General Terms and Conditions of Travel Insurance for Foreigners K90 11/2021
General Terms and Conditions of Travel Insurance for Foreigners K90
VPP CPCK90 11/2021

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Article 1 | Introduction
1. Travel Insurance for Foreign Nation als (hereinafter referred to as the “Insurance”) provided by Slavia pojistova, a.s. Id. No. 60197501, with its registered office at Taborska 31, 140 00, Prague 4, 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 Travel Insurance for Foreign Nation als VPP CPCK90 11/2021 (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.

2. The Insurance is taken out as an insurance product against loss and damage for a fixed term.

3. The insurance agreement on travel insurance for foreigne rs is a proof of foreigners travel health insurance during a stay of up to 90 days according to Act No 326/1999 Coll., on the stay of foreign nationals in the Czech Repub lic, as amended.

Article 2 | Definitions
1. Policyholder is the natural person or legal entity that has concluded an insurance contract with the Insurer and is the party paying the insurance premium.

2. Insurer is Slavia pojistova, 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 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 which may give rise to the right to indemnity.

8. Insured Event is an accidental state of affairs associated with the loss with the right of the Insurer’s responsibility to provide an indemnity.

9. Sudden Illness means a sudden and unpredictable deterioration of the state of health which 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 force due to lack of the Insured Person’s own physical strength, independent of the will of the Insured Person, resulting in damage to the Insured Person’s health or life.

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 her/his baby, or the non-Insured Person of another country to another coun try of her/his permitted residency, as the case may be.

13. Acute and Emergency Care means healthcare provided to the Insured Person, or the newborn baby of a fe male 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.

14. Insured Event in the Czech Republic is an event confirmed issue by the Insurer to the Insured Person to prove the existence of the Insurance. Contact details for the assistance service are provided on 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 and to conduct a probe of the insured event when communicating with medical facilities, organization of transport or repatriation of the Insured Person.

16. Postnatal Health Care for a Newborn Baby is provided within the territory of the Czech Republic for a newborn baby within 30 days of the baby’s birth. The Insurer is responsible for the costs of the assistance services to the medical facility for the newborn baby up to the age of one month.

17. Contracted Medical Facility is a facility within the territory of the Czech Republic in which the Insurer has signed a contract for the provision of healthcare covered by this Insurance. Information concerning contract medical facilities shall be provided to the Insured Person by the assistance service.

18. Transit Countries are only those countries in which the Insured Person is present for the period of time absolutely necessary for the fastest and/or cheapest transport of the Insured Person from her/his home country to another country.

19. Initial Age of the Insured Person is the difference between the year of the birth of the Insured Person and the year of the birth of the Insured Person.

Article 3 | Subject of the Insurance, Insured Risk, Insured Event
1. The Insurance applies to the cost of healthcare and related assistance services, provided to the Insured Person within the territory of the Czech Republic as a result of a deterioration of health, illness, injury or in relation to the pregnancy 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 includes the costs of acute and emergency medical interventions and related assistance services provided to the Insured Person in relation to events that occurred during the insurance period.

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 relation to it, it was necessary and reasonable to provide healthcare or assistance services to the Insured Person, and which commenced during the insurance period and scope of the Insurance.

5. A hiring diagnostic care; a) transport of the bodily remains of the Insured Person; b) repatriation of a sick Insured Person, which is possible and necessary to transport of the Insured Person from his/her home country to another country.

6. 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 insurance period, as certified by a doctor, shall not be deemed an insured event.

7. Events arising from one cause, comprising all the facts and the circumstances, which are causality, 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 30 days from the date of the insured event.

2. The Schengen Area, save for the territory of the Czech Republic, is defined as the territory of the Insurer's home country in the Schengen Area, where the duration of the stay may not exceed 30 days.

Article 5 | Scope of Insurance
1. Extended health care includes:

a) acute care provided by a medical assistance or emergency service;

b) doctor-induced transportation to the nearest professional healthcare facility;

c) establishment of diagnosis and treatment procedures, including necessary examinations;

d) acute and emergency medical interventions includ ing necessary medicines and medical equipment;

2. The costs of healthcare provided to the Insured Person shall be paid in the same amount as the maximum payment in the general public health insurance system of the Czech Republic.

3. The indemnity covers the costs of the healthcare and assistance services provided to the Insured Person by the Insurer, as provided for in the General Insurance Terms and Conditions of Travel Insurance for Foreigners (hereinafter referred to as the "Insurer").

4. The indemnity covers the costs of the healthcare and assistance services provided to the Insured Person by the Insurer, as provided for in the General Insurance Terms and Conditions of Travel Insurance for Foreigners (hereinafter referred to as the "Insurer").

5. The indemnity for healthcare provided to the Insured Person shall be paid at the amount of the same amount as the maximum payment in the general public health insurance system of the Czech Republic. The Insurer is responsible for the costs of healthcare and assistance services provided to the Insured Person, as provided for in the General Insurance Terms and Conditions of Travel Insurance for Foreigners (hereinafter referred to as the "Insurer").

6. The indemnity covers the costs of the healthcare and assistance services provided to the Insured Person by the Insurer, as provided for in the General Insurance Terms and Conditions of Travel Insurance for Foreigners (hereinafter referred to as the "Insurer").

7. The Insurer shall provide indemnity in relation to direct provision of the following assistance services:

a) Repatriation of a sick or deceased Insured Person, which is possible and necessary from a healthcare viewpoint and is organized by the assistance service provider based on the decision of the Insurer, and with the consent of the attending doctor of the Insured Person, to the country of which 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, as provided for in the General Insurance Terms and Conditions of Travel Insurance for Foreigners (hereinafter referred to as the "Insurer").

2. The costs of healthcare provided to the Insured Person shall be paid in the same amount as the maximum payment in the general public health insurance system of the Czech Republic.

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Article 4

1. The Insurer shall provide 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 receipts of the required expenses. The documentation shall remain with the Insurer and will not be returned.

3. If the Insured Person who is the beneficiary deems that the result of the indemnity was not fair, he/she may contest the result. An appeal shall be submitted within six months from the date on which the Insurer notified the beneficiary with the result of the appeal.

4. If a change occurs in the Insured Person's residence permit or nationality, the Insurer shall inform the beneficiary accordingly.

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

6. The Insurer shall not provide indemnity for events in which: a) artificial fertilization, infertility examination and treatment; b) cosmetic surgery, acupuncture and homeopathy; c) medical care for newborn babies that were born to the Insured Person during the term of the insurance; d) dental interventions that are not listed in the overview of reimbursed dental interventions issued by the Insurer; e) medical interventions not provided by a medical facility; f) the fact that the Insured Person became a legal entity or did not recognize from a medical viewpoint; g) preventive care, dispensary care, corporate preventive care; h) cosmetic procedures, dispensary care, inpatient care; i) complications and consequences that occur in relation to medical interventions to which the Insurer does not apply.

7. The Insurer shall provide indemnity for: a) originating outside the territory of the Schengen Area; b) originating within the territory of the Schengen Area in relation to activities of the Insured Person not conating 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) originating by acts of war, civil war or civil disturbances; f) originating by acts that cause nuclear radiation or radioactive contamination; g) caused by the effects of chemical or biological weapons; h) occurring during the handling of firearms or explosives, or the unauthorized or unprofessional handling of pyrotechnical equipment and products; i) occurring during transportation and during the performance of stunt work; j) occurring during the preparation for or operation of extreme, hazardous or adrenaline sports, and potentially other activities associated with an increased risk; the Insurers shall decide about the level of risk. This exclusion is not applicable if the "Professional Sport" (Professionalsport) type of insurance has been concluded.

8. The Insurer shall not pay indemnity: a) if the insured event has occurred as a result of or in connection with disturbances or criminal activities caused or committed by the Insured Person, unless it is an injury; b) if the insured event occurred as a result of consumption of alcohol or in relation to the consequences of the use of alcohol, unless it is an injury; c) if the insured event occurred as a result of consumption or application of intoxicating, psychotropic or other substances, including blood, which contain such substances, unless it is an injury; d) if the event was caused by the willful conduct, default or co-fault of the Insured Person, unless it is an injury; e) if the Insured Person fails to undergo repatriation, medical treatment or the necessary medical examination by a doctor or the provider under the Insurance; f) if the event occurred as a result of participation in the testing of means of transportation and during the performance of stunt work; g) if the Insured Person actively participated; h) if the Insurance applies to postnatal healthcare for the period of hospitalization; i) occurring during the testing of means of transportation and during the performance of stunt work; j) if the Insurance applies to postnatal healthcare for the period of hospitalization; k) occurring in the case of healthcare provided by a relevant medical facility.

Article 5

1. The insurance contract is concluded for a fixed term. The insurance period is agreed in the insurance contract. The insurance period can be extended for a maximum of three years, subject to the conditions agreed in the insurance contract.

2. The Insurer shall be entitled to extend the insurance period, to the extent of the increase in premium, if the Insured Person has remained free from any health condition that would prevent the performance of health insurance.

3. The Insurer shall also be entitled to extend the insurance period if the Insured Person has remained free from any health condition that would prevent the performance of health insurance.

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

5. The Insurer shall not provide indemnity for events in which: a) artificial fertilization, infertility examination and treatment; b) cosmetic surgery, acupuncture and homeopathy; c) medical care for newborn babies that were born to the Insured Person during the term of the insurance; d) dental interventions that are not listed in the overview of reimbursed dental interventions issued by the Insurer; e) medical interventions not provided by a medical facility; f) the fact that the Insured Person became a legal entity or did not recognize from a medical viewpoint; g) preventive care, dispensary care, corporate preventive care; h) cosmetic procedures, dispensary care, inpatient care; i) complications and consequences that occur in relation to medical interventions to which the Insurer does not apply.

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4. The notification of a loss event, including annexes, must:

a) provide the facts about which she/he is questioned in the insurance contract (particularly in the health questionnaire).

b) include the circumstances of the occurrence of the loss event, its extent, and the direct consequences of the occurrence or course of an Insured Event, on increasing or determining the amount of indemnity, the Insurer or the claims administrator, the insurer concerning the facts about which she/he is questioned in the insurance contract (particularly in the health questionnaire).

In addition to the responsibilities stipulated by general 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 insurance, of the fact that the Insurance has been taken out on the Insured Person’s behalf, and familiarize the Insured Person or the person having the right to indemnity, in particular in the event of the death of the Insured Person, with the rights and responsibilities which arise for him/her from the arranged insurance.

5. If a conscious breach of any responsibilities by the policyholder, the Insured Person or any other person having the right to an indemnity has had a substantial effect on the occurrence of the loss event, or on increasing or determining the amount of indemnity, the Insurer shall have the right to unilaterally reduce indemnity depending on the extent of the violation that had on the extent of the Insurer’s right to indemnity. This is without prejudice to the Insurer’s right to refusal of payment of indemnity under the applicable legal regulations.

Article 12 Responsibilities of the Insured Person in Case of an Insured Event

1. In case of an incidence 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 instructions and, upon request, undergo a health examination at a medical facility designated by the assistance service provider, provide the Insurer with a list of the performed medical interventions, and information about the administered medicines, including the names, quantities, and prices; and

b) if need be, seek medical treatment and present the Insured Person’s Card to the healthcare provider;

c) upon request, undergo a health examination at a medical facility designated by the assistance service provider, provide the Insurer with a list of the performed medical interventions, and information about the administered medicines, including the names, quantities, and prices;

d) the original counterpart of some other document is enclosed.

2. The Insured Person, beneficiary, or the person who inquired in relation to an insured event, against indemnification, or a similar right that the Insurer is bound to pay, has incurred in relation to an insured event, against indemnification, or a similar right that the Insurer is bound to pay.

3. The Insurer will allow the Beneficiary to access the insured event file, during the limited period if:

a) the Beneficiary submitted the written Request for Access to the Insured Event File to the Insurer;

b) by delivering it to the Insurer’s registered office, i.e., Šlavia pojišťovna, Claims Settlement Department, Táborská 940/31, 140 00 Prague 4; or

c) by simple email (without requiring its electronic signature) delivered to the Insurer to likvidace@sla- via-pojistovna.cz; or

d) at any branch or contact point of the Insurer (see https://www.slvia-pojistovna.cz/kontakti/); and

e) the Beneficiary duly communicated their identification data to the Insurer and proved their identity to the Insurer before accessing the insured event file.

4. Method of access to the insured event file

The Beneficiary may access the insured event file in the following way:

a) the Insurer shall allow the Beneficiary to access the insured event file at any branch or contact point of the Insurer according to the Beneficiary’s choice within the date agreed between the Insurer and the Beneficiary; or

b) the Insurer shall allow the Beneficiary to access the insured event file at the Insurer’s registered office within the date agreed between the Insurer and the Beneficiary.

5. The Insurer shall not comply with the Request for Access to the Insured Event File if the access could lead to a threat to the criminal proceedings or hearing of the offence, subject to the written disposal of the competent authority (see § 129a/2 of Act No 277/2009 Coll., on insurance, as amended). The Insurer is obliged to send a request to the competent authority within 30 days from the delivery date of the Beneficiary’s Request for Access to the Insured Event File if criminal or administrative proceedings have been initiated in connection with an insured event.

6. If the insurance agreement gives the Beneficiary the right to access the insured event file to a greater extent, the Beneficiary is entitled to increase the scope and technical nature of the file’s contents. The Beneficiary may access the insured event file without undue delay, depending on the scope and technical nature of the file’s contents. The Insurer acquires this right on the date of the insurance premium.

7. If the insurance agreement provides for an appointed term; and

8. The Insurer shall allow the Beneficiary to access the insured event file, including obtaining extracts from the file or copies of documents, free of charge.

Article 17 Final Provisions

1. Any and all changes and amendments to the insurance contract shall be made in writing and in mutual agreement of both parties.

2. Delivery of documents shall be governed by generally applicable rules.

3. Representations and notifications with respect to the Beneficiary 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 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 annexed to the Insurer in the Czech language and are translated into the Russian and English languages. The Czech version thereof shall prevail.

8. The General Insurance Terms and Conditions come into effect on 1 November 2021.
### List of Covered Dental Interventions

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>00908</td>
<td>Acute treatment and examination of an unregistered patient</td>
<td>295 CZK</td>
</tr>
<tr>
<td>00910</td>
<td>Intraoral X-ray</td>
<td>70 CZK</td>
</tr>
<tr>
<td>00911</td>
<td>Extraoral X-ray film preparation - only in case of injury</td>
<td>225 CZK</td>
</tr>
<tr>
<td>00913</td>
<td>Orthopantomogram preparation - only in case of injury</td>
<td>70 CZK</td>
</tr>
<tr>
<td>00914</td>
<td>Orthopantomogram analysis - only in case of injury</td>
<td>270 CZK</td>
</tr>
<tr>
<td>00916</td>
<td>Foramen mandibulae and infraorbital anaesthesia</td>
<td>100 CZK</td>
</tr>
<tr>
<td>00917</td>
<td>Infiltrative and other anaesthesia</td>
<td>80 CZK</td>
</tr>
<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 CZK</td>
</tr>
<tr>
<td>00921</td>
<td>Dental decay treatment - permanent tooth</td>
<td>220 CZK</td>
</tr>
<tr>
<td>00922</td>
<td>Dental decay treatment - temporary tooth</td>
<td>126 CZK</td>
</tr>
<tr>
<td>00925</td>
<td>Conservative treatment of dental decay complications - permanent tooth</td>
<td>265 CZK</td>
</tr>
<tr>
<td>00945</td>
<td>Targeted examination</td>
<td>10 CZK</td>
</tr>
<tr>
<td>00949</td>
<td>Temporary tooth extraction</td>
<td>87 CZK</td>
</tr>
<tr>
<td>00950</td>
<td>Permanent tooth extraction</td>
<td>168 CZK</td>
</tr>
<tr>
<td>00951</td>
<td>Minor surgery of hard tissues in the oral cavity (surgical extractions and extraction wound revision)</td>
<td>525 CZK</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 CZK</td>
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<tr>
<td>00957</td>
<td>Minor traumatology of hard tissues in the oral cavity</td>
<td>420 CZK</td>
</tr>
<tr>
<td>00959</td>
<td>Intraoral incision</td>
<td>105 CZK</td>
</tr>
<tr>
<td>00961</td>
<td>Treatment of surgical complications in the oral cavity</td>
<td>45 CZK</td>
</tr>
<tr>
<td>00962</td>
<td>Conservative treatment of temporomandibular joint disorders (only manual reposition of TMJ luxation)</td>
<td>300 CZK</td>
</tr>
<tr>
<td>00963</td>
<td>Injections I.M., S.C., I.D., I.V.</td>
<td>53 CZK</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 CZK</td>
</tr>
<tr>
<td>00956</td>
<td>Major surgery of soft tissues in the oral cavity (wound suture to 5cm only)</td>
<td>900 CZK</td>
</tr>
<tr>
<td>00958</td>
<td>Major traumatology of hard tissues in the oral cavity</td>
<td>750 CZK</td>
</tr>
<tr>
<td>00960</td>
<td>External incision</td>
<td>600 CZK</td>
</tr>
<tr>
<td>00951</td>
<td>Minor surgery of hard tissues in the oral cavity (surgical extractions and extraction wound revision)</td>
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</tr>
<tr>
<td>00958</td>
<td>Major traumatology of hard tissues in the oral cavity</td>
<td>750 CZK</td>
</tr>
<tr>
<td>00960</td>
<td>External incision</td>
<td>600 CZK</td>
</tr>
</tbody>
</table>

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T. č.: 111163/2021/63b

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…modern approach to traditional values