

Appendix no. 2 to the General Terms and Conditions of LUX MED Group Insurance – GTC CODE G/006/2026/C

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THE SCOPE OF SERVICES PROVIDED AS PART OF LUX MED HOSPITAL INSURANCE – FULL CARE, FOR A MINOR CHILD.

SECTION I: HOSPITAL SERVICE

Module: LUX MED Hospital Insurance - Orthopedic Care

§1 Hospitalisation

Hospitalisation caused by an Accident (confirmed by a referral for a procedure or surgery resulting from the injury. The referral should be issued within 90 days of the occurrence of the Accident). The scope includes:

1. **Orthopaedics**
 - a. includes orthopaedic procedures, including endoprosthesis and orthopaedic fixation materials;
 - b. it does not include:
 - I. endoprosthesis;
 - II. limb lengthening;
 - III. osseointegration treatments;
 - IV. spinal procedures.

Module: LUX MED Hospital Insurance - Orthopedic Care Plus

§1 Hospitalisation

1. We provide Urgent Hospitalisation and Scheduled Hospitalisation in the following medical areas:
 - a. includes orthopaedic procedures, including endoprosthesis and orthopaedic fixation materials;
 - b. it does not include:
 - I. limb lengthening;
 - II. osseointegration treatments;
 - III. spinal procedures.

§2 Emergency Care

1. Consultation of the Emergency Care Physician is possible provided that the Hospital Coordinator confirms that consultation is necessary and appropriate from the medical point of view.
2. Emergency Care includes, depending on the medical indications and the extent of services available at a given location:
 - a. interventions by emergency medical service;
 - b. providing necessary medical assistance at the place of residence of the Insured;
 - c. providing necessary medical assistance at the Outpatient Clinic or Hospital designated by us;
 - d. giving recommendations on further conservative management;
 - e. transport to hospital.The scope of services available as part of Emergency Care at a given location is indicated on www.opiekaszpitalna.luxmed.pl.
3. Emergency Care does not replace the assistance provided under the National Medical Emergency System. The Operator is entitled to refer the Insured to the facility of a higher level of perinatal care if the health status and medical safety require it. This does not constitute an improper performance of the Agreement.
4. Our responsibility in the field of Emergency Care does not cover health situations, in which any delay in providing medical assistance poses immediate threat to the life of the Insured. In particular, this includes loss of consciousness, anaphylactic shock, choking; status epilepticus; acute and severe allergic reactions resulting from biting or stinging by venomous animals; poisoning by medicines, chemicals or gases; electrocution; drowning; attempted suicide; a fall from high altitude; an extensive injury resulting from trauma, including traumatic amputations of the limbs or parts of the limbs; multiple traumas; sudden visual or hearing disorders; face-cranial injuries.
5. Item 4 shall not release the Operator from providing a healthcare service to a person who needs immediate provision of a service due to a threat to life or health arising from Article 15 of the Act on Medical Activity of 15 April 2011 (Journal of Laws No 112, item 654), i.e. dated 16 March, 2021 (Journal of Laws of 2021, item 711, as amended).

Module: LUX MED Hospital Insurance – Care in Illness

§1 Hospitalisation

1. We provide Scheduled hospitalisation for the Illnesses listed in Table no. 1.
2. The Benefit do not include urgent treatment including treatment of emergency/acute conditions.

Table no. 1: List of Illnesses covered by insurance:

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 J32.4	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.

	J32.8 J32.9	
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.

Module: LUX MED Hospital Insurance – Full Care

§1 Hospitalisation

We provide Urgent Hospitalisation and Scheduled Hospitalisation in the following medical areas:

1. Diagnostics and treatment at the non-invasive treatment department

- a. includes a stay and comprehensive diagnostics and treatment of diseases in the following wards: paediatrics, cardiology, neurology, diabetology, gastroenterology, dermatology, rheumatology, infectious diseases and nephrology;
- b. it does not include:
 - I. drug programmes indicated in the Notice of the Minister of Health as a guaranteed service which takes place using innovative, costly active substances which are not financed within the scope of other guaranteed services;
 - II. removal of pigmented moles, skin warts, fibromas, lipomas, sebaceous cysts and xanthelasma;
 - III. Hospitalisation with the aim of planned use of pharmacology therapy of chronic diseases;

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- IV. diagnostics and treatment of the consequences of strokes;
 - V. chronic renal replacement therapy, performed outside the period of necessary Hospitalisation within the scope of the Agreement.
2. **Orthopaedics**
- a. includes orthopaedic procedures, including endoprosthesis and orthopaedic fixation materials;
 - b. it does not include:
 - I. limb lengthening;
 - II. osseointegration treatments;
 - III. spinal procedures.
3. **Paediatric surgery**
- a. includes general surgery procedures;
 - b. it does not include:
 - I. surgical obesity treatment;
 - II. thoracic surgery (i.e. thoracosurgery);
 - III. removal of pigmented moles, skin warts, fibromas, lipomas, sebaceous cysts and xanthelasma.
4. **Gynaecology**
- a. includes gynaecological procedures for children over 16 years of age;
 - b. it does not include the diagnosis and treatment of impaired female fertility and assisted reproduction;
 - c. removal of pigmented moles, skin warts, fibromas, lipomas, sebaceous cysts..
5. **Laryngology**
- a. includes ENT procedures;
 - b. it does not include:
 - I. implant insertion for hearing organs and other implants replacing the functions of the senses;
 - II. procedures requiring neurosurgery;
 - III. treatment of the consequences of facial-cranial injuries, in particular craniofacial reconstruction.
6. Hospital services include also obstetrics-neonatology services in cases which require such services. The scope of obstetrics-neonatology services is compliant with §4 of Appendix 1 to the GTC – scope of Services for the Main Insured, Partner and Adult Child.

§2 Emergency Care

1. Consultation of the Emergency Care Physician is possible provided that the Hospital Coordinator confirms that consultation is necessary and appropriate from the medical point of view.
2. Emergency Care includes, depending on the medical indications and the extent of services available at a given location:
- a. interventions by emergency medical service;
 - b. providing necessary medical assistance at the place of residence of the Insured;
 - c. providing necessary medical assistance at the Outpatient Clinic or Hospital designated by us;
 - d. giving recommendations on further conservative management;
 - e. transport to hospital;
 - f. organisation of up to 3 medical visits as a continuation of the treatment process within 30 days of the first visit within the framework of Emergency Care and directly related to the services provided during it.
- The scope of services available as part of Emergency Care at a given location is indicated on www.opiekaszpitalna.luxmed.pl.
3. Emergency Care does not replace the assistance provided under the National Medical Emergency System. The Operator is entitled to refer the Insured to the facility of a higher level of perinatal care if the health status and medical safety require it. This does not constitute an improper performance of the Agreement.
4. Our responsibility in the field of Emergency Care does not cover health situations, in which any delay in providing medical assistance poses immediate threat to the life of the Insured. In particular, this includes loss of consciousness, anaphylactic shock, choking; status epilepticus; acute and severe allergic reactions resulting from biting or stinging by venomous animals; poisoning by medicines, chemicals or gases; electrocution; drowning; attempted suicide; a fall from high altitude; an extensive injury resulting from trauma, including traumatic amputations of the limbs or parts of the limbs; multiple traumas; sudden visual or hearing disorders; face-cranial injuries.
5. Item 4 shall not release the Operator from providing a healthcare service to a person who needs immediate provision of a service due to a threat to life or health arising from Article 15 of the Act on Medical Activity of 15 April 2011. (Journal of Laws No. 112, item 654), i.e. dated 16 March, 2021 (Journal of Laws of 2021, item 711, as amended).

SECTION II: ADDITIONAL HOSPITAL BENEFITS AVAILABLE IN ALL OPTIONS

§1 Medical care prior to Hospitalisation

1. The insurance covers all services in the fields of diagnostic imaging, laboratory testing and specialist consultations necessary for the preparation for Hospitalisation. Medical care prior to Hospitalisation is essential for:
 - a. determining the necessity of Scheduled Hospitalisation, its type, methods and scope of the procedure;
 - b. qualifying of the Insured for Hospitalisation;
 - c. determining the date of a surgery or procedure;
 - d. developing a treatment plan.
2. Medical care prior to Hospitalisation is not the same as:
 - a. making a diagnosis;
 - b. monitoring of treatment;
 - c. general medical advice;
 - d. issuing a second medical opinion.
3. The scope does not include:
 - a. pregnancy care;
 - b. outpatient treatment, including procedures and tests, unless the doctor decides during qualification that hospitalization is necessary.

§2 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 §3 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. 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.

§3 Rehabilitation

1. Rehabilitation after Hospitalisation includes:
 - a. 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;
 - b. Imaging tests necessary to monitor the progress of rehabilitation;
 - c. A medical visit summarizing the rehabilitation period.
2. We shall specify the detailed scope of rehabilitation before the end of Hospitalisation. We do not provide rehabilitation services ordered by a medical facility other than that indicated by us.
3. Our responsibility in the scope of rehabilitation does not include:
 - a. rehabilitation procedures resulting from indications other than the consequences of the surgical procedure performed as part of insurance coverage;
 - b. fracture treatment with bone adhesion stimulators using physical effects (e.g. ultrasound wave);
 - c. rehabilitation ordered during qualification but necessary to be performed before the procedure.
4. Rehabilitation is provided only in relation to the Service provided under the Insurance Agreement.

SECTION III: HOSPITAL CARE COORDINATION

1. Immediately after the beginning of the Insurance Coverage Period, we will provide the legal guardian of the Minor Child with 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.
2. The Insured uses the Hospital Care Coordination through a legal guardian 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 Coordination of Hospital Care includes:

- a. 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 period of the Agreement.
- b. coordination of care over the Insured in the case of Emergency Care:
 - I. verification of Services entitlements;
 - II. providing guidance to the Insured on further proceedings;
 - III. contact with the Admission Ward or Outpatient Clinic;
 - IV. help in admission to the Hospital or Outpatient Clinic and assistance in the ongoing organisation of the necessary examinations and consultations as recommended by the Physician;
 - V. assistance in collecting medical records of the Insured;
 - VI. contact with a person authorised to receive medical information on the Insured.
- c. coordination of care over the Insured before Hospitalisation:
 - I. verification of entitlements to the Service, including obtaining the decision of the Insurer in connection with the application submitted;
 - II. presenting a proposal for Hospitalisation – presenting a selection of available Hospitals and Physicians, as well as midwife, in the case of an Insured person planning for childbirth;
 - III. arranging a stay and as decided by the Insured;
 - IV. assistance in scheduling examinations and consultations eligible for Hospitalisation;
 - V. monitoring of the performance of examinations and consultations by the Insured;
 - VI. 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;
 - VII. coordination of the flow of medical documents between the Insured and the Hospital;
 - VIII. providing information on Hospital stay.
- d. coordination during the Hospital Service:
 - I. transfer of all documents necessary for the Service of the Insured;
 - II. current contact with the Hospital;
 - III. providing information on the current status of the performance of medical procedures to a person authorised to receive medical information about the Insured;
 - IV. arranging a follow-up visit after Hospital stay and presenting a post-service care plan;
 - V. organization of medical transport, if it is due to medical indications confirmed by us, including road transport:
 - i. interhospital transport, in cases when we order medical transport to another unit as part of continuation of the treatment covered by the scope of insurance, as well as to another nearby Hospital as part of continuation of the treatment, when further diagnostics and treatment are beyond our scope of responsibility;
 - ii. transport from the Hospital to the place of stay of the Insured.
- e. coordination of care after Hospitalisation, in accordance with the Physician's recommendations:
 - I. arranging for examinations and rehabilitation for the Insured;
 - II. organization of medical transport, if it results from medical indications confirmed by us, which includes road transport:
 - i. from the Insured's place of residence to the Hospital;
 - ii. from the Hospital to the place of stay of the Insured.
 - II. completion of the medical documentation of the Insured.