LUX MED Hospital Insurance for individual customers – Orthopaedic Care. Standard Option.

Document containing information about an insurance product

LMG FÖRSÄKRINGS AB S.A.
ODDZIAŁ W POLSCE
GRUPA LUXMED

Company: LMG Försäkrings AB, with its registered office in Sweden, conducting business in Poland through LMG Försäkrings AB Joint Stock Company Branch in Poland

Product: LUX MED Hospital Insurance for individual customers – Orthopaedic Care. Standard Option.

Full details provided before the conclusion of the insurance agreement and information concerning the agreement itself are found in other documents forming an integral part of the agreement, including the General Terms and Conditions of LUX MED Hospital Insurance for individual customers – Orthopaedic Care. Standard Option. (No OI/3NH2).

What kind of insurance is it?

Individual health and accident Insurance - Section II, Groups 1 and 2.

What is the subject matter of the insurance?

- ✓ The subject matter of the insurance is the Insured Party's health.
- ✓ We provide the insurance coverage to the insured party in the scope of:
  - ✓ hospital services in the event of Disease or Accident. The event entitling the Insured Party to benefit from the insurance is the receipt of a referral for hospital treatment at an orthopaedic ward; The detailed scope is set out in – Appendix No 1 to the GTCI Part I;
  - ✓ hospital care coordination aimed at supporting the Insured Party by Hospital Care Coordinator in the use of Hospital services; Detailed terms and conditions for the provision of services are set out in Appendix No 1 to GTCI Part II.

What is not covered by the insurance?

- x the 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 one-time high-level and multi-specialist treatment in a medical facility not included in the List of Hospitals indicated by us, or its scope exceeds the scope of Orthopaedics described in Appendix No 1 to the GTCI Part I §1.
- x We will not provide Services if, as a result of a natural disaster, act of God, pandemic or epidemic announced and confirmed by the competent state administration authorities, we are unable to provide services on our side.
- x We will not provide hospital services in hospitals other than those indicated by us.

What are the limitations of the insurance coverage?

Main exclusions for which no claims can be asserted – we are not liable for events resulting from circumstances specified in the GTCI and appendices to the GTCI, in particular:

- ! acts of war, riots, state of emergency;
- ! the use of scientifically unrecognised treatments and non-conventional medicine;
- ! transplantation of organs or tissues, cells, cell cultures;
- ! practising competitive sports by the Insured Party;
- ! practising high-risk sports by the Insured Party;
- ! states of emergency due to natural disasters, acts of God;
- ! driving a vehicle without licence;
- ! committing or attempting to commit a crime;
- ! wilful misconduct, self-diagnosis, treatment, modification of prescribed treatment or gross negligence by the Insured Party;
- ! being under the influence, abusing or being poisoned as a result of the voluntary consumption of: alcohol, drugs, other intoxicants or psychotropic substances;

A detailed list of exclusions from liability of the insurer is included in the GTCI and appendices to the GTCI.

Where is the insurance valid?

- ✓ The insurance is valid in the territory of the Republic of Poland.

What are the obligations of the Insured Party?

- Notifying us within 60 days of the occurrence of an accident about its occurrence, and about the issue of a referral for hospital treatment of its consequences.
- Informing us of all circumstances known to the Insured Party that we will ask about before concluding the Agreement.
- Following physicians' recommendations and adhering to the rules in force at the medical facilities and hospitals;
- Complying with the Service performance deadlines agreed with us;
- Producing an identity document with a photograph prior to the Service provision.
- Providing us, together with the application for the Service, with all the medical documentation in our possession which is related to the reported event and to cooperate with us if the documentation provided requires supplementation or if additional information is necessary to establish our liability for the reported claims.

How and when are premiums paid?

The premium may be paid on a one-off basis or in monthly installments. The amount of premium or its installments, frequency and deadlines for payment of premium installments as well as the details regarding the manner of its payment will be provided in the policy. The premium must be paid by bank transfer indicated in the policy.

When does the insurance coverage start and end?

The insurance coverage shall commence on the date agreed with the policyholder and indicated in the policy.

The insurance agreement is concluded for 12 months.

Depending on whichever occurs first, the agreement and insurance coverage shall terminate:

- on the date of death of the Insured Party;
- on the date of death of the Policyholder;
- on the day on which we received the declaration of withdrawal from the agreement, submitted within the 30-day withdrawal period;
- upon the lapse of the last day of the notice period;
- upon the end of the last day of the 12-month term of the agreement.

How can the Agreement be terminated?

In the case of agreements concluded remotely, the policyholder has the right to withdraw from the insurance agreement without giving a reason within 30 days from the date of notification of the conclusion of the agreement, i.e. from the date of delivery to the electronic address of the policy confirming the conclusion of a given 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.
In the case of agreements concluded otherwise than remotely, the policyholder has the right to withdraw from the agreement within 30 days of the date of conclusion of the agreement. If we have not informed the policyholder who is a consumer about the right to withdraw from the agreement at the latest at the time of conclusion of the agreement, the 30-day period runs from the date on which the policyholder who is a consumer learned about this right.
The policyholder may withdraw from the insurance contract by submitting to us a declaration of withdrawal from the contract.
The Policyholder has the right to terminate the agreement at any time with one month's notice, which starts on the 1st day of the month immediately following the date of submitting the termination notice.
A declaration of withdrawal from the agreement or termination of the agreement can be sent to our e-mail address: obslugaubezpieczenia_ind@luxmed.pl.