

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 medical expense 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. 02/14/02/2023 of the Management Board of InterRisk TU S.A. Vienna Insurance Group dated February 14, 2023.

What type of insurance is it?

ANTIDOTUM plus is health insurance allowing for cashless delivery of medical benefits in private medical centers. The benefits are provided at the health centers dedicated by InterRisk to provide services to the Insureds. You can find the list of medical 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 benefits, including dental expenses incurred during the insurance term as a result of treatment of diseases and consequences of personal accidents, as well as hospitalization caused by a personal accident that occurred during the insurance term or a disease that was diagnosed during the insurance term.

Insurance amount:

- ✓ The upper limit of InterRisk's liability in medical expense insurance and dental expense insurance shall be the costs of medical benefits;
- ✓ In hospitalization insurance, the insurance amount is the product of the amount of benefit per day of hospitalization specified in the insurance contract and 60 days of hospitalization and it amounts to a maximum of 3,000 PLN.



What is excluded from this insurance cover?

- ✗ the cost of medicines and medical supplies, except those used in an emergency to save life;
- ✗ medical expense insurance does not cover: costs of rehabilitation if it is for a chronic disease or congenital defect and its consequences, postural defects, peri-birth trauma, chronic connective tissue diseases and their consequences, demyelination diseases and their consequences, neurodegenerative diseases and their consequences, physiotherapy following operations not performed by the Medical Partner, cardiological, neurological and cerebral vascular events, urogynecology physiotherapy, physiotherapy by highly specialized methods (mechanical, neurophysiological methods, osteopathic techniques), functional training and diagnostics services, corrective gymnastics and fitness, physiotherapy of necrosis of sterile scars/atrophic scars, condition after burns, and visceral therapy – internal organ therapy;
- ✗ in hospitalization insurance, InterRisk shall not be liable for stays in nursing homes and stays in health resorts.



What are the limitations of this 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;
- ! the Insured driving a vehicle being its driver without necessary permission to drive that type of vehicle and/or in case the vehicle is not registered and/or does not have a valid technical check-up, should there be a duty of registration or of periodic technical check-ups for that vehicle, unless the lack of necessary permission to drive that vehicle, of registration or its technical condition did not influence the occurrence of the accident;
- ! impact of nuclear energy, radioactive waste or explosives;
- ! pandemics.



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 benefits arise under the medical expense insurance, the Insured shall contact the telephone medical hotline directly, follow the recommendations and instructions of the Medical Partner's medical staff to the extent justified by the medical benefit being delivered, cancel any booked medical benefit appointments in case of lack of possibility or necessity of benefitting from such on the scheduled dates.



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 contract.



When does my insurance cover begin and end?

The insurance contract is concluded for a period of 12 months, unless it is extended. InterRisk's liability begins on the date indicated in the contract as the beginning of the insurance term.

The insurance contract is from time to time extended for another 12-month insurance term if in the ongoing insurance term, however no later than on the last date thereof, no party submits to the other party a statement of no consent to extension of the insurance contract on the then-valid terms, in writing to be effective. The insurance contract may also be extended on revised terms if the obligations hereunder are preserved.

The insurance cover expires:

- a) on the date of expiry of the insurance term, subject to rules at prolongation of the insurance contract;
- b) on the date of the Insured's withdrawal from the insurance contract;
- c) on the date of termination of the insurance contract 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 on 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 insurance amount is exhausted as a result of payment of a benefit or benefits of the total amount equal to the insurance amount – applies to hospitalization insurance;
- f) towards the Insured on the date of their death;
- g) towards the Insured in a partnership or family insurance contract – upon the expiry of the last day of the calendar month in which InterRisk received a statement about the Insured's withdrawal from the partnership or family insurance contract. The Insured may withdraw from the partnership or family insurance contract at any time.



How to terminate the insurance contract?

If the insurance contract is concluded for a period longer than six months, the Policyholder shall be entitled to withdraw from the insurance contract within 30 days, and if the Policyholder is an entrepreneur, then within 7 days from the date of conclusion of the insurance contract.

The Policyholder may terminate the contract 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 contract remotely may withdraw from it without stating reasons, making a statement in writing, within 30 days from the date of conclusion of the contract 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 contract, 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

- These General Terms and Conditions of Antidotum plus insurance, hereinafter referred to as the "GT&C", shall apply to insurance contracts 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 individuals, 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”.
- An insurance contract may also be concluded for a third person's account, except that the Insured is specified by name in the insurance contract. Allegations influencing the liability of InterRisk may also be raised by InterRisk against the Insured.
- Additional or different provisions may be introduced to the insurance contract with the consent of the parties, with the reservation that the differences between these GT&C and the content of the contract shall be presented by InterRisk to the Policyholder in writing before the insurance contract is concluded.
- The insurance contract 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 contract, the policy, and other letters and statements submitted in connection with the insurance contract shall be construed as:

- 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;
- disease** – a disorder in the functioning of body organs or apparatuses of the Insured, independent of anyone's will, diagnosable by a doctor, requiring treatment, diagnostics or rehabilitation;
- chronic disease** – a medical condition characterized by slow progression, treated continuously or periodically prior to the date of cover;
- 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, excluding courses and correspondence education;
- business activity** – an organized gainful activity, carried out in one's own name and in a continuous manner, within the meaning of the Entrepreneurs Law Act in the wording in force at the conclusion of the insurance contract;
- 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 their qualifications, not being the Policyholder, the Insured or a relative of the Insured;
- 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 contract as well as the Act on Explosives for Civilian Use in the wording in force on the date of concluding the insurance contract;

- 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;
- risk assessment** – the procedure established and applied by InterRisk when providing insurance cover to an individual, influencing the amount of premium and coverage cover, taking into account the amount of the insurance amount and age;
- insurance cover** – InterRisk's obligation to provide the benefit covered by this contract, in case of occurrence of an insurance event specified in the insurance contract, for which InterRisk bears insurance liability;
- radioactive waste** – radioactive waste: solid, liquid or gaseous, containing radioactive substances;
- 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;
- 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);
- partner** – an individual being in a non-marital relationship with the Insured; this relationship must not be a relationship of kinship, affinity nor adoption;
- Medical Partner** – an entity carrying out medical activities with which InterRisk has entered into a contract for the provision of medical benefits to the Insured;
- hospitalization** – a stay in a hospital ward on the territory of the Republic of Poland during the insurance term in order to restore or improve health condition of the Insured caused by a personal accident that occurred during the insurance term or a disease diagnosed during the insurance term, 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 hospitalization. When discharge from hospital takes place after the end of the insurance term, the hospitalization shall be covered by InterRisk provided that the hospital admission took place during the insurance term;
- 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 contract;
- vehicle** – a passenger car, truck, bus, train, streetcar, trolleybus;
- being under the influence of alcohol** – acting in a state when the body alcohol content is:
 - from 0.2 ‰ of blood alcohol; or
 - from 0.1 mg of alcohol in 1 dm³ in exhaled air;
- joining the insurance contract** – covering an individual under the insurance contract;
- riots and disturbances** – demonstrations and street clashes that are an expression of rebellion against state authority;
- Senior** – an individual aged 70 or more for whom the Policyholder has concluded the insurance contract, provided that said person is not aged 80 or more at accession to the insurance plan;
- 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 designed to move on snow or ice;
- psychotropic substance** – a substance specified in the list of psychotropic sub-

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

TYPE OF INFORMATION	MODEL CONTRACTUAL DIVISION NUMBER
1. Conditions for the payment of indemnity and other benefits or insurance surrender value	§2, §3, §4, §9, §10, §11, §15-19, 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, §9, §14(2)

stances included in the ordinance of the Health Minister on the list of psychotropic substances, narcotics and new psychoactive substances, in the wording in force at the conclusion of the insurance contract;

INSURANCE OBJECT

§3

The insurance cover shall cover costs of medical benefits, including dental expenses incurred during the insurance term as a result of treatment of diseases and consequences of personal accidents and hospitalization caused by a personal accident which occurred during the insurance term or by a disease diagnosed during the insurance term.

INSURANCE COVER

§4

1. The cover shall be determined at the request of the Policyholder and may include:

- 1) costs of medical benefits specified in Table no. 1, Annex no. 1 to these General Insurance Terms and Conditions, in the STANDARD, ROZSZERZONY and/or COMPLEX options; and/or
- 2) costs of medical benefits specified in Table no. 2, Annex no. 1 to these General Insurance Terms and Conditions, in the COMFORT option;
- 3) dental expenses specified in Annex no. 2 to these General Insurance Terms and Conditions, in option I, II and III;
- 4) hospitalization as specified in Annex no. 3 to these General Insurance Terms and Conditions in the ROZSZERZONY and/or COMPLEX option.

2. In accordance with the Policyholder's request, based on the provisions of these GT&C, the insurance contract concluded for any cover specified in:

- 1) in section 1(1) in the ROZSZERZONY or COMPLEX option, it may be extended to include insurance as referred to in section 1(3);
- 2) in section 1(1) in the STANDARD, ROZSZERZONY or COMPLEX option, it may be extended to include insurance as referred to in section 1(4);
- 3) in section 1(1) in the KOMFORT option, it may be extended to include insurance as referred to in section 1(4).

3. The insurance contract may be concluded as individual, partnership or family insurance in the understanding of §2(34)-(35).

4. A child as referred to in §2(4) of the GT&C may be covered by insurance cover under individual, partnership or family insurance in the understanding of §2(34)-(35) from birth.

5. A Senior as referred to in §2(22) of the GT&C may be covered by insurance cover under individual or partnership insurance in the understanding of §2(34)-(35) only under the STANDARD option.

6. InterRisk shall cover the costs of the services referred to in section 1(1)-(3), if they are medically necessary.

7. Consultations with specialist doctors as referred to in Annex no. 1 to these GT&C shall require a referral from the Medical Partner's doctor, depending on the medical specialty. The provision of other medical benefits defined in Annex no. 1 to these GT&C requires a referral from the Medical Partner's doctor.

8. The change of coverage during the term of the insurance contract requires the consent of InterRisk and conclusion of an annex to the insurance contract in force. The annex shall be in writing, otherwise shall be null and void.

EXCLUSIONS OF LIABILITY

§5

1. InterRisk shall not be liable for events occurring as a result of or in connection with:

- 1) infertility treatment and gender reassignment procedures;
- 2) treatments, procedures or surgeries for aesthetic medicine, plastic surgery and cosmetics;
- 3) drug rehab procedures and drug addiction treatment courses, and drug addiction treatment;
- 4) mental illness;
- 5) committing or attempting to commit suicide, self-mutilation, committing or attempting to commit a crime by the Insured;
- 6) hostilities, martial law, riots and civil commotion;
- 7) acts of terror;
- 8) treatment of the effects and diseases caused by the use of alcohol and the use of narcotics, psychotropic substances, or substitutes;
- 9) participation of the Insured in clinical trials and medical experiments;
- 10) induced abortion;
- 11) Alzheimer's disease treatment;
- 12) treatment for AIDS or conditions related to the disease;
- 13) practicing high-risk sports;
- 14) epidemics within the meaning of the Act on Prevention and Control of Infections and Infectious Diseases in Humans;

- 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 contract;
- 26) **narcotic** – a substance specified in the list of psychotropic substances included in the ordinance of the Health Minister on the list of psychotropic substances, narcotics and new psychoactive substances, in the wording in force at the conclusion of the insurance contract;
- 27) **substitute agent** – a product containing a CNS-acting substance, which may be used for the same purpose as a narcotic, psychotropic substance or new psychoactive 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 contract;
- 28) **medical benefits** – medical benefits provided in the territory of the Republic of Poland during the insurance term, 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 benefits from the Medical Partner (the telephone number is given in the insurance contract);
- 32) **Policyholder** – one of the entities referred to in §1(1), concluding an insurance contract and requested to pay insurance premium;
- 33) **individual insurance** – an insurance contract concluded by the Insurer with the Policyholder in favor of the Insured named in the insurance contract;
- 34) **partnership insurance** – insurance concluded by InterRisk with the Policyholder in favor of the Insureds:
 - a) an individual and their spouse or partner,
 - b) an individual and their child;
specified by name in the insurance contract;
- 35) **family insurance** – insurance concluded by InterRisk with the Policyholder in favor of the Insureds: individuals and their spouses or partners and children indicated by name in the insurance contract (policy);
- 36) **Insured** – a individual in favor of whom an insurance contract has been concluded by the Policyholder, provided that this person is under 70 years of age on the date of acceding to the insurance contract, and in a partnership or family insurance contract also their spouse or partner and their children, provided that these persons are under 70 years of age on the date of joining the insurance contract, except for a Senior, as referred to in item 22);
- 37) **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;
- 38) **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;
- 39) **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 contract in the type of outpatient or stationary and round-the-clock medical benefits, within the meaning of provisions on health resort activity in the wording in force on the date of concluding the insurance contract, 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.

- 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:
- 1) costs of rehabilitation if it is for chronic diseases;
 - 2) congenital defects and their consequences;
 - 3) postural defects;
 - 4) peri-birth trauma;
 - 5) chronic connective tissue diseases and their consequences;
 - 6) demyelination diseases and their consequences;
 - 7) neurodegenerative diseases and their consequences;
 - 8) physiotherapy following operations not performed by the Medical Partner;
 - 9) cardiological, neurological and cerebral vascular events;
 - 10) urogynecology physiotherapy;
 - 11) physiotherapy by highly specialized methods (mechanical, neurophysiological methods, osteopathic techniques);
 - 12) functional training and diagnostics services, corrective gymnastics and fitness;
 - 13) physiotherapy of necrosis of sterile scars/atrophic scars, condition after burns, and visceral therapy – internal organ therapy.
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, the United Kingdom or the laws of other countries and regulations issued by international organizations, if applicable to the object of contract.

§6

1. Additionally, in **hospitalization insurance** as referred to in §4(1)(4), taking into account the exclusions referred to 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 doctor'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 **hospitalization insurance** referred to in §4(1)(4), taking into account the exclusions referred to in section 1 and in §5(1), InterRisk shall not be liable for stays in nursing homes and stays in health resorts.

INSURANCE AMOUNT AND CONDITIONS OF ITS CHANGE

§7

1. The upper limit of InterRisk's liability in medical expense and dental expense insurance shall be the costs of medical benefits specified in Annex no. 1 and 2 to these General Insurance Terms and Conditions.
2. In hospitalization insurance, the insurance amount shall be the product of the amount of benefit per one day of hospitalization, as specified in the insurance contract, and 60 days of hospitalization, as referred to in §17(1).
3. The insured amount referred to in section 2 and 3 shall be determined at the Policyholder's request.
4. The insurance amount referred to in section 2 shall be specified in the insurance contract and constitute the upper limit of InterRisk's liability for hospitalization insurance.

CONCLUSION OF THE INSURANCE CONTRACT

§8

1. The insurance contract 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 contract, partnership contract, family contract;
 - 5) proposal of insurance amount for hospitalization insurance;
 - 6) insurance term;
 - 7) proposal of provisions additional to or different from the provisions of these GT&C which the Policyholder wishes to introduce into the contract.
2. InterRisk may make the conclusion of the insurance contract 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 shall be requested, at the request of InterRisk, to supplement it or prepare a new request within 14 days from the date of receipt of the letter in this regard from InterRisk. Failure to meet the above deadline shall result in the insurance contract not being concluded.
4. The insurance contract shall be concluded for a period of 12 months, save the provisions of §10.
5. The insurance term shall be specified in the insurance contract.
6. InterRisk shall confirm the conclusion of the insurance contract with a policy.

BEGINNING AND END OF INTERRISK'S LIABILITY

§9

1. The insurance contract shall specify the beginning and end dates of the insurance term.
2. The liability of InterRisk under the concluded insurance contract shall commence on the first day of the calendar month indicated in the contract as the beginning of the insurance cover (insurance term), not sooner however than from the date following the payment of the premium or the first premium instalment.
3. The liability of InterRisk shall cease:
 - 1) on the date of the end of the insurance term, save the provisions of §10 and §12;
 - 2) on the date of withdrawal from the insurance contract by the Policyholder;
 - 3) on the date of termination of the insurance contract 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 on 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 insurance amount is exhausted as a result of payment of a benefit or benefits of the total amount equal to the insurance amount – refers to hospitalization insurance;
 - 6) towards the Insured on the date of their death;
 - 7) towards the Insured in a partnership or family insurance contract – upon the expiry of the last day of the calendar month in which InterRisk received a statement about the Insured's withdrawal from the partnership or family insurance contract. The Insured may withdraw from the partnership or family insurance contract at any time.
4. If InterRisk's liability ceases as a result of exhausting the insurance amount referred to in section 3(5), InterRisk's liability under the insurance contract shall resume by means of an annex to the insurance contract, as of the date specified in the annex, but not earlier than after paying an extra insurance premium.
5. If the Insured withdraws from insurance, another accession of the Insured to insurance shall be possible at 12 months as of the end of InterRisk's liability specified in section 3(7).

EXTENSION OF THE INSURANCE CONTRACT

§10

1. The insurance contract shall be extended from time to time for another 12-month insurance term if in the ongoing insurance term, however no later than on the last date thereof, no party submits to the other party a statement of no consent to extension of the insurance contract, in writing to be effective.
2. The Policyholder may also terminate the insurance contract by giving notice in cases and by dates specified in §12(1)(2).

TERMINATION OF THE INSURANCE CONTRACT

§11

1. If the insurance contract is concluded for a period longer than six months, the Policyholder shall be entitled to withdraw from the insurance contract within 30 days, and if the Policyholder is an entrepreneur, then within 7 days from the date of conclusion of the insurance contract.

2. The Policyholder may terminate the contract at any time during its term effective on the last day of the calendar month upon 30 days' notice.
3. In case of revealing any circumstances entailing a significant change of probability of an accident, each party may demand an appropriate change of the premium amount be made, starting from the moment when this circumstance occurred, but not earlier than from the beginning of the current insurance term. If such a demand is made, the other party may terminate the contract 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 contract with immediate effect and demand payment of the premium for the period for which InterRisk was liable. If the insurance contract is not terminated, it expires at the end of the period for which the unpaid premium was due.
5. The insurance contract expires on the date of ineffective lapse of the deadline referred to in §9(3)(4).

CHANGES TO THE GT&C AND CHANGE OF PREMIUMS

§12

1. The GT&C and the premium amounts may be changed by InterRisk with effect at the start of the new insurance term for an insurance contract extended for another 12-month term provided that:
 - 1) at least 30 days before the end of the then-valid insurance term, InterRisk delivers information on changes and on its constituents to the Policyholder, in writing to be valid;
 - 2) the Policyholder does not terminate the insurance contract against notice, in writing to be valid, at latest on the last date of the then-valid insurance term.
2. Should the Policyholder not terminate the contract against notice in accordance with section 1(2), the contract shall be deemed extended on the revised terms, effective at the start of the new 12-month insurance term.

INSURANCE PREMIUM

§13

1. The amount of the insurance premium due for the period of InterRisk's liability shall be specified in the insurance contract.
2. The basic insurance premium shall depend on risk assessment factors, in particular:
 - 1) insurance cover;
 - 2) insurance option;
 - 3) forms of insurance;
 - 4) insurance term;
 - 5) the insurance amount 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 contract.
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 InterRisk.
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 shall be 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 installments shall be specified in the insurance contract.
12. The premium or the first instalment of the insurance premium shall be paid on the date of concluding the contract but not later than on the 25th day of the month preceding the calendar month in which the insurance term begins. Subsequent insurance premium installments shall be paid on the payment dates specified in the insurance contract (policy).
13. In the event of withdrawal from the insurance contract or termination of the contract by the Policyholder, the premium for the period in which the insurance cover was provided shall be due to InterRisk.

14. In the event of termination of the insurance contract 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

§14

1. The Policyholder shall be requested to:
 - 1) before concluding the insurance contract, to provide InterRisk 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 contract by a representative, this obligation is also binding for the representative and it also includes the circumstances known to them;
 - 2) to notify InterRisk about changes in the circumstances of which the Policyholder informed InterRisk before the insurance contract 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 InterRisk of the circumstances referred to in section 1(1) or has not fulfilled the obligation referred to in section 1(2), InterRisk shall not be liable for the consequences of these circumstances.
3. Where the insurance contract is concluded for a third person's account:
 - 1) The Policyholder shall be requested to deliver the GT&C to the Insured and provide the necessary information regarding the insurance cover;
 - 2) The Policyholder is requested to provide the person interested in joining the insurance contract with the information referred to in Art. 17(1) of the Act on Insurance and Reinsurance Activity before the said person joins the insurance contract, in writing or, if the person interested in joining the insurance contract gives their consent, on another permanent medium;
 - 3) The Policyholder is requested 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 contract to the Insured, especially the provisions of the contract 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;
 - 4) Irrespective of other provisions of these GT&C, if the Policyholder abandons or ceases to claim benefits from InterRisk, the Insured or their heirs are entitled to claim benefits directly.
4. If a group insurance contract is concluded for the account of the Policyholder's employees or persons working on the basis of civil law contracts 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 contract, before joining the insurance contract, the Policyholder provides the person interested in joining such contract with information about:
 - 1) InterRisk in its capacity of company and the address of InterRisk's registered office;
 - 2) the nature of the remuneration or other benefits received in connection with joining the group insurance contract as proposed;
 - 3) the possibility to make a complaint, lodge a grievance, and resolve disputes out of court.
5. InterRisk is requested to:
 - 1) to exercise due diligence in the conclusion and performance of the insurance contract;
 - 2) to provide the Policyholder with information necessary for the conclusion and performance of the insurance contract, including information about the addresses of medical centers where medical benefits are provided, and in the event of a claim being made, is requested to liquidate it in a timely manner;
 - 3) before the insurance contract 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 performance of the insurance contract;
 - 4) at the request of the Insured, to provide information on the provisions of the contract 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 InterRisk's liability or the amount of benefit. The aforementioned persons may request written confirmation of the information made available by InterRisk, as well as make photocopies of documents at their own expense and have them certified as true copies by InterRisk;

- 6) to cover persons who were registered for insurance 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 contract;
 - 8) to secure personal data received as a result of the performance of the insurance contract 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 InterRisk's liability or the amount of benefit, if this is necessary for further proceedings in accordance with §15(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 §15(6);
 - 11) to provide the Policyholder with identification cards that entitle each Insured to use medical benefits 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 their 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

§15

1. Medical services referred to in §4(1)(1)-(3) are provided to the Insured in the medical centers of the Medical Partner cooperating with InterRisk. The Insured may obtain information about the addresses of the medical centers where the medical benefits are provided by calling the telephone medical hotline or check it on InterRisk's website.
2. Under medical expense insurance covering medical benefits referred to in section 1, the Policyholder/Insured shall be requested:
 - 1) to directly 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) to cancel any booked appointments for medical benefits should it prove impossible or unnecessary to benefit from them at the scheduled dates.
3. The costs of medical benefits referred to in section 1 shall be paid by InterRisk directly to the account of the Medical Partner providing the service.

§16

1. If the Insured uses any medical benefits referred to in §4(1)(1) at medical centers outside the Medical Partner's network of medical centers, the Insured shall be required to cover costs of delivered benefits directly at the medical center, in accordance with the pricelist in place at said center.
2. The Insured shall be eligible for reimbursement of incurred expenses at 70% of the price that the Insured pays at the medical center for delivery of a medical benefit, in accordance with the price list in place at said center, save the limit of reimbursement set at PLN 500 for all benefits reimbursed in that quarter.
3. Each reimbursed medical benefit shall be counted towards the limit of reimbursement for each quarter on the basis of the date of its delivery.
4. If the amount of invoices attached to the request for reimbursement exceeds the amount of the limit of reimbursement available in that quarter, the reimbursement shall be made only up to the amount of the remaining limit of reimbursement for that quarter. The costs of delivered medical benefits may not be counted towards future limits of reimbursements for future quarters. The unused limit of reimbursement for a quarter shall not be brought forward for another quarter.
5. The payment of compensation (reimbursement) due to medical expense insurance may not be higher than the expenses incurred by the Insured.
6. In order to receive reimbursement of incurred expenses, the Insured should send the following documents to the correspondence address specified in the request for reimbursement:
 - 1) the original copy of the invoice or bill including the following data: name of the entity rendering medical benefits, Insured's data (name, PESEL number, address of residence), name of benefit, date of delivery of medical benefit, cost of medical benefit;
 - 2) the invoice or bill for any medical benefit delivered for the Insured should be issued for the Insured, and for medical benefits delivered for a child under the age of 18 – for the legal guardian of the child and include the data of the Insured child in its contents;
 - 3) a copy of the laboratory, diagnostic, rehabilitation test and doctor's consultation

referral if said referral is required on the basis of insurance coverage;

- 4) a complete and correctly completed request for reimbursement; its template can be found at InterRisk's website: www.interrisk.pl.

§17

1. In hospitalization insurance referred to in §4(1)(5), each benefit shall be paid on the basis of the provisions of these GT&C. The benefit shall be a product of the amount of benefit per day of hospitalization, as specified in the insurance contract, and the total number of days of hospitalization, but no more than for 60 days of total hospitalization.
2. The benefit referred to in section 1 shall be payable starting from the third day of stay for each day of hospitalization.
3. If the hospitalization is a consequence of a traffic accident related to vehicle traffic, as defined in §2(37) 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 hospitalization.
4. In the event that discharge from hospital occurs after the end of the insurance term, the hospitalization is covered by InterRisk's liability provided that admission to hospital occurred during the insurance term.

§18

1. The provisions of this section shall apply to hospitalization insurance as referred to in §4(1)(4).
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 their possession that describe the treatment process and include an accurate diagnosis;
 - 6) hospital certificates in their possession describing the nature and extent of his injuries and including an accurate diagnosis, hospital discharge summary report;
 - 7) police reports relating to the event, if made and in the Insured's possession;
 - 8) other documents specified in additional or different provisions introduced to the insurance contract or in a letter addressed to the Insured as referred to 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 doctor authorized by InterRisk, relating to circumstances related to the assessment of insurance risk and verification of data about their health condition, determination of the Insured's right to benefits from the insurance contract 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 contract is to be concluded or their 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 InterRisk's liability or the amount of benefit, if this is necessary for further proceedings.
7. In case InterRisk 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.

§19

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

§20

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:
 - 1) 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;
 - 2) orally – by phone through InterRisk Contact (phone number: 22 575 25 25) or in person and recorded in each InterRisk business unit serving customers;
 - 3) 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 a reply 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 an individual in writing, or at the individual's request – by e-mail. For complaints submitted by entities other than individuals, InterRisk responds in paper form or on another durable medium.
6. The Policyholder, the Insured, the beneficiary and the entitled person being an individual, 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 CONTRACTS WITHIN THE MEANING OF THE CONSUMER RIGHTS ACT

§21

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

- 1) A consumer who has remotely concluded an insurance contract, may withdraw from it without stating reasons, by making a statement in writing, within 30 days from the date of conclusion of the contract 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 contract, InterRisk is entitled only to a part of the premium calculated proportionally for each day of insurance cover provided by InterRisk.

- 2) The insurance contract 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 contracts 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 contract 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 contract as well as the law applicable to the conclusion and performance of the insurance contract shall be Polish law.

FINAL PROVISIONS

§22

1. All notices and statements submitted by the Policyholder, the Insured or InterRisk in connection with the insurance contract (concerning both the performance and termination of or withdrawal from the insurance contract) should be submitted in writing, otherwise shall be null and void, except for the case when these entities agree to have notices and statements submitted in electronic form.
2. An action for a claim resulting from the insurance contract 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 contractual entitled person. An action for a claim under the insurance contract 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 contractual entitled person.
3. Any disputes arising out of or in connection with the insurance contract 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 requested 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 contract 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. 02/14/02/2023 of the Management Board of InterRisk TU S.A. Vienna Insurance Group dated February 14, 2023, and shall apply to insurance contracts concluded as of March 01, 2023.
7. The following Annexes constitute an integral part of these GT&C:
 - 1) Annex no. 1 – Medical expense insurance;
 - 2) Annex no. 2 – Dental expense insurance;
 - 3) Annex no. 3 – Hospitalization insurance.

President
of the Management Board



Piotr Narloch

Member
of the Management Board



Włodzimierz Wasiak

to the General Insurance Terms and Conditions for Medical Expenses Insurance "ANTIDOTUM plus"
approved by the Resolution No. 02/14/02/2023 of the Management Board of InterRisk TU S.A. Vienna Insurance Group dated February 14, 2023.

SCOPE OF MEDICAL BENEFITS IN THE STANDARD, EXTENDED, COMPLEX OPTIONS

§1

Table no. 1

Item	MEDICAL SERVICE	STANDARD option	ROZSZERZONY option	COMPLEX option
1	CONSULTATIONS WITH A PRIMARY CARE DOCTOR THE SERVICE INCLUDES UNLIMITED APPOINTMENTS MEDICAL CENTERS DESIGNATED BY INTERRISK, IN SITUATIONS OF: SICKNESS AND EMERGENCY ASSISTANCE. THE SERVICE INCLUDES: TAKING OF MEDICAL HISTORY, ADVICE FROM THE DOCTOR, ALONG WITH THE BASIC ACTIONS NECESSARY FOR DIAGNOSIS, THERAPEUTIC DECISION-MAKING AND MONITORING OF TREATMENT. THE SERVICE DOES NOT INCLUDE: CONSULTATIONS WITH DOCTORS ON DUTY, CONSULTATIONS WITH DOCTORS WITH A POSTDOCTORAL DEGREE OR THE TITLE OF PROFESSOR, AS WELL AS DOCTORS WHO HOLD THE POSITION OF ASSISTANT PROFESSOR, ASSOCIATE PROFESSOR AND FULL PROFESSOR. OTHER CONSULTATIONS ARE ALSO CHARGEABLE.			
1.1	Internist	YES	YES	YES
1.2	Pediatrician	YES	YES	YES
1.3	Family medicine doctor	YES	YES	YES
2	SPECIALIST CONSULTATIONS The service includes unlimited access to consultations with doctors at outpatient medical centers designated by InterRisk in sickness situations, emergency assistance and general medical advice. Specialist consultations include: taking of medical history, advice from a specialist, along with the basic actions necessary for diagnosis, therapeutic decision-making and monitoring of treatment. Specialist consultations do not include: consultations with Doctors on duty, consultations with Doctors with a postdoctoral degree or the title of professor, as well as Doctors who hold the position of assistant professor, associate professor and full professor.			
2.1	SPECIALIST CONSULTATIONS for Insured over 18 years of age (without referral):			
2.1.1	General surgeon	YES	YES	YES
2.1.2	Gynecologist	YES	YES	YES
2.1.3	ENT Doctor	YES	YES	YES
2.1.4	Neurologist	YES	YES	YES
2.1.5	Ophthalmologist	YES	YES	YES
2.1.6	Orthopedist	YES	YES	YES
2.1.7	Cardiologist	YES	YES	YES
2.1.8	Allergist	NO	YES	YES
2.1.9	Dermatologist	NO	YES	YES
2.1.10	Diabetologist	NO	YES	YES
2.1.11	Endocrinologist	NO	YES	YES
2.1.12	Gastroenterologist	NO	YES	YES
2.1.13	Hematologist	NO	YES	YES
2.1.14	Nephrologist	NO	YES	YES
2.1.15	Oncologist	NO	YES	YES
2.1.16	Pulmonologist	NO	YES	YES
2.1.17	Proctologist	NO	YES	YES
2.1.18	Rheumatologist	NO	YES	YES
2.1.19	Urologist	NO	YES	YES
2.1.20	Gynecologist-endocrinologist	NO	NO	YES
2.2	SPECIALIST CONSULTATIONS for Insured over 18 years of age (with a referral from a doctor from a medical center designated by the Medical Partner):			
2.2.1	Vascular surgeon	NO	NO	YES
2.2.2	Oncologic surgeon	NO	NO	YES
2.2.3	Infectious disease doctor	NO	NO	YES
2.2.4	Hepatologist	NO	NO	YES
2.2.5	Immunologist	NO	NO	YES
2.2.6	Neurosurgeon	NO	NO	YES
2.2.7	Medical rehabilitation doctor	NO	NO	YES
2.3	SPECIALIST CONSULTATIONS for Insured under 18 years of age (without referral):			
2.3.1	General surgeon	YES	YES	YES

2.3.2	Gynecologist (from 16 years old).	YES	YES	YES
2.3.3	ENT Doctor	YES	YES	YES
2.3.4	Neurologist	YES	YES	YES
2.3.5	Ophthalmologist	YES	YES	YES
2.3.6	Orthopedist	YES	YES	YES
2.3.7	Dermatologist	NO	YES	YES
2.4	SPECIALIST CONSULTATIONS for Insured under 18 years of age (with a referral from a doctor from a medical center designated by the Medical Partner):			
2.4.1	Allergist	NO	YES	YES
2.4.2	Gastroenterologist	NO	YES	YES
2.4.3	Cardiologist	NO	YES	YES
2.4.4	Nephrologist	NO	YES	YES
2.4.5	Pulmonologist	NO	YES	YES
2.4.6	Rheumatologist	NO	YES	YES
2.4.7	Urologist	NO	YES	YES
2.4.8	Diabetologist	NO	NO	YES
2.4.9	Endocrinologist	NO	NO	YES
2.4.10	Gynecologist (up to age 16).	NO	NO	YES
2.4.11	Hematologist	NO	NO	YES
2.4.12	Oncologist	NO	NO	YES
2.4.13	Medical rehabilitation doctor	NO	NO	YES
3	CONSULTATIONS WITH A NUTRITIONIST The service allows the Insured to attend 3 appointments with a nutritionist during the 12-month contract period, including taking of medical history, dietary recommendations (without individual diet arrangement) at the Partner's medical centers.			
3.1.	Insureds over 18 years of age – appointments without a referral	NO	NO	YES
3.2	Insureds under 18 years of age – appointments require a referral from a doctor from an outpatient medical center designated by InterRisk	NO	NO	YES
4	SPECIALIST CONSULTATIONS: PSYCHIATRIST, PSYCHOLOGIST, ANDROLOGIST, SEXOLOGIST, SPEECH THERAPIST The service allows the Insured to attend a total of 3 consultations during the 12-month contract period at outpatient medical centers designated by InterRisk. The service includes: taking of medical history, advice from the specialist, along with the basic actions necessary for diagnosis, therapeutic decision-making and monitoring of treatment. The service does not include professorial consultations, surdo- and neurologopedics as well as therapy.			
4.1	Insureds over 18 years of age – appointments without referral, applies to consultations in the following areas:			
4.1.1	Psychiatry	NO	NO	YES
4.1.2	Psychology	NO	NO	YES
4.1.3	Sexology	NO	NO	YES
4.1.4	Andrology	NO	NO	YES
4.1.5	Speech therapist	NO	NO	YES
4.2	Insureds under 18 years of age – appointments without referral, applies to consultations in the following areas:			
4.2.1	Psychiatry	NO	NO	YES
4.2.2	Psychology	NO	NO	YES
4.2.3	Speech therapy	NO	NO	YES
5	CONSULTATIONS WITH DOCTORS ON DUTY The service covers only emergency, basic assistance in a sudden illness that occurred within 24 hours of receiving a request for consultation. Doctors on duty are available during the working hours of medical centers designated by InterRisk, only on the day of its request. The service does not include health services provided to save life and health in accordance with the Law on State Emergency Medical Services (Journal of Laws 2006.191.1410 as amended). The service includes: taking of medical history, advice from the Doctor, along with the basic actions necessary for preliminary diagnosis, therapeutic decision-making, and applies to consultations in the following areas:			
5.1	Internist	YES	YES	YES
5.2	Pediatrician	YES	YES	YES
5.3	Family medicine doctor	YES	YES	YES
6	NURSING PROCEDURES Services include performance of basic measurements, minor procedures including diagnostic procedures, in accordance with the competence performed by a nurse or midwife independently or on the order of a Doctor, at medical centers designated by the Insurer. The scope of consultative outpatient procedures depends on the scope of consultations with Doctors to which the Insured is entitled under the insurance cover, the age of the Insured and the availability of the procedure at the medical center designated by the Insurer. Medical supplies and materials such as dressings, bandages, venous catheter, syringes, cotton balls, plasters, needles, serum – tetanus antitoxin, disinfectants, used for the above procedures, are free of charge. The Insured shall be charged for other medical supplies and materials used for the procedures indicated below.			
6.1	Intravenous injection	YES	YES	YES
6.2	Subcutaneous/intramuscular injection	YES	YES	YES

6.3	IV drip in an emergency situation	YES	YES	YES
6.4	Administration of oral medication in an emergency situation	YES	YES	YES
6.5	Measurement of body temperature (without a doctor's referral)	YES	YES	YES
6.6	Application/change/removal – small dressing	YES	YES	YES
6.7	Blood collection	YES	YES	YES
6.8	Measurement of blood pressure (without a doctor's referral).	YES	YES	YES
6.9	Measurement of height and weight (without a doctor's referral)	YES	YES	YES
6.10	In-office midwife service – breast palpation examination	YES	YES	YES
7	OUTPATIENT PROCEDURES Services include performance of basic measurements, procedures including diagnostic procedures, not requiring hospitalization and operating room regime. In accordance with competence, performed by a doctor or nurse or midwife, during a medical consultation appropriate to the procedure or outside of a medical consultation at medical centers designated by InterRisk. The scope of outpatient consultations depends on the scope of consultations with doctors to which the Insured is entitled under their insurance cover, the Insured's age and the availability of the procedure at a medical center designated by InterRisk. Medical supplies and materials, such as dressings, bandages, venous catheter, syringes, cotton balls, plasters, needles, serum – tetanus antitoxin, disinfectants, sutures and surgical threads, used for the above procedures, are free of charge. The Insured shall be charged for other medical supplies and materials used for the procedures indicated below.			
7.1	Outpatient general medical procedures:			
7.1.1	Blood pressure measurement	YES	YES	YES
7.1.2	Measurement of height and weight	YES	YES	YES
7.1.3	Tick removal – non-surgical	YES	YES	YES
7.2	Outpatient surgical procedures:			
7.2.1	Suturing of a wound up to 1.5 cm	YES	YES	YES
7.2.2	Tick removal – surgical	YES	YES	YES
7.2.3	Tick removal – non-surgical	YES	YES	YES
7.2.4	Application/change/removal – small dressing (not requiring surgical preparation)	YES	YES	YES
7.2.5	Removal of other foreign body without incision	YES	YES	YES
7.2.6	Removal of stitches in the surgery room, after procedures performed in outpatient medical centers designated by InterRisk	YES	YES	YES
7.2.7	Removal of stitches after procedures performed outside medical centers designated by InterRisk- qualification of the case after evaluation by the Medical Partner's doctor (except for removal of stitches after childbirth)	YES	YES	YES
7.2.8	Suturing of wounds up to 3 cm (in emergency cases requiring immediate attention)	NO	NO	YES
7.2.9	Removal of a boil/small abscess of the skin coating (up to 2 cm)	NO	NO	YES
7.2.10	Classical surgical excision of a skin lesion up to 1.5 cm for medical indications (does not include lesions removed for aesthetic, plastic indications) with standard histopathological examination – material from the removed skin lesion	NO	NO	YES
7.3	ENT outpatient procedures:			
7.3.1	Examination of Eustachian tubes- insufflation	YES	YES	YES
7.3.2	Catheterization of Eustachian tube	YES	YES	YES
7.3.3	Ear flushing	YES	YES	YES
7.3.4	Removal of a foreign body from the nose/ear	YES	YES	YES
7.3.5	Simple ENT dressings	YES	YES	YES
7.3.6	Coagulation of the vessels of the nasal septum	YES	YES	YES
7.3.7	Electrocoagulation of the vessels of the nasal septum	YES	YES	YES
7.3.8	Removal of nasal tamponade	YES	YES	YES
7.3.9	Supply of nosebleed – two sides	YES	YES	YES
7.3.10	Supply of nosebleed – one lateral	YES	YES	YES
7.3.11	Removal of sutures in the treatment room after ENT procedures performed in outpatient medical centers designated by InterRisk	YES	YES	YES
7.3.12	Removal of sutures after ENT procedures performed outside medical centers designated by the Insurer – case qualification after evaluation by the Medical Partner's doctor	YES	YES	YES
7.3.13	Intranasal administration of a nasal mucosal decongestant in an emergency situation	YES	YES	YES
7.3.14	Application/change/removal of a drain in the external ear canal	YES	YES	YES
7.3.15	Laryngeal infusion	NO	NO	YES
7.3.16	Frenectomy in the oral cavity	NO	NO	YES
7.3.17	Incision of hematomas of the nasal septum	NO	NO	YES
7.3.18	Incision of auricular hematomas	NO	NO	YES

7.3.19	Closed nose alignment	NO	NO	YES
7.3.20	Sinus rinsing	NO	NO	YES
7.4	Outpatient ophthalmic procedures:			
7.4.1	Standard* fundus examination	YES	YES	YES
7.4.2	Selection of corrective lenses (does not include fluid focal length lenses)	YES	YES	YES
7.4.3	Gonioscopy (assessment of the iridocorneal angle)	YES	YES	YES
7.4.4	Removal of a foreign body from the eye	YES	YES	YES
7.4.5	Visual acuity test	YES	YES	YES
7.4.6	Standard* autorefractometer test	YES	YES	YES
7.4.7	Administration of the drug into the conjunctival sac	YES	YES	YES
7.4.8	Standard* measurement of intraocular pressure	YES	YES	YES
7.4.9	Standard* spatial vision test	YES	YES	YES
7.4.10	Lacrimal duct lavage (applies to Insureds over 18 years of age)	YES	YES	YES
7.5	Outpatient gynecological procedures:			
7.5.1	Collection of standard* PAP test	YES	YES	YES
7.5.2	Removal of intrauterine contraceptive device IUD	NO	NO	YES
7.5.3	IUD insertion	NO	NO	YES
7.5.4	Cervical procedures cryocoagulation – treatment of erosion	NO	NO	YES
7.5.5	Cervical and vulvar procedures by cryocoagulation	NO	NO	YES
7.6	Anesthesia:			
7.6.1	Local anesthesia: epidural or superficial	YES	YES	YES
7.6.2	Local (superficial) anesthesia for endoscopy	NO	NO	YES
7.7	Outpatient orthopedic procedures:			
7.7.1	Fitting small orthopedic equipment – small joints	NO	YES	YES
7.7.2	Fixation of a dislocation or fracture	NO	YES	YES
7.7.3	Preparation of traditional gypsum – banding	NO	YES	YES
7.7.4	Putting-on of a plaster	NO	YES	YES
7.7.5	Removal of plaster – lower limb	NO	YES	YES
7.7.6	Removal of plaster – upper limb	NO	YES	YES
7.7.7	Application/change/removal – small dressing	NO	YES	YES
7.7.8	Performance of delivery and periarticular injections	NO	NO	YES
7.7.9	Delivery puncture – collection of material for testing	NO	NO	YES
7.7.10	Intraarticular and periarticular block	NO	NO	YES
7.7.11	Fitting of small orthopedic equipment – large joints	NO	NO	YES
7.7.12	Dessault type immobilization, small/large	NO	NO	YES
7.7.13	Placement of traditional corset-type plaster	NO	NO	YES
7.8	Outpatient dermatological treatments:			
7.8.1	Standard* dermatoscopy	NO	YES	YES
7.8.2	Dermatological treatment – shaving and coagulation of skin fibroids	NO	NO	YES
7.8.3	Dermatological treatment by cryotherapy from 1 to 6 lesions	NO	NO	YES
7.8.4	Dermatological treatment by electrotherapy 1 to 6 lesions	NO	NO	YES
7.8.5	Dermatological treatment by cryotherapy from 7 to 10 lesions	NO	NO	YES
7.8.6	Dermatological treatment by electrotherapy from 7 to 10 lesions	NO	NO	YES
7.9	Allergy outpatient procedures:			
7.9.1	Desensitization with consultation with an allergist	NO	YES	YES
7.10	Biopsies with standard histopathological examination – fine-needle biopsy material:			
7.10.1	Fine needle biopsy of the skin/subcutaneous tissue	NO	NO	YES
7.10.2	Fine needle biopsy of the nipple	NO	NO	YES
7.10.3	Fine needle biopsy of the salivary gland	NO	NO	YES
7.10.4	Fine-needle biopsy of the thyroid gland	NO	NO	YES
7.10.5	Fine needle biopsy of lymph nodes	NO	NO	YES
7.11	Other:			

7.11.1	Foley catheter removal	NO	NO	YES
7.11.2	Enema	NO	NO	YES
7.11.3	Foley catheter insertion	NO	NO	YES
8	FLU AND TETANUS VACCINATIONS			
	The service includes, as part of infectious disease prevention, vaccination against seasonal influenza and against tetanus (tetanus anatoxin). The service consists of: medical consultation prior to vaccination, vaccine (preparation), delivery of nursing service in the form of injection.	YES	YES	YES
9	ADDITIONAL VACCINATIONS The service is available as an additional prevention of infectious diseases in the medical centers of the Medical Partner, based on the referral of a doctor from said facility. The service consists of: medical consultation prior to vaccination, vaccine (preparation), delivery of nursing service in the form of injection. The service includes vaccination against the following diseases (also applies to combination vaccines):			
9.1	Tick-borne meningitis	NO	NO	YES
9.2	Hepatitis A virus	NO	NO	YES
9.3	Hepatitis types A and B.	NO	NO	YES
9.4	Rubella, mumps, measles	NO	NO	YES
9.5	Mumps	NO	NO	YES
9.6	Measles	NO	NO	YES
10	LABORATORY TEST PANEL without a referral The service is available to Insureds who are 18 years of age or older and is provided only at medical centers designated by the Insurer. The service includes one-time performance (within 12 months of the insurance period) of a panel of laboratory tests without a doctor's referral, including:			
10.1	Urine – general testing	YES	YES	YES
10.2	Blood count + platelets + automated smear	YES	YES	YES
10.3	Total cholesterol	YES	YES	YES
10.4	Fasting glucose	YES	YES	YES
10.5	Standard PAP test (available to Insureds as young as 16 years old)	YES	YES	YES
11	LABORATORY AND IMAGING DIAGNOSTICS The service includes the laboratory, imaging and functional diagnostic tests listed below, performed at outpatient medical centers designated by InterRisk. The number of tests performed is not limited. All diagnostic tests available as part of the service are performed on the basis of referrals issued by doctors of medical centers indicated by the Medical Partner, exclusively for medical indications in the course of the diagnostic and therapeutic process conducted at the above-mentioned facilities. Due to the development of technology, the names or methods of performing particular diagnostic tests may change; this will not limit the scope of services specified in this contract. If the effect of the application of a new method, will be an expansion of the aforementioned scope of services, the services resulting from the expansion of the scope, will not be included in the scope of services. The result of the examination shall be issued on a carrier in accordance with the accepted standard in the medical establishment. Unless otherwise stated, the service does not include strip tests and diagnostic imaging in the field of CT, MR and Ultrasound – includes 2D presentation without additional options (including extended Ultrasound – genetic).			
11.1	Laboratory diagnostics:			
11.1.1	Hematologic and blood coagulation tests with collection of material (blood) for testing:			
11.1.1.1	Absolute eosinophilia in blood smear	YES	YES	YES
11.1.1.2	Blood count + platelets + automated smear	YES	YES	YES
11.1.1.3	ESR	YES	YES	YES
11.1.1.4	INR/Prothrombin time	YES	YES	YES
11.1.1.5	Thrombin time – TT	YES	YES	YES
11.1.1.6	APTT	YES	YES	YES
11.1.1.7	Fibrinogen	YES	YES	YES
11.1.1.8	Manual blood smear	NO	YES	YES
11.1.1.9	Platelets	NO	YES	YES
11.1.1.10	D – Dimers	NO	YES	YES
11.1.1.11	Protein S _i free	NO	NO	YES
11.1.1.12	Antithrombin III	NO	NO	YES
11.1.1.13	Protein C, activity	NO	NO	YES
11.2	Biochemical and hormonal tests, as well as tumor markers, along with collection of material (blood) for testing:			
11.1.2.1	CRP, quantitatively	YES	YES	YES
11.1.2.2	GPT/ALT transaminase	YES	YES	YES
11.1.2.3	GOT/AST transaminase	YES	YES	YES
11.1.2.4	Amylase	YES	YES	YES
11.1.2.5	Albumins	YES	YES	YES
11.1.2.6	Total protein	YES	YES	YES

11.1.2.7	PAPP protein	YES	YES	YES
11.1.2.8	Total bilirubin	YES	YES	YES
11.1.2.9	Direct bilirubin	YES	YES	YES
11.1.2.10	Chlorides/Cl	YES	YES	YES
11.1.2.11	Total cholesterol	YES	YES	YES
11.1.2.12	HDL Cholesterol	YES	YES	YES
11.1.2.13	LDL Cholesterol	YES	YES	YES
11.1.2.14	LDL Cholesterol determined directly	YES	YES	YES
11.1.2.15	CK (creatine kinase)	YES	YES	YES
11.1.2.16	LDH – lactate dihydrogen.	YES	YES	YES
11.1.2.17	Alkaline phosphatase	YES	YES	YES
11.1.2.18	Acid phosphatase	YES	YES	YES
11.1.2.19	Phosphate/P	YES	YES	YES
11.1.2.20	GGTP	YES	YES	YES
11.1.2.21	Glucose challenge test (4pts, 75g, 0, 1, 2, 3h)	YES	YES	YES
11.1.2.22	Fasting glucose	YES	YES	YES
11.1.2.23	Glucose at 120' after eating	YES	YES	YES
11.1.2.24	Glucose at 60' after eating	YES	YES	YES
11.1.2.25	Glucose 75 g glucose challenge test at 4 hours	YES	YES	YES
11.1.2.26	Glucose 75 g glucose challenge test at 5 hours	YES	YES	YES
11.1.2.27	Creatinine	YES	YES	YES
11.1.2.28	Uric acid	YES	YES	YES
11.1.2.29	Lipid profile (CHOL, HDL, LDL, TG)	YES	YES	YES
11.1.2.30	Magnesium/Mg	YES	YES	YES
11.1.2.31	Urea/Urea Nitrogen/BUN	YES	YES	YES
11.1.2.32	Potassium/K	YES	YES	YES
11.1.2.33	Protein profile	YES	YES	YES
11.1.2.34	Sodium/Na	YES	YES	YES
11.1.2.35	Triglycerides	YES	YES	YES
11.1.2.36	Calcium/Ca	YES	YES	YES
11.1.2.37	Iron/Fe	YES	YES	YES
11.1.2.38	Immunoglobulin IgE (total IgE)	YES	YES	YES
11.1.2.39	Immunoglobulin IgA	YES	YES	YES
11.1.2.40	Immunoglobulin IgG	YES	YES	YES
11.1.2.41	Immunoglobulin IgM	YES	YES	YES
11.1.2.42	Folic acid	YES	YES	YES
11.1.2.43	Vitamin B12	YES	YES	YES
11.1.2.44	Total iron binding capacity/TIBC – replaces Fe saturation	YES	YES	YES
11.1.2.45	Iron/Fe 120 min after loading (absorption curve)	YES	YES	YES
11.1.2.46	Iron/Fe 180 min after loading (absorption curve)	YES	YES	YES
11.1.2.47	Iron/Fe 240 min after loading (absorption curve)	YES	YES	YES
11.1.2.48	Iron/Fe 300 min after loading (absorption curve)	YES	YES	YES
11.1.2.49	Iron/Fe 60 min after loading (absorption curve)	YES	YES	YES
11.1.2.50	Ferritin	YES	YES	YES
11.1.2.51	Ceruloplasmin	YES	YES	YES
11.1.2.52	Transferrin	YES	YES	YES
11.1.2.53	Thyroglobulin	YES	YES	YES
11.1.2.54	Apolipoprotein A1	YES	YES	YES
11.1.2.55	Lipase	YES	YES	YES
11.1.2.56	Copper	YES	YES	YES
11.1.2.57	TSH/hTSH	YES	YES	YES
11.1.2.58	Free T3	YES	YES	YES

11.1.2.59	Free T4	YES	YES	YES
11.1.2.60	Total Beta-hCG	YES	YES	YES
11.1.2.61	AFP – alpha-fetoprotein	YES	YES	YES
11.1.2.62	PSA – free fraction	YES	YES	YES
11.1.2.63	Total PSA	YES	YES	YES
11.1.2.64	CEA – carcinoembryonic antigen	YES	YES	YES
11.1.2.65	Cortisol in the afternoon	NO	YES	YES
11.1.2.66	Cortisol in the morning	NO	YES	YES
11.1.2.67	Prolactin at 120' after MCP load, 1 tabl.	NO	YES	YES
11.1.2.68	Prolactin at 30' after MCP load, 1 tabl.	NO	YES	YES
11.1.2.69	Prolactin at 60' after MCP load, 1 tabl.	NO	YES	YES
11.1.2.70	Prolactin	NO	YES	YES
11.1.2.71	Estradiol	NO	YES	YES
11.1.2.72	FSH	NO	YES	YES
11.1.2.73	LH	NO	YES	YES
11.1.2.74	Progesterone	NO	YES	YES
11.1.2.75	Testosterone	NO	YES	YES
11.1.2.76	Free testosterone	NO	YES	YES
11.1.2.77	CA 125	NO	YES	YES
11.1.2.78	CA 15.3 – breast cancer antigen	NO	YES	YES
11.1.2.79	CA 19.9 – gastrointestinal cancer antigen	NO	YES	YES
11.1.2.80	ALFA 1 – Antitrypsin	NO	NO	YES
11.1.2.81	Alpha – 1 – acid glycoprotein (Orozomucoside)	NO	NO	YES
11.1.2.82	Androstenedione	NO	NO	YES
11.1.2.83	Beta – 2 – Microglobulin	NO	NO	YES
11.1.2.84	Ceruloplasmin	NO	NO	YES
11.1.2.85	Cholinesterase	NO	NO	YES
11.1.2.86	Blood cell cholinesterase/Blood cell acetylcholinesterase	NO	NO	YES
11.1.2.87	Zinc	NO	NO	YES
11.1.2.88	Dehydroepiandrosterone (DHEA)	NO	NO	YES
11.1.2.89	DHEA – S	NO	NO	YES
11.1.2.90	Zinc protoporphyrins in erythrocytes (ZnPP)	NO	NO	YES
11.1.2.91	Erythropoietin	NO	NO	YES
11.1.2.92	Estriol free	NO	NO	YES
11.1.2.93	Steroidal acid phosphatase	NO	NO	YES
11.1.2.94	Alkaline phosphatase/- bone fraction	NO	NO	YES
11.1.2.95	Gastrin	NO	NO	YES
11.1.2.96	Haptoglobin	NO	NO	YES
11.1.2.97	Hb A1c – Glycated hemoglobin	NO	NO	YES
11.1.2.98	Homocysteine	NO	NO	YES
11.1.2.99	Adrenocorticotrophic hormone (ACTH)	NO	NO	YES
11.1.2.100	Growth hormone (GH)	NO	NO	YES
11.1.2.101	IGF – BP 3	NO	NO	YES
11.1.2.102	Insulin – Insulin at 120'	NO	NO	YES
11.1.2.103	Insulin – Insulin at 60'	NO	NO	YES
11.1.2.104	Insulin – fasting	NO	NO	YES
11.1.2.105	Insulin – after 75g of glucose after 1 hour	NO	NO	YES
11.1.2.106	Insulin – after 75g of glucose after 2 hours	NO	NO	YES
11.1.2.107	Insulin – after 75g of glucose after 3 hours	NO	NO	YES
11.1.2.108	Insulin – after 75g of glucose after 4 hours	NO	NO	YES
11.1.2.109	Insulin – after 75g of glucose after 5 hours	NO	NO	YES
11.1.2.110	CK – MB – activity	NO	NO	YES

11.1.2.111	CK – MB – mass	NO	NO	YES
11.1.2.112	Calcitonin	NO	NO	YES
11.1.2.113	Creatinine clearance	NO	NO	YES
11.1.2.114	Myoglobin	NO	NO	YES
11.1.2.115	Osteocalcin (bone formation marker)	NO	NO	YES
11.1.2.116	Parathormone	NO	NO	YES
11.1.2.117	C-peptide	NO	NO	YES
11.1.2.118	Latent iron binding capacity (UIBC)	NO	NO	YES
11.1.2.119	Vitamin D3 metabolite 25 OH	NO	NO	YES
11.1.2.120	T3 Total	NO	NO	YES
11.1.2.121	T4 Total	NO	NO	YES
11.1.2.122	Somatomedin – (IGF – 1).	NO	NO	YES
11.1.2.123	PSA panel (PSA, FPSA, FPSA/PSA ratio)	NO	NO	YES
11.1.2.124	Reticulocytes	NO	NO	YES
11.1.2.125	SCC – squamous cell carcinoma antigen	NO	NO	YES
11.1.2.126	SHBG	NO	NO	YES
11.1.2.127	Serum kappa light chains	NO	NO	YES
11.1.2.128	Lambda light chains in serum	NO	NO	YES
11.1.2.129	Cystatin C	NO	NO	YES
11.1.2.130	Macroprolactin	NO	NO	YES
11.1.2.131	Plasma renin activity	NO	NO	YES
11.1.2.132	Angiotensin converting enzyme	NO	NO	YES
11.1.2.133	Apo A1	NO	NO	YES
11.1.2.134	Aldolase	NO	NO	YES
11.1.2.135	17 – OH Progesterone	NO	NO	YES
11.1.2.136	Aldosterone	NO	NO	YES
11.1.3	Serological testing and diagnosis of infection with collection of material (blood) for testing:			
11.1.3.1	Primary syphilis serology (VDRL or USR or anti TP) formerly WR	YES	YES	YES
11.1.3.2	ASO by quantity	YES	YES	YES
11.1.3.3	ASO by quality	YES	YES	YES
11.1.3.4	RF – RHEUMATOID FACTOR – quantitative	YES	YES	YES
11.1.3.5	Waller-Rose reaction	YES	YES	YES
11.1.3.6	BTA test	YES	YES	YES
11.1.3.7	Blood type AB0, Rh, p/review bodies	YES	YES	YES
11.1.3.8	Antibodies – anti-immune, screening/alloantibodies (replaces Antibodies – anti-Rh/- /)	YES	YES	YES
11.1.3.9	HBs Ag/antigen	YES	YES	YES
11.1.3.10	CMV IgG	YES	YES	YES
11.1.3.11	CMV IgM	YES	YES	YES
11.1.3.12	HBs Ab/antibodies	YES	YES	YES
11.1.3.13	HIV I/HIV II	YES	YES	YES
11.1.3.14	EBV/Mononucleosis – latex	YES	YES	YES
11.1.3.15	EBV/Mononucleosis IgG	YES	YES	YES
11.1.3.16	EBV/Mononucleosis IgM	YES	YES	YES
11.1.3.17	Toxoplasmosis IgG	YES	YES	YES
11.1.3.18	Toxoplasmosis IgM	YES	YES	YES
11.1.3.19	Antibodies – anti-a-microsomal/Anti-TPO	NO	YES	YES
11.1.3.20	Antibodies – anti-a-thyroglobulin/Anti-TG	NO	YES	YES
11.1.3.21	HCV Ab/antibodies	NO	YES	YES
11.1.3.22	Helicobacter Pylori IgG quantitative	NO	YES	YES
11.1.3.23	Rubella IgG	NO	YES	YES
11.1.3.24	Rubella IgM	NO	YES	YES
11.1.3.25	Antibodies – anti-chlamydia trachomatis IgA	NO	YES	YES

11.1.3.26	Antibodies – anti-chlamydia trachomatis IgG	NO	YES	YES
11.1.3.27	Antibodies – anti-chlamydia trachomatis IgM	NO	YES	YES
11.1.3.28	HbC Ab IgM	NO	YES	YES
11.1.3.29	C1 – inhibitor	NO	NO	YES
11.1.3.30	C1 – inhibitor – (activity)	NO	NO	YES
11.1.3.31	Complement component C3	NO	NO	YES
11.1.3.32	Complement component C4	NO	NO	YES
11.1.3.33	Anti-HAV – IgM	NO	NO	YES
11.1.3.34	Anti – HAV – total	NO	NO	YES
11.1.3.35	Lupus anticoagulant	NO	NO	YES
11.1.3.36	Echinococcus granulosus IgG	NO	NO	YES
11.1.3.37	Lyme disease IgG	NO	NO	YES
11.1.3.38	Lyme disease IgG – Western – Blot method (confirmation test)	NO	NO	YES
11.1.3.39	Lyme disease IgM	NO	NO	YES
11.1.3.40	Lyme disease IgM – Western – Blot method (confirmation test)	NO	NO	YES
11.1.3.41	Brucellosis – IgG	NO	NO	YES
11.1.3.42	Brucellosis – IgM	NO	NO	YES
11.1.3.43	Human roundworm (ASCARIS) IGG	NO	NO	YES
11.1.3.44	Cytomegalovirus – IgG avidity test	NO	NO	YES
11.1.3.45	HbC Ab, total	NO	NO	YES
11.1.3.46	HBe Ab	NO	NO	YES
11.1.3.47	HBe Ag	NO	NO	YES
11.1.3.48	HSV/Herpes 1 and 2 – IgG – qualitative	NO	NO	YES
11.1.3.49	HSV/Herpes 1 and 2 – IgM – qualitative	NO	NO	YES
11.1.3.50	hsCRP	NO	NO	YES
11.1.3.51	Mycoplasma pneumoniae – IgG	NO	NO	YES
11.1.3.52	Mycoplasma pneumoniae – IgM	NO	NO	YES
11.1.3.53	Reaction – FTA	NO	NO	YES
11.1.3.54	Reaction – TPHA	NO	NO	YES
11.1.3.55	HLA B27 antigen determination	NO	NO	YES
11.1.3.56	Antibodies – neutrophil cytoplasmic antibodies ANCA (pANCA and cANCA) by IIF meth.	NO	NO	YES
11.1.3.57	Antibodies – anti striated muscle and p. cardiac muscle (myasthenia gravis) by IIF meth.	NO	NO	YES
11.1.3.58	Antibodies – anti-nucleosome (ANuA) (IMMUNOBLOT)	NO	NO	YES
11.1.3.59	Antibodies – anticardiolipin – IgG	NO	NO	YES
11.1.3.60	Antibodies – anticardiolipin – IgM	NO	NO	YES
11.1.3.61	Antibodies – anticardiolipin – IgM and IgG	NO	NO	YES
11.1.3.62	Antibodies – liver kidney microsomal antibody (anti – LKM) by IIF meth.	NO	NO	YES
11.1.3.63	Antibodies – anti-tissue transglutaminase (anti – tGT) – in IgA cl. by ELISA meth.	NO	NO	YES
11.1.3.64	Antibodies – anti-tissue transglutaminase (anti – tGT) – in IgG cl. by ELISA meth.	NO	NO	YES
11.1.3.65	Antibodies – anti – Beta – 2 – glycoprotein – 1 IGG	NO	NO	YES
11.1.3.66	Antibodies – anti-- Beta – 2 – glycoprotein – 1 IGM	NO	NO	YES
11.1.3.67	Antibodies – anti-- Beta – glycoprotein IGG and IGM (combined)	NO	NO	YES
11.1.3.68	Antibodies – anti-- CCP	NO	NO	YES
11.1.3.69	Antibodies – anti-- endomysium and gliadin in IgA cl. (combined) by IIF meth.	NO	NO	YES
11.1.3.70	Antibodies – anti-- endomysium and gliadin in IgG cl. (combined) by IIF meth.	NO	NO	YES
11.1.3.71	Antibodies – anti-- endomysium and gliadin in IgA and IgG cl. (combined) by IIF meth.	NO	NO	YES
11.1.3.72	Antibodies – anti-phosphatidylinositol IGG	NO	NO	YES
11.1.3.73	Antibodies – anti-phosphatidylinositol IGM	NO	NO	YES
11.1.3.74	Antibodies – anti-- adrenal cortex	NO	NO	YES
11.1.3.75	Antibodies – anti – tissue transglutaminase (anti – tGT) in IgG and IgA cl. by ELISA meth.	NO	NO	YES
11.1.3.76	Antibodies – anti-- pancreatic islets, pancreatic exocrine and intestinal cuboidal cells by IIF meth.	NO	NO	YES

11.1.3.77	Antibodies – anti-Coxsackie	NO	NO	YES
11.1.3.78	Antibodies – anti-chlamydia pneumoniae IgA	NO	NO	YES
11.1.3.79	Antibodies – anti-chlamydia pneumoniae IgG	NO	NO	YES
11.1.3.80	Antibodies – anti-chlamydia pneumoniae IgM	NO	NO	YES
11.1.3.81	Antibodies – anti-Castle intrinsic factor and anti-parietal cell antibodies (APCA) by IIF meth.	NO	NO	YES
11.1.3.82	Antibodies – anti-DNA double-stranded/native – dsDNA (nDNA)	NO	NO	YES
11.1.3.83	Antibodies – anti-endomysium – IgA – EmA IgA	NO	NO	YES
11.1.3.84	Antibodies – anti-endomysium – IgG – EmA IgG	NO	NO	YES
11.1.3.85	Antibodies – anti-endomysium EmA IgG, IgA	NO	NO	YES
11.1.3.86	Antibodies – antigliadin (AGA) – in IgG and IgA cl. (combined) by IIF meth.	NO	NO	YES
11.1.3.87	Antibodies – IgA class, anti-glia – AGA	NO	NO	YES
11.1.3.88	Antibodies – IgG class, antigliadin – AGA	NO	NO	YES
11.1.3.89	Antibodies – anti-nuclear – and anti-cytoplasmic (ANA1), screening test by IIF meth.	NO	NO	YES
11.1.3.90	Antibodies – heart muscle antibody (HMA)	NO	NO	YES
11.1.3.91	Antibodies – anti-parietal cell antibodies – (APCA) by IIF meth.	NO	NO	YES
11.1.3.92	Antibodies – anti-smooth muscle ASMA	NO	NO	YES
11.1.3.93	Antibodies – anti-mitochondrial AMA	NO	NO	YES
11.1.3.94	Antibodies – anti-mitochondrial AMA type M2	NO	NO	YES
11.1.3.95	Antibodies – liver panel – (anti – LKM, anti – LSP, anti – SLA) by IIF meth.	NO	NO	YES
11.1.3.96	Antibodies – full liver panel – (ANA2, AMA, ASMA, anti – LKM, anti – LSP, anti – SLA) by IIF, DID meth.	NO	NO	YES
11.1.3.97	Antibodies – anti-acetylcholine receptor (AChR – Ab)	NO	NO	YES
11.1.3.98	Antibodies – anti-TSH receptor (TRAb)	NO	NO	YES
11.1.3.99	Antibodies – antinuclear – (including histone, Ku, rib – P – Protein) (ANA3) by Immunoblotting meth.	NO	NO	YES
11.1.3.100	Antibodies – antinuclear – and anti-cytoplasmic (ANA2) by IIF, DID meth.	NO	NO	YES
11.1.3.101	Pertussis – IgA	NO	NO	YES
11.1.3.102	Pertussis – IgG	NO	NO	YES
11.1.3.103	Pertussis – IgM	NO	NO	YES
11.1.3.104	Listeriosis – qualitatively	NO	NO	YES
11.1.3.105	Pneumocystosis – IgG – qualitative	NO	NO	YES
11.1.3.106	Pneumocystosis – IgM – qualitative	NO	NO	YES
11.1.3.107	Toxoplasmosis – IgG avidity test	NO	NO	YES
11.1.3.108	Toxocariasis IgG (semiquantitative)	NO	NO	YES
11.1.3.109	Mumps – IgG	NO	NO	YES
11.1.3.110	Mumps – IgM	NO	NO	YES
11.1.3.111	SLE – semi-quantitative	NO	NO	YES
11.1.3.112	Syphilis serology – confirmation test – FTA – ABS	NO	NO	YES
11.1.3.113	Antibodies – anti-DNA by IIF meth.	NO	NO	YES
11.1.3.114	Antibodies – anti bile duct by IIF meth.	NO	NO	YES
11.1.3.115	Antibodies – liver cytoplasmic antigen type 1 (anti – LC – 1) meth. Immunoblotting	NO	NO	YES
11.1.3.116	Antibodies – anti-reticulin (ARA) in IgA cl. by IIF meth.	NO	NO	YES
11.1.3.117	Antibodies – anti-reticulin (ARA) in IgG cl. by IIF meth.	NO	NO	YES
11.1.3.118	Antibodies – anti-reticulin (ARA) in IgA and IgG cl. (combined) IIF med.	NO	NO	YES
11.1.3.119	Antibodies – anti-transverse striated muscles by IIF meth.	NO	NO	YES
11.1.3.120	Antibodies – anti-glomerular basement membrane (anti – GMB) and anti-alveolar basement membrane by IIF meth.	NO	NO	YES
11.1.3.121	Antibodies – anti-Saccharomyces cerevisiae (ASCA) IgG by IIF meth.	NO	NO	YES
11.1.3.122	Antibodies – anti-pemphigus and pemphigoid by IIF meth.	NO	NO	YES
11.1.3.123	Antibodies – human roundworm IgG	NO	NO	YES
11.1.3.124	Antibodies – anti-endomysium, reticulin and gliadin IgA+IgG	NO	NO	YES
11.1.3.125	Antibodies – anti-endomysium, reticulin and gliadin IgG	NO	NO	YES
11.1.3.126	Antibodies – Endomysium and reticulin IgA	NO	NO	YES

11.1.3.127	Antibodies – Endomysium and reticulin IgG	NO	NO	YES
11.1.3.128	Tick-borne encephalitis antibodies in IgM cl.	NO	NO	YES
11.1.3.129	Trichinosis IgG	NO	NO	YES
11.1.3.130	Antibodies – anti-glutamic acid decarboxylase (anti-GAD)	NO	NO	YES
11.1.3.131	Antibodies – anti-tyrosine phosphatase (IA2)	NO	NO	YES
11.1.4	Urinalysis with collection of material (urine) for testing			
11.1.4.1	Urine – general testing	YES	YES	YES
11.1.4.2	Protein in urine	YES	YES	YES
11.1.4.3	Total protein/24-hour urine collection	YES	YES	YES
11.1.4.4	Phosphate in urine	YES	YES	YES
11.1.4.5	Phosphate in urine/24-hour urine collection	YES	YES	YES
11.1.4.6	Creatinine in urine	YES	YES	YES
11.1.4.7	Creatinine in urine/24-hour urine collection	YES	YES	YES
11.1.4.8	Uric acid in urine/24-hour urine collection	YES	YES	YES
11.1.4.9	Uric acid in urine	YES	YES	YES
11.1.4.10	Magnesium/Mg in urine	YES	YES	YES
11.1.4.11	Magnesium/Mg in urine 24-hour urine collection	YES	YES	YES
11.1.4.12	Urea/Urea nitrogen/BUN/in urine 24-hour urine collection	YES	YES	YES
11.1.4.13	Urea/Urea nitrogen/BUN in urine	YES	YES	YES
11.1.4.14	Sodium/Na in urine	YES	YES	YES
11.1.4.15	Sodium/Na in urine/24-hour urine collection	YES	YES	YES
11.1.4.16	Calcium in urine	YES	YES	YES
11.1.4.17	Calcium in urine/24-hour urine collection	YES	YES	YES
11.1.4.18	Potassium/K in urine	YES	YES	YES
11.1.4.19	Potassium/K in urine/24-hour urine collection	YES	YES	YES
11.1.4.20	Lead/Pb in urine	YES	YES	YES
11.1.4.21	Vanillin-malic acid (VAM) in urine	NO	YES	YES
11.1.4.22	Delta-aminolaevulinic acid (ALA)	NO	YES	YES
11.1.4.23	Delta – aminolaevulinic acid (ALA) in the 24-hour urine collection	NO	YES	YES
11.1.4.24	Catecholamines (Norepinephrine, Epinephrine) in the 24-hour urine collection	NO	YES	YES
11.1.4.25	Cortisol in 24-hour urine collection	NO	YES	YES
11.1.4.26	Methoxycatecholamines in 24-hour urine collection	NO	YES	YES
11.1.4.27	Albumin in urine	NO	NO	YES
11.1.4.28	Aldosterone in the 24-hour urine collection	NO	NO	YES
11.1.4.29	Amylase in urine	NO	NO	YES
11.1.4.30	Bence Jones protein in urine	NO	NO	YES
11.1.4.31	Chloride/Cl in urine	NO	NO	YES
11.1.4.32	Chloride/Cl in urine/24-hour urine collection	NO	NO	YES
11.1.4.33	Glucose and ketones in urine	NO	NO	YES
11.1.4.34	Cadmium in urine	NO	NO	YES
11.1.4.35	Coproporphyrins in urine	NO	NO	YES
11.1.4.36	5 – hydroxyindoleacetic acid in 24-hour urine collection (5 – HIAA)	NO	NO	YES
11.1.4.37	Hippuric acid in urine/24-hour urine collection	NO	NO	YES
11.1.4.38	Urine albumin/creatinine ratio (ACR) – (extra Urine microalbuminuria)	NO	NO	YES
11.1.4.39	Mercury/Hg in urine	NO	NO	YES
11.1.4.40	Kappa light chains in urine	NO	NO	YES
11.1.4.41	Lambda light chains in urine	NO	NO	YES
11.1.4.42	Bence-Jones protein in urine	NO	NO	YES
11.1.4.43	Oxalates in the 24-hour urine collection	NO	NO	YES
11.1.4.44	17 – ketosteroids in 24-hour urine collection	NO	NO	YES
11.1.4.45	Aldosterone in the 24-hour urine collection	NO	NO	YES
11.1.4.46	17 – hydroxycorticosteroids in 24-hour urine collection	NO	NO	YES

11.1.4.47	Kidney stone chemistry Pyrilinks D (bone resorption marker)	NO	NO	YES
11.1.5	Bacteriological tests including collection of a swab for testing (the service does not include tests performed with molecular biology techniques):			
11.1.5.1	Urine culture	YES	YES	YES
11.1.5.2	Total stool culture	YES	YES	YES
11.1.5.3	Throat/tonsil swab – aerobic culture	YES	YES	YES
11.1.5.4	Oral swab – aerobic culture	YES	YES	YES
11.1.5.5	Tongue swab – aerobic culture	YES	YES	YES
11.1.5.6	Nasopharyngeal swab – anaerobic culture	YES	YES	YES
11.1.5.7	Nasopharyngeal swab – aerobic culture	YES	YES	YES
11.1.5.8	Rectal and vaginal swabbing for Streptococcus hem. GBS	YES	YES	YES
11.1.5.9	Vaginal swab – anaerobic culture	YES	YES	YES
11.1.5.10	Vaginal swab – aerobic culture	YES	YES	YES
11.1.5.11	Culture for GC (GNC) vaginal swab	YES	YES	YES
11.1.5.12	Stool culture for SS	YES	YES	YES
11.1.5.13	Vaginal cleanliness (vaginal biocenosis)	YES	YES	YES
11.1.5.14	Cervical canal swab	YES	YES	YES
11.1.5.15	Cervical canal swab – anaerobic culture	YES	YES	YES
11.1.5.16	Culture for GC (GNC) – cervical canal swab	YES	YES	YES
11.1.5.17	Ear swab – anaerobic culture	NO	YES	YES
11.1.5.18	Ear swab – aerobic culture	NO	YES	YES
11.1.5.19	Eye swab – aerobic culture	NO	YES	YES
11.1.5.20	Nasal swab	NO	YES	YES
11.1.5.21	Nasal swab – aerobic culture	NO	YES	YES
11.1.5.22	Wound swab	NO	YES	YES
11.1.5.23	Wound swab – anaerobic culture	NO	YES	YES
11.1.5.24	Aerobic semen culture	NO	YES	YES
11.1.5.25	Sputum culture	NO	YES	YES
11.1.5.26	Fecal culture in the direction of pathogenic E. Coli in children under 2 years of age	NO	YES	YES
11.1.5.27	Stool culture for Yersinia enterocolitica	NO	YES	YES
11.1.5.28	Urethral swab	NO	YES	YES
11.1.5.29	Urethral swab – anaerobic culture	NO	YES	YES
11.1.5.30	Breast milk culture – from the left breast – aerobic	NO	NO	YES
11.1.5.31	Breast milk culture – from the right breast – aerobic	NO	NO	YES
11.1.5.32	Culture of abscess contents	NO	NO	YES
11.1.5.33	Culture of abscess contents – anaerobic	NO	NO	YES
11.1.5.34	Culture for GC (GNC) – urethral swab	NO	NO	YES
11.1.5.35	Seton from ear – left – oxygen culture	NO	NO	YES
11.1.5.36	Seton from ear – right – oxygen culture	NO	NO	YES
11.1.5.37	Breast secretion – aerobic culture	NO	NO	YES
11.1.5.38	Foreskin swab – aerobic culture	NO	NO	YES
11.1.5.39	Boil swab	NO	NO	YES
11.1.5.40	Gingival swab – aerobic culture	NO	NO	YES
11.1.5.41	Tongue swab – aerobic culture	NO	NO	YES
11.1.5.42	Laryngeal swab – aerobic culture	NO	NO	YES
11.1.5.43	Laryngeal swab – for Pneumocistis carini	NO	NO	YES
11.1.5.44	Rectal swab – aerobic culture	NO	NO	YES
11.1.5.45	Rectal swab – culture for SS	NO	NO	YES
11.1.5.46	Ulcer swab – aerobic culture	NO	NO	YES
11.1.5.47	Umbilical swab – aerobic culture	NO	NO	YES
11.1.5.48	Penile swab – aerobic culture	NO	NO	YES
11.1.5.49	Labial swab – aerobic culture	NO	NO	YES
11.1.5.50	Skin lesion swab – aerobic culture	NO	NO	YES

11.1.5.51	Chlamydia pneumoniae antigen by IIF meth. swab	NO	NO	YES
11.1.5.52	Chlamydia pneumoniae antigen by IIF meth. swab – other material	NO	NO	YES
11.1.5.53	Chlamydia pneumoniae antigen by IIF meth. swab – throat	NO	NO	YES
11.1.5.54	Chlamydia trachomatis antigen by IIF meth. swab – other material	NO	NO	YES
11.1.5.55	Chlamydia trachomatis antigen by IIF meth. swab – urethra	NO	NO	YES
11.1.5.56	Chlamydia trachomatis antigen by IIF meth. swab – cervical canal	NO	NO	YES
11.1.5.57	Eosinophils in nasal swab	NO	NO	YES
11.1.5.58	Mycoplasma hominis and Ureaplasma urealiticum – urethral swab	NO	NO	YES
11.1.5.59	Mycoplasma hominis and Ureaplasma urealiticum – cervical canal swab	NO	NO	YES
11.1.5.60	Pinworms – rectal swab	NO	NO	YES
11.1.6	Fecal examinations including collection of material for testing:			
11.1.6.1	Fecal general testing	YES	YES	YES
11.1.6.2	Fecal occult blood/F.O.B.	YES	YES	YES
11.1.6.3	Feces for parasites 1 sample	NO	YES	YES
11.1.6.4	Feces for Rota and Adenoviruses	NO	YES	YES
11.1.6.5	Stool for Lamblia ELISA	NO	YES	YES
11.1.6.6	Helicobacter Pylori antigen in feces	NO	NO	YES
11.1.6.7	Feces – Clostridium difficile – GDH antigen and A/B toxin	NO	NO	YES
11.1.7	Cytological examination with collection of material for testing:			
11.1.7.1	Standard* PAP test	YES	YES	YES
11.1.7.2	Standard* cytological examination of the nasal mucosa	NO	NO	YES
11.1.8	Mycological examinations including collection of a swab for testing (the service does not include examinations performed with molecular biology techniques):			
11.1.8.1	Fecal culture for yeast-like fungi	YES	YES	YES
11.1.8.2	Urine culture for yeast-like fungi	YES	YES	YES
11.1.8.3	Throat/tonsil swab culture for candida	YES	YES	YES
11.1.8.4	Cervical canal swab – culture for yeast-like fungi	YES	YES	YES
11.1.8.5	Nasopharyngeal swab culture for yeast-like fungi	YES	YES	YES
11.1.8.6	Vaginal swab culture for yeast-like fungi	YES	YES	YES
11.1.8.7	Oral swab culture for yeast-like fungi	YES	YES	YES
11.1.8.8	Tongue swab cultures for yeast-like fungi	YES	YES	YES
11.1.8.9	Mycological examination – culture for fungi toenail	NO	YES	YES
11.1.8.10	Mycological examination – culture for fungi hand nail	NO	YES	YES
11.1.8.11	Mycological examination – culture for fungi hair	NO	YES	YES
11.1.8.12	Mycological examination – culture for fungi skin swab	NO	YES	YES
11.1.8.13	Mycological examination – culture for fungi skin scrapings	NO	YES	YES
11.1.8.14	Culture for yeast-like fungi – sputum	NO	YES	YES
11.1.8.15	Culture for yeast-like fungi – abscess contents	NO	YES	YES
11.1.8.16	Culture for yeast-like fungi – secretion	NO	YES	YES
11.1.8.17	Culture for yeast-like fungi – swab	NO	YES	YES
11.1.8.18	Urethral swab culture for yeast-like fungi	NO	YES	YES
11.1.8.19	Nasal swab – culture for yeast-like fungi	NO	YES	YES
11.1.8.20	Eye swab – culture for yeast-like fungi	NO	YES	YES
11.1.8.21	Wound swab – culture for yeast-like fungi	NO	YES	YES
11.1.8.22	Ear swab – culture for yeast-like fungi	NO	YES	YES
11.1.8.23	Mycological examination – culture for fungi – palm epidermis – scrapings	NO	NO	YES
11.1.8.24	Mycological examination – culture for fungi – foot epidermis – scrapings	NO	NO	YES
11.1.8.25	Mycological examination – culture for fungi – scalp – scrapings	NO	NO	YES
11.1.8.26	Semen culture for yeast-like fungi	NO	NO	YES
11.1.8.27	Foreskin swab – culture for yeast-like fungi	NO	NO	YES
11.1.8.28	Gingival swab – culture for yeast-like fungi	NO	NO	YES
11.1.8.29	Laryngeal swab – culture for yeast-like fungi	NO	NO	YES
11.1.8.30	Rectal swab – culture for fungi	NO	NO	YES

11.1.8.31	Ulcer swab – culture for fungi	NO	NO	YES
11.1.8.32	Penile swab – culture for yeast-like fungi	NO	NO	YES
11.1.8.33	Labia swab – culture for yeast-like fungi	NO	NO	YES
11.1.8.34	Skin lesion swab – culture for fungi	NO	NO	YES
11.1.9	Rapid strip tests including collection of material (blood) for testing:			
11.1.9.1	CRP strip test	YES	YES	YES
11.1.9.2	Cholesterol strip test	YES	YES	YES
11.1.9.3	Glucose test with a glucometer	YES	YES	YES
11.1.9.4	Troponin – strip test	YES	YES	YES
11.1.9.5	Throat swab for Streptococcus A. – rapid test	NO	NO	YES
11.1.10	Toxicological testing with collection of material (blood for testing):			
11.1.10.1	Digoxin	NO	YES	YES
11.1.10.2	Lead	NO	YES	YES
11.1.10.3	Carbamazepine	NO	NO	YES
11.1.10.4	Valproic acid	NO	NO	YES
11.1.10.5	Bile acids	NO	NO	YES
11.1.10.6	Lithium	NO	NO	YES
11.1.10.7	Toxicological testing – methemoglobin, quantitatively	NO	NO	YES
11.1.10.8	Phenytoin, quantitatively	NO	NO	YES
11.1.10.9	Cyclosporin A, quantitatively	NO	NO	YES
11.2	Diagnostic imaging:			
11.2.1	Electrocardiographic studies:			
11.2.1.1	ECG examination – resting	YES	YES	YES
11.2.1.2	Standard* exercise test	YES	YES	YES
11.2.1.3	Placement of a standard* Holter ECG (for 24 hours) in the office	NO	YES	YES
11.2.1.4	Placement of a BP Holter (for 24 hours) in the office	NO	YES	YES
11.2.1.5	Exercise stress test ECG on a cycle ergometer	NO	NO	YES
11.2.1.6	Placement of a Holter ECG with 12 leads (for 24 hours)	NO	NO	YES
11.2.2	X-ray examinations (test results on a carrier in accordance with the accepted standard in a given medical institution):			
11.2.2.1	X-Ray – skull, orbits	YES	YES	YES
11.2.2.2	X-Ray – orbits + lateral (2 projections)	YES	YES	YES
11.2.2.3	X-Ray – skull PA + lateral	YES	YES	YES
11.2.2.4	X-Ray – skull PA + lateral + base	YES	YES	YES
11.2.2.5	X-Ray – skull base	YES	YES	YES
11.2.2.6	X-Ray – skull semi-axial according to Orley	YES	YES	YES
11.2.2.7	X-Ray – skull Turkish saddle	YES	YES	YES
11.2.2.8	X-Ray – skull tangential	YES	YES	YES
11.2.2.9	X-Ray – cranial nerve channels	YES	YES	YES
11.2.2.10	X-Ray – craniofacial	YES	YES	YES
11.2.2.11	X-Ray – abdominal other	YES	YES	YES
11.2.2.12	X-Ray – abdomen in supine position	YES	YES	YES
11.2.2.13	X-Ray – abdomen standing	YES	YES	YES
11.2.2.14	X-Ray – chest	YES	YES	YES
11.2.2.15	X-Ray – chest + lateral	YES	YES	YES
11.2.2.16	X-Ray – chest lateral with barite	YES	YES	YES
11.2.2.17	X-Ray – chest other	YES	YES	YES
11.2.2.18	X-Ray – chest PA + lateral with barite	YES	YES	YES
11.2.2.19	X-Ray – chest thyroid, trachea	YES	YES	YES
11.2.2.20	X-Ray – sacrum and coccyx	YES	YES	YES
11.2.2.21	X-Ray – noses lateral	YES	YES	YES
11.2.2.22	X-Ray – lower leg (lower leg) AP + lateral	YES	YES	YES
11.2.2.23	X-Ray – lower legs (lower legs) AP + lateral both	YES	YES	YES

11.2.2.24	X-Ray – thighs + lower legs	YES	YES	YES
11.2.2.25	X-Ray – femur + AP left flank	YES	YES	YES
11.2.2.26	X-Ray – femur + AP right flank	YES	YES	YES
11.2.2.27	X-Ray – shoulder/arm – axial	YES	YES	YES
11.2.2.28	X-Ray – shoulder/arm – axial both	YES	YES	YES
11.2.2.29	X-Ray – shoulder/arm AP + lateral	YES	YES	YES
11.2.2.30	X-Ray – shoulder/arm AP + lateral both – comparative image	YES	YES	YES
11.2.2.31	X-Ray – shoulder/arm AP	YES	YES	YES
11.2.2.32	X-Ray – shoulder/arm AP both – comparative image	YES	YES	YES
11.2.2.33	X-Ray – forearm AP + lateral	YES	YES	YES
11.2.2.34	X-Ray – forearms both forearms AP + lateral	YES	YES	YES
11.2.2.35	X-Ray – elbow/forearm AP + lateral	YES	YES	YES
11.2.2.36	X-Ray – elbow/forearm both AP + lateral	YES	YES	YES
11.2.2.37	X-Ray – transorbital temporal bones	YES	YES	YES
11.2.2.38	X-Ray – temporal bones according to Schuller/Stevens	YES	YES	YES
11.2.2.39	X-Ray – transorbital temporal bone pyramids	YES	YES	YES
11.2.2.40	X-Ray – hand lateral	YES	YES	YES
11.2.2.41	X-Ray – hand PA	YES	YES	YES
11.2.2.42	X-Ray – hand PA both	YES	YES	YES
11.2.2.43	X-Ray – finger/fingers PA + lateral/oblique	YES	YES	YES
11.2.2.44	X-Ray – finger/fingers PA + lateral/oblique both hands	YES	YES	YES
11.2.2.45	X-Ray – of the scaphoid bone	YES	YES	YES
11.2.2.46	X-Ray – feet AP + lateral/oblique	YES	YES	YES
11.2.2.47	X-Ray – feet AP + lateral/oblique – upright	YES	YES	YES
11.2.2.48	X-Ray – feet AP + lateral/oblique both	YES	YES	YES
11.2.2.49	X-Ray – feet AP + lateral/oblique both – upright	YES	YES	YES
11.2.2.50	X-Ray – feet AP (comparatively)	YES	YES	YES
11.2.2.51	X-Ray – metatarsal bones	YES	YES	YES
11.2.2.52	X-Ray – toe/foot AP + lateral/oblique	YES	YES	YES
11.2.2.53	X-Ray – heels + axial	YES	YES	YES
11.2.2.54	X-Ray – lateral heels	YES	YES	YES
11.2.2.55	X-Ray – lumbar spine AP + lateral	YES	YES	YES
11.2.2.56	X-Ray – lumbar spine AP + lateral + oblique	YES	YES	YES
11.2.2.57	X-Ray – lumbar spine lateral	YES	YES	YES
11.2.2.58	X-Ray – lumbar spine oblique	YES	YES	YES
11.2.2.59	X-Ray – lumbosacral spine AP + lateral	YES	YES	YES
11.2.2.60	X-Ray – functional lumbar spine	YES	YES	YES
11.2.2.61	X-Ray – thoracic spine	YES	YES	YES
11.2.2.62	X-Ray – thoracic spine AP + lateral	YES	YES	YES
11.2.2.63	X-Ray – thoracic spine AP + lateral + oblique	YES	YES	YES
11.2.2.64	X-Ray – thoracic spine lateral	YES	YES	YES
11.2.2.65	X-Ray – thoracic spine oblique	YES	YES	YES
11.2.2.66	X-Ray – cervical spine	YES	YES	YES
11.2.2.67	X-Ray – cervical spine AP + lateral	YES	YES	YES
11.2.2.68	X-Ray – cervical spine lateral	YES	YES	YES
11.2.2.69	X-Ray – cervical spine lateral + obliques (3 views)	YES	YES	YES
11.2.2.70	X-Ray – cervical spine obliques	YES	YES	YES
11.2.2.71	X-Ray – functional cervical spine	YES	YES	YES
11.2.2.72	X-Ray – standing AP spine (scoliosis)	YES	YES	YES
11.2.2.73	X-Ray – spine AP standing + lateral (scoliosis)	YES	YES	YES
11.2.2.74	X-Ray – shoulder blades	YES	YES	YES
11.2.2.75	X-Ray – pelvis and hip joints	YES	YES	YES

11.2.2.76	X-Ray – sternum AP	YES	YES	YES
11.2.2.77	X-Ray – sternum/lateral chest	YES	YES	YES
11.2.2.78	X-Ray – mandible	YES	YES	YES
11.2.2.79	X-Ray – paranasal sinuses	YES	YES	YES
11.2.2.80	X-Ray – ribs (1 lateral) in 2 obliques	YES	YES	YES
11.2.2.81	X-Ray – lateral wrist	YES	YES	YES
11.2.2.82	X-Ray – wrist lateral – both	YES	YES	YES
11.2.2.83	X-Ray – wrist PA + lateral	YES	YES	YES
11.2.2.84	X-Ray – wrist PA + lateral both	YES	YES	YES
11.2.2.85	X-Ray – hand PA + oblique	YES	YES	YES
11.2.2.86	X-Ray – hand PA + oblique both	YES	YES	YES
11.2.2.87	X-Ray – wrist/hand PA + lateral/left oblique	YES	YES	YES
11.2.2.88	X-Ray – wrist/hand PA + lateral/right oblique	YES	YES	YES
11.2.2.89	X-Ray – both wrists/hands PA + lateral/oblique	YES	YES	YES
11.2.2.90	X-Ray – wrist/hand PA + lateral/oblique both	YES	YES	YES
11.2.2.91	X-Ray – axial patellae both	YES	YES	YES
11.2.2.92	X-Ray – axial patellae both in 2 alignments	YES	YES	YES
11.2.2.93	X-Ray – axial patellae both in 3 alignments	YES	YES	YES
11.2.2.94	X-Ray – sacroiliac joints – PA	YES	YES	YES
11.2.2.95	X-Ray – sacroiliac joints – oblique	YES	YES	YES
11.2.2.96	X-Ray – hip joint AP	YES	YES	YES
11.2.2.97	X-Ray – hip joint AP both	YES	YES	YES
11.2.2.98	X-Ray – hip joint axial	YES	YES	YES
11.2.2.99	X-Ray – knee joint AP + lateral	YES	YES	YES
11.2.2.100	X-Ray – knee joint AP + lateral both	YES	YES	YES
11.2.2.101	X-Ray – knee joint AP + lateral both – upright	YES	YES	YES
11.2.2.102	X-Ray – knee joint lateral	YES	YES	YES
11.2.2.103	X-Ray – elbow joint	YES	YES	YES
11.2.2.104	X-Ray – ankle and knee joint AP + lateral	YES	YES	YES
11.2.2.105	X-Ray – ankle and knee joint AP + lateral both	YES	YES	YES
11.2.2.106	X-Ray – nasopharynx	YES	YES	YES
11.2.2.107	X-Ray – shoulder (transthoracic)	YES	YES	YES
11.2.2.108	X-Ray – shoulder AP + axial	YES	YES	YES
11.2.2.109	X-Ray – clavicle	YES	YES	YES
11.2.2.110	X-Ray – chest – X-Ray – CT scanner	NO	YES	YES
11.2.2.111	X-Ray – temporomandibular joints, functional	NO	YES	YES
11.2.2.112	Urography (including standard contrast agents)	NO	YES	YES
11.2.2.113	X-Ray – forearm both forearms AP + lateral	NO	NO	YES
11.2.2.114	X-Ray – colon – rectal infusion (along with standard contrast agents)	NO	NO	YES
11.2.2.115	X-Ray – larynx – tomogram	NO	NO	YES
11.2.2.116	X-Ray – small bowel passage (along with standard contrast agents)	NO	NO	YES
11.2.2.117	X-Ray – esophagus, stomach and 12-cy (along with standard contrast agents)	NO	NO	YES
11.2.3	Ultrasound:			
11.2.3.1	Ultrasound – abdominal cavity	YES	YES	YES
11.2.3.2	Ultrasound – breasts	YES	YES	YES
11.2.3.3	Ultrasound – thyroid	YES	YES	YES
11.2.3.4	Ultrasound – prostate transabdominal	YES	YES	YES
11.2.3.5	Ultrasound – gynecological transvaginal	YES	YES	YES
11.2.3.6	Ultrasound – gynecological transabdominal	YES	YES	YES
11.2.3.7	Ultrasound – urinary tract	NO	YES	YES
11.2.3.8	Ultrasound – scrotal (testicular) organs	NO	YES	YES
11.2.3.9	Ultrasound – of the salivary glands	NO	YES	YES

11.2.3.10	Ultrasound – transrectal prostate	NO	YES	YES
11.2.3.11	Ultrasound/doppler – carotid and vertebral arteries	NO	YES	YES
11.2.3.12	Ultrasound/doppler – lower limb arteries	NO	YES	YES
11.2.3.13	Ultrasound/doppler – upper limb arteries	NO	YES	YES
11.2.3.14	Ultrasound/doppler – veins of lower limbs	NO	YES	YES
11.2.3.15	Ultrasound/doppler – veins of upper limbs	NO	YES	YES
11.2.3.16	Ultrasound/doppler – abdominal aorta and iliac arteries	NO	YES	YES
11.2.3.17	Ultrasound/doppler – liver vessels (evaluation of portal circulation)	NO	YES	YES
11.2.3.18	Ultrasound/doppler – renal arteries	NO	YES	YES
11.2.3.19	Ultrasound/doppler – intracranial arteries	NO	YES	YES
11.2.3.20	Ultrasound – hip joints, children	NO	YES	YES
11.2.3.21	Ultrasound – hip joints + hip orthopedic consultation (up to 1 year of age).	NO	YES	YES
11.2.3.22	Ultrasound – hip joint	NO	YES	YES
11.2.3.23	Ultrasound – knee joint	NO	YES	YES
11.2.3.24	Ultrasound – elbow joint	NO	YES	YES
11.2.3.25	Ultrasound – ankle joint	NO	YES	YES
11.2.3.26	Ultrasound – shoulder joint	NO	YES	YES
11.2.3.27	Ultrasound – subcutaneous tissue (lipomas, fibromas, etc.)	NO	YES	YES
11.2.3.28	Ultrasound – post-traumatic hematoma of muscles	NO	YES	YES
11.2.3.29	Ultrasound – lymph nodes	NO	YES	YES
11.2.3.30	Ultrasound – wrist	NO	YES	YES
11.2.3.31	Ultrasound – ligaments, muscles, small joints	NO	YES	YES
11.2.3.32	Ultrasound – metatarsal	NO	YES	YES
11.2.3.33	Ultrasound – plantar fascia	NO	YES	YES
11.2.3.34	Ultrasound – metacarpal and finger joints	NO	YES	YES
11.2.3.35	Ultrasound – Achilles tendon	NO	YES	YES
11.2.3.36	Ultrasound – urinary tract + TRUS	NO	YES	YES
11.2.3.37	Ultrasound – transdiaphragmatic	NO	YES	YES
11.2.3.38	Echocardiography – Ultrasound – cardiac	NO	YES	YES
11.2.3.39	Ultrasound – larynx	NO	NO	YES
11.2.3.40	Ultrasound – eyeballs and orbits	NO	NO	YES
11.2.4	Endoscopic examinations including endoscopic test material collection:			
11.2.4.1	Anoscopy	YES	YES	YES
11.2.4.2	Gastrosocopy (with urease test)	NO	YES	YES
11.2.4.3	Rectoscopy	NO	YES	YES
11.2.4.4	Sigmoidoscopy	NO	YES	YES
11.2.4.5	Colonoscopy	NO	YES	YES
11.2.4.6	Histopathological examination – endoscopic biopsy material	NO	YES	YES
11.2.5	MRI with standard contrast agents (except for MR – Magnetic Resonance of the head):			
11.2.5.1	MR – Magnetic resonance imaging – head	YES	YES	YES
11.2.5.2	MR – Angio magnetic resonance imaging- head	NO	YES	YES
11.2.5.3	MR – Magnetic resonance imaging – head+ angio	NO	YES	YES
11.2.5.4	MR – Magnetic resonance imaging – head and pituitary gland	NO	YES	YES
11.2.5.5	MR – Magnetic resonance imaging – face	NO	YES	YES
11.2.5.6	MR – Magnetic resonance imaging – abdominal cavity	NO	YES	YES
11.2.5.7	MR – Magnetic resonance imaging – lesser pelvis	NO	YES	YES
11.2.5.8	MR – Magnetic resonance imaging – pelvic bone	NO	YES	YES
11.2.5.9	MR – Magnetic resonance – abdominal cavity and lesser pelvis	NO	YES	YES
11.2.5.10	MR – Magnetic resonance imaging – thorax	NO	YES	YES
11.2.5.11	MR – Magnetic resonance imaging – lumbar spine	NO	YES	YES
11.2.5.12	MR – Magnetic resonance imaging – thoracic spine	NO	YES	YES
11.2.5.13	MR – Magnetic resonance imaging – cervical spine	NO	YES	YES
11.2.5.14	MR – Magnetic resonance imaging – orbits	NO	YES	YES

11.2.5.15	MR – Magnetic resonance imaging – sinuses	NO	YES	YES
11.2.5.16	MR – Magnetic resonance imaging – pituitary gland	NO	YES	YES
11.2.5.17	MR – Magnetic resonance imaging – shoulder joint	NO	YES	YES
11.2.5.18	MR – Magnetic resonance imaging – elbow joint	NO	YES	YES
11.2.5.19	MR – Magnetic resonance imaging – knee joint	NO	YES	YES
11.2.5.20	MR – Magnetic resonance imaging – wrist	NO	YES	YES
11.2.5.21	MR – Magnetic resonance imaging – ankle joint	NO	YES	YES
11.2.5.22	MR – Magnetic resonance imaging – hip joint	NO	YES	YES
11.2.5.23	MR – Magnetic resonance imaging – sacroiliac joint	NO	YES	YES
11.2.5.24	MR – Magnetic resonance imaging – foot	NO	YES	YES
11.2.5.25	MR – Magnetic resonance imaging – lower leg	NO	YES	YES
11.2.5.26	MR – Magnetic resonance imaging – thigh	NO	YES	YES
11.2.5.27	MR – Magnetic resonance imaging – forearm	NO	YES	YES
11.2.5.28	MR – Magnetic resonance imaging – arm	NO	YES	YES
11.2.5.29	MR – Magnetic resonance imaging – hand	NO	YES	YES
11.2.5.30	MR – Magnetic resonance imaging – neck	NO	NO	YES
11.2.6	Computed tomography with standard contrast agents (except CT – Computed tomography of the head):			
11.2.6.1	CT – Computed tomography – head	YES	YES	YES
11.2.6.2	CT – Computed tomography – face	NO	YES	YES
11.2.6.3	CT – Computed tomography – pituitary gland	NO	YES	YES
11.2.6.4	CT – Computed tomography – sinuses	NO	YES	YES
11.2.6.5	CT – Computed tomography – orbits	NO	YES	YES
11.2.6.6	CT – Computed tomography – temporal bones	NO	YES	YES
11.2.6.7	CT – Computed tomography – neck	NO	YES	YES
11.2.6.8	CT – Computed tomography – larynx	NO	YES	YES
11.2.6.9	CT – Computed tomography – thorax	NO	YES	YES
11.2.6.10	CT – Computed tomography – low-dose, thorax	NO	YES	YES
11.2.6.11	CT – Computed tomography – thorax (HRCT)	NO	YES	YES
11.2.6.12	CT – Computed tomography – abdominal cavity	NO	YES	YES
11.2.6.13	CT – Computed tomography – abdominal cavity, three-phase	NO	YES	YES
11.2.6.14	CT – Computed tomography – lesser pelvis	NO	YES	YES
11.2.6.15	CT – Computed tomography – pelvic bone	NO	YES	YES
11.2.6.16	CT – Computed tomography – abdominal cavity and lesser pelvis	NO	YES	YES
11.2.6.17	CT – Computed tomography – thorax and abdominal cavity	NO	YES	YES
11.2.6.18	CT – Computed tomography – thorax, abdominal cavity, lesser pelvis	NO	YES	YES
11.2.6.19	CT – Computed tomography – neck, thorax, abdominal cavity, lesser pelvis	NO	YES	YES
11.2.6.20	CT – Computed tomography – cervical spine	NO	YES	YES
11.2.6.21	CT – Computed tomography – thoracic spine	NO	YES	YES
11.2.6.22	CT – Computed tomography – lumbar spine	NO	YES	YES
11.2.6.23	CT – Computed tomography – lumbar + sacral spine	NO	YES	YES
11.2.6.24	CT – Computed tomography – cervical + lumbar spine	NO	YES	YES
11.2.6.25	CT – Computed tomography – cervical + thoracic spine	NO	YES	YES
11.2.6.26	CT – Computed tomography – cervical + thoracic + lumbar spine	NO	YES	YES
11.2.6.27	CT – Computed tomography – thoracic + lumbar spine	NO	YES	YES
11.2.6.28	CT – Computed tomography – hip joint	NO	YES	YES
11.2.6.29	CT – Computed tomography – knee joint	NO	YES	YES
11.2.6.30	CT – Computed tomography – ankle joint	NO	YES	YES
11.2.6.31	CT – Computed tomography – wrist	NO	YES	YES
11.2.6.32	CT – Computed tomography – shoulder joint	NO	YES	YES
11.2.6.33	CT – Computed tomography – elbow joint	NO	YES	YES
11.2.6.34	CT – Computed tomography – foot	NO	YES	YES
11.2.6.35	CT – Computed tomography – thigh	NO	YES	YES
11.2.6.36	CT – Computed tomography – lower leg	NO	YES	YES

11.2.6.37	CT – Computed tomography – arm	NO	YES	YES
11.2.6.38	CT – Computed tomography – forearm	NO	YES	YES
11.2.6.39	CT – Computed tomography – hand	NO	YES	YES
11.2.6.40	CT – Computed tomography – Angio, abdominal aorta	NO	NO	YES
11.2.6.41	CT – Computed tomography – Angio, head – study of the veins and sinuses of the brain	NO	NO	YES
11.2.6.42	CT – Computed tomography – Angio, head – arteries	NO	NO	YES
11.2.7	EEG studies:			
11.2.7.1	Standard EEG*	NO	YES during wakefulness	YES
11.2.7.2	Standard EEG study* – (children)	NO	NO	YES
11.2.8	EMG studies			
11.2.8.1	EMG study – electromyography – carpal tunnel syndrome	NO	NO	YES
11.2.9	Other diagnostic tests:			
11.2.9.1	Spirometry without drug	YES	YES	YES
11.2.9.2	Standard audiometer*	YES	YES	YES
11.2.9.3	Mammography	YES	YES	YES
11.2.9.4	Mammography – targeted imaging	YES	YES	YES
11.2.9.5	Spirometry – diastolic test	NO	YES	YES
11.2.9.6	Lumbar spine densitometry (evaluation of trabecular bone) – screening	NO	YES	YES
11.2.9.7	Femoral neck densitometry (evaluation of cortical bone) – screening	NO	YES	YES
11.2.9.8	Uroflowmetry examination	NO	YES	YES
11.2.9.9	Computerized field of view	NO	YES	YES
11.2.9.10	Study of adaptation to darkness	NO	YES	YES
11.2.9.11	Pachymetry	NO	YES	YES
11.2.9.12	GDX study	NO	NO	YES
11.2.9.13	OCT examination – two eyes	NO	NO	YES
11.2.9.14	OCT examination – one eye	NO	NO	YES
11.2.9.15	Palestesiometry (vibration sensing)	NO	NO	YES
11.2.9.16	Vestibular test	NO	NO	YES
11.2.9.17	Cooling test	NO	NO	YES
11.2.9.18	Cold test – with skin thermometry and compression test	NO	NO	YES
11.2.9.19	Tympanometry	NO	NO	YES
11.2.9.20	Standard audiometer – suprathreshold audiometry	NO	NO	YES
11.2.9.21	Standard audiometer – verbal audiometry	NO	NO	YES
12	PREGNANCY GUIDANCE The service includes the management of a physiological pregnancy by a doctor in outpatient medical centers designated by InterRisk in accordance with the Medical Partner's standards and consists of active health counseling on the physiology of pregnancy and childbirth. The service does not include tests performed with molecular biology techniques; ultrasound tests include 2D presentation and do not include extended Ultrasound – genetic. The performance of the range of tests indicated below is available on the basis of presentation of a pregnancy card issued to the Insured by an outpatient medical center designated by InterRisk. The scope of tests indicated below does not limit the possibility of referral for tests outside the program and scope of services, but does not include their costs – also in case of appearance of medical indications for tests not covered by the above program and scope of services during the Insured's pregnancy.			
12.1	Consultation with a gynecologist – management of pregnancy	NO	YES	YES
12.2	Fasting glucose	NO	YES	YES
12.3	Glucose 75 g glucose challenge test at 1 hour	NO	YES	YES
12.4	Glucose 75 g glucose challenge test at 2 hours	NO	YES	YES
12.5	Blood type AB0, Rh, screening for antibodies	NO	YES	YES
12.6	Estriol, free	NO	YES	YES
12.7	HBs Ab/antibodies	NO	YES	YES
12.8	HBs Ag/antigen	NO	YES	YES
12.9	HCV Ab/antibodies	NO	YES	YES
12.10	HIV I/HIV II	NO	YES	YES
12.11	Urine – general examination	NO	YES	YES
12.12	Blood count + platelets + automated smear	NO	YES	YES
12.13	Antibodies – anti-immune, screening/alloantibodies (replaces Antibodies – anti-Rh/- /)	NO	YES	YES
12.14	Rubella IgG	NO	YES	YES

12.15	Rubella IgM	NO	YES	YES
12.16	Primary syphilis serology (VDRL or USR or anti TP)	NO	YES	YES
12.17	Standard* PAP test	NO	YES	YES
12.18	Toxoplasmosis IgG	NO	YES	YES
12.19	Toxoplasmosis IgM	NO	YES	YES
12.20	Total Beta-hCG	NO	YES	YES
12.21	Rectal and vaginal swabbing for Streptococcus hem. GBS	NO	YES	YES
12.22	Culture for GC (GNC) vaginal swab	NO	YES	YES
12.23	Culture for GC (GNC) cervical canal swab	NO	YES	YES
12.24	Ultrasound – pregnancy	NO	YES	YES
12.25	Ultrasound – transvaginal, pregnancy	NO	YES	YES
12.26	Ultrasound – gynecological, transabdominal	NO	YES	YES
12.27	Ultrasound – gynecological, transvaginal	NO	YES	YES
13	ALLERGY TESTS The service includes skin allergy tests, patch allergy tests or contact allergy tests. The tests are performed on the order of a doctor of an outpatient medical center designated by InterRisk. Due to the development of technology, the names or methods of performing particular diagnostic tests may change, which will not limit the scope of services specified in this contract. If the effect of the new method, will be to expand the scope of services indicated below, the services resulting from the expansion of the scope, will not be included in the scope of services.			
13.1	Allergist consultation – qualification for testing	NO	YES	YES
13.2	Allergy skin tests – tests performed by puncture method along with allergy test preparation:			
13.2.1	Skin allergy tests 1 point	NO	YES	YES
13.2.2	Allergy skin tests food panel	NO	YES	YES
13.2.3	Allergy skin tests inhalation panel	NO	YES	YES
13.3	Patch/contact tests – tests performed using the patch method along with an allergy test preparation:			
13.3.1	Patch/contact tests – lower leg ulcer panel	NO	YES	YES
13.3.2	Patch/contact tests – basic panel	NO	YES	YES
13.3.3	Patch/contact tests – 1 point	NO	NO	YES
13.3.4	Patch/contact tests – barber panel	NO	NO	YES
13.3.5	Patch/contact tests – cosmetics panel	NO	NO	YES
13.4	Allergy tests from blood with collection of material for testing (blood):			
13.4.1	IGE SP. Acarus Siro D70 (in the dust)	NO	NO	YES
13.4.2	IGE SP. Alternaria Tenuis M6	NO	NO	YES
13.4.3	IGE SP. Amoxicillin C204	NO	NO	YES
13.4.4	IGE SP. Aspergillus Fumigatus M3	NO	NO	YES
13.4.5	IGE SP. Ribwort Plantain W9	NO	NO	YES
13.4.6	IGE SP. Banana F92	NO	NO	YES
13.4.7	IGE SP. Egg white F1	NO	NO	YES
13.4.8	IGE SP. Silver Birch T3	NO	NO	YES
13.4.9	IGE SP. Common Mugwort W6	NO	NO	YES
13.4.10	IGE SP. Candida Albicans M5	NO	NO	YES
13.4.11	IGE SP. Onion F48	NO	NO	YES
13.4.12	IGE SP. Chironimus Plumosus 173	NO	NO	YES
13.4.13	IGE SP. Weeds – mix: common mugwort (W6), common nettle (W20), common goldenrod (W12), ribwort plantain (W9), white goosefoot (W10)	NO	NO	YES
13.4.14	IGE SP. Cladosporium Herbarum M2	NO	NO	YES
13.4.15	IGE SP. Chocolate F105	NO	NO	YES
13.4.16	IGE SP. Cod F3	NO	NO	YES
13.4.17	IGE SP. Brewing yeast F403	NO	NO	YES
13.4.18	IGE SP. Trees – mix: alder (T2), birch (T3), hazel (T4), oak (T7), willow (T12).	NO	NO	YES
13.4.19	IGE SP. Beans F15	NO	NO	YES
13.4.20	IGE SP. FP5 – food mix (baby): Cod (F3), egg white (F1), peanut (F13), cow's milk (F2), soy (F14), wheat flour (F4)	NO	NO	YES
13.4.21	IGE SP. Human roundworm P1	NO	NO	YES
13.4.22	IGE SP. Gluten (Gliadin) F79	NO	NO	YES

13.4.23	IGE SP. GP4 – late grass mix: sweet vernal grass (G1), perennial ryegrass (G5), meadow timothy (G6), common reed (G7), rye (G12), Yorkshire fog (G13)	NO	NO	YES
13.4.24	IGE SP. Peas F12	NO	NO	YES
13.4.25	IGE SP. Pear F94	NO	NO	YES
13.4.26	IGE SP. Buckwheat F11	NO	NO	YES
13.4.27	IGE SP. Turkey F284	NO	NO	YES
13.4.28	IGE SP. Apple F49	NO	NO	YES
13.4.29	IGE SP. Vespa Wasp Venom SPI3	NO	NO	YES
13.4.30	IGE SP. Bee venom I1	NO	NO	YES
13.4.31	IGE SP. European Hornet Venom I5	NO	NO	YES
13.4.32	IGE SP. Lamb (mutton) F88	NO	NO	YES
13.4.33	IGE SP. Whole egg F245	NO	NO	YES
13.4.34	IGE SP. Barley F6	NO	NO	YES
13.4.35	IGE SP. Cocoa F93	NO	NO	YES
13.4.36	IGE SP. German cockroach I6	NO	NO	YES
13.4.37	IGE SP. Coffee F221	NO	NO	YES
13.4.38	IGE SP. Casein F78	NO	NO	YES
13.4.39	IGE SP. Kiwi F84	NO	NO	YES
13.4.40	IGE SP. Mosquito I71	NO	NO	YES
13.4.41	IGE SP. White goosefoot W10	NO	NO	YES
13.4.42	IGE SP. Dill 277	NO	NO	YES
13.4.43	IGE SP. Meadow Fescue G4	NO	NO	YES
13.4.44	IGE SP. Cat grass G3	NO	NO	YES
13.4.45	IGE SP. Corn F8	NO	NO	YES
13.4.46	IGE SP. Chicken F83	NO	NO	YES
13.4.47	IGE SP. Dust-mix (Bencard)	NO	NO	YES
13.4.48	IGE SP. Latex K82	NO	NO	YES
13.4.49	IGE SP. Lepidoglyphus Destructor D71	NO	NO	YES
13.4.50	IGE SP. Common Hazel T4	NO	NO	YES
13.4.51	IGE SP. Carrot F31	NO	NO	YES
13.4.52	IGE SP. EP1 – epidermis mix: dog (E5), cat (E1), horse (E3), cow (E4)	NO	NO	YES
13.4.53	IGE SP. MP1 – mold mix: Alternaria tenuis (M6), Penicillium notatum (M1), Cladosporium herbarum(M2), Aspergillus fumigatus(M3), Candida albicans (M5).	NO	NO	YES
13.4.54	IGE SP. Cow's Milk – Beta – Lactoglobulin F77	NO	NO	YES
13.4.55	IGE SP. Cow's milk F2	NO	NO	YES
13.4.56	IGE SP. Cow's milk alpha-lactalbumin F76	NO	NO	YES
13.4.57	IGE SP. Mucor Racemosus M4	NO	NO	YES
13.4.58	IGE SP. Mustard F89	NO	NO	YES
13.4.59	IGE SP. Hamster epidermis E84	NO	NO	YES
13.4.60	IGE SP. Rabbit epidermis E82	NO	NO	YES
13.4.61	IGE SP. Sheep epidermis E81	NO	NO	YES
13.4.62	IGE SP. Guinea pig epidermis E6	NO	NO	YES
13.4.63	IGE SP. Pigeon droppings E7	NO	NO	YES
13.4.64	IGE SP. Cucumber F244	NO	NO	YES
13.4.65	IGE SP. Alder T2	NO	NO	YES
13.4.66	IGE SP. Hazelnut F17	NO	NO	YES
13.4.67	IGE SP. Walnut F256	NO	NO	YES
13.4.68	IGE SP. Groundnut F13	NO	NO	YES
13.4.69	IGE SP. Oats F7	NO	NO	YES
13.4.70	IGE SP. Respiratory allergen panel	NO	NO	YES
13.4.71	IGE SP. Mixed panel	NO	NO	YES
13.4.72	IGE SP. Food panel	NO	NO	YES
13.4.73	IGE SP. Penicillium Notatum M1	NO	NO	YES

13.4.74	IGE SP. Black pepper F280	NO	NO	YES
13.4.75	IGE SP. EP71 – mixed feathers: duck feathers (E86), goose feathers (E70), chicken feathers, turkey feathers	NO	NO	YES
13.4.76	IGE SP. Feathers (goose feathers) E70	NO	NO	YES
13.4.77	IGE SP. Parsley F86	NO	NO	YES
13.4.78	IGE SP. Duck feathers E86	NO	NO	YES
13.4.79	IGE SP. Canary feathers E201	NO	NO	YES
13.4.80	IGE SP. Common parakeet feathers E78	NO	NO	YES
13.4.81	IGE SP. Orange F33	NO	NO	YES
13.4.82	IGE SP. Tomato F25	NO	NO	YES
13.4.83	IGE SP. Wheat F4	NO	NO	YES
13.4.84	IGE SP. Rye pollen G12	NO	NO	YES
13.4.85	IGE SP. Dermathopag Pteronys mites. D1	NO	NO	YES
13.4.86	IGE SP. Dermathophag Farinae D2 mite.	NO	NO	YES
13.4.87	IGE SP. Rice F9	NO	NO	YES
13.4.88	IGE SP. Celery F85	NO	NO	YES
13.4.89	IGE SP. Cheddar cheese F81	NO	NO	YES
13.4.90	IGE SP. Horse hair E3	NO	NO	YES
13.4.91	IGE SP. Dog fur E1	NO	NO	YES
13.4.92	IGE SP. Dog fur E2	NO	NO	YES
13.4.93	IGE SP. Soybean F14	NO	NO	YES
13.4.94	IGE SP. Poplar T14	NO	NO	YES
13.4.95	IGE SP. Grasses – mix GP1 (G3 cocksfoot, G4 fescue, G5 ryegrass, G6 timothy, G8 meadow grass)	NO	NO	YES
13.4.96	IGE SP. Strawberry F44	NO	NO	YES
13.4.97	IGE SP. Tuna F40	NO	NO	YES
13.4.98	IGE SP. Timothy Meadow G6	NO	NO	YES
13.4.99	IGE SP. Tyrophagus Putrescentiae	NO	NO	YES
13.4.100	IGE SP. Pork F26	NO	NO	YES
13.4.101	IGE SP. Willow T12	NO	NO	YES
13.4.102	IGE SP. Beef F27	NO	NO	YES
13.4.103	IGE SP. Potato F35	NO	NO	YES
13.4.104	IGE SP. Egg yolk F75	NO	NO	YES
13.4.105	IGE SP. Rye F5	NO	NO	YES
13.4.106	IGE SP. Mix FP2 – fish, shellfish, seafood: cod (F3), shrimp (F24), salmon (F41), clam (F37), tuna (F40)	NO	NO	YES
14	HOUSE CALLS The service is provided by an emergency doctor at the Insured's place of residence, provided that the place of residence is within the current territorial range of house calls. House calls are carried out only in medically justified cases that prevent the Insured from coming to an outpatient medical center indicated by InterRisk, with the exception of immediate life-threatening conditions. Reasons preventing the Insured from reporting to the facility do not include, in particular, inconvenient travel to the facility, the need to write a prescription or issue a discharge. A house call is an emergency service provided only on the day of notification and is intended to make a diagnosis and initiate treatment, while the continuation of treatment, as well as follow-up appointments, take place in outpatient medical centers designated by InterRisk. In the case of a house call, there is no free choice of doctor. The acceptance or refusal of a house call is decided by a medical dispatcher designated by the Medical Partner, based on the history obtained. The current territorial coverage of house calls is described on the Medical Partner's website. In cities where home appointments are not provided, the Insured will be reimbursed. Details of reimbursement can be found on the aforementioned page Reimbursement is considered legitimate only after the Insured has been qualified for a home visit by the dispatcher.			
14.1	4 house calls during the 12-month contract period	NO	YES	YES
15	REHABILITATION As part of rehabilitation, the Insured is entitled to unlimited access to consultation with a physiotherapist. The service includes: taking of medical history, a functional examination, advice from a physiotherapist, along with the actions necessary to make a diagnosis, make a therapeutic decision and determine the mode of rehabilitation. The service covers only rehabilitation of the musculoskeletal system and is provided for the following indications (eligibility criteria) – applies to the Insureds: who suffered orthopedic injuries, suffering from osteoarthritis, suffering from occupational diseases related to the musculoskeletal system (confirmed by an appropriate certificate), suffering from neurological pain syndromes, with muscular tension disorders (concerning neurokinetic rehabilitation for children up to 18 years of age), with postural defects (concerning postural defects rehabilitation for children up to 18 years of age). Procedures/treatments are delivered on the basis of referrals from physiotherapists or doctors (accepting patients in the area of orthopedics, neurology, neurosurgery, rheumatology, medical rehabilitation, balneology) from an outpatient medical center designated by InterRisk, specifying the scope and type of rehabilitation treatments, and the foregoing applies to physiotherapy provided at outpatient medical centers designated by InterRisk. The service is limited and includes the performance of a total of: 20 physical therapy treatments and 10 kinesiotherapy treatments (including therapeutic massage) and 3 rehabilitation treatments (neurokinesiology or postural defects) from the following range of physical and kinesiotherapy treatments during the 12-month contract period:			

15.1	Physical therapy – Electrical Muscle Stimulation – lower limb	NO	NO	YES
15.2	Physical therapy – Electrical Muscle Stimulation – upper limb	NO	NO	YES
15.3	Physical therapy – phonophoresis – lumbar spine	NO	NO	YES
15.4	Physical therapy – phonophoresis – thoracic spine	NO	NO	YES
15.5	Physical therapy – phonophoresis – cervical spine	NO	NO	YES
15.6	Physical therapy – phonophoresis – wrist	NO	NO	YES
15.7	Physical therapy – phonophoresis – lower leg	NO	NO	YES
15.8	Physical therapy – phonophoresis – forearm	NO	NO	YES
15.9	Physical therapy – phonophoresis – arm	NO	NO	YES
15.10	Physical therapy – phonophoresis – hand	NO	NO	YES
15.11	Physical therapy – phonophoresis – shoulder joint	NO	NO	YES
15.12	Physical therapy – phonophoresis – hip joint	NO	NO	YES
15.13	Physical therapy – phonophoresis – knee joint	NO	NO	YES
15.14	Physical therapy – phonophoresis – elbow joint	NO	NO	YES
15.15	Physical therapy – phonophoresis – ankle joint	NO	NO	YES
15.16	Physical therapy – phonophoresis – foot	NO	NO	YES
15.17	Physical therapy – phonophoresis – thigh	NO	NO	YES
15.18	Physical therapy – galvanization – lumbar spine	NO	NO	YES
15.19	Physical therapy – galvanization – thoracic spine	NO	NO	YES
15.20	Physical therapy – galvanization – cervical spine	NO	NO	YES
15.21	Physical therapy – galvanization – wrist	NO	NO	YES
15.22	Physical therapy – galvanization – lower leg	NO	NO	YES
15.23	Physical therapy – galvanization – forearm	NO	NO	YES
15.24	Physical therapy – galvanization – arm	NO	NO	YES
15.25	Physical therapy – galvanization – hand	NO	NO	YES
15.26	Physical therapy – galvanization – shoulder joint	NO	NO	YES
15.27	Physical therapy – galvanization – hip joint	NO	NO	YES
15.28	Physical therapy – galvanization – knee joint	NO	NO	YES
15.29	Physical therapy – galvanization – elbow joint	NO	NO	YES
15.30	Physical therapy – galvanization – ankle joint	NO	NO	YES
15.31	Physical therapy – galvanization – foot	NO	NO	YES
15.32	Physical therapy – galvanization – thigh	NO	NO	YES
15.33	Physical therapy – iontophoresis – lumbar spine	NO	NO	YES
15.34	Physical therapy – iontophoresis – thoracic spine	NO	NO	YES
15.35	Physical therapy – iontophoresis – cervical spine	NO	NO	YES
15.36	Physical therapy – iontophoresis – wrist	NO	NO	YES
15.37	Physical therapy – iontophoresis – lower leg	NO	NO	YES
15.38	Physical therapy – iontophoresis – forearm	NO	NO	YES
15.39	Physical therapy – iontophoresis – arm	NO	NO	YES
15.40	Physical therapy – iontophoresis – hand	NO	NO	YES
15.41	Physical therapy – iontophoresis – shoulder joint	NO	NO	YES
15.42	Physical therapy – iontophoresis – hip joint	NO	NO	YES
15.43	Physical therapy – iontophoresis – knee joint	NO	NO	YES
15.44	Physical therapy – iontophoresis – elbow joint	NO	NO	YES
15.45	Physical therapy – iontophoresis – ankle joint	NO	NO	YES
15.46	Physical therapy – iontophoresis – foot	NO	NO	YES
15.47	Physical therapy – iontophoresis – thigh	NO	NO	YES
15.48	Physical therapy – local cryotherapy – lumbar spine	NO	NO	YES
15.49	Physical therapy – local cryotherapy – thoracic spine	NO	NO	YES
15.50	Physical therapy – local cryotherapy – cervical spine	NO	NO	YES
15.51	Physical therapy – local cryotherapy – wrist	NO	NO	YES
15.52	Physical therapy – local cryotherapy – lower limb	NO	NO	YES

15.53	Physical therapy – local cryotherapy – forearm	NO	NO	YES
15.54	Physical therapy – local cryotherapy – shoulder	NO	NO	YES
15.55	Physical therapy – local cryotherapy – hand	NO	NO	YES
15.56	Physical therapy – local cryotherapy – shoulder joint	NO	NO	YES
15.57	Physical therapy – local cryotherapy – hip joint	NO	NO	YES
15.58	Physical therapy – local cryotherapy – knee joint	NO	NO	YES
15.59	Physical therapy – local cryotherapy – elbow joint	NO	NO	YES
15.60	Physical therapy – local cryotherapy – ankle joint	NO	NO	YES
15.61	Physical therapy – local cryotherapy – foot	NO	NO	YES
15.62	Physical therapy – local cryotherapy – thigh	NO	NO	YES
15.63	Physical therapy – low energy laser – lumbar spine	NO	NO	YES
15.64	Physical therapy – low energy laser – thoracic spine	NO	NO	YES
15.65	Physical therapy – low energy laser – cervical spine	NO	NO	YES
15.66	Physical therapy – low-energy laser – wrist	NO	NO	YES
15.67	Physical therapy – low-energy laser – lower leg	NO	NO	YES
15.68	Physical therapy – low energy laser – forearm	NO	NO	YES
15.69	Physical therapy – low energy laser – arm	NO	NO	YES
15.70	Physical therapy – low energy laser – hand	NO	NO	YES
15.71	Physical therapy – low energy laser – shoulder joint	NO	NO	YES
15.72	Physical therapy – low energy laser – hip joint	NO	NO	YES
15.73	Physical therapy – low energy laser – knee joint	NO	NO	YES
15.74	Physical therapy – low-energy laser – elbow joint	NO	NO	YES
15.75	Physical therapy – low energy laser – ankle joint	NO	NO	YES
15.76	Physical therapy – low energy laser – foot	NO	NO	YES
15.77	Physical therapy – low energy laser – thigh	NO	NO	YES
15.78	Physical therapy – magnetic field – lumbar spine	NO	NO	YES
15.79	Physical therapy – magnetic field – thoracic spine	NO	NO	YES
15.80	Physical therapy – magnetic field – cervical spine	NO	NO	YES
15.81	Physical therapy – magnetic field – wrist	NO	NO	YES
15.82	Physical therapy – magnetic field – lower leg	NO	NO	YES
15.83	Physical therapy – magnetic field – forearm	NO	NO	YES
15.84	Physical therapy – magnetic field – arm	NO	NO	YES
15.85	Physical therapy – magnetic field – hand	NO	NO	YES
15.86	Physical therapy – magnetic field – shoulder joint	NO	NO	YES
15.87	Physical therapy – magnetic field – hip joint	NO	NO	YES
15.88	Physical therapy – magnetic field – knee joint	NO	NO	YES
15.89	Physical therapy – magnetic field – elbow joint	NO	NO	YES
15.90	Physical therapy – magnetic field – ankle joint	NO	NO	YES
15.91	Physical therapy – magnetic field – foot	NO	NO	YES
15.92	Physical therapy – magnetic field – thigh	NO	NO	YES
15.93	Physical therapy – DD currents – lumbar spine	NO	NO	YES
15.94	Physical therapy – DD currents – thoracic spine	NO	NO	YES
15.95	Physical therapy – DD currents – cervical spine	NO	NO	YES
15.96	Physical therapy – DD currents – wrist	NO	NO	YES
15.97	Physical therapy – DD currents – lower leg	NO	NO	YES
15.98	Physical therapy – DD currents – forearm	NO	NO	YES
15.99	Physical therapy – DD currents – arm	NO	NO	YES
15.100	Physical therapy – DD currents – hand	NO	NO	YES
15.101	Physical therapy – DD currents – shoulder joint	NO	NO	YES
15.102	Physical therapy – DD currents – hip joint	NO	NO	YES
15.103	Physical therapy – DD currents – knee joint	NO	NO	YES
15.104	Physical therapy – DD currents – elbow joint	NO	NO	YES

15.105	Physical therapy – DD currents – ankle joint	NO	NO	YES
15.106	Physical therapy – DD currents – foot	NO	NO	YES
15.107	Physical therapy – DD currents – thigh	NO	NO	YES
15.108	Physical therapy – interference currents – lumbar spine	NO	NO	YES
15.109	Physical therapy – interference currents – thoracic spine	NO	NO	YES
15.110	Physical therapy – interference currents – cervical spine	NO	NO	YES
15.111	Physical therapy – interferential currents – wrist	NO	NO	YES
15.112	Physical therapy – interference currents – lower leg	NO	NO	YES
15.113	Physical therapy – interference currents – forearm	NO	NO	YES
15.114	Physical therapy – interference currents – arm	NO	NO	YES
15.115	Physical therapy – interference currents – hand	NO	NO	YES
15.116	Physical therapy – interference currents – shoulder joint	NO	NO	YES
15.117	Physical therapy – interference currents hip joint	NO	NO	YES
15.118	Physical therapy – interference currents – knee joint	NO	NO	YES
15.119	Physical therapy – interference currents – elbow joint	NO	NO	YES
15.120	Physical therapy – interference currents – ankle joint	NO	NO	YES
15.121	Physical therapy – interference currents – foot	NO	NO	YES
15.122	Physical therapy – interference currents – thigh	NO	NO	YES
15.123	Physical therapy – TENS currents – lumbar spine	NO	NO	YES
15.124	Physical therapy – TENS currents – thoracic spine	NO	NO	YES
15.125	Physical therapy – TENS currents – cervical spine	NO	NO	YES
15.126	Physical therapy – TENS currents – wrist	NO	NO	YES
15.127	Physical therapy – TENS currents – lower leg	NO	NO	YES
15.128	Physical therapy – TENS currents – forearm	NO	NO	YES
15.129	Physical therapy – TENS currents – arm	NO	NO	YES
15.130	Physical therapy – TENS currents – hand	NO	NO	YES
15.131	Physical therapy – TENS currents – shoulder joint	NO	NO	YES
15.132	Physical therapy – TENS currents – hip joint	NO	NO	YES
15.133	Physical therapy – TENS currents – knee joint	NO	NO	YES
15.134	Physical therapy – TENS currents – elbow joint	NO	NO	YES
15.135	Physical therapy – TENS currents – ankle joint	NO	NO	YES
15.136	Physical therapy – TENS currents – foot	NO	NO	YES
15.137	Physical therapy – TENS currents – thigh	NO	NO	YES
15.138	Physical therapy – ultrasound – lumbar spine	NO	NO	YES
15.139	Physical therapy – ultrasound – thoracic spine	NO	NO	YES
15.140	Physical therapy – ultrasound – cervical spine	NO	NO	YES
15.141	Physical therapy – ultrasound – wrist	NO	NO	YES
15.142	Physical therapy – ultrasound – lower leg	NO	NO	YES
15.143	Physical therapy – ultrasound – forearm	NO	NO	YES
15.144	Physical therapy – ultrasound – arm	NO	NO	YES
15.145	Physical therapy – ultrasound – hand	NO	NO	YES
15.146	Physical therapy – ultrasound – shoulder joint	NO	NO	YES
15.147	Physical therapy – ultrasound – hip joint	NO	NO	YES
15.148	Physical therapy – ultrasound – knee joint	NO	NO	YES
15.149	Physical therapy – ultrasound – elbow joint	NO	NO	YES
15.150	Physical therapy – ultrasound – ankle joint	NO	NO	YES
15.151	Physical therapy – ultrasound – foot	NO	NO	YES
15.152	Physical therapy – ultrasound – thigh	NO	NO	YES
15.153	Physical therapy – ultrasound (in water)	NO	NO	YES
15.154	Physical therapy – Trabert currents – lumbar spine	NO	NO	YES
15.155	Physical therapy – Trabert currents – thoracic spine	NO	NO	YES
15.156	Physical therapy – Trabert currents – cervical spine	NO	NO	YES

15.157	Physical therapy – Trabert currents – wrist	NO	NO	YES
15.158	Physical therapy – Trabert currents – lower leg	NO	NO	YES
15.159	Physical therapy – Trabert currents – forearm	NO	NO	YES
15.160	Physical therapy – Trabert currents – arm	NO	NO	YES
15.161	Physical therapy – Trabert currents – hand	NO	NO	YES
15.162	Physical therapy – Trabert currents – shoulder joint	NO	NO	YES
15.163	Physical therapy – Trabert currents – hip joint	NO	NO	YES
15.164	Physical therapy – Trabert currents – knee joint	NO	NO	YES
15.165	Physical therapy – Trabert currents – elbow joint	NO	NO	YES
15.166	Physical therapy – Trabert currents – ankle joint	NO	NO	YES
15.167	Physical therapy – Trabert currents – foot	NO	NO	YES
15.168	Physical therapy – Trabert currents – thigh	NO	NO	YES
15.169	Kinesiotherapy – instructional exercises – lumbar spine	NO	NO	YES
15.170	Kinesiotherapy – instructional exercises – thoracic spine	NO	NO	YES
15.171	Kinesiotherapy – instructional exercises – cervical spine	NO	NO	YES
15.172	Kinesiotherapy – instructional exercises – wrist	NO	NO	YES
15.173	Kinesiotherapy – instructional exercises – lower leg	NO	NO	YES
15.174	Kinesiotherapy – instructional exercises – forearm	NO	NO	YES
15.175	Kinesiotherapy – instructional exercises – arm	NO	NO	YES
15.176	Kinesiotherapy – instructional exercises – hand	NO	NO	YES
15.177	Kinesiotherapy – instructional exercises – shoulder joint	NO	NO	YES
15.178	Kinesiotherapy – instructional exercises – hip joint	NO	NO	YES
15.179	Kinesiotherapy – instructional exercises – knee joint	NO	NO	YES
15.180	Kinesiotherapy – instructional exercises – elbow joint	NO	NO	YES
15.181	Kinesiotherapy – instructional exercises – ankle joint	NO	NO	YES
15.182	Kinesiotherapy – instructional exercises – foot	NO	NO	YES
15.183	Kinesiotherapy – instructional exercises – thigh	NO	NO	YES
15.184	Kinesiotherapy – improvement exercises – lumbar spine	NO	NO	YES
15.185	Kinesiotherapy – improvement exercises – thoracic spine	NO	NO	YES
15.186	Kinesiotherapy – improvement exercises – cervical spine	NO	NO	YES
15.187	Kinesiotherapy – improvement exercises – wrist	NO	NO	YES
15.188	Kinesiotherapy – improvement exercises – lower leg	NO	NO	YES
15.189	Kinesiotherapy – improvement exercises – forearm	NO	NO	YES
15.190	Kinesiotherapy – improvement exercises – arm	NO	NO	YES
15.191	Kinesiotherapy – improvement exercises – hand	NO	NO	YES
15.192	Kinesiotherapy – improvement exercises – shoulder joint	NO	NO	YES
15.193	Kinesiotherapy – improvement exercises – hip joint	NO	NO	YES
15.194	Kinesiotherapy – improvement exercises – knee joint	NO	NO	YES
15.195	Kinesiotherapy – improvement exercises – elbow joint	NO	NO	YES
15.196	Kinesiotherapy – improvement exercises – ankle joint	NO	NO	YES
15.197	Kinesiotherapy – improvement exercises – foot	NO	NO	YES
15.198	Kinesiotherapy – improvement exercises – thigh	NO	NO	YES
15.199	Kinesiotherapy – individual therapy – lumbar spine	NO	NO	YES
15.200	Kinesiotherapy – individual therapy – thoracic spine	NO	NO	YES
15.201	Kinesiotherapy – individual therapy – cervical spine	NO	NO	YES
15.202	Kinesiotherapy – individual therapy – wrist	NO	NO	YES
15.203	Kinesiotherapy – individual therapy – lower leg	NO	NO	YES
15.204	Kinesiotherapy – individual therapy – forearm	NO	NO	YES
15.205	Kinesiotherapy – individual therapy – shoulder	NO	NO	YES
15.206	Kinesiotherapy – individual therapy – hand	NO	NO	YES
15.207	Kinesiotherapy – individual therapy – shoulder joint	NO	NO	YES
15.208	Kinesiotherapy – individual therapy – hip joint	NO	NO	YES

15.209	Kinesiotherapy – individual therapy – knee joint	NO	NO	YES
15.210	Kinesiotherapy – individual therapy – elbow joint	NO	NO	YES
15.211	Kinesiotherapy – individual therapy – ankle joint	NO	NO	YES
15.212	Kinesiotherapy – individual therapy – foot	NO	NO	YES
15.213	Kinesiotherapy – individual therapy – thigh	NO	NO	YES
15.214	Kinesiotherapy – traction lift – lumbar spine	NO	NO	YES
15.215	Kinesiotherapy – traction lift – cervical spine	NO	NO	YES
15.216	Myorelaxation therapy – therapeutic massage of the spine	NO	NO	YES
15.217	Individual therapy according to neurokinesiological/neurophysiological methods for children	NO	NO	YES
15.218	Kinesiotherapy – improvement exercises for children's postural defects	NO	NO	YES
16	ONLINE CONSULTATIONS An online consultation is a medical benefit provided by the Medical Partner through ICT or communication systems. The Insurer provides the Insureds with the opportunity to have an interactive one-on-one conversation with a medical specialist (doctor, midwife or nurse) via means of remote communication, i.e. the Patient Portal. An Online Consultation can be accessed by the Insureds who have full access to the Patient Portal. The time availability of the Online Consultation with a doctor, midwife and nurse is based on the schedule of medical specialists and can be seen in the „Online Consultation“ tab. The Insureds can choose the communication channel: video, audio or text. Medical specialists answering questions have access to the Insured's medical records, so that in medically justified situations they can order certain tests or refer the Insured to another specialist. An Online Consultation is provided only after the Insured logs in to the Patient Portal, and the content of the Online Consultation is recorded and forms part of the Insured's medical record. The scope of the Online Consultation includes the following advice from medical specialists, to the extent that it does not require personal contact with a specialist. The service includes a medical e-Consultation in the following area:			
16.1	internal medicine (from 18 years of age)	YES	YES	YES
16.2	family medicine (from 18 years of age)	YES	YES	YES
16.3	pediatrics (up to 18 years of age)	YES	YES	YES
16.4	pediatric nursing	YES	YES	YES
16.5	obstetrics	YES	YES	YES
17	REIMBURSEMENT Partial reimbursement of costs incurred by the Insured for services covered by the insurance cover, performed at a medical center other than those of the Medical Partner. Reimbursement in the amount of 70% of the unit price of outpatient services up to the reimbursement limit of PLN 500 per quarter per Insured.			
18	10% discount on other health care services not covered by the insurance cover delivered in LUX MED i Medycyna Rodzinna brand facilities (excluding dental services) and PROFEMED facilities. The discount is calculated from the price list available in the above-mentioned establishments. Discounts do not add up.			

* Standard – commonly available and widely used in the Republic of Poland.

SCOPE OF MEDICAL SERVICES – COMFORT OPTION

§2

Table no. 2

Item	MEDICAL BENEFIT	KOMFORT option
1	medical hotline	YES
	consultations with specialist doctors: 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:	
	medical consultations	YES
	skin allergy tests	YES
5.2	general surgeon:	
	medical 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:	
	medical consultations	YES
	treatment of post-traumatic conditions	YES
	application of traditional casting	YES
	immobilization of limbs and joints	YES
	joint injections	YES
5.4	dermatologist:	
	medical consultations	YES
	mycosis treatment	YES
	dermatological procedures: removal of small skin and subcutaneous tissue lesions up to 3 cm	YES
5.5	gastrologist:	
	medical consultations	YES
	gastroscopy – histopathology examination at extra charge	YES
	proctoscopy, sigmoidoscopy – histopathology examination at extra charge	YES
5.6	gynecologist:	
	medical consultations	YES
	pregnancy management	YES
	cytology tests	YES
5.7	cardiologist:	
	medical 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:	
	medical 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:	
	medical consultations	YES
	electroencephalography (EEG)	YES
	electromyography (EMG)	YES
5.10	ophthalmologist:	
	medical 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:	
	medical consultations	YES
5.12	urologist:	
	medical 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 doctors 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
	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
	phosphate	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
wound	YES
blood	YES
sputum	YES
puss	YES
throat (depending on the Medical Partner's doctor's recommendation, additionally an antibiogram)	YES
urethra (depending on the Medical Partner's doctor's recommendation, additionally an antibiogram)	YES
cervical canal, vagina (depending on the Medical Partner's doctor's recommendation, additionally an antibiogram)	YES
nose, eye, ear (depending on the Medical Partner doctor's recommendation, additionally an 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 imaging::	
	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
6.7	ultrasound:	
	complete abdominal ultrasound	YES
	breast ultrasound	YES
	thyroid ultrasound (fine-needle biopsy) – if recommended by the Medical Partner's doctor, 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 – limb arteries, Doppler ultrasound – limb 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	house call* (an internist, or in the case of family insurance: a pediatrician or family doctor) calls for adults are carried out on weekdays from 8.00 a.m. to 8.00 p.m. and on bank holidays – 24 hours a day, calls for children are carried out 24 hours a day	YES
9	rehabilitation Procedures ordered by a doctor 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 them from arriving at a medical center. House calls cover only cases of sudden illness or sudden deterioration of health, including exacerbation of chronic ailments. A house 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 sick note are not circumstances justifying a call at the Insured's home. A house call is an emergency service that is provided only on the day it is requested. In the case of a house call, there is no free choice of doctor. 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 of the telephone medical hotline and on InterRisk's website.

House 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.

to the General Insurance Terms and Conditions for Medical Expenses Insurance "ANTIDOTUM plus"
approved by the Resolution No. 02/14/02/2023 of the Management Board of InterRisk TU S.A. Vienna Insurance Group dated February 14, 2023.

DENTAL EXPENSE INSURANCE

§1

1. In the Dental Expense Insurance referred to in § 4(1)(3) of the GT&C, the coverage shall include the costs of medical benefits incurred during the Insurance Term in the territory of the Republic of Poland, as specified in Table No. 3.

Table No. 3

Item	Scope of dental services	Option I	Option II	Option III
1.	Dental on-call service*	YES	YES	YES
	*Depending on the medical center, the scope of Dental On-Call Service includes coverage (non-cash rendering of service) or cost reimbursement (Medical Partner's Reimbursement) of the services provided by the dentists specified below in points 1.1 – 1.17 up to the maximum limit, i.e. the amount of 350 PLN in each 12-month Insurance Term. Services under Dental On-Call Service are performed only in case of sudden illness or personal accident outside the working hours of the Medical Partner's own facilities.			
1.1	Pulp devitalization of a deciduous tooth with dressing emergency assistance dressing for the defect	YES	YES	YES
1.2	Pulp devitalization of a deciduous tooth with dressing emergency assistance	YES	YES	YES
1.3	Incision of periodontal abscess – including drainage emergency assistance	YES	YES	YES
1.4	Decompression of periodontal abscess emergency assistance	YES	YES	YES
1.5	Therapeutic dressing in a deciduous tooth emergency assistance	YES	YES	YES
1.6	Therapeutic dressing in a permanent tooth emergency assistance	YES	YES	YES
1.7	Extraction of a single-rooted tooth emergency assistance	YES	YES	YES
1.8	Extraction of a single-rooted deciduous tooth emergency assistance	YES	YES	YES
1.9	Extraction of a multi-rooted tooth emergency assistance	YES	YES	YES
1.10	Extraction of a multi-rooted deciduous tooth emergency assistance	YES	YES	YES
1.11	Rinsing of dry tooth socket + application of medicine emergency assistance	YES	YES	YES
1.12	Extraction of a tooth by intraoral chiseling emergency assistance	YES	YES	YES
1.13	Repositioning and immobilization of a dislocated tooth emergency assistance	YES	YES	YES
1.14	Dental local anesthesia, injection emergency assistance	YES	YES	YES
1.15	Dental local anesthesia, superficial emergency assistance	YES	YES	YES
1.16	Dental block anesthesia, intraoral emergency assistance	YES	YES	YES
1.17	Periapical X-ray emergency assistance	YES	YES	YES
2	Preventive dental care	YES	YES	YES
	Dental Preventive Care coverage includes a dental checkup, i.e., evaluation of the condition of the teeth by a conservative care dentist Doctor and oral hygiene treatments by a dental hygienist, performed 1 time during the 12-month insurance contract period at outpatient medical centers designated by the Medical Partner and includes the following services:			
2.1	Dental medical check-up	YES	YES	YES
2.2	Teeth varnishing (Fluor Protector) 1 dental arch	YES	YES	YES
2.3	Teeth varnishing (Fluor Protector) 1/2 dental arch	YES	YES	YES
2.4	Teeth varnishing (Fluor Protector) 2 dental arches	YES	YES	YES
2.5	Oral hygiene instruction	YES	YES	YES
2.6	Teeth polishing	YES	YES	YES
2.7	Removal of supragingival deposits / scaling / supplementary	YES	YES	YES
2.8	Removal of supragingival deposits / scaling / from one dental arch	YES	YES	YES
2.9	Removal of supragingival deposits / scaling / from all teeth	YES	YES	YES
2.10	Removal of deposit – sandblasting	YES	YES	YES
2.11	Preventive treatment of fissures with fissure sealant – 1 tooth	YES	YES	YES
2.12	Individual fluoridation by contact technique	YES	YES	YES
3	Anesthesia	YES	YES	YES
	The service is delivered by dentists in outpatient medical centers designated by the Medical Partner and includes the following services:			
3.1	Anesthesia in dentistry with a WAND instrument	YES	YES	YES
3.2	Dental local injection anesthesia	YES	YES	YES
3.3	Dental local superficial anesthesia	YES	YES	YES
3.4	Dental intraoral block anesthesia	YES	YES	YES

4	Conservative dentistry			
	The service is delivered by dentists at outpatient medical centers designated by the Medical Partner and includes the following services:			
			and one of the following services (items 4.2 - 4.6) 1 time during the 12-month term of the Contract	
4.1	Specialist consultation conservative dentistry	YES	YES	YES
4.2	Filling of a tooth crown defect on 1 surface with a standard light-curing material	10% discount	YES	YES
4.3	Filling of a tooth crown defect on 2 surfaces with a standard light-curing material	10% discount	YES	YES
4.4	Filling of a tooth crown defect on 3 surfaces with a standard light-curing material	10% discount	YES	YES
4.5	Reconstruction of a damaged angle in incisal teeth with a standard light-curing material	10% discount	YES	YES
4.6	Filling – glass ionomer	10% discount	YES	YES
4.7	Tooth vitality test	10% discount	15% discount	YES
4.8	Periapical post	10% discount	15% discount	YES
4.9	Cosmetic coverage of underdeveloped enamel – composite veneer	10% discount	15% discount	YES
4.10	Cosmetic coverage of dentin discoloration in anterior teeth – composite veneer	10% discount	15% discount	YES
4.11	Treatment of oral mucosal lesions	10% discount	15% discount	YES
4.12	Therapeutic dressing in a permanent tooth	10% discount	15% discount	YES
4.13	Rinsing of the gingival pocket	10% discount	15% discount	YES
4.14	Rinsing of the gingival pocket and application of medication	10% discount	15% discount	YES
4.15	Cauterization of the gingival papilla	10% discount	15% discount	YES
5	Pedodontics			
	The service is delivered by dentists at outpatient medical centers designated by the Medical Partner and includes the following services:			
			and one of the following services (items 5.2 – 5.7) 1 time during the 12-month term of the Contract	
5.1	Pedodontics check-up dental examination	YES	YES	YES
5.2	Filling of a deciduous tooth crown cavity in 1 area	10% discount	YES	YES
5.3	Filling of a deciduous tooth crown cavity in 1 area therapeutic	10% discount	YES	YES
5.4	Filling of a deciduous tooth crown cavity in 2 areas	10% discount	YES	YES
5.5	Filling of a deciduous tooth crown cavity in 2 areas therapeutic	10% discount	YES	YES
5.6	Filling a deciduous tooth crown cavity in 3 areas	10% discount	YES	YES
5.7	Filling of a deciduous tooth crown cavity in 3 areas therapeutic	10% discount	YES	YES
5.8	Adaptation appointment (children) – dentistry	10% discount	15% discount	YES
5.9	Therapeutic dressing in a deciduous tooth	10% discount	15% discount	YES
5.10	Dentin impregnation – each tooth	10% discount	15% discount	YES
5.11	Amputation of devitalized pulp of a deciduous tooth	10% discount	15% discount	YES
5.12	Endodontic treatment of a deciduous tooth	10% discount	15% discount	YES
5.13	Treatment of pulp gangrene of a deciduous tooth	10% discount	15% discount	YES
5.14	Intravenous pulp amputation in a tooth with an unformed root	10% discount	15% discount	YES
5.15	Devitalization of the pulp of a deciduous tooth with dressing treatment of the cavity	10% discount	15% discount	YES
6	Dental surgery			
	The service is delivered by dentists at outpatient medical centers designated by the Medical Partner and includes the following services:			
6.1	Specialist consultation with a dental surgeon	YES	YES	YES
6.2	Incision of an alveolar abscess – including drainage	10% discount	15% discount	YES
6.3	Resection of a lateral tooth root apex	10% discount	15% discount	YES
6.4	Resection of a lateral tooth root apex with retrograde root canal filling	10% discount	15% discount	YES
6.5	Resection of an anterior tooth root apex	10% discount	15% discount	YES
6.6	Resection of an anterior tooth root apex with retrograde canal filling	10% discount	15% discount	YES
6.7	Extraction of a single-root tooth	10% discount	15% discount	YES

6.8	Extraction of a single-rooted deciduous tooth	10% discount	15% discount	YES
6.9	Extraction of a tooth by intraoral chiseling	10% discount	15% discount	YES
6.10	Extraoral tooth extraction with mucoperiosteal flap preparation	10% discount	15% discount	YES
6.11	Extraction of a multi-rooted tooth	10% discount	15% discount	YES
6.12	Extraction of a multi-rooted deciduous tooth	10% discount	15% discount	YES
6.13	Excision of dental operculum within 1 tooth	10% discount	15% discount	YES
6.14	Excision of a small nodule, tumor-like lesion, mucocoele dentistry	10% discount	15% discount	YES
6.15	Application of surgical dressing dentistry	10% discount	15% discount	YES
6.16	Rinsing of dry alveolus + application of medication	10% discount	15% discount	YES
6.17	Collection of a specimen within the oral cavity	10% discount	15% discount	YES
6.18	Plasty of the lip, cheek, tongue frenum dentistry	10% discount	15% discount	YES
6.19	Extraction of a dentigerous cyst	10% discount	15% discount	YES
6.20	Complicated surgical extraction of a tooth	10% discount	15% discount	YES
6.21	Surgical uncovering of an impacted tooth	10% discount	15% discount	YES
6.22	Surgical uncovering of an impacted tooth with bonding of a bracket	10% discount	15% discount	YES
6.23	Surgical extraction of a partially impacted tooth	10% discount	15% discount	YES
6.24	Repositioning and immobilization of a dislocated tooth	10% discount	15% discount	YES
6.25	Reimplantation of a tooth	NO	NO	15% discount
6.26	Alveolar plasty in the mid-jaw area – preparation for prosthodontics	NO	NO	15% discount
6.27	Alveolar plasty with graft – excl. cost of material	NO	NO	15% discount
6.28	Repositioning and immobilization of a fractured alveolar process	NO	NO	15% discount
6.29	Extraction of calculus from the salivary duct dentistry	NO	NO	15% discount
6.30	Plasty of an oropharyngeal junction or fistula	NO	NO	15% discount
6.31	Temporary dressing of a fractured jaw	NO	NO	15% discount
6.32	Repositioning and immobilization of a mandibular dislocation	NO	NO	15% discount
6.33	Maxillary sinus augmentation 1	NO	NO	15% discount
6.34	Maxillary sinus augmentation 2	NO	NO	15% discount
6.35	Maxillary sinus augmentation 3	NO	NO	15% discount
6.36	Connective tissue graft from the palate – collection	NO	NO	15% discount
6.37	Connective tissue graft from the palate – collection	NO	NO	15% discount
6.38	Inferior alveolar nerve transposition	NO	NO	15% discount
6.39	Bone augmentation 1	NO	NO	15% discount
6.40	Bone augmentation 2	NO	NO	15% discount
6.41	Bone augmentation 3	NO	NO	15% discount
6.42	Emdogain and Endobon implantation procedure	NO	NO	15% discount
6.43	Flap procedure with augmentation with Endobon preparation	NO	NO	15% discount
6.44	Flap procedure with augmentation with Endobon preparation and Osseoguard membrane	NO	NO	15% discount
6.45	Flap treatment with augmentation with Endobon preparation and Emdogain preparation	NO	NO	15% discount
6.46	Regeneration / Augmentation of the alveolus after extraction with biomaterial	NO	NO	15% discount
6.47	Suturing of a lip wound	NO	NO	15% discount
6.48	Surgical extraction of tooth buds	NO	NO	15% discount
6.49	Regeneration / Augmentation of the alveolus after extraction with collagen cones	NO	NO	15% discount
6.50	Autogenous bone grafting up to 3 alveoli	NO	NO	15% discount
6.51	Restoration of the alveolus with bone substitute material excl. material cost	NO	NO	15% discount
6.52	Treatment with platelet-rich fibrin (PRP) in dentistry	NO	NO	15% discount
6.53	Membrane with application	NO	NO	15% discount
6.54	Connective tissue replacement membrane incl. application	NO	NO	15% discount
6.55	Collagen membrane incl. application	NO	NO	15% discount
6.56	i-GEN membrane or titanium mesh incl. application	NO	NO	15% discount
6.57	Extraction of i-Gen membrane	NO	NO	15% discount
7	Endodontics			
	The service is delivered by dentists in outpatient medical centers designated by the Medical Partner and includes the following services:			

7.1	Specialist consultation conservative dentistry	NO	YES	YES
7.2	Devitalization of the tooth pulp with dressing of the cavity	NO	15% discount	YES
7.3	Chemo-mechanical root canal preparation	NO	15% discount	YES
7.4	Root canal opening	NO	15% discount	YES
7.5	Root canal filling	NO	15% discount	YES
7.6	Extraction of a root-canal insert	NO	15% discount	YES
7.7	Extraction of a broken tool from the root canal with a dental microscope	NO	10% discount	15% discount
7.8	Extraction of a root-canal post with a dental microscope	NO	10% discount	15% discount
7.9	Endodontic treatment of an incisor or canine tooth with a dental microscope stage I	NO	10% discount	15% discount
7.10	Endodontic treatment of an incisor or canine tooth with a dental microscope stage II	NO	10% discount	15% discount
7.11	Endodontic treatment of a premolar tooth with a dental microscope stage I	NO	10% discount	15% discount
7.12	Endodontic treatment of a premolar tooth with a dental microscope stage II	NO	10% discount	15% discount
7.13	Endodontic treatment of a molar tooth with a dental microscope stage I	NO	10% discount	15% discount
7.14	Endodontic treatment of a molar tooth with a dental microscope stage II	NO	10% discount	15% discount
7.15	Specialized tissue examination dental	NO	10% discount	15% discount
7.16	Interventional appointment under endodontic treatment	NO	10% discount	15% discount
8	Dentures			
	The service is delivered by dentists in outpatient medical centers designated by the Medical Partner and includes the following services:			
8.1	Specialist prosthodontic consultation	NO	YES	YES
8.2	Full denture with metal palate	NO	10% discount	15% discount
8.3	Occlusal adjustment	NO	10% discount	15% discount
8.4	Models for diagnostic or planning purposes doctor	NO	10% discount	15% discount
8.5	Cast metal crown-root insert	NO	10% discount	15% discount
8.6	Cast metal crown-root insert, collapsible	NO	10% discount	15% discount
8.7	Gold crown-root insert	NO	10% discount	15% discount
8.8	Gold crown-root insert, collapsible	NO	10% discount	15% discount
8.9	Metal, ceramic, glass crown-root insert – standard	NO	10% discount	15% discount
8.10	Temporary crown by indirect method	NO	10% discount	15% discount
8.11	Full-metal cast crown	NO	10% discount	15% discount
8.12	Cast gold premolar crown	NO	10% discount	15% discount
8.13	Porcelain-fused-to-metal non-margin crown	NO	10% discount	15% discount
8.14	Porcelain-fused-to-electroplating crown	NO	10% discount	15% discount
8.15	Porcelain-fused-to-gold premolar crown	NO	10% discount	15% discount
8.16	Porcelain veneer	NO	10% discount	15% discount
8.17	ONLAY INLAY OVERLAY composite crown insert	NO	10% discount	15% discount
8.18	Telescopic electroplated crown, gold	NO	10% discount	15% discount
8.19	Bars / locks / retention point in frame denture	NO	10% discount	15% discount
8.20	Replacement of Rhein insert / ball lock – 1 element	NO	10% discount	15% discount
8.21	Settling partial denture for 1-4 missing teeth	NO	10% discount	15% discount
8.22	Complete denture in the maxilla	NO	10% discount	15% discount
8.23	Complete denture in the mandible	NO	10% discount	15% discount
8.24	Frame denture with locks excl. cost of locks	NO	10% discount	15% discount
8.25	Frame denture	NO	10% discount	15% discount
8.26	Overdenture on gold snap-on lock	NO	10% discount	15% discount
8.27	Denture repair – 1 element	NO	10% discount	15% discount
8.28	Direct denture lining	NO	10% discount	15% discount
8.29	Indirect denture lining	NO	10% discount	15% discount
8.30	Removal of the prosthodontic crown – 1 element	NO	10% discount	15% discount
8.31	Partial denture settling in the range of 5-8 missing teeth	NO	10% discount	15% discount
8.32	Partial denture settling in the range of more than 8 teeth	NO	10% discount	15% discount
8.33	Porcelain-fused-to-gold crown molar	NO	10% discount	15% discount
8.34	Porcelain-fused-to-gold crown anterior segment	NO	10% discount	15% discount

8.35	Cast gold crown molar	NO	10% discount	15% discount
8.36	Cast gold crown anterior segment tooth	NO	10% discount	15% discount
8.37	ONLAY INLAY OVERLAY porcelain crown insert	NO	10% discount	15% discount
8.38	Bonding of a prosthodontic crown	NO	10% discount	15% discount
8.39	Bonding of a bridge	NO	10% discount	15% discount
8.40	Partial denture, gum supported – 1 point	NO	10% discount	15% discount
8.41	Determination of occlusion with an articulator	NO	10% discount	15% discount
8.42	Functional impression with individual spoon	NO	10% discount	15% discount
8.43	All-ceramic crown and root insert	NO	10% discount	15% discount
8.44	Metal-cast crown-root insert stage I	NO	10% discount	15% discount
8.45	Metal-cast crown-root insert stage II	NO	10% discount	15% discount
8.46	Metal-cast crown-root insert, collapsible stage I	NO	10% discount	15% discount
8.47	Metal-cast crown-root insert, collapsible stage II	NO	10% discount	15% discount
8.48	Gold crown-root insert stage I	NO	10% discount	15% discount
8.49	Gold crown-root insert stage II	NO	10% discount	15% discount
8.50	Gold crown-root insert, collapsible stage I	NO	10% discount	15% discount
8.51	Gold crown-root insert, collapsible stage II	NO	10% discount	15% discount
8.52	Full-metal cast crown stage I	NO	10% discount	15% discount
8.53	Full-metal cast crown stage II	NO	10% discount	15% discount
8.54	Cast gold premolar crown stage I	NO	10% discount	15% discount
8.55	Cast gold crown premolar stage II	NO	10% discount	15% discount
8.57	Cast gold crown molar stage I	NO	10% discount	15% discount
8.57	Cast gold crown molar stage II	NO	10% discount	15% discount
8.58	Cast gold crown anterior segment tooth stage I	NO	10% discount	15% discount
8.59	Cast gold crown anterior segment tooth stage II	NO	10% discount	15% discount
8.60	Porcelain-fused-to-metal crown, non-margin stage I	NO	10% discount	15% discount
8.61	Porcelain-fused-to-metal crown, non-margin stage II	NO	10% discount	15% discount
8.62	Porcelain-fused-to-electroplating crown stage I	NO	10% discount	15% discount
8.63	Porcelain-fused-to-electroplating crown stage II	NO	10% discount	15% discount
8.64	Porcelain-fused-to-gold crown premolar stage I	NO	10% discount	15% discount
8.65	Porcelain-fused-to-gold crown premolar stage II	NO	10% discount	15% discount
8.66	Porcelain-fused-to-gold crown molar stage I	NO	10% discount	15% discount
8.67	Porcelain-fused-to-gold crown molar stage II	NO	10% discount	15% discount
8.68	Porcelain-fused-to-gold crown in anterior segment stage I	NO	10% discount	15% discount
8.69	Porcelain-fused-to-gold crown in anterior segment stage II	NO	10% discount	15% discount
8.70	Porcelain veneer stage I	NO	10% discount	15% discount
8.71	Porcelain veneer stage II	NO	10% discount	15% discount
8.72	ONLAY INLAY OVERLAY porcelain crown insert stage I	NO	10% discount	15% discount
8.73	ONLAY INLAY OVERLAY porcelain crown insert stage II	NO	10% discount	15% discount
8.74	Telescopic electroplated crown, gold stage I	NO	10% discount	15% discount
8.74	Telescopic electroplated crown, gold stage II	NO	10% discount	15% discount
8.76	Bar / lock / retention point in frame denture stage I	NO	10% discount	15% discount
8.77	Bar / lock / retention point in frame denture stage II	NO	10% discount	15% discount
8.78	Partial denture, gum supported for 1-4 missing teeth stage I	NO	10% discount	15% discount
8.79	Partial denture, gum supported for 1-4 missing teeth stage II	NO	10% discount	15% discount
8.80	Partial denture, gum supported for 5-8 missing teeth stage I	NO	10% discount	15% discount
8.81	Partial denture, gum supported for 5-8 missing teeth stage II	NO	10% discount	15% discount
8.82	Partial denture, gum supported for more than 8 teeth stage I	NO	10% discount	15% discount
8.83	Partial denture, gum supported for more than 8 teeth stage II	NO	10% discount	15% discount
8.84	Maxillary complete denture stage I	NO	10% discount	15% discount
8.85	Maxillary complete denture stage II	NO	10% discount	15% discount
8.86	Mandibular complete denture stage I	NO	10% discount	15% discount

8.87	Mandibular complete denture stage II	NO	10% discount	15% discount
8.88	Frame denture with locks excl. lock cost stage I	NO	10% discount	15% discount
8.89	Frame denture with locks excl. lock cost stage II	NO	10% discount	15% discount
8.90	Frame denture stage I	NO	10% discount	15% discount
8.91	Frame denture stage II	NO	10% discount	15% discount
8.92	WAX UP	NO	10% discount	15% discount
8.93	WAX UP INTERDENT	NO	10% discount	15% discount
8.94	All-ceramic crown-root insert stage I	NO	10% discount	15% discount
8.95	All-ceramic crown-root insert stage II	NO	10% discount	15% discount
8.96	Adhesive bridge – 1 point	NO	10% discount	15% discount
8.97	Porcelain-fused-to-zirconia crown by CAD/CAM lava everest method	NO	10% discount	15% discount
8.98	Porcelain-fused-to-zirconia crown by CAD/CAM lava everest method stage I	NO	10% discount	15% discount
8.99	Porcelain-fused-to-zirconia crown by CAD/CAM method lava everest stage II	NO	10% discount	15% discount
8.100	Rhein lock 1 element	NO	10% discount	15% discount
8.101	Bredent lock 1 element	NO	10% discount	15% discount
8.102	Porcelain-fused-to-metal crown with ceramic margin	NO	10% discount	15% discount
8.103	Porcelain-fused-to-metal crown with ceramic margin stage I	NO	10% discount	15% discount
8.104	Porcelain-fused-to-metal crown with ceramic margin stage II	NO	10% discount	15% discount
8.105	Telescopic metal crown	NO	10% discount	15% discount
8.106	Telescopic metal crown stage I	NO	10% discount	15% discount
8.107	Telescopic metal crown stage II	NO	10% discount	15% discount
8.108	Porcelain veneer lateral	NO	10% discount	15% discount
8.109	Porcelain veneer lateral stage I	NO	10% discount	15% discount
8.110	Porcelain veneer lateral stage II	NO	10% discount	15% discount
8.111	Gold lock overdenture stage I	NO	10% discount	15% discount
8.112	Gold lock overdenture stage II	NO	10% discount	15% discount
8.113	Gratia gingiva mask	NO	10% discount	15% discount
8.114	Gratia gingiva mask stage I	NO	10% discount	15% discount
8.115	Gratia gingiva mask stage II	NO	10% discount	15% discount
8.116	Check-up and adjustment of the alignment of the teeth in wax-up	NO	10% discount	15% discount
8.117	Check-up and adjustment of frame denture metal	NO	10% discount	15% discount
8.118	Chin prosthetics	NO	10% discount	15% discount
8.119	ONLAY INLAY OVERLAY metal crown insert	NO	10% discount	15% discount
8.120	Gold crown inserts	NO	10% discount	15% discount
8.121	Ball inserts	NO	10% discount	15% discount
8.122	Protective splint sport	NO	10% discount	15% discount
8.123	Protective splint sport color	NO	10% discount	15% discount
8.124	Silver palladium crown-root insert	NO	10% discount	15% discount
8.125	Silver palladium coronal-root insert stage I	NO	10% discount	15% discount
8.126	Silver palladium coronal-root insert stage II	NO	10% discount	15% discount
8.127	Silver palladium coronal-root insert, collapsible	NO	10% discount	15% discount
8.128	Silver palladium coronal-root insert, collapsible stage I	NO	10% discount	15% discount
8.129	Silver palladium coronal-root insert, collapsible stage II	NO	10% discount	15% discount
8.130	Reinforcement of denture with arch	NO	10% discount	15% discount
8.131	Reinforcement of denture with steel mesh	NO	10% discount	15% discount
8.132	Reinforcement of denture with gold-plated mesh	NO	10% discount	15% discount
8.133	Overdenture fused to telescopic crowns stage I	NO	10% discount	15% discount
8.134	Overdenture fused to telescopic crowns stage II	NO	10% discount	15% discount
8.135	ASC bar	NO	10% discount	15% discount
8.136	Facial arch test and placement in articulator	NO	10% discount	15% discount
8.137	Acrylic micro dentures	NO	10% discount	15% discount
8.138	MOCK UP 1 arch	NO	10% discount	15% discount

8.139	MOCK UP 1 point	NO	10% discount	15% discount
8.140	Visualization of the denture treatment effect in a model	NO	10% discount	15% discount
8.141	Teflon replacement	NO	10% discount	15% discount
8.142	Full composite crown	NO	10% discount	15% discount
8.143	Composite fused-to-fiberglass crown	NO	10% discount	15% discount
8.144	All-ceramic fused-to-zirconia crown	NO	10% discount	15% discount
8.145	All-ceramic fused-to-zirconia crown stage I	NO	10% discount	15% discount
8.146	All-ceramic fused-to-zirconia crown stage II	NO	10% discount	15% discount
8.147	All-ceramic crown	NO	10% discount	15% discount
8.148	All-ceramic crown stage I	NO	10% discount	15% discount
8.149	All-ceramic crown stage II	NO	10% discount	15% discount
8.150	Maryland restoration of a missing tooth – acrylic	NO	10% discount	15% discount
8.151	Maryland restoration of a missing tooth – composite	NO	10% discount	15% discount
9	Orthodontics			
	The service is delivered by dentists at outpatient medical centers designated by the Medical Partner and includes the following services:			
9.1.	Consultation with an orthodontist	NO	YES	YES
9.2	Bi-helix, Quad – helix thick-necked braces	NO	10% discount	15% discount
9.3	Block braces with modification	NO	10% discount	15% discount
9.4	Derishwailer braces	NO	10% discount	15% discount
9.5	Removable orthodontic braces	NO	10% discount	15% discount
9.6	Fixed braces – closed metal 1 arch	NO	10% discount	15% discount
9.7	Stochfisch braces	NO	10% discount	15% discount
9.8	One point of clear metal braces	NO	10% discount	15% discount
9.9	One point of fixed metal braces	NO	10% discount	15% discount
9.10	Lip – bumper	NO	10% discount	15% discount
9.11	Repair of orthodontic braces arch replacement	NO	10% discount	15% discount
9.12	Repair of orthodontic braces replacement of screw 1	NO	10% discount	15% discount
9.13	Repair of orthodontic braces replacement of screw 2	NO	10% discount	15% discount
9.14	Repair of orthodontic braces plate breakage	NO	10% discount	15% discount
9.15	Repair of orthodontic braces wire element reworking	NO	10% discount	15% discount
9.16	Nanca plate	NO	10% discount	15% discount
9.17	Vestibular plate	NO	10% discount	15% discount
9.18	Chin sling	NO	10% discount	15% discount
9.19	Palatal arch	NO	10% discount	15% discount
9.20	NiTi palatal arch	NO	10% discount	15% discount
9.21	Retainer 1	NO	10% discount	15% discount
9.22	Retainer 2	NO	10% discount	15% discount
9.23	Retainer 3	NO	10% discount	15% discount
9.24	Orthodontist consultation in the course of treatment with removable braces	NO	10% discount	15% discount
9.25	Orthodontist consultation in the course of treatment with fixed braces	NO	10% discount	15% discount
9.26	External extraction	NO	10% discount	15% discount
9.27	Removal of fixed orthodontic braces	NO	10% discount	15% discount
9.28	Consultation with a chin sling	NO	10% discount	15% discount
9.29	Consultation with grinding of nodules	NO	10% discount	15% discount
9.30	Bite analysis and preparation of a treatment plan	NO	10% discount	15% discount
9.31	Block braces	NO	10% discount	15% discount
9.32	One arch of fixed braces with porcelain brackets	NO	10% discount	15% discount
9.33	One arch of fixed metal braces	NO	10% discount	15% discount
9.34	Orthodontist consultation with an impression	NO	10% discount	15% discount
9.35	Braces repair – making of 1 element	NO	10% discount	15% discount
9.36	Braces repair – making of 2 elements	NO	10% discount	15% discount
9.37	Braces repair – making of 3 elements	NO	10% discount	15% discount

9.38	Consultation with vestibular plate	NO	10% discount	15% discount
9.39	Follow-up appointment in the course of treatment with removable braces	NO	10% discount	15% discount
9.40	Follow-up appointment in the course of treatment with fixed braces x 1	NO	10% discount	15% discount
9.41	Replacement of a metal bracket	NO	10% discount	15% discount
9.42	Replacement of a porcelain bracket	NO	10% discount	15% discount
9.43	Segmental arch 1/3	NO	10% discount	15% discount
9.44	Segmental arch 1/2	NO	10% discount	15% discount
9.45	Follow-up appointment – fixed braces, metal brackets	NO	10% discount	15% discount
9.46	Follow-up appointment – fixed braces, crystal braces	NO	10% discount	15% discount
9.47	One arch of fixed braces, crystal braces	NO	10% discount	15% discount
9.48	One arch of fixed braces, metal brackets	NO	10% discount	15% discount
9.49	Removable braces – Schwarz plate	NO	10% discount	15% discount
9.50	Fixed braces – aesthetic brackets, 1 arch	NO	10% discount	15% discount
9.51	Hyrax braces	NO	10% discount	15% discount
9.52	Pendulum braces	NO	10% discount	15% discount
9.53	Fixed braces – aesthetic brackets part of arch 1	NO	10% discount	15% discount
9.54	Fixed braces – aesthetic brackets part of arch 2	NO	10% discount	15% discount
9.55	Bi-helix, Quad – helix wide-arch braces stage I	NO	10% discount	15% discount
9.56	Bi-helix, Quad – helix wide-arch braces stage II	NO	10% discount	15% discount
9.57	Block braces stage I	NO	10% discount	15% discount
9.58	Block braces stage II	NO	10% discount	15% discount
9.59	Removable braces – Schwarz plate stage I	NO	10% discount	15% discount
9.60	Removable braces – Schwarz plate stage II	NO	10% discount	15% discount
9.61	Hyrax braces stage I	NO	10% discount	15% discount
9.62	Hyrax braces stage II	NO	10% discount	15% discount
9.63	One arch of fixed braces crystal brackets stage I	NO	10% discount	15% discount
9.64	One arch of fixed braces crystal brackets stage II	NO	10% discount	15% discount
9.65	One arch of fixed braces metal brackets stage I	NO	10% discount	15% discount
9.66	One arch of fixed braces metal brackets stage II	NO	10% discount	15% discount
9.67	Repair of braces	NO	10% discount	15% discount
9.68	Pendulum braces stage I	NO	10% discount	15% discount
9.69	Pendulum braces stage II	NO	10% discount	15% discount
9.70	Nance braces	NO	10% discount	15% discount
9.71	Retention check-up	NO	10% discount	15% discount
9.72	Stripping – vertical grinding of teeth 1 tooth	NO	10% discount	15% discount
9.73	Making of an acrylic bite splint	NO	10% discount	15% discount
9.74	Placement of extraoral extractor	NO	10% discount	15% discount
9.75	Making of a retention plate	NO	10% discount	15% discount
9.76	Placement of retention arch – maxilla	NO	10% discount	15% discount
9.77	Placement of retention arch – mandible	NO	10% discount	15% discount
9.78	Removal of retention arch	NO	10% discount	15% discount
9.79	Fixed braces – metal ligature-free brackets 1 arch	NO	10% discount	15% discount
9.80	Fixed braces – aesthetic ligature-free brackets 1 arch	NO	10% discount	15% discount
9.81	TWIN – BLOCK braces	NO	10% discount	15% discount
9.82	TWIN – BLOCK braces stage I	NO	10% discount	15% discount
9.83	TWIN – BLOCK braces stage II	NO	10% discount	15% discount
9.84	Follow-up appointment – fixed braces, porcelain brackets	NO	10% discount	15% discount
9.85	Hass braces	NO	10% discount	15% discount
9.86	Space maintainer	NO	10% discount	15% discount
9.87	Clear aligner impression	NO	10% discount	15% discount
9.88	Clear aligner follow-up	NO	10% discount	15% discount
9.89	Braces repair – replacement of 1 arch ceramic brackets	NO	10% discount	15% discount

9.90	Braces repair – replacement of 2 arches ceramic brackets	NO	10% discount	15% discount
9.91	Braces repair – replacement of 1 arch metal brackets	NO	10% discount	15% discount
9.92	Braces repair – replacement of 2 arches metal brackets	NO	10% discount	15% discount
9.93	Additional orthodontic element 1	NO	10% discount	15% discount
9.94	Additional orthodontic element 2	NO	10% discount	15% discount
9.95	Additional orthodontic element 3	NO	10% discount	15% discount
9.96	Replacement of aesthetic bracket	NO	10% discount	15% discount
9.97	Vestibular plate – infant trainer	NO	10% discount	15% discount
9.98	Fixed braces – Damon ligature-free brackets – aesthetic 1 arch	NO	10% discount	15% discount
9.99	Fixed braces – Damon ligature-free brackets – metal 1 arch	NO	10% discount	15% discount
9.100	Follow-up appointment in the course of treatment with fixed braces with Damon ligature-free brackets – 1 arch	NO	10% discount	15% discount
9.101	One arch of fixed braces metal and crystal brackets	NO	10% discount	15% discount
9.102	One arch of fixed braces metal and crystal brackets stage I	NO	10% discount	15% discount
9.103	One arch of fixed braces metal and crystal brackets stage II	NO	10% discount	15% discount
9.104	Multi – P braces	NO	10% discount	15% discount
9.105	Multi – P braces Molar rotator	NO	10% discount	15% discount
9.106	Expander braces	NO	10% discount	15% discount
9.107	TWIN – BLOCK braces with screw – modified	NO	10% discount	15% discount
9.108	TWIN – BLOCK braces with screw – modified stage I	NO	10% discount	15% discount
9.109	TWIN – BLOCK braces with screw – modified stage II	NO	10% discount	15% discount
9.110	Herbst appliance	NO	10% discount	15% discount
9.111	Herbst appliance stage I	NO	10% discount	15% discount
9.112	Herbst appliance stage II	NO	10% discount	15% discount
9.113	Carriere distallizer	NO	10% discount	15% discount
9.114	Guray / OBC type splitting	NO	10% discount	15% discount
9.115	Fixed sectional-arch braces	NO	10% discount	15% discount
9.116	Fixed braces – 2D lingual brackets 1 arch	NO	10% discount	15% discount
9.117	Replacement of 2D lingual metal brackets	NO	10% discount	15% discount
9.118	Follow-up appointment – fixed braces, 2D lingual brackets one arch	NO	10% discount	15% discount
9.119	Braces repair – replacement of 1 arch 2D lingual brackets	NO	10% discount	15% discount
9.120	Braces repair – replacement of 2 arches 2D lingual brackets	NO	10% discount	15% discount
9.121	MALU braces	NO	10% discount	15% discount
9.122	Wide-arch braces – palatal arch	NO	10% discount	15% discount
9.123	Wide-arch braces – lingual arch	NO	10% discount	15% discount
9.124	Fixed 2x4 metal braces	NO	10% discount	15% discount
9.125	Orthodontic acrylic splint	NO	10% discount	15% discount
9.126	Second-class corrector	NO	10% discount	15% discount
9.127	One arch of fixed braces individual lingual brackets	NO	10% discount	15% discount
9.128	One arch of fixed braces individual lingual brackets stage I	NO	10% discount	15% discount
9.129	Arch replacement individual lingual brackets	NO	10% discount	15% discount
9.130	Replacement of individual lingual bracket	NO	10% discount	15% discount
9.131	One arch fixed braces individual lingual brackets stage II	NO	10% discount	15% discount
9.132	Benefit System braces stage I	NO	10% discount	15% discount
9.133	Benefit System braces stage II	NO	10% discount	15% discount
9.134	Flexible braces	NO	10% discount	15% discount
9.135	Teeth separation treatment	NO	10% discount	15% discount
9.136	Follow-up appointment in the course of treatment with fixed partial braces	NO	10% discount	15% discount
9.137	Bonding of a metal orthodontic bracket	NO	10% discount	15% discount
9.138	Bonding of a crystal orthodontic bracket	NO	10% discount	15% discount
9.139	Placement of an orthodontic arch	NO	10% discount	15% discount
9.140	Fixed 2x4 aesthetic braces	NO	10% discount	15% discount

9.141	Fixed 2x4 aesthetic braces stage I	NO	10% discount	15% discount
9.142	Fixed 2x4 aesthetic braces stage II	NO	10% discount	15% discount
9.143	One arch of fixed braces nickel-free brackets	NO	10% discount	15% discount
9.144	One arch of fixed braces nickel-free brackets stage I	NO	10% discount	15% discount
9.145	One arch of fixed braces nickel-free brackets stage II	NO	10% discount	15% discount
9.146	Retention arch 1 tooth	NO	10% discount	15% discount
9.147	Orthognathic treatment planning	NO	10% discount	15% discount
9.148	Pediatric plate denture	NO	10% discount	15% discount
9.149	Pediatric plate denture stage I	NO	10% discount	15% discount
9.150	Pediatric plate denture stage II	NO	10% discount	15% discount
9.151	Retention – retention arch, 6 teeth	NO	10% discount	15% discount
9.152	Models for diagnostic or orthodontic planning purposes	NO	10% discount	15% discount
10	Biological dentistry			
	The service is delivered by dentists at outpatient medical centers designated by the Medical Partner and includes the following services:			
10.1	Saliva testing with the Saliva-Check Buffer (GC) test	NO	10% discount	15% discount
10.2	Examination of the level of Streptococcus mutans bacteria in saliva with the Saliva-Check Mutans test (GC)	NO	10% discount	15% discount
10.3	Plaque check – Tri Plaque ID Gel (GC)	NO	10% discount	15% discount
10.4	Molecular biological test for determination of pathogens causing periodontitis/periimplantitis by Real-Time PCR – PET standard (MIP PHARMA)	NO	10% discount	15% discount
10.5	Molecular biological test for determination of pathogens causing periodontitis/periimplantitis by Real-Time PCR – PET plus (MIP PHARMA)	NO	10% discount	15% discount
10.6	Molecular biological test for determination of pathogens causing periodontitis/periimplantitis by Real-Time PCR – PET deluxe (MIP PHARMA)	NO	10% discount	15% discount
10.7	Caries infiltration – ICON (DMG)	NO	10% discount	15% discount
10.8	Minimally invasive caries therapy with glass hybrid technology – EQUIA FORTE	NO	10% discount	15% discount
10.9	Application of bioactive dentin substitute – Biodentine (Septodont)	NO	10% discount	15% discount
10.10	Biological reconstruction of lost tooth tissues with ACTIVA material (Pulpdent)	NO	10% discount	15% discount
10.11	Reconstruction of lost tooth tissue with BPA-free Gaenial	NO	10% discount	15% discount
10.12	Topical application of MI VARNISH (GC) releasing bioavailable calcium, phosphate and fluoride	NO	10% discount	15% discount
10.13	Supportive therapy with bioavailable calcium, phosphate and fluoride – GC MI Paste Plus	NO	10% discount	15% discount
10.14	Enamel remineralization with Tooth Mousse preparation	NO	10% discount	15% discount
11	Periodontics			
	The service is delivered by dentists in outpatient medical centers designated by the Medical Partner and includes the following services:			
11.1	Specialist periodontal consultation	NO	NO	YES
11.2	Treatment of oral mucosal lesions – ozone therapy doctor	NO	NO	15% discount
11.3	Ordinary curettage within 1/4 of arch	NO	NO	15% discount
11.4	Open curettage within 1 tooth	NO	NO	15% discount
11.5	Tooth immobilization with wire ligature – tooth	NO	NO	15% discount
11.6	Tooth immobilization with a composite splint – tooth	NO	NO	15% discount
11.7	Tooth immobilization with a composite splint with additional reinforcements – 1 tooth	NO	NO	15% discount
11.8	Biomaterial implantation procedure 1	NO	NO	15% discount
11.9	Emdogain implantation procedure 1 tooth	NO	NO	15% discount
11.10	Treatment of coating of exposed tooth roots	NO	NO	15% discount
11.11	Application of periodontal dressing	NO	NO	15% discount
11.12	Treatment of oral mucosal lesions – ozone therapy hygienist	NO	NO	15% discount
11.13	Biomaterial 2 implantation procedure	NO	NO	15% discount
11.14	Biomaterial 3 implantation procedure	NO	NO	15% discount
11.15	Emdogain implantation procedure 2 teeth	NO	NO	15% discount
11.16	Emdogain implantation procedure 3 teeth	NO	NO	15% discount
11.17	Gingivoplasty – within 1 tooth	NO	NO	15% discount
11.18	Gingivoplasty – within 1 tooth	NO	NO	15% discount
11.19	Periodontics Suturing of the maxilla and mandible	NO	NO	15% discount

11.20	Periodontics Crown extension – for a 2-root tooth	NO	NO	15% discount
11.21	Periodontics Crown extension- for a 1-root tooth	NO	NO	15% discount
11.22	Periodontics Guided bone regeneration	NO	NO	15% discount
11.23	Periodontology Gingival grafting – up to 2 teeth	NO	NO	15% discount
11.24	Dental biostimulation laser	NO	NO	15% discount
11.25	Nanobone implantation procedure – bone substitute preparation	NO	NO	15% discount
11.26	Vizilite plus cancer test	NO	NO	15% discount
11.27	Root planning one arch	NO	NO	15% discount
11.28	Periodontics Tooth crown extension (up to 6 teeth)	NO	NO	15% discount
11.29	Performing a test for pathogens causing periodontitis / periimplantitis	NO	NO	15% discount
11.30	Periodontal specialist consultation follow-up appointment	NO	NO	15% discount
11.31	Treatment of coating of exposed tooth roots within the area of 1 tooth	NO	NO	15% discount
11.32	Treatment of coating of exposed tooth roots within the area of 2 teeth	NO	NO	15% discount
11.33	Treatment of coating of exposed tooth roots within the area of 3 teeth	NO	NO	15% discount
11.34	Periodontics Tunneling	NO	NO	15% discount
11.35	Written plan and cost of periodontal treatment	NO	NO	15% discount
11.36	Ordinary curettage within 1 tooth	NO	NO	15% discount
11.37	Root planning 1/2 arch	NO	NO	15% discount
11.38	Flap periodontal therapy (1 tooth)	NO	NO	15% discount
11.39	Treatment with Vector periodontal instrument 2 arches	NO	NO	15% discount
11.40	Treatment with Vector periodontal instrument 1 arch	NO	NO	15% discount
11.41	Treatment with Vector prosthodontic instrument 2 arches	NO	NO	15% discount
11.42	Treatment with Vector prosthodontic instrument 1 arch	NO	NO	15% discount
11.43	Treatment with Vector prosthodontic instrument 1 tooth (1 to 6 teeth)	NO	NO	15% discount
12	Implantology			
	The service is delivered by dentists at outpatient medical centers designated by the Medical Partner and includes the following services:			
12.1	Implant specialist consultation	NO	NO	YES
12.2	Implant splint with titanium positioners	NO	NO	10% discount
12.3	Implant uncovering with healing screw 1 point	NO	NO	10% discount
12.4	Placement of a micro implant	NO	NO	10% discount
12.5	Placement of an Astra implant	NO	NO	10% discount
12.6	Placement of Straumann implant	NO	NO	10% discount
12.7	Removal of the micro implant	NO	NO	10% discount
12.8	Placement of an Astra implant and bracket in one stage	NO	NO	10% discount
12.9	Placement of a BEGO implant	NO	NO	10% discount
12.10	Removal of a permanent implant	NO	NO	10% discount
12.11	Placement of a Dentium implant	NO	NO	10% discount
12.12	Placement of a Neodent implant	NO	NO	10% discount
12.13	Placement of a Straumann SL Active implant	NO	NO	10% discount
12.14	Implant splint model	NO	NO	10% discount
12.15	Titanium bar fused to 6 implants	NO	NO	10% discount
12.16	Zirconium bar fused to 4 – 5 implants	NO	NO	10% discount
12.17	Zirconium-fused-to-implant bar 4 – 5 implants stage I	NO	NO	10% discount
12.18	Zirconium-fused-to-implant bar 4 – 5 implants stage II	NO	NO	10% discount
12.19	Zirconium-fused-to-implant bar 6 – 8 implants	NO	NO	10% discount
12.20	Zirconium-fused-to-implant bar 6 – 8 implants stage I	NO	NO	10% discount
12.21	Zirconium-fused-to-implant bar 6 – 8 implants stage II	NO	NO	10% discount
12.22	Implant locator	NO	NO	10% discount
12.23	Porcelain-fused-to-implant crown, bicortical fused to steel	NO	NO	10% discount
12.24	Porcelain-fused-to-implant crown, bicortical fused to steel stage I	NO	NO	10% discount
12.25	Porcelain-fused-to-implant crown, bicortical fused to steel stage II	NO	NO	10% discount

12.26	Porcelain-fused-to-implant crown 1 arch	NO	NO	10% discount
12.27	Porcelain-fused-to-implant crown 1 arch stage I	NO	NO	10% discount
12.28	Porcelain-fused-to-implant crown 1 arch stage II	NO	NO	10% discount
12.29	Toronto acrylic-fused-to-implant bridge 1 arch	NO	NO	10% discount
12.30	Toronto acrylic-fused-to-implant bridge 1 arch stage I	NO	NO	10% discount
12.31	Toronto acrylic-fused-to-implant bridge 1 arch stage II	NO	NO	10% discount
12.32	Porcelain-fused-to-implant bridge with individual crowns 1 pt	NO	NO	10% discount
12.33	Porcelain-fused-to-implant bridge with individual crowns 1 pt stage I	NO	NO	10% discount
12.34	Porcelain-fused-to-implant bridge with individual crowns 1 pt stage II	NO	NO	10% discount
12.35	Provisional instant fused-to-implant crown made by a technician	NO	NO	10% discount
12.36	Provisional instant fused-to-implant crown made by a doctor	NO	NO	10% discount
12.37	Renovation a Toronto acrylic-fused-to-implant bridge – acrylic replacement	NO	NO	10% discount
12.38	Denture on 4 fused-to-locator implants	NO	NO	10% discount
12.39	Denture on 4 fused-to-locator implants stage I	NO	NO	10% discount
12.40	Denture on 4 fused-to-locator implants stage II	NO	NO	10% discount
12.41	Denture on 4 fused-to-bar implants	NO	NO	10% discount
12.42	Denture on 4 fused-to-bar implants stage I	NO	NO	10% discount
12.43	Denture on 4 fused-to-bar implants stage II	NO	NO	10% discount
12.44	Denture on 2 fused-to-bar implants	NO	NO	10% discount
12.45	Denture on 2 fused-to-bar implants stage I	NO	NO	10% discount
12.46	Denture on 2 fused-to-bar implants stage II	NO	NO	10% discount
12.47	Denture on 2 fused-to-locator implants	NO	NO	10% discount
12.48	Denture on 2 fused-to-locator implants stage I	NO	NO	10% discount
12.49	Denture on 2 fused-to-locator implants stage II	NO	NO	10% discount
13	Treatment of functional masticatory dysfunctions			
	The service is delivered by dentists in outpatient medical centers designated by the Medical Partner and includes the following services:			
13.1	Soft relaxation splint	NO	NO	10% discount
13.2	Hard relaxation splint	NO	NO	10% discount
13.3	NTI relaxation splint	NO	NO	10% discount
13.4	Facial arch test and placement in articulator with MDI examination	NO	NO	10% discount
14	Cosmetic dentistry			
	The service is delivered by dentists in outpatient medical centers designated by the Medical Partner and includes the following services:			
14.1	Closing of diastema – for each tooth	NO	NO	10% discount
14.2	Whitening of a tooth by internal method – 1 treatment	NO	NO	10% discount
14.3	Whitening of a group of teeth by external method – 1 dental arch	NO	NO	10% discount
14.4	Teeth whitening by external method – additional set	NO	NO	10% discount
14.5	Teeth whitening by external method – 1 syringe	NO	NO	10% discount
14.6	Laser – Smile teeth whitening 1 arch	NO	NO	10% discount
14.7	Laser – Smile teeth whitening 2 arches	NO	NO	10% discount
14.8	Laser – Smile teeth whitening – supplementary	NO	NO	10% discount
14.9	Teeth whitening by external method – 1 syringe-hygienist	NO	NO	10% discount
14.10	Teeth whitening by external method – additional set-hygienist	NO	NO	10% discount
14.11	Teeth whitening with Beyond lamp 1 dental arch	NO	NO	10% discount
14.12	Teeth whitening with Beyond lamp 2 dental arches	NO	NO	10% discount
14.13	Whitening of a group of teeth by external method – 1 dental arch with LED lamp	NO	NO	10% discount
15	Dental X-ray examinations (test result on a carrier according to the accepted standard in a given medical institution)			
	The service includes the delivery of the following services at outpatient medical centers designated by the Medical Partner, upon referral by a dentist from said facilities:			
15.1	Periapical X-ray	10% discount	YES	YES
15.2	Panoramic radiograph	NO	15% discount	YES
15.3	Guarantee	YES	YES	YES

2. In order to obtain medical benefits under the Dental On-Call Service referred to in Table No. 3 in item 1 in a situation of sudden illness or accident, the Insured shall be required:

- 1) to contact the medical telephone hotline;
- 2) to execute medical benefits at the medical center indicated through the telephone medical hotline. In the case that medical benefits cannot be performed at a given medical center on a cashless basis, the Insured shall pay the costs in accordance with the price list applicable therein;
- 3) to submit, within 3 months from the date of medical benefit, an application for reimbursement available at www.interrisk.pl, together with original invoices or bills containing the following data:
 - a) the name of the entity providing the medical benefit;
 - b) data of the Insured for whom the medical benefit was provided (name, PESEL, address of residence);
 - c) quantity of medical benefits provided;
 - d) unit price and total amount due;
 - e) the date the medical benefit was provided;
 - f) a specification issued by the Medical center that provided the medical benefit, including the name of the service, or a copy of the medical records of the medical benefit provided;
 - g) in the case of services for a child, when the invoice is issued to the legal representative, the content of the invoice or bill should include the data of the child for whom the medical benefit was provided.

3. The Medical Partner shall make reimbursement of costs (Reimbursement) to the bank account number indicated in the request for reimbursement within 30 days from the date of delivery of a complete request for reimbursement.

4. Guarantee referred to in Table No. 3 in section 15(3) – The Insured shall be eligible for

a 24-month guarantee for final conservative fillings applied to permanent teeth. The condition for obtaining this guarantee shall be:

- 1) completion of follow-up appointments at the Medical Partner's medical centers at least once in the 12-month Insurance Term or according to an individually agreed schedule;
 - 2) tartar and plaque teeth cleaning and fluoridation 1 time in the 12-month Insurance Term or according to an individually determined schedule at the Medical Partner's medical centers;
 - 3) compliance with the dentist's recommendations;
 - 4) maintenance of oral hygiene according to the recommendations of the dentist and/or hygienist.
- 5.** The guarantee referred to in paragraph (4) shall not apply to conditions arising as a result of:
- 1) non-compliance with recommended follow-up and preventive care appointments;
 - 2) non-compliance with the dentist's recommendations;
 - 3) mechanical injuries, personal accidents, missing teeth in lateral sections (lack of support zones);
 - 4) pathological abrasion (bruxism) or other functional disorders of the masticatory organ;
 - 5) physiological bone atrophy and periodontal changes;
 - 6) concurrent general conditions affecting the stomatognathic system (diabetes mellitus, osteoporosis, epilepsy, history of radiation and chemotherapy);
 - 7) fillings treated as temporary (e.g., placed until prosthodontic work is done).
- 6.** Option I, II and III shall not include services performed under general anesthesia.

Annex No. 3

to the General Insurance Terms and Conditions for Medical Expenses Insurance "ANTIDOTUM plus"
 approved by the Resolution No. 02/14/02/2023 of the Management Board of InterRisk TU S.A. Vienna Insurance Group dated February 14, 2023.

HOSPITALIZATION 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 hospitalization. The detailed scope of cover is defined in the table below:

Table No. 4

Item	Hospitalization 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 contract 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 contract 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

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