

THE SCOPE OF SERVICES PROVIDED AS PART OF LUX MED HOSPITAL INSURANCE – FULL CARE G/002/2022/US, FOR THE MAIN INSURED, PARTNER AND ADULT CHILD.

Under the Insurance Agreement for the Main Insured Person, Co-Insured and Adult Child, we provide:

- Hospital Service (Part I)
- Hospital Health Check (Part II)
- Coordination of Hospital Care (Part III)

SECTION I: HOSPITAL SERVICE

§1 Hospitalisation

We provide Urgent Hospitalisation and Planned Hospitalisation in the following medical areas:

1. **Diagnostics and treatment at the non-invasive treatment department**
 - a. includes a stay and comprehensive diagnostics and treatment of diseases in the following wards: internal medicine, cardiology, pulmonology, allergology, neurology, diabetology, gastroenterology, dermatology, rheumatology, endocrinology, infectious diseases and nephrology;
 - b. it does not include:
 - I. diagnostics and treatment in which the aim can be achieved in outpatient conditions;
 - II. drug programmes indicated in the Notice of the Minister of Health as a guaranteed service which takes place using innovative, costly active substances which are not financed within the scope of other guaranteed services;
 - III. Hospitalisation with the aim of planned use of pharmacology therapy of chronic diseases;
 - IV. diagnostics and treatment of the consequences of strokes;
 - V. chronic renal replacement therapy, performed outside the period of necessary Hospitalisation within the scope of the Agreement.
2. **Orthopaedics**
 - a. includes orthopaedic procedures, including endoprosthesis and orthopaedic fixation materials;
 - b. it does not include:
 - I. limb lengthening;
 - II. osseointegration treatments.
3. **General surgery**
 - a. includes general surgery procedures;
 - b. it does not include:
 - I. surgical obesity treatment;
 - II. thoracic surgery (i.e. thoracosurgery).
4. **Vascular surgery**
 - a. includes surgery on veins and peripheral arteries;
 - b. it does not include:
 - I. surgery performed in the extracorporeal circulation;
 - II. surgery of aneurysms and vascular malformations;
 - III. procedures for embolisation of pathological lesions;
 - IV. procedures on intracranial vessels.
5. **Gynaecology**
 - a. includes gynaecology procedures;
 - b. it does not include the diagnosis and treatment of impaired female fertility and assisted reproduction.
6. **Laryngology**
 - a. includes ENT procedures;
 - b. it does not include:
 - I. implant insertion for hearing organs and other implants replacing the functions of the senses;
 - II. procedures requiring neurosurgery;
 - III. treatment of the consequences of facial-cranial injuries, in particular craniofacial reconstruction.

7. Urology

- a. includes urology procedures, including robotic surgery of the prostate gland;
- b. it does not include:
 - I. procedures for kidney collection or implantation, chronic renal replacement therapy, performed outside the period of necessary Hospitalisation within the scope of the Agreement;
 - II. urological procedures associated with correction of the size or shape of the genital organs;
 - III. treatment of erectile dysfunction;
 - IV. artificial urinary tract sphincter implantation;
 - V. treatment of male fertility disorders, e.g. vasectomy reversal.

8. Ophthalmology

- a. includes ophthalmologic procedures;
- b. it does not include:
 - I. surgical correction of defects of vision (e.g. laser correction of impaired vision or the implantation of intraocular phakic lenses), with the exception of corrective lenses implantation during simultaneous cataract surgery;
 - II. corneal transplant procedures;
 - III. surgical treatment of conical cornea;
 - IV. eye prosthetic procedures.

9. Spinal neurosurgery

- a. includes neurosurgery procedures of intervertebral discs;
- b. it does not include:
 - I. treatment of secondary and primary scoliosis;
 - II. surgical procedures involving three and more intervertebral discs;
 - III. neurosurgical procedures involving the brain and skull;
 - IV. procedures involving the spinal cord and nerve roots.

10. Oncology

- a. includes:
 - I. surgery of neoplastic lesions, including: plastic breast reconstruction after mastectomy;
 - II. preventive procedures resulting from oncological indications, covering oophorectomy and mastectomy with breast reconstruction;
 - III. advanced methods of treatment of prostate tumours, including robotic surgery of prostate tumours;
- b. it does not include:
 - I. extensive surgical procedures of head and neck tumours, in particular laryngeal cancer;
 - II. systemic therapies (chemotherapy, immunotherapy, CAR-T and others) and oncology radiation therapy, as isolated treatment or as an element of combination treatment;
 - III. treatment of neoplastic lesions of the brain, lungs, haematological neoplasms;
 - IV. breast reconstruction, in cases of medical contraindications to such a procedure.

We only provide Planned Hospitalisation for the following medical area:

11 Invasive cardiology

- a. includes planned invasive cardiology procedures, including stays at the intensive care ward which are necessary in the post-surgery period (Anaesthesiology and Intensive Care Ward, Intensive Cardiology Supervision Ward);
- b. it does not include:
 - I. treatment of acute coronary syndromes, according to the current criteria of the diagnosis of the European Society of Cardiology;
 - II. cardiac surgery;
 - III. implantation of artificial cardiac pacemakers, heart valves, implantable cardioverter-defibrillator (ICDs) and devices with an analogous or similar function.

§2 Psychological consultations

For the Insured Persons with diagnosed malignant tumour, using Hospitalisation Service in the area of Cardiology, we offer psychological consultations. Consultations may be conducted onsite or remotely. We offer up to 5 consultations in 12 months. The date of cancer diagnosis is the date of histopathological examination.

§3 Obstetrics-neonatology services

1. Obstetrics-neonatology services include:

- a. assisting in natural labour or delivery by caesarean section;
 - b. individual care of a midwife during childbirth;
 - c. participation in antenatal classes;
 - d. neonatology care of the neonate.
2. Our responsibility in the field of obstetrics-neonatology services does not include:
 - a. High-Risk Pregnancy care;
 - b. Hospitalisation resulting from pathological course of pregnancy (both pathologies of the mother and the foetus), if the pregnancy requires care or delivery in a level III perinatal care centre;
 - c. deliveries in cases which the medical safety considerations, in particular closeness for sudden deliveries, require the use of another Hospital than the ones listed on the list of locations referred to in §3(8) of the GTC;
 - d. performance of foetal genetic tests, amniocentesis and cordocentesis;
 - e. neonatology care of the neonate requiring intensive care at a level III perinatal care centre.

§4 Medical care prior to Hospitalisation

1. The services in the field of imaging diagnostics, laboratory tests and specialist consultations necessary for the preparation for Hospitalisation are covered by the scope. The scope of all examinations and consultations shall be specified during preparation of the Insured Person for Hospitalisation, upon acceptance of the application for the provision of the Service. We do not provide examinations and consultations for medical care prior to Hospitalisation, ordered by another medical facility than the one indicated by us. Medical care prior to Hospitalisation is essential for:
 - a. determining the necessity of Planned Hospitalisation, its type, methods and scope of the procedure;
 - b. qualifying of the Insured Person for Hospitalisation;
 - c. determining the date of a surgery or procedure;
 - d. developing a treatment plan.
2. Medical care prior to Hospitalisation is not the same as:
 - a. making a diagnosis;
 - b. monitoring of treatment;
 - c. general medical advice;
 - d. issuing a second medical opinion.
3. The scope does not include pregnancy care.

§5 Medical care after Hospitalisation

1. Care after Hospitalisation includes 3 follow-up visits in the medical facility indicated by us. They are conducted to monitor the effects of the procedure and the recovery process up to 30 days after discharge from the hospital.
2. We also provide care in cases of sudden deterioration of health status of the Insured Person after the provided Service. In such cases, the scope of care is tailored to the medical situation and needs, and aims to improve or restore the proper health condition of the Insured Person. The scope of the Service is specified by the Physician indicated by us.
3. Medical care after Hospitalisation is provided only in relation to the Service provided under the Insurance Agreement.

§6 Rehabilitation

1. Rehabilitation after Hospitalisation includes:
 - a. necessary procedures in the field of physical therapy and physiotherapy in accordance with the recommendations of medical or physiotherapeutic personnel after orthopaedic procedures for up to 6 weeks from the date of the procedure;
 - b. necessary procedures in the field of physical therapy and physiotherapy according to the recommendations of medical or physiotherapeutic personnel after neurosurgery for up to 10 weeks from the date of the procedure;
 - c. necessary lymphatic drainage procedures following surgical procedures (e.g. mastectomy) as recommended by medical or physiotherapeutic personnel for up to 6 weeks after the procedure.
2. We shall specify the detailed scope of rehabilitation before the end of Hospitalisation. We do not provide rehabilitation services ordered by a medical facility other than ours.
3. Our responsibility in the scope of rehabilitation does not include:
 - a. rehabilitation procedures resulting from indications other than the consequences of the surgical procedure performed as part of insurance coverage;
 - b. fracture treatment with bone adhesion stimulators using physical effects (e.g. ultrasound wave).

4. Rehabilitation is provided only in relation to the Service provided under the Insurance Agreement.

§7 Emergency Care

1. Consultation of the Emergency Care Physician is possible provided that the Hospital Coordinator confirms that consultation is necessary and appropriate from the medical point of view.
2. Emergency Care includes, depending on the medical indications and the extent of services available at a given location:
 - a. interventions by emergency medical service;
 - b. providing necessary medical assistance at the place of residence of the Insured Person;
 - c. providing necessary medical assistance at the outpatient clinic or hospital designated by us;
 - d. giving recommendations on further conservative management;
 - e. transport to hospital.

The scope of services available as part of Emergency Care at a given location is indicated on www.opiekaszpitalna.luxmed.pl.

3. Emergency Care does not replace the assistance provided under the National Medical Emergency System. The Operator is entitled to refer the Insured Person to the facility of a higher level of perinatal care if the health status and medical safety require it. This does not constitute an improper performance of the Agreement.
4. Our responsibility in the field of Emergency Care does not cover health situations, in which any delay in providing medical assistance, available in the nearest medical facility, poses immediate threat to the life of the Insured Person. In particular, this includes loss of consciousness, anaphylactic shock, choking; status epilepticus; acute and severe allergic reactions resulting from biting or stinging by venomous animals; poisoning by medicines, chemicals or gases; electrocution; ducking; attempted suicide; fall from high altitude; an extensive injury resulting from trauma, including traumatic amputations of the limbs or parts of the limbs; multiple traumas; sudden visual or hearing disorders; face-cranial injuries.
5. Item 4 shall not release the Operator from providing a healthcare service to a person who needs immediate provision of a service due to a threat to life or health arising from Article 15 of the Act on Medical Activity of 15 April 2011 (Journal of Laws [Dz.U.] No. 112, item 654), consolidated text of 16 March 2021 (Journal of Laws [Dz.U.] of 2021, item 711), as amended.

PART II: HOSPITAL HEALTH CHECK

1. Hospital Health Check is conducted at the Hospital indicated by us, within one day, within a period agreed with the Insured Person. Extending the duration of a Hospital Health Check beyond one day may take place in medically justified cases, such as the need to repeat the examination in a hospital setting.
2. Depending on official guidelines, including the internal guidelines of the hospital related to the epidemic situation, the performance of a Hospital Health Check may be conditioned upon the receipt of a negative result of the recommended SARS-CoV-2 (the virus causing COVID-19) test, which is valid on the day of the Check. The test is financed and made available by us before the planned Check.
3. The specific scope of services depends on the gender and age of the Insured Person:

Hospital Health Check for a woman up to 40 years of age

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| <ul style="list-style-type: none"> • having your blood pressure taken, • height and body weight measurement, • urine – general analysis, • complete blood count + platelet count + automated smear, • laboratory tests: ferritin, glucose, HBs Ag, HCV Ab, HIV, creatinine, faecal occult blood, uric acid, lipid profile, ESR, GPT transaminase, TSH, | <ul style="list-style-type: none"> • resting ECG, • Chest X-ray, • ultrasound of the heart, abdominal cavity, breast, thyroid, gynaecological, • standard pap smear, • consultation with an internist and gynaecologist. |
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Health status report and recommendations

Hospital Health Check for a woman aged 40 years or older

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| <ul style="list-style-type: none"> • having your blood pressure taken, • height and body weight measurement, | <ul style="list-style-type: none"> • resting ECG, • cardiac stress test, |
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| <ul style="list-style-type: none"> • urine – general analysis, • complete blood count + platelet count + automated smear, • laboratory tests: ferritin, glucose, HBs Ag, HCV Ab, HIV, creatinine, faecal occult blood, uric acid, lipid profile, ESR, GPT transaminase, TSH, | <ul style="list-style-type: none"> • Chest X-ray, • ultrasound of the heart, abdominal cavity, breast, thyroid, gynaecological, • mammography, • standard pap smear, • consultation with an internist, gynaecologist and cardiologist. |
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Health status report and recommendations

Hospital Health Review for men up to 40 years of age

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| <ul style="list-style-type: none"> • having your blood pressure taken, • height and body weight measurement, • urine – general analysis, • complete blood count + platelet count + automated smear, • laboratory tests: glucose, HBs Ag, HCV Ab, HIV, creatinine, faecal occult blood, uric acid, lipid profile, ESR, GPT transaminase, TSH, | <ul style="list-style-type: none"> • PSA panel, • resting ECG, • Chest X-ray, • ultrasound of the heart, abdominal cavity, thyroid, testicles, prostate, • consultation with an internist and urologist. |
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Health status report and recommendations

Hospital Health Check for a man aged 40 years or older

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| <ul style="list-style-type: none"> • having your blood pressure taken, • height and body weight measurement, • urine – general analysis, • complete blood count + platelet count + automated smear, • laboratory tests: glucose, HBs Ag, HCV Ab, HIV, creatinine, faecal occult blood, uric acid, lipid profile, ESR, GPT transaminase, TSH, | <ul style="list-style-type: none"> • PSA panel, • resting ECG, • cardiac stress test, • Chest X-ray, • ultrasound of the heart, abdominal cavity, thyroid, testicles, prostate, • consultation with an internist, urologist and cardiologist. |
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Health status report and recommendations

4. We will not conduct a Hospital Health Check if the Insured Person has an identified infection, suspected infection or any other health disturbance that may impair the results of the Service.
5. We may deviate or limit the scope of the Hospital Health Check in cases of medical contraindications to certain examinations.

PART III: HOSPITAL CARE COORDINATION

1. Immediately after the beginning of the Insurance Coverage Period, we will provide the Insured Person with contact details for the Hospital Care Coordinating Team. The details will be provided by email, text message or letter, depending on which contact information we have received.
2. The Insured Person uses the Hospital Care Coordinator according to that person's needs. The person may benefit from a part or the entire scope offered.
3. The scope of services offered as part of Coordination of Hospital Care includes:
 - a. accepting an application for the performance of the Service from the Insured Person and current contact with the Insured during verification of the application, as well as during the term of the Agreement.
 - b. coordination of care over the Insured Person in the case of Emergency Care:
 - I. verification of Services entitlements;
 - II. providing guidance to the Insured Person on further proceedings;
 - III. contact with the Admission Ward or Outpatient Clinic;
 - IV. help in admission to the Hospital or Outpatient Clinic and assistance in the ongoing organisation of the necessary examinations and consultations as recommended by the Physician;

- V. assistance in collecting the medical records of the Insured Person;
- VI. contact with a person authorised to receive medical information on the Insured Person.
- c. coordination of care for the Insured Person before Hospitalisation:
 - I. verification of entitlements to the Service, including obtaining the decision of the Insurer in connection with the application submitted;
 - II. presenting a proposal for Hospitalisation – presenting a selection of available Hospitals and Physicians, as well as a midwife, if the Insured Person is planning for childbirth;
 - III. arranging a stay and as decided by the Insured Person;
 - IV. assistance in scheduling examinations and consultations eligible for Hospitalisation;
 - V. monitoring of the performance of examinations and consultations by the Insured Person;
 - VI. reminding the Insured Person about the date of admission to the Hospital and the required documents as well as confirmation of the presence of the Insured Person at the Hospital;
 - VII. coordination of the flow of medical documents between the Insured Person and the Hospital;
 - VIII. providing information on Hospital stay.
- d. coordination during the Hospital Service:
 - I. transfer of all documents necessary for the Service of the Insured Person;
 - II. current contact with the Hospital;
 - III. providing information on the current status of the performance of medical procedures to a person authorised to receive medical information about the Insured Person;
 - IV. arranging a follow-up visit after Hospital stay and presenting a post-service care plan;
 - V. organisation of Medical Transport.
- e. coordination of care after Hospitalisation, in accordance with the Physician's recommendations:
 - I. arranging for examinations and rehabilitation for the Insured Person;
 - II. organisation of Medical Transport if it is due to medical indications;
 - III. completion of the medical documentation of the Insured Person.
- f. coordination of the Hospital Health Check:
 - I. verification of Services entitlements;
 - II. presenting a proposal from the Hospital and Physician conducting the Hospital Health Check;
 - III. arranging the Hospital Health Check at the discretion of the Insured Person;
 - IV. reminding the Insured Person of the date of the Service, the required documents and confirmation of attendance at the Hospital;
 - V. monitoring of the performance of the Hospital Health Check;
 - VI. coordination of the flow of medical documents between the Insured Person and the Hospital;
 - VII. providing general information on the performance of the Hospital Health Check.