



**GENERAL TERMS
OF ADDITIONAL GROUP INSURANCE IN THE CASE
OF SERIOUS ILLNESS OF THE INSURED – MEDICAL
SERVICES**

The table below presents the provisions of the general terms and conditions of the additional group insurance in the event of a severe illness of the insured – medical services, terms and conditions code CUGP55 (GTC), which govern the exclusion and limitation of the insurance company's liability.

These provisions constitute a part of the GTC, and their indications are a result of the legal regulations (Article 17, section 1 of the Insurance and Reinsurance Act).

No.	Type of information	Record number
1.	Conditions for benefit payment	items 1-2 items 4-7 items 38 items 39-46 items 47
2.	Restrictions and exemptions of an insurer's liability granting the right to refuse or reduce the payment of benefits	items 1-2 items 7 items 8-14 items 15-16 items 35-36 items 37 items 47

Information about the insurance are available from

 at pzu.pl



at the helpline 801 102 102
(charged according to the operator's tariff)



GENERAL CONDITIONS FOR SUPPLEMENTARY GROUP INSURANCE IN THE EVENT OF A SERIOUS ILLNESS OF AN INSURED PERSON – MEDICAL SERVICES

GTC code: CUGP55

The Management Board of PZU Życie SA has determined the general conditions for supplementary group insurance in case of a severe illness of the insured – medical services by Resolution No. UZ/202/2021 of 9 November 2021 (hereinafter referred to as the GTC).

These General Terms and Conditions shall enter into force on 01 December 2021 and shall apply to insurance agreements concluded from 1 January 2022.

The policyholder shall read the GTC carefully before concluding the contract and communicate the GTC to anyone who wishes to take out insurance.

Please read the GTC you have received from your policyholder carefully before you take out insurance.

GLOSSARY

– what do the terms actually mean

1. the GTC uses the following terminology:
 - 1) **serious illness** – only such illness, injury or surgery as covered by our protection. You will find definitions of the serious illnesses we cover in Appendix 1 to these GTC;
 - 2) **additional group insurance in case of a severe illness of the insured** – additional insurance in the event of severe illness of the insured indicated by PZU Życie SA in the agreement;
 - 3) **insurance protection period** – the period of time during which our liability to the insured under the supplementary insurance continues;
 - 4) **medical centre** – a clinic, a doctor's surgery or a laboratory providing medical services, a list of which is published on pzu.pl and available from the medical helpline (stated in the decision on granting the right to use the medical services) and at each of our branches;
 - 5) **diagnostic and treatment procedure** – medical procedure consisting of the patient's medical history, physical examination of the patient and additional examinations to establish the diagnosis or medical procedure aimed at treatment;
 - 6) **supplementary insurance** – the insurance agreement to which these GTC apply;
 - 7) **basic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance;
 - 8) **medical services** – benefits listed in the appendix 2 to these GTC;
2. The other terms used in these GTC are defined in the general terms and conditions of the basic insurance and the additional group insurance in case of severe illness of the insured – the same terms retain the same meaning.

OBJECT OF INSURANCE

– what do we insure

3. We insure your health.

INSURANCE COVERAGE AND BENEFITS UNDER THE AGREEMENT

– i.e. for which event you will receive medical services and how you can use them

4. Supplementary insurance covers the occurrence of a serious illness during the period of cover, as defined by us in Appendix 1 to these GTC.
5. You will be able to access medical services if you become seriously ill.
6. Medical services are available following the occurrence of any of the serious illnesses indicated in Appendix 1 to these GTC.
7. You have the right to use the medical services until your limit is reached (which you will find in the appendix 2 to these GTC) and for no longer than 24 months after the date of the decision confirming your entitlement to medical services.

EXCLUSIONS OF PROTECTION

– i.e. cases in which you are not eligible for a benefit

8. For the purposes of defining our exclusions of protection, we use the term competitive sports – meaning the practice of sports by:
 - a) members of the personnel of clubs who take part in professional, national or international competitions. These competitions must be organised by: the sports federation or professional sports federation responsible for the sport in question – or

- b) persons who engage in individual sports and participate in professional, national or international competitions. These competitions must be organised by: the sports federation or professional sports federation responsible for the sport in question – or
 - c) persons who receive remuneration, as well as scholarships or reimbursement of expenses related to the practice of individual sports or team games (per diems, allowances) – on the basis of an employment contract or a civil law contract.
9. Our liability does not cover a serious illness in:
- 1) the serious illness is the consequence of an accident which has occurred:
 - a) due to war operations;
 - b) due to acts of war, active participation in acts of terror or mass social unrest,
 - c) when the insured has attempted to commit or has committed an act that fulfils the statutory elements of an intentional crime,
 - d) when the insured was involved in a traffic accident in which he or she was driving:
 - without holding the authority to drive as defined by the law
 - as a result of a traffic accident – if the Insured drove the vehicle while intoxicated within the meaning of the provisions on upbringing in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitute substances within the meaning of the provisions on counteracting drug addiction,
 - as far as any of these circumstances played a role in the traffic accident;
 - e) When the Insured was intoxicated within the meaning of regulations on upbringing in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitutes within the meaning of regulations on counteracting drug addiction – if any of these circumstances influenced the accident,
 - 2) the serious illness occurred:
 - a) as a result of the insured's self-harm or attempted suicide;
 - b) directly as a result of intoxication by alcohol, drugs, narcotics, psycho-tropic substances or substitutes – within the meaning of the regulations on counteracting drug addiction;
 - c) as a result of the use of medicinal products by the insured not in accordance with the doctor's recommendation or not in accordance with the information in the leaflet accompanying the medicinal product,
 - d) in result of bodily injuries caused by medical treatment and therapeutic or diagnostic procedures, regardless of who they were performed by – unless it was to treat the direct consequences of an accident,
 - e) as a result of the insured's competitive sporting activities.
10. Our liability also excludes:
- 1) serious illnesses resulting from an accident that occurred before the start of the period of insurance coverage;
 - 2) surgical treatment of abdominal aortic disease, if a abdominal aortic aneurysm or abdominal aortic dissection was diagnosed before the start of insurance coverage,
 - 3) surgical treatment of thoracic aortic disease, if a thoracic aortic aneurysm or thoracic aortic dissection was diagnosed before the start of insurance coverage;
 - 4) surgical treatment of ischaemic heart disease by by-pass, if ischaemic heart disease or myocardial infarction was diagnosed before the beginning of the insurance coverage;
 - 5) stroke with permanent neurologic deficit if you have been diagnosed with a stroke, transient cerebral ischaemia so-called TIA, cerebral atherosclerosis before the start of your insurance cover;
 - 6) heart attack, if an ischaemic heart disease was diagnosed or a heart attack occurred before the start of the insurance cover.
11. Our liability does not cover serious illnesses, as indicated in Appendix 1 to these GTC, which have occurred or for which the insured had begun diagnostic or therapeutic treatment before the date of cover.
12. The exemption under section 11 shall not apply:
- 1) to situations where the diagnostic and therapeutic procedure began and ended before the insured person reached the age of 18;
 - 2) to severe diseases where there is no causal relationship between a previous and a current occurrence of the same severe disease.
13. In the case of malignant tumours, only one benefit is due regardless of the location, number and types of tumours.
14. After the occurrence of a given severe disease, our coverage ceases in respect of that disease.

GRACE PERIOD

– the period of the lack of or limited liability of the insurance company after you have taken out supplementary insurance

- 15. We are not liable for the first 90 days counted from the moment you join the supplementary insurance.
- 16. We shall be liable if the severe illness was the result of an accident occurring within the first 90 days of you taking out supplementary insurance.

PREMIUM

– what does it depend on and when to pay it

- 17. Amount of the premium per the insured:
 - 1) takes into account the grace periods that apply in supplementary insurance;
 - 2) it is fixed, but may be changed by mutual agreement;
 - 3) depending on the number, age structure and gender of those who take out insurance, as well as the type of work they do.

18. The amount of the premium applicable to the additional insurance agreement is specified in the application for conclusion of the agreement as well as in the policy.
19. The policyholder pays us the premiums for the supplementary insurance on a monthly basis, together with the premium for the primary insurance.

TAKING OUT AND JOINING SUPPLEMENTARY INSURANCE

– – i.e., How do we insure you

20. Supplementary insurance may be taken out either with or during the conclusion of the basic insurance or during its duration, provided that an additional group insurance contract for a hospital treatment of the insured is concluded or in force at the same time.
21. The additional insurance may be joined by insured persons who joined the basic insurance and the additional group insurance in the event of a severe illness of the insured.

DURATION OF SUPPLEMENTARY INSURANCE

– i.e., which period we take out the supplementary insurance for

22. The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

EXTENSION OF SUPPLEMENTARY INSURANCE

– what are the rules for extending supplementary insurance

23. Unless otherwise agreed by either party to the agreement and provided that the basic insurance and the additional group critical illness insurance of the insured are in force, the additional insurance is extended for the next policy year automatically - under the same conditions. In this case, as an insured, you do not have to re-submit the declaration of membership.
24. Either party has the right to cancel the extension of the supplementary insurance, of which it shall notify the other party in writing. This must be done at the latest 30 days before the termination of this insurance.

WITHDRAWAL FROM SUPPLEMENTARY INSURANCE

– i.e. the conditions under which a policyholder may withdraw from the supplementary insurance

25. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.
26. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
27. If the policyholder withdraws from the additional insurance, this does not result in withdrawal from the primary insurance.
28. If the policyholder withdraws from the additional group insurance for severe illness of the insured, this shall also result in the withdrawal from the additional insurance.
29. If the policyholder withdraws from the additional insurance, this does not result in the withdrawal from the additional group insurance for severe illness of the insured.

TERMINATION OF SUPPLEMENTARY INSURANCE

– – i.e. the manner in which the policyholder can cancel the supplementary insurance

30. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
31. In the event the policyholder terminates the primary insurance, this results in the termination of the secondary insurance.
32. If the policyholder terminates the additional insurance, this does not result in termination of the primary insurance.
33. If the policyholder terminates the additional group insurance for severe illness of the insured, this results in the termination of the additional insurance.
34. If the policyholder terminates the additional insurance, this does not result in the termination of the additional group insurance for severe illness of the insured.

THE BEGINNING OF OUR PROTECTION

– – When our insurance protection starts

35. Coverage under the supplementary insurance commences as described in the basic insurance.
36. Cover under the additional insurance shall only commence if the cover under the basic insurance and the additional group insurance in case of a severe illness of the insured is in force.

THE CESSATION OF OUR PROTECTION

– i.e. when the supplementary insurance ends

37. The cover under the supplementary insurance ceases:

- 1) on the date of termination of cover in the primary insurance or supplementary group insurance in the even of a severe illness of the insured;
- 2) from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
- 3) on the date of termination of cover under the supplementary insurance – if not renewed;
- 4) on the last day of the month in which you cancel the supplementary insurance;
- 5) at the end of the month of the supplementary insurance on the current terms and conditions, if you have not given the required consent to change the supplementary insurance;
- 6) as from the date of expiry of the notice period of the supplementary insurance;
- 7) as from the date on which the supplementary insurance is terminated.

PERSONS ENTITLED TO OBTAIN THE BENEFIT

– i.e. who has the right to benefit from medical services

38. The right to provide – medical services is yours.

PROVISION OF THE HEALTH BENEFIT

– or how to start using health services

39. If you develop a critical illness, please provide us with:

- 1) medical records that confirm the existence of a serious illness;
- 2) documentation which confirms the circumstances of the accident – in the event of serious illness as a result of a personal accident;
- 3) hospital treatment information sheet – if you have remained at a hospital.

40. If the documents provided are not sufficient to consider that you are entitled to a benefit payment and in what amount, we may ask you for other necessary documents.

41. He have the right to seek additional information by:

- 1) asking for the opinion of the doctor identified by us;
 - 2) order medical examinations
- if necessary to establish our liability.

42. We cover the costs of the doctor's opinion and the medical tests we order.

43. If the documents we have requested are in a language other than Polish, you must provide us with a Polish translation. This translation must be carried out by a sworn translator.

44. We decide on your right to use medical services on the basis of the documentation provided.

45. Once you have received the decision on your entitlement to medical services – you will be able to start using these services.

46. In order to use medical services – through us – you book an appointment for a medical service. You can do this through the available channels set out in Appendix 2 to these GTC.

FINAL PROVISIONS

– what other matters are important

47. Any matters not regulated by the supplementary insurance shall be subject to the general terms and conditions of basic insurance, the provisions of the Civil Code, the Act on Insurance and Reinsurance Activity and any other applicable laws.

APPENDIX NO. 1

TO THE GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE IN THE CASE OF SERIOUS ILLNESS OF THE INSURED – MEDICAL SERVICES

The exclusive list of severe illnesses covered by our liability:

- 1) **surgical treatment of abdominal aortic disease** which is the replacement of the affected segment of the abdominal aorta with a vascular prosthesis. We are only responsible for surgery performed for aneurysmal dilatation or dissection of the abdominal aorta. Our cover in this insurance does not include surgery for isolated abdominal aortic branch lesions;
- 2) **surgical treatment of thoracic aortic disease** which is the replacement of the affected section of the thoracic aorta with a vascular prosthesis. We are only responsible for surgery performed for aneurysmal dilatation or dissection of the thoracic aorta. Our cover in this insurance does not include surgery for isolated thoracic aortic branch lesions;
- 3) **surgical treatment of ischaemic heart disease (by-pass)** which is a method involving the implantation of a bypass to bypass an obstructed or narrowed section of a coronary artery;
- 4) **surgical treatment of a valvular heart defect** which is a method involving the treatment of a damaged own heart valve. We are only responsible for such surgical treatment of a valvular heart defect, which involves replacing the natural, pathologically altered heart valve with an artificial valve or a biological valve. Our cover under this insurance does not include reconstruction or plastic surgery of malfunctioning natural valve components;
- 5) **motor neurone disease (amyotrophic lateral sclerosis)**, which is a neurodegenerative disease of the peripheral and central nervous system caused by selective damage to motor nerve cells. We shall be only responsible for such motor neuron disease which has been diagnosed by a neurologist based on an electromyography (EMG) test and which has caused muscle weakness or atrophy and restriction of active movements;
- 6) **Parkinson's disease**, which is a neurodegenerative disease of the central nervous system caused by the loss of nerve cells that are important for motor function. We are only responsible for such Parkinson's disease which has been diagnosed by a neurologist and which has caused at least two of the following neurological symptoms:
 - a) resting tremor,
 - b) motor slowdown,
 - c) increased muscle tension.Our cover in this insurance does not include symptomatic parkinsonism;
- 7) **benign brain tumour**, which is a benign intracranial tumour of the brain, meninges or cranial nerves. We are only liable for such a benign brain tumour that has been removed or, if removal of the tumour was not possible, has caused neurological loss. The diagnosis of a benign tumour is confirmed by histopathological examination or brain imaging. Our cover in this insurance does not include cysts, granulomas, vascular malformations, brain haematomas, pituitary tumours;
- 8) **malignant neoplasm** which is an uncontrolled proliferation of cancer cells characterised by their ability to infiltrate and destroy tissues and form distant metastases. We are only responsible for such malignant tumours, the invasive nature of which has been confirmed by histopathological examination. We are also responsible for malignant tumours with metastatic lesions when material has not been taken for histopathological examination, but the clinical picture and diagnostic tests are unambiguous as to the malignancy of the neoplastic process. Our insurance coverage in this insurance does not cover:
 - a) tumours assessed by histopathology as benign, of borderline malignancy, potentially low malignancy, non-invasive or pre-invasive (so-called in situ),
 - b) dysplasia-like lesions,
 - c) malignant granulomatosis in the first stage,
 - d) malignant melanoma of the skin described according to the TNM scale as T1aN0M0 and all skin cancers including cutaneous lymphoma,
 - e) papillary thyroid carcinoma described according to TNM scale as T1aN0M0,
 - f) malignant neoplasm of the prostate gland (prostate, steroid) described according to the TNM scale as T1aN0M0 or T1bN0M0,
 - g) dysplasia of the malignant neoplasm of the cervix described according to the CIN scale as CIN1, CIN2 or CIN3,
 - h) AIDS-related cancer and HIV infection,
- 9) **multiple sclerosis** which is a disease of the central nervous system with the presence of neurological defects arising from diffuse demyelinating lesions. We are only responsible for such multiple sclerosis that has been definitively diagnosed by a neurologist, based on neurological symptoms and magnetic resonance imaging, confirming the temporal and localised spread of demyelinating lesions in the central nervous system;
- 10) **a stroke with permanent neurological loss** – a sudden, focal or generalised disruption of brain function caused exclusively by closure of the lumen of a cerebral vessel or interruption of its wall, which has resulted in permanent neurological loss. We are only responsible for a stroke with permanent neurological loss where:
 - a) brain imaging studies clearly confirmed fresh vascular lesions or the stroke was treated with thrombolytic therapy, and
 - b) a neurological examination, carried out 3 months after the stroke, confirmed the persistence of neurological loss in connection with the stroke.Our cover under this insurance does not include a transient cerebral ischaemic attack (the so-called TIA) and a stroke with a non-vascular cause or that arose from trauma;
- 11) **heart attack**, which is the damage to part of the heart muscle as a result of acute ischaemia. We are only liable for such a myocardial infarction whose the diagnosis is confirmed by an increase or decrease in cardiac troponin levels, with at least one value above normal, and if at least one of the following criteria is met:
 - a) clinical signs of myocardial ischaemia,
 - b) new ischaemic changes in the ECG,

- c) new loss of viable myocardium on imaging studies or new regional systolic dysfunction, the location of which is consistent with an ischaemic aetiology,
 - d) a thrombus in the coronary artery discovered through coronary angiography.
- We are also liable for a heart attack associated with a coronary artery procedure if imaging studies show a new loss of viable myocardium of a location consistent with an ischaemic aetiology, or coronary angiography shows complications of the procedure that restrict blood flow, and where cardiac troponin levels in the blood are found to be increased to the value of:
- a) 5 times the upper limit of normal for a heart attack associated with percutaneous coronary intervention, or
 - b) 10 times the upper limit of normal for heart attack associated with coronary artery bypass grafting.

APPENDIX NO. 2

TO THE GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE IN THE CASE OF SERIOUS ILLNESS OF THE INSURED – MEDICAL SERVICES

THE SCOPE OF MEDICAL SERVICES THAT THE INSURED PERSON CAN RECEIVE

HOW TO SCHEDULE A MEDICAL APPOINTMENT?

Medical appointments can be scheduled through:

– a 24/7 helpline available at the following numbers 801 405 905 or 22 505 15 48 (fee according to the operator's tariff).

SMS SERVICE

Confirmation of the date and location of the medical service via SMS.

Cardiovascular diseases (i.e. surgical treatment of ischaemic heart disease (by-pass), surgical treatment of valvular heart defect, surgical treatment of abdominal aortic disease, surgical treatment of thoracic aortic disease, heart attack)

MEDICAL SERVICE		LIMIT	DESCRIPTION
Outpatient consultations in the scope of	internal diseases	4 consultations – total limit for all consultations	<ol style="list-style-type: none"> 1. Outpatient consultations take place in a medical facility. They can cover the following, in accordance with the specialty profile: physical examination of a patient, patient interview, making a diagnosis, recommendations related to the treatment method, issuing e-prescriptions, e-ZLA and referrals related to further diagnostics and treatment. 2. You can benefit from outpatient consultations without a referral, at our designated medical facility. 3. Telemedicine consultations are carried out over the phone, via chat or video chat and may include: taking a medical history, making a diagnosis, recommending a course of treatment, issuing e-prescriptions, e-ZAs and referrals for further diagnostic and therapeutic treatment. 4. You can use telemedicine consultations without a referral via telecommunications lines. 5. In order to carry out a telemedical consultation, we will create an individual account for you on the website. We will provide you with the details you need to register for your account. 6. As part of the outpatient and telemedicine consultations we do not organise and do not cover the costs of consulting medical doctors with a PhD, habilitation or professor academic degrees.
	cardiac surgery		
	cardiology		
	neurology		
	psychology		
	medical rehabilitation		
Outpatient consultations in the scope of	internal diseases	2 tests – total limit for all tests	You can undergo these examinations on the basis of a referral from your doctor at the medical centre we have indicated.
	cardiology		
	neurology		
	psychology		
Cardiological examinations	ECG stress test	2 tests – total limit for all tests	
Outpatient rehabilitation	active exercise with resistance	80 procedures – total limit for all listed outpatient rehabilitation procedures	You can benefit from outpatient rehabilitation on the basis of a referral from a doctor or physiotherapist at a medical facility we have indicated.
	general exercise		
	interval endurance training on a cycle ergometer		

MEDICAL SERVICE		LIMIT	DESCRIPTION
Outpatient consultations in the scope of	internal diseases	4 consultations – total limit for all consultations	<ol style="list-style-type: none"> The outpatient consultations are carried out at a medical unit and they can cover the following, in accordance with the profile: physical examination of a patient, patient interview, making a diagnosis, recommendations related to the treatment method, issuing e-prescriptions, e-ZLA and referrals related to further diagnostics and treatment. Outpatient consultations can also be used without a referral, at the medical facility we have indicated. Telemedicine consultations are carried out over the phone, via chat or video chat and may include: taking a medical history, making a diagnosis, recommending a course of treatment issuing e-prescriptions, e-ZAs and referrals for further diagnostic and therapeutic treatment. You can use telemedicine consultations without a referral via telecommunications lines. In order to carry out a telemedical consultation, we will create an individual account for you on the website. We will provide you with the details you need to register for your account. As part of the outpatient and telemedicine consultations we do not organise and do not cover the costs of consulting medical doctors with a PhD, habilitation or professor academic scientific professor.
	cardiology		
	neurosurgery		
	neurology		
	psychology		
	medical rehabilitation		
Outpatient consultations in the scope of	internal diseases		
	cardiology		
	neurology		
	psychology		
Outpatient rehabilitation	passive exercise	100 procedures – total limit for all listed outpatient rehabilitation procedures	You can benefit from outpatient rehabilitation on the basis of a referral from a doctor or physiotherapist at a medical facility we have indicated.
	active sling exercise		
	active free exercise		
	active exercise with resistance		
	passive and assisted exercises		
	isometric exercise		
	general exercise		
	special exercises		
	electrostimulation		
	bubble bath/partial whirl-pool bath		
	bubble/spin bath of the limbs		
	magnetotherapy		

MEDICAL SERVICE		LIMIT	DESCRIPTION
	underwater massage		
	dry full massage		
	dry partial massage		
	neuromuscular reeducation methods		
	mobilisations and manipulations, neuromobilisations		
	TENS currents		
	Trabert currents		

Malignant or benign brain tumour

MEDICAL SERVICE		LIMIT	DESCRIPTION
Outpatient consultations in the scope of	anesthesiology		
	internal diseases (interna)		
	surgical oncology		
	dermatology		
	endocrinology		
	gastroenterology		
	gynaecology and obstetrics		
	haematology		
	neurology		
	oncology		
	orthopaedics and traumatology of the musculoskeletal system		
	otolaryngology		
	psychology	4 consultations – total limit for all consultations	
	pulmonology		
	medical rehabilitation		
	urology		
Konsultacje telemedyczne z zakresu	internal diseases (interna)		
	dermatology		
	endocrinology		
	gynaecology and obstetrics		
	neurology		
	oncology		
	orthopaedics and traumatology of the musculoskeletal system		
	psychology		
	pulmonology		
	urology		

1. The outpatient consultations are carried out at a medical unit and they can cover the following, in accordance with the profile: physical examination of a patient, patient interview, making a diagnosis, recommendations related to the treatment method, issuing e-prescriptions, e-ZLA and referrals related to further diagnostics and treatment.
2. Outpatient consultations can also be used without a referral, at the medical facility we have indicated.
3. Telemedicine consultations are carried out over the phone, via chat or video chat and may include: taking a medical history, making a diagnosis, recommending a course of treatment issuing e-prescriptions, e-ZAs and referrals for further diagnostic and therapeutic treatment.
4. You can use telemedicine consultations without a referral via telecommunications lines.
5. In order to carry out a telemedical consultation, we will create an individual account for you on the website. We will provide you with the details you need to register for your account.
6. As part of the outpatient and telemedicine consultations we do not organise and do not cover the costs of consulting medical doctors with a PhD, habilitation or professor academic degrees

MEDICAL SERVICE		LIMIT	DESCRIPTION
Cancer markers	alpha – fetoprotein (AFP)	10 tests – total limit for all listed tests	You can undergo these examinations on the basis of a referral from your doctor at the medical centre we have indicated.
	antigen CA 125		
	antigen CA 15-3 (CA 15-3)		
	CA 19-9 antigen – gastrointestinal cancer antigen		
	CEA antigen – carcinoembryonic		
Tomografia komputerowa (CT) (nie obejmuje angio-CT, tomografii spiralnej, tomografii stożkowej, CT – kolonoskopii wirtualnej, HRCT, HRT, OCT, SL-OCT, CT serca)	Computer tomography of the entire spine	2 tests – total limit for all listed tests	You can benefit from a computed tomography (CT) scan, magnetic resonance imaging (MRI) or contrast on the basis of a referral from your doctor at the medical centre we have indicated. The insured chooses whether to have computed tomography (CT), magnetic resonance imaging (MRI), contrast or endoscopic examinations.
	Computer tomography of the entire spine		
	Computer tomography abdominal cavity		
	Computer tomography of the chest cavity		
	Computer tomography of the pelvic bone		
	Computer tomography of the sacral spine		
	Computer tomography of the chest spine		
	Computer tomography of the sacral spine		
	Computer tomography of the larynx		
	Computer tomography of the small pelvis		
	Computer tomography of the wrist		
	Computer tomography of the orbital		
	Computer tomography of the lower legs		
	Computer tomography of the lower arm		
	Computer scan of the pituitary gland		
	Computer tomography arm		
	Computer tomography of the hand		
	Computer tomography of the hip joint		
	Computer tomography of the knee joint		
	Computer tomography of the elbow joint		
	Computer tomography of the shoulder joint (shoulder),		
	Computer tomography of the ankle joint		

MEDICAL SERVICE		LIMIT	DESCRIPTION
Magnetic resonance imaging (MRI) (does not include angio-MRI, enterorrhaphy-MRI, cardiac MRI)	Computer tomography of the foot		
	Computer tomography neck		
	Computer tomography of the thigh		
	Computer scan of the temporal bone pyramids		
	Computed tomography scan of the sinuses		
	Magnetic resonance of the entire spine		
	Magnetic resonance of the head		
	Magnetic resonance abdominal cavity		
	Magnetic resonance of the chest cavity		
	Magnetic resonance of the pelvis		
	Magnetic resonance of the sacral spine		
	Magnetic resonance of the chest spine		
	Magnetic resonance of the chest spine		
	Magnetic resonance of the pelvis		
	Magnetic resonance of the wrist		
	Magnetic resonance of the orbitals		
	Magnetic resonance of the lower leg		
	Magnetic resonance of the upper arm		
	Magnetic resonance of the pituitary gland		
	Magnetic resonance arm		
	Magnetic resonance of the hand		
	Magnetic resonance of the hip joint		
	Magnetic resonance of the knee joint		
	Magnetic resonance of the elbow joint		
	Magnetic resonance of the heel joint		
	Magnetic resonance of the heel joint		

MEDICAL SERVICE		LIMIT	DESCRIPTION
	Magnetic resonance of the foot		
	Magnetic resonance of the lower leg		
	Magnetic resonance imaging of the temporal bone pyramids		
	Magnetic resonance imaging of the sinuses		
Contrasts	contrast for CT 50 ml	2 contrasts – total limit for all listed contrasts	
	contrast for CT 100 ml		
	contrast for CT 150 ml		
	oral CT contrast		
	contrast for MRI 5 ml		
	contrast for MRI 10 ml		
	contrast for MRI 15 ml		
	contrast for MRI 20 ml		
Endoscopic examinations (the insurance does not cover the cost of anaesthesia and the cost of recording the examination on a CD)	bronchoscopy	2 tests – total limit for all listed tests	You can undergo the endoscopic examinations on the basis of a referral from your doctor at the medical centre we have indicated. Possibility to perform a study with histopathological evaluation. The insured chooses whether to have computed tomography (CT), magnetic resonance imaging (MRI), contrast or from endoscopic examinations.
	cystoscopy		
	gastroscopy (with possibility of performing a trauma test)		
	colonoscopy		
	rectoscopy		
	sigmoidoscopy		
Outpatient rehabilitation	active sling exercise	50 treatments – total limit for all listed treatments	You can benefit from outpatient rehabilitation on the basis of a referral from a doctor or physiotherapist at a medical facility we have indicated.
	active free exercise		
	active exercise with resistance		
	passive and assisted exercises		
	isometric exercise		
	general exercise		
	special exercises		
	lymphatic drainage		
	global hydro massage		
	local hydro massage		
	pneumatic massage		
	underwater massage		
	neuromuscular reduction methods		
	dry full massage		
	dry partial massage		