

Medical Treatment Costs Insurance "Medi-Care"



Document providing insurance product information

Enterprise: InterRisk Towarzystwo Ubezpieczeń Spółka Akcyjna Vienna Insurance Group with its registered office in Poland, ul. Noakowskiego 22, 00-668 Warsaw, license from the Minister of Finance no. DU/905/A/KP/93 of 5 November 1993

Product: Medical Treatment Costs Insurance "Medi-Care"

Full pre-contractual and contractual information is provided in other documents, including the General Terms and Conditions of Medical Treatment Costs Insurance "Medi-Care" approved by the Management Board of InterRisk Towarzystwo Ubezpieczeń Spółka Akcyjna Vienna Insurance Group by Resolution no. 05/06/07/2021 of 06/07/2021.

What kind of insurance is this policy?

Medical Treatment Costs Insurance "Medi-Care" is a health insurance policy that enables cashless provision of medical benefits in private medical institutions. Medical benefits are provided at the facilities dedicated by InterRisk to support the Insured Person and indicated on the website www.interrisk.pl. The costs of provided benefits are covered by InterRisk directly to the account of the Medical Partner.



What is the subject matter of this policy?

- ✓ costs of medical benefits, as well as assistance benefits, incurred during the term of insurance in connection with treatment of diseases and consequences of personal accidents and stay of the Insured Person in hospital due to a personal accident that occurred during the term of insurance.

Sum insured:

- ✓ the upper limit of InterRisk's liability in the medical benefits costs insurance cover are the costs of medical benefits, depending on the selected insurance option.
- ✓ in the variant SAPPHIRE WITH EXTRA CHARGE and RUBY WITH EXTRA CHARGE, the upper limit of the Insurer's liability is the costs of medical benefits, in the amount specified in the price list of services of the Medical Partner available in medical centers and on the website www.enel.pl less the Insured Person's deductible.
- ✓ in the hospital stay insurance cover, the sum insured is the product of the amount of benefit for the day of hospital stay specified in the insurance agreement and 60 days of hospital stay, its maximum amount is PLN 6,000.
- ✓ in the assistance benefits insurance cover, the sum insured is specified by quote and its maximum amount is PLN 5,000.



What is not covered by this policy?

- ✗ the cost of medicines and medical supplies except for those used in an emergency to save lives and those necessary to carry out standard preventive and specialist examinations.
- ✗ InterRisk shall not be liable for costs of medical benefits of dental treatment specified in point 19.8 of the Catalogue of Medical Benefits if the Insured Person, after receiving an oral cavity sanitation certificate from a physician of the Medical Partner, did not follow the recommendations of the dentist specified in the certificate and the periodic dental check-up once within 6 months, unless it did not affect the occurrence of an insurance event.
- ✗ InterRisk shall not be liable for the costs of diagnostic tests necessary to carry out treatment in a hospital which is not the Medical Partner's facility or an institution cooperating with the Medical Partner in the event that the Insured Person has a referral for planned surgical treatment, which such hospital is obliged to cover in accordance with the Regulation

of the Minister of Health of 8 September 2015 on general terms and conditions of health care services contracts.

The scope of assistance benefits does not include inter alia:

- events that occurred outside the territory of the Republic of Poland;
- medical benefits provided outside the territory of the Republic of Poland;
- costs incurred by the Insured Person without prior notification and authorization of the Assistance Center, even if those costs are within the limits of liability, unless the lack of notification and authorization of the Assistance Center occurred for reasons beyond the control of the Insured Person;
- costs of transporting medicines not recommended by the physician providing the treatment.



What are the limitations of this insurance cover?

In particular, InterRisk shall not be liable for any events arising as a result of or in connection with the following:

- ! intentional committing or attempting to commit a crime by the Insured Person;
- ! committing or attempting to commit suicide or self-harm by the Insured Person;
- ! effects of nuclear energy, radioactive waste or explosives;
- ! strikes, acts of war, martial law, riots and disturbances, sabotage and acts of terror;
- ! an epidemic, a pandemic;
- ! congenital defects and diseases resulting such defects, perinatal damage (effects of physical deformations) or inherited damage;
- ! gender reassignment, treatment of consequences of the Insured Person's participation in medical research and experiments;
- ! treatment and diagnosis of infertility;
- ! poisoning with alcohol, intoxicants and medicines not used in accordance with medical recommendation;
- ! the Insured Person remaining under the influence of alcohol, narcotic drugs, psychotropic substances or substitutes.



Where is the insurance cover valid?

- ✓ on the territory of the Republic of Poland



What are the responsibilities of the Insured Person?

- In the event of the need to provide medical benefits under the medical benefits insurance cover, the Insured Person is obliged to contact or report to the Medical Partner's facility in order to obtain medical benefits and follow the recommendations and instructions of the medical personnel of the Medical Partner or of the cooperating institution in the scope of justified medical benefits provided, to cancel booked medical service visits in the event of lack of possibility or necessity to use them at the set date;
- If it is necessary to use medical services under the hospital stay insurance cover, the Insured Person is obliged to: immediately report to a physician and follow their recommendations, submit a notification of the occurrence of an insurance event to any organizational unit of InterRisk, if the health condition so permits, not later than within 14 working days from the date of the event occurrence or receiving information about it;
- In the event of occurrence of an event covered by the InterRisk insurance cover under the assistance services, the Insured Person is obliged to contact the Assistance Center (telephone number provided in the insurance agreement).



How and when should I pay premiums?

The premium shall be paid in the amount, form (by cash or bank transfer) and by dates specified in the insurance agreement.



When does this insurance cover begin and end?

The insurance agreement is concluded for a period of twelve months.

The Insurer's liability due to the concluded insurance agreement shall commence at the date specified in the agreement as the term of insurance start date (term of insurance); however, not earlier than on the day following the first-installment premium payment date. For the costs of "one-day" surgery procedures, the obligatory grace period is 120 days; for ambulatory rehabilitation services, the grace period is 60 days.

This insurance cover expires:

- at the date of expiry of the term of insurance, withdrawal from the insurance agreement or termination of the insurance agreement;
- if the premium is paid in instalments, if after the due date of the instalment InterRisk calls on the Policyholder to pay the premium, with the risk that failure to pay within 7 days from the date of receipt of the call by the Policyholder will render InterRisk liable and the next instalment of the premium will not be paid within this time limit – on the expiry of this time limit;
- for the Insured Person – at the date of exhaustion of the sum insured as a result of payment of benefit or benefits of the total amount equal to the sum insured;
- for the Insured Person – at the date of their death;
- for the Insured Person in the family insurance agreement – at the end of the last day of the calendar month in which InterRisk received a statement on the Insured Person's withdrawal from the family insurance agreement.



How to terminate the agreement?

If the insurance agreement is concluded for a period longer than six months, the Policyholder shall have the right to withdraw from the insurance agreement within 30 days; and in the event that the Policyholder is an entrepreneur, within 7 days from the date of insurance agreement conclusion. The Policyholder may terminate the insurance agreement at any time during its term with effect on the last day of that calendar month with 30 days' notice.

A consumer who has concluded a distance insurance agreement may withdraw from it without giving reasons, by submitting a written declaration within 30 days from the agreement conclusion date or from the date of confirmation of the information referred to in art. 39 of the Act on Consumer Rights, if such a date is later. The time limit shall be deemed to have been observed if, before its expiry, such a declaration is sent. In the event of withdrawal from the insurance agreement by the consumer, InterRisk shall only be entitled to a part of the premium calculated pro rata for each day for which InterRisk provides this insurance cover.

InterRisk may terminate the insurance agreement with effect from the last day of a calendar month with 30 days' notice for important reasons indicated in §10(6) of the General Conditions and Terms of Medical Treatment Costs Insurance "Medi-Care".

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INITIAL PROVISIONS

§1

1. These General Terms and Conditions of Medical Treatment Costs Insurance "Medi-Care", hereinafter referred to as "the General Conditions and Terms of Medical Treatment Costs Insurance "Medi-Care" (GT&C), shall apply to insurance agreements concluded by InterRisk Towarzystwo Ubezpieczeń Spółka Akcyjna Vienna Insurance Group with its registered office in Warsaw, ul. Noakowskiego 22, entered into the register of entrepreneurs of the National Court Register kept by the District Court for the Capital City of Warsaw, 12th Commercial Division of the National Court Register under National Court Register Number [KRS] 0000054136, conducting insurance and reinsurance activity on the basis of the permission from the Minister of Finance no. DU/905/A/KP/93 of 5 November 1993, hereinafter referred to as the "Insurer", with natural persons, legal persons and organizational units that are not legal persons conducting business activity.
2. An insurance agreement may also be concluded for the account of a third party; however, the Insured Person is indicated in the insurance agreement by name. The Insurer may also raise allegations affecting the liability of the Insurer against the Insured Person.
3. Additional or different provisions may be introduced to the insurance agreement, with the consent of the parties, except that the differences between these GT&C and the agreement shall be presented by the Insurer to the Policyholder in writing prior to the conclusion of the insurance agreement.
4. The insurance agreement shall be governed by the applicable provisions of the Polish law, including the provisions of the Civil Code and the Act on Insurance and Reinsurance Activity.

DEFINITIONS

§2

Within the meaning of these GT&C, the following terms used in the GT&C or an application for insurance, policy or other document confirming the conclusion of an insurance agreement, as well as other letters and statements made in connection with the insurance agreement, shall be deemed to be the terms and conditions specified in the GT&C or the request for conclusion of an insurance agreement, policy or other document confirming the conclusion of an insurance agreement, as well as other letters and statements made in connection with the insurance agreement:

- 1) **terrorist acts** – illegal individual or group activities and actions organized for ideological, religious, political or social motives, conducted by persons acting independently or for or on behalf of any organization or government, directed against persons, objects or society, aimed at exerting influence on the government, introducing chaos, intimidation of the population and disorganization of public life by means of violence or threat of violence;
- 2) **preventive examination** – a comprehensive medical benefit provided to the Insured Person in the facility of the Medical Partner, including preventive laboratory and diagnostic tests. The detailed scope of examination is specified in the Catalogue of Medical Benefits constituting Annex no. 1 to these GT&C;
- 3) **Assistance Center** – an organizational unit indicated by the Insurer (telephone number is given when concluding an insurance agreement), which upon the Insurer's request provides assistance benefits;
- 4) **Telemedicine Center** – an organizational unit indicated by the Insurer (detailed data are given in Annex no. 1 to the GT&C), which organizes e-visits on behalf of InterRisk;
- 5) **disease** – disturbances in the functioning of apparatuses or organs of the Insured Person's body, independent of anyone's will, concerning which the physician may make a diagnosis requiring treatment, diagnosis or rehabilitation;
- 6) **mental illness** – according to the diagnosis of the leading physician, a disease classified in the International Statistical Classification of Diseases and Health Problems ICD-10 as a mental disorder and behavioral disorder, in particular depression and neurosis (ICD code: F00-F99);
- 7) **business activity** – an organized profit-making activity, performed on own behalf and in a continuous manner within the meaning of the Act – Entrepreneurs Law

in the wording in force as at the date of concluding the insurance agreement;

- 8) **child of the Insured Person** – every own child of the Insured Person or child of the Insured Person fully or not fully adopted by him/her,
 - a) of up to 18 years of age;
 - b) of up to 25 years of age, provided that the child attends a public or non-public school (including a higher education institution), located on the territory of the Republic of Poland, on a daily, extramural or evening basis, within the meaning of the Act on the Education System in the wording in force as at the date of concluding the agreement, the Act on Education Law in the wording in force as at the date of concluding the agreement and the Act on Higher Education in the wording in force as at the date of concluding the agreement, excluding courses and correspondence education;
- 9) **e-visits** – a service enabling medical advice to be obtained via the Telemedicine Center at the request of the Insurer and carried out electronically in the form of a questionnaire:
 - a) Internet chat – an exchange of short text information;
 - b) teleconferencing – audio transmission;
 - c) videoconferencing – audiovisual broadcasting.

Under an e-visit, the specialist may provide prophylactic advice, make an initial diagnosis, interpret the results of medical examinations, extend the prescription, issue a referral to basic laboratory tests. Unlimited access to a given specialist guarantees the same access to e-visits as part of e-visit schedules made available online;

- 10) **Medical Hotline** – a service provided by the Medical Partner round the clock, enabling the Insured Person to obtain medical information, including the possibility to use the services of the Medical Partner (telephone number provided in the policy);
- 11) **grace period** – the period specified in the GT&C, during which the occurrence of an event provided for in the insurance agreement does not cause any liability of the Insurer;
- 12) **physician** – a person having formally confirmed qualifications in accordance with the requirements of the law in force in the country where they provide services, practicing profession within the scope of their rights and qualifications, not being the Policyholder, the Insured Person or a person close to the Insured Person;
- 13) **physician of the Assistance Center** – a physician employed or cooperating with the Assistance Center;
- 14) **explosives** – solid or liquid chemical substances or mixtures of substances capable of causing a chemical reaction with the production of gas at such a temperature and pressure and at such a rate that they may cause damage to the surrounding environment, as well as products filled with explosives within the meaning of the Act on Exercising Business Activity in the Production of and Trafficking in Explosives, Weapons, Ammunition, and Products and Technology for Military and Police Purpose in the wording in force as at the date the insurance agreement is concluded, as well as the Act on Explosives for Civil Use in the wording in force as at the date the insurance agreement is concluded;
- 15) **drugs** – psychotropic substances and substitutes referred to in points 33 and 37;
- 16) **personal accident** – a sudden event caused by an external cause, as a result of which the Insured Person, irrespective of their will, suffered bodily injury;
- 17) **risk assessment** – a procedure established and applied by the Insurer when covering a natural person or a group of persons with insurance cover, which affects the premium rate and the scope of insurance cover, taking into account: amount of the sum insured, age and health condition;
- 18) **insurance cover** – the Insurer's obligation to fulfil the benefits, in the event of occurrence of an insurance event specified in the insurance agreement, for which the Insurer is liable;
- 19) **radioactive waste** – solid, liquid or gaseous radioactive waste, containing radioactive substances within the meaning of the Act on Atomic Law in the wording in force as at the date of conclusion of the insurance agreement;

Information referred to in art. 17(1) of the Act on Insurance and Reinsurance Activity

TYPE OF INFORMATION	PROVISION NUMBER ACCORDING TO THE AGREEMENT MODEL
1. Premises for payment of indemnity and other benefits or insurance redemption value	§2, §3, §4, §9, §10, §13, §14, §15, §16, §17; Annex no. 1 – Catalogue of Medical Benefits; Annex no. 2 – Assistance Benefits Insurance §1
2. Limitations and exclusions of the insurance undertaking's liability entitling it to refuse or reduce compensation and other benefits	§5, §6, §9(5) and (6), §12(2), §20(3) and (4); Annex no. 2 – Assistance Benefits Insurance §1
3. Costs and other charges deducted from insurance premiums, from insurance capital fund assets or by redemption of insurance capital fund shares	Not applicable
4. Insurance redemption value in particular periods of insurance cover and the period in which a claim for payment of the redemption value is not due	Not applicable

- 20) **periodic dental check-up** – conservative dentistry and dental surgery dentist consultation, including medical examination, treatment recommendations and prophylaxis;
- 21) **one-day surgery procedure** – invasive surgical procedure, listed only in Annex no. 1 to these GT&C, performed under general, block or local anesthesia by an authorized physician of the Medical Partner, necessary from the medical point of view to restore the proper functioning of a sick organ or system, performed during a stay in a hospital ward, lasting up to 72 hours counted from the time of the Insured Person's admission to the hospital ward of the Medical Partner;
- 22) **close relative** – Insured Person's spouse, child, partner, siblings, mother, father, stepfather, stepmother, stepchild, stepchild, father-in-law, mother-in-law, son-in-law, daughter-in-law, adoptive and adopted person, guardian appointed by the guardianship court;
- 23) **permanently incapacitated for work** – a person who, in accordance with the certification of the medical examiners and medical committees of the Social Insurance Institution, lost their ability to perform gainful employment due to a physical impairment of the organism;
- 24) **person requiring permanent care** – a person with a disability of the organism to the extent resulting in the necessity of permanent care or assistance of another person in satisfying basic life needs (independent movement, food, clothing, washing, shopping for articles necessary for life, cleaning the place of residence, heating the place of residence);
- 25) **pandemic** – an epidemic of a given infectious disease occurring at the same time in different countries and on different continents, as defined by the World Health Organization (WHO);
- 26) **partner** – a natural person remaining in a non-marital relationship with the Insured Person, not being in a relationship of kinship, affinity or adoption with the Insured Person, provided that the Insured Person and the partner are not in a marriage with other persons, indicated by name in the insurance agreement;
- 27) **Medical Partner** – Centrum Medyczne ENEL-MED S.A., with whom the Insurer concluded an agreement, in which it commissioned the performance of medical services for the benefit of the Insured Persons;
- 28) **hospital stay** – a stay of the Insured Person in a hospital ward in the territory of the Republic of Poland, which commenced during the term of insurance in order to restore or improve the health condition of the Insured Person caused by a personal accident which occurred during the term of insurance, lasting for at least two days. The day of hospitalization is also the day of admission to hospital and the day of discharge from hospital. When the discharge from the hospital takes place after the end of the term of insurance, the hospital stay is covered by the liability of the Insurer, provided that the admission to the hospital took place during the term of insurance;
- 29) **vehicle** – a passenger car, lorry, bus, train, tram, trolley bus;
- 30) **remaining under the influence of alcohol** – being in the state where the body alcohol content is equal to:
- from 0.2‰ for blood alcohol content, or
 - from 0.1 mg of alcohol in 1 dm³ of exhaled air;
- 31) **riots and unrest** – street demonstrations and clashes being an expression of rebellion against the state authority;
- 32) **oral cavity sanitation** – a term defining the state of complete healing of the oral cavity;
- 33) **psychotropic substance** – any substance of natural or synthetic origin acting on the central nervous system, specified in the list of psychotropic sub-statuses constituting Annex no. 2 to the Act on Counteracting Drug Addiction in the wording in force as at the date of concluding the insurance agreement;
- 34) **high-risk sports** – bouldering, rock climbing, ice climbing, mountaineering, Tatra mountaineering, Alpinism, Himalayan mountaineering, ski alpinism, trekking, extreme skiing, freestyle, freeride, high altitude snowboarding, speed snowboarding, ski and snowboard jumps and evolutions, rafting, canyoning, hydrospeed, mountain canoeing, parachuting gliding, hang gliding, paragliding, motor gliding, ballooning, piloting of aircraft or helicopters, zorbing, bungee jumping, diving, parkour, freeriding, buggykiting, windsurfing, quads, kitesurfing, navigation outside the territorial sea and more than 12 nautical miles from the coast, extreme cycling, mountain biking, equestrianism, speleology, bobsleighting, tobogganing, motor sports, land, water or air vehicle rallies, heliskiing, heliboarding, freeride, downhill, b.a.s.e. jumping, dream jumping and skiing or snowboarding off-piste, water skiing and sports using vehicles designed to move on snow or ice;
- 35) **hospital** – an enterprise of a therapeutic entity, in which the said entity performs therapeutic activities of the type of hospital benefits, within the meaning of the Act on therapeutic activities in the wording in force at the date of conclusion of the insurance agreement;
- 36) **narcotic drug** – a substance of natural or synthetic origin acting on the central nervous system, specified in the list constituting Annex no. 1 to the Act on Counteracting Drug Addiction in the wording in force as at the date the insurance agreement is concluded;
- 37) **substitute** – a substance of natural or synthetic origin in any physical state or a product, plant, fungus or part thereof, containing such a substance, used in place of a narcotic or psychotropic substance or for the same purposes as an narcotic or psychotropic substance, the manufacture and placing on the market of which is not regulated under separate provisions within the meaning of the Act on Counteracting Drug Addiction in the wording in force at the date of conclusion of the insurance agreement;
- 38) **benefit** – a cash amount paid to the Insured Person by the Insurer in the event of recognition of a claim resulting from an insurance event specified in §4(1)(2), which is covered by the Insurer's insurance liability;
- 39) **medical benefits** – benefits provided on the territory of the Republic of Poland, necessary from the medical point of view, covered by the insurance agreement, specified in the Catalogue of Medical Benefits constituting Annex no. 1 to these GT&C, provided to the Insured Person in connection with an illness or a personal accident and benefits related to pregnancy, specified in detail in the Catalogue of Medical Benefits constituting Annex no. 1 to these GT&C;
- 40) **Policyholder** – one of the entities referred to in §1(1), concluding an insurance agreement and obliged to pay the insurance premium;
- 41) **individual insurance** – an insurance agreement concluded by the Insurer with the Policyholder for the benefit of the Insured Person indicated by name in the insurance agreement (policy), who reached 4 years of age at the insurance cover start date;
- 42) **family insurance** – an insurance policy concluded by the Insurer with the Policyholder for the benefit of the Insured Person:
- a natural person and their spouse or partner;
 - a natural person and their child;
 - a natural person and their spouse or partner and their children, named by name in the insurance agreement (policy);
- 43) **Insured Person** – a natural person, for the benefit of whom the Policyholder concluded an insurance agreement, provided that at the date of submitting the insurance application to the Insurer, as referred to in §8(1), this person is under 80 years of age, and in the event of a family insurance agreement – also their spouse or partner and children;
- 44) **deductible** – a part of costs of medical benefits not covered by the liability of the Insurer, expressed in amount and specified in Annex no. 1 to the GT&C, the value of which decreases the benefit due to the Insured Person;
- 45) **home calls** – visits provided by an internal medicine physician or a family doctor, and in the event of family insurance – a pediatrician or a family doctor. Detailed rules concerning the provision of home calls – territorial coverage within which the Medical Partner provides home calls are specified in Annex no. 1 to the GT&C. The Medical Hotline consultant agrees with the Insured Person the time of the home call(s);
- 46) **traffic accident** – a sudden event caused by vehicle traffic, independent of the will of the Insured Person being a passenger of the vehicle, a person driving the vehicle or a pedestrian, which was the sole cause of injury to the Insured Person's body;
- 47) **oral cavity sanitation certificate** – a certificate issued by a dentist of the Medical Partner on the complete healing of the oral cavity and specifying the physician's recommendations for a systematic oral cavity check-up.

SUBJECT MATTER OF INSURANCE

§3

This insurance policy covers the costs of medical benefits, as well as assistance benefits, incurred during the term of insurance in connection with the treatment of illnesses and consequences of personal accidents and a hospital stay caused by a personal accident that occurred during the term of insurance.

SCOPE OF THE INSURANCE COVER

§4

- The scope of the insurance cover may include:
 - costs of medical benefits specified in Annex no. 1 to these GT&C;
 - a benefit, in the event of the Insured Person's hospital stay caused by a personal accident, as specified in Annex no. 1 to these GT&C;
 - assistance benefits specified in Annex no. 2 to these GT&C.
- At the request of the Policyholder, on the basis of the provisions of these GT&C, the insurance agreement may be concluded in one of the following variants:
 - OPAL – covering the costs of medical benefits specified in Annex no. 1 to these GT&C for the OPAL variant;
 - SAPPHIRE – covering costs of medical benefits specified in Annex no. 1 to these GT&C for the SAPPHIRE variant;
 - SAPPHIRE WITH EXTRA CHARGE – covering the costs of medical benefits less the Insured Person's deductible specified in Annex no. 1 to these GT&C for the SAPPHIRE WITH EXTRA CHARGE variant;
 - RUBY – covering the costs of medical benefits, specified in Annex no. 1 to these GT&C for the RUBY variant;

- 5) RUBY WITH EXTRA CHARGE – covering the costs of medical benefits less the Insured Person's deductible, specified in Annex no. 1 to these GT&C for the variant RUBY WITH EXTRA CHARGE;
- 6) EMERALD – covering the costs of medical benefits, specified in Annex no. 1 to these GT&C for the EMERALD variant;
- 7) DIAMOND – covering the costs of medical benefits, specified in Annex no. 1 to these GT&C for the DIAMOND variant.
3. At the request of the Policyholder, on the basis of the provisions of these GT&C, the insurance agreement in the variants specified under section 2(1) – (7) may be extended by the insurance cover specified under section 1(2) and section 1(3), subject to the provisions of section 4.
4. At the request of the Policyholder, on the basis of the provisions of these GT&C, the insurance agreement in the variants specified under section 2(4)-(7) may be extended by benefit in the event of a hospital stay due to a personal accident, specified in Annex no. 1 to these GT&C.
5. The Insurer shall cover the costs of the benefits referred to in section 1(1)-(3) if they are necessary from the medical point of view. The medical necessity of a service shall be assessed on the basis of current medical knowledge and medical indications by the specialist ordering or providing the service.
6. An appointment with a specialist physician does not require a referral. Medical benefits in the scope of diagnostic tests require referral from a physician of the Medical Partner.
7. A change to the scope of insurance during the term of the insurance agreement may be made at the written request of the Policyholder and shall require the consent of the Insurer and the conclusion of an annex to the insurance agreement in force.
8. The insurance agreement in the variant SAPPHIRE WITH EXTRA CHARGE and RUBY WITH EXTRA CHARGE may be concluded with the use of deductible for a reduced premium.
3. This insurance cover does not cover the costs of medicines and medical supplies except for those used in emergencies to save lives and deemed necessary by a physician to carry out standard preventive and specialist examinations.
4. The Insurer shall not be liable for costs of medical benefits of dental treatment specified in point 19.8 of the Catalogue of Medical Benefits if the Insured Person, after receiving an oral cavity sanitation certificate from a physician of the Medical Partner, did not follow the recommendations of the dentist specified in such certificate and the periodic dental check-up once in 6 months, unless it did not affect the occurrence of an insurance event.
5. The Insurer shall not be liable for the costs of diagnostic tests necessary to carry out treatment in a hospital which is not the Medical Partner's facility or an institution cooperating with the Medical Partner in the event that the Insured Person has a referral for planned surgical treatment, which such a hospital is obliged to cover in accordance with the Regulation of the Minister of Health of 8 September 2015 on the general terms and conditions of health care services agreements.
6. InterRisk shall not provide cover or pay benefits to the extent that the cover or payment of benefits would expose InterRisk to consequences associated with failure to comply with United Nations resolutions or regulations on sanctions; trade embargoes or economic sanctions imposed under the laws of the European Union or the United States of America or the laws of other countries and regulations issued by international organizations, if applicable to the subject matter of the agreement.

SUM INSURED AND CONDITIONS OF ITS AMENDMENT

§6

1. Subject to section 2, the upper limit of the Insurer's liability in the medical benefits cost insurance referred to in §4(1)(1) shall be the costs of medical benefits specified in Annex no. 1 to these GT&C.
2. In the event of the variant SAPPHIRE WITH EXTRA CHARGE and RUBY WITH EXTRA CHARGE, the upper limit of the Insurer's liability in the medical benefits costs insurance cover, referred to in §4(1)(1), are the costs of medical benefits, specified in Annex no. 1 to these GT&C, in the amount specified in the price list of services of the Medical Partner available in medical facilities and on the website www.enel.pl less the deductible.
3. In the hospital stay insurance cover referred to in §4(1)(2) of these GT&C, the sum insured shall be determined in the amount and shall be the product of the amount of benefit per day of hospital stay specified in the insurance agreement and 60 days of hospital stay referred to in §16(1).
4. In the assistance benefits insurance cover referred to in §4(1)(3) of these GT&C, the sum insured shall be specified by quote.
5. The amount of sums insured referred to in section 3 and 4 above shall be determined at the request of the Policyholder.
6. The sums insured referred to in sections 3 and 4 shall be specified in the insurance agreement and shall constitute the upper limit of the Insurer's liability for a given type of insurance cover.

INSURANCE AGREEMENT CONCLUSION

§7

1. An insurance agreement shall be concluded on the basis of a written application submitted by the Policyholder, which should include at least the following data:
 - 1) first and last name (name) and address (registered office) of the Policyholder;
 - 2) first and last name, address, age, PESEL [Personal Identification] number of the Insured Person, or date of birth (for foreigners), if the agreement is concluded in a registered form for the account of a third party;
 - 3) subject matter and scope of insurance;
 - 4) variant of insurance;
 - 5) form of insurance – individual or family insurance;
 - 6) offer of the sum insured for the hospital stay insurance cover referred to in §4(1)(2) of the GT&C and in the assistance benefits insurance cover referred to in §4(1)(3) of the GT&C;
 - 7) term of insurance;
 - 8) information about the health condition of the Insured Person, about which the Insurer inquired in the application;
 - 9) offer of additional provisions or provisions different from the provisions of these GT&C if the Insured Person wishes to introduce them into the insurance agreement.
2. The Insurer may make the conclusion of an insurance agreement dependent on obtaining additional information affecting the assessment of the insurance risk, of which the Insurer shall notify in writing.
3. If the application does not include all the data specified in section 1 or section 2 or is drawn up incorrectly or not in accordance with the insurance terms and conditions, the Policyholder shall be obliged to supplement it accordingly or to prepare a new application at the request of the Insurer within 14 days from the date of receipt of the letter from the Insurer in this regard. Failure to meet the above deadline shall result in the insurance agreement not being concluded.

EXCLUSIONS OF LIABILITY

§5

1. The Insurer shall not be liable for events occurring as a result of or in connection with:
 - 1) willful committing or attempting to commit a crime by the Insured Person;
 - 2) committing or attempting suicide or self-inflicted injury by the Insured Person;
 - 3) impact of nuclear energy, radioactive waste or explosives;
 - 4) acts of war, martial law, riot and civil disturbance, sabotage and acts of terror;
 - 5) strikes;
 - 6) driving a vehicle by the Insured Person being the driver of a vehicle, who does not have the required qualifications to drive that specific vehicle, or if the vehicle was not registered or had no valid technical inspection, if registration or periodic technical inspection is required with respect to a given vehicle, unless the lack of required qualifications to drive a given vehicle, lack of registration of a vehicle or technical condition of the vehicle had no impact on the accident;
 - 7) congenital defects and illnesses resulting from them, peri-natal damage (effects of physical deformations) or of a hereditary nature;
 - 8) gender reassignment;
 - 9) the Insured Person remaining under the influence of alcohol, narcotic drugs, psychotropic substances or substitute substances within the meaning of the Act on the Drug Abuse in the wording in force as at the date of conclusion of the insurance agreement, except for cases of the Insured Person's taking such substances in accordance with a physician's prescription, provided that the Insured Person's remaining under the influence of alcohol, narcotic drugs, psychotropic substances or substitute substances had an impact on the occurrence of personal accident or illness;
 - 10) epidemics in the meaning provided for by the Act on Prevention and Suppression of Infections and Infectious Diseases in Human Beings, in the wording in force as at the date of conclusion of the insurance agreement;
 - 11) treating consequences of the Insured Person's participation in medical research and experiments;
 - 12) treatment and diagnostics of infertility;
 - 13) poisoning with alcohol, intoxicants and medicines not used in accordance with medical recommendations;
 - 14) pandemic.
2. The scope of assistance benefits does not include:
 - 1) events that occurred outside the territory of the Republic of Poland;
 - 2) benefits granted outside the territory of the Republic of Poland;
 - 3) the costs incurred by the Insured Person without prior notification and obtaining the consent of the Assistance Center, even if the costs are within the limits of liability, unless the lack of notification and obtaining the consent of the Assistance Center occurred for reasons beyond the control of the Insured Person;
 - 4) costs of transport of medicines not recommended by the leading physician.

4. The insurance agreement shall be concluded for a period of twelve months, unless the parties agreed otherwise.
5. With the Insurer's consent, the insurance agreement may be continued for the next 12-month term of insurance on terms and conditions in force as at the date of its prolongation on the basis of an insurance agreement request submitted by the Policyholder, provided that the requested date of commencement of the term of insurance begins not later than on the 30th day counted from the date of termination of the previous term of insurance. The continued agreement is confirmed in the manner referred to in section 7 of this paragraph.
6. The term of insurance shall be specified in the insurance agreement (policy).
7. The Insurer confirms the conclusion of the insurance agreement with an insurance document (policy).

§8

1. The insurance agreement may be concluded in the form of an individual or family insurance policy within the meaning of §2(41) and (42).
2. Persons under 4 years of age may be covered by the insurance cover only in the form of family insurance policy within the meaning of §2(42).
3. Persons over 4 years of age may be covered by insurance in the form of individual insurance policy within the meaning of §2(41), subject to section 4.
4. Persons under 18 years of age may not be covered by insurance in the form of an individual insurance policy within the meaning of §2(41) in the OPAL variant.

BEGINNING AND END OF THE INSURER'S LIABILITY

§9

1. The insurance agreement shall specify the beginning and the end date of the term of insurance.
2. The Insurer's liability under the concluded insurance agreement shall commence at the date indicated in the agreement as the insurance cover start date (term of insurance), but not earlier than on the day following the payment of the premium or the first instalment of the premium, subject to the provisions of sections 5 and 6.
3. The Insurer's liability shall cease:
 - 1) at the date of expiry of the term of insurance;
 - 2) at the date of withdrawal from the insurance agreement by the Policyholder;
 - 3) at the date of termination of the insurance agreement as a result of the termination referred to in §10(2), (3), (5), and (6);
 - 4) in the event of paying the premium in instalments – if, following the expiry of the instalment payment deadline, the Insurer calls on the Policyholder to pay the premium with a threat that failure to make the said payment within 7 days from the date of receipt of the call by the Policyholder will cause the Insurer's liability to cease and the next instalment of the premium will not be paid within this deadline – at the date of expiry of this deadline;
 - 5) towards the Insured Person – at the date of the Insured Person's death;
 - 6) towards the Insured Person – at the date of exhaustion of the sum insured as a result of payment of a benefit or benefits of the total amount equal to the sum insured – applies to the hospital stay insurance cover and the assistance benefits insurance cover;
 - 7) towards the Insured Person in the family insurance agreement – at the end of the last day of the calendar month in which the Insurer received a statement on the Insured Person's withdrawal from the family insurance agreement. The Insured Person may withdraw from the family insurance agreement at any time.
4. If the liability of the Insurer has ceased as a result of exhaustion of the sum insured referred to in section 3(6), the Insurer's liability under the concluded insurance agreement shall be resumed by way of an annex to the insurance agreement, from the date indicated in that annex; however, not earlier than after the payment of an additional insurance premium.
5. In the event of costs of one-day surgery listed in the Catalogue of Medical Benefits constituting Annex no. 1 to these GT&C, the Insurer's liability begins from the day following the lapse of the grace period which is 120 days counted from the first day of the term of insurance specified in the policy.
6. In the event of ambulatory rehabilitation costs specified in the Catalogue of Medical Benefits constituting Annex no. 1 to these GT&C, the Insurer's liability begins on the day following the lapse of the grace period which is 60 days counted from the first day of the term of insurance specified in the policy.
7. The grace period referred to in sections 5 and 6 shall not apply in the event of continuation of the insurance agreement pursuant to §7(5) with respect to risks covered by the insurance cover in the previous term of insurance.

TERMINATION OF THE INSURANCE AGREEMENT

§10

1. If the insurance agreement is concluded for a period longer than six months, the Policyholder shall have the right to withdraw from the insurance agreement within 30 days, and in the event that the Policyholder is an entrepreneur – within 7 days from the date of insurance agreement conclusion.

2. If a circumstance involving a material accident probability change is disclosed, either party may demand that the premium rate be adjusted accordingly from the time when that circumstance arose, but not earlier than the beginning of the current term of insurance. If such a request is made, the other party may terminate the agreement with immediate effect within 14 days.
3. If the Insurer was already liable before the premium or its first instalment was paid, and the premium or its first instalment was not paid by the Policyholder on time, the Insurer may terminate the agreement with immediate effect and demand payment of the premium for the period for which the Insurer was liable. If the insurance agreement is not terminated, it shall expire at the end of the period for which the premium was not paid.
4. The insurance agreement expires at the date of ineffective expiry of the period referred to in §9(3)(4) of the GT&C.
5. The Policyholder may terminate the insurance agreement at any time during its term with effect on the last day of a calendar month with 30 days' notice.
6. The Insurer may terminate the insurance agreement with effect on the last day of a calendar month with 30 days' notice for the following important reasons:
 - 1) due to the behavior of the Policyholder or the Insured Person that poses a threat or causes damage to life or health of the staff of the Medical Partner or patients of the Medical Partner, which has been recorded by means of an image, sound, or was confirmed in any other way, including by witnesses;
 - 2) due to insulting or defaming the Medical Partner, the staff of the Medical Partner or the patients of the Medical Partner, which has been recorded by means of an image or sound, or was confirmed in any other way, including by witnesses;
 - 3) disturbing the functioning of the Medical Partner's facilities by repeatedly (i.e. at least 3 times per calendar month) cancelling visits in a manner inconsistent with §13(1)(4) of the GT&C or failing to appear for a visit at least once during the 12-month term of insurance without prior cancellation. The Insured Person may obtain information about the current number of incorrectly cancelled visits and the number of non-attended visits for which the Insured Person has failed to appear from the Medical Partner.

INSURANCE PREMIUM

§11

1. The amount of the insurance premium due for the period of the Insurer's liability shall be specified in the insurance agreement.
2. The amount of the basic insurance premium depends on risk assessment factors, in particular:
 - 1) scope of insurance;
 - 2) insurance variant;
 - 3) amount of the sum insured – in the event of the hospital stay insurance cover and the assistance benefits insurance cover;
 - 4) health condition of the Insured Person;
 - 5) age of the Insured Person;
 - 6) information on claims in the event of continuation of the insurance agreement for a subsequent period;
 - 7) form of insurance policy – individual or family, within the meaning of §2(41) and (42);
 - 8) term of insurance, taking into account the grace period referred to in §9(5) and (6);
 - 9) applied deductible of the Insured Person referred to in §2(44).
3. The insurance premium shall be set at a fixed amount for a given type of insurance. The insurance premium is denominated in Polish zloty [PLN].
4. The amount of the basic insurance premium shall be calculated in accordance with the tariff applicable at the date of conclusion (or amendment) of the insurance agreement.
5. If the premium rate does not take into account the insured risk, the premium rate shall be determined on the basis of an individual risk assessment by the Insurer.
6. The Insurer may apply discounts and/or increases in the basic insurance premium.
7. The amount of the final insurance premium shall be calculated by applying the premium increases and discounts.
8. The Insurer may apply premium increases, in particular in the event of:
 - 1) persons who have been sick with or have been diagnosed with diseases such as:
 - a) diabetes mellitus (fasting glycemia \geq 126 mg/dl or random blood glucose level \geq 200 mg/dl);
 - b) hypertension (critical – blood pressure above RR >180 and >120 without medication and/or treated with more than 4 blood pressure reducing drugs);
 - c) heart failure of class II or higher according to the NYHA (New York Heart Association) classification;
 - d) malignant cancer, where the period from the end of treatment is less than five years;

- 2) introduction of additional and/or different provisions to those of these GT&C requested by the Insurer;
 - 3) high frequency of occurrence of insurance events covered by the liability of the Insurer.
9. The Insurer may apply premium discounts, in particular for:
- 1) payment of the premium in one instalment, in two or four instalments;
 - 2) introduction of additional provisions or provisions different from the provisions of these GT&C requested by the Insured Person.
10. The insurance premium is payable on a one-off basis, unless the parties agreed otherwise.
11. At the request of the Policyholder, the insurance premium may be divided into instalments. The dates of payment and the amount of subsequent instalments shall be specified in the insurance agreement (policy).
12. The insurance premium shall be paid at the latest at the date of the conclusion of the agreement, unless the parties to the agreement have agreed on a later date for payment in the insurance agreement (policy). In the event of instalment payment, the first premium shall be payable at the moment of concluding the insurance agreement, while the subsequent insurance premium instalments shall be payable at the payment dates specified in the insurance agreement (policy).
13. In the event of expiry of the insurance relationship before the expiry of the term for which the insurance agreement was concluded, InterRisk shall be liable for the period when it provided insurance cover, and the Policyholder shall be entitled to reimbursement of the premium for the period of the unused insurance cover.

RIGHTS AND OBLIGATIONS OF THE PARTIES TO THE AGREEMENT

§12

1. The Policyholder shall be obliged to:
 - 1) provide the Insurer, prior to the conclusion of the insurance agreement, with the circumstances known to the Insurer, which the Insurer asked for in the application form or in letters addressed to the Policyholder. If the Policyholder concludes an agreement via a representative, this obligation shall also apply to the representative and shall cover the circumstances known to him or her;
 - 2) notify the Insurer of any changes in circumstances of which the Policyholder informed the Insurer prior to the conclusion of the insurance agreement, immediately after becoming aware of them;
 - 3) pay the insurance premium or its instalments within a specified period of time;
 - 4) enable the Insurer to obtain information relating to the circumstances of the occurrence of an insurance event;
 - 5) comply with the obligations set forth in these GT&C.
 2. If the Policyholder has not informed the Insurer of the circumstances known to him or her, referred to in section 1(1) or has not fulfilled the obligation referred to in section 1(2), the Insurer shall not be liable for the consequences of such circumstances.
 3. If the insurance agreement is concluded for the account of a third party:
 - 1) The Policyholder shall be obliged to deliver the GT&C to the Insured Person and provide the necessary information concerning the insurance cover;
 - 2) The Policyholder shall be obliged to provide the person interested in entering into the insurance agreement with the information referred to in art. 17(1) of the Act on Insurance and Reinsurance Activity before such person enters into the insurance agreement, in writing, or if the person interested in entering into the insurance agreement consents thereto, on another durable medium;
 - 3) The Policyholder shall be obliged to inform the Insured Person, upon request, of the manner of calculating and paying the insurance premium and to deliver to the Insured Person the terms and conditions of the agreement, in particular the provisions of the agreement in the scope determining the rights and obligations of the Insured Person, before the Insured Person gives his or her consent to the financing of the insurance premium (if the Insured Person finances the premium). The information shall also include a description of the duties of the Policyholder and the Insurer towards the Insured Person;
 - 4) Irrespective of other provisions of the GT&C, in the event of discontinuation or cessation of pursuing a claim for compensation from the Insurer by the Policyholder, the Insured Person or his or her heirs shall be entitled to a direct claim for compensation.
 4. If the group insurance agreement has been concluded for the account of employees of the Policyholder or persons performing work on the basis of civil-law agreements and their family members or for the account of members of associations, professional self-governments or trade unions and the Policyholder receives from the Insurer remuneration or other benefits in connection with offering the possibility to take advantage of the insurance cover or activities related to the performance of group insurance agreement, prior to accession to the group insurance agreement the Policyholder shall provide the person interested in joining such agreement with information about:
 - 1) The Insurer's business name and address of the Insurer's registered office;
 - 2) The nature of the remuneration or other benefits received in connection with the proposed accession to the group insurance agreement;
 - 3) The possibility of lodging a complaint, lodging a complaint and out-of-court dispute resolution.
5. The Insurer shall be obliged:
- 1) to exercise due diligence in concluding and performing the insurance agreement;
 - 2) to provide the Policyholder with all information necessary to conclude and execute the insurance agreement, including the address data of the Medical Partner and the principles of organization of medical benefits provided, and in the event of a claim, it shall be obliged to timely adjustment;
 - 3) to provide the Policyholder with the text of these GT&C and other documents and forms necessary for the performance of the insurance agreement, prior to the conclusion of the insurance agreement;
 - 4) at the request of the Insured Person, to provide information on the provisions of the concluded agreement and the GT&C regarding the rights and obligations of the Insured Person;
 - 5) to make information and documents collected available to the Policyholder or the Insured Person in order to determine the liability of the Insurer or the amount of benefit. The above-mentioned persons may request a written confirmation of the information made available by the Insurer, as well as make photocopies of the documents and confirm their conformity with the original by the Insurer at their own expense;
 - 6) to cover persons who have been notified for insurance by the Insurer and for whom the insurance premium has been paid;
 - 7) to make a payment of benefit under the terms and conditions specified in these GT&C and the insurance agreement – shall apply to benefit in the event of hospital stay;
 - 8) to secure the personal data received as a result of the insurance agreement in accordance with the requirements of the Personal Data Protection Act, in the wording in force as at the date of conclusion of the insurance agreement;
 - 9) to inform the person making the claim in writing what documents are needed to determine the liability of the Insurer or the amount of benefit in the event of the hospital stay insurance cover, if it is necessary to continue the proceedings, in accordance with §17(6);
 - 10) to inform the Policyholder or the Insured Person in writing, if they are not the persons appearing with the notification of the occurrence of the event covered by the insurance cover, in accordance with §17(6).
6. The Insurer, the Insured Person or the Insured Person shall have the right to inspect the information and documents collected in order to determine the Insurer's liability or the amount of benefit, request a written confirmation by the Insurer of the information made available and make copies or photocopies of documents at their cost and confirm their conformity with the original copy by the Insurer.
7. Regardless of other provisions of the GT&C, in the event of discontinuation or cessation of pursuing a benefit from the Insurer by the Policyholder, the Insured Person or their heirs shall be entitled to directly pursue the benefit.
8. The rules of taxation of amounts received under insurance are regulated by the Personal Income Tax Act and the Corporate Income Tax Act.

CLAIM MAKING. DETERMINATION AND PAYMENT OF BENEFITS

§13

1. In an event that may cause the Insurer's liability in the medical benefits costs insurance cover specified in Annex no. 1 to the GT&C, the Policyholder or the Insured Person shall be obliged:
 - 1) to contact or report to the Medical Partner in order to obtain medical benefits;
 - 2) to present a valid identity document;
 - 3) to comply with the recommendations and instructions of the medical personnel of the Medical Partner in the scope justified by the health benefits provided;
 - 4) if the Insured Person cannot or does not wish to use the service on the agreed date, they are obliged to inform the Medical Partner about it not later than 5 hours before the scheduled date of service performance by contacting the Enel-Med Medical Hotline, via the Enel-Med application, via the "Enel Med online system" via the www.enel.pl website or via a feedback text message to Enel-Med regarding the confirmation of the visit, unless the Insured Person failed to provide the above information by no fault of their own. If the Insured Person provides the above information, the Medical Partner will set a new date agreed with the Insured Person for the provision of the medical service.
2. In an event which may result in the Insurer's liability under the hospital stay insurance cover, the Insured Person shall be obliged:
 - 1) to immediately report to a physician and follow their instructions;
 - 2) to immediately notify the Insurer's organizational unit of the occurrence of an event covered by the insurance cover, provided that the state of health allows so, not later than within 14 working days from the date of the occurrence of the event or obtaining information about it.
3. In an event covered by Insurer's insurance cover under the assistance benefits referred to in §4(1)(3), the Policyholder, the Insured Person shall be obliged to contact the Assistance Center (address, telephone number is given in the insurance agreement) and provide the following information:

- 1) data of the Policyholder: last name (name) and address (registered office);
 - 2) first and last name of the Insured Person;
 - 3) address of residence of the Insured Person;
 - 4) policy number;
 - 5) a brief description of the event, and type of assistance needed;
 - 6) a contact telephone number of the Insured Person.
4. In an event covered by the Insurer's insurance cover under assistance benefits, the Insured Person – at the request of the Assistance Center – is obliged to present the medical certificates, referrals, sick leaves, medical documents, prescriptions to the physicians of the Assistance Center, as well as to present bills or invoices and proofs of payment – to the extent that such documents and information are necessary to determine the scope of the Insurer's liability.

§14

1. In order to book an e-visit under medical benefits costs insurance specified in Annex no. 1 to the GT&C, the Insured Person shall use the link available at the address: ewizyty.enel.pl and make an appointment, indicate the medical specialization which the Insured Person wants to use, the date and the chosen one form of e-consultation from among those listed below:
 - 1) online chat – an exchange of short text messages;
 - 2) teleconference – an audio transmission;
 - 3) videoconference – an audiovisual transmission.
2. In order to use e-visits by the Insured Person under the medical benefits costs insurance cover specified in Annex no. 1 to the GT&C, the Insured Person must have access to:
 - 1) a device with access to the Internet running a Microsoft Windows, iOS or Android operating system and a minimum connection speed of 1 Mbps;
 - 2) the latest version of Chrome's web browser is installed with support for the applications necessary for the correct connection to the ICT system enabled;
 - 3) JavaScript support start (the latest and enabled JavaScript);
 - 4) an active e-mail address;
 - 5) a stationary or mobile phone.
3. If using a mobile app, the device should have Android or iOS, updated to the latest version.
4. If using the App on a mobile device, it is needed to have Telemedi.co installed on Google Play (www.play.google.com) or Appstore (www.appstore.com).
5. The recommended minimum screen resolution is 1024x768 pixels when using the application with a browser.

§15

1. In the hospital stay insurance cover referred to in §4(1)(2), the benefit shall be paid on the basis of the provisions of these GT&C. The benefit is the product of the amount of benefit per day of hospital stay specified in the policy and the total number of days of hospital stay and is due for the second day of stay and for each subsequent day of hospital stay, but not more than 60 days of total hospital stay.
2. Subject to section 3, the benefit shall be paid provided that:
 - 1) The Insured Person was hospitalized in the territory of the Republic of Poland;
 - 2) The hospital stay was a consequence of a personal accident which occurred during the term of insurance;
 - 3) Admission to hospital took place during the term of insurance.
3. If the hospital stay is a consequence of a traffic accident, the Insured Person shall be entitled to additional benefit in the amount of 50% of the daily benefit referred to in section 1 above. The Insured Person shall be entitled to additional benefit for the period not longer than 14 days of hospital stay.
4. If the discharge from the hospital occurs after the end of the term of insurance, the hospital stay is covered by the liability of the Insurer, provided that the admission to the hospital took place during the term of insurance.

§16

The assistance benefits referred to in §4(1)(3) shall be provided to the Insured Person in accordance with Annex no. 2 to these GT&C.

§17

1. The event notification in the event of the hospital stay insurance cover should include the following basic information:
 - 1) data of the Policyholder: last name (name) and address (registered office);
 - 2) data of the Insured Person: first and last name, address of residence, PESEL number;
 - 3) policy number;
 - 4) the event date and a detailed description of the circumstances of the event.
2. The notification referred to in section 1 should be accompanied by the following basic

documents:

- 1) police reports or their copies concerning the event, if they have been prepared and are in the possession of the Policyholder or the Insured Person;
 - 2) medical certificates in possession describing the type and extent of injuries and containing an accurate diagnosis;
 - 3) all the hospital certificates in possession in connection with the personal accident, the information card from the hospital;
 - 4) other documents specified in additional or different provisions introduced to the insurance agreement or in the letter referred to in section 6.
3. The Insurer may, at its own expense, direct the Insured Person for medical examinations.
 4. The Insurer may obtain, for a fee, from entities performing medical activities within the meaning of the provisions of the Act on Medical Activity, in the wording in force as at the date of conclusion of the insurance agreement, which provided health benefits to the Insured Person, and via a physician authorized by the Insurer, information on circumstances related to the assessment of insurance risk and verification of data on their health condition, determination of the right of this person to benefit from the concluded insurance agreement and the amount of this benefit, to the extent specified in the Act on Insurance and Reinsurance Activity.
 5. The Insurer's request for information referred to in section 4 shall require the written consent of the Insured Person or the person for whose account the insurance agreement is to be concluded, or their statutory representative.
 6. After receiving a notification of an event covered by the insurance cover, the Insurer, within 7 days from the date of receiving this notification, shall inform the Policyholder or the Insured Person about it, if they are not the persons appearing with the notification of the event covered by the insurance cover and shall undertake proceedings to determine the facts of the event, the legitimacy of the claims and the amount of benefit, as well as inform the person appearing with the claim in writing, what documents are needed to determine the liability of the Insurer or the amount of benefit, if it is necessary to continue the proceedings.
 7. If the Insurer receives new information related to the determination of the legitimacy of the claims or the amount of benefit, the Insurer, within 7 days from the date of receiving additional information, shall inform the Policyholder, the Insured Person under the insurance agreement in writing, which additional documents are necessary to determine the benefit.

§18

1. The determination of the legitimacy of benefits shall be made on the basis of submitted documents; however, the Insurer shall have the right to verify them and consult experts.
2. The Insurer shall pay the benefit on the basis of acknowledgement of the claim, after prior conducting its own proceedings to determine the facts of the event covered by the insurance cover, the legitimacy of the reported claim and the amount of benefit, the settlement concluded with the Insured Person or a final court ruling.
3. The benefit may be paid: by bank transfer or postal money transfer.
4. The Insurer shall pay the benefit within 30 days from the date of receiving the notification of the event.
5. If, within the period specified in section 4, clarification of the circumstances necessary to determine the liability of the Insurer or the amount of benefit turned out to be impossible, the benefit shall be paid within 14 days from the day when, with due diligence, clarification of these circumstances was possible. However, the indisputable part of the benefit shall be paid by the Insurer within 30 days from the date of receiving the notification of the accident.
6. If the Insurer fails to pay the benefit within the time limit specified in section 4, the Insurer shall notify in writing the person making the claim and the Insured Person, if they are not the person making the claim, of the reasons for the inability to satisfy their claims in whole or in part within the time limit specified above.
7. If the benefit is not due or is due in an amount other than that specified in the claim, the Insurer shall inform the person making the claim and the Insured Person, if they are not the person making the claim, in writing, within the time limits specified in section 4 or 5, indicating the circumstances and the legal basis justifying the total or partial refusal to pay the benefit and instructing about the possibility of lodging a complaint or grievance to the Insurer or pursuing the claim at court.

COMPLAINTS AND GRIEVANCES

§19

1. The person seeking insurance cover, the Policyholder, the Insured, the beneficiary or the entitled person shall have the right to make reservations concerning the services provided by InterRisk, including the submission of complaints, hereinafter referred to as complaints.
2. A complaint may be filed:
 - a) in writing – in person, at any InterRisk organizational unit serving clients, through a postal operator or courier service, or sent to an electronic delivery address entered in the database of electronic addresses;
 - b) orally – by phone through InterRisk Contact (phone number: 22 575 25 25) or in person and recorded in each InterRisk business unit serving customers;

- c) in electronic form – by sending an e-mail to: szkody@interrisk.pl.
3. InterRisk responds to the claim without undue delay, but no later than within 30 days of receipt. Sending the response before this deadline is sufficient to meet the deadline.
 4. In especially complicated cases, which make it impossible to consider the complaint and provide an answer within 30 days from the date of receiving the complaint, the deadline for considering the complaint and providing an answer can be extended to a maximum of 60 days from the date of receiving the claim. Informing about the extension of the deadline for responding to the complaint, InterRisk shall indicate the reason for the delay, circumstances which need to be established and the expected date of processing the complaint.
 5. InterRisk responds to a complaint from a natural person in writing, or at the natural person's request – by e-mail. For complaints submitted by entities other than natural persons, InterRisk responds in paper form or on another durable medium.
 6. The Policyholder, the Insured, the beneficiary and the entitled person being a natural person, shall have the right to request the Financial Ombudsman to examine the case. Consumers also have the right to request assistance from municipal and county consumer ombudsmen.
 7. InterRisk is subject to supervision by the Polish Financial Supervision Authority.

PROVISIONS APPLICABLE TO DISTANCE AGREEMENTS IN THE MEANING OF THE CONSUMER RIGHTS ACT

§20

If the insurance agreement is concluded as a distance agreement within the meaning of the Act on Consumer Rights, in the wording in force as at the date of conclusion of the insurance agreement, the following provisions shall apply to the agreement:

1. A consumer who has concluded a distance insurance agreement may withdraw from it without giving reasons by submitting a statement in writing within 30 days from the date of conclusion of the agreement or from the date of confirmation of the information referred to in art. 39 of the Act on Consumer Rights, if this is a later date. A time limit shall be deemed to have been observed if, before its expiry, a statement has been sent. In the event of withdrawal from the insurance agreement by the consumer, the Insurer shall be entitled only to a part of the premium calculated pro rata for each day of granting insurance cover by the Insurer.
2. The insurance agreement does not involve any financial risk arising from its particular features or the nature of the activities to be performed, and the premium does not depend on price movements on the financial market.
3. The consumer shall bear the costs resulting from the means of distance communication at the tariff of the consumer's operator.
4. Disputes arising out of agreements concluded between consumers and the Insurer via the website or other electronic means may be settled by the competent authorities via the European out-of-court dispute resolution platform at the address: <http://ec.europa.eu/consumers/odr/>.
5. The insurance agreement is not covered by a guarantee fund or other guarantee scheme.
6. The Polish language shall be the language applied in relations between the Insurer and the consumer.
7. The law applicable to the Insurer's relations with the consumer before the conclusion of the agreement as well as the law applicable to the conclusion and performance of the insurance agreement shall be the Polish law

§21

1. The medical benefits referred to in §4(1)(1) are provided to the Insured Person exclusively via the Medical Partner in accordance with Annex no. 1 to these GT&C.
2. The costs of the medical benefits referred to in §4(1)(1) are paid directly to the Medical Partner's account, subject to section 3.

3. As for the medical benefits insurance cover in the variant SAPPHIRE WITH EXTRA CHARGE and RUBY WITH EXTRA CHARGE, the costs of medical benefits covered on the account of the Medical Partner include the Insured Person's deductible in the amount specified in the insurance agreement. The benefit amount is determined on the basis of the terms of the cooperation agreement and the agreed principles of remuneration of the Medical Partner, but the amount of covered costs of the benefit provided does not exceed the costs specified in the pricelist of benefits referred to in §7(2).
4. As for the medical benefits insurance cover in the variant SAPPHIRE WITH EXTRA CHARGE and RUBY WITH EXTRA CHARGE, the amount corresponding to the Insured Person's deductible shall be covered by the Insured Person by making a payment to the account of the Medical Partner before using medical benefits covered by the scope of insurance in the manner indicated by the medical institution providing the medical benefit.
5. In the event of hospital stay, referred to in §4(1)(2), the benefit shall be paid to the Insured Person.
6. The assistance benefits referred to in §4(1)(3) shall be provided exclusively to the Insured Person via the Assistance Center in accordance with Annex no. 2 to these GT&C.

FINAL PROVISIONS

§22

1. All notifications and statements made by the Policyholder, the Insured Person, or the Insurer in connection with the insurance agreement (concerning both performance and termination or withdrawal from the insurance agreement) shall be made in writing under pain of nullity, except if these entities agree to the transmission of notices and statements in electronic form.
2. An action for a claim under the insurance agreement may be brought in accordance with the provisions on general jurisdiction or before the court competent for the place of residence or registered office of the Policyholder, the Insured Person or person entitled under the insurance agreement. An action for a claim under the insurance agreement may be brought in accordance with the provisions on general jurisdiction or before the court competent for the place of residence of the heir of the Insured Person or the heir of the person entitled under the insurance agreement.
3. Any disputes arising out of or in connection with the insurance agreement may be resolved by the Court of Arbitration at the Polish Financial Supervision Authority. The above provision does not constitute an arbitration clause.
4. Pursuant to the Act on Out-of-Court Settlement of Consumer Disputes, in the wording in force as at the date of conclusion of the insurance agreement, the Insurer shall be obliged to pursue the out-of-court settlement of consumer disputes. The Financial Ombudsman (www.rf.gov.pl) is the entity authorized to perform the out-of-court settlement of disputes between consumers and the Insurer.
5. The law applicable to the insurance agreement concluded on the basis of these GT&C shall be the Polish law.
6. These General Terms and Conditions of Medical Treatment Costs Insurance "Medi-Care" were approved by Resolution no. 05/06/07/2021 of the Management Board of InterRisk TU S.A. Vienna Insurance Group dated 06/07/2021 and apply to insurance agreements entered into from 22/08/2021 onwards.
7. The following constitute an integral part of these GT&C:
 - 1) Annex no. 1 – Catalogue of Medical Benefits;
 - 2) Annex no. 2 – Assistance Benefits.

President of the Management Board

Piotr Narloch

Member of the Management Board

Włodzimierz Wasiak

If the distribution activities in connection with the proposed conclusion of an insurance agreement are performed by an InterRisk employee then, for this reason, the employee shall receive basic, or basic and variable remuneration included in the amount of the insurance premium.

Where distribution activities in connection with the proposed conclusion of an insurance agreement are performed by an insurance agent, the agent is required to inform the customer of the nature of the remuneration received, and where the fee is paid directly by the customer – of its amount.

CATALOGUE OF MEDICAL BENEFITS

VARIANTS: OPAL, SAPPHIRE, SAPPHIRE WITH EXTRA CHARGE, RUBY, RUBY WITH EXTRA CHARGE, EMERALD, DIAMOND

Item	Medical benefits	Insurance variant						
		Opal	Sapphire	Sapphire with extra charge	Ruby	Ruby with extra charge	Emerald	Diamond
1	PAYMENT OF BENEFITS:							
1.1	in own facilities of the ENEL-MED S.A. Medical Center.	YES	YES	YES	YES	YES	YES	YES
1.2	in facilities specified in point 1.1 and additionally in facilities cooperating with the ENEL-MED S.A. Medical Center, (***) subject to the reservation that: - cooperating facilities are on the list of facilities cooperating with the ENEL-MED S.A. Medical Center available on the website www.interrisk.pl - the insurance agreement was concluded with the performance of benefits in cooperating facilities (information included in the policy)	YES***	YES***	NO	YES***	NO	YES***	NO
2	24-HOUR MEDICAL HELPLINE	YES	YES	YES	YES	YES	YES	YES
3	SMS APPOINTMENT REMINDER	YES	YES	YES	YES	YES	YES	YES
4	MOBILE APP	YES	YES	YES	YES	YES	YES	YES
5	E-VISITS	YES	YES	YES	YES	YES	YES	YES
6	CONSULTATION OF PRIMARY CARE PHYSICIANS:							
6.1	Internist	NO	YES	PLN 15	YES	PLN 15	YES	YES
6.2	Pediatrician	NO	YES	PLN 15	YES	PLN 15	YES	YES
6.3	Family doctor	NO	YES	PLN 15	YES	PLN 15	YES	YES
7	SPECIALIST CONSULTATIONS – FOR ADULTS AND CHILDREN >16 YEARS OLD:							
7.1	Allergist	NO	YES	PLN 15	YES	PLN 15	YES	YES
7.2	Anesthesiologist	NO	NO	NO	YES	PLN 15	YES	YES
7.3	Audiologist	NO	NO	PLN 15	YES	PLN 15	YES	YES
7.4	General surgeon	YES	YES	PLN 15	YES	PLN 15	YES	YES
7.5	Vascular surgery	YES	YES	PLN 15	YES	PLN 15	YES	YES
7.6	Oncologist surgeon	NO	NO	NO	YES	PLN 15	YES	YES
7.7	Plastic surgeon	NO	NO	NO	YES	PLN 15	YES	YES
7.8	Dermatologist	YES	YES	PLN 15	YES	PLN 15	YES	YES
7.9	Diabetologist	NO	NO	NO	YES	PLN 15	YES	YES
7.10	Dietician	NO	NO	NO	NO	NO	YES	YES
7.11	Endocrinologist	YES	YES	PLN 15	YES	PLN 15	YES	YES
7.12	Phoniatrist	NO	NO	NO	YES	PLN 15	YES	YES
7.13	Gastrologist	YES	YES	PLN 15	YES	PLN 15	YES	YES
7.14	Gynecologist	YES	YES	PLN 15	YES	PLN 15	YES	YES
7.15	Gynecologist-endocrinologist	NO	NO	NO	YES	PLN 15	YES	YES
7.16	Hematologist	YES	YES	PLN 15	YES	PLN 15	YES	YES
7.17	Hepatologist	YES	YES	PLN 15	YES	PLN 15	YES	YES
7.18	Cardiologist	YES	YES	PLN 15	YES	PLN 15	YES	YES
7.19	ENT specialist	YES	YES	PLN 15	YES	PLN 15	YES	YES
7.20	Sports physician – medical consultation	NO	NO	NO	YES	PLN 15	YES	YES
7.21	Nephrologist	NO	NO	NO	YES	PLN 15	YES	YES
7.22	Neurosurgeon	NO	NO	NO	YES	PLN 15	YES	YES
7.23	Neurologist	YES	YES	PLN 15	YES	PLN 15	YES	YES
7.24	Ophthalmologist	YES	YES	PLN 15	YES	PLN 15	YES	YES

Item	Medical benefits	Opal	Sapphire	Sapphire with extra charge	Ruby	Ruby with extra charge	Emerald	Diamond
7.25	Orthopedics specialist	YES	YES	PLN 15	YES	PLN 15	YES	YES
7.26	Psychiatrist	NO	NO	NO	NO	NO	YES	YES
7.27	Psychologist	NO	NO	NO	NO	NO	YES During the period of validity of the policy, each Insured Person is entitled to a maximum of 3 appointments	YES
7.28	Psychotherapist	NO	NO	NO	NO	NO	NO	YES
7.29	Proctologist	YES	YES	PLN 15	YES	PLN 15	YES	YES
7.30	Pulmonologist	YES	YES	PLN 15	YES	PLN 15	YES	YES
7.31	Rheumatologist	YES	YES	PLN 15	YES	PLN 15	YES	YES
7.32	Urologist	YES	YES	PLN 15	YES	PLN 15	YES	YES
8	SPECIALIST CONSULTATIONS – FOR CHILDREN:							
8.1	Allergologist	NO	YES	PLN 15	YES	PLN 15	YES	YES
8.2	General surgeon	NO	YES	PLN 15	YES	PLN 15	YES	YES
8.3	Dermatologist	NO	YES	PLN 15	YES	PLN 15	YES	YES
8.4	Diabetologist	NO	NO	NO	YES	PLN 15	YES	YES
8.5	Endocrinologist	NO	YES	PLN 15	YES	PLN 15	YES	YES
8.6	Gastrologist	NO	YES	PLN 15	YES	PLN 15	YES	YES
8.7	Hematologist	NO	YES	PLN 15	YES	PLN 15	YES	YES
8.8	Cardiologist	NO	YES	PLN 15	YES	PLN 15	YES	YES
8.9	ENT specialist	NO	YES	PLN 15	YES	PLN 15	YES	YES
8.10	Nephrologist	NO	NO	NO	YES	PLN 15	YES	YES
8.11	Neurologist	NO	YES	PLN 15	YES	PLN 15	YES	YES
8.12	Ophthalmologist	NO	YES	PLN 15	YES	PLN 15	YES	YES
8.13	Oncologist surgeon	NO	NO	NO	YES	PLN 15	YES	YES
8.14	Orthopedics specialist	NO	YES	PLN 15	YES	PLN 15	YES	YES
8.15	Rheumatologist	NO	YES	PLN 15	YES	PLN 15	YES	YES
8.16	Urologist	NO	YES	PLN 15	YES	PLN 15	YES	YES
9	HOME CALLS*	NO	NO	NO	YES	PLN 30	YES	YES
10	HEALTH PROPHYLAXIS: (Once a year, laboratory tests are performed without a referral from a physician of the Medical Partner at the CM Enel-Med clinics)							
10.1	Glucose – fasting test	YES	YES	YES	YES	YES	YES	YES
10.2	Total cholesterol	YES	YES	YES	YES	YES	YES	YES
10.3	General urine test	YES	YES	YES	YES	YES	YES	YES
10.4	Complete blood cell counts	YES	YES	YES	YES	YES	YES	YES
11	MANAGEMENT OF PREGNANCY	YES	YES	YES	YES	YES	YES	YES
12	BASIC LABORATORY TESTS:							
12.1	HAEMATOLOGY AND BLOOD-CLOTTING SYSTEM TESTS:							
12.1.1	Complete blood cell counts	YES	YES	YES	YES	YES	YES	YES
12.1.2	Complete blood cell counts	YES	YES	YES	YES	YES	YES	YES
12.1.3	Waalser-Rose reaction	YES	YES	YES	YES	YES	YES	YES
12.1.4	Determination of the percentage of reticulocytes	YES	YES	YES	YES	YES	YES	YES
12.1.5	Platelets	YES	YES	YES	YES	YES	YES	YES
12.1.6	Activated partial thromboplastin time (APTT)	YES	YES	YES	YES	YES	YES	YES
12.1.7	Thrombin time (TT)	YES	YES	YES	YES	YES	YES	YES
12.1.8	Prothrombin time (PT)/Quick method, INR	YES	YES	YES	YES	YES	YES	YES
12.1.9	Fibrinogen	YES	YES	YES	YES	YES	YES	YES

Item	Medical benefits	Opal	Sapphire	Sapphire with extra charge	Ruby	Ruby with extra charge	Emerald	Diamond
12.1.10	Quantitative determination of antithrombin III	YES	YES	YES	YES	YES	YES	YES
12.2	URINE AND FAECES TESTS:							
12.2.1	General urine test	YES	YES	YES	YES	YES	YES	YES
12.2.2	Lead in the 24-hour urine collection	YES	YES	YES	YES	YES	YES	YES
12.2.3	Protein in urine	YES	YES	YES	YES	YES	YES	YES
12.2.4	Amylase in urine	YES	YES	YES	YES	YES	YES	YES
12.2.5	Addis count in urine	YES	YES	YES	YES	YES	YES	YES
12.2.6	Pregnancy test	NO	NO	NO	YES	YES	YES	YES
12.2.7	Fecal analysis for the presence of parasites (one determination)	NO	NO	NO	YES	YES	YES	YES
12.2.8	Lambdas in feces by enzymatic method ELISA	NO	NO	NO	YES	YES	YES	YES
12.2.9	Detection of fecal occult blood (by immunochemical method)	YES	YES	YES	YES	YES	YES	YES
12.2.10	General fecal test	YES	YES	YES	YES	YES	YES	YES
12.3	BIOCHEMICAL TESTS:							
12.3.1	Serum albumin	YES	YES	YES	YES	YES	YES	YES
12.3.2	Serum amylase	YES	YES	YES	YES	YES	YES	YES
12.3.3	Amylase in urine	YES	YES	YES	YES	YES	YES	YES
12.3.4	ASO (quantitative test)	YES	YES	YES	YES	YES	YES	YES
12.3.5	Total protein	YES	YES	YES	YES	YES	YES	YES
12.3.6	C-reactive protein (CRP) – quantitative	YES	YES	YES	YES	YES	YES	YES
12.3.7	Total serum bilirubin	YES	YES	YES	YES	YES	YES	YES
12.3.8	Direct serum bilirubin	YES	YES	YES	YES	YES	YES	YES
12.3.9	Indirect serum bilirubin	YES	YES	YES	YES	YES	YES	YES
12.3.10	Total iron binding capacity (TIBC)	YES	YES	YES	YES	YES	YES	YES
12.3.11	Serum chloride	YES	YES	YES	YES	YES	YES	YES
12.3.12	Total cholesterol	YES	YES	YES	YES	YES	YES	YES
12.3.13	HDL cholesterol – serum	YES	YES	YES	YES	YES	YES	YES
12.3.14	Glucose	YES	YES	YES	YES	YES	YES	YES
12.3.15	Glucose – blood glucose testing with a meter	YES	YES	YES	YES	YES	YES	YES
12.3.16	Lactate dehydrogenase LDH	YES	YES	YES	YES	YES	YES	YES
12.3.17	Total acid phosphatase (ACP)	YES	YES	YES	YES	YES	YES	YES
12.3.18	Purple acid phosphatase (PAP)	YES	YES	YES	YES	YES	YES	YES
12.3.19	Alkaline phosphatase (ALP)	YES	YES	YES	YES	YES	YES	YES
12.3.20	Inorganic serum phosphorus	YES	YES	YES	YES	YES	YES	YES
12.3.21	Inorganic phosphate in urine	YES	YES	YES	YES	YES	YES	YES
12.3.22	Inorganic phosphorus in 24-hour urine collection	YES	YES	YES	YES	YES	YES	YES
12.3.23	Gamma-glutamyl transpeptidase GGTP	YES	YES	YES	YES	YES	YES	YES
12.3.24	Creatine kinase (CK)	YES	YES	YES	YES	YES	YES	YES
12.3.25	Serum creatinine	YES	YES	YES	YES	YES	YES	YES
12.3.26	Creatinine in urine	YES	YES	YES	YES	YES	YES	YES
12.3.27	Creatinine in 24-hour urine collection	YES	YES	YES	YES	YES	YES	YES
12.3.28	Serum uric acid	YES	YES	YES	YES	YES	YES	YES
12.3.29	Uric acid in 24-hour urine collection	YES	YES	YES	YES	YES	YES	YES
12.3.30	Lipase	YES	YES	YES	YES	YES	YES	YES
12.3.31	Lipid profile (CHOL, HDL, LDL, TG)	YES	YES	YES	YES	YES	YES	YES
12.3.32	Serum magnesium	YES	YES	YES	YES	YES	YES	YES
12.3.33	Magnesium in urine	YES	YES	YES	YES	YES	YES	YES
12.3.34	Magnesium in 24-hour urine collection	YES	YES	YES	YES	YES	YES	YES
12.3.35	Urea in urine	YES	YES	YES	YES	YES	YES	YES

Item	Medical benefits	Opal	Sapphire	Sapphire with extra charge	Ruby	Ruby with extra charge	Emerald	Diamond
12.3.36	Urea in 24-hour urine collection	YES	YES	YES	YES	YES	YES	YES
12.3.37	Rheumatoid factor (RF) - quantity	YES	YES	YES	YES	YES	YES	YES
12.3.38	Waller-Rose reaction	YES	YES	YES	YES	YES	YES	YES
12.3.39	Serum potassium	YES	YES	YES	YES	YES	YES	YES
12.3.40	Potassium in 24-hour urine collection	YES	YES	YES	YES	YES	YES	YES
12.3.41	Serum protein electrophoresis (Protein profile)	YES	YES	YES	YES	YES	YES	YES
12.3.42	Serum sodium	YES	YES	YES	YES	YES	YES	YES
12.3.43	Sodium in 24-hour urine collection	YES	YES	YES	YES	YES	YES	YES
12.3.44	Aspartate aminotransferase (AspAT, AST, GOT)	YES	YES	YES	YES	YES	YES	YES
12.3.45	Alanine aminotransferase (ALAT/ALT/GPT)	YES	YES	YES	YES	YES	YES	YES
12.3.46	Triglycerides	YES	YES	YES	YES	YES	YES	YES
12.3.47	Total serum calcium	YES	YES	YES	YES	YES	YES	YES
12.3.48	Calcium in urine	YES	YES	YES	YES	YES	YES	YES
12.3.49	Total calcium in 24-hour urine collection	YES	YES	YES	YES	YES	YES	YES
12.3.50	Serum iron	YES	YES	YES	YES	YES	YES	YES
12.4	SEROLOGT&CAL TESTS:							
12.4.1	VR – Syphilis serology RPR/(VDRL)	NO	NO	NO	YES	YES	YES	YES
12.5	BACTERIOLOGT&CAL TESTS:							
12.5.1	Upper respiratory tract – throat, tonsils – aerobically	NO	NO	NO	YES	YES	YES	YES
12.5.2	Aerobic culture	NO	NO	NO	YES	YES	YES	YES
12.5.3	Nose – swab culture for S. aureus	NO	NO	NO	YES	YES	YES	YES
12.5.4	Oral cavity – swab culture – aerobic + fungi	NO	NO	NO	YES	YES	YES	YES
12.5.5	Ear (external auditory canal) – swab culture – aerobic culture + fungi	NO	NO	NO	YES	YES	YES	YES
12.5.6	Middle ear – aerobic material culture + fungi	NO	NO	NO	YES	YES	YES	YES
12.5.7	Chlamydia pneumoniae ab., IgM – from a throat swab	NO	NO	NO	NO	NO	YES	YES
12.5.8	Lower respiratory tract (sputum) – aerobically	NO	NO	NO	YES	YES	YES	YES
12.5.9	TBC – preparation / sputum + culture by conventional met.	NO	NO	NO	NO	NO	YES	YES
12.5.10	Eye – aerobic swab cultures	NO	NO	NO	YES	YES	YES	YES
12.5.11	Eye – anaerobic swab cultures	NO	NO	NO	YES	YES	YES	YES
12.5.12	Acne lesion aerobic and anaerobic	NO	NO	NO	YES	YES	YES	YES
12.5.13	Skin lesions – culture / aerobic + fungi	NO	NO	NO	YES	YES	YES	YES
12.5.14	Superficial wound – aerobic swab cultures	NO	NO	NO	YES	YES	YES	YES
12.5.15	Deep wound – aerobic swab cultures + anaerobically	NO	NO	NO	YES	YES	YES	YES
12.5.16	Tissues / secretions / biopsy specimen – aerobic + anaerobic cultures	NO	NO	NO	YES	YES	YES	YES
12.5.17	Purulent discharge – aerobic culture + bacteria	NO	NO	NO	YES	YES	YES	YES
12.5.18	Vaginal biocenose – vaginal wet mount, preparation	NO	NO	NO	YES	YES	YES	YES
12.5.19	Test for Trichomonas vaginalis (vagina)	NO	NO	NO	YES	YES	YES	YES
12.5.20	Testing for Trichomonas vaginalis (cervix)	NO	NO	NO	YES	YES	YES	YES
12.5.21	Test for Trichomonas vaginalis (urethra)	NO	NO	NO	YES	YES	YES	YES
12.5.22	Urogenital tract cultures (cervix), aerobic + fungi	NO	NO	NO	YES	YES	YES	YES
12.5.23	Urogenital tract cultures (vagina), aerobic + fungi	NO	NO	NO	YES	YES	YES	YES

Item	Medical benefits	Opal	Sapphire	Sapphire with extra charge	Ruby	Ruby with extra charge	Emerald	Diamond
12.5.24	Urogenital tract culture (urethra), aerobic + fungi	NO	NO	NO	YES	YES	YES	YES
12.5.25	Urogenital tract cultures (underneath the prepuce), aerobic + fungi	NO	NO	NO	YES	YES	YES	YES
12.5.26	Urogenital tract cultures (cervix), anaerobic	NO	NO	NO	YES	YES	YES	YES
12.5.27	Urogenital tract cultures (vagina), anaerobic	NO	NO	NO	YES	YES	YES	YES
12.5.28	Urogenital tract cultures (underneath the prepuce), anaerobic	NO	NO	NO	YES	YES	YES	YES
12.5.29	Urogenital tract cultures (urethra), anaerobic	NO	NO	NO	YES	YES	YES	YES
12.5.30	Blood – aerobic + anaerobic cultures	NO	NO	NO	YES	YES	YES	YES
12.5.31	Streptococcus agalstiae – culture	NO	NO	NO	YES	YES	YES	YES
12.5.32	Neisseria gonorrhoea – culture (cervical)	NO	NO	NO	YES	YES	YES	YES
12.5.33	Neisseria gonorrhoeae – culture (vagina)	NO	NO	NO	YES	YES	YES	YES
12.5.34	Neisseria gonorrhoeae – culture (urethra)	NO	NO	NO	YES	YES	YES	YES
12.5.35	Mycoplasma, Ureaplasma – culture	NO	NO	NO	NO	NO	YES	YES
12.5.36	Chlamydia trachomatis antigen – from swab	NO	NO	NO	NO	NO	YES	YES
12.5.37	Urine – culture	YES	YES	YES	YES	YES	YES	YES
12.5.38	Aerobic culture	NO	NO	NO	YES	YES	YES	YES
12.5.39	General feces – culture for the presence of yeast-like fungi	NO	NO	NO	YES	YES	YES	YES
12.5.40	Salmonella Shigella – fecal culture	NO	NO	NO	NO	NO	YES	YES
12.5.41	Campylobacter – fecal culture	NO	NO	NO	NO	NO	YES	YES
12.5.42	Yersinia – fecal culture	NO	NO	NO	NO	NO	YES	YES
12.5.43	Screening rectal swab (bacterial test)	NO	NO	NO	YES	YES	YES	YES
12.5.44	Clostridium Difficile – feces for the detection of toxins A and B	NO	NO	NO	NO	NO	YES	YES
12.5.45	Rotaviruses, adenoviruses – feces	NO	NO	NO	YES	YES	YES	YES
12.5.46	Faeces – carrier test (one test/sample)	NO	NO	NO	NO	NO	YES	YES
12.5.47	Sperm – aerobic + anaerobic cultures	NO	NO	NO	NO	NO	YES	YES
12.5.48	Body fluids aerobic cultures	NO	NO	NO	NO	NO	YES	YES
12.5.49	Fluids – anaerobic culture	NO	NO	NO	NO	NO	YES	YES
12.6	X-RAYS:							
12.6.1	X-ray – skull (1 projection)	YES	YES	YES	YES	YES	YES	YES
12.6.2	X-ray – skull AP + lateral	YES	YES	YES	YES	YES	YES	YES
12.6.3	X-ray – facial skeleton	YES	YES	YES	YES	YES	YES	YES
12.6.4	X-ray – base of skull	YES	YES	YES	YES	YES	YES	YES
12.6.5	Occipital X-ray acc. to Town (acc. to Orley)	YES	YES	YES	YES	YES	YES	YES
12.6.6	X-ray – paranasal sinuses	YES	YES	YES	YES	YES	YES	YES
12.6.7	X-ray – orbits (2 projection)	YES	YES	YES	YES	YES	YES	YES
12.6.8	Comparative orbital X-ray (1 projection)	YES	YES	YES	YES	YES	YES	YES
12.6.9	X-ray targeting the orbital cavity	YES	YES	YES	YES	YES	YES	YES
12.6.10	X-ray targeting the sella turcica	YES	YES	YES	YES	YES	YES	YES
12.6.11	X-ray – optic nerve channel	YES	YES	YES	YES	YES	YES	YES
12.6.12	X-ray – ears, acc. to Schiller (comparative)	YES	YES	YES	YES	YES	YES	YES
12.6.13	X-ray – sacroiliac joints	YES	YES	YES	YES	YES	YES	YES
12.6.14	X-ray – mandible – PA + oblique	YES	YES	YES	YES	YES	YES	YES
12.6.15	X-ray – mandible (1 projection)	YES	YES	YES	YES	YES	YES	YES
12.6.16	X-ray – nose bones	YES	YES	YES	YES	YES	YES	YES
12.6.17	X-ray – larynx	YES	YES	YES	YES	YES	YES	YES
12.6.18	X-ray – nasopharynx	YES	YES	YES	YES	YES	YES	YES

Item	Medical benefits	Opal	Sapphire	Sapphire with extra charge	Ruby	Ruby with extra charge	Emerald	Diamond
12.6.19	X-ray – thyroid	YES	YES	YES	YES	YES	YES	YES
12.6.20	X-ray – vertebrae C1 – C2 (targeting the odontoid)	YES	YES	YES	YES	YES	YES	YES
12.6.21	X-ray targeting a particular vertebra	YES	YES	YES	YES	YES	YES	YES
12.6.22	X-ray – cervical spine – AP + lateral	YES	YES	YES	YES	YES	YES	YES
12.6.23	X-ray – cervical spine – functional (2 projections)	YES	YES	YES	YES	YES	YES	YES
12.6.24	X-ray – cervical spine – oblique (2 projections)	YES	YES	YES	YES	YES	YES	YES
12.6.25	X-ray – cervical spine – lateral (1 projection)	YES	YES	YES	YES	YES	YES	YES
12.6.26	X-ray – thoracic and lumbar spine – AP + lateral	YES	YES	YES	YES	YES	YES	YES
12.6.27	X-ray – thoracic and lumbar spine, standing, AP (scoliosis)	YES	YES	YES	YES	YES	YES	YES
12.6.28	X-ray – thoracic and lumbar spine, standing, AP + lateral (scoliosis)	YES	YES	YES	YES	YES	YES	YES
12.6.29	X-ray – lumbar spine, AP + lateral	YES	YES	YES	YES	YES	YES	YES
12.6.30	X-ray – lumbar spine, functional (2 projections)	YES	YES	YES	YES	YES	YES	YES
12.6.31	X-ray – lumbar spine – oblique (2 projections)	YES	YES	YES	YES	YES	YES	YES
12.6.32	X-ray – lumbar spine – targeting L5 – S1	YES	YES	YES	YES	YES	YES	YES
12.6.33	X-ray – sacral bone AP + lateral	YES	YES	YES	YES	YES	YES	YES
12.6.34	X-ray – coccyx – AP + lateral	YES	YES	YES	YES	YES	YES	YES
12.6.35	X-ray – coccyx – lateral/AP (1 projection)	YES	YES	YES	YES	YES	YES	YES
12.6.36	X-ray – thorax – AP/PA	YES	YES	YES	YES	YES	YES	YES
12.6.37	X-ray – thorax – lateral	YES	YES	YES	YES	YES	YES	YES
12.6.38	X-ray – thorax – AP/PA + lateral	YES	YES	YES	YES	YES	YES	YES
12.6.39	X-ray – thorax – targeting lung apices	YES	YES	YES	YES	YES	YES	YES
12.6.40	X-ray – ribs – oblique	YES	YES	YES	YES	YES	YES	YES
12.6.41	X-ray – ribs – AP/PA (1 projection)	YES	YES	YES	YES	YES	YES	YES
12.6.42	X-ray – ribs – L+R (2 projections)	YES	YES	YES	YES	YES	YES	YES
12.6.43	X-ray – shoulder joint – AP	YES	YES	YES	YES	YES	YES	YES
12.6.44	X-ray – shoulder joint – axial	YES	YES	YES	YES	YES	YES	YES
12.6.45	X-ray – shoulder joint – trans-thorax	YES	YES	YES	YES	YES	YES	YES
12.6.46	X-ray – shoulder joint – AP + axial	YES	YES	YES	YES	YES	YES	YES
12.6.47	X-ray – shoulder joints (comparative)	YES	YES	YES	YES	YES	YES	YES
12.6.48	X-ray – shoulder joints AP + axial (comparative)	YES	YES	YES	YES	YES	YES	YES
12.6.49	X-ray – arm bone – AP + lateral	YES	YES	YES	YES	YES	YES	YES
12.6.50	X-ray – elbow joint – AP + lateral	YES	YES	YES	YES	YES	YES	YES
12.6.51	X-ray – elbow joints – AP + lateral (comparative)	YES	YES	YES	YES	YES	YES	YES
12.6.52	X-ray – forearm – AP + lateral	YES	YES	YES	YES	YES	YES	YES
12.6.53	X-ray – wrist – AP + lateral	YES	YES	YES	YES	YES	YES	YES
12.6.54	X-ray – wrist – in 4 projections	YES	YES	YES	YES	YES	YES	YES
12.6.55	X-ray – wrist – oblique (2 projections)	YES	YES	YES	YES	YES	YES	YES
12.6.56	X-ray – wrist – AP (comparative)	YES	YES	YES	YES	YES	YES	YES
12.6.57	X-ray – wrist – AP + lateral (comparative)	YES	YES	YES	YES	YES	YES	YES
12.6.58	X-ray – hand – AP + oblique	YES	YES	YES	YES	YES	YES	YES
12.6.59	X-ray – hand – lateral / AP / oblique (1 projection)	YES	YES	YES	YES	YES	YES	YES
12.6.60	X-ray – hands – AP (comparative)	YES	YES	YES	YES	YES	YES	YES
12.6.61	X-ray – hands – AP + oblique (comparative)	YES	YES	YES	YES	YES	YES	YES

Item	Medical benefits	Opal	Sapphire	Sapphire with extra charge	Ruby	Ruby with extra charge	Emerald	Diamond
12.6.62	X-ray – finger – AP + lateral	YES	YES	YES	YES	YES	YES	YES
12.6.63	X-ray – scapula – AP + axial	YES	YES	YES	YES	YES	YES	YES
12.6.64	X-ray – scapula – AP	YES	YES	YES	YES	YES	YES	YES
12.6.65	X-ray – scapula – axial	YES	YES	YES	YES	YES	YES	YES
12.6.66	X-ray – clavicle – AP	YES	YES	YES	YES	YES	YES	YES
12.6.67	X-ray – clavicles (comparative)	YES	YES	YES	YES	YES	YES	YES
12.6.68	X-ray – sternum – lateral	YES	YES	YES	YES	YES	YES	YES
12.6.69	X-ray – sternum – lateral + oblique	YES	YES	YES	YES	YES	YES	YES
12.6.70	X-ray – sternoclavicular joints (1 projection)	YES	YES	YES	YES	YES	YES	YES
12.6.71	X-ray – sacroiliac joints – PA	YES	YES	YES	YES	YES	YES	YES
12.6.72	X-ray – sacroiliac and hip joints – oblique (2 projections)	YES	YES	YES	YES	YES	YES	YES
12.6.73	Plain X-ray – abdominal cavity (1 projection)	YES	YES	YES	YES	YES	YES	YES
12.6.74	X-ray – abdominal cavity – targeting the diaphragm (1 projection)	YES	YES	YES	YES	YES	YES	YES
12.6.75	X-ray – pelvis	YES	YES	YES	YES	YES	YES	YES
12.6.76	X-ray – hip joint – AP	YES	YES	YES	YES	YES	YES	YES
12.6.77	X-ray – hip joint – AP – axial	YES	YES	YES	YES	YES	YES	YES
12.6.78	X-ray – hip joint – AP + axial	YES	YES	YES	YES	YES	YES	YES
12.6.79	X-ray – hip joints – AP (comparative)	YES	YES	YES	YES	YES	YES	YES
12.6.80	X-ray – hip joints – AP + axial (comparative)	YES	YES	YES	YES	YES	YES	YES
12.6.81	X-ray – femur – AP + lateral	YES	YES	YES	YES	YES	YES	YES
12.6.82	X-ray – knee joint – AP + lateral	YES	YES	YES	YES	YES	YES	YES
12.6.83	X-ray – knee joints – AP + lateral (comparative)	YES	YES	YES	YES	YES	YES	YES
12.6.84	X-ray – knee joints – AP + lateral (standing)	YES	YES	YES	YES	YES	YES	YES
12.6.85	X-ray – knee joints AP/side (1 projection)	YES	YES	YES	YES	YES	YES	YES
12.6.86	X-ray – knee joint – tunnel	YES	YES	YES	YES	YES	YES	YES
12.6.87	X-ray – knee joints – tunnel (comparative)	YES	YES	YES	YES	YES	YES	YES
12.6.88	X-ray – patella – axial	YES	YES	YES	YES	YES	YES	YES
12.6.89	X-ray – patella L+R axial (comparative)	YES	YES	YES	YES	YES	YES	YES
12.6.90	X-ray – patella 3 angles (3 projections)	YES	YES	YES	YES	YES	YES	YES
12.6.91	X-ray – patellas 3 comparative angles (3 projections)	YES	YES	YES	YES	YES	YES	YES
12.6.92	X-ray – shank AP + lateral	YES	YES	YES	YES	YES	YES	YES
12.6.93	X-ray – ankle joint – AP + lateral	YES	YES	YES	YES	YES	YES	YES
12.6.94	X-ray – ankle joint (targeting syndesmo)	YES	YES	YES	YES	YES	YES	YES
12.6.95	X-ray – ankle joints – AP + lateral (comparative)	YES	YES	YES	YES	YES	YES	YES
12.6.96	X-ray – feet AP + lateral	YES	YES	YES	YES	YES	YES	YES
12.6.97	X-ray – feet – oblique / lateral (1 projection)	YES	YES	YES	YES	YES	YES	YES
12.6.98	X-ray – foot – AP / lateral (comparative)	YES	YES	YES	YES	YES	YES	YES
12.6.99	X-ray – foot -AP + lateral (comparative)	YES	YES	YES	YES	YES	YES	YES
12.6.100	X-ray – toe – AP + lateral	YES	YES	YES	YES	YES	YES	YES
12.6.101	X-ray – heel bone – axial + lateral	YES	YES	YES	YES	YES	YES	YES
12.6.102	X-ray – heel bone (1 projection)	YES	YES	YES	YES	YES	YES	YES
12.6.103	X-ray – heel bones – axial + lateral (comparative)	YES	YES	YES	YES	YES	YES	YES
12.6.104	Highly specialized X-ray – whole spine in standing position (scoliosis) AP	YES	YES	YES	YES	YES	YES	YES

Item	Medical benefits	Opal	Sapphire	Sapphire with extra charge	Ruby	Ruby with extra charge	Emerald	Diamond
12.6.105	Highly specialized X-ray – whole spine in standing position (scoliosis) AP + lateral	YES	YES	YES	YES	YES	YES	YES
12.6.106	Highly specialized X-ray – whole lower limbs AP	YES	YES	YES	YES	YES	YES	YES
12.6.107	Mammographic tests	NO	NO	NO	YES	YES	YES	YES
12.6.108	Densitometric examination	NO	NO	NO	YES	YES	YES	YES
12.6.109	Cystography	NO	NO	NO	YES	YES	YES	YES
12.6.110	Cystoscopy	NO	NO	NO	YES	YES	YES	YES
12.6.111	Thyroid scintigraphy	NO	NO	NO	YES	YES	YES	YES
12.6.112	Urography	NO	NO	NO	YES	YES	YES	YES
12.6.113	Enema (standard contrast agent)	NO	NO	NO	YES	YES	YES	YES
12.7	4.2.10 ULTRASOUND TESTS (Ultrasound):							
12.7.1	Ultrasound – abdominal cavity	YES	YES	PLN 15	YES	PLN 15	YES	YES
12.7.2	Ultrasound – testicles	YES	YES	PLN 15	YES	PLN 15	YES	YES
12.7.3	Ultrasound – genital tract	YES	YES	PLN 15	YES	PLN 15	YES	YES
12.7.4	Ultrasound – urinary system	NO	NO	NO	YES	PLN 15	YES	YES
12.7.5	Ultrasound – breasts	NO	NO	NO	YES	PLN 15	YES	YES
12.7.6	Ultrasound – fetus	NO	NO	NO	YES	PLN 15	YES	YES
12.7.7	Ultrasound – prostate, transabdominal	NO	NO	NO	YES	PLN 15	YES	YES
12.7.8	Ultrasound – thyroid	NO	NO	NO	YES	PLN 15	YES	YES
12.7.9	Ultrasound – soft tissues	NO	NO	NO	YES	PLN 15	YES	YES
12.7.10	Ultrasound – transvaginal	NO	NO	NO	YES	PLN 15	YES	YES
12.7.11	Ultrasound – salivary glands	NO	NO	NO	YES	PLN 15	YES	YES
12.7.12	Ultrasound – lymph nodes	NO	NO	NO	YES	PLN 15	YES	YES
12.7.13	Ultrasound of joints (including shoulder, hip, knee, elbow, ankle)	NO	NO	NO	YES	PLN 15	YES	YES
12.7.14	Ultrasound – cranial	NO	NO	NO	YES	PLN 15	YES	YES
12.7.15	Ultrasound – transrectal	NO	NO	NO	YES	PLN 15	YES	YES
12.7.16	Doppler tests: limbs, neck, abdominal cavity	NO	NO	NO	YES	PLN 15	YES	YES
13	SPECIALIST LABORATORY TESTS:							
13.1	SEROLOGT&CAL TESTS:							
13.1.1	Blood group	NO	NO	NO	YES	YES	YES	YES
13.1.2	Mononucleosis (latex test)	NO	NO	NO	YES	YES	YES	YES
13.2	IMMUNOLOGT&CAL TESTS:							
13.2.1	Immunoglobulin (IgA) – serum	NO	NO	NO	YES	YES	YES	YES
13.2.2	Immunoglobulin (IgG) – serum	NO	NO	NO	YES	YES	YES	YES
13.2.3	Immunoglobulin (IgM) – serum	NO	NO	NO	YES	YES	YES	YES
13.3	ALLERGENS:							
13.3.1	Immunoglobulin IgE (total) – serum	NO	YES	YES	YES	YES	YES	YES
13.3.2	Panel of respiratory allergens – 20 allergens	NO	NO	NO	NO	NO	YES	YES
13.3.3	Food panel – 20 allergens	NO	NO	NO	NO	NO	YES	YES
13.3.4	Panel of respiratory/mixed allergens	NO	NO	NO	NO	NO	YES	YES
13.4	DIAGNOSTICS OF INFECTIONS:							
13.4.1	Antigen Hbe	NO	NO	NO	YES	YES	YES	YES
13.4.2	Antigen HBs:	NO	NO	NO	YES	YES	YES	YES
13.4.3	Lyme borreliosis ab. IgG	NO	NO	NO	YES	YES	YES	YES
13.4.4	Lyme borreliosis ab. IgM	NO	NO	NO	YES	YES	YES	YES
13.4.5	Chlamydia pneumoniae ab. IgG	NO	NO	NO	YES	YES	YES	YES
13.4.6	Chlamydia pneumoniae IgM (Immunofluorescen met.)	NO	NO	NO	YES	YES	YES	YES

Item	Medical benefits	Opal	Sapphire	Sapphire with extra charge	Ruby	Ruby with extra charge	Emerald	Diamond
13.4.7	Chlamydia trachomatis ab. IgG	NO	NO	NO	YES	YES	YES	YES
13.4.8	Chlamydia trachomatis ab. IgM	NO	NO	NO	YES	YES	YES	YES
13.4.9	Cytomegaly – IgG (CMV IgG)	NO	NO	NO	YES	YES	YES	YES
13.4.10	Cytomegaly – IgM (CMV IgM)	NO	NO	NO	YES	YES	YES	YES
13.4.11	EBV VCA IgM (Mononucleosis IgM)	NO	NO	NO	YES	YES	YES	YES
13.4.12	EBV VCA IgG (Mononucleosis IgG)	NO	NO	NO	YES	YES	YES	YES
13.4.13	Anti – HBs ab.	NO	NO	NO	YES	YES	YES	YES
13.4.14	Anti – HCV ab.	NO	NO	NO	YES	YES	YES	YES
13.4.15	Helicobacter pylori IgG	NO	NO	NO	YES	YES	YES	YES
13.4.16	Anti HIV1 / HIV2 ab. (HIV Ag/Ab Combo)	NO	NO	NO	YES	YES	YES	YES
13.4.17	Rubella ab. IgG	NO	NO	NO	YES	YES	YES	YES
13.4.18	Rubella ab. IgM	NO	NO	NO	YES	YES	YES	YES
13.4.19	Toxo ab. IgM	NO	NO	NO	YES	YES	YES	YES
13.4.20	Toxo ab. IgG	NO	NO	NO	YES	YES	YES	YES
13.5	SEX AND METABOLIC HORMONS:							
13.5.1	Prolactin (PRL)	NO	NO	NO	YES	YES	YES	YES
13.5.2	Luteotropin (LH)	NO	NO	NO	YES	YES	YES	YES
13.5.3	Follicle-stimulating hormone (FSH)	NO	NO	NO	YES	YES	YES	YES
13.5.4	Estradiol (E2)	NO	NO	NO	YES	YES	YES	YES
13.5.5	Progesterone	NO	NO	NO	YES	YES	YES	YES
13.5.6	Testosterone	NO	NO	NO	YES	YES	YES	YES
13.5.7	Cortisol	NO	NO	NO	YES	YES	YES	YES
13.5.8	Cortisol in urine	NO	NO	NO	YES	YES	YES	YES
13.5.9	Total serum chorionic gonadotropin	NO	NO	NO	YES	YES	YES	YES
13.5.10	Parathormone (PTH)	NO	NO	NO	YES	YES	YES	YES
13.5.11	Transferrin	NO	NO	NO	YES	YES	YES	YES
13.5.12	Vitamin 25(OH)D Total	NO	NO	NO	NO	NO	YES	YES
13.5.13	Vitamin D3 (1.25(OH)2D3)	NO	NO	NO	NO	NO	YES	YES
13.6	THYROID DISORDERS DIAGNOSTICS:							
13.6.1	Third-generation thyrotropin (TSH)	NO	NO	NO	YES	YES	YES	YES
13.6.2	Free tri-iodomethane (FT3)	NO	NO	NO	YES	YES	YES	YES
13.6.3	Free thyroxine (FT4)	NO	NO	NO	YES	YES	YES	YES
13.6.4	Antithyroglobulin ab. (ATG)	NO	NO	NO	YES	YES	YES	YES
13.6.5	Thyroid peroxidase ab. (ATPO)	NO	NO	NO	YES	YES	YES	YES
13.6.6	TSH receptor ab. (TRAb)	NO	NO	NO	YES	YES	YES	YES
13.7	DIAGNOSTICS OF DIABETES:							
13.7.1	Glycohemoglobin (HbA1c)	NO	NO	NO	YES	YES	YES	YES
13.8	DIAGNOSTICS OF ANEMIA:							
13.8.1	Vitamin B12	NO	NO	NO	NO	NO	YES	YES
13.8.2	Folic acid	NO	NO	NO	YES	YES	YES	YES
13.8.3	Ferritin	NO	NO	NO	YES	YES	YES	YES
13.9	TUMOR MARKERS:							
13.9.1	Carcinoembryonic antigen (CEA)	NO	NO	NO	YES	YES	YES	YES
13.9.2	CA 125	NO	NO	NO	YES	YES	YES	YES
13.9.3	CA 15 – 3	NO	NO	NO	YES	YES	YES	YES
13.9.4	CA 19 – 9	NO	NO	NO	YES	YES	YES	YES
13.9.5	Alpha-fetoprotein (AFP)	NO	NO	NO	YES	YES	YES	YES
13.9.6	PSA total	NO	NO	NO	YES	YES	YES	YES
13.10	ALLERGOLOGY:							
13.10.1	Immunotherapy desensitizing injection	NO	YES	PLN 15	YES	PLN 15	YES	YES

Item	Medical benefits	Opal	Sapphire	Sapphire with extra charge	Ruby	Ruby with extra charge	Emerald	Diamond
13.10.2	Patch tests (skin allergy tests)	NO	YES	PLN 15	YES	PLN 15	YES	YES
13.11	ENDOSCOPIC TESTS:							
13.11.1	Gastroscopy (upper gastrointestinal endoscopy) including, with collection of material and histopathological examination or for H. Pylori	NO	NO	NO	YES	PLN 15	YES	YES
13.11.2	Sigmoidoscopy (lower gastrointestinal endoscopy) including material collection and histopathological examination	NO	NO	NO	YES	PLN 15	YES	YES
13.11.3	Colonoscopy (lower gastrointestinal endoscopy) including material collection and histopathological examination	NO	NO	NO	YES	PLN 15	YES	YES
13.11.4	Rectoscopy (lower gastrointestinal endoscopy) including with material collection and histopathological examination	NO	NO	NO	YES	PLN 15	YES	YES
13.12	FUNCTIONAL TESTS:							
13.12.1	Cardiovascular system							
13.12.1.1	Resting ECG with medical description	YES	YES	PLN 15	YES	PLN 15	YES	YES
13.12.1.2	Echocardiography with Color Doppler technique	NO	NO	NO	YES	PLN 15	YES	YES
13.12.1.3	Electrocardiography Exercise test	NO	NO	NO	YES	PLN 15	YES	YES
13.12.1.4	24-hour ECG recording (Holter test)	NO	NO	NO	YES	PLN 15	YES	YES
13.12.1.5	24-hour ECG and blood pressure test	NO	NO	NO	YES	PLN 15	YES	YES
13.12.2	Nervous system							
13.12.2.1	EEG – electroencephalography	NO	NO	NO	YES	PLN 15	YES	YES
13.12.2.2	EMG	NO	NO	NO	NO	NO	YES	YES
13.12.2.3	ENG	NO	NO	NO	NO	NO	YES	YES
13.12.3	Hearing apparatus							
13.12.3.1	Audiometry	NO	NO	NO	YES	PLN 15	YES	YES
13.12.3.2	Tympanogram	NO	NO	NO	YES	PLN 15	YES	YES
13.12.4	Respiratory system							
13.12.4.1	Spirometry	NO	NO	NO	YES	PLN 15	YES	YES
13.12.5	Ophthalmology							
13.12.5.1	Field of vision	NO	NO	NO	NO	NO	YES	YES
13.13	OTHER:							
13.13.1	Anti-biogram	NO	NO	NO	YES	PLN 15	YES	YES
13.13.2	Mycological tests	NO	NO	NO	YES	PLN 15	YES	YES
13.13.3	Cytology	YES	YES	PLN 15	YES	PLN 15	YES	YES
13.13.4	Cardiodetect test	NO	NO	NO	NO	NO	YES	YES
13.13.5	ACTIM CRP test	NO	NO	NO	YES	PLN 15	YES	YES
13.13.6	Respiratory tests for Helicobacter pylori	NO	NO	NO	NO	NO	YES	YES
14	COMPUTED TOMOGRAPHY (a diagnostic examination carried out in accordance with medical recommendations. If it is necessary to use contrast, the cost of contrast is covered by the Insured Person; contrast payable according to the Medical Partner's price list).							
14.1	CT, bas., head	NO	NO	NO	YES	PLN 50	YES	YES
14.2	CT, bas., eye orbits							
14.3	CT, bas., temporal bone (ears)							
14.4	CT, bas., facial skeleton							
14.5	CT, bas., sinuses							
14.6	CT, spec., larynx, nasopharynx							
14.7	CT, spec., neck							
14.8	CT, bas., spine (1 segment: c/th/ls)							

Item	Medical benefits	Opal	Sapphire	Sapphire with extra charge	Ruby	Ruby with extra charge	Emerald	Diamond
14.9	CT, spec., arteries of the thorax (including the aorta), contrast-enhanced	NO	NO	NO	YES	PLN 50	YES	YES
14.10	CT, spec., abdominal cavity (liver, kidneys, spleen, pancreas, adrenal glands, urinary tract, prostate)							
14.11	CT, spec., minor pelvis							
14.12	CT, bas., joint (shoulder, elbow, knee, ankle, hip, wrist)							
14.13	CT, bas., bones (arm, forearm, hand, thigh, shank, foot)							
14.14	Angio CT (head, abdominal aorta and its dissolution, thoracic aorta, hip arteries, lower and upper limb arteries)							
14.15	Cardio CT highly specialized (with contrast) – examination of coronary arteries							
14.16	CT, spec., arteries of the thorax (including the aorta), contrast-enhanced							
14.17	CT, bas., calcification of coronary vessels (Calcium Score)							
15	MAGNETIC RESONANCE (a diagnostic examination carried out in accordance with medical recommendations. If it is necessary to use contrast, the cost of contrast is covered by the Insured Person; contrast payable according to the Medical Partner's price list).							
15.1	MR, bas., head	NO	NO	NO	NO	PLN 50	YES	YES
15.2	MR, bas., pituitary gland							
15.3	MR, bas., orbits							
15.4	MR, bas., facial skeleton							
15.5	MR, bas., sinuses							
15.6	MR highly specialized, neck, larynx							
15.7	MR, bas., spine (1 segment: c/th/l)							
15.8	MR highly specialized, mediastinum							
15.9	MR – cardiac exam with the qualitative evaluation of the blood flow							
15.10	MR, spec., abdominal cavity							
15.11	MR, spec., minor pelvis							
15.12	MR, spec., urography							
15.13	MR, spec., joint (knee, shoulder, hip)							
15.14	MR highly specialized, small joints (ankle, elbow, temple – jaws, wrist, hands, feet)							
15.15	MR, spec., bones (shoulder, forearm, thigh, shank)							
15.16	MR highly specialized, small bones (hands, feet)							
15.17	MR, spec., soft tissues of an indicated area							
15.18	Angio MR, spec. head							
15.19	Angio MR, spec. another anatomical area							
15.20	MR highly specialized, mammography (with contrast)							
16	DIAGNOSTIC PROCEDURES (minor procedures with possible histopathological, bacteriological and cytological examinations):							
16.1	Ultrasound-guided fineneedle biopsy	NO	NO	NO	YES	PLN 15	YES	YES
16.2	Ultrasound – controlled puncture	NO	NO	NO	NO	NO	YES	YES
17	OUTPATIENT PROCEDURES (procedures performed with possible histopathological, bacteriological and cytological examinations):							
17.1	SURGERY:							
17.1.1	Surgical wound treatment	NO	NO	NO	NO	NO	YES	YES
17.1.2	Hemorrhoids ligation with rubber bands	NO	NO	NO	NO	NO	NO	YES
17.1.3	Incision of an abscess	NO	NO	NO	NO	NO	YES	YES
17.1.4	Incision of anal varicose veins	NO	NO	NO	NO	NO	NO	YES
17.1.5	In-growing nail	NO	NO	NO	NO	NO	YES	YES

Item	Medical benefits	Opal	Sapphire	Sapphire with extra charge	Ruby	Ruby with extra charge	Emerald	Diamond
17.1.6	Position	NO	NO	NO	NO	NO	YES	YES
17.1.7	Varicose vein obliteration	NO	NO	NO	NO	NO	NO	YES
17.1.8	Preputial retraction	NO	NO	NO	NO	NO	YES	YES
17.1.9	Dressings	NO	NO	NO	NO	NO	YES	YES
17.1.10	Foam sclerotherapy of varicose veins – large superficial veins	NO	NO	NO	NO	NO	NO	YES
17.1.11	Foam sclerotherapy of varicose veins – perforators	NO	NO	NO	NO	NO	NO	YES
17.1.12	Wound suturing	NO	NO	NO	NO	NO	YES	YES
17.1.13	Tick removal	NO	NO	NO	NO	NO	YES	YES
17.1.14	Nail removal	NO	NO	NO	NO	NO	YES	YES
17.1.15	Removal of skin lesions with pinch skin reposition	NO	NO	NO	NO	NO	NO	YES
17.1.16	Removal of viral lesions	NO	NO	NO	NO	NO	YES	YES
17.1.17	Removal of an atypical pigmented nevi for medical indications	NO	NO	NO	NO	NO	NO	YES
17.2	DERMATOLOGY:							
17.2.1	Diagnostic biopsy of a skin lesion	NO	NO	NO	NO	NO	YES	YES
17.2.2	Removal of viral lesions	NO	NO	NO	NO	NO	YES	YES
17.3	GYNAECOLOGY:							
17.3.1	Cervical electrocoagulation	NO	NO	NO	NO	NO	YES	YES
17.3.2	Cervical electrocoagulation	NO	NO	NO	NO	NO	NO	YES
17.3.3	Erosion cryotherapy	NO	NO	NO	NO	NO	YES	YES
17.3.4	Bartholin's abscess incision	NO	NO	NO	NO	NO	NO	YES
17.3.5	Vulva specimens for diagnostics	NO	NO	NO	NO	NO	NO	YES
17.3.6	Resection of a vulvar lesion	NO	NO	NO	NO	NO	NO	YES
17.3.7	Insertion/replacement of a UID	NO	NO	NO	NO	NO	YES	YES
17.4	OTOLARYNGOLOGY:							
17.4.1	Paracentesis	NO	NO	NO	YES	YES	YES	YES
17.4.2	Intersection of the tongue frenulum	NO	NO	NO	YES	YES	YES	YES
17.4.3	Removal of a foreign body from an eye	NO	NO	NO	YES	YES	YES	YES
17.4.4	Insertion of an anterior nasal packing	NO	NO	NO	YES	YES	YES	YES
17.5	OPHTHALMOLOGY:							
17.5.1	Removal of a foreign body from an eye	NO	NO	NO	NO	NO	YES	YES
17.6	ORTHOPAEDICS:							
17.6.1	Intra-articular injection	NO	NO	NO	NO	YES	YES	
17.6.2	Dressings	NO	NO	NO	NO	YES	YES	
17.6.3	In-growing nail	NO	NO	NO	NO	YES	YES	
17.6.4	Puncture	NO	NO	NO	NO	YES	YES	
17.6.5	Wound suturing	NO	NO	NO	NO	YES	YES	
17.6.6	Nail removal	NO	NO	NO	NO	YES	YES	
17.6.7	Placement of immobilization	NO	NO	NO	NO	YES	YES	
17.6.8	Removal of plaster	NO	NO	NO	NO	YES	YES	
18	NURSING SERVICES:							
18.1	TREATMENT ROOM:							
18.1.1	Subcutaneous injection	YES	YES	YES	YES	YES	YES	YES
18.1.2	Intramuscular injection	YES	YES	YES	YES	YES	YES	YES
18.1.3	Intravenous injection	YES	YES	YES	YES	YES	YES	YES
18.1.4	Removal of stitches	YES	YES	YES	YES	YES	YES	YES
18.1.5	Vaccination	YES	YES	YES	YES	YES	YES	YES
18.1.6	Intravenous drip infusion	NO	NO	NO	NO	NO	YES	YES

Item	Medical benefits	Opal	Sapphire	Sapphire with extra charge	Ruby	Ruby with extra charge	Emerald	Diamond
18.2	VACCINATION:							
18.2.1	Against flu	YES	YES	YES	YES	YES	YES	YES
18.2.2	Against rubella	NO	NO	NO	NO	NO	NO	YES
18.2.3	Against mumps	NO	NO	NO	NO	NO	NO	YES
18.2.4	Against measles, mumps and rubella (triple – disease MMR vaccine)	NO	NO	NO	NO	NO	NO	YES
18.2.5	Against hepatitis A and B	NO	NO	NO	NO	NO	NO	YES
18.2.6	Against tick-borne encephalitis	NO	NO	NO	NO	NO	NO	YES
19	STOMATOLOGY**							
19.1	Periodic dental check-up (consultation of the dentist on conservative dentistry and dental surgery including a medical examination, recommendations for treatment and prevention, including instructions on optimal oral hygiene)	YES Periodic dental check-up (consultation of the dentist on conservative dentistry and dental surgery including a medical examination, recommendations for treatment and prophylaxis, including instructions on optimal oral hygiene)	YES Periodic dental check-up (consultation of the dentist on conservative dentistry and dental surgery including a medical examination, recommendations for treatment and prophylaxis, including instructions on optimal oral hygiene)	YES Periodic dental check-up (consultation of the dentist on conservative dentistry and dental surgery including a medical examination, recommendations for treatment and prophylaxis, including instructions on optimal oral hygiene)	YES Periodic dental check-up (consultation of the dentist on conservative dentistry and dental surgery including a medical examination, recommendations for treatment and prophylaxis, including instructions on optimal oral hygiene)	YES Periodic dental check-up (consultation of the dentist on conservative dentistry and dental surgery including a medical examination, recommendations for treatment and prophylaxis, including instructions on optimal oral hygiene)	YES Periodic dental check-up (consultation of the dentist on conservative dentistry and dental surgery including a medical examination, recommendations for treatment and prophylaxis, including instructions on optimal oral hygiene)	YES Periodic dental check-up (consultation of the dentist on conservative dentistry and dental surgery including a medical examination, recommendations for treatment and prophylaxis, including instructions on optimal oral hygiene)
19.2	Orthodontic consultation	NO	NO	NO	NO	NO	NO	YES
19.3	Surgeon consultation	NO	NO	NO	NO	NO	NO	YES
19.4	Periodontological consultation	NO	NO	NO	NO	NO	NO	YES
19.5	Prothetic consultation	NO	NO	NO	NO	NO	NO	YES
19.6	Tooth sealing (preventive dental treatment for a child under guardianship as part of family variants)	NO	NO	NO	NO	NO	NO	YES
19.7	Dental prophylaxis. Preventive procedures to which the Insured Person is entitled twice during the period of validity of the policy.	NO	NO	NO	NO	NO	YES Dental prophylaxis. Preventive procedures to which the Insured Person is entitled twice during the period of validity of the policy.	YES Dental prophylaxis. Preventive procedures to which the Insured Person is entitled twice during the period of validity of the policy.
19.7.1	Fluoridation	NO	NO	NO	NO	NO		
19.7.2	Sandblasting	NO	NO	NO	NO	NO		
19.7.3	Scaling (complete medical procedure)	NO	NO	NO	NO	NO		
19.8	DENTAL TREATMENT (consultation of the dentist on conservative dentistry and dental surgery including medical examinations, treatment and prophylactic recommendations, including instruction on optimal oral hygiene and optimal dental treatment. Dental treatment begins after a dental inspection with a panoramic radiograph (payable) or after a 20% discount on the treatment of pre-existing defects and lesions. In these cases, treatment includes changes that occur during the period of validity of the policy. It is recommended to carry out a dental check-up as soon as possible.)							
19.8.1	X-ray diagnostics (including targeted x-ray, panoramic radiograph of oral cavity)	NO	NO	NO	NO	NO	NO	YES
19.8.2	Trepanation of a dead tooth with cavity dressing	NO	NO	NO	NO	NO	NO	YES
19.8.3	Devitalization of the tooth pulp with cavity dressing	NO	NO	NO	NO	NO	NO	YES
19.8.4	Medical dressing in a permanent tooth	NO	NO	NO	NO	NO	NO	YES
19.8.5	Cavity preparation	NO	NO	NO	NO	NO	NO	YES
19.8.6	Amalgam or composite filling for a tooth with a cavity	NO	NO	NO	NO	NO	NO	YES
19.8.7	Profound caries treatment – indirect pulp clapping	NO	NO	NO	NO	NO	NO	YES

Item	Medical benefits	Opal	Sapphire	Sapphire with extra charge	Ruby	Ruby with extra charge	Emerald	Diamond
19.8.8	Procedure for exposure and cutting of the pulp – direct clapping	NO	NO	NO	NO	NO	NO	YES
19.8.9	Endodontic treatment of teeth with filling	NO	NO	NO	NO	NO	NO	YES
19.8.10	Local surface anesthesia	NO	NO	NO	NO	NO	NO	YES
19.8.11	Infiltration anesthesia	NO	NO	NO	NO	NO	NO	YES
19.8.12	Block anesthesia	NO	NO	NO	NO	NO	NO	YES
19.8.13	Surgical tooth extraction, exc. partially or completely impacted teeth	NO	NO	NO	NO	NO	NO	YES
19.8.14	Incision of an abscess	NO	NO	NO	NO	NO	NO	YES
19.8.15	Wound dressing including debridement	NO	NO	NO	NO	NO	NO	YES
20	REHABILITATION A medical outpatient orthopedic rehabilitation service that may be obtained after receiving a referral from a physician. The therapy is based on a treatment plan established by a specialist. During 1 day of rehabilitation, there can be no more than 3 treatments with a total duration of up to 60 minutes. During the period of validity of the policy, the Insured Person is entitled to a maximum 10-day cycle of rehabilitation procedures.							
							During the period of validity of the policy, the Insured Person is entitled to a maximum 10-day cycle of rehabilitation procedures	During the period of validity of the policy, the Insured Person is entitled to a maximum 30-day cycle of rehabilitation procedures
20.1.	PHYSICAL THERAPY:							
20.1.1	Electrostimulation						YES	YES
20.1.2	Ultrasound therapy						YES	YES
20.1.3	Phonophoresis						YES	YES
20.1.4	Galvanization						YES	YES
20.1.5	Lontophoresis						YES	YES
20.1.6	Local cryotherapy						YES	YES
20.1.7	Laser therapy						YES	YES
20.1.8	Low-frequency magnetotherapy	NO	NO	NO	NO	NO	YES	YES
20.1.9	Cold compresses						YES	YES
20.1.10	Diadynamic currents (DD)						YES	YES
20.1.11	Interference currents						YES	YES
20.1.12	Kotz currents						YES	YES
20.1.13	Tens currents						YES	YES
20.1.14	Träbert currents						YES	YES
20.1.15	Instructions for self-study exercises						YES	YES
20.1.16	Kinesiotaping						YES	YES
20.2	KINESIOTHERAPY:							
20.2.1	Weight active exercises						YES	YES
20.2.2	Non-weight active exercises						YES	YES
20.2.3	Active exercises with resistance						YES	YES
20.2.4	active-passive and assisted exercises	NO	NO	NO	NO	NO	YES	YES
20.2.5	Jsometric exercises						YES	YES
20.2.6	General improvement exercises						YES	YES
20.2.7	Special exercises on exercise devices						YES	YES
20.2.8	Group up to 30 minutes						YES	YES
20.2.9	Group up to 45 minutes						YES	YES
20.2.10	Group up to 60 minutes	NO	NO	NO	NO	NO	YES	YES
20.2.11	Individual up to 30 minutes						YES	YES
20.2.12	Individual up to 45 minutes						YES	YES
20.2.13	Individual up to 60 minutes						YES	YES

Item	Medical benefits	Opal	Sapphire	Sapphire with extra charge	Ruby	Ruby with extra charge	Emerald	Diamond
20.2.14	Rehabilitation specialist consultation	NO	NO	NO	NO	NO	YES	YES
20.2.15	Partial massage (up to 15 min)						YES	YES
20.2.16	Neurological rehabilitation of children – 30 min.						YES	YES
20.2.17	Special techniques						YES	YES
20.2.18	Physiotherapist check-up						YES	YES
20.2.19	Preventive physiotherapist visit						YES	YES
21	ONE-DAY SURGERY PROCEDURES performed at ENEL-MED MEDICAL CENTER							
21.1	SURGERY:							
21.1.1	Primary and recurrent hernias (inguinal, femoral, umbilical, scrotal)	NO	NO	NO	NO	NO	NO	YES
21.1.2	Minor surgeries (frenulum lengthening, ganglion, phimosis, preputial plasty, preputial retraction)							YES
21.1.3	Cholecystectomy (removal of gallbladder, stones) laparoscopic							YES
21.1.4	Benign nipple tumors							YES
21.1.5	Removal of soft tissue tumors							YES
21.1.6	Hydrocele testis							YES
21.2	PAEDIATRIC SURGERY:							
21.2.1	Inguinal and umbilical hernia	NO	NO	NO	NO	NO	NO	YES
21.2.2	Hydrocele testis							YES
21.2.3	Cryptorchidism							YES
21.2.4	Phimosis – plasty							YES
21.2.5	Varicose veins of the spermatic cord							YES
21.2.6	Removal of a skin lesion under general anesthesia							YES
21.3	GYNAECOLOGY:							
21.3.1	Vaginal and perineal anterior and posterior plasty	NO	NO	NO	NO	NO	NO	YES
21.3.2	Bartholin's abscess – incision and marsupialization							YES
21.3.3	Bartholin's abscess – exfoliation							YES
21.3.4	Plasty of vulvar lips							YES
21.3.5	Perineal corrective plastic surgery							YES
21.3.6	Plasty of an aged crotch fracture							YES
21.3.7	Surgical amputation of the cervix uteri							YES
21.3.8	Cervical electrocoagulation							YES
21.3.9	Removal of a lesion from the vulva, vagine crotch							YES
21.3.10	Removal of a cervical polyp with cavity canal abrasion							YES
21.3.11	Surgical removal of a contraceptive device							YES
21.3.12	Cervical stitch in pregnancy							YES
21.3.13	Insertion of an IUD under general anesthesia							YES
21.4	OTOLARYNGOLOGY:							
21.4.1	Septoplasty (nasal septum correction) isolated or with APC nasal auricles correction	NO	NO	NO	NO	NO	NO	YES
21.4.2	Nose polyps							YES
21.4.3	Classical single and double-sided sinus surgery							YES
21.4.4	Endoscopic single- and double-sided sinus surgery (FESS)							YES

Item	Medical benefits	Opal	Sapphire	Sapphire with extra charge	Ruby	Ruby with extra charge	Emerald	Diamond
21.4.5	Sampling sections for histopathological examination	NO	NO	NO	NO	NO	NO	YES
21.4.6	Minor skin and soft tissue tumors in the head and neck area							YES
21.5	VASCULAR SURGERY:							
21.5.1	Varicose veins: miniflebectomy	NO	NO	NO	NO	NO	NO	YES
21.5.2	Varicose veins: with single-sided saphenous vein removal							YES
21.5.3	Diode laser closing of small varicose veins up to 4 mm diameter							YES
21.5.4	Obliteration of spider angiomas							YES
21.5.5	Lymph nodes section sampling							YES
21.5.6	Diagnostic biopsy							YES
21.6	OPHTHALMOLOGY:							
21.6.1	Droopy eyelids	NO	NO	NO	NO	NO	NO	YES
21.6.2	Entropion							YES
21.6.3	Plasty of eyelids							YES
21.6.4	Blepharostenosis							YES
21.6.5	Removal of eyelid tumors							YES
21.6.6	Eyelid lacerated wound suturing							YES
21.6.7	Pterygium surgery							YES
21.6.8	Removal of chalazion, pigmented navi, xanthelasma							YES
21.6.9	Nasolacrimal duct flushing							YES
21.6.10	Removal of conjunctival tumors							YES
21.6.11	Wound suturing							YES
21.6.12	Removal of a cyst							YES
21.6.13	Removal of a foreign body from an eye							YES
21.6.14	Cataract surgery							YES
21.6.15	Strabismus surgery							YES
21.6.16	Glaucoma surgery							YES
21.7	ORTHOPAEDICS:							
21.7.1	Hip surgery:							
21.7.1.1	Removal of maximus trochanteric bursa	NO	NO	NO	NO	NO	NO	YES
21.7.2	Knee surgery:							
21.7.2.1	Diagnostic arthroscopy	NO	NO	NO	NO	NO	NO	YES
21.7.2.2	Knee arthroscopy and meniscus suturing							YES
21.7.2.3	Traditional removal of Backer's cyst							YES
21.7.2.4	Arthroscopic removal of Backer's cyst							YES
21.7.3	Ankle joint and foot surgery:							
21.7.3.1	Ankle joint arthroscopy	NO	NO	NO	NO	NO	NO	YES
21.7.3.2	Achilles tendon reconstruction							YES
21.7.3.3	Foot bunion – one-sided correction							YES
21.7.3.4	Foot bunion – double-sided (hallux valgus) correction							YES
21.7.3.5	Plasty for heel tendon (heel spur)							YES
21.7.3.6	Arthrodesis / stiffening in the foot area							YES
21.7.4	Shoulder surgery:							
21.7.4.1	Diagnostic arthroscopy	NO	NO	NO	NO	NO	NO	YES
21.7.4.2	Shoulder joint repositioning							YES

Item	Medical benefits	Opal	Sapphire	Sapphire with extra charge	Ruby	Ruby with extra charge	Emerald	Diamond
21.7.5 Elbow joint surgery:								
21.7.5.1	Elbow joint arthroscopy	NO	NO	NO	NO	NO	NO	YES
21.7.5.2	Proximal tenotomy of a wrist extensor attachment ("tennis elbow")							YES
21.7.5.3	Proximal tenotomy of a wrist flexor attachment ("tennis elbow")							YES
21.7.5.4	Removal of the olecranon bursa (bursectomy)							YES
21.7.6 Hand surgery:								
21.7.6.1	Release of Dupuytren's contracture, 1 st -2 nd degree – open method (1 finger)	NO	NO	NO	NO	NO	NO	YES
21.7.6.2	Release of Dupuytren's contracture, 1 st -2 nd degree – percutaneous method (1 finger)							YES
21.7.6.3	Release of Dupuytren's contracture, 3 rd -4 th degree – open method (1 finger)							YES
21.7.6.4	Release of Dupuytren's contracture, 3 rd -4 th degree – percutaneous method (1 finger)							YES
21.7.6.5	Decompression/plasty of tendons in De Quervain syndrome							YES
21.7.6.6	Decompression of the medial nerve in the carpal tunnel syndrome							YES
21.7.6.7	Triggering finger correction							YES
21.7.6.8	Removal of a ganglion cyst							YES
21.7.6.9	Wrist denervation							YES
21.7.6.10	Finger joint denervation							YES
21.7.6.11	Wrist arthroscopy (free body removal, removal of the fold of the synovial membrane, adhesions)							YES
21.7.6.12	Thumb and finger deformation correction – other (Mallet finger)							YES
21.7.6.13	Thumb and finger deformation correction – other (boutonnière deformity, "swan neck")							YES
21.7.7 Soft tissue surgery:								
21.7.7.1	Muscle suturing – other	NO	NO	NO	NO	NO	NO	YES
21.7.7.2	Plasty/removal of scars							YES
21.7.8 Bone surgery:								
21.7.8.1	Removal of cartilage and bone growths	NO	NO	NO	NO	NO	NO	YES
21.7.8.2	Removal of small bonding materials (screws, wires)							YES
21.7.8.3	Removal of large bonding materials (intramedullary nails, sheet metal)							YES
21.7.9 Proctology:								
21.7.9.1	Proctological surgeries (varicose veins, fissure, anal abscess, perianal fistula)	NO	NO	NO	NO	NO	NO	YES
21.7.10 Anesthesiology:								
21.7.10.1	Anesthesiologic consultation	NO	NO	NO	NO	NO	NO	YES
21.7.10.2	Anesthesia							YES
21.7.11 Hospitalization:								
21.7.11.1	Hospitalization 1 – day	NO	NO	NO	NO	NO	NO	YES
21.7.11.2	Post-surgical care at the date of surgery							YES

Item	Medical benefits	Opal	Sapphire	Sapphire with extra charge	Ruby	Ruby with extra charge	Emerald	Diamond
22	DISCOUNTS ON SERVICES NOT COVERED BY THE VARIANT (discounts do not include genetic tests, implants, medicines and materials used in operations and procedures)	10% discount in Enel-Med own facilities, discounts in the partner facilities on the basis of the local rules	10% discount in Enel-Med own facilities, discounts in the partner facilities on the basis of the local rules	10% discount in Enel-Med own facilities, discounts in the partner facilities on the basis of the local rules	10% discount in Enel-Med own facilities, discounts in the partner facilities on the basis of the local rules	10% discount in Enel-Med own facilities, discounts in the partner facilities on the basis of the local rules	110% discount in Enel-Med own facilities, discounts in the partner facilities on the basis of the local rules	10% discount in Enel-Med own facilities, discounts in the partner facilities on the basis of the local rules
23	HOSPITAL STAY INSURANCE hospital stay as a result of a personal accident	NO	NO	NO	YES for an additional premium fee, the benefit payable in the amount of PLN 70 per day	YES for an additional premium fee, the benefit payable in the amount of PLN 70 per day	YES for an additional premium fee, the benefit payable in the amount of PLN 100 per day	YES for an additional premium fee, the benefit payable in the amount of PLN 100 per day

* Home calls are not a substitute for an ambulance service in the event of emergency situations, i.e. in states within the meaning of the Act on State Medical Rescue consisting in a sudden or shortly anticipated occurrence of symptoms of health deterioration, the direct consequence of which may be serious damage to the life functions or bodily injury or loss of life, requiring immediate medical rescue operations and treatment. In such states, the Insured Person should without any exception contact the emergency services. Home calls shall be carried out by physicians of on-call teams in the Insured Person's place of residence when, in the light of current medical knowledge, the health condition of the Insured Person and the resulting type of medical assistance required make it impossible for the Insured Person to come to a medical facility. Home calls cover only sudden illnesses or sudden health deterioration, including flare-ups of chronic conditions. The insurance policy shall cover a medical call, the performance of which in the light of current medical knowledge is necessary due to the health condition of the Insured Person indicated above. During a home call, a diagnosis may be made and treatment may be started; while continuation of treatment and check-up appointments take place in the medical facilities of the Medical Partner. A home call is an emergency service that is provided only on the day of its notification. In the event of home calls, there is no free choice of physician.

HOME CALLS – Internist, pediatrician or family doctor home calls may be ordered by calling the First Medical Line available 24/7 (in locations where the Medical Partner does not have branches – by contacting the local ENEL-MED partner). Home calls are carried out on medical grounds. They are provided in an area of 30 km from the center of Warsaw and 25 km from the center of Gdańsk, Gdynia, Łódź, Katowice, Kraków, Poznań, Warsaw and Wrocław. In other Polish cities, home calls take place within the administrative boundaries of the city where the patient wants to make a home call. The mode of ordering and realization of calls is consistent with the principles of service in local medical facilities.

** Dentistry is carried out in the Enel – Med S.A. Medical Center.

The discount on initial oral cavity sanitation does not apply to benefits provided in subcontracting facilities in the city of Wrocław.

Annex no. 2
to the General Terms and Conditions of „Medi-Care“ Medical Treatment Cost Insurance Policy
approved by Resolution no. 05/06/07/2021 of the Management Board
of the Insurer dated 06/07/2021

ASSISTANCE BENEFITS INSURANCE

SCOPE OF INSURANCE

§1

1. Medical assistance

- 1) appointment with a physician of the Assistance Center – in the event of a sudden illness or a personal accident covered by the insurance cover and in the event that, in the light of current medical knowledge, the health condition of the Insured Person and the type of medical assistance required resulting from it make it impossible for the Insured Person to come to the medical center, the Insurer, via the Assistance Center, shall organize and cover the costs of travel of an internist, pediatrician or family doctor and their fee for a visit to the place of the Insured Person's stay. This insurance policy covers benefits which are necessary due to the health condition of the Insured Person, which makes it impossible for the Insured Person to come to a medical facility. The Insurer pays the cost of up to 3 visits for a 12-month term of insurance;
- 2) nurse's visit – if the Insured Person suffered a personal accident covered by the insurance cover, the Insurer shall, via the Assistance Center, upon the order of the leading physician, organize and cover the costs of the nurse's travel and the nurse's fee for the visit in the place of the Insured Person's stay. This insurance policy covers benefits which are necessary due to the health condition of the Insured Person, which makes it impossible for the Insured Person to come to a medical facility. The Insurer covers the costs of 7 visits, which in total may not exceed 48 hours of a nurse's stay with the Insured Person in relation to one personal accident;
- 3) delivery of medicines prescribed by the physician – if the Insured Person suffered a personal accident which is covered by the insurance cover and as a result of which, according to the medical certificate, the Insurer, via the Assistance Center, shall organize and cover the costs of transport of medicines prescribed by the physician providing treatment to the place of the Insured Person's stay;
- 4) medical transport to the medical center – if the Insured Person suffered a personal accident covered by the insurance cover, the Insurer, via the Assistance Center, shall organize and cover the cost of transport from the place of the Insured Person's stay to the medical center, if due to the Insured Person's health condition and type of medical assistance required, the Insured Person cannot independently reach the medical center;
- 5) medical transport from the medical facility to the Insured Person's place of stay if the Insured Person suffered a personal accident resulting in their stay in a medical facility, the Insurer shall, via the Assistance Center, organize and cover the cost of an appropriate means of transport recommended by the leading physician, provided that due to the health condition of the Insured Person and the type of medical assistance required, the Insured Person cannot independently reach the place of stay to which they intend to head to go;
- 6) psychological assistance – if the Insured Person suffered a personal accident which is covered by the insurance cover, the Insurer shall, via the Assistance Center, organize and cover the costs of an appointment with a psychologist upon the order of the leading physician. The Insurer covers the cost of up to 3 visits per event;
- 7) transmission of messages to the Insured Person's family or employer – in the event of an illness or a personal accident covered by the insurance cover, in consequence of which the Insured Person stays in hospital, the Insurer, via the Assistance Center, at the request of the Insured Person, shall transmit messages between the Insured Person and their family or employer.

2. Rehabilitation aid

- 1) If the Insured Person suffered a personal accident which occurred during the term of insurance cover and which is by the insurance cover covered by the insurance cover The Insurer shall cover the costs within the scope specified in section 2, provided that:
 - a) the Insured Person was hospitalized in connection with the treatment of consequences of a personal accident and was referred for rehabilitation by the leading physician;

- b) the costs were incurred in a medical facility or hospital in the territory of the Republic of Poland indicated by the Insurer, via the Assistance Center, or in a medical facility or hospital in the territory of the Republic of Poland indicated by the Insured Person, after obtaining prior approval of the Assistance Center, unless the lack of authorization of the Assistance Center occurred for reasons beyond the control of the Insured Person;
- 2) Scope of rehabilitation:
 - a) physical therapist's visits to the Insured Person's place of stay – if the Insured Person suffered a personal accident covered by the insurance cover, the Insurer shall, via the Assistance Center, at the request of the leading physician, organize and cover the cost of physical therapist's visits to the Insured Person's place of stay up to the total amount of PLN 500 per one event;
 - b) visits of the Insured Person at the physiotherapist's office in a rehabilitation clinic – if the Insured Person suffered a personal accident which is covered by the insurance cover, the Insurer, via the Assistance Center, shall organize and cover the costs of the Insured Person's visits to the physiotherapist in the rehabilitation clinic up to the total amount of PLN 500 per one event, at the request of the leading physician;
 - c) organization and coverage of costs of transport of rehabilitation equipment – if the Insured Person suffered a personal accident resulting in the leading physician recommending that the Insured Person should use rehabilitation equipment in the place of residence, the Insurer shall, via the Assistance Center, organize and cover the cost of transporting the rehabilitation equipment to the place of residence of the Insured Person up to the total amount of PLN 200 per one event;
 - d) purchase or rental of rehabilitation equipment – if the Insured Person suffered a personal accident resulting in the leading physician recommending that the Insured Person should use rehabilitation equipment in the place of residence, the Insurer, via the Assistance Center, shall cover the cost of purchase or rental of rehabilitation equipment up to the total amount of PLN 200 per one event.
 3. Home assistance – in the event of an illness or a personal accident covered by the insurance cover and as a result of which the Insured Person stayed in hospital for at least 5 days, the Insurer, via the Assistance Center, shall organize and cover the cost of domestic help after the end of hospitalization, up to the total amount of PLN 300 per one event; Home assistance service shall include:
 - 1) making minor food and industrial first-need purchases – the costs of purchases made at the request of the Insured Person shall be covered by the Insured Person;
 - 2) preparing meals – with the use of products, means and equipment made available by the Insured Person;
 - 3) assistance in maintaining cleanliness at home: cleaning floors, carpets and floor coverings, removing dust, rubbish disposal, washing dishes, cleaning working surfaces in the kitchen (worktops, hob and sink), cleaning the bathroom; watering plants in the house and garden – with the use of means and equipment provided by the Insured Person.
 4. **Childcare** – if the Insured Person suffered a personal accident, followed by the Insured Person's hospital stay, the Insurer, via the Assistance Center, shall organize and cover the cost of childcare in the place of residence of the Insured Person up to PLN 200 per day, up to a maximum of 3 days per one personal accident. The service shall be provided at the request of the Insured Person and on the basis of a written consent of the Insured Person and in a situation where there is no person in the Insured Person's place of residence who could provide childcare benefits; the Service shall include care provided by a guardian who provides childcare benefits within the scope of their business activity. The service is provided in the children's place of residence 24 hours a day.
 5. **Cat & dog care** – if the Insured Person suffered a personal accident resulting in the Insured Person's hospital stay, the Insurer, via the Assistance Center, shall organize and cover the cost of cat and dog care in the Insured Person's place of residence up to 3 days and up to the amount of PLN 300 per one personal accident. The service includes the transport of dogs and cats of the Insured Person to a person designated by the Insured Person or to a facility providing 24-hour animal care, and covering the costs of such transport and stay.