



**GENERAL TERMS
ADDITIONAL GROUP INSURANCE FOREIGN
MEDICAL CONSULTATION AND ASSISTANCE
SERVICES**

The table below presents the provisions of the general terms and conditions of the additional group insurance Foreign Medical Consultation and Assistance Services, terms and conditions code KZGP55 (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 1-5 items 7-70 item 98 items 99-108 item 109
2.	Restrictions and exemptions of the facility's liability insurance granting the right to refuse to pay benefits or their reduction	items 1-5 items 11-70 items 71-74 items 75-76 items 94-95 items 96-97 item 109

Information about the insurance are available from:

 na pzu.pl



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

GENERAL CONDITIONS FOR SUPPLEMENTARY GROUP INSURANCE FOREIGN MEDICAL CONSULTATION AND ASSISTANCE SERVICES



GTC code: KZGP55

The Board of Directors of PZU Życie SA set out the general terms and conditions of the additional group insurance foreign medical consultation and services by means of 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

– i.e. what do the terms actually mean

1. the GTC uses the following terminology:

- 1) **Assistance Centre** – a centre which has been organised by the provider and which provides the services indicated in the supplementary insurance; the Assistance Centre is open 24 hours a day, 7 days a week;
- 2) **home** – the place in Poland where the insured or the co-insured is currently staying;
- 3) **child** – a child under 18 years of age. The child may be:
 - a) a child of the insured,
 - b) child of the insured's spouse or domestic partner (if the other parent of the spouse's or domestic partner's child is deceased);
- 4) **foreign consultant** – a foreign medical facility that the provider has appointed for medical consultation;
- 5) **medicine** – a finished medicinal product that:
 - a) has a valid authorisation issued by the President of the Office for Medicinal Products, Medical Devices and Biocidal Products, the Council of the European Union or the European Commission (according to the Pharmaceutical Law Act),
 - b) is entered in the Register of Medicinal Products Authorised in the territory of the Republic of Poland;
- 6) a doctor of the Assistance Centre - a person who, in accordance with Polish law, may practise medicine and who has signed a contract with a healthcare provider;
- 7) consultant physician - a doctor practising outside Poland, with a medical specialisation and professional experience appropriate to the specifics of the medical event in question, who prepares the foreign medical consultation;
- 8) **insurance protection period** – the period of time during which our liability to the insured under the supplementary insurance continues;
- 9) **childcare** – the care of children under 15 years of age or of dependent persons, which consists in ensuring their proper existence in terms of basic living needs and protection from dangers;
- 10) **a dependent person** – a person with whom you live who requires the constant assistance of another person in meeting the basic needs of life;
- 11) **medical facility** – an establishment within the framework of inpatient or outpatient public or private health care, which provides medical services in Poland and which has signed a contract with a healthcare provider;
- 12) **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;
- 13) **health problem** – a problem as a result of which you need our medical support, which can be provided as medical information, assistance in organising your treatment or daily activities;
- 14) **provider** – the entity that has contracted with us to organise the services we have indicated in the GTC;
- 15) **co-insured** – the spouse or life partner or child of the insured person;
- 16) **supplementary insurance** – the insurance agreement to which these GTC apply;
- 17) **basic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance;
- 18) **foreign medical consultation** – an opinion drawn up by a foreign consultant on the basis of the medical records of the insured or co-insured person, containing verification of the previous diagnosis, assessment of prognosis and treatment options and information on the professional experience and achievements of the consultant's doctor who drew it up;
- 19) **medical event** – the events during the period of cover listed under point 2 - basic coverage and under point 3 - extended coverage;
- 20) **insured event** – a medical event or health problem occurring during the period of cover.

2. Medical events covered in the basic scope:

- 1) **coronary artery angioplasty** – a method of percutaneous dilatation of a narrowed or obstructed section of a coronary artery;
- 2) **total inability to work and lead an independent life** – inability to perform any gainful employment in any occupation and the need for assistance from another person in meeting at least two of the basic necessities of life, which include washing, dressing, eating and moving about the house. We are responsible for such a total inability to work and lead an independent life, which is the result of an accident occurring during the PZU Życie SA liability period and which is permanent, i.e. according to the current medical knowledge, there are no positive prognoses for its recovery;
- 3) **total loss of speech** – permanent and irreversible loss of the ability to produce speech sounds and articulate intelligible language;
- 4) **a total loss of hearing in both ears** – which is an irreversible loss of hearing in both ears resulting in a bilateral hearing loss of at least 90dB (calculated as an average of the speech band sounds);
- 5) **surgical treatment of ischaemic heart disease (by-pass)** – a method involving the implantation of a bypass to bypass an obstructed or narrowed section of a coronary artery;
- 6) **surgical treatment of a valvular heart defect** – 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. A heart defect is understood to be an acquired anatomical abnormality in the structure of the heart valve function;
- 7) **severe disease of the reproductive organs** – inflammatory or neoplastic lesions of the reproductive organs requiring hospital treatment;
- 8) **severe trauma to the hand** – an injury which has resulted in the loss of the ability to make any precise movement of the hand;
- 9) **Alzheimer's disease** – progressive impairment of memory and other cognitive functions leading to dementia. We are only responsible for Alzheimer's disease resulting in dementia diagnosed by a specialist in neurology, psychiatry or geriatrics on the basis of documented clinical data and tests and questionnaires for the diagnosis of Alzheimer's disease. Our liability does not cover dementia caused by other diseases or dementia secondary to alcohol abuse, medication or AIDS;
- 10) **Crohn's disease** – chronic non-specific inflammation of the intestinal wall. We are only responsible for such Crohn's disease, which is confirmed by histopathological examination and in the course of which a fistula, abscess or intestinal stricture has developed;
- 11) **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;
- 12) **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;
- 13) **myelodysplastic diseases** – diseases of the haematopoietic system, characterised by abnormal differentiation and maturation of marrow cells, a reduction in the number of blood cells and morphological dysplasia of at least one haematopoietic cell line;
- 14) **diabetes** – a metabolic disease characterised by elevated blood glucose levels due to disturbances in the secretion or action of insulin. We are only responsible for such diabetes in the course of which nephropathy or diabetic retinopathy has occurred;
- 15) **carotid endarterectomy** – surgical operation to remove atherosclerotic plaques from the lumen of the common carotid artery or internal carotid artery;
- 16) **brain tumour** – any pathological lesion located within the brain. We are only responsible for such a brain tumour that increases in size and causes neurological symptoms of increased intracranial pressure;
- 17) **spinal cord tumour** – any pathological lesion located within the spinal cord. We are only responsible for such a spinal cord tumour that causes a neurological deficit and requires surgical treatment;
- 18) **cardiomyopathy** – a disease of the heart muscle caused by its primary damage. Our liability does not cover secondary cardiomyopathies in the course of ischaemic heart disease (coronary heart disease), arterial hypertension, pulmonary hypertension or heart defects;
- 19) **surgical treatment of epilepsy** – neurosurgical operation within the brain carried out to treat drug-resistant epilepsy;
- 20) **kidney failure** – acute or chronic renal failure. We are only responsible for such renal failure that required hospital treatment;
- 21) **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.
- 22) **burns that cover a large area of the body** – localised damage to the skin and deeper-lying tissues caused by a thermal, chemical or electrical agent. We are only responsible for such severe burns that required hospitalisation and covered:
 - a) over 70% of the body surface – for 2nd degree burns only or
 - b) more than 70% of the body surface – for 2nd and 3rd degree burns combined, or
 - c) more than 15% of the body surface – for third-degree burns only;

- 23) **eye surgery** – surgery on the structures of the eyeball, the protective or motor apparatus of the eye; our liability does not cover surgery on cataracts or a defect in vision;
- 24) **surgical implantation of an artificial joint (prosthetics)** – removal of a joint or part of a joint and replacement with a prosthesis. Our cover includes surgical operation to implant an artificial joint in the upper limb or lower limb;
- 25) **end-stage organ failure** – end-stage failure of one or more of the following organs: heart, lung, liver, pancreas, kidney or bone marrow, which, without intensive treatment, leads to complete failure of that organ and death of the insured;
- 26) **multiple sclerosis** – 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;
- 27) **coma** – a state of profound disturbance of consciousness, expressed by an inability to respond to external auditory or pain stimuli, resulting from severe brain damage. We are only responsible for such a coma that has lasted continuously for at least 96 hours and the brain damage has caused: neurological deficit or cognitive impairment of at least 30 days as assessed by the Brief Mental State Rating Scale test at less than 20 points.
- 28) **Transplantation** – which is the surgical operation of transplanting organs or tissues of human origin. We are only responsible for heart, kidney, liver, lung, pancreas and allogeneic bone marrow transplants performed on the recipient;
- 29) **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.
- 30) **damage to the rotator cone** – damage to the muscle group stabilising the shoulder-scapula joint. We are responsible for such damage to the rotator cone that leads to the inability to perform active inversion, internal rotation or external rotation movements of the shoulder-scapula joint;
- 31) **loss of a limb** – which is the loss of all or part of a limb. We are only responsible for the loss of an upper limb above the elbow joint or the loss of a lower limb above the knee joint;
- 32) **viral hepatitis** – an infectious disease caused by the hepatitis virus. We are only responsible for such viral hepatitis, the diagnosis and aetiological agent of which are unequivocally confirmed by the medical documentation, and in the course of which jaundice and elevated enzymes indicative of liver damage occurred;
- 33) **congenital heart defect** – an anatomical abnormality of the heart, present from birth;
- 34) **ulcerative colitis** – chronic non-specific inflammation of the bowel wall. We are only responsible for such ulcerative colitis diagnosed by histopathology, and in the course of which pseudopolyposis of the intestine or colonic dilatation occurred;
- 35) **HIV infection** – human immunodeficiency virus infection, confirmed by serological tests.
3. Within the extended scope, PZU Życie SA covers with liability the medical events listed in point 2 and additionally:
 - 1) **a non-cancerous disease of the central nervous system in a child** – a disease of the brain, spinal cord or meninges diagnosed in the insured child. Our cover extends only to such non-cancerous disease of the central nervous system in a child that requires surgery;
 - 2) **congenital malformation of the child** – a deviation from normal anatomy, falling into categories Q00 to Q99 of the ICD-10 International Statistical Classification of Diseases and Related Health Problems, recognised in the child of the insured
 - 3) **congenital heart defect in a child** – an anatomical abnormality of the structure of the heart, present from birth and known in the child of the insured.
4. In the basic scope, we cover the insured. In the extended coverage, we cover the insured and co-insured.
5. The other terms used in these GTC are defined in the general terms and conditions of the basic insurance – the same terms retain the same meaning.

OBJECT OF INSURANCE

–what do we insure

6. We insure the health of:
 - 1) the insured person – in the basic scope or
 - 2) the insured and the co-insured – in the extended scope.

ZAKRES UBEZPIECZENIA I ŚWIADCZENIA Z TYTUŁU UMOWY

– w jakich przypadkach i jakie usługi zapewniamy

7. Supplementary insurance covers the occurrence of an insured event.
8. In the event of a medical event, we enable the insured or co-insured (in accordance with the coverage chosen by the insured in the declaration of accession) to provide the services specified in 9(1) during our period of cover.
9. Supplementary insurance in both scopes covers the occurrence during the period of our coverage:
 - 1) medical events resulting in a benefit under:
 - a) foreign medical consultation
 - b) Assistance Services,
 - c) Assistance in Treatment Planning
 - d) 24-hour Medical Telephone Service or

- 2) a health impairment resulting in a service under the 24-hour Medical Helpline.
10. A list of benefits with their descriptions can be found below.

FOREIGN MEDICAL CONSULTATION

11. In the case of a medical event, we make it possible for the insured or co-insured (in accordance with the scope selected by the insured in the declaration of affiliation) to receive a foreign medical consultation during the period of our liability.
12. We provide the following services through a healthcare provider – if a medical event occurs:
- 1) we provide the insured or co-insured person with information on the medical records on the basis of which the foreign consultant issues a foreign medical consultation;
 - 2) we translate medical records into the language used by the foreign consultant;
 - 3) we transfer the medical records to the foreign consultant;
 - 4) we provide for the issue of a foreign medical consultation by a foreign consultant;
 - 5) we translate a foreign medical consultation into Polish;
 - 6) we provide the insured or co-insured person with a foreign medical consultation – in the form of a written opinion.
13. The insured or co-insured can benefit from one overseas medical consultation for one medical event. If new examinations show changes in the course of this medical event, the insured or co-insured can request another foreign medical consultation.

ASSISTANCE SERVICES

14. The following services are organised by the Assistance Centre – if an insured or co-insured person suffers a medical event. Unless we have indicated otherwise, they are available from 8 a.m. until 10 p.m. at the latest – at home or elsewhere in Poland that we agree with the insured or co-insured or with a person designated by the insured. The agreed location must enable the service to be provided. These include:
- 1) the provision of essential medicines – around the clock (see items 17-21);
 - 2) provision of rehabilitation equipment (see items 22-25);
 - 3) home care by a nurse (see items 26-29);
 - 4) caring for small pets (see items 30-35);
 - 5) childcare (see items 36-41);
 - 6) assistance with housekeeping (see items 42-47);
 - 7) handing over personal effects for repair (see items 48-53);
 - 8) medical transport - around the clock and nationwide (see items 54-58);
 - 9) home visit by a psychologist (see items 59-61);
 - 10) home visit by a physiotherapist or masseur (see items 62-64).
15. The services we have indicated above are available to the insured or co-insured during our period of cover for one medical event – a particular service can only be arranged once, taking into account the medical transport provisions indicated in paragraphs 54 to 58.
16. In relation to the co-insured, the Assistance Centre organises the benefits according to the insured's choice.

Provision of essential medicines

17. The Assistance Centre organises and covers the costs of the service if, due to the insured's or the co-insured's health condition, he or she has to stay at home for at least 5 days on sick leave issued by the insured's treating doctor.
18. We supply medicines, according to the prescriptions issued to the insured or co-insured person, as long as the medicines are available in Poland and the insured or co-insured makes the prescription available to the Assistance Centre. If the insured person needs over-the-counter medicines that are also available at the place where the prescription is filled, we will also carry out the supply of the over-the-counter medicines indicated by the insured person.
19. During the period of sick leave, this service is available to the insured or the co-insured once – however only if there is no person at home to provide such service.
20. Necessary medicines will be purchased at a location to be indicated by the insured or the co-insured, provided that the distance to this location is no greater than the distance to the place of purchase to be selected by the Assistance Centre, taking into account their availability at that location.
21. The insured or co-insured shall pay the cost of the medicines

Provision of rehabilitation equipment

22. The Assistance Centre organises and covers the costs of the service if, due to the insured's or the co-insured's health condition, he or she has to stay at home for at least 5 days on sick leave issued by the insured's treating doctor.
23. The Assistance Centre will provide purchased or rented equipment based on prescriptions or written recommendations from the insured's or the co-insured's treating physician.
24. During the period of sick leave, this service is available to the insured or the co-insured once – however only if there is no person at home to provide such service.
25. The insured or the co-insured covers the costs of purchasing and renting rehabilitation equipment.

Home care by a nurse

26. The Assistance Centre organises and pays for the nurse's travel and fees.
27. The nurse's care for the insured consists of activities:
- 1) related to hygiene and nutrition (excluding food preparation);
 - 2) nursing interventions – as ordered by the doctor – such as performing compresses, dressings, respiratory rehabilitation, therapeutic exercises, measuring blood pressure and pulse, weighing.

28. The Insured or the co-insured shall pay the costs of medical devices and medicinal products used in the aforementioned activities.
29. The service lasts up to eight hours a day for two weeks or up to four hours a day for four weeks. The care type is indicated by the insured person in the application for the organisation of the service and he/she cannot change his/her choice. It can divide the eight-hour care into two blocks of time of four hours each. If the insured chooses the four-hour option, he or she cannot divide this period into a shorter one.

Care for small domestic animals

30. The Assistance Centre organises and pays for the service – but only if the following conditions are all met:
 - 1) the animals are housed and do not pose a threat to the health of the carers or the safety of the environment – in the opinion of the carer. Care can involve animals such as reptiles, rodents, cats, insects, amphibians, dogs, birds and fish;
 - 2) they are not animals of species or breeds that are considered – in particular by legislation – to be hazardous;
 - 3) there is no person in the household who can take care of them;
 - 4) the insured or a co-insured or a person nominated by the insured person shall produce a document which proves that the required animal vaccinations have been carried out.
31. If the insured or the co-insured is not at home, the service may be provided under the condition that he or she has given written consent to the service and that home access was provided by the insured person or the co-insured and the persons who remain inside.
32. Animal care includes:
 - 1) provision of food. The food will be purchased at a location that the insured or the co-insured person indicates, provided that the distance to them is no greater than the distance to the place of purchase that the Assistance Centre chooses;
 - 2) cleaning activities;
 - 3) providing temporary care for the animal.
33. The Assistance Centre covers the carer's travel costs and fees. The insured or the co-insured covers the remaining costs, i.e. feed, veterinary care, vaccinations, for example.
34. The service lasts up to eight hours a day for two weeks or up to four hours a day for four weeks. The care type is indicated by the insured person in the application for the organisation of the service and he/she cannot change his/her choice. It can divide the eight-hour care into two blocks of time of four hours each. If the insured chooses the four-hour option, he or she cannot divide this period into a shorter one.
35. Each hour of care started for small pets is counted as one hour.

Childcare

36. The Assistance Centre organises and covers the costs of medical transport – but only if:
 - 1) there is no person at the children's place of residence who can take care of them, and
 - 2) the insured person gives his or her written consent to this care and indicates the dates of the care.
37. In the childcare service, it is necessary to contact the insured or the person he or she indicates. If we do not contact the insured or a nominated person and we do not obtain the insured's written consent, we do not undertake the service.
38. We need to know if the children require special care – for instance, they have a chronic illness, require rehabilitation, are taking medication or are on a special diet. Such information – in writing – must be provided to us by the person requesting the service.
39. The Assistance Centre covers the carer's travel costs and fees. The insured or the co-insured shall cover all the remaining costs of care.
40. The service lasts up to eight hours a day for two weeks or up to four hours a day for four weeks. The care type is indicated by the insured person in the application for the organisation of the service and he/she cannot change his/her choice. It can divide the eight-hour care into two blocks of time of four hours each. If the insured chooses the four-hour option, he or she cannot divide this period into a shorter one.
41. Each hour of care started for a small child is counted as one hour

Assistance in housekeeping

42. The Assistance Centre arranges and pays for the travel expenses and fees of a home helper – if there is no person in the home to provide this service and the insured person is present at home.
If the insured or the co-insured is not at home, the service may be provided under the condition that he or she has given written consent to the service and that home access was provided by the insured person or the co-insured and the persons who remain inside.
43. Domestic assistance to the insured includes:
 - 1) housekeeping, i.e.: dry cleaning of floors, wet cleaning, dust removal from furniture, windowsills, vacuuming of carpets, carpets, cleaning of bathroom ceramics, bath tub, shower cabin, washing up, cleaning of sink, hob;
 - 2) preparation of meals, including for children or dependants;
 - 3) making the purchases necessary to carry out the activities indicated in points 1 and 2;
 - 4) watering the flowers;
 - 5) waste disposal
– using means or equipment that are made available by the insured or the co-insured person.
44. The insured or co-insured covers the cost of purchases.
45. Purchases necessary for the service shall be made at the places indicated by the insured or the co-insured person, provided that the distance to them is not greater than would be the distance to the place of purchase selected by the Assistance Centre.
46. Housekeeping assistance service is available for up to eight hours a day for a fortnight, or up to four hours a day for four weeks – if the insured or co-insured does not live at home with someone who can help with this. The care type is indicated by the

insured person in the application for the organisation of the service and he/she cannot change his/her choice. It can divide the eight-hour care into two blocks of time of four hours each. If the insured chooses the four-hour option, he or she cannot divide this period into a shorter one.

47. Each hour of housekeeping assistance started is counted as one hour.

Handing over personal effects for repair

48. The Assistance Centre organises and covers the costs of the service if, directly due to the insured's health condition, the insured has to stay at home for at least 5 days on sick leave issued by the insured's treating doctor.
49. The service consists of delivering the following personal items for repair:
- 1) hearing aid;
 - 2) apparatus for measuring blood pressure;
 - 3) rehabilitation walkers;
 - 4) walker;
 - 5) braille printer;
 - 6) glucometer;
 - 7) inhaler;
 - 8) oxygen concentrator;
 - 9) electronic larynx;
 - 10) rehabilitation bed;
 - 11) air mattress;
 - 12) air humidifier;
 - 13) nebuliser;
 - 14) glasses;
 - 15) parapodium;
 - 16) verticaliser;
 - 17) picoflometer;
 - 18) lift;
 - 19) infusion pump;
 - 20) insulin pump;
 - 21) prosthesis;
 - 22) respirator;
 - 23) mammal;
 - 24) speech synthesiser;
 - 25) massage device;
 - 26) wheelchair.
50. The Assistance Centre delivers the items from the home to a repair centre in Poland that the insured person indicates and delivers them back home.
51. Personal effects will be delivered to a repair point at a location to be indicated by the insured or the co-insured, provided that the distance to it is not greater than the distance to the repair point chosen by the Assistance Centre.
52. The insured or co-insured shall pay the cost of repairing personal items.
53. During the period of sick leave, the service of providing items for personal use is available to the insured or co-insured once – but only if there is no person at home to provide this service.

Medical transport

54. The Assistance Centre organises and pays the costs of medical transport of the insured or co-insured. The decision on the choice of time, destination and means of transport is taken by the Assistance Centre after consultation (if medically justified) with the Insured's doctor, taking into account the Insured's state of health, the means of transport available and the time and purpose of transport.
55. Medical transport is available to the insured or co-insured:
- 1) to the hospital which is nearest to the place of stay and which is adequately equipped to provide assistance, or
 - 2) to another medical facility – insofar as the state of health of the insured or co-insured person makes such transportation possible – and
 - 3) to the home of the insured or co-insured – after discharge from hospital or another medical facility.
56. Medical transport takes place in Poland under the necessary medical supervision and using the necessary means of transport.
57. The Assistance Centre shall not provide the service if the insured or co-insured takes action contrary to the advice of the Assistance Centre doctor.
58. For one medical event, the insured or co-insured is entitled to the medical transport service a maximum of two times (in total for the services indicated in item 55).

Psychologist home visit

59. The Assistance Centre arranges and covers the cost of visits – if the insured or co-insured's mental health deteriorates due to the insured or co-insured's medical condition.
60. The insured or co-insured is entitled to one psychologist visit per day – lasting up to 2 hours. Visits can take place up to four weeks from the first visit, but no longer than the psychologist deems necessary.
61. Each commenced hour of a psychologist's visit is counted as one hour.

Home visit by a physiotherapist or masseur

62. The Assistance Centre organises and pays the costs of visits – if rehabilitation is needed in connection with the insured's or co-insured's state of health and on the basis of a medical referral.
63. The insured or co-insured person is entitled to one visit from a physiotherapist or massage therapist per day – lasting up to 2 hours. Visits can take place for up to four weeks from the first visit, but no longer than the physiotherapist or massage therapist deems necessary.
64. Each commenced hour of a visit by a physiotherapist or massage therapist is counted as one hour.

POMOC W PLANOWANIU LECZENIA

65. During the term of the supplementary insurance, the insured or co-insured can benefit from the following services – if a medical even occurs:
 - 1) Assistance in treatment planning;
 - 2) Assistance in treatment execution.
66. Within the scope of assistance in treatment planning, the Assistance Centre:
 - 1) searches its database for a Polish medical facility where the insured or co-insured person can receive health services such as surgery, diagnostic tests or a visit to a specialist in the shortest possible time, if ordered by the doctor treating the insured or co-insured person;
 - 2) shall provide the insured or co-insured person by telephone with information on the name, address, telephone number of the Polish establishment where the insured or co-insured person can obtain health care services most rapidly and on the dates of such services.
67. As part of helping to organise treatment, the Assistance Centre:
 - 1) arranges health care services such as nursing, medical consultations, rehabilitation – in Polish medical facilities (from its base) or at the home of the insured or co-insured, or
 - 2) provide information on services, opening hours and contact details of Polish medical facilities, especially those closest to the insured or co-insured person's home.
68. In order for the Assistance Centre to provide this service, it must obtain information from the insured or co-insured about the type of specialised health service their condition requires.

24-HOUR TELEPHONE MEDICAL SERVICE

69. If an insured or co-insured person suffers an insured event during the period of insurance, they can use our 24-hour Medical Telephone Service.
70. As part of the provision of the 24-hour Telephone Medical Service, we provide information on:
 - 1) manner of procedure in case of an accident, organise first aid and plan treatment;
 - 2) medical facilities where the insured person will be able to receive a health service such as first aid, a surgical procedure, a diagnostic test or an appointment with a specialist in the shortest possible time, and shall provide contact details of such facilities;
 - 3) the services available in medical facilities (hospitals, clinics, outpatient clinics, specialist departments) in Poland, including in particular those closest to home, their area of specialisation, opening hours and contact details;
 - 4) health, illness and disease entities;
 - 5) health-promoting behaviour;
 - 6) hospitals, pharmacies, clinics – located in Poland;
 - 7) infant care;
 - 8) medicines and the side effects of taking them;
 - 9) diets, healthy eating;
 - 10) support groups, helplines – providing assistance and available in Poland;
 - 11) medical transport in Poland;
 - 12) caring for the elderly.

EXCLUSIONS OF PROTECTION

– cases in which we are not going to pay out the benefit

71. Our liability does not cover medical events that have occurred:
 - 1) during war operations;
 - 2) as a result of the active participation of the insured or co-insured in acts of terror or mass civil unrest;
 - 3) as a result of the attempted or committed act by the insured or co-insured which fulfils the statutory elements of an intentional crime;
 - 4) when the insured or co-insured person was intoxicated within the meaning of the law on rearing to sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitutes - within the meaning of the regulations on counteracting drug addiction - if it influenced the occurrence of an insured event;
 - 5) as a result of self-harm by the insured or co-insured or attempted suicide by the insured or co-insured;
 - 6) 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;
 - 7) as a result of the use of medicinal products by the insured or co-insured not in accordance with the doctor's recommendation or not in accordance with the information in the leaflet accompanying the medicinal product.

72. Our liability does not cover:
- 1) services which the Assistance Centre has arranged because the insured or co-insured has given an untruth, in which case the cost of those services shall be borne by the insured or the co-insured;
 - 2) life-threatening incidents and consequences.
73. We are not responsible for the course or outcome of the Assistance Services we have listed in Section 14.
74. We are not responsible for the content of a foreign medical consultation.

GRACE PERIOD

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

75. We are not liable to the insured or co-insured for the first 30 days counted from the date the insured joins the supplementary insurance.
76. During the grace period you can use:
- 1) 24-hour Medical Telephone Service or
 - 2) overseas medical consultation, provided that the medical event was the result of an accident occurring within these 30 days.

PREMIUM

– what does it depend on and when to pay it

77. 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) it depends on:
 - a) insurance coverage,
 - b) the number, age structure and gender of those who take out insurance, as well as the type of work they do.
78. 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.
79. 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

80. Supplementary insurance may be taken out either with or during the conclusion of the basic insurance.
81. The additional insurance may be joined by insured persons who joined the basic insurance.
82. The policyholder may take out additional insurance:
- 1) in one of two scopes, i.e. basic or extended, or
 - 2) in two scopes simultaneously, i.e. basic and extended.
83. In the case referred to in point 82 subsection 1 – the policyholder may change to a different scope at any time. The policyholder shall submit an application in order to change the scope of insurance. The new coverage shall be effective beginning from the 1st day of the month following the month of application.
84. In the case referred to in paragraph 82(2) – the insured can choose and change to a different coverage at any time. If you change coverage, the coverage period for the previous coverage ends on the last day of the month after which the coverage period for the new coverage begins. The new coverage is effective from the 1st of the month following the month in which the change was notified.

DURATION OF SUPPLEMENTARY INSURANCE

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

85. 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

86. Unless otherwise agreed by either party to the contract and provided that the primary insurance is in force, the supplementary insurance shall be automatically extended for the next policy year – under the same conditions. In this case, as an insured, you do not have to re-submit the declaration of membership.
87. 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

88. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.
89. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
90. If the policyholder withdraws from the additional insurance, this does not result in withdrawal from the primary insurance.

TERMINATION OF SUPPLEMENTARY INSURANCE

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

91. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
92. In the event the policyholder terminates the primary insurance, this results in the termination of the additional insurance.
93. If the policyholder terminates the additional insurance, this does not result in termination of the primary insurance.

THE BEGINNING OF OUR PROTECTION

– When our insurance protection starts

94. Coverage under the supplementary insurance commences as described in the basic insurance.
95. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force.

THE CESSATION OF OUR PROTECTION

– i.e. when the supplementary insurance ends

96. Co-insurance cover in respect of the insured shall end:
 - 1) from the date of termination of cover under the primary insurance;
 - 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.
97. Co-insurance cover in respect of the co-insured shall end:
 - 1) from the date of termination of cover for the insured under the primary insurance;
 - 2) on the date of termination of cover for the insured in the supplementary insurance;
 - 3) on the policy anniversary date falling in the year in which the spouse or life partner turns 18;
 - 4) on the policy anniversary date falling in the year in which the spouse or life partner turns 70;
 - 5) the death of a co-insured person;
 - 6) on the last day of the month in which we received notification of the dissolution of the marriage to the primary insured,
 - 7) on the last day of the month in which we receive notification that the insured has changed from extended to basic coverage.

PERSONS ENTITLED TO OBTAIN THE BENEFIT

– who the benefit is due to

98. Benefits are provided to the insured or co-insured.

PROVISION OF THE HEALTH BENEFIT

– or how to start using the benefits

Foreign Medical Consultation

99. The insured or co-insured to use this service, submits to the provider during the period of our coverage:
 - 1) request for a foreign medical consultation;
 - 2) medical records of the diagnostic and therapeutic procedure, the medical event;
 - 3) additionally in the case of co-insured persons:
 - a) spouse – marriage certificate,
 - b) a child – birth certificate;
 - 4) any other documents requested by you or requested by the healthcare provider.
100. If the documents we have requested are in a language other than Polish, the insured must provide us with a translation into Polish. This translation must be carried out by a sworn translator.

101. In order for a co-insured person to benefit from a foreign medical consultation, he or she is required to consent to the processing of personal data. If you do not consent to the processing of your co-insured's personal data, we cannot provide this service.
102. We perform the service through a health care provider.
103. We will carry out the service no later than 30 days from the day we receive the application and set of documents from the insured or co-insured. We may extend this time if – for objective reasons – we cannot determine within 30 days whether the insured or co-insured person is entitled to the service. In this case, we will carry out the service up to 14 days from the day on which, with due diligence, we clarify these doubts.

Usługi Assistance, Pomoc w Planowaniu Leczenia, Całodobowy Telefoniczny Serwis Medyczny

104. The Assistance Centre performs services under Assistance Services, Treatment Planning Assistance and 24-hour Medical Telephone Service only when requested by the insured or co-insured over the telephone. You will find the telephone number in the declaration – the service is open 24 hours a day. The Assistance Centre will start organising the service as soon as possible and no later than 48 hours after the insured or co-insured person has fulfilled the necessary conditions.
105. When applying over the phone, the insured or co-insured:
- 1) shall state the name, surname, PESEL of the insured and the name and place of business of the policyholder;
 - 2) gives all the information that is needed for a particular service, e.g.: telephone number, address, contact person;
 - 3) sends to the Assistance Centre – by fax, e-mail or post – medical documentation which confirms that a medical event has occurred or that a service is needed. This does not apply to the services of the 24-hour Medical Telephone Service;
 - 4) follow the instructions of the Assistance Centre.
106. A representative of the Assistance Centre may – at the place where the service is provided – ask for:
- 1) a presentation of a document proving the identity of the insured or co-insured person;
 - 2) providing the data necessary for the performance of the service, including all information to assess the state of health and the appropriateness of medical transport.
107. Neither the Assistance Centre nor we will reimburse the insured or co-insured if the incident has not been reported to the Assistance Centre. The exception is when the insured or co-insured has been unable to contact the Assistance Centre for reasons beyond their control. In this case, it is imperative that the insured or co-insured contact the Assistance Centre as soon as possible – they have 7 days to do so.
- The insured and co-insured should notify the Assistance Centre of the medical event and describe the reasons why they cannot be contacted. In this case, the insured or co-insured shall be reimbursed for the service provided – but up to a maximum of the average value of a given service in a given locality. In order to be reimbursed, the insured or co-insured shall submit the relevant documents: medical documentation proving that the insured or co-insured has suffered the medical event in question, named bills and proof of payment.
108. The insured or co-insured can also make their statements, notifications and other notifications by telephone – we record all telephone calls you make to the Assistance Centre. We will file all statements and notices of the insured or co-insured property with the Assistance Centre

FINAL PROVISIONS

– what other matters are important

109. 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.