;
 - g) coordination of the flow of medical documents between the Insured and the Hospital;
 - h) providing information on Hospital stay.
 - 3) coordination during the Hospital Service:
 - a) transfer of all documents necessary for the Service of the Insured;
 - b) current contact with the Hospital;
 - c) providing information on the current status of the performance of medical procedures to a person authorised to receive medical information about the Insured;
 - d) arranging a follow-up visit after Hospital stay and presenting a post-service care plan;
 - e) organisation of medical transport:
 - from Insured's place of stay to the Hospital, resulting from medical indications confirmed by us (inability to move independently for medical reasons, need for continuous care and medical supervision);
 - inter-hospital transport resulting from medical indications in the event that medical transport to another facility is necessary for: continuation of treatment covered by the insurance, as well as to another nearest hospital for continuation of treatment in a situation where further diagnostics and treatment go beyond the scope of our responsibility;
 - from the hospital to the place of stay of the Insured Person, resulting from medical indications confirmed by us

- 4) coordination of care after Hospitalisation, in accordance with the Physician's recommendations:
- a) arranging for examinations and rehabilitation for the Insured;
 - b) organization of road medical transport, if it results from medical indications, in the same scope as in point 3) e), above;
 - c) completion of the medical documentation of the Insured.

SECTION III: LIST OF DISEASES COVERED BY INSURANCE

Table No. 1: Diseases covered by insurance under the Agreement for: Main insured person, Partner and Adult child.

Area	Detailed ICD-10 code	Definition
General surgery	K44.9	Diaphragmatic hernia is the displacement of the contents of the abdominal cavity into the chest cavity through an opening in the diaphragm. Under the agreement, we will only cover the treatment of a diaphragmatic hernia without obstruction or gangrene, which includes surgical treatment carried out on a scheduled basis. The Benefit does not cover the treatment of congenital genetic disorders related to chromosomal aberrations, as well as congenital defects that result in a diagnosed disability and their consequences.
General surgery	K42.9	Umbilical hernia is the displacement of the contents of the abdominal cavity through an open umbilical ring. Under the agreement, we will only cover the treatment of an umbilical hernia without obstruction or gangrene, which includes surgical treatment carried out on a scheduled basis. The Benefit does not cover the treatment of congenital genetic disorders related to chromosomal aberrations, as well as congenital defects that result in a diagnosed disability and their consequences.
General surgery	K43.9	Ventral hernia is the displacement of the contents of the abdominal cavity into a hernial sac outside its wall. Under the agreement, we will only cover the treatment of a ventral hernia without obstruction or gangrene, which includes surgical treatment carried out on a scheduled basis. The Benefit does not cover the treatment of congenital genetic disorders related to chromosomal aberrations, as well as congenital defects that result in a diagnosed disability and their consequences.
General surgery	K40.9	Unilateral inguinal hernia is the displacement of the contents of the abdominal cavity into a hernial sac outside its wall, occurring on one side in the groin area and inguinal canal. Under the agreement, we will only cover the treatment of a unilateral inguinal hernia without obstruction or gangrene, which includes surgical treatment carried out on a scheduled basis. The Benefit does not cover the treatment of congenital genetic disorders related to chromosomal aberrations, as well as congenital defects that result in a diagnosed disability and their consequences.
General surgery	K40.2	Bilateral inguinal hernia is the displacement of the contents of the abdominal cavity into a hernial sac outside its wall, occurring on both sides in the groin area and inguinal canal. Under the agreement, we will only cover the treatment of a bilateral inguinal hernia without obstruction or gangrene, which includes surgical treatment carried out on a scheduled basis. The Benefit does not cover the treatment of congenital genetic disorders related to chromosomal aberrations, as well as congenital defects that result in a diagnosed disability and their consequences.
General surgery	K41.2	Bilateral femoral hernia is the displacement of the contents of the abdominal cavity into a hernial sac outside its wall through the femoral canal on both sides. Under the agreement, we will only cover the treatment of a bilateral femoral hernia without obstruction or gangrene, which includes surgical treatment carried out on a scheduled basis. The Benefit does not

		cover the treatment of congenital genetic disorders related to chromosomal aberrations, as well as congenital defects that result in a diagnosed disability and their consequences.
General surgery	K41.9	Unilateral femoral hernia is the displacement of the contents of the abdominal cavity into a hernial sac outside its wall through the femoral canal on one side. Under the agreement, we will only cover the treatment of a unilateral femoral hernia without obstruction or gangrene, which includes surgical treatment carried out on a scheduled basis. The Benefit does not cover the treatment of congenital genetic disorders related to chromosomal aberrations, as well as congenital defects that result in a diagnosed disability and their consequences.
General surgery	E 04.0 E04.1 E04.2 E04.8	Goiter (Thyroid enlargement) is a symptom of thyroid disease, where there is most commonly an enlargement of the thyroid or the presence of nodules. Under the agreement, we will only cover the treatment of non-toxic diffuse goiter, single thyroid nodule, multinodular goiter, and other specified types of goiter, which includes surgical treatment carried out on a scheduled basis. The Benefit does not cover the treatment of congenital genetic disorders related to chromosomal aberrations, as well as congenital defects that result in a diagnosed disability and their consequences.
General surgery	E21.0 E21.1 E21.2 E21.4	Hyperparathyroidism is characterised by the excessive secretion of parathyroid hormone (PTH) by the parathyroid cells, which disrupts calcium metabolism. Under the agreement, we will only cover the treatment of primary, secondary, and other specified parathyroid disorders, which includes surgical treatment carried out on a scheduled basis. The Benefit does not cover the treatment of congenital genetic disorders related to chromosomal aberrations, as well as congenital defects that result in a diagnosed disability and their consequences.
General surgery	I84.0 I84.2 I84.3 I84.5 I84.6 I84.9	Hemorrhoidal Tumors (Hemorrhoids, Hemorrhoidal Disease) are the enlargement of cavernous, arteriovenous structures in the anal canal called hemorrhoidal nodules. Under the agreement, we will only cover the treatment of internal and external hemorrhoids, both thrombosed and non-thrombosed, without other complications, which includes surgical treatment or procedural interventions carried out on a scheduled basis.
General surgery	K25.7	Stomach ulcers are recurrent digestive ulcers (localised loss of the mucous membrane with inflammatory infiltration and necrosis) occurring in the stomach. Under the agreement, we will only cover the treatment of stomach ulcers, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
General surgery	K28.7	Stomach and jejunum ulcers are recurring digestive ulcers (localised loss of the mucous membrane with inflammatory infiltration and necrosis) occurring in the stomach and jejunum. Under the agreement, we will only cover the treatment of ulcers, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
General surgery	K26.7	Duodenal ulcer is a recurring digestive ulcer (limited loss of the mucous membrane with inflammatory infiltration and necrosis) occurring in the

		duodenum. Under the agreement, we will only cover the treatment of duodenal ulcers, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
General surgery	K63.5	Colorectal polyp is a benign growth of the mucous membrane in the form of a protrusion into the lumen of the intestine. Under the agreement, we will only cover the treatment of pedunculated or non-pedunculated polyps of the colon, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
General surgery	K50.0 K50.1 K50.8	Crohn's Disease (CD) is a full-thickness inflammation of the gastrointestinal tract with characteristic segmental inflammatory changes. Under the agreement, we will only cover the treatment of inflammation affecting the small and large intestines, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
General surgery	K51.0 K51.1 K51.2 K51.3 K51.8 K51.9	Ulcerative colitis is an inflammation of the mucous membrane of the gastrointestinal tract in the form of erosions or ulcers in more severe cases. Under the agreement, we will only cover the treatment of inflammation of the small intestine, large intestine, ileum and large intestine, rectum, rectum and sigmoid colon, other and unspecified colitis, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
General surgery	K80.2 K80.5	Gallstones is a condition in which insoluble deposits made of chemical substances found in bile occur in the gallbladder and/or bile ducts. Under the agreement, we will only cover the treatment of gallstones without symptoms of acute inflammation, which includes surgical treatment carried out on a scheduled basis.
General surgery	K81.1	Cholecystitis is an inflammatory condition of the gallbladder primarily caused by gallstones. Under the agreement, we will only cover the treatment of chronic cholecystitis without symptoms of acute inflammation, which includes surgical treatment carried out on a scheduled basis.
Laryngology	J35.0 J35.1 J35.2 J35.3	Tonsil hypertrophy is the chronic enlargement of the tonsils. Under the agreement, we will only cover the treatment of hypertrophy of the palatine and pharyngeal tonsils, chronic tonsillitis, and other chronic tonsil diseases, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Laryngology	J34.2	Deviated septum is a distortion within the rigid bony framework of the nasal septum. Under the agreement, we will only cover the treatment of the deviation, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Laryngology	J34.3	Nasal turbinate hypertrophy is a condition in which there is chronic enlargement of the nasal turbinates. Under the agreement, we will only cover the treatment of turbinate hypertrophy, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Laryngology	J32.0 J32.1 J32.2 J32.3	Chronic sinusitis is an inflammatory condition of the sinuses lasting more than 12 weeks with mild symptoms such as: nasal obstruction/blockage/congestion, nasal discharge, facial pain/pressure, and weakened or loss of smell. Under the agreement, we will only cover the treatment of chronic inflammation of the maxillary, frontal, sphenoid sinuses, ethmoidal

	J32.4 J32.8 J32.9	cells or other and unspecified sinuses, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Laryngology	J33.0 J33.1 J33.8 J33.9	Nasal and sinus polyps are benign growths of the mucous membrane of the nasal passages and paranasal sinuses, in the shape of protrusions. Under the agreement, we will only cover the treatment of nasal polyps, sinus polyps and undefined nasal polyps, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Urology	I86.1	Varicocele is the dilation of the venous vessels at the upper pole of the testicle. Under the agreement, we will only cover the treatment of varicocele, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Urology	N47	Phimosis is a cicatricial narrowing of the foreskin opening, preventing its retraction beyond the coronal sulcus of the penis. Under the terms of the agreement, we only provide treatment for excess foreskin, phimosis, and paraphimosis, including surgical or procedural intervention performed on a scheduled basis.
Urology	N43.0 N43.2 N43.4	Hydrocele of the testicle and spermatic cord refers to the accumulation of fluid in the undeveloped vaginal process of the peritoneum or between the testicular coverings. Under the terms of the agreement, we only provide treatment for encysted hydrocele of the testicle, hydrocele of the spermatic cord, and other testicular hydroceles, including surgical treatment performed on a scheduled basis. The treatment of congenital hydroceles of the testicles and spermatic cords is not covered.
Urology	N20.0 N20.1 N20.2	Kidney and ureter stones are the presence of deposits that formed as a result of the precipitation of chemical substances contained in urine. Under the agreement, we will only cover the treatment of kidney and ureter stones, which includes surgical treatment or procedural intervention carried out on a scheduled basis.
Urology	N21.0 N21.1	Bladder stones and urethral stones are the presence of deposits that have formed as a result of the precipitation of chemical substances contained in urine. Under the agreement, we will only cover the treatment of bladder stones and urethral stones, which includes surgical treatment or procedural intervention carried out on a scheduled or expedited basis.

Appendix No 3

to the General Terms and Conditions of LUX MED Hospital Insurance for Individual Customers – Illness Care Code I/2/2026/OWCH

INFORMATION OBLIGATION CLAUSE LMG FÖRSÄKRINGS AB S.A. BRANCH IN POLAND

Below you will find all necessary information regarding the processing of your personal data in connection with providing insurance coverage to you.

Who is the controller of your data?	<p>The controller of your personal data is LMG Försäkrings AB S.A. with its registered office in Stockholm (102-51), Sweden, Box 27093, operating through its Branch in Poland with its registered office in Warsaw (02-678) at ul. Szturmowa 2 (hereinafter referred to as “LMG” or “Insurer”).</p> <p>If you have given us an additional consent to the processing of your personal data for marketing purposes or as part of receiving marketing communications from us using an e-mail address and/or telephone number, the controller of your personal data is the LUX MED Group entities whose list is available at www.luxmed.pl in the Personal Data section.</p>
Who can you contact regarding the processing of personal data?	<p>In all matters relating to our processing of your personal data, you can contact the Data Protection Officer, Ms Katarzyna Pisarzewska, by writing to the following e-mail address: daneosobowe@lux-med.pl.</p>
What is the source of data – where is it obtained from?	<p>The insurance coverage is provided on the basis of an agreement concluded between us and the Policyholder who submits you for insurance coverage. If you make a declaration through an electronic platform, the following types of your personal data:</p> <ul style="list-style-type: none"> • first name • surname • Personal ID No [PESEL] (if you don't have one, then the date of birth) • e-mail address <p>are provided to us by the Policyholder. If you are a co-insured person, the above data are provided to us by the Main Insured Party reporting you for insurance coverage. If you join the insurance by filling in a paper declaration, the declaration together with your full personal details, which you complete to the extent indicated in the following section, is provided to us through the entity submitting you for the insurance coverage. (This does not apply to a medical questionnaire which, if required, is provided to us directly by you). Other data necessary to enable you to provide the services covered by insurance are provided to us by you through the use of insurance coverage.</p>
What is the scope of personal data we process?	<p>We process personal data to the extent necessary to verify your identity, conduct an insurance risk assessment and provide the services covered by insurance. The scope of data we process includes:</p> <ul style="list-style-type: none"> • first name and surname • Personal ID No (PESEL) • gender • date of birth • residence address • main place of care <p>If you are a foreigner, we will ask you to additionally provide the following:</p> <ul style="list-style-type: none"> • citizenship • passport number <p>In order to enable you to submit a declaration of joining insurance coverage via the electronic platform and to facilitate the subsequent process of providing services, we may also ask you for the following:</p> <ul style="list-style-type: none"> • phone number • e-mail address <p>Depending on the content of the Insurance Agreement concluded with us, the Policyholder may ask you to complete a medical questionnaire which is an element of the insurance risk assessment. It will include questions about your age, weight, height, health condition, information about your profession or job position, its characteristics and your employer. We will be able to approach you or, if you grant us an appropriate authorisation, we will be able to approach the healthcare entities you have used or are using to obtain your medical records, information about your health or other information necessary to make a decision on the provision of a service, correct coordination or winding-up of a claim. If, for the purposes referred to in the preceding sentence, it is necessary to obtain your medical records, we will ask you to provide us with a copy of it to the extent necessary, or on the basis of your consent, we will request the relevant medical authorities to make the said records available.</p>
What is the source of data – where is it obtained from? CONTD.	<p>Your consent to the processing of data for marketing purposes includes any information you have provided to us in the course of your relationship with us, including identifying information such as: first and last name, gender, date of birth, age, place, scope of insurance. However, we assure you that, as part of our marketing activities, we will never use your medical records that you have provided to us</p>

	or that we obtain from a healthcare professional under your appropriate authorisation – this information may only be accessed by authorised persons. When sending marketing communications, we may use your e-mail and/or phone number based on separate consent.	
What is the scope of personal data we process?	We process personal data as an insurance entity and the purpose of this processing is to assess the insurance risk and to perform the insurance agreement, which we understand as follows:	
	Purpose of processing	Legal basis (full names of legal acts can be found at the end of the form)
	<ul style="list-style-type: none"> Establishing your identity before providing you with a service and enabling us to perform the agreement and contact you. Performance of an insurance risk assessment prior to the conclusion of the agreement and the processing of personal data in the course of its performance. On the basis of consents granted separately by you to acquire from the healthcare entities you have used or are using your medical records and making them available to healthcare entities which, as part of insurance coverage, are supposed to provide medical services. LMG also processes the information on your health contained in the documentation in question. 	article 6(1)(b) of the GDPR in conjunction with Article 41(1) of the Insurance Act.
	<ul style="list-style-type: none"> If you have shared your opinion on the services or made a complaint, we may process your personal data in order to examine the notification and respond to it. 	Article 6(1)(f) of the Regulation, as the so called legitimate interest of the controller, which is the processing of claims and the defence of the Insurer's interests.
	<ul style="list-style-type: none"> As a data controller being an entrepreneur, we have the right to pursue claims for our business activity and process your data for this purpose. 	article 6(1)(b) and (f) of the GDPR, as the so called legitimate interest of the controller, which is the pursuit of our claims and protection of our rights.
	<ul style="list-style-type: none"> As an entrepreneur, we keep accounting books and have tax obligations – we issue invoices for the services we render, which may involve the need to process personal data. 	article 6(1)(c) of the GDPR in conjunction with Article 74(2) of the Accounting Act of 29 September 1994.
	<ul style="list-style-type: none"> If you have consented to the processing of your personal data for marketing purposes, we may process your personal data for the purpose of marketing communications to you concerning the LUX MED Group's activities, such as in particular offers, information on services, promotions, events organised by LUX MED Group members and pro-health articles. Based on our consent, we may also process your personal data obtained in the course of our cooperation for marketing purposes. As part of this consent, we can also engage in the so-called profiling, which involves the automatic assessment of certain personal factors that concern you. The purpose of profiling is to select the appropriate content of materials we provide to you (marketing, promotional). 	Article 6(1)(a) of the Regulation (voluntary consent)
Is your data processed by automated means?	As part of our insurance risk assessment, we may process your personal data (including special categories of health data) contained in your completed declaration as well as medical questionnaire and this will be done by automated means, including profiling. This means that your personal data will be processed by an IT system without human intervention, and this process will result in a decision to accept your declaration or to assign you to a specific insurance plan. The legal basis for such action on the part of LMG is the regulations governing our business activity as an insurance entity. However,	

	<p>please be informed that you have the right not to be subject to a decision based on automated processing of personal data.</p>
<p>To whom do we transfer your personal data?</p>	<p>The personal data may be transferred to the following categories of recipients in connection with our business activity:</p> <ul style="list-style-type: none"> • entities providing us with technical and organisational solutions that enable us to render services and manage our organisation (in particular ICT service providers, courier and postal companies); • providers of legal and advisory services and services supporting us in pursuing due claims (in particular law firms, debt collection companies); • reinsurance undertakings which will be engaged in the reinsurance of the risk assumed by us under the agreement; • healthcare providers who provide healthcare services under the Insurance Agreement as well as other medical entities whose services you use; • coordinating entities on our behalf – for the provision of healthcare services and services covered by the Insurance Agreement. <p>As part of the process the coordination of service provision, your medical records that you have provided to us or that we obtained on the basis of your consent may be made available by LMG to the healthcare providers you use through the coordinator assigned to you to support your hospitalisation and treatment.</p>
<p>Is your data transferred to third countries?</p>	<p>On account of the fact that we use services of other providers, such as ICT structure services, your personal data may be transferred outside the European Economic Area (which is composed of the EU Member States, Iceland, Norway and Liechtenstein). We assure you that in such an event, the data will be transferred on the basis of relevant legal grounds, e.g. an agreement concluded between LMG and that entity, containing standard data protection clauses adopted by the European Commission, or on the basis of the European Commission's adequacy decision pertaining to data protection. In each such case, LMG guarantees that it carries out appropriate verification to ensure that the service provider to whom the personal data is transferred processes the same in a compliant and secure manner.</p>
<p>How can LMG profile your data?</p>	<p>Profiling consists in our creating preference profiles based on your information and therefore, based on it, customising our services and the content you receive from us – the processing of personal data as part of this process is based on your marketing consent. We assure you that we do not process personal data fully automatically and without human intervention.</p>
<p>How long is your personal data processed?</p>	<p>We store personal data for the duration of the agreement and then for the statute of limitations for claims arising from the provisions of civil law. All data processed for accounting and tax purposes is processed by us for 5 years from the end of the calendar year in which the tax obligation arose. If you have consented to the processing of data for marketing purposes, we process your data from the time of your consent until it is revoked. At the end of the aforementioned periods, personal data shall be erased or anonymised.</p>
<p>Is the provision of data mandatory?</p>	<p>Joining the insurance is fully voluntary, however, as an insurer, we are obliged to identify you and perform an insurance risk assessment using personal data. In such a case, failure to provide data may result in refusal to conclude an agreement or to provide services. Also for accounting or tax reasons, we have a legal obligation to process data, failure to provide them may result, for example, in failure to issue an invoice or a personal bill. The telephone number is provided on a voluntary basis – the lack of this information does not affect the use of our services, but it will make it significantly more difficult for us to contact the person authorised in the performance of the agreement. Any marketing consent shall also be given on a voluntary basis. This means that the refusal to provide them does not affect the use of our services and, at the same time, the person who gave consent has the right to withdraw consent at any time.</p>
<p>What rights do you have?</p>	<p>As a data controller, we provide you with the right of access to your data, as well as the right of rectification, erasure or restriction of processing of their data. You can also exercise your right to object to our processing of your data and the right to transfer your data to another controller. To exercise any of these rights, contact us via the hotline, using the form available on the website or writing directly to our Data Protection Officer. Also, please be advised that you may file a complaint with the authority supervising compliance with personal data protection regulations.</p>
<p>Definitions and abbreviations</p>	<ul style="list-style-type: none"> • GDPR – Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC; • Insurance Act – the Act of 11 September 2015 on insurance and reinsurance activity.