

APPENDIX NO. 2: to the General Terms and Conditions of PROMED Individual Health Insurance

STANDARD OPTION DETAILED LIST OF SERVICES

OUTPATIENT SERVICES

MEDICAL HELPLINE, 24/7

Medical Helpline 24/7 is provided to the Insured in cases requiring the Insured to obtain immediate consultation by a Physician or medical specialist.

The health benefit consists in the possibility for an Insured to obtain telephone advice from medical personnel (doctors, nurses) regarding:

- internal medicine
- family medicine
- paediatrics
- nursing

through 24/7 nationwide medical helpline of the Operator.

In medically justified situations, medical personnel providing advice to an Insured may: refer them to an on-site visit; recommend that an emergency medical team be called to them; refer them to a Hospital Emergency Department on an urgent basis.

The following documents **cannot be issued** through Medical Helpline 24/7:

- ✓ **e-prescriptions** for: vaccines; narcotics drugs, drugs with strong sedative, analgesic, anti-anxiety effects (which require on-site consultation for medical indications); preparations with addictive potential; post-coital contraception (so-called emergency contraception);
- ✓ **e-referrals** for: diagnostic tests and examinations including: procedures using ionizing radiation; biopsies; endoscopic tests; exercise tests.

The final decision to issue an e-prescription/e-referral/e-sick leave during a Medical Helpline consultation is at the discretion of the Physician who may refuse to issue such a document, based on medical indications and the Insured welfare.

Medical Helpline 24/7 is available only to an Insured. Use of the Health Benefit by third parties is not permitted. The Insured is obliged to provide data in accordance with the facts, in accordance with the principles of reliability and due diligence required for the use of health services.

Medical Helpline 24/7 is used to provide an Insured with remote medical consultations in situations that do not require intervention in a life or health emergency. Due to its remote nature, this service is not a substitute for an on-site consultation, as it does not allow for a physical examination.

ONLINE CONSULTATIONS

The health service "Online Consultations" allows an Insured to make an interactive one-on-one conversation with a Physician, midwife or nurse via ICT systems or communication systems provided by Operator. The consultations are provided in the fields of:

- internal / family medicine
- paediatrics
- paediatric nursing
- obstetrics

Consultations within the service may be used by Insured with full access to the Patient Portal (an online portal provided by the Operator). Accessibility of "Online consultations" with a Physician, a midwife or a nurse depends on

the schedule of medical specialists and can be accessed under the "Online Consultation" tab in the Patient Portal. An Insured may choose a communication channel from among those provided by Insurer in the Patient Portal. The service is accessed by "queuing" the Insured under the "Online Consultation" tab. The content of an "Online Consultation" is saved and entered into the Insured's medical records.

An online consultation does not replace an in-person consultation because there are no direct examinations. In medically justified cases, the medical specialist may refuse remote advice and refer the Insured for an in-patient consultation.

Online consultation is available only to Insureds. Use of the service by third parties is not permitted. The Insured is obliged to provide data in accordance with the facts, in accordance with the principles of reliability and due diligence required for the use of health services.

As part of an online consultation a medical specialist can:

- ✓ issue an e-prescription (for continuation of chronic treatment or de novo treatment – according to documentation and medical indications);
- ✓ issue medical recommendations resulting from an online consultation, a medical certificate in case of medical indications;
- ✓ issue a referral: for tests and examinations, to another specialist, for another online consultation or for an in-patient service.

As part of an online consultation a medical specialist **cannot issue:**

- ✓ e-sick leaves;
- ✓ referrals for medical examinations with the use of ionising radiation;
- ✓ referrals for biopsy, endoscopy and exercise tests;
- ✓ e-prescriptions for: vaccines; narcotics drugs, drugs with strong sedative, analgesic, anti-anxiety effects (which require on-site consultation for medical indications); postcoital contraception (emergency contraception).

If medically justified, a medical specialist providing an online consultation may refuse to give remote medical advice and refer the Insured for an in-person consultation with a physician, midwife or nurse.

The final decision to issue an e-prescription during an online consultation is at the discretion of the Physician who may refuse to issue such a document, based on medical indications and the Insured welfare.

PHYSICIAN CONSULTATIONS – BASIC OPTION

The health service "Physician Consultations – basic option" allows an Insured to receive a consultation with a Physician **without the need for a referral**. These consultations are carried out in case of: health complaints, sudden illnesses and for general medical advice.

Consultations can be provided:

- ✓ on-site – in Clinics indicated by Insurer;
- ✓ remotely – in the form of telephone, online or video consultations;
- ✓ in Infection Treatment Centres – in the form of on-site visits for the Insured with symptoms of infections, provided in selected Clinics indicated by Insurer.

The form in which consultations are carried out is determined by Insurer – up-to-date information in this regard may be obtained by the Insured at the Patient Portal (an online portal provided by the Operator) or via the Operator's Helpline.

The scope of the Health Benefit depends on the form of its implementation and **may include:** taking a medical history, providing advice by a Physician and performing basic activities necessary to make a diagnosis, make a therapeutic decision or monitor the treatment process.

A healthcare service relates to a consultation in the field of:

- internal medicine
- paediatrics
- family medicine.

The health service “Physician Consultations – basic option” does not include: consultations provided by Doctors on duty, Doctors holding a postdoctoral degree, a professor title, or Doctors holding the positions of: associate professor or full professor.

PHYSICIAN AND MEDICAL SPECIALIST CONSULTATIONS – OPTION 1 PLUS

The health service “Physician and medical specialist consultations – option 1 plus” allows Insureds to receive a consultation with a Physician or a medical specialist **without the need for a referral**. These consultations are carried out in case of health complaints, sudden illnesses and for general medical advice.

Consultations can be provided:

- ✓ on-site – in Clinics indicated by Insurer;
- ✓ remotely – in the form of telephone, online or video consultations;
- ✓ in Infection Treatment Centres – in the form of on-site visits for Insured with symptoms of infections, provided in selected Clinics indicated by Insurer.

The form in which consultations are carried out is determined by Insurer – up-to-date information in this regard may be obtained by the Insured at the Patient Portal (an online portal provided by the Operator) or via the Operator’s Helpline.

The scope of the Health Benefit depends on the form of its implementation and may include: taking a medical history, providing advice by a Physician or a medical specialist and performing basic activities necessary to make a diagnosis, make a therapeutic decision or monitor the treatment process.

The scope of consultation depends on the age of the Insured:

Insureds **over 18 years of age** may use consultations in the following fields:

- allergology
- general surgery
- diabetology
- gynaecology
- laryngology
- nephrology
- neurology
- ophthalmology
- optometry
- proctology
- pulmonology
- rheumatology
- urology

Insureds **under 18 years of age** may use consultations in the following fields:

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

The health service “Physician and medical specialist consultations – option 1 plus” **does not include**: consultations provided by Doctors on duty, Doctors holding a postdoctoral degree, a professor title, or Doctors holding the positions of: associate professor or full professor.

ON-DUTY PHYSICIAN CONSULTATIONS – OPTION 1

The health service “On-duty physician consultations – option 1” **covers only basic emergency care** in case of sudden illness that occurred **not earlier than 24 hours** before the Insured notifies Operator of his/her desire for consultation.

Consultations with on-duty physicians may be made **only on the day of notification** within the working hours of Clinics indicated by Insurer, provided they are available at a given Clinic.

The health service **includes**: medical history taking, physician’s advice and basic procedures necessary for making an initial diagnosis, taking an appropriate therapeutic decision and refers to consultations within the following scope:

- internal medicine
- paediatrics
- family medicine.

The service does **not include**: medical interventions provided for life saving purposes under the State Medical Emergency system (in accordance with the Act of 8 September 2006 on State Medical Emergency, as amended).

NURSING PROCEDURES

The health service “Nursing procedures” is provided at Clinics designated by Insurer and consists in basic measurements and minor procedures, including diagnostic procedures, in accordance with the professional competence of the nurse or midwife.

The scope of available nursing procedures depends on:

- ✓ the range of consultations with Physicians, which the Insured may use under the concluded agreement;
- ✓ the age of the Insured;
- ✓ the availability of the procedure at a given Clinic designated by the Insurer.

The health service “Nursing procedures” **includes**:

procedures performed **on a doctor’s recommendation**:

- intravenous injection
- subcutaneous/intramuscular injection
- emergency drip administration
- blood drawing
- oral medicine administration in emergency
- placement/change/removal of a small dressing

procedures performed **without a referral**:

- office-based midwife service – breast palpation
- body temperature measurement
- blood pressure measurement
- height and weight measurement

Standard medical materials and supplies used during the above-specified procedures such as: dressings, bandages, cannulae, syringes, swabs, adhesive strips, needles, serum — tetanus antitoxin and disinfectants **are provided by Operator free of charge**.

In the case of use of other materials or medical supplies not included above, an additional fee may be charged to the Insured – in accordance with the applicable price list of the respective Clinic designated by Insurer.

OUTPATIENT PROCEDURES – OPTION 1

The health service “Outpatient procedures – option 1” includes measurements and medical procedures performed by a Physician, nurse or another medical professional, according to their competence, as part of:

- ✓ a medical consultation, during which there is a need to perform a given procedure, or
- ✓ a separate treatment visit that does not require a medical consultation.

The procedures are performed at Clinics indicated by Insurer **with no need for a hospital stay or operating room standards**.

The scope of available procedures depends on:

- ✓ the scope of consultations with Physicians and medical specialists to which the Insured is entitled;
- ✓ the age of the Insured;
- ✓ their availability at a given Clinic.

If an outpatient procedure is marked below as **“standard*”** it should be understood as a service that is generally available and commonly used in the territory of the Republic of Poland, in accordance with current medical knowledge and clinical practice accepted under the conditions of the health care system in Poland.

The health service “Outpatient procedures – option 1” **includes**:

Basic outpatient medical treatments:

- blood pressure measurement
- height and weight measurement

Outpatient surgical procedures:

- stitching a wound of up to 3 cm
- removal of another foreign body without incision
- surgical tick removal
- suture removal after procedures performed out of the Clinics indicated by Insurer, qualification based on the Operator doctor's assessment (we do not remove sutures after childbirth)

Outpatient laryngological procedures:

- Eustachian tube examination, insufflation;
- suture removal in a treatment room after laryngological procedures performed at the Clinics indicated by Insurer
- catheterisation of the Eustachian tube
- ear irrigation
- removal of a foreign body from the nose/ear
- suture removal after laryngological procedures performed outside of Clinics indicated by Insurer, qualification based on the Operator doctor's assessment

Outpatient ophthalmologic procedures:

- visual acuity examination
- corrective lens selection (excludes varifocal lenses)
- gonioscopy (iridocorneal angle assessment)
- lacrimal duct irrigation (for the Insured over 18 years of age)

Outpatient gynaecological procedures:

- HPV HR test with possible LBC cytology (in the case of a positive HPV HR result)

Anaesthesia:

- local (infiltration or permeation) anaesthesia

Standard medical materials and supplies used during the above-specified procedures such as: dressings, bandages, cannulae, syringes, swabs, adhesive strips, needles, serum — tetanus antitoxin and disinfectants **are provided by Insurer free of charge.**

In the case of use of other materials or medical supplies not included above, **an additional fee may be charged** to the Insured – in accordance with the applicable price list of the respective Clinic.

- non-surgical tick removal

- suture removal in a treatment room after procedures performed in the Clinics indicated by Insurer
- placement/change/removal – small dressing (not requiring surgical debridement)

- simple laryngological dressing
- coagulation of blood vessels of the nasal septum
- electrocoagulation of blood vessels of the nasal septum
- nasal administration of mucosa-shrinking medicine in emergency cases
- nasal tamponade removal
- unilateral dressing of nasal hemorrhage
- bilateral dressing of nasal hemorrhage
- application/change/removal of a drain in the ear canal

- medicine instillation into the conjunctival sac
- standard* autorefractometry
- standard* ocular fundus examination
- standard* stereoscopic vision examination
- standard* intraocular pressure measurement
- removal of a foreign body from the eye

FLU AND TETANUS VACCINATIONS

The health service “Flu and tetanus vaccinations” as part of infectious disease prevention **includes** vaccinations against seasonal flu and tetanus (anti-tetanus anatoxin).

As part of this health service an Insured may receive:

- a medical consultation a nurse consultation before vaccination
- a vaccine (medicinal product)
- nursing service consisting in giving an injection

Flu and tetanus vaccinations are performed at Clinics indicated by Insurer.

LABORATORY TEST PANEL (NO REFERRAL NEEDED)

The health service “Laboratory testing panel (no referral needed)” allows an Insured to perform **once during each 12-month coverage period** the set of laboratory tests specified below.

The health service is performed **with no referral needed** at Clinics indicated by Insurer.

If a laboratory test is marked below as “**standard***” it should be understood as a service that is generally available and commonly used in the territory of the Republic of Poland, in accordance with current medical knowledge and clinical practice accepted under the conditions of the health care system in Poland.

The scope of laboratory tests depends on the age of the Insured and **includes:**

for Insured **over 18 years of age:**

- beta HCG
- fasting glucose
- lipid profile
- urinalysis
- blood count + platelet count + automated smear
- TSH
- HPV HR test with possible LBC cytology (in the case of a positive HPV HR result) – the frequency of the examination in accordance with current medical knowledge and the positions of experts (the Polish Society of Gynecologists and Obstetricians and the Polish Society of Colposcopy and Cervical Pathophysiology)

for Insured **under 18 years of age:**

- fasting glucose
- lipid profile
- urinalysis
- blood count + platelet count + automated smear
- CRP test strips
- HPV HR test with possible LBC cytology (in the case of a positive HPV HR result) – the frequency of the examination in accordance with current medical knowledge and the positions of experts (the Polish Society of Gynecologists and Obstetricians and the Polish Society of Colposcopy and Cervical Pathophysiology) - (available to Insured over the age of 16)

DIAGNOSTIC TESTS AND EXAMINATIONS – OPTION 1

The health service “Diagnostic tests and examinations – option 1” are performed:

- ✓ **on the basis of a referral** issued by the Physician, solely on the basis of medical indications in the course of the ongoing diagnostic and therapeutic procedure,
- ✓ in Clinics indicated by Insurer.

The results of diagnostic tests are provided to the Insured on a carrier in accordance with the standards in force in a given Clinic.

Unless otherwise indicated below, the health service “Diagnostic tests and examinations – option 1” **does not include:**

- ✓ laboratory diagnostics using strip tests;

- ✓ tests performed using molecular biology techniques;
- ✓ contrast media for computed tomography and magnetic resonance imaging examinations;
- ✓ imaging diagnostics in the field of ultrasonography using techniques such as: Doppler, 3D, 4D or elastography.

If a test or an examination from the scope of “Diagnostic tests and examinations – option 1” is marked as “**standard***” it should be understood as a service that is generally available and commonly used in the territory of the Republic of Poland, in accordance with current medical knowledge and clinical practice accepted under the conditions of the health care system in Poland.

The scope of the tests and examinations **includes only** procedures necessary to assess the health of the Insured in accordance with current medical knowledge and applicable standards of treatment and diagnosis:

Laboratory diagnostics:

Haematology and coagulation tests with taking test samples (blood):

- APTT
- thrombin time — TT
- absolute eosinophil count (blood smear)
- fibrinogen
- INR / prothrombin time
- blood count + platelet count + automated smear
- ESR

Biochemical and hormonal tests, tumour marker tests with taking test samples (blood):

- AFP — alpha-fetoprotein
- albumins
- amylase
- apolipoprotein A1
- total protein
- direct bilirubin
- total bilirubin
- total iron binding capacity, TIBC
- CEA — carcinoembryonic antigen
- ceruloplasmin
- chlorides (Cl)
- cholesterol
- CK (creatinine kinase)
- CRP, quantitative
- ferritin
- acid phosphatase
- alkaline phosphatase
- phosphorus (P)
- GGTP
- glucose 60' after a meal
- glucose 120' after a meal
- fasting glucose
- glucose 75 g, 1-hour glucose challenge test
- glucose 75 g, 2-hour glucose challenge test
- glucose 75 g, 3-hour glucose challenge test
- glucose 75 g, 4-hour glucose challenge test
- glucose 75 g, 5-hour glucose challenge test
- HDL cholesterol
- IgA immunoglobulin
- IgE immunoglobulin (total IgE)
- IgG immunoglobulin
- immunoglobulin IgM
- creatinine
- folic acid
- uric acid
- LDH – lactate dehydrogenase
- LDL cholesterol
- directly measured LDL cholesterol
- lipase
- lipid profile (CHOL, HDL, LDL, TG)
- magnesium (Mg)
- copper
- urea / urea nitrogen / BUN
- potassium (K)
- protein profile
- free PSA
- total PSA
- sodium (Na)
- free T3
- free T4
- total beta-hCG
- beta hCG – tumour marker
- GOT / AST transaminase
- GPT / ALT transaminase
- transferrin
- triglycerides
- TSH/hTSH
- thyroglobulin
- calcium (Ca)
- vitamin B12

- iron (Fe)
- iron (Fe) 60 min after administration (absorption curve)
- iron (Fe) 120 min after administration (absorption curve)
- iron (Fe) 180 min after administration (absorption curve)
- iron (Fe) 240 min after administration (absorption curve)
- iron (Fe) 300 min after administration (absorption curve)

Serology tests and infection diagnostics with taking test samples (blood):

- ASO, quantitative
- cytomegalovirus (CMV), IgG
- cytomegalovirus (CMV), IgM
- EBV/mononucleosis – latex
- EBV/mononucleosis IgG
- EBV/mononucleosis IgM
- blood group (ABO), Rh factor and antibody screening
- HBs antibodies
- HBs antigen
- HIV-1/HIV-2
- Waaler-Rose test
- immune antibody screening / alloantibodies
- RF — rheumatoid factor — quantitative
- basic syphilis serology (VDRL or USR or anti-TP)
- BTA test
- toxoplasma IgG
- toxoplasma IgM

Urine tests with taking test samples (urine):

- urinalysis
- urine protein
- total protein/24-hour urine collection
- phosphorus in urine
- phosphorus in urine / 24-hour urine collection
- creatinine in urine
- creatinine in urine/24-hour urine collection
- uric acid in urine/24-hour urine collection
- uric acid in urine
- magnesium (Mg) in urine
- magnesium (Mg) in urine/24-hour urine collection
- urea / urea nitrogen / BUN / 24-hour urine collection
- urea / urea nitrogen / BUN in urine
- sodium (Na) in urine
- sodium (Na) in urine / 24-hour urine collection
- calcium in urine
- calcium (Ca) in urine / 24-hour urine collection
- potassium (K) in urine
- potassium (K) in urine / 24-hour urine collection
- lead (Pb) in urine

Bacteriological tests with taking swab:

- vaginal microbiological test (vaginal biocenosis)
- faeces — general culture
- faeces culture for Salmonella and Shigella
- urine culture
- endocervical smear for GC
- vaginal smear for GC
- throat/tonsil swab aerobic
- oral swab — aerobic culture
- tongue swab – aerobic culture
- cervical swab
- endocervical smear – anaerobic culture
- nasopharyngeal swab – anaerobic culture
- nasopharyngeal swab – aerobic culture
- rectal swabs and vaginal swabs towards group B Streptococcus (GBS)
- vaginal swab – anaerobic culture
- vaginal swab – aerobic culture

Faecal tests with taking test samples:

- faeces – general analysis
- faecal occult blood (FOB)

Cytology tests with taking test samples:

- HPV HR test with possible LBC cytology (in the case of a positive HPV HR result)

Mycological tests with taking swab:

- faeces culture for yeast-like fungi
- urine culture for yeast-like fungi
- pharyngeal swab culture for yeast-like fungi
- oral swab culture for yeast-like fungi

- tongue swab culture for yeast-like fungi
- endocervical smear culture for yeast-like fungi

Quick strip tests with taking test samples (blood):

- cholesterol strip test
- CRP strip test

Diagnostic imaging:

X-ray examinations:

- mammography
- mammography — targeted
- shoulder X-ray (transthoracic)
- shoulder X-ray, axial
- shoulder X-ray, bilateral axial
- shoulder X-ray, AP
- shoulder X-ray, AP + lateral
- shoulder X-ray: AP + bilateral – comparative image
- shoulder X-ray, AP, both – comparative image
- shoulder X-ray, AP + axial
- cranial X-ray, cranial nerve canals
- cranial X-ray orbits
- cranial X-ray PA + lateral
- Cranial X-ray PA + lateral + base
- cranial X-ray, base
- cranial X-ray, semi-axial by Orley
- cranial X-ray, sella turcica
- cranial X-ray, tangential
- lumbar functional X-ray
- cervical functional X-ray
- abdominal X-ray, other
- abdominal X-ray, supine
- abdominal X-ray, erect
- chest X-ray
- chest X-ray + lateral
- chest X-ray, lateral with barite
- Chest X-ray, other
- chest X-ray, PA + lateral with barium
- X-ray of chest, thyroid, trachea
- sacrococcygeal X-ray
- scaphoid X-ray
- X-ray of temporal bones, transorbital
- X-ray of temporal bones by Schuller/Stevens
- metatarsal X-ray
- femoral bone X-ray, AP + left lateral
- femoral bone X-ray, AP + right, lateral
- spinal X-ray AP, erect (scoliosis)
- spinal X-ray AP, erect + lateral (scoliosis)
- lumbar X-ray, AP + lateral
- nasopharyngeal swab culture for yeast-like fungi
- vaginal smear culture for yeast-like fungi
- glucose meter test;
- troponin strip test
- X-ray of lumbar spine, AP + lateral + oblique
- X-ray of lumbar spine, lateral
- lumbosacral spine — AP + lateral
- X-ray of lumbosacral spine, oblique
- thoracic spine X-ray
- thoracic X-ray AP + lateral
- thoracic X-ray, AP + lateral + oblique
- thoracic X-ray, lateral
- thoracic X-ray, oblique views
- cervical X-ray
- cervical X-ray, AP + lateral
- cervical X-ray, lateral
- cervical X-ray, lateral + oblique (3 views)
- cervical X-ray, oblique views
- elbow/forearm X-ray, AP + lateral
- elbow/forearm X-ray, AP + lateral, bilateral
- scapular X-ray
- pelvic and hip joint X-ray
- X-ray of sternum / chest lateral
- X-ray of sternum, AP
- wrist/hand X-ray, PA + lateral/oblique left
- wrist/hand X-ray, PA + lateral/oblique bilateral
- wrist/hand X-ray, PA + lateral/oblique right
- wrist X-ray, lateral
- wrist X-ray, lateral, both
- X-ray of both wrists, lateral
- wrist X-ray, PA + lateral
- wrist X-ray, PA + lateral, both
- nasal X-ray — lateral
- X-ray of nasopharynx
- clavicular X-ray
- X-ray of orbits + lateral (2 views)
- toe(s) X-ray, AP + lateral/oblique
- finger(s) X-ray, PA + lateral/oblique
- finger(s) X-ray, PA + lateral/oblique bilateral
- heel X-ray — axial
- heel X-ray, lateral
- temporal bone pyramid X-ray, transorbital
- lower leg X-ray, AP + lateral
- lower leg X-ray, AP + bilateral lateral

- forearm X-ray, AP + lateral
- bilateral forearm X-ray, AP + lateral
- hand X-ray, lateral
- hand X-ray, PA
- hand X-ray, PA + oblique
- hand X-ray, PA + oblique, bilateral
- hand X-ray PA, bilateral
- X-ray of both patellae axial
- bilateral patellar X-ray, axial in 2 positions
- bilateral patellar X-ray, axial in 3 positions
- X-ray of sacroiliac joints – PA
- X-ray of sacroiliac joints – oblique
- hip joint X-ray, AP
- bilateral hip joint X-ray, AP
- hip joint X-ray, axial
- knee joint X-ray, AP + lateral
- knee joint X-ray, AP + bilateral lateral
- bilateral knee joint X-ray — AP + lateral
- knee joint X-ray, lateral
- elbow joint X-ray
- ankle joint X-ray, AP + lateral
- ankle joint X-ray, AP + lateral bilateral
- foot X-ray, AP + lateral/oblique
- foot X-ray, AP + lateral/oblique bilateral
- foot X-ray, AP (comparative)
- splanchnocranium X-ray
- paranasal sinus X-ray
- rib X-ray (unilateral), 2 oblique views
- Mandibular X-ray

Ultrasound examinations:

- transabdominal gynaecological ultrasound
- transvaginal gynecological ultrasound
- abdominal ultrasound
- breast ultrasound
- transabdominal prostate ultrasound
- thyroid ultrasound

Magnetic resonance imaging without contrast agent:

- magnetic resonance imaging (MRI) of the head

Computed tomography without contrast agent:

- computed tomography of the head

Endoscopic examinations:

- anoscopy

Other diagnostic tests and examinations:

- standard audiometry*
- resting ECG
- spirometry without medication
- standard* cardiac stress test

Technological advances can cause changes in the names and techniques of diagnostic tests:

- ✓ if the new test/examination method **does not result in a change in the purpose and scope of the test/examination** in accordance with its original purpose – these changes **do not affect the scope** of the health service "Diagnostic tests and examinations – option 1";
- ✓ if the new test/examination method **results in an expansion of the scope of the test/examination** beyond the scope specified in accordance with its original purpose, **the additional elements of the test/examination are not included** in the scope of the Health Benefit "Diagnostic tests and examinations – option 1", and their implementation may result in **an additional charge** to the Insured.

DENTISTRY – OPTION 1

Dental standby duty

The health benefit "Dentistry – option 1, Dental standby duty" allows an Insured to receive emergency dental care in the event of a sudden illness or accident.

The health service, depending on the Clinic, **includes**: coverage or reimbursement of the costs of emergency dental care **up to the maximum amount, i.e. PLN 350 per one or all cases of dental on an ad hoc basis in each 12-month coverage period.**

The scope of the health service provided **on an ad hoc basis includes only**:

- emergency tooth pulp devitalisation in a deciduous tooth with cavity dressing
- emergency tooth pulp devitalisation with cavity dressing
- emergency periapical abscess decompression
- emergency medicinal dressing on a deciduous tooth
- emergency medicinal dressing on a permanent tooth
- emergency extraction of a single-rooted tooth
- emergency extraction of a single-rooted deciduous tooth
- emergency extraction of a multi-rooted tooth
- emergency extraction of a multi-rooted deciduous tooth
- emergency dry socket irrigation + application of medication
- emergency single tooth X-ray
- emergency extraction of a tooth by intra-alveolar chiselling
- emergency repositioning and immobilisation of an avulsed tooth
- emergency dental abscess incision, including drainage
- emergency dental local infiltration anaesthesia
- emergency dental local permeation anaesthesia
- emergency dental intraoral conduction anaesthesia

The health care service is provided only outside the working hours of Operator own Clinics.

A precondition for obtaining the health service “Dentistry – option 1, Dental standby duty” shall be for the patient to notify the need to attend a dental standby duty using our Phone Line (on 22 33 22 888), and then the provision of services at the clinic indicated by the Operator, in accordance with the instructions of the Operator’s Helpline representative

If the indicated Clinic does not offer cashless services, the Insured must cover the costs of the services performed in accordance with the applicable price list, then submit an application for a reimbursement with attached original invoices or receipts for services provided.

The invoice or receipt should include:

- ✓ particulars of the Insured to whom dental standby duty services have been provided (at least name, surname, address of residence). If an Insured is a minor, the invoice shall be issued for the de facto carer or legal guardian of the child, and the invoice should include the data of the minor Insured to whom the services were provided;
- ✓ a list of services performed for the Insured (indicated in the invoice) or an attached specification issued by the Clinic providing these services, indicating names of the given services, or a copy of the medical record related to the specific services provided;
- ✓ the number of performed services of a given type;
- ✓ the date of the services provided;
- ✓ the unit price of each healthcare service provided.

The application for reimbursement, together with the documents certifying the costs incurred, should be sent by the Insured to Insurer within **no more than 3 months** from the date the Health Service was provided to him/her. The mailing address to which the Application for Reimbursement should be sent is on the application form.

Insurer shall reimburse the costs to the bank account number indicated in the Application Form (or in the case of minor Insureds to the bank account of the de facto carer or legal guardian of the child) within 30 days from the date of delivery of the complete Application Form. If, in the course of verifying the Application, Insurer requests the Insured to supplement the Application or to complete the attached documentation proving that the costs have been incurred – the payment period referred to in the preceding sentence may be extended.

The application form for reimbursement is available at www.luxmed.pl

If, after the refund has been paid, Insurer obtains evidence that it has been misled – as to the amount of the refund due or as to the identity of the Person entitled to receive the refund – as a result of which the refund in whole or in part has become undue, Insurer may request that the Person who received the payment of the refund amount be

reimbursed in whole or in part, together with statutory intervals calculated from the date of the transfer of the refund amount.

Preventive dental care

The health benefit "Dentistry – option 1, Preventive dental care" allows an Insured to use **1 consultation with a dentist specialised in conservative dentistry in each 12-month coverage period.**

The health service is performed solely in Clinics indicated by Insurer and **includes:** dental consultation aiming at screening of the teeth of the Insured by a dentist and performing oral hygiene procedures by a dental hygienist.

The scope of the health service **includes:**

- dental consultation
- dental fluoride treatment (Fluor Protector) 1 dental arch
- dental fluoride treatment (Fluor Protector) 1/2 of dental arch
- dental fluoride treatment (Fluor Protector) 2 dental arches
- instructions on oral hygiene
- tooth polishing
- periodontal scaling – complementary
- periodontal scaling from 1 dental arch
- periodontal scaling of all teeth
- deposit removal – sandblasting
- individual fluoride treatment, topical

Anaesthesia

The health service "Dentistry – option 1, Anaesthesia" allows an Insured to benefit from anaesthesia during dental procedures and **includes** the following:

- dental anaesthesia with a WAND device
- dental local infiltration anaesthesia
- dental local permeation anaesthesia
- dental intraoral conduction anaesthesia

The health service "Dentistry – option 1, Anaesthesia" **does not include dental healthcare services performed under general anaesthesia.**

Conservative dentistry

The health service "Dentistry – option 1, Conservative dentistry" allows an Insured to use **a consultation with a dentist specialised in conservative dentistry** in Clinics indicated by Insurer.

In addition, an Insured can take advantage of **a 10% discount** from the price list of a given Clinic indicated by Insurer **for dental treatments** in the field of **conservative dentistry** performed at that Clinic:

- examination of tooth vitality
- circumpulpal pin inlay
- cauterisation of interdental papilla
- cosmetic covering of enamel hypoplasia – composite veneer
- cosmetic covering of discoloured dentine in anterior teeth – composite veneer
- treatment of oral mucosa lesions
- restoration of damaged incisal angle with regular light-cured composite
- medicinal dressing on a permanent tooth
- periodontal pocket irrigation
- periodontal pocket irrigation and drug application
- glass ionomer filling
- tooth cavity filling 1 surface with regular light-cured composite
- tooth cavity filling 2 surfaces with regular light-cured composite
- tooth cavity filling 3 surfaces with regular light-cured composite

Paedodontics

The health service "Dentistry – option 1, Paedodontics" allows an Insured to use **a consultation with a dentist specialised in paedodontics** in Clinics indicated by Insurer.

In addition, an Insured can take advantage **of a 10% discount** from the price list of a given Clinic indicated by Insurer **for dental treatments** in the field of **paedodontics** performed at that Clinic:

- vital pulp amputation in a tooth with unformed root
- amputation of devitalised deciduous tooth pulp

- tooth pulp devitalisation in a deciduous tooth with cavity dressing
- dentine impregnation – per tooth
- endodontic treatment of a deciduous tooth
- treatment of pulp necrosis in a deciduous tooth
- medicinal dressing on a deciduous tooth
- adaptation visit (children) – dentistry
- baby tooth cavity filling 1 surface, therapeutic
- baby tooth cavity filling 1 surface
- baby tooth cavity filling 2 surfaces
- baby tooth cavity filling 2 surfaces, therapeutic
- baby tooth cavity filling 3 surfaces
- baby tooth cavity filling 3 surfaces, therapeutic
- preventive fissure sealing – limit: 8

Dental surgery

The health service “Dentistry – option 1, Dental surgery” allows an Insured to use **a consultation with a dentist specialised in dental surgery** in Clinics indicated by Insurer.

In addition, an Insured can take advantage **of a 10% discount** from the price list of a given Clinic indicated by Insurer **for dental treatments** in the field of **dental surgery** performed at that Clinic:

- dental abscess incision – including drainage
- surgical exposure of an impacted tooth
- surgical exposure of an impacted tooth with bracket attachment
- surgical extraction of a partially impacted tooth
- surgical tooth extraction – surgically complex
- frenuloplasty, meloplasty, glossoplasty — dentistry
- dry socket irrigation + application of medication
- sampling of a biopsy specimen in the oral cavity
- repositioning and immobilisation of an avulsed tooth
- apicoectomy of a posterior tooth
- apicoectomy of a posterior tooth, with retrograde root canal filling
- apicoectomy of an anterior tooth
- apicoectomy of an anterior tooth, with retrograde root canal filling
- single-rooted tooth extraction
- single-rooted deciduous tooth extraction
- extraction of a tooth by intra-alveolar chiselling
- extraction of a tooth by extra-alveolar chiselling with formation of a mucoperiosteal flap
- multi-rooted tooth extraction
- multi-rooted deciduous tooth extraction
- excision of a gingival flap within 1 tooth
- excision of nodule, nodule-like lesion, mucocele — dentistry
- enucleation of odontogenic cyst
- surgical dressing – dentistry

Dental X-ray

The health service “Dentistry – option 1, Dental X-ray” allows the Insured to benefit, **on the basis of a referral** issued by a dentist, from **a 10% discount** from the price list of a given facility for:

- single tooth X-ray

X-ray results are provided to the Insured a medium conforming with the standard applicable in a given Clinic.

Guarantee

The Insured is provided with a **24-month guarantee** for conservative treatment in the form of final filling of permanent teeth.

The condition for obtaining it is the systematic use by the Insured **at least once in each 12-month coverage period** or according to an individually agreed schedule at Clinics indicated by Insurer the following healthcare services:

- ✓ **dental check-ups** at the dentist;
- ✓ **hygienic procedures** carried out by a Dentist or dental hygienist consisting of: cleaning teeth from tartar and plaque, as well as fluoridation;
- ✓ **complying with the Dentist’s recommendations**;
- ✓ **maintenance of oral hygiene** as recommended by the Dentist and/or hygienist.

The guarantee **does not cover** conditions occurring as a result of: non-attendance at follow-up and prophylaxis visits, non-compliance with dentist's recommendations, mechanical injuries, accidents, missing posterior teeth (lack of support zones), pathological dental wear (bruxism) or other functional impairments of the masticatory

apparatus, physiological bone atrophy and periodontal lesions, general co-morbidities affecting the stomatognathic system (diabetes, osteoporosis, epilepsy, history of radiotherapy and chemotherapy), or temporary fillings (e.g. provided until a prosthesis is prepared).