General Terms and Conditions of Comprehensive Health Insurance for Foreign Nationals
VPP KZPC 05/2018

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Article 1
Introduction
1. Comprehensive Health Insurance for Foreign Nationals (hereinafter referred to as the “Insurance”) provided by Slavia pojišťovna a.s., I.D. No. 60197501, with its registered office at Volfvunci 1, 110 00 Prague 1, the Czech Republic (hereinafter referred to as the “Insurer”), is governed by the laws of the Czech Republic, especially Act No. 89/2012 Coll., the Civil Code, by these General Terms and Conditions of Comprehensive Health Insurance for Foreign Nationals VPP KZPC 05/2018 (hereinafter referred to as 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.

Article 2
Definitions
1. Policyholder is the natural person or legal entity that has concluded an insurance contract with the Insurer and is responsible for payment of the insurance premium.
2. Insurer is Slavia pojišťovna a.s.
3. Insured Person is the national foreign (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 to which the right to the indemnity arises as a result of the insured event.
5. Insurance Period is the period for which the Insurance takes effect.
6. Insured Risk is a possible cause of an insured event.
7. Loss Event is an event that results in a loss and which may give rise to the right to indemnity.
8. Insured Event is an accidental state of affairs associated with the rise of the Insurer’s responsibility to provide an indemnity.
9. Sudden Illness means a sudden and unpredictable deterioration of the state of health that represents a direct threat to the health or life of the Insured Person, requiring the provision of acute and emergency healthcare.
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 for which the Insured Person holds a valid travel document.
12. Repatriation is transport of the Insured Person or his/her body remains to the home country or to any other country of his/her permitted residency, as the case may be.
13. Comprehensive Healthcare is healthcare, including preventive and dispensary healthcare, provided to the Insured Person, or the newborn baby of a female Insured Person, in a contracted medical facility of the Insurer, without direct payment of healthcare costs by the Insured and with the objective of maintaining his/her state of health from the period before conclusion of the insurance contract. This insurance also covers healthcare related to the pregnancy of the insured mother and the birth of her child.
14. Acute and Emergency Care means healthcare provided to the Insured Person, or the newborn baby of a female 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.
15. 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.
16. 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).
17. Postnatal Healthcare for a Newborn Baby is comprehensive healthcare provided within the territory of the CR to a newborn baby of a female Insured Person, during the term of her insurance from the birth of the baby to the date of termination of continual postnatal hospitalization of the baby. For the purposes of this Insurance, a newborn baby means a baby up to three months of age.
18. 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 concerning contracted medical facilities shall be provided to the Insured Person by the assistance service.
19. Transit Countries are only those countries in the Schengen Area in whose territory the Insured Person is present for the period of time absolutely necessary for the fastest and shortest transport of the Insured Person from his/her home country to the CR and back.
20. 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 comprehensive healthcare and related assistance services, provided to the Insured Person within the territory of the CR as a result of a deterioration in health, illness, injury or in relation to the pregnancy or childbirth of a female Insured Person, which commenced during the insurance period and during the stay of the Insured Person within the territory of the Czech Republic.
2. The subject of the Insurance also covers the cost of acute and emergency healthcare and related assistance services provided to the Insured Person within the territory of the Schengen Area but outside the territory of the CR.
3. The insured risk consists in a change in the Insured Person’s state of health, resulting from an illness or injury, or for other reasons related to the state of health of the Insured Person, which may occur during the term of the Insurance and cause a health condition which requires the provision of healthcare.
4. An insured event is an illness or injury, or other change in the Insured Person’s state of health, as a result of which, or in order to event such an event, it was necessary to provide healthcare or assistance services to the Insured Person, corresponding to the conditions and scope of the Insurance taken out, where the Insured Person became responsible for the costs of the healthcare to a medical facility or for paying the costs of assistance services to the provider, as appropriate. The healthcare must be provided during the term of the Insurance.
5. Pregnancy of a female Insured Person shall not be deemed an insured event provided that the pregnancy indisputably commenced prior to expiry of the third month of the insurance period, as certified by a specialist doctor. Childbirth as a result of the pregnancy of a female Insured Person which commenced prior to expiry of the third month of the waiting period, as certified by a doctor, shall not be deemed an insured event.
6. 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
Territorial Scope
1. In the Czech Republic, the insurance is valid in the range of comprehensive health care.
2. For the Schengen Area, save for the territory of the CR, the Insurance applies only to a Tourist Stay of the Insured Person in the Schengen Area, where the duration of the stay may not exceed 30 days.

Article 5
Scope of Insurance
1. Comprehensive Health Insurance includes:
   a) acute care provided by a medical assistance or emergency service;
   b) doctor-indicated transportation to the nearest professional healthcare facility;
   c) establishment of 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;
   f) outpatient healthcare and institutional care, including diagnostic care;
   g) preventive care and dispensary care;
   h) potential repatriation or transport of the Insured Person’s bodily remains;
   i) medicines prescribed by a doctor.
   The costs of healthcare and medicines shall be paid in the same amount as the maximum payment in the general public health insurance system of the Czech Republic.
7. The Insurers shall provide indemnity in relation to di
b) for postnatal healthcare for a newborn baby pro
a) for comprehensive healthcare provided to the In
4. The indemnity covers necessary and reasonable costs,
d) originating as a result of terrorist activities in which
5. The Insurance is not applicable to events and damages:
a) originating outside the territory of the Schengen
b) originating within the territory of the Schengen Area in relation to activities of the Insured Person not conforming to a tourist stay;
c) originating in the Insured Person’s home country;
d) originating as a result of terrorist activities in which the Insured Person actively participated;
e) originated by acts of war, civil war or civil distur-
f) originated by hard radiation, nuclear radiation or radioactive contamination;
g) caused by the effects of chemical or biological weapons;
h) occurring during the handling of firearms or explo-
5. The indemnity is limited by indemnity limits.
6. The Insurer shall not provide indemnity if:
a) if the insured event is caused as a result of or in
b) if the insured event occurred as a result of con
b) Transport of the bodily remains of the Insured Per
m)  manufacture and repair of powered wheelchairs
l)  medical and dental treatment provided in the fol-
k)  events occurring during the search for gainful ac-
j) occurring during the preparation for or operation of extreme, hazardous or adrenaline sports, and
i) occurring during the treatment of means of transpor-
h) occurring during the handling of firearms or explo-
g) rehabilitation, behavioral therapy and self-support
f) costs of regulatory fees and other fees;
e) the fact that the Insured Person becomes a partici-
d) costs of regulatory fees and other fees;
6. The Insurer shall provide indemnity in relation to di
b) a filled-in and signed form provided by the Insurer;
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e) the fact that the Insured Person becomes a partici-
d) costs of regulatory fees and other fees;
and signed by the Insured Person or the Insured Person’s representative.

c) the results of the initial health examination of the Insured Person, carried out to the extent stipulated by the Insurer.

3. The representative of the Insured Person is the Insured Person’s legal or authorized representative or, if approved by the Insurer, the closest relative of the Insured Person. If the insurance contract is concluded without an initial health examination, the Insurer has the right to request, within three months of commencement of the Insurance, that the Insured Person undergo the initial health examination within the prescribed scope and deliver the results of the examination to the Insurer. In the event that the Assurant ascertainies any differences between these results and the state of health according to the questionnaire, the Assurer is authorized to charge an additional premium to the policyholder for increased risks and determine a deadline for payment, which may not be less than one month from delivery to the policyholder. If the policyholder fails to pay the additional premium within the set deadline, the agreed insurance period shall be reduced pro rata according to the amount of the unpaid additional premium charged by the Insurer.

4. The costs of the initial health examination shall be paid by the person who is interested in the conclusion of the insurance contract.

5. After conclusion of the insurance contract, the Insurer shall issue an Insured Person’s Card to the policyholder.

6. The effect and validity of the Insurance shall be conditional on the Insured Person’s lawful stay in the CR or Schengen Area, as appropriate, subject to the conditions stipulated by the applicable legal regulations.

Article 9  Insurance Period, Commencement and Termination

1. The insurance contract is concluded for a fixed term. The insurance period is agreed in the insurance contract.

2. The Insurance commences at 00:00 hours on the date specified in the insurance contract to be the date of commencement of the Insurance. In the event that the date of commencement of the Insurance is not explicitly agreed in the insurance contract, it shall be deemed that the Insurance commences at 00:00 hours on the day following the date of conclusion of the insurance contract.

3. The Insurance shall terminate:
   a) upon expiry of the insurance period at 24:00 hours on the date agreed as the date of termination of the Insurance, unless it has terminated earlier;
   b) on the date of expiry of the Insured Person; however, if the Insurance applies to postnatal healthcare for a newborn baby of a deceased Insured Person, the Insurance shall terminate on the date of termination of the Contract or the date of expiry of the insurance period agreed in the insurance contract that applies to this care;
   c) on the date of legal force of the decision on termination of the Insurance, unless it has terminated earlier;
   d) on the date of expiry of the Insured Person’s Card; however, if the Insurance applies to postnatal healthcare for a newborn baby of a deceased Insured Person, the Insurance shall terminate on the date of termination of the Contract or the date of expiry of the insurance period agreed in the insurance contract that applies to this care;
   e) on request of the Insurer, release the healthcare provider; the healthcare provider shall:
      i) inform the Assurer in writing and without undue delay the written questions put forth by the Assurer with regard to the Insured Person’s Card, which is to apply to the case where the Insurance is amended or a loss event settled.
   2. Furthermore, the policyholder and the Insured Person shall:
      a) the subject matter of the payment, i.e. the costs to be covered, including the amount and subject matter of payment (e.g. a bill issued by the medical facility).
      b) the costs to be covered, including the amount and subject matter of payment (e.g. a bill issued by the medical facility or pharmacy).

Article 10  Responsibilities of the Insurer

1. In addition to other responsibilities stipulated by generally binding legal regulations, the Insurer shall have the following obligations:
   a) Upon receiving a report of an insured event associated with a claim to indemnity, the Insurer shall commence, without undue delay, an investigation in order to ascertain the extent of its responsibility to pay indemnity.
   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 complete the investigation within three months of the date on which it was notified of the event, the Insurer shall inform the person who may be, or is, entitled to indemnify, of the reasons why the investigation cannot be completed.
   c) The Insurer shall maintain confidentiality with respect to facts related to the Insurance, of which the Insurer becomes aware during the process of taking out the Insurance, to the administration thereof, and to the settlement of claims.

2. The Insurer processes personal data of natural persons in accordance with valid legislation and internal rules for the processing of personal data. The full text can be found at www.slavej-pojistovna.cz/cs/ochrana-osobnych-udaju.

3. Indemnity is payable within 15 days of completion of the investigation pursuant to Par. 1 above. The investigation is completed when the Insurer notifies the beneficiary of the results.

4. 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.

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 11  Responsibilities of the Policyholder and of the Insured Person

1. In addition to the responsibilities stipulated by generally binding legal regulations, the policyholder and the Insured Person shall:
   a) upon expiry of the insurance period at 24:00 hours on the date agreed as the date of termination of the Insurance, unless it has terminated earlier;
   b) the subject matter of the payment, i.e. the costs to be covered, including the amount and subject matter of payment (e.g. a bill issued by the medical facility).
5. For a loss event investigated by the police or other governmental authority, a police report or confirmation of the investigation of an accident shall also be enclosed with the notification of the loss event; in the event of the death of the Insured Person, an official death certificate and doctor’s certificate of the cause of death must also be enclosed.
6. All documents 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 13 Other Rights and Responsibilities of the Parties to the Insurance**

1. The Insurer is entitled to verify the submitted documents, request expert reports and consult medical facilities or other organizations and persons, including those abroad, regarding 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 passes according to law to the Insurer, does not lapse or expire.

**Article 14 Insurance Premium**

1. An insurance premium constitutes consideration for the insurance coverage provided. The amount of the premium shall be determined by the Insurer while taking into account the Insured Person’s state of health based on the health questionnaire and the initial health examination. The amount of the premium is stipulated in the insurance contract.

2. The Insurer is entitled to a premium for the entire insurance period.
3. The insurance contract is concluded with a one-off premium 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 Person the correctness of data decisive to the determination of the amount of the premium.
5. The Insurer has the right to the insurance premium throughout the insurance period, even if the Insurer terminates before expiry of the insurance period. The Insurer acquires this right on the date when the insurance contract is concluded.
6. If the insurance expires before the beginning of the insurance, the insurer shall be entitled to reimbursement of costs related to the origination and administration of the insurance, which constitute 50% of the prescribed premium.
7. 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, which constitute 80% of the prescribed premium.

**Article 15 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.

**Article 16 Final Provisions**

1. Any and all changes and amendments to the insurance contract shall be made in writing upon mutual agreement of both parties.
2. Delivery of documents shall be governed by generally binding legislation.
3. Representations and notifications with respect to the Insurer are only valid if submitted in writing.
4. The language of communication is Czech.
5. If a payment is made in cash, the date of the payment is the date when the amount is accepted by the recipient. In the case of a wire transfer, the date of payment is the date when the sum is credited to the recipient’s account.
6. The rights and responsibilities arising out of this Insurance shall be governed by Czech law. Any and all disputes arising out of or in connection with this Insurance, which are not resolved by agreement or out-of-court settlement, shall be resolved by the competent Czech court.
7. The General Insurance Terms and Conditions are issued by the Insurer in the Czech language and translated into the Russian, Vietnamese, and English languages. The Czech version hereof shall prevail.
8. The General Insurance Terms and Conditions come into effect on 20 May 2018.

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**List of Covered Dental Interventions**

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<tr>
<th>Code</th>
<th>Description</th>
<th>Amount (CZK)</th>
</tr>
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<tbody>
<tr>
<td>00901</td>
<td>Examination and treatment of registered patient within preventive care (only for children under 15)</td>
<td>368</td>
</tr>
<tr>
<td>00908</td>
<td>Acute treatment and examination of an unregistered patient</td>
<td>295</td>
</tr>
<tr>
<td>00910</td>
<td>Intraoral X-ray</td>
<td>70</td>
</tr>
<tr>
<td>00911</td>
<td>Extraoral X-ray film preparation - only in case of injury</td>
<td>225</td>
</tr>
<tr>
<td>00913</td>
<td>Orthopantomogram preparation - only in case of injury</td>
<td>70</td>
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<tr>
<td>00914</td>
<td>Orthopantomogram analysis - only in case of injury</td>
<td>270</td>
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<tr>
<td>00916</td>
<td>Foramen mandibulae and infraorbital anaesthesia</td>
<td>100</td>
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<tr>
<td>00917</td>
<td>Infiltrative and other anaesthesia</td>
<td>80</td>
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<tr>
<td>00920</td>
<td>Dental decay treatment - permanent tooth - photocomposite filling in patients under 18 years to extent of canines inclusive</td>
<td>315</td>
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<tr>
<td>00921</td>
<td>Dental decay treatment - permanent tooth</td>
<td>220</td>
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<tr>
<td>00922</td>
<td>Dental decay treatment - temporary tooth</td>
<td>126</td>
</tr>
<tr>
<td>00925</td>
<td>Conservative treatment of dental decay complications - permanent tooth</td>
<td>265</td>
</tr>
<tr>
<td>00945</td>
<td>Targeted examination</td>
<td>10</td>
</tr>
<tr>
<td>00949</td>
<td>Temporary tooth extraction</td>
<td>87</td>
</tr>
<tr>
<td>00950</td>
<td>Permanent tooth extraction</td>
<td>168</td>
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<tr>
<td>00951</td>
<td>Minor surgery of hard tissues in the oral cavity (surgical extractions and extraction wound revision)</td>
<td>525</td>
</tr>
<tr>
<td>00955</td>
<td>Minor surgery of soft tissues in the oral cavity (decapsulation and mucous wound suture to 5 cm)</td>
<td>420</td>
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<tr>
<td>00957</td>
<td>Minor traumatology of hard tissues in the oral cavity</td>
<td>420</td>
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<tr>
<td>00959</td>
<td>Intraoral incision</td>
<td>105</td>
</tr>
<tr>
<td>00960</td>
<td>Treatment of surgical complications in the oral cavity</td>
<td>45</td>
</tr>
<tr>
<td>00962</td>
<td>Conservative treatment of temporomandibular joint disorders (only manual reposition of TMJ luxation)</td>
<td>300</td>
</tr>
<tr>
<td>00963</td>
<td>Injections I.M., S.C., I.D., I.V.</td>
<td>53</td>
</tr>
<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>
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<tr>
<td>00956</td>
<td>Major surgery of soft tissues in the oral cavity (wound suture to 5cm only)</td>
<td>900</td>
</tr>
<tr>
<td>00958</td>
<td>Major traumatology of hard tissues in the oral cavity</td>
<td>750</td>
</tr>
<tr>
<td>00960</td>
<td>External incision</td>
<td>600</td>
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**Czech Dental Chamber certificate**

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<thead>
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<th>Code</th>
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<tr>
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<td>00960</td>
<td>External incision</td>
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