General Terms and Conditions of Health Insurance for Acute and Emergency Care for Foreign Nationals
VPP NZPC 02/2020a

Table of Contents

Article 1 Introduction

Article 2 Definitions

Article 3 Subject of the Insurance, Insured Risk, Insured Event

Article 4 Type of Stay, Territorial Scope, Scope of Insurance

Article 5 Inactivity

Article 6 Exclusions from Insurance Coverage

Article 7 Insurance Contract

Article 8 Insurance Period, Commencement and Termination of the Insurance

Article 9 Responsibilities of the Insurer

Article 10 Responsibilities of the Policyholder and of the Insured Person

Article 11 Responsibilities of the Insured Person in Case of an Insured Event

Article 12 Other Rights and Responsibilities of the Parties to the Insurance

Article 13 Insurance Premium

Article 14 Salvage Costs

Article 15 Information on the Possibilities and Access Methods to the Insured Event File

Article 16 Final Provisions

List of Covered Dental Interventions

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 Táborská 940/31, 140 00 Praha 4, 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 02/2020a (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 offers an insurance product against loss and damage for a fixed term.

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 staying up to 90 days pursuant to Act No. 326/1999 Coll., on the stay of foreign nationals in the Czech Republic, as amended.

Article 2 Definitions

Policyholder shall mean a natural or legal person that has signed an insurance contract with the Insurer and is obliged to pay the premium.

Insurer is Slavia pojišťovna a.s.

Insured Person is the foreign national (a natural person who is not a citizen of the Czech Republic) to whose health the Insurer applies.

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.

Insurance Period is the period for which the Insurance was taken out.

Insured Risk is a possible cause of an insured event.

Loss Event is an event that results in a loss and may give rise to the right to indemnity.

Insured Event is an accidental state of affairs giving rise to the Insurer’s responsibility to provide an indemnity.

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 a country whose valid travel document is held by the Insured Person.

12. Repatriation is transport of the Insured Person or his/her bodly 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-indicated 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 and by the agreed indemnity limits.

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.

19. 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 results in a condition requiring acute and emergency care, excluding, however, illnesses and activities which occurred during any sports or sport-related recrea-

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 a 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 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.

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 purpose 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 “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 Insurer 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 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 emergency care. The maximum duration of the stay in the Schengen Area must not exceed 30 days per trip.

3. The indemnity covers the necessary and reasonable costs justifiably and demonstrably incurred in accordance with the applicable medical and legal regulations:

a) for acute and emergency care provided to the Insured Person by a contracted medical facility within the scope of the agreed Insurance;

b) 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.
4. The amount of indemnity covering acute and emergent medical expenses is typically computed by a non-contracted medical facility in the CR cannot exceed the standard payment for this care in the Czech general health insurance system, or the standard payment which would otherwise be paid by an insurer under the insurance system of another member country of the Schengen Area in whose territory, forming a part of the Schengen Area, acute and emergency care was provided to the Insured Person.

5. The Insurer shall provide the Insured Person or another person with compensation for the costs determined by the Insurer based on the medical expenses for the care rendered by a non-contracted medical facility in the CR, except for the provision of first aid during an attack; due to effects of chemical or biological weapons or war; during testing of means of transport; during preparation for or operation of extreme, hazardous or adrenaline sports, or in direct connection with them, such as contact martial sports, bungee jumping, mountaineering, climbing, caving, and ski jumping, paragliding, paragliding, aviation sports, including all activities belonging to the ultralight flying category, parachuting and motorsports.

6. The Insurer shall not pay indemnity:
   a) if the insured event is caused 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 use of intoxicating, psychotropic or addictive substances, or agents containing such substances, unless it is an injury;
   d) if the event was caused by the will full conduct, default or co-default of the Insured Person, unless it is an injury;
   e) if the Insured Person refuses medical treatment or medical examination for the purpose of recovering healthcare;
   f) if the Insured Person has permitted residency, or assistance service upon approval of the Insurer until his/her repatriation is possible from a medical viewpoint.

7. If an insured event has taken place and continuous hospitalization of the Insured Person exceeds 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, unless 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 upper limit of indemnity shall be the indemnity limit provided in the insurance contract. The insurance contract also stipulates the indemnity limit for all indemnities, including indemnity limits.

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

Article 5 Indemnity

1. The Insurer shall provide the indemnity to the Insured Person in the care 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, as defined in the original counterparts of the required documents. The original counterparts of these documents shall remain with the Insurer and the Czech legal regulations.

3. If the Insured Person who is the beneficiary deceases, a part of the claim to an indemnity which she/he has been entitled to, including the indemnity limit, is payable within the territory of the Schengen Area, or on dismissal of the Insured Person’s legal representative.

4. Unless agreed otherwise in writing by the parties, settlement under this Article is payable within the territory of the Insurer to an indemnity which the Insurer is entitled to, including the indemnity limit.

5. The Insurer shall not cover any event or loss that occurred:
   a) outside the territory of the CR and transit countries of the agreement of “CR and Transit Countries” has been agreed;
   b) outside the Schengen Area, if the territorial scope “Schengen” has been agreed;
   c) in the CR in relation to any activity of the Insured Person that does not correspond to the agreed type of stay in the CR;
   d) in the home country of the Insured Person;
   e) in the Schengen Area outside the CR in relation to any activity of the Insured Person that does not correspond to a tourist stay in the Schengen Area outside the CR, unless this activity is the result of a sudden illness or an injury covered by the Insurance;
   f) as a result of acts of war, civil war or civil disturbances;
   g) due to hard radiation, nuclear radiation or radioactive contamination;
   h) due to effects of chemical or biological weapons or acts of violence, including terrorist acts, in which the Insured Person was involved;
   i) where the Insured Person knowingly failed to comply with legal provisions valid at the place of the Insurance;
   j) during testing of means of transport;
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 associated with a claim for indemnity, the Insurer shall, without undue delay, commence an investigation in order to ascertain the extent of its responsibility to pay indemnity. Should the costs of the investigation incurred caused by a breach of duty on the part of the Insured Person, the Insurer has the right to require that the Insured Person compensate for the costs incurred.
   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 this period, the Insurer shall inform the person 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 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 insured events.

2. The Insurer processes personal data of natural persons in accordance with valid legislation and internal rules for the processes of providing insurance. The full text can be found at www.slavia-poistova.cz/co/ochrana-osobnich-udaju.

3. Payment 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 or damaged or destroyed, the Insurer shall issue the policyholder a copy upon his/her request and at his/her expense.

5. The Insurer shall supply information about the Insurer and the Insured Person's obligation to those interested in the Insurance before concluding the insurance contract, and shall provide this information through its employment and authorized insurance brokers.

6. 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 generally binding legal regulations, the policyholder and the Insured Person shall truthfully and fully answer all the written questions put forth by the Insurer with regards to the Insurer's investigation 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. addition, the policyholder and the Insured Person shall:
   a) inform the Insurer in writing of any change in any information 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 or a loss event occurred.
   c) enable the Insurer to perform an investigation into the causes of the loss event and the extent of its consequences, 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 event;
   b) notify the police of the CR or any other competent authority accordingly and without undue delay should there be suspicion of a criminal offence or other salvage costs incurred during the term of the insurance contract;
   c) proceed so that the Insurer can exercise its right to indemnification, or a similar right that the Insurer has incurred in relation to an insured event;
   d) fulfill other obligations set out in the General Insurance Terms and Conditions and in the insurance contract.

4. In addition to the responsibilities stipulated by generally 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 with the rights and responsibilities that arise for him/her from the arranged Insurance.

5. If a conscious breach of any responsibilities by the policyholder, the Insurer shall have the right to an indemnity having the right to an indemnity had a substantial effect on the occurrence or course of an Insured Event, on increasing the consequences of the insured event, or on ascertaining or determining the amount of indemnity, the Insurer shall have the right to reduce the indemnity depending on the effect that the violation had on the extent of the Insurer's responsibility to pay indemnity. This is 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 provider or the Insurer, and furnish the relevant information which is subject to the confidentiality of duty of the medical staff and medical facilities, insurance companies, including health insurance companies, and the police of the CR, and which is required for the Insurer's investigation in case of an insured event;
   b) need be able to 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 maintain confidentiality and provide the Insurer with written information which is subject to the confidentiality of duty of the medical staff and medical facilities, insurance companies, including health insurance companies, and the police 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 examination at a medical facility designated by the assistance service provider, or by the Insurer, and following the Insurer's instructions and recommendations of the medical staff;
   e) if need be, seek medical treatment and present the insured Party's Card to the healthcare provider;
   f) on request of the Insurer, release the healthcare provider in writing from its responsibility to maintain confidentiality and provide the Insurer with written information which is subject to the confidentiality of duty of the medical staff and medical facilities, insurance companies, including health insurance companies, and the police of the CR, and which is required for the Insurer's investigation in case of an insured event;
   g) undergo treatment or a necessary health examination at a medical facility designated by the assistance service provider, or by the Insurer, and following the Insurer's instructions and recommendations of the medical staff.

2. The Insurer has the same responsibility to inform the person who may be, or is, entitled to indemnity, of the extent of the Insurer's responsibility to pay indemnity. Should the costs of the investigation incurred caused by a breach of duty on the part of the Insured Person, the Insurer has the right to require that the Insured Person compensate for the costs incurred.

3. The Insurer has the right to the insurance premium for the entire insurance period. The Insurer acquires this right on the date when the insurance contract is concluded.

4. 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 the investigation of the event, and in case of the death of the Insured Person, an official death certificate and a medical certificate on the cause of death shall be presented.

5. All the documents attached to a written communication on the loss event, including annexes and documents with the title of the name of the Insured Person, specifying the date of issue and bearing the signature and stamp of the issuer.

Article 12 Other Rights and Responsibilities of the Parties to the Insurance

1. The Insurer is entitled to the submitted documents, request expert reports and consult medical facilities or other organizations and persons on complex 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.

3. In the event that the Insurer has provided indemnity to the relevant medical facility or person who demonstrably incurred, for the costs of treatment within the scope of acute and emergency care, the Insurer has the right to reimbursement of the paid indemnity from the person who:
   a) the insured event was caused by or related to the consumption of alcohol or narcotics, or other psychotropic or addictive substances, or agents containing 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 insurance period, even if the Insurance terminates before expiry of the insurance 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 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 reimbursement of the paid premium from the Policyholder if:
   a) the premium was paid in full in Czech currency on the date when the insurance contract was concluded;
   b) the actual loss event was not unduly delayed, and if the Insurer did not owe the Policyholder a payment as a result of the loss event.

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 insurance contract is concluded.

6. In the event that no insurance is taken out, the Insurer shall return the premium paid to the Policyholder, minus the costs associated with concluding the insurance agreement and administration, amounting to 20% of the unused premium.

7. In the event that the insurance expires after the beginning of the insurance period and an insured event occurred during the insurance period, the Insurer shall return the unused premium to the Policyholder reduced by 20% of the costs of the unused premium associated with concluding the insurance agreement and its administration.

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 amount of the saved medical services, if 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 15
Information on the Possibilities and Access Methods to the Insured Event File
1. At the Beneficiary’s written request, the Insurer shall allow the Beneficiary (i.e., also the beneficiary in the event of the insured’s death) to access the file kept by the Insurer in connection with the insured event or a similar record of the investigation of the insured event and to obtain extracts or copies of materials or documents relating to the reasons for the refusal to provide indemnity or determining the indemnity amount, after completing the investigation of the insured event (hereinafter also referred to as the ‘Request for Access to the Insured Event File’).
2. Conditions for accessing the insured event file: a) the insured event occurred during the insurance period; and b) the investigation of the insured event, whereby access to the file is requested by the Beneficiary, was terminated by the Insurer at the time of submitting the Beneficiary’s request; and c) the right to indemnity from the insured event, whereby access to the file is requested by the Beneficiary, is not time-barred at the time the request is submitted; and d) the Beneficiary submitted the written Request for Access to the Insured Event File to the Insurer: i) by delivering it to the Insurer’s registered office, i.e., Slavia pojišťovna a.s., Claims Settlement Department, Táborská 940/31, 140 00 Prague 4; or ii) by simple email (without requiring its electronic signing) delivered to the Insurer to likvidace@slavia-pojistovna.cz; or iii) at any branch or contact point of the Insurer (see www.slavia-pojistovna.cz/kontakt/); 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.
3. The Insurer will allow the Beneficiary to access the insured event file without undue delay, depending on the scope and technical nature of the file’s contents. The Insurer shall inform the Beneficiary of the possible dates of accessing the insured event file no later than within 10 working days from the date of receiving the written request. Access to the insured event file is possible within the date agreed between the Insurer and the Beneficiary, during the Insurer’s usual working hours.
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 disapproval 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 the insured event.
6. If the insurance agreement gives the Beneficiary the right to access the insured event file to a greater extent, the provision of the insurance agreement takes precedence over this provision of the General Insurance Conditions.
7. 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 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 Beneficiary. In the case of a wire transfer, the date of payment is the date when the sum is credited to the Beneficiary’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. These General Insurance Terms and Conditions are issued by the Insurer in the Czech language and translated into the Russian and English languages. The Czech version hereof shall prevail.
8. The General Insurance Terms and Conditions come into effect on 1 February 2020.

List of Covered Dental Interventions

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Fee</th>
<th>Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>00908</td>
<td>Acute treatment and examination of an unregistered patient</td>
<td>295 CZK</td>
<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>
</tr>
<tr>
<td>00910</td>
<td>Introral X-ray</td>
<td>70 CZK</td>
<td>00957</td>
<td>Minor traumatology of hard tissues in the oral cavity</td>
<td>420 CZK</td>
</tr>
<tr>
<td>00911</td>
<td>Extraoral X-ray film preparation - only in case of injury</td>
<td>225 CZK</td>
<td>00959</td>
<td>Intraoral incision</td>
<td>105 CZK</td>
</tr>
<tr>
<td>00913</td>
<td>Orthopantomogram preparation - only in case of injury</td>
<td>70 CZK</td>
<td>00961</td>
<td>Treatment of surgical complications in the oral cavity</td>
<td>45 CZK</td>
</tr>
<tr>
<td>00914</td>
<td>Orthopantomogram analysis - only in case of injury</td>
<td>270 CZK</td>
<td>00962</td>
<td>Conservative treatment of temporomandibular joint disorders (only manual reposition of TMJ luxation)</td>
<td>300 CZK</td>
</tr>
<tr>
<td>00916</td>
<td>Foramen mandibulae and infraorbital anaesthesia</td>
<td>100 CZK</td>
<td>00963</td>
<td>Injections I.M., S.C., I.D., I.V.</td>
<td>53 CZK</td>
</tr>
<tr>
<td>00917</td>
<td>Infiltrative and other anaesthesia</td>
<td>80 CZK</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>00920</td>
<td>Dental decay treatment - permanent tooth - photocomposite filling</td>
<td>315 CZK</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>00921</td>
<td>Dental decay treatment - permanent tooth</td>
<td>220 CZK</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>00922</td>
<td>Dental decay treatment - temporary tooth</td>
<td>126 CZK</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>00925</td>
<td>Conservative treatment of dental decay complications - permanent tooth</td>
<td>265 CZK</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>00945</td>
<td>Targeted examination</td>
<td>10 CZK</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>00949</td>
<td>Temporary tooth extraction</td>
<td>87 CZK</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>00950</td>
<td>Permanent tooth extraction</td>
<td>168 CZK</td>
<td></td>
<td></td>
<td></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>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Czech Dental Chamber certificate

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Fee</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 oorcranial communication)</td>
<td>1155 CZK</td>
</tr>
<tr>
<td>00956</td>
<td>Major surgery of soft tissues in the oral cavity (wound suture to 5 cm 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>
</tbody>
</table>

T.-E: 181164/2021/64b
Slavia pojišťovna a.s.
Táborská 940/31, 140 00 Praha 4 | Infoline: +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