Foreigners' Comprehensive Medical Insurance PLUS

Insurance product information document

Company: Pojišťovna VZP, a.s., Czech Republic Product: **Foreigners' Comprehensive Medical Insurance Plus**

The information contained in this document is intended to assist you in understanding the basic characteristics, and terms and conditions of the insurance. The complete pre-contractual and contractual information on the product is contained in other documents. These are primarily the insurance contract, and the insurance terms and conditions.

What type of insurance are we talking about?

Foreigners' Comprehensive Medical Insurance Plus covers the insured persons in the event of illness or injury and is intended for foreign nationals who are long-term residents of the Czech Republic.

What is the subject of the insurance?

Basic insurance:

✓ **Comprehensive medical services in the Czech Republic** are provided at the insurance company's contractual medical facilities to a similar extent as that enjoyed by Czech citizens under public medical insurance, subject to the agreed insurance exclusions and the agreed insurance benefit limits.

✓ **Repatriation** – transport of the sick to the state whose passport the Insured Person holds or to another state in which the Insured Person has been permitted residence.

✓ **Transportation of the remains** in the case of the insured person's death to the state whose passport the Insured Person holds or to another state in which the Insured Person has been permitted residence.

- Limits: **CZK 1,800, 000** or **CZK 3,000, 000** per insured event, limits for:
  - dental treatment: CZK 5,000/year or CZK 10,000/year
  - outpatient prescription medication: CZK 5,000/year or CZK 10,000/year
- Types of insurance: **Standard, Newborn, Professional Sports**. Post-natal care for the insured mother's newborn is covered in the case of Newborn insurance.
- The insurance includes a Premium Standard (Nadstandart) insurance limit, which can be used for medical services not covered under the insurance (are not even covered for Czech citizens under public medical insurance).

Elective insurance:

- **Insurance of medical expenses in the Schengen area**
  - Coverage of urgent and necessary medical care, or repatriation, or transport of the insured person's remains, as the case may be.
  - Limit: CZK 2,000,000 for the sum of all Insured Events occurring within the Duration of the Insurance, of which a limit for urgent dental treatment: CZK 10,000/year
- **Insurance of daily benefit during hospitalisation**
  - If the insured person is hospitalised, he/she shall receive an agreed sum insured for each day of hospitalisation (daily benefit).
  - Sums insured: CZK 200/day, CZK 300/day or CZK 500/day.
- **Civil liability insurance**
  - Limits: CZK 2,000,000 or CZK 4,000,000 per insured event (twice the limit for all insured events for 1 year of insurance or for the insurance period in the case of an insurance contract with a shorter insurance period than 1 year)
  - Deductible: CZK 1,000
- **Accident insurance**
  - Sums insured for Accidental Death / Permanent Consequences of Accident:
    - CZK 100,000 / CZK 200,000
    - CZK 150,000 / CZK 300 000
    - CZK 200,000 / CZK 400,000

You will find the exact scope of the insurance you have arranged in the valid insurance contract.

What is not covered under the insurance?

✗ **The costs of illness or injury arising before the start or after the end of the insurance.**

✗ The insurance does not apply to payments for medical services and medicines not covered under public medical insurance in the Czech Republic. It does not apply to payments under a Premium Standard (Nadstandard) insurance limit.

✗ The insurance does not apply to medical services drawn at non-contractual medical facilities, except in cases of a sudden deterioration of the insured person's health and the risk of his/her health being seriously endangered or his/her life being threatened due to delay.

Further exclusions in the insurance cover can be found in the insurance terms and conditions, or in the insurance contract, as the case may be.

Are there any restrictions in the insurance cover coverage?

! If the policyholder or the insured persons provides false or grossly distorted particulars, the insurance company may reduce the insurance benefit or not pay it at all.

! If the policyholder or the insured person breaches his/her/its obligations, the insurance company may reduce the insurance benefit by an appropriate amount.

! If the Newborn insurance option has not been arranged, **the insurance does not apply** to medical services in connection **with pregnancy for a period of three months** from the start of the period insured and to medical care **in connection with childbirth for a period of eight months** from the start of the period insured.

! In the case of **Newborn** insurance option, only care following up immediately after the birth (without interruption of the newborn's hospitalisation) shall be covered, but shall be limited to the first three months of the newborn's life.

Further restrictions in the insurance cover can be found in the insurance terms and conditions and in the insurance contract.

Where does the insurance cover protect me?

- **Comprehensive medical services – territorial validity is the Czech Republic.**
- Medical expenses in the Schengen area – territorial validity is the Schengen area outside of the Czech Republic.
- Insurance for the event of hospitalisation – territorial validity is the Schengen area, including the Czech Republic
- Civil liability insurance - territorial validity is the Schengen area, including the Czech Republic
- Accident insurance - territorial validity is the Schengen area, including the Czech Republic

What are my obligations?

The policyholder's obligations

- To answer all questions asked by the insurance company completely and truthful at the time of arranging the insurance and when making amendments to the insurance contract.
- To pay the premiums.
- To inform the insurance company should the particulars contained in this insurance contract change in the duration of insurance.
- In the event of the insurance contract being terminated, to serve this termination in writing (with a handwritten signature) to the insurance company.
- In the event of withdrawal (ex tunc) from the contract, return the insurance benefit, if paid in connection with a reported insured event.
- If the insurance expires before the end of the agreed period insured, return your ID card to the insurance company within five days of the expiry of the insurance, at the latest.
- If the insurance relates to a person other than the policyholder, the policyholder shall be obliged to familiarise this person with the terms and conditions of the insurance.

The insured person's obligations

- **Always contact the assistance service and follow its instructions before visiting a doctor**, should the insured person's health permit.
- Report a loss event to the insurance company without undue delay in the event that the insured person had to pay for medical care by him or herself or if he or she is requesting reimbursement of prescribed medicines, whilst at the same time submitting originals of the required documents.
- Do everything to avert the occurrence of an insured event and to reduce the extent of its consequences.
- Describe the causes of the damage in a truthful manner and demonstrably prove the scope of the damage.
- Enable the insurance company to investigate and to document the loss event.
- Notify the insurance company if criminal proceedings were or are likely to be launched in connection with the insured event.
- In the case of an insured event, provide the insurance company with information on other medical insurance contracts, if any such contracts have been arranged by the insured person.
- In the case of an insured event, fill out and send to the insurance company, without undue delay, a completed notification of the insured event and the required documents, or, at the request of the insurance company, provide additional information about the insured event and submit further required documents.

When and how to remit payments?

Premiums are paid prior to the inception of the insurance in cash, by payment card, or by bank transfer to the appropriate account.

When does the insurance coverage start and end?

- The insurance is always arranged for a definite time period.
- Insurance cover arises as of 0:00 of the day agreed in the insurance contract as the inception of the insurance cover, but not earlier than 0:00 on the day immediately after the conclusion of the insurance contract and terminates at 24:00 of the day agreed in the insurance contract as the end of the insurance.

How can I terminate the contract?

- By written notice within two months of the day of concluding the insurance contract; the notice period is eight days, following which the insurance expires.
- By written notice within three months of the day on which an insured event was reported; the notice period is one month, following which the insurance expires.

Other ways of terminating the insurance:

- upon the insured person's death
- upon the rejection of the insurance claim (on the date thereof),
- upon the termination of the insurable interest (e.g. refusal of a visa application or the expiration of a visa's validity),
- notification by the policyholder of the insured person transferring to public health insurance,
- by the non-payment of the insurance premium,
- by withdrawal,
- by agreement.

The exact conditions of the termination and settlement services (that means cases when the insurer is entitled to reduce the unused premium by insurance payments already paid or by administration fees related to the arrangement and administration of insurance in the amount of 20 %) are described in the insurance terms and conditions.