

The information in this document should help you understand the basic features and conditions of insurance. **All information about the product can be found in the Insurance Terms and Conditions, in the Insurance Information (information obligation of the insurance company according to Act No 170/2018 Sb., on Insurance and Reinsurance Distribution) and the Insurance Contract.**

What type of insurance is it?

It is the insurance of reasonable and necessary costs of comprehensive health care that the Insured had to undergo in a healthcare establishment or that were incurred in connection with the Insured's pregnancy and birth of the Insured's child. If the insurance period is 12 months or longer, the insurance also includes supplementary insurance of the citizen's liability for damage. If agreed in the insurance contract, the insurance includes the services of above-standard health and support programs MaxCare and Pregnancy Package.



What does the insurance cover?

- ✓ Reasonable and necessary costs of comprehensive health care that the Insured had to undergo in a healthcare establishment as a result of deterioration of their health condition that occurred in the territory covered by the insurance or in connection with the Insured's pregnancy and birth of the Insured's child, incurred during the term of the insurance, with the exception of the agreed exclusions. The insurance covers only the costs of health care that result in maintaining the patient's state of health as it was before the conclusion of the insurance contract in accordance with the Act on the Residence of Foreign Nationals in the Czech Republic.
- ✓ If agreed in the insurance contract, the insurance covers the costs of necessary and urgent health care that the Insured had to undergo as a result of deterioration of their health during their stay in the Schengen Area outside the territory of the Czech Republic. The insurance covers only a tourist stay of the Insured (without any short-term gainful activity), with the length of each individual stay not exceeding 30 days.
- ✓ Repatriation costs. If a loss event arises in the country of transit, the insurance covers only the costs of necessary and urgent health care.
- ✓ The costs of the above-standard health and support programs MaxCare and Pregnancy Package incurred by the Insured if so agreed in the insurance contract.

Please note: The exact scope of the insurance you have taken out is specified in the insurance contract and in the Insurance Terms and Conditions.



What's not covered?

The insurance does not cover damage caused:

- ✗ by deliberate travel to the Czech Republic for the purpose of receiving health care, including transit (medical tourism);
- ✗ at the time when the Insured is a participant in the public health insurance of the Czech Republic.

The insurance company also does not provide compensation in the event of:

- ✗ illness or injury the cause or symptoms of which occurred before the conclusion of the insurance, even if they manifested themselves during the insurance period;
- ✗ procedures that have not been provided by a healthcare establishment or a healthcare professional on the basis of a legally recognized medical practice in the Czech Republic, or in the case of procedures that are not recognized by medical science;
- ✗ when the injury has been caused demonstrably and exclusively by a violation of treatment procedures or a treatment regimen prescribed by a physician;
- ✗ when the loss event has been intentionally caused by the Insured, excluding accidents;
- ✗ when the loss event has been caused by the fault or contributory fault of the Insured, excluding accidents;
- ✗ when the loss event has been caused by the Insured as a result of the consumption of alcohol or drugs or under the influence of narcotic or psychotropic substances, excluding accidents;
- ✗ drawing long-term physiotherapeutic care, unless it is necessary to eliminate immediate health complications;
- ✗ cosmetic or aesthetic procedures that do not pursue medical purposes.



Are there any restrictions on insurance coverage?

- ! The upper limit of the indemnity per loss event is the relevant indemnity limit specified in the insurance contract.
- ! Indemnity for loss events occurring in the Czech Republic are provided in the scope and amount corresponding to the costs of public health insurance in the Czech Republic, unless otherwise agreed with the healthcare establishment.
- ! The insurance contract may also stipulate the total indemnity limit for all loss events during the insurance period for partial types of treatment or insurance options, e.g. acute treatment by a dentist, for loss events arising from the services of above-standard health and support programs MaxCare and Pregnancy Package.

Please note: The full text and the list of insurance coverage limitations and exclusions can be found in the Insurance Terms and Conditions.



Where does the insurance cover me?

- ✓ The insurance is taken out for loss events occurring **in the Czech Republic** and in **transit countries**.
- ✓ If so agreed in the insurance contract, the insurance is taken out for loss events occurring in **the territory of the Schengen Area** outside the territory of the Czech Republic.



What are my responsibilities?

In addition to the obligations set out in generally binding regulations, the Insured and the Policyholder are obliged to comply with the obligations set out in the Insurance Terms and Conditions, namely in the articles governing the obligations of parties to the insurance.

These include in particular the following during the insurance period:

- ✓ the Policyholder is obliged to inform the Insured of the content of the insurance contract, including all its annexes, without undue delay;
- ✓ paying the premium in a proper and timely manner and in the specified amount;
- ✓ answering truthfully and completely all written questions of the Insurer regarding the insurance to be taken out;
- ✓ notifying the Insurer in writing without delay of any changes to the facts stated in the insurance contract or requested in writing by the Insurer or which have a direct impact on the agreed insurance;
- ✓ undergoing a medical examination by a physician designated by the Insurer at the request of the Insurer;
- ✓ doing everything possible to prevent a loss event and to reduce the extent of the damage caused.

Obligations in the event of a claim for indemnity:

- ✓ informing the assistance service about all important facts for making a claim under this insurance and following its instructions;
- ✓ providing a true explanation of the origin and extent of the consequences of such event and submitting the necessary documents requested by the Insurer.



When and how to make payments?

The single premium is payable on the inception date, no later than on the date specified in the insurance contract as the due date of the first premium. The premium is deemed to have been paid on the date on which it is credited in full to the Insurer's account.

The premium can be paid by bank transfer (payment order or standing order), credit card or in cash (to the Insurer or its representatives with the appropriate authorization).

Please note: The Insurer is entitled to the premium for the duration of the insurance. The Insurer is entitled to the entire single premium in the event of expiry due to a loss event.



When does the cover start and end?

The insurance is taken out for a definite period. The insurance will take effect from the date specified as the inception date in the insurance contract. The insurance ends on the date specified as the expiry date in the insurance contract.

The insurance also expires in the event of the death of the Insured, the termination of the Insured's stay in the territory of the Czech Republic or on the date of entry into force of the decision on expulsion or administrative expulsion. The insurance also expires on the date on which the Insured becomes a participant in public health insurance pursuant to Act No. 48/1997 Sb., on Public Health Insurance (based on employment in the Czech Republic or obtaining permanent residence in the Czech Republic), but not before the Insurer has demonstrably become aware of it. The insurance also expires upon withdrawal from the insurance contract, agreement between the Policyholder and the Insurer or non-payment of the premium after meeting the statutory conditions.



How can I terminate the contract?

- ✓ Within two months from the date of conclusion of the insurance contract. The insurance expires upon the expiry of an eight-day notice period.
- ✓ Within three months from the date of notifying the Insurer of a loss event. The insurance expires after a one-month notice period.