# DOCUMENT CONTAINING INFORMATION ABOUT INSURANCE PRODUCT AND GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE AGAINST HOSPITAL TREATMENT OF A CHILD

Document containing information about the insurance product

# ADDITIONAL GROUP INSURANCE AGAINST HOSPITAL TREATMENT OF A CHILD

Version dated 20.01.2020 r.

This material contains key information. Complete information about insurance can be found in other documents, in particular in the general terms and conditions of Additional Group Insurance against hispital treatment of a child, code of the terms and conditions: DLGP33 (GTCI).

Before you decide whether to enter into the contract, please read the GTCI. The conclusion of the contract is voluntary.

## PRODUCT INFORMATION

- is presented for information purposes,
- is not part of the insurance contract (contract),
- does not constitute an offer within the meaning of Article 66 of the Civil Code,
- should not constitute an exclusive basis for making a decision on insurance.

## SUBJECT OF INSURANCE – WHAT DO WE INSURE?

The subject of additional insurance is an event in the life of the insured person, i.e. hospital treatment of a child of the insured person. The scope of insurance is an event in the life of the insured person, i.e. hospital treatment of a child of the insured person due to:
a) illnesses,
b) accident,
which occurred in the period of our liability and lasted for a continuous period of more than 3 days (or in the case of medical services – for a continuous period of more than 7 days).

## PRODUCT CHARACTERISTICS – WHAT ARE THE MAIN FEATURES OF OUR INSURANCE?

If there is an insured event in the life of the insured person, i.e. hospital treatment of a child caused by an illness or an accident in the period of liability, depending on the scope of benefits applicable as at the date of the event:

- we will pay the insured person a cash benefit for not more than 90 days of hospital stay of the child in each 12-month period between policy anniversaries,
- we shall grant the insured person the right to use medical services for the child.

The scope of insurance and benefits is confirmed in the policy.
An additional insurance contract may be concluded along with the conclusion of the basic insurance contract or at any time during its term.

## WHO CAN ENTER INTO THE CONTRACT WITH US, WHO DO WE INSURE?

The insurance contract shall be concluded by the policyholder that pays insurance premiums.
The insurance may be taken out by insured persons covered by basic insurance.

## HOW LONG WILL THE CONTRACT BE IN EFFECT?

An additional insurance contract is concluded for a period of 1 year, and if it is concluded in between policy anniversaries, it is concluded for the period until the coming anniversary of the policy.
The additional insurance contract shall be extended for subsequent annual periods, as long as the basic insurance contract is in force and none of the parties decides otherwise.

## WHERE IS THE INSURANCE COVER VALID?

The insurance shall be effective in Poland, 24 hours a day.

## HOW AND WHEN DO I PAY PREMIUMS?

The premium shall be paid by the policyholder together with basic insurance premium.

## WHEN DOES THE INSURANCE COVER BEGIN AND END?

Our liability (i.e. insurance cover) begins in accordance with the rules applicable in the basic insurance. Our liability towards the insured person under the contract shall end:

- as of the last day of our insurance cover in the basic insurance,
- as of the day on which we receive a statement from the policyholder about withdrawal from the contract,
- as of the last day of our insurance cover in the scope of additional insurance (if not extended),
- as of the last day of the month in which you resign from additional insurance and for which we received the premium,
- as of the day on which the notice period for additional insurance expires,
- as of the day on which the contract is terminated in terms of additional insurance.

## MAIN EXCLUSIONS AND LIMITATIONS OF INSURANCE COVER – WHAT IS NOT INCLUDED IN INSURANCE COVER?

We shall not bear liability in the case of:

- hospital stay of a child which lasted fewer than 4 days,
- hospital stay of a child in connection with rehabilitation, except for the first hospital stay of the child for the purpose of rehabilitation necessary to remove direct consequences of an accident or an illness, provided that said stay began not later than 6 months after the end of the child's hospital stay covered by our liability and concerned – as appropriate – the same accident or illness,
- hospital stay of a child not caused by an illness or an accident.

Furthermore, we shall not bear liability if a situation is not covered by the scope of insurance, it does not meet the definition indicated in the contract or our liability has already expired (e.g. due to failure to pay the premium).

## HOW DO I TERMINATE THE CONTRACT?

The policyholder may withdraw from the additional insurance contract within 30 days from the conclusion of the contract, and if the policyholder is an entrepreneur, within 7 days from the conclusion of the contract. After that time, the policyholder may terminate the contract by written notice. The additional insurance contract may be terminated as a result of non-renewal.

## REMUNERATION OF THE INSURANCE DISTRIBUTOR

In connection with the proposed contract, the distributor receives a commission.

Powszechny Zakład Ubezpieczeń na Życie Spółka Akcyjna, District Court for the capital city of Warsaw, 12th Commercial Division, KRS 30211, NIP 527-020-60-56, share capital: PLN 295,000,000.00, paid up in full, al. Jana Pawła II 24, 00-133 Warsaw, pzu.pl, helpline: 801 102 102 (fees in accordance with the operator's rates)

The table below presents provisions of the general terms and conditions of additional group insurance against hospital treatment of a child, code of the terms and conditions: DLGP33 (GTCI), which refer to the basic terms and conditions of the insurance contract.
This information is part of the GTCI and arise from the provisions of law (Article 17(1) of the Act on Insurance and Reinsurance Activity).

| No. | Type of information | Entry number |
|---|---|---|
| 1. | Premises for benefit payment | sections 1–2<br>sections 4–8<br>section 14<br>sections 28–29<br>sections 36–37<br>sections 38–42<br>section 53 |
| 2. | Insurance company liability limitations and exclusions based on which the payment of benefits may be denied or reduced | sections 1–2<br>section 7<br>sections 9–13<br>section 14<br>section 15<br>sections 33–34<br>section 35<br>section 53 |

# GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE AGAINST HOSPITAL TREATMENT OF A CHILD

Code of the terms and conditions: DLGP33

The Management Board of PZU Życie SA established the general terms and conditions of additional group insurance against hospital treatment of a child by way of Resolution No. UZ/231/2019 of 5 December 2019 (hereinafter referred to as GTCI).

The GTCI shall enter into force on 20.01.2020 and apply to insurance contracts concluded since 01.03.2020. Prior to the conclusion of the contract, the policyholder should read the GTCI carefully and provide the GTCI to each and every person that wants to enter into the contract. Before you enter into the contract, please read carefully the GTCI you received from the policyholder.

## GLOSSARY
– definitions of the terms

**1.** The GTCI contain the following terms:
1) illness – a condition of the body which consists in an improper reaction of systems or organs to the stimuli of external or internal environment that requires hospital treatment;
2) medical records – documentation describing the health condition of the child or health services provided to him or her, prepared by health care providers, persons practising medical professions, and other persons involved in the provision of health care services;
3) child – a child that is over 3 months old and under 18 years of age or, if the child attends school, under 25 years of age on the day on which hospital treatment occurred. This may be:
   a) insured person's child,
   b) stepson of the insured person (if the second parent of the stepson is dead);
4) hospital treatment – an inpatient hospital treatment involving:
   a) emergencies that may result in a loss of health or life if medical assistance is not provided, or
   b) conditions in which a medicinal outcome cannot be obtained during outpatient treatment;
5) hospital stay – a hospital stay of a child in Poland which lasts for a continuous period of more than 3 days (and in the case of medical services – for a continuous period of more than 7 days) and is aimed at hospital treatment; the first day of hospital stay shall be the date of registration and the last one – the date of hospital discharge;
6) medical facility – a clinic, doctor's office or laboratory providing medical services, the list of which is published at pzu.pl and can be accessed by calling the medical helpline number (specified in the decision on granting the right to use medical services) and at each branch;
7) benefit payment – payment of a cash benefit to the insured person or granting the insured person the right to use medical services for a child in the case of occurrence of an event covered by our insurance;
8) hospital – a medical treatment facility providing round-the--clock comprehensive health services consisting of diagnosis, treatment, care, and rehabilitation, which cannot be provided as a part of outpatient health services;
9) additional insurance – an insurance contract governed by these GTCI;
10) basic insurance – a group life insurance indicated in the policy with respect to which the policyholder may enter into additional insurance;
11) attending school – receiving education in a public or non--public school, a state or non-state school of higher education, whether on a full-time or evening basis or at weekends, within the meaning of regulations on learning and higher education, excluding any courses or distance learning;
12) medical services – services whose list can be found in Appendix No. 1 to these GTCI and which are due if the child's hospital stay lasted for a continuous period of more than 7 days.

**2.** The remaining terms used in these GTCI have been defined in the general terms and conditions of basic insurance – these terms are used in the same meaning.

## SUBJECT OF INSURANCE
– meaning what do we insure

**3.** We insure an event in your life, i.e. occurrence of hospital stay of the child.

## SCOPE OF INSURANCE AND BENEFITS UNDER THE CONTRACT
– meaning for which event you will receive payment and when you will be provided with medical services

**4.** The scope of insurance covers event in your life, i.e. occurrence of hospital stay of a child, caused by:
1) illness,
2) accident,
– which occurred in the period of our liability under additional insurance and lasted for a continuous period of more than 3 days (or in the case of medical services – for a period of more than 7 days).

**5.** If there is an insured event in your life, i.e. hospital stay of a child, depending on the scope of benefits applicable as at the date of the event:
1) we will pay you a cash benefit:
   a) for each day of the child's hospital stay in the amount of 0.5% of the sum insured – taking into account section (b),
   b) if the child's hospital stay:
      – is caused by an accident that occurred in the period of our liability, and
      – is the first stay caused by a given accident, and
      – began not later than 14 days after the accident
      – we shall pay 1% of the sum insured for each day of hospital stay for the first 14 days,
   c) if the accident occurred before the beginning of our liability, we shall pay 0.5% of the sum insured for each day of the child's hospital caused by that accident;
2) we shall grant you the right to use medical services for the child if the child's hospital stay lasts longer than 7 days.

**6.** The scope of insurance and benefits is confirmed in the policy.

**7.** The amount of payment shall be determined on the basis of the sum insured valid on the day of the child's stay in the hospital. You may use medical services until their limit has been exhausted (as indicated in Appendix No. 1 to these GTCI) and for not longer than 12 months from the date of issue of the decision confirming the right to use medical services for the child.

**8.** Medical services are provided for each day of hospital stay of the child, as long as that stay lasted longer than 7 days and for which the cash benefit is due.

## EXCLUSIONS OF LIABILITY
– meaning in what situations you will not receive the benefit

**9.** In order to establish exclusions of our liability, we hereby use the following terms:
1) terrorist acts – individual or group actions against population or property aimed at achieving economic, political or social consequences; the purpose of terrorist acts is to create chaos, intimidate people, disorganise public life, functioning of public transport, service establishments or production plants;

2) warfare – actions of armed forces aimed at beating armed forces of the opponent on land, air or sea;
3) mass social unrest – the emergence of a social group against authorities that hold power by law; it is caused by dissatisfaction with a political, economic or social situation; mass social unrest is usually accompanied by acts of physical violence;
4) congenital malformations – a derogation from an anatomical structure, as stipulated by the classification of the International Statistical Classification of Diseases and Related Health Problems ICD-10 in Chapter XVII „Congenital malformations, deformations, and chromosomal aberrations (from Q00 to Q99)";
5) professional sports practise – practising sport disciplines by:
   a) staff members of clubs who take part in professional, national or international competitions. These competitions – in relation to team games – must be organised by: a sports union or a professional sports federation appropriate for a given discipline – or
   b) persons who practise individual sports and take part in professional, national or international competitions. These competitions must be organised by: a sports union or a professional sports federation appropriate for a given discipline – or
   c) persons who receive remuneration, scholarship or are reimbursed for costs related to practising individual sports or participating in team games (allowances, benefits) on the basis of an employment contract or a civil law contract.

**10.** Our insurance does not cover hospital stay of a child that began before the beginning of the period of liability or where the child's hospital stay took place:
1) as a result of warfare;
2) as a result of disasters causing radioactive, chemical or biological contamination;
3) as a result of child's active participation in terrorist acts or mass social unrest,
4) as a result of child attempting to commit or committing an act that meets statutory elements of an intentional crime;
5) as a result of a traffic accident – if the child was driving the vehicle:
   a) without a licence,
   b) that was not admitted to traffic within the meaning of road traffic regulations,
   c) in a state of intoxication or under the influence of alcohol or drugs, intoxicants, psychotropic substances or substitute substances within the meaning of the Polish Act on Counteracting Drug Addiction,
   – if any of these circumstances had an impact on the occurrence of the traffic accident;
6) because the child consumed alcohol or was in a state of intoxication or under the influence of drugs, intoxicants, psychotropic substances or substitute substances within the meaning of the Polish Act on Counteracting Drug Addiction – if it had an impact on the occurrence of the accident
7) as a result of intentional self-mutilation by the child or a suicide attempt made by the child;
8) as a result of consumption of alcohol, use of drugs, intoxicants, psychotropic substances or substitute substances within the meaning of the Polish Act on Counteracting Drug Addiction – if it had an impact on the occurrence of the event and as a result of abuse of the above substances;
9) as a result of use of medicinal products by the child contrary to doctor's recommendations or to the information provided on the leaflet attached to the medicinal product;
10) as a result of bodily injuries caused by treatment or diagnostic tests, regardless of who was performing them, unless the purpose of the treatment was to deal with the direct consequences of an accident;
11) in connection with treatment of mental and behavioural disorders listed in Chapter V (F00-F99) of the International Statistical Classification of Diseases and Related Health Problems ICD-10;
12) only in connection with treatment of illnesses arising from impaired immunity in the course of an HIV infection;
13) in connection with dental treatment, except for treatment of consequences of an accident or a neoplasm;
14) in connection with diagnostic tests which do not result from an illness or an accident;
15) in connection with a cosmetic or aesthetic surgical operation, except where such a surgery is necessary to remove the consequences of an accident that occurred during the period of our liability;
16) in connection with performance of a sex reassignment surgery;
17) in connection with treatment of congenital malformation;
18) in connection with rehabilitation, except for the first hospital stay of the child for the purpose of rehabilitation necessary to remove direct consequences of an accident or an illness, provided that said stay began not later than 6 months after the end of the child's hospital stay covered by our liability and concerned – as appropriate – the same accident or illness,
19) if the child practiced sports professionally or practiced for recreation purposes martial arts, motorsports, motorboating, aerial sports, rock climbing, mountain climbing (understood as any climbing practised over 2000 meters above the sea level), caving, diving with specialist equipment allowing to breath underwater, water jumps, bungee jumping – if it had an impact on the occurrence of an accident.

**11.** Our insurance does not cover children's hospital stay in:
1) in addiction treatment facilities, institutions for chronically ill patients, treatment and care facilities or nursing and care facilities;
2) in spa facilities – in particular sanatoria, preventoria or spa hospitals, sanatorium hospitals or rehabilitation and treatment hospitals;
3) in rehabilitation centres, rehabilitation hospitals, rehabilitation wards – except for the stay referred to in Section 10.18);
4) at day wards or health care facilities which are not intended for the provision of health care services in the scope of hospital treatment.

**12.** The benefit shall not be due for days on which the child was on a hospital permit during hospital stay.

**13.** We shall not pay the benefit if you have intentionally contributed to the child's hospital stay.

**LIMITATIONS OF LIABILITY**

– meaning how many days of hospital stay are subject to payment

**14.** We shall pay the insured person a benefit for not more than 90 days of hospital stay of the child in each 12-month period between policy anniversaries.

**GRACE PERIOD**

– meaning the period after you have concluded and taken out insurance in which we do not bear liability

**15.** We shall not bear liability for the first 30 days counting from the moment you joined the insurance.

**16.** We shall bear liability if an event in your life, i.e. occurrence of hospital stay of the child, resulted from an accident that took place within those 30 days.

**CONCLUSION THE CONTRACT AND JOINING INSURANCE**

– meaning how we provide insurance for you

**17.** An additional insurance contract may be concluded along with the conclusion of the basic insurance contract or during its term.

**18.** Additional insurance may be provided to insured persons that joined basic insurance.

**TERM OF THE CONTRACT**
– meaning how long does insurance cover last?

**19.** The policyholder may enter into an additional insurance contract with us for a period of one year. If insurance is concluded in between policy anniversaries, our insurance coverage shall last until the coming anniversary of the policy.

**EXTENSION OF THE CONTRACT**
– meaning how insurance contract is extended

**20.** If none of the parties to the contract, i.e. neither the policyholder nor us, decides otherwise, the additional insurance contract together with the basic insurance contract shall be extended automatically for the next year on the same terms and conditions. In such a case, there is no need for you to submit another insurance declaration.
**21.** Each party may resign from the extension of the additional insurance contract, which should be notified to the other party in writing. This should take place not later than 30 days before the end of this contract.

**WITHDRAWAL FROM THE CONTRACT**
– meaning when the policyholder is entitled to withdraw from insurance contract

**22.** Withdrawal from an additional insurance shall take place on the basis of the principles defined in basic insurance.
**23.** If the policyholder withdraws from basic insurance, this action shall result in withdrawal from additional insurance.
**24.** If the policyholder withdraws from additional insurance, this action shall result in withdrawal from basic insurance.

**TERMINATION OF THE CONTRACT**
– meaning how the policyholder is entitled to withdraw from insurance contract

**25.** Termination of the contract shall take place on the basis of the principles defined in basic insurance.
**26.** If the policyholder terminates basic insurance, this action shall result in the termination of additional insurance.
**27.** If the policyholder terminates additional insurance, this action shall result in the termination of basic insurance.

**SUM INSURED**
– what is it and where can I learn about its amount

**28.** The sum insured is the amount based on which we determine the amount of cash benefit to be paid.
**29.** The amount of sum insured is provided for in the policy.

**PREMIUM**
– what are its factors and when should I pay it

**30.** The amount of premium per insured person:
1) includes the grace periods applicable in the insurance;
2) depends on:
a) sum insured,
b) scope of insurance,
c) amount of benefit,
d) scope of benefits,
e) its payment frequency,
f) the number, age and sex structure of the persons entering into the contract, together with the type of their work.

**31.** The amount of additional insurance premium is provided for in the policy.
**32.** The policyholder shall pay additional insurance premiums along with the basic insurance premium.

**THE BEGINNING OF OUR COVER**
– meaning when we begin providing you with insurance cover

**33.** Our liability begins in accordance with the rules defined in the basic insurance.
**34.** The period of insurance cover in this contract shall begin only as long as insurance cover under the basic contract is in force.

**THE END OF OUR COVER**
– meaning when the insurance cover comes to an end

**35.** Our liability under the contract shall end:
1) as of the last day of our insurance cover in the basic insurance;
2) as of the day on which we receive a statement from the policyholder about withdrawal from the contract;
3) as of the last day of our insurance cover in the scope of additional insurance (if not extended);
4) as of the last day of the month in which you resign from additional insurance and for which we received the premium;
5) as of the day on which the notice period for additional insurance expire;
6) as of the day on which the additional insurance contract is terminated.

**PERSONS ENTITLED TO RECEIVE THE BENEFIT**
– meaning: who is eligible to receive payment and who will be granted the right to use medical services.

**36.** You have the right to a cash benefit.
**37.** We grant you the right to use medical services.

**BENEFIT PAYMENT**
– meaning when we will pay you a cash benefit and how to start using medical services

**38.** We shall not pay the benefit if you have intentionally contributed to the child's hospital stay.
**39.** In the event of hospital stay, please submit:
1) benefit payment request. You may submit it:
a) when the child's hospital stay has come to an end,
b) during the child's hospital stay, with the first request being submitted after 30 days and the next one – after the 60th day;
2) child's birth certificate;
3) hospital discharge summary – when the child's hospital stay has come to an end;
4) a document confirming the reason for hospital stay and the name of the medical facility, issued by the doctor of that facility – if you are filing a benefit payment request during the child's hospital stay;
5) if you file a request for payment of a benefit for a child:
a) who is under 18 years of age – consent of the legal guardian of the child for the processing of personal data of the child,
b) who is over 18 years of age – consent of the child for the processing of their personal data,

**40.** If the documents you submitted are not sufficient to conclude whether the benefit should be provided and, if so, in what amount, we may ask you for other necessary documents.
**41.** Based on the documentation, we will make a decision on the payment of a cash benefit or granting you the right to use medical services for the child (if applicable in the scope of insurance).
**42.** After receiving the decision on granting you the right to use medical services for the child, you will be able to begin using these services.

**COMPLAINTS, CLAIMS, AND GRIEVANCES; REFERRING A CASE TO A COURT**
– where and how can they be submitted, and by whom

**43.** Complaints, claims or grievances may be filed with any unit that belongs to us and deals with customer service.
**44.** A complaint, claim or grievance may be filed:
1) in writing – delivered by post, within the meaning of the Postal Law Act, or personally;
2) orally – by phone, for example by calling 801 102 102, or personally, which is confirmed for the record;
3) electronically – by sending an e-mail to: reklamacje@pzu.pl or using the form available at pzu.pl.

**45.** We respond to all complaints, claims or grievances as soon as possible, but not later than within 30 days from the date on which it was received. In particularly complex cases, if we are not able to respond within 30 days, we will inform you about:
1) the reasons for the delay;
2) the circumstances that still need to be determined in order to examine the case;
3) the new deadline for our reply – this deadline may not be longer than 60 days from the date on which we received the complaint, claim or grievance.

**46.** The reply to a complaint, claim or grievance shall be:
1) in paper form, or
2) by e-mail – at the request of the person (entity) that submitted the complaint.

**47.** If, after considering the complaint:
1) we have not agreed with the demands, or
2) we have agreed with the demands, but within the time limit specified in the reply we have not performed the activities we undertook to perform
– the natural person that filed the complaint may write a request in this matter to the Financial Ombudsman.

**48.** Complaints, claims, and grievances shall be handled at our units which are competent for the subject matter of the case.
**49.** Legal action in cases arising from contracts may be brought with a court:
1) according to general jurisdiction – in accordance with the Code of Civil Procedure, or
2) competent for the place of residence (or registered office) of: You, insured person or his or her heir, person eligible under the contract or his or her heir.

**50.** More about complaints can be found in the „Act on Handling Complaints by Financial Market Entities and Financial Ombudsman" and in the „Act on Insurance Distribution".
**51.** We consider it possible to apply out-of-court dispute resolution.
**52.** The entity, having jurisdiction over the registered office of PZU Życie SA, authorised to settle disputes out of court, within the meaning of the Act on Out-of-Court Settlement of Consumer Disputes, is the Financial Ombudsman. Its website address is: rf.gov.pl.

**FINAL PROVISIONS**
– meaning what is still important

**53.** In matters not regulated hereunder, the general terms and conditions of basic insurance specified in the policy, the provisions of the Civil Code, the „Act on Insurance and Reinsurance Activity", and other provisions of law shall apply.

## APPENDIX NO. 1
## TO THE GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE AGAINST HOSPITAL TREATMENT OF A CHILD

### SCOPE OF MEDICAL SERVICES

| SERVICE | SCOPE | LIMIT | DESCRIPTION |
|---|---|---|---|
| Medical consultations | Allergologist | 2 consultations – total limit for all consultations | 1. Consultations do not include professor consultations with professors (physicians holding an academic title of:<br>– post-doc,<br>– professor).<br>2. You can take part in medical consultations without a referral at a medical facility indicated by us. |
| | Paediatric allergologist | | |
| | Paediatric surgeon | | |
| | Vascular surgeon | | |
| | General surgeon | | |
| | Surgical oncologist | | |
| | Dermatologist – venereologist | | |
| | Paediatric dermatologist | | |
| | Diabetologist | | |
| | Paediatric diabetologist | | |
| | Endocrinologist | | |
| | Paediatric endocrinologist | | |
| | Gastroenterologist | | |
| | Paediatric gastroenterologist | | |
| | Gynecologist | | |
| | Paediatric gynecologist | | |
| | Haematologist | | |
| | Paediatric haematologist | | |
| | Hepatologist | | |
| | Paediatric hepatologist | | |
| | Heart surgeon | | |
| | Paediatric heart surgeon | | |
| | Cardiologist | | |
| | Paediatric cardiologist | | |
| | Laryngologist | | |
| | Paediatric laryngologist | | |
| | Infectious disease specialist | | |
| | Nephrologist | | |
| | Paediatric nephrologist | | |
| | Neurosurgeon | | |
| | Paediatric neurosurgeon | | |
| | Neurologist | | |
| | Paediatric neurologist | | |
| | Ophthalmologist | | |
| | Paediatric ophthalmologist | | |
| | Oncologist | | |
| | Paediatric oncologist | | |
| | Orthopedist | | |
| | Paediatric orthopaedist | | |
| | Psychiatrist | | |
| | Paediatric psychiatrist | | |
| | Pulmonologist | | |
| | Paediatric pulmonologist | | |
| | Physiotherapist | | |
| | Rheumatologist | | |
| | Paediatric rheumatologist | | |
| | Urologist | | |
| | Paediatric urologist | | |

| SERVICE | SCOPE | LIMIT | DESCRIPTION |
|---|---|---|---|
| Cultures and bacteriology | Antibiogram | 2 test – total limit for all the tests listed | You can undergo tests on the basis of a physician's referral at a medical facility indicated by us. |
| | Urethra discharge culture | | |
| | Cervical canal culture | | |
| | Eye culture | | |
| | Vaginal discharge culture | | |
| | Ear drainage culture | | |
| | Wound culture | | |
| Surgical procedures | Removal of stitches | 5 procedures – total limit for all the procedures listed | You can undergo procedures without a referral at a medical facility indicated by us. |
| | Putting on and changing standard bandage | | |
| General medical procedures | Collecting materials for microbiological examinations | | |
| | Inserting catheters into urinary bladder | | |
| | Treating minor injuries (wounds, twists, sprains, not complicated fractures – without the costs of stabilisers and plaster cast) | | |
| Ophthalmological procedures | Eye fundus examination | | |
| | Visual acuity test | | |
| | Visual field test | | |
| | Selection of corrective glasses | | |
| | Intraocular pressure measurement | | |
| Otolaryngological procedures: | Ear irrigation | | |
| | Insufflation of the Eustachian tube | | |
| | Ear dressing with medication | | |
| Orthopaedic procedures | Cast removal | | |
| Urological procedures | Inserting catheters into urinary bladder | | |
| Nursing procedures | Intramuscular injection (excluding the cost of the drug) | 10 procedures – total limit for all the nursing treatments listed | You can undergo treatments and procedures without a referral at a medical facility indicated by us. |
| | Subcutaneous injection (excluding the cost of the drug) | | |
| | Intravenous injection (excluding the cost of the drug) | | |

## APPENDIX NO. 2
## TO THE GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE AGAINST HOSPITAL TREATMENT OF A CHILD

### – HOW DO I REPORT EVENT AND REALISE BENEFIT?

#### WAYS TO REPORT EVENT



by calling 801 102 102 or 22 566 55 55 (fees in accordance with the operator's rates)




personally at a PZU Branch




in writing, by traditional mail, by e-mail



through pzu.pl

If the benefit is due, we will pay out a cash benefit or pay out such cash benefit together with the decision on granting you the right to use medical services for the child. The medical helpline number will be indicated in the decision.

#### HOW DO I REALISE MEDICAL SERVICES?

You can realise medical services once you receive the decision on the right to use medical services for the child. In order to do that:



call a 24/7 medical helpline (the medical helpline number will be indicated in the decision)



fill in a visit order form at pzu.pl/zdrowie