PZU Orto Plan

GENERAL TERMS AND CONDITIONS
OF THE SUPPLEMENTARY GROUP INSURANCE FOR THE ORGANISATION AND COVERAGE OF THE COSTS OF A SCHEDULED ORTHOPAEDIC OPERATION FOR THE INSURED CAUSED BY AN ACCIDENT

The table contains the provisions of PZU Orto Plan – the General Terms and Conditions of the Supplementary Group Insurance for the Organisation and Coverage of the Costs of a Scheduled Orthopaedic Operation for the Insured Caused by an Accident (policy conditions code ORGP56), setting out the principal terms and conditions of the insurance contract.
This information forms part of the GTC and is provided pursuant to statutory requirements (Article 17(1) of the Insurance and Reinsurance Activity Act).

No.	Type of information	Clause reference
1.	Conditions for benefit payment	Clauses 1–2 Clauses 4–11 Clauses 15–18 Clause 36 Clauses 37–44 Clause 45
2.	Limitations and exclusions of the insurer's liability entitling it to refuse payment of benefits or to reduce the amount payable	Clauses 1–2 Clauses 7–8 Clause 11 Clauses 12–14 Clauses 33–34 Clause 35 Clause 44 Clause 45

Further information about the insurance is available:

WWW **at pzu.pl**

or by calling our helpline on 801 102 102
(charge according to the operator's tariff)

PZU ORTO PLAN – GENERAL TERMS AND CONDITIONS OF THE SUPPLEMENTARY GROUP INSURANCE FOR THE ORGANISATION AND COVERAGE OF THE COSTS OF A SCHEDULED ORTHOPAEDIC OPERATION FOR THE INSURED CAUSED BY AN ACCIDENT

GTC Code: ORGP56

The Management Board of PZU Życie SA adopted the PZU Orto Plan – General Terms and Conditions of Additional Group Insurance for the Organisation and Coverage of the Costs of a Scheduled Orthopaedic Surgery for the Insured Resulting from an Accident by Resolution No. UZ/49/2026 of 27 April 2026 (hereinafter referred to as the GTC).

These GTC come into force on 23 May 2026 and apply to insurance contracts concluded from 1 June 2026 onwards.

Before entering into the insurance contract, the Policyholder should carefully review the GTC and provide a copy of the GTC to each person wishing to join the insurance scheme.

Before joining the insurance, please read carefully the GTC provided to you by the Policyholder.

GLOSSARY
– what the terms used in these GTC mean

1. In these GTC, we use the following terms:
1) **Hospital Care Coordinator** – a person designated to the insured by PZU Zdrowie to act as the contact for arranging benefits under the additional insurance, available to the insured at +48 (22) 735 39 55 on business days from 8:00 a.m. to 6:00 p.m.;
2) **Cover Period** – the period during which we are liable to the Insured Person under the supplementary insurance;
3) **Medical facility** – a medical facility in Poland operated by PZU Zdrowie or cooperating with PZU Zdrowie. The current list of medical facilities is available at https://zdrowie.pzu.pl;
4) **Orthopaedic surgery** – a surgery specified in the Table of Orthopaedic Surgeries;
5) **Scheduled orthopaedic surgery** – an orthopaedic surgery specified in the Table of Orthopaedic Surgeries for which the insured has received a medical referral and which meets all of the following conditions:
   a) it is medically justified for the treatment of a musculoskeletal injury that remains in a normal cause-and-effect relationship with an accident that occurred during the insurance period; and
   b) it may be postponed for at least 30 days from the date of notification of the event referred to in Clause 4, without any foreseeable risk of deterioration of the insured's health, worsening of the consequences of the accident, or an increased risk of complications related to the orthopaedic surgery;
6) **PZU Zdrowie** – PZU Zdrowie SA, i.e. the entity organising, on behalf of PZU Życie SA, the benefits provided under the additional insurance;
7) **Table of orthopaedic surgeries** – the table containing the list of orthopaedic surgeries that we organise and whose costs we cover under the additional insurance, constituting an appendix to these GTC;
8) **Supplementary Insurance** – the insurance contract to which these GTC apply;
9) **Principal Insurance** – the PZU Na Życie Plus Group Insurance contract under which the Policyholder may take out the Supplementary Insurance;

2. Other terms used in these GTC are defined in the General Terms and Conditions of the Principal Insurance and shall have the same meaning when used in these GTC.

SUBJECT-MATTER INSURED
– what is insured

3. We insure your health.

SCOPE OF INSURANCE AND BENEFITS UNDER THE CONTRACT
– what events are covered and what benefits we provide if they occur

4. The insurance covers the occurrence, during the insurance period, of a musculoskeletal injury resulting from an accident that requires a scheduled orthopaedic surgery.

5. We shall be liable only if:
1) the accident resulting in a musculoskeletal injury requiring a scheduled orthopaedic surgery occurred during the insurance period; and

2) there is a normal cause-and-effect relationship between the musculoskeletal injury resulting from the accident and the scheduled orthopaedic surgery.

6. The scope of the Supplementary Insurance is confirmed in the policy and in the individual certificate of insurance.

7. If the event referred to in Clause 4 occurs and we are liable for it, then, within the limits of the sum insured referred to in Clause 16, we organise the services specified in Clauses 8–11 and cover their costs, provided that the services referred to in Clauses 8(3)–(10) and Clauses 9–11 will be provided only if no medical contraindications to the scheduled orthopaedic surgery are identified during the medical consultation qualifying the insured for the procedure.

8. We organise the following services and cover their costs:
1) support provided by the Hospital Care Coordinator in arranging the place and date of consultations qualifying the insured for the scheduled orthopaedic surgery, the scheduled orthopaedic surgery itself, and postoperative consultations;
2) medical consultations qualifying the insured for the scheduled orthopaedic surgery before admission to the medical facility;
3) diagnostic tests and consultations performed during the insured's stay at the medical facility where the scheduled orthopaedic surgery is carried out, provided they are related to the scheduled orthopaedic surgery;
4) anaesthesia for the scheduled orthopaedic surgery;
5) the scheduled orthopaedic surgery;
6) histopathological examinations of tissues collected during the scheduled orthopaedic surgery;
7) blood transfusions and transfusions of blood products performed during the scheduled orthopaedic surgery;
8) round-the-clock care for the insured during the stay at the medical facility in connection with the scheduled orthopaedic surgery, including:
   a) medical care provided by physicians on duty at the medical facility;
   b) nursing care provided by nursing staff on duty at the medical facility;
   c) necessary rehabilitation;
9) accommodation and meals for the insured during the stay at the medical facility in connection with the scheduled orthopaedic surgery;
10) a maximum of two postoperative consultations following discharge from the medical facility.

9. Upon discharge from the medical facility where the scheduled orthopaedic surgery was performed, you will receive a hospital discharge summary together with written recommendations concerning:
1) postoperative care, including care of the surgical wound, together with the scheduled date for removal of surgical sutures, where necessary;
2) further treatment, including the issuance of e-prescriptions and electronic sick notes (e-ZLA), where necessary;
3) rehabilitation, including the issuance of electronic referrals, where necessary;
4) further diagnostic procedures, including electronic referrals for necessary diagnostic tests or specialist consultations;
5) a postoperative medical consultation together with its scheduled date.

10. We cover the costs of medicinal products, dressings and other medical devices used during the scheduled orthopaedic surgery and during treatment provided throughout the insured's stay at the medical facility in connection with the scheduled orthopaedic surgery.

11. Within the limits of the sum insured referred to in Clause 15, we organise and cover the costs of arranging and performing a surgery that meets all of the following conditions:
1) it remains in a normal cause-and-effect relationship with a previously performed scheduled orthopaedic surgery on the insured;
2) it is intended to eliminate adverse consequences of, or improve the outcome of, the previously performed scheduled orthopaedic surgery;
3) it is performed during the same stay of the insured at the medical facility during which the previous scheduled orthopaedic surgery was carried out.

EXCLUSIONS OF COVER

– situations in which we will not provide benefits

12. Our liability does not cover a musculoskeletal injury caused by an accident if the accident occurred before the beginning of the insurance period or occurred:
1) as a result of acts of war;
2) as a result of the Insured Person's active participation in acts of terrorism or civil unrest;
3) as a result of the Insured Person committing or attempting to commit an act constituting an intentional criminal offence;
4) while the insured was driving a vehicle:
   a) without the driving licence or other authorisation required by law; or
   b) after consuming alcohol or while under the influence of alcohol, within the meaning of the Act on Upbringing in Sobriety and Counteracting Alcoholism; or
   c) after using narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances within the meaning of the Act on Counteracting Drug Addiction,
   – provided that any of these circumstances contributed to the occurrence of the accident;

5) where the Insured Person was under the influence of alcohol, within the meaning of the Act on Upbringing in Sobriety and Counteracting Alcoholism, or had used narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances within the meaning of the Act on Counteracting Drug Addiction, provided that any of these circumstances contributed to the occurrence of the accident;
6) self-inflicted injury or an attempted suicide by the insured;
7) directly as a result of poisoning caused by alcohol consumed or by the use of narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances, within the meaning of the Act on Counteracting Drug Addiction;
8) the insured person's use of medicinal products contrary to a doctor's instructions or contrary to the information contained in the package leaflet;
9) the insured person's participation in any of the following sports: motor sports, powerboating, air sports, rock climbing or mountaineering (meaning any climbing undertaken at an altitude exceeding 2,000 metres above sea level), caving, diving using specialist underwater breathing equipment (excluding snorkelling), diving, or bungee jumping.

13. Under this Supplementary Insurance, we do not organise or cover the costs of any services other than those specified in these GTC. In particular, we do not organise or cover the costs of:
1) a scheduled orthopaedic surgery paid for by the insured;
2) medicinal products, foods for special medical purposes and medical devices recommended for use before or after the insured's stay at the medical facility;
3) travel to and from the medical facility, including medical transport costs;
4) medical care other than that referred to in Clause 8 above.

14. Responsibility for the proper provision of medical services in accordance with current medical knowledge rests with the medical facility providing those services.

AMOUNT INSURED
– definition and amount

15. The sum insured constitutes the maximum limit of our liability for the consequences of a single accident. Within the limits of the sum insured, we organise the services referred to in Clauses 8–10 arising from musculoskeletal injuries sustained as a result of a single accident and cover their costs.

16. Within the limits of the sum insured referred to in Clause 15, we organise and cover the costs of the service referred to in Clause 11 of these GTC.

17. The amount of the sum insured is confirmed in the insurance policy and in the individual certificate of insurance.

18. The Sum Insured remains unchanged throughout the term of the insurance contract. The sum insured may be changed by mutual agreement of the parties.

PREMIUM
– determination and payment of the premium

19. The premium for the Supplementary Insurance:
1) is fixed, although it may be changed by mutual agreement between the parties;
2) depends on:
a) the scope of the Supplementary Insurance;
b) the Sum Insured;
c) the number of persons joining the insurance, their age and gender profile, and the nature of the work they perform.

20. The amount of the premium for the Supplementary Insurance is specified in the application for insurance and in the policy.

21. The Policyholder pays premiums for the Supplementary Insurance on a monthly basis together with the premium for the Principal Insurance.

TAKING OUT AND JOINING THE SUPPLEMENTARY INSURANCE
– how you become insured

22. The Supplementary Insurance may be taken out either at the same time as the Principal Insurance or during its term.

23. The Supplementary Insurance is available to Insured Persons who have joined the Principal Insurance.

DURATION OF THE SUPPLEMENTARY INSURANCE
– the period for which the Supplementary Insurance is taken out

24. The Policyholder may enter into the supplementary insurance contract for a fixed term. The duration of the supplementary insurance is confirmed in the policy. If the supplementary insurance is taken out between policy anniversaries, our insurance cover will remain in force until the next policy anniversary.

RENEWAL OF THE SUPPLEMENTARY INSURANCE
– the rules governing renewal of the Supplementary Insurance

25. Unless either party decides otherwise, and provided that the Principal Insurance remains in force, the Supplementary Insurance shall be automatically renewed for a further policy year on the same terms and conditions. In such circumstances, you, as the Insured Person, are not required to submit a new application to join the insurance.
26. Either party may elect not to renew the Supplementary Insurance by giving written notice to the other party. Such notice must be given no later than 30 days before the expiry of the Supplementary Insurance.

WITHDRAWAL FROM THE SUPPLEMENTARY INSURANCE
– the circumstances in which the Policyholder may withdraw from the Supplementary Insurance

27. Withdrawal from the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.
28. If the Policyholder withdraws from the Principal Insurance, this shall automatically result in withdrawal from the Supplementary Insurance.
29. If the Policyholder withdraws from the Supplementary Insurance, this shall not result in withdrawal from the Principal Insurance.

TERMINATION OF THE SUPPLEMENTARY INSURANCE
– how the Policyholder may terminate the Supplementary Insurance

30. Termination of the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.
31. If the Policyholder terminates the Principal Insurance, this shall automatically result in termination of the Supplementary Insurance.
32. If the Policyholder terminates the Supplementary Insurance, this shall not result in termination of the Principal Insurance.

COMMENCEMENT OF COVER
– when your insurance cover begins

33. Cover under the supplementary insurance commences in accordance with the terms set out in the principal insurance policy.
34. Cover under the Supplementary Insurance shall commence only if cover under the Principal Insurance is in force.

TERMINATION OF COVER
– when the Supplementary Insurance ends

35. Our cover under the Supplementary Insurance policy ends:
1) on the date cover under the Principal Insurance terminates;
2) on the date we receive the Policyholder's notice of withdrawal from the Supplementary Insurance;
3) on the expiry date of the Supplementary Insurance cover, where it is not renewed;
4) on the last day of the month in which you opt out of the Supplementary Insurance;
5) at the end of the month during which the Supplementary Insurance remains in force on its existing terms and conditions, where you have not provided the required consent to a change in the Supplementary Insurance;
6) on the date the notice period for termination of the Supplementary Insurance expires;
7) on the date the supplementary insurance contract is terminated.

PERSON ENTITLED TO THE BENEFIT
– who is entitled to receive the benefit

36. You, as the Insured Person, are entitled to the benefit.

PAYMENT OF THE BENEFIT
– when we will provide the benefit

37. If the event referred to in Clause 4 occurs, please provide us with:
1) an application for the provision of benefits together with your declarations required for the organisation of the scheduled orthopaedic surgery, contained in the form entitled "Declarations of the Insured Required for the Organisation of a Scheduled Surgical Procedure", available at www.pzu.pl;
2) medical documentation confirming the occurrence of a musculoskeletal injury requiring a scheduled orthopaedic surgery;
3) documentation confirming the circumstances of the accident;
4) a hospital discharge summary, if you were hospitalised in connection with the accident;
5) a physician's referral for the scheduled orthopaedic surgery.

38. If the documents provided are insufficient for us to determine our liability, we may request additional documents that are necessary.
39. If any documents requested by us are in a language other than Polish, you must provide a Polish translation prepared by a sworn translator.
40. We will decide whether to grant or refuse your entitlement to benefits on the basis of the documentation provided.
41. Within 30 days from the date you notify us of the event referred to in Clause 4, we will commence the provision of benefits to which the insured is entitled.
42. If it is not possible to clarify, within the above period, the circumstances necessary to determine our liability, we will commence the provision of benefits within 14 days from the date on which, exercising due diligence, clarification of those circumstances became possible.
43. The time limits referred to in Clauses 41 and 42 may be extended if justified by the insured's state of health or at the insured's request, provided there are no medical contraindications to commencing the provision of benefits at a later date.
44. You are entitled to use the benefits granted to you until the last day of the calendar year in which three years have elapsed since the date on which your entitlement to benefits was granted.

FINAL PROVISIONS

– other important information

45. In matters not governed by the Supplementary Insurance, the General Terms and Conditions of the Principal Insurance, the provisions of the Polish Civil Code, the Insurance and Reinsurance Activity Act, and any other applicable laws and regulations shall apply.

Item	PROCEDURE
I.	**SURGERY FOR TRAUMATIC SHOULDER JOINT INJURIES**
1.	Repair or reconstruction of the shoulder joint capsule
2.	Glenoid labrum repair
3.	Reconstruction of humeral head bone defects
4.	Rotator cuff reconstruction
5.	Removal of loose bodies from the shoulder joint
6.	Shoulder joint release (arthrolysis)
7.	Stabilisation of the long head of the biceps tendon
8.	Reconstruction of the pectoralis major tendon
II.	**SURGERY FOR TRAUMATIC ELBOW JOINT INJURIES**
1.	Repair or reconstruction of the elbow joint ligaments
2.	Removal of loose bodies from the elbow joint
3.	Elbow joint release (arthrolysis)
III.	**SURGERY FOR TRAUMATIC WRIST AND FINGER INJURIES**
1.	Repair or reconstruction of the wrist ligaments
2.	Repair or reconstruction of finger ligaments
3.	Removal of loose bodies from the wrist
4.	Wrist release (arthrolysis)
5.	Wrist arthrodesis (joint fusion)
IV.	**SURGERY FOR TRAUMATIC KNEE JOINT INJURIES**
1.	Repair of the knee joint capsule
2.	Reconstruction of the knee cruciate ligaments
3.	Reconstruction of the knee collateral ligaments
4.	Meniscal repair or reconstruction
5.	Patellar stabilisation
6.	Removal of loose bodies from the knee joint
7.	Knee joint release (arthrolysis)
V.	**SURGERY FOR TRAUMATIC LOWER LEG INJURIES**
1	Evacuation of a calf haematoma
VI.	**SURGERY FOR TRAUMATIC ANKLE AND FOOT INJURIES**
1.	Repair or reconstruction of the ankle ligaments
2.	Removal of loose bodies from the ankle joint
3.	Ankle joint release (arthrolysis)
4.	Ankle arthrodesis (joint fusion)
5.	Arthrodesis of the metatarsophalangeal joint of the foot

Item	PROCEDURE
VII.	**REMOVAL OF FRACTURE FIXATION DEVICES**
1.	Removal of internal fixation – humerus
2.	Removal of internal fixation – radius or ulna
3.	Removal of internal fixation – carpal bones, metacarpals or finger phalanges
4.	Removal of internal fixation – femur or pelvic bones
5.	Removal of internal fixation – patella
6.	Removal of internal fixation – tibia or fibula
7.	Removal of internal fixation – tarsal bones, metatarsals or toe phalanges
8.	Removal of external fixation – humerus
9.	Removal of external fixation – radius or ulna
10.	Removal of external fixation – carpal bones, metacarpals or finger phalanges
11.	Removal of external fixation – femur or pelvic bones
12.	Removal of external fixation – patella
13.	Removal of external fixation – tibia or fibula
14.	Removal of external fixation – tarsal bones, metatarsals or toe phalanges