

ANTIDOTUM plus Medical Expense Insurance



Insurance product information document

Company: InterRisk Towarzystwo Ubezpieczeń Spółka Akcyjna Vienna Insurance Group with its registered office in Poland, ul. Noakowskiego 22, 00-668 Warszawa, License no. DU/905/A/KP/93 issued by the Minister of Finance on November 5, 1993

Product: **General Insurance Terms and Conditions of ANTIDOTUM plus insurance**

Full pre-contractual and contractual information is provided in other documents including the General Terms and Conditions of ANTIDOTUM plus insurance approved by way of Resolution no. 05/06/07/2021 of the Management Board of InterRisk Towarzystwo Ubezpieczeń Spółka Akcyjna Vienna Insurance Group dated July 6, 2021.

What type of insurance is it?

ANTIDOTUM plus is health insurance allowing cashless delivery of medical services in private medical centers. The benefits are provided at the health centers dedicated by InterRisk to provide services to the Insured. You can find the list of health centers at www.interrisk.pl. The costs of provided benefits are paid by InterRisk directly to the account of the Medical Partner.



What does this insurance cover?

- ✓ Costs of medical services, as well as emergency assistance costs incurred during the period of insurance as a result of treatment of diseases and consequences of personal accidents, as well as hospital stay of the Insured caused by a personal accident that occurred during the period of insurance or a disease that was diagnosed during the period of insurance.

Sum insured:

- ✓ The upper limit of InterRisk's liability in the insurance covering medical expenses constituting the costs of medical services specified in Annex no. 1 to the GT&C;
- ✓ In case of emergency assistance cost insurance, the sum insured is specified in amount and amounts to a maximum of PLN 3,500;
- ✓ In hospital stay insurance, the sum insured is the product of the amount of benefit per day of hospital stay specified in the insurance agreement and 60 days of hospital stay and it amounts to a maximum of 3,000 PLN.



What does this insurance not cover?

- × The cost of medicines and medical supplies, except those used in an emergency to save life;
- × Medical expense insurance does not cover the cost of rehabilitation if it is for a chronic disease or congenital defect;
- × In hospital stay insurance, InterRisk is not responsible for stays in nursing homes and stays in health resorts.



What are the limitations of the insurance cover?

In particular, InterRisk shall not be liable for events occurring as a result of or in connection with:

- ! infertility treatments and gender reassignment procedures, treatments, procedures or surgeries for aesthetic medicine, plastic surgery and cosmetics;
- ! drug rehab procedures and drug addiction treatment courses, and drug addiction treatment;
- ! mental illness;
- ! committing or attempting to commit suicide, self-mutilation, committing or attempting to commit a crime by the Insured, acts of war, martial law, riots and disturbances, acts of terror;
- ! treating the effects and diseases caused by alcohol use and the use of drugs, psychotropic substances, or substitutes;
- ! participation of the Insured in clinical trials and medical experiments;
- ! induced abortion;
- ! treatment of Alzheimer's disease;
- ! treatment of AIDS or conditions related to this disease;
- ! practicing high-risk sports;
- ! epidemic in the meaning of the Act on Prevention and Control of Infections and Infectious Diseases in Humans;
- ! pandemic.



Where is this insurance valid?

The insurance is valid in the territory of the Republic of Poland.



What are the responsibilities of the Insured?

Should the need for medical services arise under the medical expense insurance, the Insured shall contact the medical telephone helpline (its number can be found on the identification card), and follow the recommendations and instructions of the Medical Partner's medical staff to the extent justified by the medical service being performed.



How and when should premiums be paid?

The premium must be paid in the amount, form (cash or wire transfer) and on the dates specified in the insurance agreement.



When does my insurance cover begin and end?

The insurance agreement is concluded for a period of 12 or 24 months, unless the parties have agreed otherwise. InterRisk's liability begins on the date indicated in the agreement as the beginning of the period of insurance. The insurance cover expires:

- a) on the date of expiry of the period of insurance;
- b) on the date of withdrawal from the insurance agreement;
- c) on the date of termination of the insurance agreement as a result of notice;
- d) in the case of paying the premium in instalments – if, following the deadline for payment of an instalment, InterRisk calls the Policyholder to pay it with a threat that failure to pay within 7 days from the date of receiving the call by the Policyholder will cause InterRisk's liability to cease, and if the next instalment of the premium is not paid within this deadline – on the date of expiry of this deadline;
- e) towards the Insured on the date the sum insured is exhausted as a result of payment of a benefit or benefits of the total amount equal to the sum insured;
- f) towards the Insured on the date of his/her death;
- g) towards the Insured in a family insurance agreement – upon the expiry of the last day of the calendar month in which InterRisk received a statement about the Insured'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 be entitled to withdraw from the insurance agreement within 30 days, and if the Policyholder is an entrepreneur, then within 7 days from the date of conclusion of the insurance agreement.

The Policyholder may terminate the agreement at any time during its term effective on the last day of the calendar month upon 30 days' notice.

A consumer who has concluded an insurance agreement remotely may withdraw from it without stating reasons, making a statement in writing, within 30 days from the date of conclusion of the agreement or from the date of confirmation of information referred to in Article 39 of the Consumer Rights Act, if this date falls on later. The deadline is considered to be met if the declaration is sent before its expiry. If the consumer withdraws from the insurance agreement, InterRisk is entitled only to a part of the premium calculated proportionally for each day of insurance cover provided by InterRisk.

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INITIAL PROVISIONS

§1

1. These General Terms and Conditions of Antidotum plus insurance, hereinafter called "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 KRS no.: 0000054136, with natural persons, legal entities and organizational units that are not legal entities conducting business activity. The insurance company conducts insurance and reinsurance activities on the basis of License no. DU/905/A/KP/93 issued by the Minister of Finance on November 5, 1993, and is hereinafter referred to as "InterRisk".
2. An insurance agreement may also be concluded for a third person's account, except that the Insured is specified by name in the insurance agreement. Allegations influencing the liability of InterRisk may also be raised by InterRisk against the Insured.
3. Additional or different provisions may be introduced to the insurance agreement with the consent of the parties, with the reservation that the differences between these GT&C and the content of the agreement shall be presented by InterRisk to the Policyholder in writing before the insurance agreement is concluded.
4. The insurance agreement shall be governed by the applicable provisions of the Polish law, including the Civil Code and the Act on Insurance and Reinsurance Activity.

DEFINITIONS

§2

For the purpose of these GT&C, the following terms used in the GT&C, the form to conclude an insurance agreement, the policy, and other letters and statements submitted in connection with the insurance agreement shall be construed as:

- 1) **acts of terror** – unlawful acts and actions organized for ideological, religious, political or social motives, individual or group, carried out by persons acting alone or in the name of or on behalf of any organization or government, directed against persons, objects or society, aimed at influencing the government, introducing chaos, intimidating the population and disorganizing public life by means of violence or threat of violence;
- 2) **disease** – a disorder in the functioning of body organs or apparatuses of the Insured, independent of anyone's will, diagnosable by a physician, requiring treatment, diagnostics or rehabilitation;
- 3) **chronic disease** – a medical condition characterized by slow progression, treated continuously or periodically prior to the date of cover;
- 4) **child** – each own child of the Insured or a child fully or not fully adopted by him or her, aged up to 18 years, or up to 25 years of age in case of attendance at a public or non-public school (including higher education institution), located in the territory of the Republic of Poland, in day, extramural or evening mode, within the meaning of the Education System Act and the Higher Education Law, excluding courses and correspondence education;
- 5) **business activity** – a profit-making, construction, commercial, service activity within the meaning of the Act on Freedom of Business Activity, and also professional activity conducted in an organized and continuous manner;
- 6) **identification card** – a document determining the insurance option indicating the entitlement to receive medical services at the Medical Partner's center. The identification card shall be valid only if accompanied by a document confirming the Insured's identity (valid identity card, passport, driver's license, school ID card);
- 7) **physician** – a person having formally confirmed qualifications in accordance with the requirements of the law in force in the country where he/she renders services, practicing a profession within the scope of his/her qualifications, not being the Policyholder, the Insured or a relative of the Insured;
- 8) **explosives** – solid or liquid chemical substances or mixtures of substances capable of a chemical reaction generating gas at such a temperature and pressure and with such speed that they can cause destruction in the surrounding environment, as well

as products filled with explosives, within the meaning of the Act on Conducting Business Activities in the Field of Manufacturing and Trading in Explosives, Weapons, Ammunition and Products and Technology for Military and Police Use in the wording in force on the date of concluding the insurance agreement as well as the Act on Explosives for Civilian Use in the wording in force on the date of concluding the insurance agreement;

- 9) **personal accident** – a sudden event caused by an external factor, as a result of which the Insured, regardless of his or her will, suffered bodily injury;
- 10) **risk assessment** – the procedure established and applied by the Insurer when providing insurance cover to a natural person, influencing the amount of premium and scope of insurance cover, taking into account the amount of the sum insured and age;
- 11) **insurance cover** – the Insurer's obligation to provide the benefit covered by this agreement, in case of occurrence of an insurance event specified in the insurance agreement, for which InterRisk bears insurance liability;
- 12) **radioactive waste** – radioactive waste: solid, liquid or gaseous, containing radioactive substances;
- 13) **close person** – spouse, children, partner, siblings, mother, father, stepmother, stepson, stepdaughter, in-laws, sons-in-law, daughters-in-law, adopters and adoptees of the Insured, guardians appointed by the guardianship court;
- 14) **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);
- 15) **partner** – a natural person remaining in a non-marital relationship with the Insured; this relationship must not be a relationship of kinship, affinity nor adoption;
- 16) **Medical Partner** – an entity carrying out medical activities with which InterRisk has entered into an agreement for the provision of medical services to the Insured;
- 17) **hospital stay** – a stay in a hospital ward on the territory of the Republic of Poland during the period of insurance in order to restore or improve health condition of the Insured caused by a personal accident that occurred during the period of insurance or a disease diagnosed during the period of insurance, lasting at least three days. The day of admission to the hospital and the day of discharge from the hospital shall also be considered days of hospital stay. When discharge from hospital takes place after the end of the period of insurance, the hospital stay shall be covered by the Insurer provided that the hospital admission took place during the period of insurance;
- 18) **entity carrying out medical activity** – medical entity and professional practice within the meaning of the Act on Medical Activity in the wording binding on the date of concluding the insurance agreement;
- 19) **vehicle** – a passenger car, truck, bus, train, streetcar, trolleybus;
- 20) **being under the influence of alcohol** – acting in a state when the body alcohol content is:
 - a) from 0.2 ‰ of blood alcohol; or
 - b) from 0.1 mg of alcohol in 1 dm³ in exhaled air;
- 21) **joining the insurance agreement** – covering a natural person under the insurance agreement;
- 22) **riots and disturbances** – demonstrations and street clashes that are an expression of rebellion against state authority;
- 23) **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, bobsleighbing, tobogganing, motor sports, land, water or air vehicle rallies, heliskiing, heliboarding, freefall, downhill, b.a.s.e. jumping, dream jumping and skiing or snowboarding off-piste, water skiing and sports using vehicles

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

| TYPE OF INFORMATION | MODEL AGREEMENT DIVISION NUMBER |
|---|--|
| 1. Conditions for the payment of indemnity and other benefits or insurance surrender value | §2, §3, §4, §10, §11, §14-18, Annexes 1, 2 and 3 |
| 2. Limitations and exclusions of liability of the insurance company entitling to refuse payment of indemnity and other benefits or to reduce them | §5, §6, §7, §8, §13(2) |
| 3. Costs and other charges deducted from insurance premiums, from assets of insurance capital funds or through redemption of participation units of insurance capital funds | None |
| 4. Insurance surrender value in particular periods of insurance cover and the period in which there is no right to a claim for payment of the surrender value | Not applicable |

designed to move on snow or ice;

- 24) **psychotropic substance** – any substance of natural or synthetic origin having an effect on the central nervous system, specified in the list of psychotropic substances constituting Annex no. 2 to the Act on Counteracting Drug Addiction in the wording binding on the date of concluding the insurance agreement;
- 25) **hospital** – an enterprise of a medical entity in which this entity conducts medical activity in the form of hospital services, within the meaning of the Act on Medical Activity in the wording binding on the date of concluding the insurance agreement;
- 26) **intoxicant** – a substance of natural or synthetic origin having an effect on the central nervous system, specified in the list constituting Annex no. 1 to the Act on Counteracting Drug Addiction in the wording binding on the date of concluding the insurance agreement;
- 27) **substitute agent** – a substance of natural or synthetic origin in any physical state or product, plant, fungus or a part thereof, containing such a substance, used instead of a narcotic agent or psychotropic substance or for the same purposes as a narcotic agent or psychotropic substance, the manufacturing and marketing of which is not regulated under separate regulations within the meaning of the Act on Counteracting Drug Addiction in the wording binding on the date of concluding the insurance agreement;
- 28) **medical services** – medical services provided in the territory of the Republic of Poland during the period of insurance, which are necessary from the medical point of view and defined in Annexes no. 1 and 2 hereof and provided to the Insured in connection with a disease or personal accident as well as preventive examinations and benefits provided in connection with pregnancy or childbirth;
- 29) **hospital benefits** – benefits within the meaning of the Act on Medical Activity, provided 24 hours a day; comprehensive health services consisting of diagnosis, treatment, care and rehabilitation which may not be provided as part of other stationary and round-the-clock health services or outpatient health services; hospital benefits shall also be benefits provided with the intention to complete them within a period not exceeding 24 hours;
- 30) **health services** – in accordance with the Act on Medical Activity, services aimed at preserving, saving, restoring or improving health as well as other medical activities resulting from the treatment process or separate provisions regulating the principles of their performance;
- 31) **medical telephone line** – a telephone line enabling the Insured to obtain information about the possibility of receiving medical services from the Medical Partner (the telephone number is given on the identification card);
- 32) **Policyholder** – one of the entities referred to in §1(1), concluding an insurance agreement and obliged to pay insurance premium;
- 33) **individual insurance** – an insurance agreement concluded by the Insurer with the Policyholder in favor of the Insured named in the insurance agreement;
- 34) **family insurance** – insurance concluded by the Insurer with the Policyholder in favor of the Insured: natural persons and their spouses or partners and children indicated by name in the insurance agreement (policy);
- 35) **Insured** – a natural person in favor of whom an insurance agreement has been concluded by the Policyholder, provided that this person is under 65 years of age on the date of joining the insurance agreement, and in case of a family insurance agreement also his/her spouse or partner and their children, provided that these persons are under 65 years of age on the date of joining the insurance agreement;
- 36) **traffic accident** – a sudden event caused by vehicle traffic, independent of the Insured's will, being a passenger of the vehicle, a person driving the vehicle or a pedestrian, which was the direct and exclusive cause of the Insured's bodily injuries;
- 37) **practicing professional sports** – a form of physical activity undertaken voluntarily and consisting in practicing sports disciplines through regular participation in workouts, competitions, gatherings and fitness or training camps in order to achieve, by way of individual or collective rivalry, maximum sports results by persons who are members of sports clubs, associations and organizations. Within the meaning of these GT&C, practicing competitive sports for profit shall also be regarded as practicing professional sports;
- 38) **health resort medical center** – medical entity within the meaning of the Act on Health Resort Medical Treatment, Health Resorts and Health Resort Protection Areas as well as Health Resort Communities performing Medical Activities in the wording in force on the date of conclusion of the insurance agreement in the type of outpatient or stationary and round-the-clock medical services, within the meaning of provisions on health resort activity in the wording in force on the date of concluding the insurance agreement, acting in the area of a health resort, established in order to provide health services in the range of health resort treatment, within the range of treatment directions and contraindications defined for a given health resort, in particular taking advantage of natural conditions of the health resort when providing health services.

SUBJECT MATTER OF INSURANCE

§3

The insurance cover shall cover costs of medical services as well as costs of emergency assistance incurred during the period of insurance as a result of treatment of diseases and consequences of personal accidents, as well as hospital stay of the Insured caused by a personal accident which occurred during the period of insurance or by a disease diagnosed during the period of insurance.

INSURANCE COVER

§4

- The cover is determined at the request of the Policyholder and may include:
 - costs of medical services specified in Annex no. 1 to these General Insurance Terms and Conditions, in the STANDARD, FULL, PRESTIGE or COMFORT option;
 - costs of emergency assistance, as defined in Annex no. 2 to these GT&C;
 - the Insured's stay in hospital as defined in Annex no. 3 to these GT&C in the FULL or PRESTIGE option.
- In accordance with the Policyholder's request, based on the provisions of these GT&C, when the Insured is a child, as defined in §2(4) of these GT&C, the scope of medical services defined in section 1 item 1 in the STANDARD, FULL, PRESTIGE option may be extended by consultations with pediatrician specialists listed in §1(5) of Annex no. 1 to these GT&C at an extra premium.
- In accordance with the Policyholder's request, based on the provisions of these GT&C, the insurance agreement with the scope of medical benefits may be concluded in options described in detail in the table below:

| | An insurance agreement with medical expense coverage may be concluded as: | | | |
|------------------|--|--|---|--|
| | individual insurance, within the meaning of the provision of §2(33) | | family insurance, within the meaning of the provision of §2(34) | |
| Insurance option | in favor of the Insured who was 14 years old on the date of joining the insurance agreement in the following option: | extended, against payment of an additional premium, by the benefits of consultations with pediatrician specialists, listed in §1(5) of Annex no. 1 to these GT&C, in accordance with the provision of section 2 for the benefit of the Insured child, as defined in §2(4) in the following option: | in option: | extended, against payment of an additional premium, by the services of consultations with pediatrician specialists listed in §1(5) of Annex no. 1 to these GT&C, in accordance with the provisions of section 2 in the following option: |
| Standard | yes | yes | yes | - |
| Full | yes | yes | yes | yes |
| Prestige | yes | yes | yes | yes |
| Comfort | yes | - | yes | - |

- InterRisk covers the costs of the services mentioned in section 1 items 1 and 2, if they are medically necessary. A consultation with a specialist does not require a referral. The provision of other medical services defined in Annex no. 1 to these GT&C requires a referral from the Medical Partner's physician.
- The change of the scope of insurance during the term of the insurance agreement requires the consent of the Insurer and conclusion of an annex to the insurance agreement in force. The annex shall be in writing, otherwise shall be null and void.

EXCLUSIONS OF LIABILITY

§5

- InterRisk is not liable for events occurring as a result of or in connection with:
 - infertility treatment and gender reassignment procedures;
 - treatments, procedures or surgeries for aesthetic medicine, plastic surgery and cosmetics;
 - drug rehab procedures and drug addiction treatment courses, and drug addiction treatment;
 - mental illness;
 - committing or attempting to commit suicide, self-mutilation, committing or attempting to commit a crime by the Insured;
 - hostilities, martial law, riots and civil commotion;
 - acts of terror;
 - treatment of the effects and diseases caused by the use of alcohol and the use of narcotics, psychotropic substances, or substitutes;
 - participation of the Insured in clinical trials and medical experiments;
 - induced abortion;
 - Alzheimer's disease treatment;
 - treatment for AIDS or conditions related to the disease;
 - practicing high-risk sports;

- 14) epidemics within the meaning of the Act on Prevention and Control of Infections and Infectious Diseases in Humans;
 - 15) driving a vehicle by the Insured who is the driver of the vehicle, without the required authorization to drive a given vehicle or if the vehicle was not registered or did not have a valid technical inspection, if the vehicle is required to be registered or to undergo periodical technical inspections, unless the lack of required authorization to drive a given vehicle, the lack of vehicle registration or the technical condition of the vehicle did not affect the accident;
 - 16) effects of nuclear energy, radioactive waste, or explosives;
 - 17) pandemics.
2. The insurance cover shall not cover the cost of medicines and medical supplies, except those used in an emergency to save life.
 3. Medical expense insurance shall not cover the cost of rehabilitation if it is for chronic diseases or congenital malformations.
 4. 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.

§6

Additionally, in emergency assistance cost insurance referred to in §4(1)(2), taking into account the exclusions mentioned in §5(1), InterRisk shall not be liable for events occurring due to or in connection with:

- 1) the Insured being under the influence of alcohol, narcotics, psychotropic substances or substitutes, excluding cases of taking these substances in accordance with a physician's recommendation, if the Insured being under the influence of alcohol, narcotics, psychotropic substances or substitutes influenced the occurrence of a personal accident or disease;
- 2) practicing professional sports.

§7

1. Additionally, in case of hospital stay insurance as referred to in §4(1)(3), taking into account the exclusions mentioned in §5(1), InterRisk shall not be liable for events occurring as a result of or in connection with:
 - 1) a bodily injury or disease diagnosed prior to the start date of cover;
 - 2) epilepsy, psoriasis, tuberculosis, dialysis;
 - 3) treatment of obesity, weight loss, effects of weight loss treatments, bulimia, anorexia;
 - 4) treatment of vision defects, plastic and cosmetic surgeries, with the exception of operations on disfigurement and mutilation resulting from a personal accident;
 - 5) the Insured being under the influence of alcohol, narcotics, psychotropic substances or substitutes, excluding cases of taking these substances in accordance with a physician's recommendation, if the Insured being under the influence of alcohol, narcotics, psychotropic substances or substitutes influenced the occurrence of a personal accident or disease;
 - 6) rehabilitation.
2. In the case of hospital stay insurance referred to in §4(1)(3), taking into account the exclusions mentioned in section 1 and in §5(1), InterRisk shall not be liable for stays in nursing homes and stays in health resorts.

SUM INSURED AND CONDITIONS OF ITS CHANGE

§8

1. The upper limit of the Insurer's liability in medical expense insurance shall be the costs of medical services specified in Annex no. 1 to these General Insurance Terms and Conditions.
2. In emergency assistance cost insurance, the sum insured shall be determined by the amount.
3. In hospital stay insurance, the sum insured shall be the product of the amount of benefit per one day of hospital stay, as specified in the insurance agreement, and 60 days of hospital stay, as mentioned in §16(1).
4. The amount of sums insured, referred to in section 2 and 3, shall be determined at the Policyholder's request.
5. The sums insured, referred to in section 2 and 3, are specified in the insurance agreement and constitute the upper limit of the Insurer's liability for a given type of insurance.

CONCLUSION OF THE INSURANCE AGREEMENT

§9

1. The insurance agreement shall be concluded in personal form on the basis of a written request of the Policyholder, which should contain at least the following data:

- 1) first and last name (name) and address (registered office) of the Policyholder;
 - 2) insurance cover;
 - 3) insurance option;
 - 4) form of insurance: individual agreement, family agreement;
 - 5) proposal of sum insured for insurance covering hospital stay and costs of emergency assistance;
 - 6) period of insurance;
 - 7) proposal of provisions additional to or different from the provisions of these GT&C which the Policyholder wishes to introduce into the agreement.
2. InterRisk may make the conclusion of the insurance agreement dependent on obtaining additional information that influences the insurance risk assessment, of which InterRisk informs the Policyholder in writing.
 3. If the request does not contain all the data specified in section 1 or 2, or was prepared incorrectly or not in accordance with the terms and conditions of insurance, the Policyholder is obliged, at the request of the Insurer, to supplement it or prepare a new request within 14 days from the date of receipt of the letter in this regard from the Insurer. Failure to meet the above deadline shall result in the insurance agreement not being concluded.
 4. The insurance agreement is concluded for a period of 12 or 24 months, unless otherwise agreed by the parties.
 5. The insurance agreement may be continued with the Insurer's consent for the next 12-month period of insurance on the conditions valid on the date of its extension and shall be confirmed in the manner referred to in section 7.
 6. The period of insurance shall be specified in the insurance agreement.
 7. InterRisk confirms the conclusion of the insurance agreement with a policy.
 8. Upon conclusion of the insurance agreement, the Policyholder shall receive identification cards intended for each Insured.

BEGINNING AND END OF THE INSURER'S LIABILITY

§10

1. The insurance agreement shall specify the beginning and end dates of the period of insurance.
2. The liability of the Insurer under the concluded insurance agreement shall commence on the first day of the calendar month indicated in the agreement as the beginning of the insurance cover (period of insurance), not sooner however than from the date following the payment of the premium or the first premium instalment.
3. The liability of the Insurer shall cease:
 - 1) on the date of expiry of the period of insurance;
 - 2) on the date of withdrawal from the insurance agreement by the Policyholder;
 - 3) on the date of termination of the insurance agreement as a result of notice as referred to in §11(2)-(4);
 - 4) in the case of paying the premium in instalments – if, following the deadline for payment of an instalment, InterRisk calls the Policyholder to pay it with a threat that failure to pay within 7 days from the date of receiving the call by the Policyholder will cause InterRisk's liability to cease, and if the next instalment of the premium is not paid within this deadline – on the date of expiry of this deadline;
 - 5) towards the Insured on the date the sum insured is exhausted as a result of payment of a benefit or benefits of the total amount equal to the sum insured – refers to hospital stay insurance, emergency assistance cost insurance;
 - 6) towards the Insured on the date of his/her death;
 - 7) towards the Insured in a family insurance agreement – upon the expiry of the last day of the calendar month in which InterRisk received a statement about the Insured's withdrawal from the family insurance agreement. The Insured may withdraw from the family insurance agreement at any time.
4. If InterRisk's liability ceases as a result of exhausting the sum insured referred to in section 3 item 5), InterRisk's liability under the insurance agreement shall resume by means of an annex to the insurance agreement, as of the date specified in the annex, but not earlier than after paying an extra insurance premium.

TERMINATION OF THE INSURANCE AGREEMENT

§11

1. If the insurance agreement is concluded for a period longer than six months, the Policyholder shall be entitled to withdraw from the insurance agreement within 30 days, and if the Policyholder is an entrepreneur, then within 7 days from the date of conclusion of the insurance agreement.
2. The Policyholder may terminate the agreement at any time during its term effective on the last day of the calendar month upon 30 days' notice.
3. In case of revealing circumstances entailing a significant change of probability of an accident, each party may demand an appropriate change of the amount of premium, starting from the moment when this circumstance occurred, but not earlier than from the beginning of the current period of insurance. If such a demand is made, the other

- party may terminate the agreement with immediate effect within 14 days.
4. If InterRisk was liable before the premium or the first instalment thereof was paid, and the premium or the first instalment thereof was not paid on time by the Policyholder, InterRisk may terminate the agreement with immediate effect and demand payment of the premium for the period for which InterRisk was liable. If the insurance agreement is not terminated, it expires at the end of the period for which the unpaid premium was due.
 5. The insurance agreement expires on the date of ineffective lapse of the deadline referred to in §10(3)(4).

INSURANCE PREMIUM

§12

1. The amount of the insurance premium due for the period of the Insurer's liability is specified in the insurance agreement.
2. The basic insurance premium depends on risk assessment factors, in particular:
 - 1) insurance cover;
 - 2) insurance option;
 - 3) forms of insurance;
 - 4) period of insurance;
 - 5) the sum insured requested by the Policyholder.
3. The insurance premium shall be defined in the amount for a given type of insurance. The insurance premium shall be defined in Polish zloty.
4. The amount of the insurance premium shall be calculated according to the tariff applicable on the date of conclusion (or amendment) of the insurance agreement.
5. If the tariff of premiums does not take into account the insured risk, then the amount of the insurance premium shall be determined on the basis of individual risk assessment by the Insurer.
6. InterRisk may apply discounts and/or increases to the basic insurance premium.
7. The final insurance premium shall be calculated by applying premium increases and premium decreases.
8. InterRisk may apply premium increases, in particular on account of:
 - 1) introduction of provisions additional to or different from the provisions of these GT&C as requested by the Policyholder;
 - 2) high frequency of insurance events for which InterRisk paid out benefits.
9. InterRisk may apply discounts to the premium, in particular due to the introduction of additional provisions or provisions different from the provisions of these GT&C as requested by the Policyholder.
10. The insurance premium is payable once, unless the parties have agreed otherwise.
11. At the Policyholder's request, the insurance premium may be divided into instalments. Payment dates and the amount of subsequent instalments shall be specified in the insurance agreement.
12. The premium or the first instalment of the insurance premium shall be paid on the date of concluding the agreement but not later than on the 25th day of the month preceding the calendar month in which the period of insurance begins. Subsequent insurance premium instalments shall be paid on the payment dates specified in the insurance agreement (policy).
13. In the event of withdrawal from the insurance agreement or termination of the agreement by the Policyholder, the premium for the period in which the insurance cover was provided shall be due to the Insurer.
14. In the event of termination of the insurance agreement before the end of the period for which it was concluded, the Policyholder is entitled to the reimbursement of premium for the period of unused insurance cover.

RIGHTS AND OBLIGATIONS OF THE CONTRACTING PARTIES

§13

1. The Policyholder is obliged to:
 - 1) before concluding the insurance agreement, to provide the Insurer with the circumstances known to the Policyholder which were inquired about by InterRisk in the request form or in letters addressed to the Policyholder. If the Policyholder concludes the insurance agreement by a representative, this obligation is also binding for the representative and it also includes the circumstances known to him/her;
 - 2) to notify the Insurer about changes in the circumstances of which the Policyholder informed the Insurer before the insurance agreement was concluded, immediately after becoming aware of them;
 - 3) to pay the insurance premium or its instalments by the agreed date;
 - 4) to make it possible for the Insurer to obtain information relating to the circumstances of the insured event;
 - 5) to comply with the obligations set forth in these GT&C.

2. If the Policyholder has not notified the Insurer of the circumstances referred to in section 1 item 1) or has not fulfilled the obligation referred to in section 1 item 2), InterRisk shall not be liable for the consequences of these circumstances.
3. Where the insurance agreement is concluded for a third person's account:
 - a) The Policyholder is obliged to deliver the GT&C to the Insured and provide the necessary information regarding the insurance cover;
 - b) The Policyholder is obliged to provide the person interested in joining the insurance agreement with the information referred to in art. 17(1) of the Act on Insurance and Reinsurance Activity before the said person joins the insurance agreement, in writing or, if the person interested in joining the insurance agreement gives his/her consent, on another permanent medium;
 - c) The Policyholder is obliged to inform the Insured on the Insured's demand about the method of calculation and payment of the insurance premium and to deliver the terms and conditions of the agreement to the Insured, especially the provisions of the agreement in the scope concerning the rights and obligations of the Insured, before the Insured gives the Insured's consent to finance the insurance premium (if the Insured finances the premium). The information should also include a description of the obligations of the Policyholder and InterRisk towards the Insured;
 - d) Irrespective of other provisions of these GT&C, if the Policyholder abandons or ceases to claim benefits from InterRisk, the Insured or his/her heirs are entitled to claim benefits directly.
4. If a group insurance agreement is concluded for the account of the Policyholder's employees or persons working on the basis of civil law agreements and members of their families or for the account of members of associations, professional self-governments or trade unions, and the Policyholder receives remuneration or other benefits from InterRisk in connection with offering the possibility of taking advantage of insurance cover or activities associated with performance of a group insurance agreement, before joining the insurance agreement, the Policyholder provides the person interested in joining such agreement with information about:
 - a) InterRisk as a company and the address of InterRisk's registered office;
 - b) the nature of the remuneration or other benefits received in connection with joining the group insurance agreement as proposed;
 - c) the possibility to make a complaint, lodge a grievance, and resolve disputes out of court.
5. InterRisk is obliged to:
 - 1) to exercise due diligence in the conclusion and performance of the insurance agreement;
 - 2) to provide the Policyholder with information necessary for the conclusion and performance of the insurance agreement, including information about the addresses of medical centers where medical services are provided, and in the event of a claim being made, is obliged to liquidate it in a timely manner;
 - 3) before the insurance agreement is concluded, to provide the Policyholder with the text of these GT&C as well as other documents and forms necessary from the point of view of execution of the insurance agreement;
 - 4) at the request of the Insured, to provide information on the provisions of the agreement concluded and the GT&C in respect of the rights and duties of the Insured;
 - 5) to provide the Policyholder or the Insured with access to information and documents gathered for the purpose of determining the Insurer's liability or the amount of benefit. The aforementioned persons may request written confirmation of the information made available by the Insurer, as well as make photocopies of documents at their own expense and have them certified as true copies by the Insurer;
 - 6) to cover persons regarding whom a notification was made by the Policyholder and for whom the insurance premium was paid, with insurance cover;
 - 7) to pay a benefit under the terms and conditions specified in these GT&C and in the insurance agreement;
 - 8) to secure personal data received as a result of the execution of the insurance agreement in accordance with the requirements of the Personal Data Protection Act;
 - 9) to inform the person making a claim in writing what documents are needed to determine the Insurer's liability or the amount of benefit, if this is necessary for further proceedings in accordance with §17(5);
 - 10) to inform the Policyholder or the Insured in writing, if they are not the persons submitting a notification of an event covered by insurance, in accordance with §17(6);
 - 11) to provide the Policyholder with identification cards that entitle each Insured to use medical services provided by the Medical Partner.
6. The Policyholder, the Insured or the Entitled Person shall have the right to inspect the information and documents collected in order to determine InterRisk's liability or the amount of the benefit, request InterRisk to confirm the information provided in writing, and make, at their own expense, copies or photocopies of the documents and have them certified as true copies by InterRisk.

7. Irrespective of other provisions of these GT&C, if the Policyholder abandons or ceases to claim benefits from InterRisk, the Insured or his/her heirs are entitled to claim benefits directly.
8. The rules of taxation of amounts received from insurance are regulated in the Personal Income Tax Act and the Corporate Income Tax Act.

CLAIM NOTIFICATION BENEFIT DETERMINATION AND PAYMENT

§14

1. Medical services referred to in §4(1)(1) are provided to the Insured in the centers of the Medical Partner cooperating with the Insurer. Information about the addresses of the medical centers where the medical services are provided is available at the telephone number indicated in the identification card and on InterRisk's website.
2. Under medical expense insurance covering medical services referred to in section 1, the Policyholder/Insured is obliged to:
 - 1) to contact the medical telephone hotline;
 - 2) to comply with the recommendations and instructions of the Medical Partner's medical staff to the extent justified by the health care service provided.
3. The costs of medical services referred to in section 1 shall be paid by the Insurer directly to the account of the Medical Partner providing the service.

§15

1. Within the scope of emergency assistance cost insurance referred to in §4(1)(2), InterRisk provides reimbursement of costs of medical services specified in Annex no. 2 to these GT&C, provided to the Insured in centers other than those indicated by the Medical Partner cooperating with the Insurer.
2. In emergency assistance cost insurance, the Insured shall be free to choose the provider of medical treatment, subject to section 1.
3. Under the emergency assistance cost insurance, the Policyholder/Insured is obliged to:
 - 1) to contact or report to a health care provider for obtaining a medical service;
 - 2) to pay for the cost of medical services provided;
 - 3) to obtain, to the extent possible, medical documentation stating the diagnosis, justifying the provision of medical assistance and the conduct of a given course of treatment;
 - 4) to notify the Insurer's organizational unit about the occurrence of an event covered by insurance, not later than within 14 working days from the date of the occurrence of the event or obtaining information about it.
4. The insurance agreement provides for reimbursement of the incurred costs of medical services, based on the provisions of these GT&C, up to the sum insured specified in the insurance agreement (policy).

§16

1. In hospital stay insurance referred to in §4(1)(3), the benefit shall be paid on the basis of the provisions of these GT&C. The benefit shall be the product of the amount of benefit per day of hospital stay, as specified in the insurance agreement, and the total number of days of hospital stay, but no more than for 60 days of total hospital stay.
2. The benefit referred to in section 1 shall be payable starting from the third day of stay for each day of hospital stay.
3. If the hospital stay is a consequence of a traffic accident related to vehicle traffic, as defined in §2(36) of these GT&C, the Insured shall be entitled to an additional benefit equal to 50% of the daily benefit referred to in section 1. The Insured shall be entitled to additional benefit for the period not longer than 14 days of hospital stay.
4. In the event that discharge from hospital occurs after the end of the period of insurance, the hospital stay is covered by the Insurer's liability provided that admission to hospital occurred during the period of insurance.

§17

1. The provisions of this section shall apply to emergency assistance cost insurance and hospital stay insurance as referred to in §4(1)(2)-(3).
2. An event notification shall include the following basic information and documents:
 - 1) policy number;
 - 2) Insured's data: first and last name, address of residence, date of birth;
 - 3) date of diagnosis of the disease, if known to the Insured;
 - 4) in case of a personal accident – the date and detailed description of the circumstances of its occurrence;
 - 5) medical certificates in his/her possession that describe the treatment process and include an accurate diagnosis;
 - 6) hospital certificates in his/her possession describing the nature and extent of his injuries and including an accurate diagnosis, hospital discharge summary report;
 - 7) bills/invoices of medical expenses incurred – the bill/invoice should include: date, details of the medical center, Insured's name, address, date and name of the service provided together with unit prices;

- 8) police reports relating to the event, if made and in the Insured's possession;
 - 9) other documents specified in additional or different provisions introduced to the insurance agreement or in a letter addressed to the Insured as mentioned in section 6.
3. At InterRisk's own expense, InterRisk may refer the Insured to undergo medical examinations with a frequency justified by medical reasons.
 4. InterRisk may obtain information against payment from the entities carrying out medical activity in the meaning of the Act on Medical Activity, which provided health services to the Insured, through a physician authorized by InterRisk, relating to circumstances related to the assessment of insurance risk and verification of data about his/her health condition, determination of the Insured's right to benefits from the insurance agreement and the amount of these benefits, within the scope defined in the Act on Insurance and Reinsurance Activity.
 5. InterRisk's request for information, referred to in section 4, requires a written consent of the Insured or the person for whose account the insurance agreement is to be concluded or his/her legal representative.
 6. After receiving a notification about the occurrence of an insured event, InterRisk informs the Policyholder or the Insured within 7 days from the date of receiving this notice, if they are not the persons submitting the notice about the occurrence of an insured event, and undertakes proceedings to determine the facts of the event, the legitimacy of the claims made and the amount of benefit, as well as informs the person making the claim in writing what documents are needed to determine the Insurer's liability or the amount of benefit, if this is necessary for further proceedings.
 7. In case the Insurer receives new information which is related to the determination of the legitimacy of the claims made or the amount of the benefit, InterRisk informs the Policyholder, the Insured in writing which additional documents are needed to determine the benefit, within 7 days from the date of receiving additional information.

§18

1. The determination of the legitimacy of benefits is based on the submitted documents; however, InterRisk has the right to verify them and to consult specialists.
2. InterRisk pays the benefit to the Insured on the basis of acknowledgment of the claim, after prior conducting InterRisk's own proceedings to determine the facts of the event covered by insurance cover, the legitimacy of the claim and the amount of benefit, a concluded settlement or a final court ruling.
3. The benefit may be paid: by bank transfer or by postal order.
4. Benefits are paid in Polish zloty.
5. InterRisk shall pay the benefit within 30 days from the date of receiving notice of the accident.
6. If it is impossible to clarify the circumstances necessary to determine InterRisk's liability or the amount of the benefit within the time limit specified in section 5, the benefit is paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due diligence. However, the undisputed part of the compensation is paid by InterRisk within 30 days from the date of receiving the event notification.
7. If InterRisk does not pay the benefit within the time limit specified in section 5, InterRisk notifies in writing the person making the claim and the Insured, if he/she is not the person making the claim, of the reasons why their claims cannot be satisfied in whole or in part within the aforementioned period.
8. If the benefit is not due or is due in an amount different than that specified in the submitted claim, InterRisk informs the person making the claim in writing and the Insured, if he/she is not the person making the claim, within the time limits specified in sections 5 or 6, indicating the circumstances and the legal basis justifying the total or partial refusal to pay the benefit and informs about the possibility of submitting a complaint to InterRisk or pursuing the claim in 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 particularly complicated cases where it is 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 a reply may 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 INSURANCE AGREEMENTS WITHIN THE MEANING OF THE CONSUMER RIGHTS ACT

§20

If the insurance agreement is concluded remotely within the meaning of the Consumer Rights Act, the following provisions shall apply to the agreement:

- 1) A consumer who has remotely concluded an insurance agreement, may withdraw from it without stating reasons, by making a statement in writing, within 30 days from the date of conclusion of the agreement or from the date of confirmation of information referred to in art. 39 of the Act on Consumer Rights, if it falls on later. The deadline is considered to be met if the statement is sent before its expiry. If the consumer withdraws from the insurance agreement, InterRisk is entitled only to a part of the premium calculated proportionally for each day of insurance cover provided by InterRisk.
- 2) The insurance agreement does not involve a financial risk resulting from its specific features or the nature of the activities to be performed, and the insurance premium does not depend on price movements on the financial market.
- 3) The consumer shall bear the costs arising from the means of distance communication according to the tariff of the consumer's operator.
- 4) Disputes arising from agreements concluded between consumers and InterRisk via the website or other electronic means may be resolved by the competent authorities using the European platform for out-of-court dispute resolution available at <http://ec.europa.eu/consumers/odr/>.
- 5) The insurance agreement is not covered by a guarantee fund or other guarantee system.
- 6) The language used in the relationship between InterRisk and the consumer shall be the Polish language.
- 7) The law applicable to InterRisk'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 Polish law.

FINAL PROVISIONS

§21

1. All notices and statements submitted by the Policyholder, the Insured or InterRisk in connection with the insurance agreement (concerning both the execution and termination of or withdrawal from the insurance agreement) should be submitted in writing, otherwise shall be null and void, except for the case when these entities give their consent to submit notices and statements in electronic form.
2. An action for a claim resulting from the insurance agreement may be brought in accordance with the provisions on general jurisdiction or before a court competent for the place of residence or seat of the Policyholder, Insured or entitled person. An action for a claim under the insurance agreement may be brought in accordance with the provisions on general jurisdiction or before a court competent for the place of residence of the heir of the Insured or the heir of the entitled person.
3. Any disputes arising out of or in connection with the insurance agreement may be settled by the Arbitration Court at the Polish Financial Supervision Authority. The above provision shall not constitute an arbitration clause.
4. Based on the Act on Out-of-Court Settlement of Consumer Disputes, InterRisk is obliged to solve disputes with consumers. The entity authorized to solve disputes between consumers and InterRisk out of court is the Financial Ombudsman (www.rf.gov.pl)
5. The insurance agreement concluded on the basis of these GT&C shall be governed by the Polish law.
6. These General Terms and Conditions of ANTIDOTUM plus Medical Expense Insurance were approved by virtue of Resolution no. 05/06/07/2021 of the Management Board of InterRisk TU S.A. Vienna Insurance Group dated July 6, 2021, and shall apply to insurance agreements concluded as of August 22, 2021.

President
of the Management Board



Piotr Narloch

Member
of the Management Board



Józef Winiarski

7. The following Annexes constitute an integral part of these GT&C:
 - 1) Annex no. 1 – Medical expense insurance;
 - 2) Annex no. 2 – Emergency assistance cost insurance;
 - 3) Annex no. 3 – Hospital stay insurance.

to the General Terms and Conditions of ANTIDOTUM plus Medical Expense Insurance approved by Resolution no. 05/06/07/2021 of the Insurer's Management Board of dated July 6, 2021

SCOPE OF MEDICAL SERVICES – STANDARD, FULL AND PRESTIGE OPTIONS

§1

Table no. 1

| Item | Benefit | STANDARD option | FULL option | PRESTIGE option |
|------|---|---------------------------------|---------------------------------|---------------------------------|
| 1 | MEDICAL HOTLINE | YES | YES | YES |
| 2 | GENERAL PRACTICIONER CONSULTATIONS: | | | |
| 2.1 | internist | YES | YES | YES |
| 2.2 | pediatrician | YES – if the Insured is a child | YES – if the Insured is a child | YES – if the Insured is a child |
| 2.3 | family doctor | YES | YES | YES |
| | CONSULTATIONS | | | |
| 3 | SPECIALISTIC CONSULTATIONS – for adults and children of 14 years of age and older without pediatric specialties | | | |
| | Direct (without referral from an internist) and unlimited consultations with specialists in the following medical specialties. Consultations do not include consultations with professors/associate professors. | | | |
| 3.1 | allergist | - | YES | YES |
| 3.2 | general surgeon | YES | YES | YES |
| 3.3 | dermatologist | YES | YES | YES |
| 3.4 | endocrinologist | - | YES | YES |
| 3.5 | gastrologist (gastroenterologist) | - | YES | YES |
| 3.6 | gynecologist | YES | YES | YES |
| 3.7 | cardiologist | YES | YES | YES |
| 3.8 | laryngologist | YES | YES | YES |
| 3.9 | neurologist | - | YES | YES |
| 3.10 | ophthalmologist | YES | YES | YES |
| 3.11 | orthopedist | YES | YES | YES |
| 3.12 | rheumatologist | - | YES | YES |
| 3.13 | urologist | - | YES | YES |
| 3.14 | andrologist | - | YES | YES |
| 3.15 | anesthesiologist | - | YES | YES |
| 3.16 | phlebologist | - | YES | YES |
| 3.17 | audiologist | - | YES | YES |
| 3.18 | vascular surgeon | - | YES | YES |
| 3.19 | oncologist | - | YES | YES |
| 3.20 | diabetologist | - | YES | YES |
| 3.21 | gynecologist-endocrinologist | - | YES | YES |
| 3.22 | phoniatician | - | YES | YES |
| 3.23 | hematologist | - | YES | YES |
| 3.24 | hepatologist | - | YES | YES |
| 3.25 | immunologist | - | YES | YES |
| 3.26 | infectious disease doctor | - | YES | YES |
| 3.27 | radiologist | - | YES | YES |
| 3.28 | physiotherapist | - | - | YES |
| 3.29 | nephrologist | - | YES | YES |
| 3.30 | neurosurgeon | - | YES | YES |
| 3.31 | oncologist | - | YES | YES |
| 3.32 | proctologist | -- | YES | YES |
| 3.33 | psychiatrist | - | YES | YES |
| 3.34 | pulmonologist | - | YES | YES |
| 3.35 | rheumatologist | - | YES | YES |

| Item | Benefit | STANDARD option | FULL option | PRESTIGE option |
|------|--|-----------------|-------------|-----------------|
| 4 | SPECIALISTIC CONSULTATIONS for children | | | |
| | If the Insured is a child, as defined in case the Insured is a child, as defined in §2(4) of the GT&C – direct (without a referral from a pediatrician) and unlimited consultations with specialists providing consultations to children, having the following medical specialties (specialties which, except for a surgeon, cardiologist, orthopedist and otolaryngologist, do not have pediatric specialties within the meaning of the Regulation of the Minister of Health on specialties of physicians and dentists). Medical consultations do not include consultations with associate professors and professors; | | | |
| 4.1 | allergist | - | YES | YES |
| 4.2 | pediatric surgeon | YES | - | - |
| 4.3 | dermatologist | YES | YES | YES |
| 4.4 | gynecologist | YES | YES | YES |
| 4.5 | hepatologist | - | YES | YES |
| 4.6 | immunologist | - | YES | YES |
| 4.7 | pediatric cardiologist | YES | - | - |
| 4.8 | infectious disease doctor | - | YES | YES |
| 4.9 | neurosurgeon | - | YES | YES |
| 4.10 | ophthalmologist | YES | YES | YES |
| 4.11 | pediatric orthopedist | YES | - | - |
| 4.12 | pediatric otolaryngologist | YES | - | - |
| 4.13 | radiologist | - | YES | YES |
| 4.14 | rheumatologist | - | YES | YES |
| 4.15 | phoniatrician | - | YES | YES |
| 5 | CONSULTATIONS WITH PEDIATRIC SPECIALISTS | | | |
| | Additionally, in case of extending the scope of cover to include pediatric specialists, if the Insured is a child as defined in §2(4) of the GT&C – direct (without a referral from a pediatrician) and unlimited consultations with specialists in the following pediatric medical specialties. Consultations do not include consultations with professors and assistant professors; | | | |
| 5.1 | pediatric surgeon | - | YES | YES |
| 5.2 | pediatric diabetologist | YES | YES | YES |
| 5.3 | pediatric endocrinologist | - | YES | YES |
| 5.4 | pediatric gastroenterologist | - | YES | YES |
| 5.5 | pediatric hematologist | - | YES | YES |
| 5.6 | pediatric cardiologist | - | YES | YES |
| 5.7 | pediatric nephrologist | - | YES | YES |
| 5.8 | pediatric neurologist | - | YES | YES |
| 5.9 | pediatric pulmonologist | - | YES | YES |
| 5.10 | pediatric oncologist | - | YES | YES |
| 5.11 | pediatric orthopedist | - | YES | YES |
| 5.12 | pediatric otolaryngologist | - | YES | YES |
| 5.13 | pediatric psychiatrist | - | YES | YES |
| 5.14 | pediatric dentist – dental check-up | - | YES | YES |
| 5.15 | pediatric traumatologist | - | YES | YES |
| 5.16 | pediatric urologist | - | YES | YES |
| 6 | DIAGNOSTIC TESTS | | | |
| 6.1 | laboratory testing (analysis): | | | |
| | erythrocyte sedimentation rate | YES | YES | YES |
| | blood count with smear | YES | YES | YES |
| | platelet count | YES | YES | YES |
| | reticulocytes | YES | YES | YES |
| | APTT (activated partial thromboplastin time) | YES | YES | YES |
| | prothrombin index | YES | YES | YES |
| | fibrinogen | YES | YES | YES |
| | urine and stool tests: | | | |
| | general urinalysis | YES | YES | YES |
| | general stool analysis | YES | YES | YES |

| Item | Benefit | STANDARD option | FULL option | PRESTIGE option |
|------|---|-----------------|-------------|-----------------|
| | stool test for parasites and their eggs | YES | YES | YES |
| | fecal occult blood test | YES | YES | YES |
| | biochemical testing: | | | |
| | total protein | YES | YES | YES |
| | reactive protein C | YES | YES | YES |
| | electrophoresis | YES | YES | YES |
| | total cholesterol | YES | YES | YES |
| | HDL cholesterol | YES | YES | YES |
| | LDL cholesterol | YES | YES | YES |
| | glucose | YES | YES | YES |
| | glucose challenge test – 50g – after 1 hour | YES | YES | YES |
| | glucose challenge test – 75g– after 1 hour | YES | YES | YES |
| | electrolytes Na, K | YES | YES | YES |
| | calcium | YES | YES | YES |
| | magnesium | YES | YES | YES |
| | chlorides | YES | YES | YES |
| | urea | YES | YES | YES |
| | creatinine | YES | YES | YES |
| | triglycerides | YES | YES | YES |
| | aspartate aminotransferase | YES | YES | YES |
| | alanine aminotransferase | YES | YES | YES |
| | gamma-glutamyl transpeptidase (GGTP) | YES | YES | YES |
| | amylase | YES | YES | YES |
| | total creatine kinase | YES | YES | YES |
| | lactate dehydrogenase | YES | YES | YES |
| | phosphatases (acid, alkaline, and steroid) | YES | YES | YES |
| | uric acid | YES | YES | YES |
| | total bilirubin | YES | YES | YES |
| | direct bilirubin | YES | YES | YES |
| | rheumatoid factor | YES | YES | YES |
| | VDRL reaction | YES | YES | YES |
| | RF latex turbid test | YES | YES | YES |
| | Waller-Rose test | YES | YES | YES |
| | ASO | YES | YES | YES |
| | serum iron level | YES | YES | YES |
| | iron binding capacity | YES | YES | YES |
| | ferritin | YES | YES | YES |
| | transferrin | YES | YES | YES |
| | albumin | YES | YES | YES |
| | cultures and swabs: | | | |
| | urine | YES | YES | YES |
| | feces | YES | YES | YES |
| | wounds | YES | YES | YES |
| | throat (depending on the Medical Partner's physician's recommendation, additionally an antibiogram) | YES | YES | YES |
| | immunological testing: | | | |
| | hepatitis B – Hbs antigen | YES | YES | YES |
| | hepatitis B – Hbe antigen | YES | YES | YES |
| | hepatitis C – anti-HCV antibodies | YES | YES | YES |
| | rubella – IgM antibodies | YES | YES | YES |
| | rubella – IgG antibodies | YES | YES | YES |

| Item | Benefit | STANDARD option | FULL option | PRESTIGE option |
|------|---|-----------------|-------------|-----------------|
| | toxoplasma gondi – IgM antibodies | YES | YES | YES |
| | toxoplasma gondi – IgG antibodies | YES | YES | YES |
| | infectious mononucleosis – IgG, IgM | YES | YES | YES |
| | total IgE | YES | YES | YES |
| | WR - Wassermann test | YES | YES | YES |
| | HIV | YES | YES | YES |
| | sex and metabolic hormones: | | | |
| | estradiol | - | YES | YES |
| | FSH | - | YES | YES |
| | LH | - | YES | YES |
| | prolactin | - | YES | YES |
| | progesterone | - | YES | YES |
| | testosterone | - | YES | YES |
| | cortisol | - | YES | YES |
| | DHEA-S | - | YES | YES |
| | osteocalcin | - | YES | YES |
| | parathormone | - | YES | YES |
| | ACTH | - | YES | YES |
| | aldosterone | - | YES | YES |
| | diagnostic tests – thyroid diseases: thyroid hormones – TSH, T3, T4, fT3, fT4 | - | YES | YES |
| | tumor markers: | | | |
| | PSA – total | - | YES | YES |
| 6.2 | X-ray imaging: | | | |
| | skull and sinus radiographs | YES | YES | YES |
| | chest radiographs | YES | YES | YES |
| | spine radiographs | YES | YES | YES |
| | limbs, joints, pelvis radiographs | YES | YES | YES |
| | abdominal radiographs | YES | YES | YES |
| | upper gastrointestinal tract radiographs | YES | YES | YES |
| 6.3 | rectal infusion | - | YES | YES |
| 6.4 | mammography | - | YES | YES |
| 6.5 | CT, NMR – if contrast is needed, its cost is covered by the Insured; payment for the contrast according to the Medical Partner's price list | - | YES | YES |
| 6.6 | ultrasound | - | - | - |
| | complete abdominal ultrasound | YES | YES | YES |
| | breast ultrasound | YES | YES | YES |
| | thyroid ultrasound (fine-needle biopsy) – if recommended by the Medical Partner's physician, the biopsy will be taken and a histopathology examination will be performed at an additional cost | YES | YES | YES |
| | salivary glands ultrasound | - | YES | YES |
| | kidneys, bladder, prostate ultrasound | YES | YES | YES |
| | transrectal prostate ultrasound | - | YES | YES |
| | uterus, ovary ultrasound | YES | YES | YES |
| | transvaginal gynecological ultrasound | - | YES | YES |
| | lymph node group ultrasound | YES | YES | YES |
| | Doppler blood flow ultrasound: Doppler ultrasound – neck arteries, Doppler ultrasound – neck veins, Doppler ultrasound – extremity arteries, Doppler ultrasound – extremity veins, Doppler ultrasound – abdominal cavity/portal system, Doppler ultrasound – renal arteries; | - | YES | YES |
| | shoulder joint | - | YES | YES |
| | hip | - | YES | YES |
| | knee joint | - | YES | YES |

| Item | Benefit | STANDARD option | FULL option | PRESTIGE option |
|------|--|-----------------|-------------|-----------------|
| | elbow joint | - | YES | YES |
| | ankle | - | YES | YES |
| | wrist joint | - | YES | YES |
| | tendons | | YES | YES |
| | pregnancy (the scope of services does not include ultrasound examinations performed in 3D/4D technology) | YES | YES | YES |
| 6.7 | functional and endoscopic examinations gastroscopy – histopathology examination at extra charge | - | YES | YES |
| | proctoscopy, sigmoidoscopy – histopathology examination at extra charge | - | YES | YES |
| | colonoscopy – histopathology examination at extra charge | - | YES | YES |
| | 24-hour monitoring of heart function and blood pressure | - | YES | YES |
| | resting ECG | YES | YES | YES |
| | stress ECG | - | YES | YES |
| | heart examination (heart echo) | - | YES | YES |
| | electroencephalography (EEG) | - | YES | YES |
| | electromyography (EMG) | - | YES | YES |
| 7 | MINOR PROCEDURES: | | | |
| 7.1 | minor surgical procedures: | | | |
| | application of simple dressing – not requiring surgical debridement | YES | YES | YES |
| | simple dressing change – not requiring surgical debridement | YES | YES | YES |
| | incision and drainage of skin abscess up to 3 cm | YES | YES | YES |
| | small suture placement, up to 3cm | YES | YES | YES |
| | suture removal, up to 3 cm | YES | YES | YES |
| | tick removal | YES | YES | YES |
| 7.2 | dermatological procedures: removal of small lesions of skin and subcutaneous tissue up to 3 cm | YES | YES | YES |
| 7.3 | minor gynecological procedures: electrocoagulation | - | YES | YES |
| 7.4 | minor ENT procedures: ear rinsing | YES | YES | YES |
| | foreign body removal – nose, ear, throat | YES | YES | YES |
| | insufflation of the Eustachian tube | YES | YES | YES |
| 7.5 | minor urological procedures: | | | |
| | catheterization | - | YES | YES |
| 7.6 | minor ophthalmic procedures: removal of a foreign body, first aid dressing in case of eye and orbital trauma | YES | YES | YES |
| 8 | NURSING SERVICES | | | |
| | intramuscular injection (without drug) | YES | YES | YES |
| | intravenous injection (without drug) | YES | YES | YES |
| | intravenous injection (without drug) | YES | YES | YES |
| | intravenous infusion (drip) | YES | YES | YES |
| 9 | OTHER | | | |
| | influenza vaccination | YES | YES | YES |
| | skin prick tests | - | YES | YES |
| | treatment of post-traumatic conditions | YES | YES | YES |
| | application of "light" casting | YES | YES | YES |
| | (insurance does not cover orthopedic supplies such as: stabilizer, sling, collars, "light" casting. The Insured shall cover the cost of the orthopedic materials used) | YES | YES | YES |
| | application of traditional casting | YES | YES | YES |
| | immobilization of limbs and joints | YES | YES | YES |
| | joint injections | YES | YES | YES |
| | mycosis treatment | YES | YES | YES |
| | treatment of prostate diseases | - | YES | YES |
| | pregnancy management | YES | YES | YES |
| | cytology tests | YES | YES | YES |

| Item | Benefit | STANDARD option | FULL option | PRESTIGE option |
|------|---|-----------------|-------------|---|
| | fundus examination, visual acuity test | YES | YES | YES |
| 10 | HOME CALLS* | | | |
| | an internist, or in the case of family insurance, a pediatrician or general practitioner | - | - | YES, 10 visits per Insured, visits during working hours of the Medical Partner's center |
| 11 | REHABILITATION | | | |
| | Procedures ordered by a physician of the Medical Partner, based on the scope of rehabilitation services provided by the Medical Partner | - | - | YES, 10 treatments per person as part of the treatment of a specific disease entity |
| 12 | Dental check-up (without treatment) – once a year | YES | YES | YES |
| 13 | a 10% discount on indicated medical services provided by a Medical Partner only at its own centers (via the medical phone line the Insured will receive information about medical services provided by the Medical Partner covered by the discount) | YES | YES | YES |

* Calls rendered by an ambulance team doctor at the Insured's place of residence, necessitated by the Insured's condition that prevents him/her from arriving at a medical center. Home calls cover only cases of sudden illness or sudden deterioration of health, including exacerbation of chronic ailments. A home call at the Insured's home is intended to make a diagnosis and begin treatment, while the continuation of treatment and follow-up appointments take place at the Medical Partner's medical centers. Inconvenient access to a medical center, issuing a prescription or a sick note are not circumstances justifying a call at the Insured's home. A home call is an emergency service that is provided only on the day it is requested. In the case of a home call, there is no free choice of physician. The service shall be provided within administrative borders of the cities where the Medical Partner, i.e. POLMED S.A., has its own medical centers and in their vicinity (30 km from the center). Information about the cities where the Medical Partner, i.e. POLMED S.A., has its own medical centers is available at the telephone number indicated on the Identification Card and on InterRisk's website.

Home calls do not substitute the Emergency Medical Services in emergencies, i.e. conditions defined in the Act on National Medical Rescue Service consisting of sudden or shortly expected appearance of symptoms of health deterioration which may directly result in serious damage to bodily functions or loss of life, requiring immediate medical rescue action and treatment. In such conditions, the Insured shall imperatively contact the Emergency Medical Services.

SCOPE OF MEDICAL SERVICES – COMFORT OPTION

§2

Table no. 2

| Item | Benefit | COMFORT option |
|------|--|---|
| 1 | medical hotline | YES |
| | consultations with specialist physicians: medical consultations do not include consultations with assistant professors and professors; in case the Insured is a child, the scope of cover does not include pediatric specialists except for pediatricians | |
| 2 | internist | YES |
| 3 | pediatrician | YES, if the Insured is a child in family option |
| 4 | influenza vaccination | 10% discount |
| 5 | specialty care cover: | |
| 5.1 | allergist: | |
| | physician consultations | YES |
| | skin allergy tests | YES |
| 5.2 | general surgeon: | |
| | physician consultations | YES |
| | minor surgical procedures: | |
| | application of simple dressing – not requiring surgical debridement | YES |
| | simple dressing change – not requiring surgical debridement | YES |
| | incision and drainage of skin abscess up to 3 cm | YES |
| | small suture placement, up to 3cm | YES |
| | suture removal, up to 3 cm | YES |
| 5.3 | orthopedist: | |
| | physician consultations | YES |
| | treatment of post-traumatic conditions | YES |
| | application of traditional casting | YES |
| | immobilization of limbs and joints | YES |

| Item | Benefit | COMFORT option |
|------|---|---|
| | joint injections | YES |
| 5.4 | dermatologist: | |
| | physician consultations | YES |
| | mycosis treatment | YES |
| | dermatological procedures: removal of small skin and subcutaneous tissue lesions up to 3 cm | YES |
| 5.5 | gastrologist: | |
| | physician consultations | YES |
| | gastroscopy – histopathology examination at extra charge | YES |
| | proctoscopy, sigmoidoscopy – histopathology examination at extra charge | YES |
| 5.6 | gynecologist: | |
| | physician consultations | YES |
| | pregnancy management | YES |
| | cytology tests | YES |
| 5.7 | cardiologist: | |
| | physician consultations | YES |
| | 24-hour monitoring of heart function and blood pressure | YES |
| | resting ECG | YES |
| | stress ECG | YES |
| | heart examination (heart echo) | YES |
| 5.8 | laryngologist: | |
| | physician consultations | YES |
| | minor ENT procedures: | YES |
| | – ear rinsing | YES |
| | – foreign body removal – nose, ear, throat | YES |
| | – insufflation of the Eustachian tube | YES |
| | – puncture of the sinuses | YES |
| | – audiometry | YES |
| | – ear dressing with medication | YES |
| 5.9 | neurologist: | |
| | physician consultations | YES |
| | electroencephalography (EEG) | YES |
| | electromyography (EMG) | YES |
| 5.10 | ophthalmologist: | |
| | physician consultations | YES |
| | fundus examination, visual acuity test | YES |
| | removal of a foreign body, first aid dressing in case of eye and orbital trauma | YES |
| | measurement of intraocular pressure | YES |
| 5.11 | rheumatologist: | |
| | physician consultations | YES |
| 5.12 | urologist: | |
| | physician consultations | YES |
| | catheterization | YES |
| | treatment of prostate disease | YES |
| 5.13 | other specialists co-operating with the Medical Partner (the Insured can obtain information about other specialist physicians co-operating with the center of the Medical Partner via the telephone medical line) | YES, diabetologist, vascular surgeon, endocrinologist, surgical oncologist only |
| 6 | diagnostic tests | |
| 6.1 | laboratory testing (analysis): | |
| | erythrocyte sedimentation rate | YES |
| | blood count with smear | YES |
| | platelet count | YES |
| | APTT (activated partial thromboplastin time) | YES |

| Item | Benefit | COMFORT option |
|------|--|----------------|
| | prothrombin index | YES |
| | fibrinogen | YES |
| | urine and stool tests: | |
| | general urinalysis | YES |
| | general stool analysis | YES |
| | stool test for parasites and their eggs | YES |
| | biochemical testing: | |
| | total protein | YES |
| | reactive protein C | YES |
| | electrophoresis | YES |
| | total cholesterol | YES |
| | HDL cholesterol | YES |
| | LDL cholesterol | YES |
| | glucose | YES |
| | glycated hemoglobin | YES |
| | electrolytes Na, K | YES |
| | calcium | YES |
| | magnesium | YES |
| | chlorides | YES |
| | phosphorus | YES |
| | urea | YES |
| | creatinine | YES |
| | triglycerides | YES |
| | aspartate aminotransferase | YES |
| | alanine aminotransferase | YES |
| | gamma-glutamyl transpeptidase (GGTP) | YES |
| | amylase | YES |
| | total creatine kinase | YES |
| | lactate dehydrogenase | YES |
| | phosphatases (acid, alkaline and steroidal) | YES |
| | uric acid | YES |
| | total bilirubin | YES |
| | direct bilirubin | YES |
| | rheumatoid factor | YES |
| | Waller-Rose test | YES |
| | ASO | YES |
| | serum iron level | YES |
| | iron binding capacity | YES |
| | ferritin | YES |
| | transferrin | YES |
| | albumin | YES |
| | cultures and swabs: | |
| | urine | YES |
| | feces | YES |
| | wounds | YES |
| | blood | YES |
| | sputum | YES |
| | oil | YES |
| | throat (depending on the Medical Partner's physician's recommendation, additionally an antibiogram) | YES |
| | urethra (depending on the Medical Partner's physician's recommendation, additionally an antibiogram) | YES |
| | cervical canal, vagina (depending on the Medical Partner's physician's recommendation, additionally antibiogram) | YES |

| Item | Benefit | COMFORT option |
|------|---|----------------|
| | nose, eye, ear (depending on the Medical Partner physician's recommendation, additionally antibiogram) | YES |
| | immunological testing: | |
| | hepatitis B – Hbs antigen | YES |
| | hepatitis B – Hbe antigen | YES |
| | hepatitis C – anti-HCV antibodies | YES |
| | rubella – IgM antibodies | YES |
| | rubella – IgG antibodies | YES |
| | toxoplasma gondi – IgM antibodies | YES |
| | toxoplasma gondi – IgG antibodies | YES |
| | infectious mononucleosis – IgG, IgM | YES |
| | Helicobacter pylori antibodies | YES |
| | immunoglobulins (IgA) | YES |
| | immunoglobulins (IgG) | YES |
| | immunoglobulins (IgM) | YES |
| | total IgE | YES |
| | WR | YES |
| | HIV | YES |
| | sex and metabolic hormones: | |
| | estradiol | YES |
| | FSH | YES |
| | LH | YES |
| | prolactin | YES |
| | progesterone | YES |
| | testosterone | YES |
| | cortisol | YES |
| | DHEA-S | YES |
| | osteocalcin | YES |
| | parathormone | YES |
| | ACTH | YES |
| | aldosterone | YES |
| | diagnostic tests – thyroid diseases: thyroid hormones-TSH, T3, T4, ft3, ft4 | YES |
| | tumor markers: | |
| | PSA – total | YES |
| | alpha-fetoprotein – AFP | YES |
| | carcinoembryonic antigen – CEA | YES |
| | CA 125 antigen (CA 125) | YES |
| | CAR 15-3 antigen (CA 15-3) | YES |
| | CA 19-9 antigen (CA 19-9) | YES |
| 6.2 | X-ray imagining: | |
| | skull and sinus radiographs | YES |
| | chest radiographs | YES |
| | spine radiographs | YES |
| | limbs, joints, pelvis radiographs | YES |
| | abdominal radiographs | YES |
| | upper gastrointestinal tract radiographs | YES |
| 6.3 | rectal infusion | YES |
| 6.4 | mammography | YES |
| 6.5 | densitometry | YES |
| 6.6 | CT, NMR – if contrast is needed, its cost is covered by the Insured; payment for the contrast according to the Medical Partner's price list | YES |

| Item | Benefit | COMFORT option |
|------|---|---|
| 6.7 | ultrasound: | |
| | complete abdominal ultrasound | YES |
| | breast ultrasound | YES |
| | thyroid ultrasound (fine-needle biopsy) – if recommended by the Medical Partner’s physician, the biopsy will be taken and histopathology examination will be performed at an additional cost | YES |
| | salivary glands ultrasound | YES |
| | kidneys, bladder, prostate ultrasound | YES |
| | transrectal prostate ultrasound | YES |
| | uterus, ovary ultrasound | YES |
| | transvaginal gynecological ultrasound | YES |
| | Doppler blood flow ultrasound: Doppler ultrasound – neck arteries, Doppler ultrasound – neck veins, Doppler ultrasound – extremity arteries, Doppler ultrasound – extremity veins, Doppler ultrasound – abdominal cavity/portal system, Doppler ultrasound – renal arteries; | YES |
| | hip | YES |
| | knee joint | YES |
| | pregnancy (the scope of services does not include ultrasound examinations performed in 3D/4D technology) | YES |
| 7 | nursing services | |
| | intramuscular injection (without drug) | YES |
| | intravenous injection (without drug) | YES |
| | intravenous injection (without drug) | YES |
| | intravenous infusion (drip) | YES |
| 8 | home call * (an internist, or in the case of family insurance, a pediatrician or family physician) | YES, calls for adults are carried out on weekdays from 8.00 a.m. to 8.00 p.m. and on statutory holidays – 24 hours a day, calls for children are carried out 24 hours a day |
| 9 | rehabilitation Procedures ordered by a physician of the Medical Partner, based on the scope of rehabilitation services provided by the Medical Partner | YES, 15 treatments per person as part of the treatment of the disease unit |
| 10 | dental check-up (without treatment) once a year | YES |
| 11 | conservative dental treatment – 10% discount (at the Medical Partner’s own centers) | YES |
| 12 | dental surgery – 10% discount (at the Medical Partner’s own centers) | YES |

* Calls rendered by an ambulance team doctor at the Insured’s place of residence, necessitated by the Insured’s condition that prevents him/her from arriving at a medical center. Home calls cover only cases of sudden illness or sudden deterioration of health, including exacerbation of chronic ailments. A home call at the Insured’s home is intended to make a diagnosis and begin treatment, while the continuation of treatment and follow-up appointments take place at the Medical Partner’s medical centers. Inconvenient access to a medical center, issuing a prescription or a sick note are not circumstances justifying a call at the Insured’s home. A home call is an emergency service that is provided only on the day it is requested. In the case of a home call, there is no free choice of physician. The service shall be provided within administrative borders of the cities where the Medical Partner, i.e. POLMED S.A., has its own medical centers and in their vicinity (30 km from the center). Information about the cities where the Medical Partner, i.e. POLMED S.A., has its own medical centers is available at the telephone number indicated on the Identification Card and on InterRisk’s website.

Home calls do not substitute the Emergency Medical Services in emergencies, i.e. conditions defined in the Act on National Medical Rescue Service consisting of sudden or shortly expected appearance of symptoms of health deterioration which may directly result in serious damage to bodily functions or loss of life, requiring immediate medical rescue action and treatment. In such conditions, the Insured shall imperatively contact the Emergency Medical Services.

Annex no. 2

to the General Terms and Conditions of ANTIDOTUM plus Medical Expense Insurance approved by Resolution no. 05/06/07/2021 of the Insurer's Management Board of dated July 6, 2021

EMERGENCY ASSISTANCE COST INSURANCE

§1

Emergency assistance cost insurance shall include the reimbursement of costs of medical services incurred in the territory of the Republic of Poland, as defined in §2, provided to the Insured at a center in the territory of the Republic of Poland which is not included in the list of centers of the Medical Partner cooperating with the Insurer, which are the consequence of personal accidents that occurred to the Insured during the period covered by the Insurer's liability or which occurred in the consequence of diseases, the following symptoms of which occurred during the period covered by the Insurer's liability:

- 1) acute infectious diseases presenting with fever (onset of symptoms within 72 hours preceding physician's report);
- 2) vomiting and symptoms of acute diarrhea;
- 3) acute abdominal pain;
- 4) chest pain;
- 5) root pain syndrome.

§2

As part of emergency assistance cost insurance, the Insurer covers the costs of:

- 1) a consultation with a family doctor, internist, pediatrician;
- 2) a consultation with a surgeon, orthopedist as a result of a personal accident suffered by the Insured;
- 3) nursing interventions (blood pressure measurement, resting ECG, intramuscular or intravenous injections, inhalations);
- 4) basic diagnostic tests:
 - a) blood count + smear;
 - b) glucose;
 - c) serum urea, creatinine, bilirubin, diastase;
 - d) general urinalysis;
 - e) abdominal ultrasound.

Annex no. 3

to the General Terms and Conditions of ANTIDOTUM plus Medical Expense Insurance approved by Resolution no. 05/06/07/2021 of the Insurer's Management Board of dated July 6, 2021

HOSPITAL STAY INSURANCE

§1

In accordance with the provisions of §16(2) of these GT&C, the Insured shall be entitled to benefits depending on the selected insurance option in connection with the Insured's hospital stay. The detailed scope of cover is defined in the table below:

| Item | Hospital stay benefit | FULL option | PRESTIGE option |
|------|------------------------------------|--------------------------------------|--------------------------------------|
| 1 | as a result of a personal accident | 100% of daily benefit | 100% of daily benefit |
| 1.2 | as a result of a traffic accident | in addition 50% of benefit to item 1 | in addition 50% of benefit to item 1 |
| 2 | as a result of a disease | NO | 100% of daily benefit |

Where distribution activities in connection with the proposed conclusion of an insurance agreement are performed by an InterRisk employee, the employee receives basic or essential remuneration for this and a variable remuneration included in the insurance premium amount.

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

InterRisk Towarzystwo Ubezpieczeń Spółka Akcyjna Vienna Insurance Group, KRS: 0000054136, District Court for the Capital City of Warsaw, 12th Commercial Division, NIP [Tax Identification Number]: 526-00-38-806

Share capital and paid-up capital: PLN 137,640,100, Head Office, ul. Noakowskiego 22, 00-668 Warsaw, InterRisk Contact: 22 575 25 25, interrisk.pl