General Terms and Conditions of Health Insurance for Acute and Emergency Care for Foreign Nationals  
VPP NZPC 01/2014

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Article 1 Introduction  
1. Health Insurance for Acute and Emergency Care for Foreign Nationals (hereinafter the “Insurance”) provided by Slavia pojišťovna, a.s. ID No. 60197501, with its registered office at Revoluční 1, 110 00 Prague 1, Czech Republic (hereinafter the “Insurer”), is governed by the laws of the Czech Republic, especially Act No. 89/2012 Coll., the Civil Code, as amended, by these General Terms and Conditions of Health Insurance for Acute and Emergency Care for Foreign Nationals VPP NZPC 01/2014 (hereinafter the “General Insurance Terms and Conditions”) and by the provisions of the insurance contract. The General Insurance Terms and Conditions form an integral part of the insurance contract. The insurance contract is concluded in the Czech language.
2. The Insurer is a person who has taken out an insurance product against loss and damage for a fixed term. The Insurance is similar to the general public health insurance, however its scope is limited by exclusions and insurance coverage limits.
3. The insurance contract applicable to Health Insurance for Acute and Emergency Care for Foreign Nationals is evidence of travel health insurance for foreign nationals pursuant to Act No. 326/1999 Coll., on the stay of foreign nationals in the Czech Republic, as amended.

Article 2 Definitions  
1. Policyholder shall mean a natural or legal person that has signed an insurance contract with the Insurer and is obliged to pay the premium.
2. Insurer is Slavia pojišťovna a.s.
3. Insured Person is the foreign national (a natural person who is not a citizen of the Czech Republic) to whose health the Insurance applies.
4. Beneficiary is a person who has demonstrably incurred the costs of healthcare provided to the Insured Person; and who incurs the right to an insurance indemnity as a result of an insured event.
5. Insurance Period is the period for which the Insurance was taken out.
6. Insured Risk is a possible cause of an insured event.
7. Loss Event is an event that results in a loss and may give rise to the right to indemnity.
8. Insured Event is an accidental state of affairs giving rise to the Insurer’s responsibility to provide an indemnity.
9. Sudden Illness means a sudden and unpredictable deterioration of the state of health, representing a direct threat to the health or life of the Insured Person and requiring acute and emergency care.
10. Injury means the sudden and unanticipated exertion of external forces or the Insured Person’s own physical strength, independent of the will of the Insured Person, resulting in damage to the health of the Insured Person or his/her death.
11. Home Country is the country whose valid travel document is held by the Insured Person.
12. Repatriation is transport of the Insured Person or his/her bodily remains to the home country or to another country of his/her permitted residency, as the case may be.
13. Acute and Emergency Care means healthcare provided to the Insured Person in the event of an injury or sudden illness, where any delay could result in a serious deterioration of health, damage to health or a threat to life. It includes:
   a) acute care provided by a medical assistance or emergency service;
   b) doctor-induced transportation to the nearest professional healthcare facility;
   c) establishing diagnoses and treatment procedures, including necessary examinations;
   d) acute and emergency medical interventions including necessary medicines and medical equipment;
   e) necessary hospitalization for a necessary period of time;
   up to the extent of acute and emergency care normally covered by the general health insurance system of the CR, or the general health insurance of another country that is a party to the Schengen Agreement, on whose territory, which forms a part of the Schengen Area, the acute and emergency care was provided to the Insured Person. The scope is further determined by exclusions from the insurance coverage.
14. Insured Person’s Card is written confirmation issued by the Insurer to the Insured Person to prove the existence of the Insurance. Contact details for the assistance service are provided on the reverse of the Insured Person’s Card.
15. Assistance Service is secured by a contractual partner of the Insurer. The purpose of the assistance service is to provide assistance to the Insured Person in relation to the insured event (resolution of language problems when communicating with medical facilities, organization of transport or repatriation of the Insured Person).
16. Contracted Medical Facility is a medical facility in the CR with which the Insurer has signed a contract regarding the provision of healthcare covered by this Insurance. Information regarding contracted medical facilities shall be provided to the Insured Person by the assistance service.
17. Transit Countries are only those countries in the Schengen Area in whose territory the Insured Person is present for the period of time necessary for the fastest and shortest transport of the Insured Person from his/her home country to the CR and back.
18. Initial Age of the Insured Person is the difference between the year when the Insurance commenced and the year of birth of the Insured Person.

Article 3 Subject of the Insurance, Insured Risk, Insured Event  
1. The Insurance applies to the cost of acute and emergency care provided to the Insured Person, and related assistance services, the scope of which depends on the type of stay of the Insured Person and the place of stay of the Insured Person.
2. It may also be agreed in the Insurance contract that the Insurance covers the cost of acute and emergency healthcare, and related assistance services, provided to the Insured Person during a tourist stay of the Insured Person in the Schengen Area outside the territory of the CR.
3. The insured risk is a sudden illness of the Insured Person, or an injury to the Insured Person, which may occur during the term of insurance and which may result in a condition requiring acute and emergency care.
4. The insured risk during a stay of the Insured Person in the Schengen Area outside the territory of the CR is a sudden illness of the Insured Person, or an injury to the Insured Person, which may occur during the term of insurance in relation to everyday civic activities, and result in a condition requiring acute and emergency care, excluding, however, illnesses and activities which occurred during any sports or sport-related recreational activities.
5. Loss means the cost incurred to provide acute and emergency care to the Insured Person within the scope of the Insurance taken out.
6. An insured event is a sudden illness or injury to the Insured Person, as the result of which it was necessary to provide acute and emergency care or assistance services, corresponding to the conditions and scope of the Insurance taken out, where the Insured Person became liable to pay the costs of the healthcare to the medical facility, or to pay the costs of the assistance services to the provider, as appropriate.
7. Events arising from one cause, comprising all the facts and their consequences, amongst which there is a causal, temporal or other direct link, shall be deemed a single insured event.

Article 4 Type of Stay, Territorial Scope, Scope of Insurance  
1. The scope of the Insurance within the territory of the CR depends on the agreed type of stay of the Insured Person within the territory of the CR. Insurance may be agreed for:
   a) “Business Stay”, during which the Insured Person pursues or seeks gainful activity in the CR. For Insured Persons of an initial age from at least 15 years to no more than 70 years;
   b) “Tourist Stay”, during which the Insured Person does not pursue any gainful activity;
   c) “Study Stay”, which is a stay in the CR for the purpose of study pursuant to the Act on the stay of foreigners in the Czech Republic, for Insured Persons of an initial age from at least 15 years to no more than 26 years;
   d) “Family Reunification”, which is a stay in the CR for the purposes of cohabitation of a family pursuant to applicable legislation governing the stay of foreigners within the territory of the CR.
2. The territorial scope of “CR” or “Schengen” may be agreed in the insurance contract.
   a) If the territorial scope of “CR” is agreed in the insurance contract, the place of insurance shall only be the territory of the CR.
   b) If the territorial scope of “Schengen” is agreed in the insurance contract, the place of insurance shall be the whole territory of the Schengen Area, wherein the Insurance only applies to a tourist stay of the Insured Person in the Schengen Area outside the territory of the CR and exclusively for the case of a sudden illness or injury of the Insured Person, which may occur during the term of the Insurance in relation to his/her everyday civic activities and result in a condition requiring acute and emergen-
2. The indemnity shall be paid by the Insurer to the beneficiary upon presentation of the original counterparts of these documents shall remain with the Insurer and will not be returned.

3. If the Insured Person who is the beneficiary deceases within a period of 30 days from the date of his death, the indemnity shall be paid by the Insurer to the beneficiary.

4. The amount of indemnity covering acute and emergency care, up to the relevant indemnity limit as agreed in the insurance contract, shall be paid directly to the Insured Person or the policyholder before signing the insurance contract, but only to the extent strictly required, or in order to achieve a condition which would allow for transportation of the Insured Person to a contracted medical facility where he/she will be provided further acute and emergency care.

5. The Insurer shall provide the Insured Person or another person with compensation for the costs demonstrably incurred by the person during the insurance period for medicines prescribed by a doctor during outpatient care, up to the relevant indemnity limit as agreed in the insurance contract. The maximum indemnity to cover the costs of medicines prescribed by a doctor during outpatient care shall be included in the amount of reimbursement for this medicine within the Czech general health insurance system, as specified in the applicable, currently valid regulations of the Ministry of Health of the CR (the list of medicinal products fully or partially covered by health insurance).

6. The Insurer shall provide indemnity in relation to direct provision of the following assistance services:
   a) repatriation of a sick Insured Person, which is possible and necessary, and is organized by the assistance service provider based on a decision of the Insurer and with the consent of the attending doctor of the Insured Person, to the member country of the Schengen Area in whose territory the Insured Person is a passport holder or to another country in which the Insured Person has permitted residency;
   b) transport of the bodily remains of the Insured Person to the country of which the Insured Person was a passport holder or any other country in which the Insured Person had permitted residency, organized by the assistance service upon approval by the Insurer.

7. If an insured event has taken place and continuous hospitalization of the Insured Person is necessary or is likely to exceed the term of the Insurance, the Insurer shall decide on the further procedure as follows:
   a) if the health condition of the Insured Person allows for repatriation, the Insurer shall decide, with the consent of the attending doctor, on repatriation;
   b) if the health condition of the Insured Person does not allow for repatriation, the Insured Person shall be treated in a medical facility designated by the Insurer until his/her repatriation is possible from a medical viewpoint.

8. The extent of the Insurer’s obligation to provide indemnity is limited by exclusions from the Insurance and by indemnity limits.

9. The limit of indemnity shall be the indemnity limit provided in the insurance contract. The insurance contract also stipulates the indemnity limit for all insured events during the term of the Insurance.

10. The upper limit of indemnity for losses that arise in the Schengen Area outside the territory of the CR is EUR 30,000.

1. The Insurer shall provide the indemnity to the beneficiary; in the case of healthcare provided by a relevant medical facility, the indemnity shall be paid directly to that medical facility.

2. The indemnity shall be paid by the Insurer to the beneficiary upon presentation of the original counterparts of the required documents. The original counterparts of these documents shall remain with the Insurer and will not be returned.

3. If the Insured Person who is the beneficiary deceases with an outstanding claim to an indemnity which she/he did not receive, the procedure shall be governed by applicable legislation.

4. Unless agreed otherwise in writing by the parties, settlement under this Article is payable within the territory and in the currency of the CR, and the Insurer shall provide it by means of a wire transfer to the bank account of the beneficiary or a postal order to the name and address of the beneficiary.

Article 6 Exclusions from Insurance Coverage

1. The Insurer is not obliged to provide indemnity for:
   a) events that occurred before the premium was paid;
   b) for acute and emergency care provided to the Insured Person in a non-contracted medical facility if, except for the case of an emergency, the Insurer was not informed of the necessity of care,
   c) for acute and emergency care provided to the Insured Person at the place of occurrence of the insured event by a non-contracted medical facility within the scope of the agreed Insurance, but only to the extent strictly required, or in order to achieve a condition which would allow for transportation of the Insured Person to a contracted medical facility where he/she will be provided further acute and emergency care.

2. The Insurer shall not provide indemnity for healthcare provided by a non-contracted medical facility, the indemnity shall be paid directly to the Insured Person or the policyholder before signing the insurance contract, but only to the extent strictly required, or in order to achieve a condition which would allow for transportation of the Insured Person to a contracted medical facility where he/she will be provided further acute and emergency care.

3. The Insurer shall not provide indemnity for healthcare which is not normally paid for by Czech general public health insurance.

4. The Insurer shall not provide indemnity in cases of:
   a) artificial fertilisation, infertility examination and treatment, contraception and related interventions, and abortion;
   b) healthcare related to an Insured Person’s pregnancy and childbirth;
   c) dental interventions that are not listed in the overview of reimbursed dental interventions to which the Insurer is entitled as a part of these General Insurance Terms and Conditions;
   d) medical interventions not provided by a medical facility or medical staff that are not covered by a national health insurance policy or are not covered by a Medicaid program, including health insurance policies of the private sector;
   e) corporate preventive care; preventive examinations, dispensary care, inoculation, and follow-up medical examinations and other medical interventions, including administration or prescription of medicines, unless these interventions are provided as part of acute and emergency care directly related to a sudden illness or an injury covered by the Insurance;
   f) cosmetic procedures, acupuncture and homeopathy, including complications caused thereby;
   g) rehabilitation, behavioral therapy and self-support training, with the exception of doctor-indicated post-trauma or post-surgical interventions;
   h) physical or spa treatment or care provided by specialized medical institutions, and chiropractic services;
   i) organ transplantation, treatment of haemophilia and other blood coagulation defects, insulin therapy (with the exception of first aid), treatment of chronic renal insufficiency by means of haemodialysis or peritoneal haemodialysis, growth hormone therapy, examination and treatment of congenital or acquired illnesses, and treatment of epilepsy except for the provision of first aid during an attack;
   j) examination and treatment of mental disorders not related to the management of an injury or illness to which the Insurance applies, psychological examinations and psychotherapy, treatment of addictions, including examinations and complications;
   k) complications and consequences that occur in relation to medical interventions to which the Insurance does not apply;
   l) venereal diseases and AIDS, including their complications and tests to detect HIV infection;
   m) manufacture and repair of glasses, contact lenses and hearing aids, and treatment of speech defects;
   n) the occurrence of an event during the search for gainful activity by the Insured Person outside the territory of the CR;
   o) events occurring in connection with the pursuit of gainful activity in the CR unless the “Business Stay in the CR” type of insurance has been agreed in the insurance contract;
   p) reimbursement for medicines and medical devices freely purchased without a doctor’s prescription or whose administration started prior to commencement of the insurance.
4. The effect and validity of the Insurance shall be condi-
tional on the Insured Person’s lawful stay in the CR, subject to the terms and conditions stipulated by the applicable Czech legal regulations.
5. Any agreements, amendments and annexes to the in-
surance contract form integral parts thereof. Amend-
ments which lay down obligations regarding the con-
cclusion, term and changes in the Insurance shall also be deemed parts of the contract.

Article 8

Insurance Period, Commencement and Termination of the Insurance

1. The insurance contract is concluded for a fixed term. The insurance period is agreed in the insur-
ance contract.
2. The Insurance commences at 00:00 hours on the date
specified in the insurance contract as the date of com-
 mencement of the Insurance, but not sooner than at
00:00 hours on the day following signing of the insur-
ance contract.
3. The Insurance shall terminate on legal grounds and subject to legal conditions and also:
a) upon expiry of the insurance period at 24:00 hours
on the date agreed as the date of termination of the Insurance in cash;
b) on the date of death of the Insured Person;
c) on the date when the Insured Person or the Insured Person’s legal representative refuses repatriations;
d) on the date of legal force of the decision on termi-
nation of validity of the Insured Person’s residence permit for the CR or on dismissal of the Insured Person’s application for a residence permit for the CR. The Insured Person is obliged to return all docu-
ments attesting to the validity of the Insurance.
4. The Insurance shall not be interrupted within the

Article 9

Responsibilities of the Insurer

1. In addition to other responsibilities stipulated by the
generally binding legal regulations, the Insurer shall
have the following obligations:
a) Upon receiving a report of an insured event asso-
ciated with a claim to indemnity, the Insurer shall,
without undue delay, commence an investigation in
order to ascertain the extent of its responsi-
bility to pay indemnity. Should the costs of the
investigation incurred by the Insurer be caused or
increased by a breach of duty on the part of the
Insured Person, the Insurer has the right to require
that the Insured Person pay appropriate compensa-
tion;
b) The Insurer shall complete the investigation
within three months of the date on which it was
notified of the event. If the Insurer cannot com-
plete the investigation within this period, the
Insurer shall inform the Insurer who may be, or
is, entitled to indemnity, of the reasons why the
investigation cannot be completed, and provide the
person with an appropriate advance payment upon
request.
c) The Insurer shall maintain confidentiality with re-
spect to facts related to the Insurance, of which the
Insurer becomes aware during the process of
taking out the Insurance, to the administra-
tion thereof, and to the settlement of insured events;
personal data may be provided only in
accordance with the applicable version of Act No.
101/2000 Coll., the Personal Data Protection Act,
as amended.
2. Indemnity is payable within 15 days of completion of
the investigation pursuant to Par. 1 above. The inves-
tigation is completed when the Insurer notifies the ben-
ficiary of the event.
3. If the insurance contract or the Insured Person’s Card is
lost, damaged or destroyed, the Insurer shall issue the
policyholder a copy upon his/her request and at his/ her
expense.
4. The Insurer shall supply information about the Insur-
ance and the Insurer’s obligations thereto interested in the
Insurance before concluding the insurance contract,
and shall provide this information through its employ-
ees and authorized insurance brokers.
5. During the term of the insurance contract, the Insurer
shall supply information to the policyholder to his/her address as specified in the insurance contract.

Article 10

Responsibilities of the Policyholder and of the Insured Person

1. In addition to the responsibilities stipulated by gen-
erally binding legal regulations, the policyholder and
the Insured Person shall truthfully and fully answer all
the written questions put forth by the Insurer with re-
gard to the Insured event being taken out. This also applies
where the Insurance is amended or a loss event settled.
The Insurer has the same responsibility towards the
policyholder and the Insured Person.
2. In addition, the policyholder and the Insured Person shall:
a) inform the Insurer in writing of any change in any informa-
tion given in the insurance contract at any time
during the term of the insurance contract;
b) inform the Insurer in writing and without undue delay of any change in any information provided in
response to a written question when the Insurance
was taken out;
c) enable the Insurer to perform an investigation into
the causes of the loss event and the extent of its conse-
quences, and cooperate with the Insurer in this respect;
3. The Insured Person shall:
a) do everything to avert the occurrence of an insured event and to reduce the extent of the ensuing loss;
b) notify the police of the CR or any other competent
authority without undue delay and without undue delay,
should there be suspicion of a criminal offence or
misdemeanor related to the loss event;
c) proceed so that the Insurer can exercise its right to indemnification in a similar right that the Insurer
has incurred in relation to an insured event;
d) fulfill other obligations set out in the General In-
surance Terms and Conditions and in the insurance
contract;
4. In addition to the responsibilities stipulated by gen-
erally binding legal regulations, the policyholder shall also:
a) pay the insurance premium to the Insurer;
b) notify the Insured Person, without undue delay and
not later than upon commencement of the insur-
ance, of the fact that the Insurance has been taken
out on the Insured Person’s behalf, and familiarize
the Insured Person with the rights and responsi-
bilities which arise for him/her from the arranged
Insurance.
5. If a conscious breach of any responsibilities by the poli-
 cyholder, the Insured Person or any other person having
the right to indemnity has a substantial effect on the
occurrence or course of an Insured Event, or increases the
extent of the Insurer’s responsibility, the Insurer shall
be entitled to reduce the indemnity depending on the effect that the violation had on the extent of the Insurer’s responsibility, or on the consequences derived therefrom, without prejudice to the right of the Insurer to refuse payment of indemnity under the applicable legal regulations.

Article 11

Responsibilities of the Insured Person in Case of an Insured Event

1. In case of an insured event, the Insured Person shall:
a) always and without undue delay, and if his/her
health condition so permits, directly contact the
assistance service or the Insurer, follow their in-
structions and, upon request, undergo a health
examination at a medical facility designated by the
assistance service provider, or by the Insurer, and
follow the instructions, and cooperate with the
medical staff;
b) if need be, seek medical treatment and present the
Insured Person’s Card to the healthcare provider;
c) on request of the Insurer, release the healthcare
provider in writing from its responsibility to main-
tain confidentiality and provide the Insurer with
written authorization to obtain information which
is subject to the confidentiality duty of the medical
staff and other medical institutions, insurance companies,
including health insurance companies, and the pol-
ce of the CR, and which is required for the Insurer’s investigation in case of an insured event;
d) undergo treatment or a necessary health exam-
ination by a doctor designated by the Insurer or by
the Insurer’s assistance service provider;
e) if the state of health of the Insured Person so per-
mits, or if the duration of medical treatment ex-
cesses the term of the insurance contract, to request
the Insurer to amend the insurance contract:
2. If direct settlement of expenses which may consti-
tute the subject of indemnity is required of the In-
sured Person by a medical facility, the Insurer per-
son shall:
a) accept original counterparts of the required doc-
uments within the scope of Par. 4 and keep them
secure until they are presented, and in the case the
Insured Person also has this responsibility in other
cases where losses are to be settled directly
by him/her;
b) pay the medical facility appropriate and proven
amounts in cash;
c) without undue delay, present the required docu-
ments under Par. 4 to the Insurer, or to the assis-
tance service.
3. The Insured Person shall notify the Insurer in writing,
without undue delay, of any event which gives rise to
the right to indemnity, provide a truthful explanation
of its occurrence and the extent of its consequences,
and present the necessary documents to ascertain any
circumstances decisive for assessment of claims for
indemnity and specification of its amount. This obli-
gation may also be fulfilled by another person (e.g. a
medical facility).
4. The notification of a Loss Event including annexes must
unambiguously prove:
a) the place, date, time, cause and circumstances of
the occurrence of the loss event, its extent, and the
direct connection of the loss event with the Insured
Person;
b) the subject matter of the payment, i.e. the costs
incurred by the provision of acute and emergen-
care to the Insured Person in relation to the
given loss event, as follows: the original counter-
part of the receipt or account containing a detailed
description of the health condition of the Insured
Person, including diagnosis codes; a full list of the
performed medical interventions, including their
description, codes, prices, and dates when they were
performed; names and the amounts of administered medi-
cal products, including medicines; and a list of the used or
provided medical supplies and services, including their
prices;
c) copies of doctor’s prescriptions for outpatient
medicines;
d) the original counterpart of some other document
issued by the medical facility containing the pur-
pose and full list of the performed medical inter-
ventions, including their description, codes, costs,
prices, and dates when they were performed; names and the amounts of the administered medi-
cal products, including medicines; and a list of the used or
provided medical supplies and services, including their
prices;
e) the costs to be covered, including the amount and
subject matter of payment (e.g. a bill issued by
the medical facility or pharmacy).
5. In case the loss event is investigated by the police or
any other state administrative body, notification of the
loss event shall be accompanied by a police protocol
or confirmation of investigation of the loss event, and in
case of the death of the Insured Person, an official
dead certificate and a medical certificate on the cause
of death shall be presented.
6. All the documents attached to a written communica-
tion of the loss event must be made out in the name
of the Insured Person, specifying the date of issue and
bearing the signature and stamp of the insurer.

Article 12

Other Rights and Responsibilities of the Parties to the Insurance

1. The Insurer is entitled to verify the submitted docu-
ments, request expert reports and consult medical fa-
cilities or other organizations and persons on complex
loss events.
2. The Insured Person, beneficiary, or the person who
incurred salvage costs shall take measures to ensure
that the right to compensation for damages, which
paves according to law to the Insurer, does not lapse or expire.
3. In the event that the Insurer has provided indemnity to the relevant medical facility or person who demonstra-
bly incurred, for the Insured Person, the costs of treat-
ment within the scope of acute and emergency care, 
the Insurer has the right to reimbursement of the paid 
indemnity from the Insured Person if:
  a) the insured event was caused by or related to the 
     consumption of alcohol or narcotics, or other psy-
     chotropic or addictive substances, or agents con-
     taining such substances, by the Insured Person;
  b) the insured event was caused by the Insured Person 
     through his/her intentional conduct.

**Article 13**
**Insurance Premium**

1. An insurance premium constitutes consideration 
   for the insurance coverage provided. The amount of 
   the premium shall be determined by the Insurer. The 
   amount of the premium is stipulated in the insurance 
   contract.

2. The Insurer is entitled to a premium for the entire insur-
   ance period. The Insurer acquires this right on the date 
   when the insurance contract is concluded.

3. The insurance contract is concluded with a one-off pre-
   mium that is payable in full in the Czech currency on 
   the date when the insurance contract is concluded.

4. The Insurer has the right to verify with the Insured Per-
   son the correctness of data decisive to the determina-
   tion of the amount of the premium.

5. The Insurer has the right to the insurance premium 
   for the entire insurance period, even if the Insurance 
   terminates before expiry of the insurance period. The 
   Insurer acquires this right on the date when the insur-
   ance contract is concluded.

6. If the insurance expires before the end of the insurance 
   period, without an insured event occurring during the 
   term of the insurance, the Insurer shall be entitled to 
   reimbursement of costs related to the origination and 
   administration of the insurance.

7. The costs related to the origination and administration 
   of the insurance constitute 20% of the prescribed pre-
   mium.

**Article 14**
**Salvage Costs**

During the term of the Insurance, the limit for salvage 
costs incurred to save the life or health of the Insured 
Person equals 30% of the relevant indemnity limit, as 
agreed in the insurance contract. Compensation for 
other salvage costs incurred during the term of the 
Insurance is limited to the amount of CZK 100,000 for 
each and every event.

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<th>Description</th>
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<td>Orthopantomogram preparation - only in case of injury</td>
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**Czech Dental Chamber certificate**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Amount (CZK)</th>
</tr>
</thead>
<tbody>
<tr>
<td>00952</td>
<td>Major surgery of hard tissues in the oral cavity (complicated surgical extraction and primary closure of oroantral communication)</td>
<td>1155</td>
</tr>
<tr>
<td>00956</td>
<td>Major surgery of soft tissues in the oral cavity (wound suture to 5 cm only)</td>
<td>750</td>
</tr>
</tbody>
</table>

T.C.: !!!!!!!!

Revoluční 1, 110 00 Prague 1 | Info Line: +420 255 790 111 | www.slavia-pojistovna.cz
ID No.: 60197501 | entered in the Commercial Register maintained by the Municipal Court in Prague, Part B, Entry 2591

Modern Approach
to Traditional Values