

GENERAL CONDITIONS OF 'PZU PLAN NA ZDROWIE' INSURANCE



adopted by the resolution of the Management Board of Powszechny Zakład Ubezpieczeń Spółka Akcyjna no. UZ/203/2018 of June 28th 2018, as amended by the resolution of the Management Board of Powszechny Zakład Ubezpieczeń Spółka Akcyjna no. UZ/114/2019 of April 24th 2019, as amended by the resolution of the Management Board of PZU SA no. UZ/302/2019 of November 19th 2019

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Information referred to in Article 17(1) of the Insurance and Reinsurance Activity Act:

Type of information	Number of the section of the contract template
Grounds for payment of compensation and other benefits	§ 1(6), § 3, § 5, § 6, § 7, § 8, § 9, § 10, § 11, § 12, § 13, subparagraphs 1 to 16 of § 14, subparagraphs 7 to 9 of § 16, § 19, § 23
Limitations and exemptions of the liability of the insurance company, on the basis of which the payment of compensation or other benefits may be refused or reduced	§ 1(6), § 3, § 5, § 6, § 7, § 8, § 9, § 10, § 11, § 12, § 13, subparagraphs 3 and 8 of § 14, § 15, § 16(10), § 19, § 23

CHAPTER I
INTRODUCTORY PROVISIONS
GENERAL PROVISIONS

§ 1

1. The general conditions of 'PZU Plan na Zdrowie' insurance, hereinafter referred to as the "GCI", shall apply to insurance contracts concluded by Powszechny Zakład Ubezpieczeń Spółka Akcyjna, hereinafter referred to as "PZU SA", with natural persons, sole proprietors, legal persons or organisational units without legal personality.
2. The GCI shall also apply to insurance contracts concluded using a means of distance communication, pursuant to the applicable provisions of law.
3. PZU SA shall be obliged to inform the policyholder in writing about any differences between the content of the insurance contract and the GCI prior to the conclusion of the insurance contract. If PZU SA fails to comply with the aforementioned obligation, it may not rely on any differences which are unfavourable to the policyholder or the insured person. This provision shall not apply to insurance contracts concluded by negotiation.
4. In agreement with the policyholder, additional provisions or provisions diverging from the GCI may be incorporated into an insurance contract. Should any additional or diverging provisions be incorporated into an insurance contract, the GCI shall apply in matters not regulated by those provisions.
5. The language used in relations between consumers and PZU SA is the Polish language.
6. In matters not regulated in the GCI relevant provisions of the Civil Code and other relevant provisions of the Polish law shall apply to insurance contracts.

§ 2

1. The policyholder may conclude an insurance contract for the account of another party (for the account of an insured person).
2. Where an insurance contract is concluded for the account of another party (for the account of an insured person), allegations affecting the liability of PZU SA may also be made by PZU SA against the insured person.
3. The insured person may request from PZU SA information on the provisions of the insurance contract and the GCI in so far as they relate to the rights and obligations of the insured person.

DEFINITIONS

§ 3

The following terms used in the GCI shall have the following meanings:

- 1) **acts of terrorism** – actions taken by an individual or a group against people or property to create chaos, intimidate the population or disrupt public life, public transport, service establishments or manufacturing plants for the purpose of achieving economic, political or social goals;
- 2) **diagnostic tests** – diagnostic tests as listed in the GCI which are performed at the medical facilities indicated by the service provider via the PZU Zdrowie hotline;
- 3) **fight** – a struggle between three or more persons involving the exchange of blows, with each of the persons being both an attacker and defender;
- 4) **illness** – a physical condition involving an incorrect response of a system or organ to external or internal stimuli; the term also includes serious illnesses and malignant neoplasms but does not include sudden life-threatening or debilitating medical conditions which require medical attention;
- 5) **serious illness** – any of the following illnesses suffered by an insured person:
 - a) **bacterial encephalitis or meningitis** – infectious bacterial diseases characterised by neurological signs of brain or spinal cord damage, which require hospital treatment and the diagnosis and aetiology of which are confirmed by medical records from the facility providing treatment; or

- b) **Alzheimer's disease** – progressive deterioration of memory and other cognitive functions, as diagnosed by a neurology, psychiatry or geriatric medicine specialist based on clinical findings as well as tests and questionnaires used to diagnose Alzheimer's disease, which leads to dementia; the term does not include dementia caused by other medical conditions, alcohol-related dementia or dementia caused by medication or AIDS; or
- c) **disease of the thoracic or abdominal aorta** – aneurismal dilatation or dissection of the abdominal or thoracic aorta, excluding branches of the aorta; or
- d) **Creutzfeldt-Jakob disease** – a neurodegenerative disease of the central nervous system caused by prions, as diagnosed by a neurologist, which results in the permanent inability of the person affected by the disease to perform at least three of the following five activities of daily living without the assistance of another person:
 - moving from one room to another,
 - bowel and bladder control,
 - dressing and undressing,
 - bathing and maintaining personal hygiene,
 - eating ready meals without help from another person; or
- e) **Huntington's disease** – an inherited central nervous system disorder, as diagnosed by a neurologist based on genetic testing, which leads to at least one of the following:
 - disruption of motor functions,
 - mood disorder,
 - cognitive disorder; or
- f) **amyotrophic lateral sclerosis** – a neurodegenerative disease of the central and peripheral nervous systems caused by selective damage to motor neurons, as diagnosed by a neurologist, which is confirmed by EMG and which causes muscle weakness and atrophy as well as impairment of active movements; or
- g) **Parkinson's disease** – a neurodegenerative disease of the central nervous system caused by the loss of neurons that are important for motor function, as diagnosed by a neurologist, which causes at least two of the following three neurological symptoms:
 - tremors,
 - slowness of movement,
 - increased muscle tension;the term does not include symptomatic parkinsonism; or
- h) **tick-borne encephalitis** – a tick-borne infectious viral disease which is characterised by neurological signs of brain or spinal cord damage, which requires hospital treatment and the diagnosis and aetiology of which are confirmed by medical records from the facility providing treatment; or
- i) **meningioma** – a central nervous system neoplasm, confirmed histologically or by brain imaging, originating in the meninges; the term does not include any cysts, granulomas, vascular malformations, pituitary tumours or spinal cord tumours in the central nervous system; or
- j) **chronic renal failure** – permanent impairment of the function of both kidneys or a single functioning kidney which requires the use of dialysis as a permanent measure or a kidney transplant; the term does not include acute renal failure which is reversible and which requires the use of dialysis as a temporary measure only; or
- k) **brain abscess** – local intracranial infection, confirmed histologically or by brain imaging, which originates from isolated inflammation of the brain and which leads to the formation of a collection of pus surrounded by a vascular capsule; or
- l) **multiple sclerosis** – a disease of the central nervous system, as diagnosed by a neurologist based on neurological signs and MRI examination, which is characterised by neurological deficits caused by diffuse demyelination; or
- m) **stroke** – sudden focal or generalised impairment of brain function which leads to permanent neurological deficits and which is due solely to vascular causes, i.e. the occlusion

or rupture of a cerebral vessel, except for vascular causes which are due to a brain disease or injury; or

- n) **loss of sight** – permanent and irreversible loss of sight in at least one eye which is caused by illness and which cannot be corrected using glasses or contact lenses, visual acuity below 0.1 (5/50) or visual field of less than 20 degrees; or
 - o) **HIV infection** – complication of blood transfusion received in the Republic of Poland by a person who does not suffer from haemophilia, or
 - p) **myocarditis** – inflammation of the heart muscle leading to impaired systolic cardiac function or abnormal heart rhythm which requires hospital treatment and the diagnosis of which is confirmed by medical records from the facility providing treatment;
- 6) **insurance document** – policy, certificate or any other document confirming the insurance contract;
 - 7) **medical records** – medical records as defined in the Regulation of the Minister of Health on the types, scope and formats of medical records and the manner in which they should be processed;
 - 8) **second medical opinion** – a medical opinion given by a foreign consultant indicated by the service provider based on the medical records provided by the insured person;
 - 9) **military action** – activities of armed forces during a war aimed at defeating the armed forces of the opponent on land, in the air or at sea;
 - 10) **child** – a natural or adopted child of the insured person or his or her life partner who, in the calendar year in which the first day of the period of insurance falls, is under the age of 18 or, in the case of children who are in education, under the age of 25;
 - 11) **business day** – any day except Saturday, Sunday or a holiday;
 - 12) **PZU Zdrowie hotline** – 24-hour hotline intended to enable insured persons, in particular, to make appointments for medical services;
 - 13) **medical consultation** – a medical service performed by a physician indicated by the service provider during the opening hours of a given medical facility and in accordance with its work schedule; a medical consultation includes taking medical history, physical examination of the patient, any activities necessary to make a diagnosis, medical recommendations, making prescriptions for medication and medical equipment, referring the patient for additional tests, issuing a certificate of temporary incapacity for work; the term does not include consultations with doctors who have a doctoral or postdoctoral degree or who hold the title of professor;
 - 14) **consumer** – a natural person engaged in a legal transaction which is not directly related to his or her economic or professional activities with an entrepreneur;
 - 15) **foreign consultant** – a person authorised to provide medical services under the national law of the country where the person provides medical services;
 - 16) **case conference** – a meeting of specialists comprising at least two physicians, including at least one physician holding the title of professor, held to discuss the insured person's test results based on the medical records provided by the insured person and to give recommendations regarding treatment; where possible, a case conference takes place with the participation of the insured person;
 - 17) **country of permanent residence** – country in which a person who is a national of that country has his or her permanent address (home) or the country in which a person who is not a national of that country stays and intends to stay permanently;
 - 18) **consequences of an accident:**
 - a) in the case of 'Plan na Zdrowie' basic insurance – an injury or impairment of health as listed in Table 1 in § 6(1),
 - b) in the case of 'W Trosoce Ciebnie' supplementary insurance – an injury or impairment of health;
 - 19) **accident:**
 - a) in the case of 'Plan na Zdrowie' basic insurance – sudden event caused by an external factor as a result of which the insured person suffers, without any choice on his or her part, an injury or impairment of health as listed in Table 1 in § 6(1),
 - b) in the case of 'W Trosoce Ciebnie' supplementary insurance – sudden event caused by an external factor as a result of

which the insured person suffers, without any choice on his or her part, an injury or impairment of health or which leads to a risk of injury or impairment of health of the insured person which requires medical attention;

- 20) **malignant neoplasm** – uncontrolled proliferation of cancer cells characterised by the potential to infiltrate and destroy tissues and create metastases, confirmed histologically or, where no material for histological evaluation is collected, by the evaluation of the clinical picture and diagnostic tests which confirm the malignant nature of the neoplasm; the following shall be considered to be malignant neoplasms, as defined in the GCI:
 - a) cervical cancer,
 - b) breast cancer,
 - c) lung cancer,
 - d) colorectal cancer,
 - e) testicular cancer,
 - f) prostate cancer,
 - g) bladder cancer,
 - h) kidney cancer,
 - i) melanoma,
 - j) thyroid cancer;within the meaning of the GCI, the term 'malignant neoplasm' does not include:
 - a) neoplasms which prove on histological assessment to be benign or of limited or potentially low-grade malignancy, non-invasive, in situ or dysplastic changes,
 - b) neoplasms linked to AIDS or HIV infection;
- 21) **period of insurance** – the period of the liability of PZU SA, as defined in the insurance contract;
- 22) **burns** – second or third degree damage to skin and subcutaneous tissue caused by high temperature, chemical substances, ionising radiation or electric current affecting more than 10% of the body surface area;
- 23) **medical assistant** – a person who provides the insured person, by telephone, with information on cancer treatment;
- 24) **relative** – life partner, child;
- 25) **life partner** – a person who has entered into marriage with the insured person in accordance with the applicable law, who has not been judicially separated from the insured person in accordance with the applicable provisions of law and who, in the calendar year in which the first day of the period of insurance falls, is under the age of 65; within the meaning of the GCI, the term 'life partner' also refers to a person who, in the calendar year in which the first day of the period of insurance falls, is under the age of 65, who has not entered into marriage in accordance with the applicable provisions of law and who cohabits with the insured person, who too has not entered into marriage in accordance with the applicable provisions of law;
- 26) **medical facility** – a healthcare provider, as defined in the Act on medical activities;
- 27) **telemedical advice** – a medical service provided at a distance without direct physical examination, by means of a transmission that is entirely transmitted, received or transmitted by means of information and communication systems or communication systems (respectively in the form of chat, video-consultation or telephone consultation) operated by means of the Portal or telephone;
- 28) **portal** – a system of websites available at the internet address lekarzaonline.puzdrowie.pl, within the framework of which PZU Zdrowie enables authorised persons to access telemedical advice and save medical documentation;
- 29) **diagnosis and treatment** – medical activities comprising medical history taking, physical examination and additional tests aimed at diagnosing an illness, serious illness or malignant neoplasm or medical activities aimed at treating the aforementioned conditions;
- 30) **outpatient rehabilitation** – medically justified kinesiotherapy and physical therapy procedures, as listed in the GCI, the aim of which is to restore or improve the functions of the body and which are performed at the medical facilities indicated by the service provider via the PZU Zdrowie hotline;

- 31) **RoP** – Republic of Poland;
- 32) **high risk sports** – the following sporting activities:
- motor sports, quad driving,
 - powerboating, including water skiing,
 - gliding, ballooning, parachute jumping, BASE jumping, hang gliding, paragliding, para-motor gliding, flying aircraft,
 - mountain climbing, rock climbing, caving with the use of protective or safety equipment or requiring the use of such equipment,
 - all types of rafting,
 - canyoning (traversing a riverbed by: climbing, swimming, diving),
 - diving using specialist equipment (scuba diving), free diving, wreck diving, cave diving,
 - offshore sailing, sea angling,
 - surfing, windsurfing, kitesurfing (type of surfing), wakeboarding,
 - downhill skiing or snowboarding outside marked trails,
 - extreme skiing: ski mountaineering, extreme downhill skiing, freestyle skiing,
 - snowmobiling or using other vehicles or equipment in snow conditions (airboarding – skimming over the snow on a cushion of air, snake gliss – collective tobogganing, snowtrikke – going down a hill on a snow scooter),
 - icesurfing (ice yachting),
 - extreme snowboarding: freeride, mountain snowboarding, speed snowboarding, jumps and tricks, snowkite (snowboard or skis and a kite), snowcross, boardercross (descending a course while navigating obstacles), snowscooting (going down a slope on a machine which is a combination of a snowboard, BMX and a scooter),
 - bungee jumping,
 - martial arts and defence sports,
 - horse riding,
 - marathons,
 - mountain biking, downhill (competitive biking practised on steep natural terrain),
 - parkour – getting around or through various obstacles in the quickest and most efficient manner possible,
 - hunting animals using firearms or pneumatic weapons,
 - participating in survival expeditions or expeditions to places characterised by extreme climate or natural conditions: desert, mountains with a height of more than 2,500 metres above sea level (including trekking expeditions), bush, poles, polar regions, jungle, glacial or snow areas; expeditions to glacial or snow areas shall be considered a high-risk sport only where they require the use of protective or safety equipment;
- 33) **medical services** – the medical services as listed in the GCI which are necessary to:
- treat the consequences of an accident – in the case of '**Plan na Zdrowie**' basic insurance,
 - treat a serious illness – in the case of '**W Ciężkiej Chorobie**' supplementary insurance,
 - treat cancer – in the case of '**W Leczeniu Nowotworu**' supplementary insurance,
 - treat the consequences of an accident or illness, eliminate a risk of injury or impairment of health which requires medical attention or eliminate a threat to life or health resulting from a sudden medical condition which requires medical attention – in the case of '**W Trosce o Ciebie**' supplementary insurance;
- 34) **service provider** – an entity contracted by PZU SA which is the organiser of the medical services provided;
- 35) **policyholder** – a natural person, sole proprietor, legal person or organisational unit without legal personality which concluded an insurance contract;
- 36) **insured person** – a natural person named in a given insurance document for whose account an insurance contract has been concluded;
The insured person may be any natural person who has his or her permanent address in the Republic of Poland and who,
- in the calendar year in which the first day of the period of insurance falls, is under the age of 65;
- 37) **being in education** – attendance at a public or private school or university on a full-time or part-time basis, not including any courses, training or distance education;
- 38) **direct contract** – an insurance contract concluded electronically using a means of distance communication which is neither a contract concluded via hotline nor a contract concluded under simplified procedure;
- 39) **contract concluded via hotline** – an insurance contract concluded using a means of distance communication via the hotline of PZU SA which is neither a direct contract nor a contract concluded under simplified procedure;
- 40) **insurance contract** – an insurance contract governed by the GCI;
- 41) **individual insurance contract** – an insurance contract concluded for the account of one adult person indicated in a given insurance document;
- 42) **family insurance contract** – an insurance contract concluded for the account of at least two relatives, including at least one adult relative who is not a child, indicated in the insurance contract;
- 43) **contract concluded under simplified procedure** – an insurance contract concluded using a means of distance communication based on an offer sent by PZU SA which is neither a direct contract nor a contract concluded via hotline;
- 44) **injury** – damage to an organ caused by an insured event;
- 45) **taking part in competitive sports** – being involved in sporting activities by regularly attending practice at a sports club or association as well as taking part in sporting competitions (matches, tournaments or other sporting events) or participating in fitness or training sports camps – to acquire or improve skills in a given sport and to achieve better sporting results; the term includes amateur and professional sports;
- 46) **insured event** –
- in '**Plan na Zdrowie**' basic insurance – an accident,
 - in '**W Ciężkiej Chorobie**' supplementary insurance – a serious illness,
 - in '**W Leczeniu Nowotworu**' supplementary insurance – malignant neoplasm,
 - in '**W Trosce o Ciebie**' supplementary insurance – an accident, illness or a sudden life-threatening or debilitating medical condition requiring medical attention;
- 47) **occurrence of an illness** – occurrence of an illness which is diagnosed by a specialist or confirmed by a suitable test;
- 48) **occurrence of a serious illness** – occurrence of a serious illness which is diagnosed by a specialist or confirmed by a suitable test listed in the definition of a given serious illness, with the reservation that:
- meningioma shall be deemed to have occurred where it is confirmed by a test listed in the definition of meningioma and removed surgically,
 - cerebral abscess shall be deemed to have occurred where it is confirmed by a test listed in the definition of cerebral abscess and removed surgically,
 - a disease of the thoracic or abdominal aorta shall be deemed to have occurred where it is diagnosed by a specialist and where a surgery is performed to replace the affected part of the aorta with a vascular prosthesis,
 - HIV infection shall be deemed to have occurred where a blood transfusion is carried out in the Republic of Poland;
- 49) **occurrence of a malignant neoplasm** – occurrence of a malignant neoplasm which is diagnosed by a specialist and confirmed by a suitable examination as listed in the definition of malignant neoplasm;
- 50) **outpatient procedures** – outpatient procedures listed in the GCI which are performed by a doctor during a medical consultation or by a nurse at a medical facility indicated by the service provider via the PZU Zdrowie hotline, provided that the procedures are indicated for medical reasons and may be performed in outpatient settings in a given medical facility without harming the insured person;

CHAPTER II
PERIOD OF INSURANCE, SUBJECT MATTER AND SCOPE OF
INSURANCE COVER

§ 4

1. An insurance contract shall relate to '**Plan na Zdrowie**' basic insurance cover, as referred to in § 5 and § 6, and to at least one of the following types of supplementary insurance:
 - 1) '**W Ciężkiej Chorobie**' insurance, as referred to in § 7 and § 8;
 - 2) '**W Leczeniu Nowotworu**' insurance as referred to in § 9 and § 10;
 - 3) '**W Trosce o Ciebie**' insurance as referred to in § 11 and § 12;
2. The insurance contract may not be amended (its scope may not be extended or limited) with respect to the supplementary insurance covers referred to in § 7–§ 12 in the period of insurance.
3. Insurance contracts relating to '**Plan na Zdrowie**' basic insurance cover and the supplementary insurance covers referred to in subparagraph 1 are concluded as individual insurance contracts or family insurance contracts.
4. All persons insured under one insurance contract are provided with the same insurance cover.
5. Medical services are provided only within the territory of the Republic of Poland, except for the second medical opinion referred to in Table 3 in § 10(1)(1).

SUBJECT MATTER AND SCOPE OF 'PLAN NA ZDROWIE' BASIC
INSURANCE COVER

§ 5

1. Under '**Plan na Zdrowie**' basic insurance, PZU SA shall organise and cover the costs of the medical services, as listed in Table 1 in § 6(1), which are provided to the insured person in connection with an insured event, subject to subparagraph 2, § 6 and § 15.
2. The insured person shall be entitled to be provided with the medical services listed in Table 1 in § 6(1) where a given insured event occurs in the period of insurance and where the consequences of the event, i.e. an injury or impairment of health, as referred to in Table 1 in § 6(1), occur within 2 years from the date of the insured event.

§ 6

1. Subject to subparagraphs 2 to 5, § 5 and § 15, under '**Plan na Zdrowie**' basic insurance, the insured person shall be entitled to be provided with the medical services listed in Table 1 where an insured event that leads to an injury or impairment of health listed in that Table occurs.

- The limit on the medical services listed in Table 1 in subparagraph 1 represents the number of medical consultations, number of consultations with a psychologist or the number of diagnostic tests per insured event for each insured person.
- The diagnostic tests listed in Table 1 in subparagraph 1 are performed on the basis of a referral from a physician indicated by the service provider, except for:
 - funduscopy;
 - visual acuity test;
 - visual field test;
 - intraocular pressure measurement.
- In the case of the CT scans listed in Table 1 in subparagraph 1, PZU SA:
 - shall not organise and cover the costs of:
 - spiral, cone-beam, multi-slice (32-slice or higher), high-resolution (HR-CT) CT scans,
 - vascular test – CT angiography,
 - ophthalmological tests – HRT, OCT, SL-OCT;
 - shall not cover the costs of contrast agents.
- The medical consultations and consultations with a psychologist listed in Table 1 in subparagraph 1 shall be provided without a referral.

- Table 2 in § 8(1), provided to the insured person in connection with an insured event, subject to subparagraphs 2 to 4, § 8 and § 15.
- The insured person shall be entitled to be provided with the medical services listed in Table 2 in § 8(1) provided that a given insured event occurs in the period of insurance.
 - Where a given serious illness is related to another serious illness which too occurred in the period of insurance, PZU SA shall organise and cover the costs of the medical services listed in Table 2 in § 8(1) only in respect of one of the serious illnesses, as indicated by the insured person.
 - Once a given serious illness occurs, the insurance shall not cover the organisation and costs of the medical services that prove necessary where the same serious illness occurs once again in the period of insurance.

§ 8

- Subject to subparagraphs 2 to 5, § 7 and § 15, under 'W Ciężkiej Chorobie' supplementary insurance cover, the insured person shall be entitled to be provided with the medical services listed in Table 2 where any of the serious illnesses listed in that Table occurs.

SUBJECT MATTER AND SCOPE OF: 'W CIĘŻKIEJ CHOROBIE' SUPPLEMENTARY INSURANCE, 'W LECZENIU NOWOTWORU' SUPPLEMENTARY INSURANCE AND 'W TROSCE O CIEBIE' SUPPLEMENTARY INSURANCE

§ 7

- Under 'W Ciężkiej Chorobie' supplementary insurance, PZU SA shall organise and cover the costs of the medical services, as listed in

Table 2
'W Ciężkiej Chorobie' supplementary insurance – List of serious illnesses, medical services and limits on medical services

	Medical services																					
	Medical consultations with a specialist in the field of/ consultation with a psychologist					Diagnostic tests																
Serious illnesses	Neurology	Psychiatry or consultation with a psychologist	Vascular surgery	Cardiology	Infectious diseases	Ophthalmology	Nephrology	Awake EEG	Resting ECG with impression	ECG – 24-hour Holter monitoring	Head CT scan or head MRI scan	Chest MRI scan	Echocardiography	Doppler ultrasound scan of abdominal vessels	Doppler ultrasound scan of the neck	Ultrasound scan of the urinary tract	Lipid profile (CHOL, HDL, LDL, TG)	Fasting glucose test	CRP – Actim CRP test	CBC without differential	Troponin test	
Stroke	4	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	2	4	-	-	-	-
Meningioma	4	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
Cerebral abscess	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	3	-	-
Alzheimer's disease	4	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Parkinson's disease	4	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
Multiple sclerosis	4	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
Amyotrophic lateral sclerosis	4	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Huntington's disease	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tick-borne encephalitis	4	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	2	3	-
Bacterial encephalitis or meningitis	4	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	2	3	-	-
Disease of the thoracic or abdominal aorta	-	-	4	-	-	-	-	-	-	-	-	1	1	1	-	-	2	4	-	-	-	-
Myocarditis	-	-	-	4	-	-	-	-	4	1	-	1	1	-	-	-	-	-	4	-	-	4
Chronic renal failure	-	-	-	-	-	-	3	-	-	-	-	-	-	-	-	3	-	-	-	-	3	-
Creutzfeldt-Jakob disease	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HIV infection	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Loss of sight	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

2. The limit on the medical services listed in Table 2 in subparagraph 1 represents the number of medical consultations, number of consultations with a psychologist or the number of diagnostic tests per insured event for each insured person.
3. The diagnostic tests listed in Table 2 in subparagraph 1 are performed on the basis of a referral from a physician indicated by the service provider.
4. In the case of the CT and MRI scans listed in Table 2 in subparagraph 1, PZU SA:
 - 1) shall not organise and cover the costs of:
 - a) spiral, cone-beam, multi-slice (32-slice or higher), high-resolution (HR-CT) CT scans,
 - b) vascular tests – CT angiography, MRI angiography,
 - c) ophthalmological tests – HRT, OCT, SL-OCT;
 - 2) shall not cover the costs of contrast agents.
5. The medical consultations and consultations with a psychologist listed in Table 2 in subparagraph 1 shall be provided without a referral.

§ 9

1. The subject matter of 'W Leczeniu Nowotworu' supplementary insurance cover is:
 - 1) the organisation by PZU SA and coverage by PZU SA of the costs of the medical services, as listed in Table 3 in § 10(1)(1),

- provided to the insured person in connection with an insured event;
 - 2) the occurrence of an insured event, subject to subparagraphs 2 and 3, § 10 and § 15.
2. Malignant neoplasm of a pair of organs shall be treated as one insured event.
 3. Once a given type of malignant neoplasm occurs, the insurance shall not cover the organisation and costs of the medical services that prove necessary where the same type of malignant neoplasm occurs once again in the period of insurance.

§ 10

1. Subject to subparagraphs 2 to 5, § 9 and § 15, under 'W Leczeniu Nowotworu' supplementary insurance cover, where an insured event occurs in the period of insurance, the insured person:
 - 1) shall, under the insurance cover referred to in § 9(1)(1), be entitled to be provided with the medical services listed in Table 3;

Table 3

'W Leczeniu Nowotworu' supplementary insurance – List of medical services and limits on medical services

Medical services		Limit on medical services for each insured person for each insured event.
Medical consultations with a specialist in the field of consultation with a psychologist	Clinical oncology	10 consultations
	Gynaecology and obstetrics	10 consultations in total
	Pulmonology	
	Urology	
	Haematology	
	Neurology	
	Anaesthesiology and intensive care	
	Gastro-enterology	
	Dermatology and venereology	
	General surgery	
	Oncological surgery	
	Nephrology	
	Endocrinology	
Psychiatry or psychology	6 consultations	
Diagnostic tests	CBC and clotting tests Activated Partial Thromboplastin Time, prothrombin time (PT), thrombin time, fibrinogen (FIBR), CBC with differential granulocyte count, CBC without differential, haematocrit, erythrocyte sedimentation rate (ESR), leukocytes, platelets, reticulocytes, haemoglobin	50 tests in total
	Biochemical tests albumins, alanine transaminase (ALT), aspartate transaminase (AST), amylase, apolipoprotein A1, total protein, C-reactive protein (CRP), direct bilirubin, indirect bilirubin, total bilirubin, caeruloplasmin, chlorides (Cl), total cholesterol, HDL cholesterol, LDL CHOLESTEROL, lactate dehydrogenase (LDH), acetylcholinesterase, alkaline phosphatase (AP), total acid phosphatase, prostatic acid phosphatase, phosphor, lipase, total magnesium (Mg), copper (Cu), gamma-glutamyltransferase (GGTP), glucose, phosphocreatine kinase, CK-MB ISOENZYME, creatinine, uric acid, folic acid, lipid profile, urea, potassium (K), protein electrophoresis test, seromucoid, sodium (Na), glucose tolerance test, triglycerides, troponin, total calcium (Ca), B12 vitamin, iron – Total Iron Binding Capacity (TIBC), iron (Fe), prostate-specific antigen – total PSA, ferritin, transferrin, glycated haemoglobin (HbA1C)	
Diagnostic tests	Urine tests urine amylase, general urinalysis, urine protein, urine glucose, urine creatinine, urine calcium, urine phosphorus – daily excretion, urine bilirubin, urine magnesium, urine sodium, urine potassium, urine ketone bodies, urine glucose – daily excretion, uric acid – daily excretion, urine magnesium – daily excretion, urine potassium – daily excretion, urine sodium – daily excretion, urine calcium – daily excretion	50 tests in total

	Medical services	Limit on medical services for each insured person for each insured event.
Diagnostic tests	Tumour markers AFP, CA 125 (CA 125) antigen, CA 15-3 (CA 15-3) antigen, CA 19-9 (CA19-9) antigen, carcino-embryonic antigen (CEA)	
	Hormone tests aminolevulinic acid (ALA), thyroid-stimulating hormone (TSH), thyroglobulin, growth hormone (GH), adrenaline, androstenedione, androsterone, aldosterone, dehydroepiandrosteron-sulfate (DHEA-S), estradiol, adrenocorticotropin (ACTH), follicle-stimulating hormone (FSH), luteinising hormone (LH), insulin, calcitonin, 17-hydroxycorticosteroids, cortisol, osteocalcin, parathyroid hormone (PTH), progesterone, human chorionic gonadotropin (HCG), prolactin (PRL), prolactin (PRL) response to metoclopramide, testosterone, total triiodothyronine (TT3), free triiodothyronine (fT3), total thyroxine (TT4), free thyroxine (fT4)	50 tests in total
	Stool tests general stool test, faecal occult blood test	
	Diagnostic radiology Skull X-ray, X-ray of the frontal region, jawbone X-ray, jaw X-ray, X-ray of nasal sinuses, nasal X-ray, X-ray of an eye socket, X-RAY of the larynx, X-ray of the nasolacrimal duct, X-ray of the nasopharynx, X-ray of salivary glands, X-ray of the thyroid region, X-ray of the uvula, X-ray of the soft tissues of the chest, X-ray of the spine, X-ray of a shoulder, X-ray of a shoulder blade, X-ray of the sternum, X-RAY OF ribs, X-ray of joints, X-ray of an arm, X-ray of an elbow, X-ray of a forearm, X-ray of a wrist, X-ray of a hand, X-ray of a finger, upper limb X-ray, lower limb X-ray, X-ray of the pelvis, X-ray of a hip, X-ray of a thigh, X-ray of a knee, lower leg X-ray, X-ray of an ankle, X-ray of a foot, plain abdominal X-ray, mammography, urography (X-ray of kidneys, ureters and bladder), lower gastrointestinal series (enema)	10 tests
	Diagnostic ultrasound Transabdominal ultrasound scan of the prostate, transrectal ultrasound scan of the prostate, transabdominal gynaecological ultrasound scan, transvaginal gynaecological ultrasound scan, gynaecological screening ultrasound scan, ultrasound scan of small pelvis, breast ultrasound scan, plain ultrasound scan of the abdomen and gastrointestinal tract (pancreas, liver, bile ducts, stomach, duodenum), ultrasound scan of the urinary tract (kidneys, ureters, bladder), ultrasound scan of the thyroid, ultrasound scan of muscles, ultrasound scan of hips, ultrasound scan of knees, ultrasound scan of elbow joints, ultrasound scan of ankles, ultrasound scan of shoulder joints, ultrasound scan of small joints and ligaments, ultrasound scan of a tendon, ultrasound scan of lymph nodes, ultrasound scan of the larynx, ultrasound scan of a wrist, ultrasound scan of a finger, ultrasound scan of soft tissues, ultrasound scan of testicles, pregnancy ultrasound scan, echocardiography (ECHO), Doppler ultrasound scan of abdominal vessels, Doppler ultrasound scan of the neck, Doppler ultrasound scan of limbs, Doppler ultrasound scan of renal arteries	10 tests
	CT and MRI scans CT and MRI scans of the head (pituitary, sinuses, eye sockets, neck, ears), CT and MRI scans of the soft tissues of the neck, CT and MRI scans of the chest, CT and MRI scans of the abdominal cavity, CT and MRI scans of the pelvis, CT and MRI scans of bones, CT and MRI scans of joints, CT and MRI SCANS of the spine (cervical, thoracic, lumbar), CT and MRI scans of upper and lower limbs (hand, arm, forearm, wrist, thigh, lower leg, foot). including: oral contrast for CT scans – from 50 to 150 ml – or oral contrast for MRI scans – from 5 to 20 ml	4 tests in total 4 scans with contrast in total
	Endoscopic examinations with or without anaesthesia gastroscopy (with or without urease test), sigmoidoscopy, proctoscopy, colonoscopy	2 tests
	Other tests cervical cytology (except liquid-based cytology) spirometry bone scintigraphy	4 tests 2 tests 2 tests
	Medical opinion given by a case conference	1 medical opinion
	Second medical opinion service, as part of which PZU SA shall also organise and cover the costs of: 1) providing the insured person with information on the medical records necessary to give a second medical opinion; 2) translating the medical records provided by the insured person into the language used by a given foreign consultant; 3) providing the translated medical records to the foreign consultant; 4) translating the second medical opinion given by a foreign consultant into Polish.	1 second medical opinion
	Consultation with a medical assistant	No limit

- 2) under the insurance cover referred to in § 9(1)(2), the insured person shall be entitled to receive a benefit of PLN 6,000 where the insured person is diagnosed with a malignant neoplasm.
2. The diagnostic tests listed in Table 3 in subparagraph 1(1) are performed on the basis of a referral from a physician indicated by the service provider.
3. In the case of the CT and MRI scans listed in Table 3 in subparagraph 1(1), PZU SA shall not organise or cover the costs of:
- 1) spiral, cone-beam, multi-slice (32-slice or higher), high-resolution (HR-CT) CT scans;
 - 2) **vascular tests** – CT angiography, MRI angiography;
 - 3) **digestive system tests** – virtual CT colonoscopy, MR enterography;
 - 4) **ophthalmological tests** – HRT, OCT, SL-OCT.
4. The benefit referred to in subparagraph 1(2) shall be paid to the insured person or, where the insured person is a minor, to the statutory representative of the insured person.
5. The medical consultations and consultations with a psychologist listed in Table 3 in subparagraph 1(1) shall be provided without a referral.

§ 11

1. Under '**W Trosce o Ciebie**' supplementary insurance, PZU SA shall organise and cover the costs of the medical services, as listed in Table 4 in § 12(1), to which the insured person is entitled, depending

- on the scope of insurance cover indicated by the policyholder in the insurance contract, as referred to in subparagraph 3, and which are provided to the insured person in connection with an insured event, subject to subparagraph 2, § 12 and § 15.
2. The insured person shall be entitled to be provided with the medical services listed in Table 4 in § 12(1) provided that a given insured event occurs in the period of insurance. Where PZU SA covers the costs of the medical services referred to in Table 4 in § 12(1) in connection with the treatment of the consequences of an accident – the medical services shall be provided if a given insured event and its consequences, namely an injury or impairment of health, occur in the period of insurance.
3. One of the following scopes of '**W Trosce o Ciebie**' supplementary insurance cover may be chosen:
- 1) general scope of cover;
 - 2) extended scope of cover;
 - 3) comprehensive scope of cover.

§ 12

1. Subject to subparagraphs 2 to 4, subparagraphs 1 and 2 of § 11 and § 15, under '**W Trosce o Ciebie**' supplementary insurance, where an insured event occurs, the insured person shall be entitled, depending on the scope of insurance cover chosen by the policyholder in the insurance contract, as referred to in § 11(3), to be provided with the medical services listed in Table 4.

Table 4
'W Trosce o Ciebie' supplementary insurance – general scope of cover, extended scope of cover and comprehensive scope of cover – list of medical services

Medical services	General scope	Extended scope	Comprehensive scope
Medical consultations with a specialist in the field of/consultation with a psychologist			
Internist – telemedicine advice	–	no limit	no limit
Internist	–	no limit	no limit
Pediatrician – telemedicine advice	–	–	no limit
Pediatrician	–	–	no limit
Allergologist – telemedicine advice	–	no limit	no limit
Allergologist	–	no limit	no limit
Anaesthesiology and intensive care	–	no limit	no limit
Vascular surgery	–	–	no limit
General surgery	–	no limit	no limit
Oncological surgery	–	no limit	no limit
Dermatology – venereology	no limit	no limit	no limit
Diabetologist – telemedicine advice	–	no limit	no limit
Diabetologist	–	no limit	no limit
Endocrinologist – telemedicine advice	–	no limit	no limit
Endocrinologist	–	no limit	no limit
Gastro-enterology	no limit	no limit	no limit
Gynaecology and obstetrics	2 appointments	2 appointments	no limit
Haematology	–	no limit	no limit
Hepatology	–	no limit	no limit
Cardiologist – telemedicine advice	no limit	no limit	no limit

Medical services	General scope	Extended scope	Comprehensive scope
Cardiologist	no limit	no limit	no limit
Otolaryngology	no limit	no limit	no limit
Infectious diseases	-	-	no limit
Rehabilitation	-	-	no limit
Nephrology	-	no limit	no limit
Neurosurgery	-	-	no limit
Neurology	no limit	no limit	no limit
Ophthalmology	no limit	no limit	no limit
Clinical oncology	-	no limit	no limit
Orthopaedics and traumatology	no limit	no limit	no limit
Proctology	-	-	no limit
Pulmonology	-	no limit	no limit
Rheumatology	-	no limit	no limit
Urology	-	no limit	no limit
Psychiatry	-	-	4
Consultation with a psychologist	-	-	4
Outpatient procedures			
general health procedures	catheter insertion, collection of material for microbiological tests, treatment of minor injuries (wounds, sprains, dislocations, simple fractures), tick removal	catheter insertion, collection of material for microbiological tests, treatment of minor injuries (wounds, sprains, dislocations, simple fractures), tick removal	catheter insertion, collection of material for microbiological tests, treatment of minor injuries (wounds, sprains, dislocations, simple fractures), tick removal
nursing procedures	injections: intramuscular, subcutaneous, intravenous (PZU SA does not cover the costs of the medicine), placing a drip, taking blood samples	injections: intramuscular, subcutaneous, intravenous (PZU SA does not cover the costs of the medicine), placing a drip, taking blood samples, enema	injections: intramuscular, subcutaneous, intravenous (PZU SA does not cover the costs of the medicine), placing a drip, taking blood samples, enema
gynaecological procedures	collecting material for cytological and microbiological examination	collecting material for cytological and microbiological examination	collecting material for cytological and microbiological examination
ophthalmological procedures	funduscopy, visual acuity test, visual field test, removal of a foreign body from an eye, glasses test, intraocular pressure measurement	funduscopy, visual acuity test, visual field test, removal of a foreign body from an eye, glasses test, intraocular pressure measurement	funduscopy, visual acuity test, visual field test, removal of a foreign body from an eye, glasses test, intraocular pressure measurement
orthopaedic procedures	treatment of minor injuries (sprains, dislocations, simple fractures)	treatment of minor injuries (sprains, dislocations, simple fractures)	treatment of minor injuries (sprains, dislocations, simple fractures)
ENT procedures	ear irrigation, insufflation of the Eustachian tube, removal of a foreign body from an ear/nose/throat, conservative treatment of nosebleed, ear dressing with medication	ear irrigation, insufflation of the Eustachian tube, removal of a foreign body from an ear/nose/throat, conservative treatment of nosebleed, ear dressing with medication	ear irrigation, insufflation of the Eustachian tube, removal of a foreign body from an ear/nose/throat, conservative treatment of nosebleed, ear dressing with medication
allergological procedures	-	seasonal immunotherapy – series of desensitising injections (PZU does not cover the cost of the medicinal products used), desensitisation (PZU does not cover the cost of the medicinal products used)	seasonal immunotherapy – series of desensitising injections (PZU does not cover the cost of the medicinal products used), desensitisation (PZU does not cover the cost of the medicinal products used)
surgical procedures	-	treatment of ingrown nail, abscess/haematoma incision and drainage, suturing a wound, applying and changing a simple dressing, suture removal	treatment of ingrown nail, abscess/haematoma incision and drainage, suturing a wound, applying and changing a simple dressing, suture removal, histological examination, endoscopies/biopsies
urological procedures	-	catheter insertion	catheter insertion

Medical services	General scope	Extended scope	Comprehensive scope
Diagnostic tests			
biochemical tests	iron – Total Iron Binding Capacity (TIBC), total acid phosphatase, lactate dehydrogenase (LDH), chlorides (Cl), prostatic acid phosphatase	albumins, alanine transaminase (ALT), aspartate transaminase (AST), amylase (pancreatic isoenzyme and/or salivary isoenzyme), total protein, C-reactive protein (CRP) / Actim CRP test, direct bilirubin, total bilirubin, chlorides (Cl), HDL cholesterol, LDL cholesterol, total cholesterol, lactate dehydrogenase (LDH), alkaline phosphatase (AP), total acid phosphatase, prostatic acid phosphatase, gamma-glutamyltransferase (GGTP), glucose, glucose – glucose tolerance test – 1 point, haemoglobin, glycated haemoglobin (HbA1C), phosphocreatine kinase (CK), blood creatinine, uric acid, lipid profile, blood urea, potassium (K), protein electrophoresis test, sodium (Na), glucose tolerance test (3-point), triglycerides, total calcium (Ca), iron – Total Iron Binding Capacity (TIBC), iron (Fe)	albumins, alanine transaminase (ALT), aspartate transaminase (AST), amylase (pancreatic isoenzyme and/or salivary isoenzyme), prostate-specific antigen – total PSA, apolipoprotein A1, total protein, C-reactive protein (CRP) / Actim CRP test, direct bilirubin, total bilirubin, indirect bilirubin, caeruloplasmin, chlorides (Cl), HDL cholesterol, LDL cholesterol, total cholesterol, lactate dehydrogenase (LDH), ferritin, alkaline phosphatase (AP), total acid phosphatase, prostatic acid phosphatase, phosphorus, gamma-glutamyltransferase (GGTP), glucose, glucose – glucose tolerance test – 1 point, glycated haemoglobin (HbA1C), phosphocreatine kinase (CK), phosphocreatine kinase (CK-MB isoenzyme), blood creatinine, folic acid, uric acid, lipase, lipid profile, total magnesium (Mg), copper (Cu), blood urea, potassium (K), protein electrophoresis test, sodium (Na), glucose tolerance test (3-point), transferrin, triglycerides, troponin, thyroglobulin, total calcium (Ca), B12 vitamin, iron – Total Iron Binding Capacity (TIBC), iron (Fe)
complete blood count tests	platelets, reticulocytes	haematocrit, leukocytes, CBC without differential, CBC with differential granulocyte count, CBC with manual count, erythrocyte sedimentation rate (ESR), platelets, reticulocytes	haematocrit, haemoglobin, leukocytes, CBC without differential, CBC with differential granulocyte count, CBC with manual count, erythrocyte sedimentation rate (ESR), platelets, reticulocytes
serological tests	Waalser-Rose test, AB0 grouping and Rh (D) typing with haemolysin test, anti-HBs antibodies	AB0 grouping and Rh (D) typing with haemolysin test, anti-streptolysin O (ASO), rheumatoid factor (RF), Waalser-Rose test, HBSAg, VDRL/USR/RPR tests, anti-HBs antibodies, borrelia spp. – total antibodies, anti-HBe antibodies, anti-HBc antibodies (IgM)	anti-streptolysin O (ASO), allo-antibody screening test, rheumatoid factor (RF), immunoglobulin A – IgA, total immunoglobulin E – IgE, immunoglobulin G – IgG, immunoglobulin M – IgM, Waalser-Rose test, anti-Helicobacter pylori antibodies, anti-thyroid peroxidase antibodies (ATPO), anti-thyroglobulin antibodies (ATG), seromucoid, HBs antigen, Coombs test – direct antiglobulin test, VDRL/USR/RPR tests, AB0 grouping and Rh (D) typing with haemolysin test, anti-Chlamydia trachomatis antibodies – IgG, borrelia spp – total antibodies, anti-neutrophil cytoplasmic antibodies – ANCA, anti-Chlamydia pneumoniae antibodies – IgA, anti-Chlamydia pneumoniae antibodies – IgG, anti-Chlamydia pneumoniae antibodies – IgM, anti-Chlamydia trachomatis antibodies – IgA, anti-Chlamydia trachomatis antibodies – IgG/IgM, anti-nuclear antibodies ANA, salmonella spp – antigen, anti-Hbs antibodies, HBe antigen – hepatitis B, anti-Rubella antibodies – IgG, anti-CMV antibodies – IgA (cytomegalovirus – IgA), anti-CMV antibodies – IgG (cytomegalovirus – IgG), anti-CMV antibodies IgM (cytomegalovirus – IgM), anti-HBc antibodies (IgM), anti-Hbe antibodies, anti-HCV antibodies, anti-HIV-1 antibodies,

Medical services	General scope	Extended scope	Comprehensive scope
			anti-HIV-1/2 antibodies, anti-HIV-2 antibodies, antibodies specific for infectious mononucleosis/EBV (IgM), anti-rubella antibodies – IgM, anti-toxoplasma gondii antibodies – IgG, anti-toxoplasma gondii antibodies – IgM, Borrelia spp – antibodies – IgG, Borrelia spp – antibodies – IgM
urine tests	urine creatinine	urine amylase, general urinalysis, urine protein, urine glucose, urine creatinine, urine calcium	ALA, urine amylase, general urinalysis, urine protein, urine bilirubin, urine ketone bodies, urine phosphorus – daily excretion, urine glucose, urine glucose – daily excretion, urine creatinine, uric acid – daily excretion, urine magnesium, urine magnesium – daily excretion, urine potassium – daily excretion, urine sodium – daily excretion, urine calcium, urine calcium – daily excretion
stool analysis	general stool test	general stool test, faecal occult blood test, stool microscopic examination: parasites/parasite eggs in stool	general stool test, stool test for Giardia lamblia – ELISA test, faecal occult blood test, stool microscopic examination: parasites/parasite eggs in stool, undigested food in stool
cultures	wound swab culture	general stool culture, stool culture for Salmonella-Shigella, urine culture with antibiotic susceptibility testing, throat swab culture, wound swab culture	mycological test with culture, antifungal susceptibility test, general stool culture, stool culture for Salmonella-Shigella, urine culture with antibiotic susceptibility testing, semen culture, sputum culture, urethral swab culture, throat swab culture, cervical culture, nasal swab culture, rectal swab culture, vaginal swab, wound swab culture, ear swab culture, eye swab culture (identification and antibiotic susceptibility testing), skin lesion swab (identification and antibiotic susceptibility testing)
hormone tests	-	thyroid-stimulating hormone (TSH)	17-hydroxycorticosteroids, blood adrenaline level, aldosterone, androstenedione, androsterone, dehydroepiandrosterone-sulfate (DHEA-S), acetylcholinesterase, estradiol, human chorionic gonadotropin (HCG), adrenocorticotropin (ACTH), follicle-stimulating hormone (FSH), luteinising hormone (LH), growth hormone (GH), insulin, calcitonin, cortisol, osteocalcin, parathyroid hormone (PTH), intact parathormone (iPTH), progesterone, prolactin (PRL), prolactin (PRL) response to metoclopramide, testosterone, total triiodothyronine (TT3), free triiodothyronine (fT3), total thyroxine (TT4), free thyroxine (fT4), thyroid-stimulating hormone (TSH)
clotting tests	-	Activated Partial Thromboplastin Time, prothrombin time (PT), fibrinogen (FIBR)	Activated Partial Thromboplastin Time, prothrombin time (PT), thrombin time, fibrinogen (FIBR)
tumour markers	-	-	AFP, CA 125 (CA 125) antigen, CA 15-3 (CA 15-3) antigen, CA 19-9 (CA 19-9) antigen, carcino-embryonic antigen (CEA)
other tests	cervical cytology (gynaecological)	cervical cytology (gynaecological)	cervical cytology (gynaecological), nasal cytology, vaginal swab

Medical services	General scope	Extended scope	Comprehensive scope
functional tests	resting spirometry	resting spirometry, resting ECG with impression	24-hour blood pressure monitoring, EEG – conventional, EEG Holter monitoring, awake EEG, ECG – 24-hour Holter monitoring, ECG – cardiac stress test, resting ECG with impression, EMG – evaluation of conduction velocity in the sensory fibres in one nerve, EMG – evaluation of conduction velocity in the motor fibres in one nerve + F wave, EMG – quantitative analysis of one muscle, EMG – assessment of the fatigability of one muscle induced by electrical stimulation (neuromuscular transmission test), EMG – ischaemic (tetany) test, resting spirometry
X-ray scans	X-ray scan of the soft tissues of the chest, X-ray of the sternum, X-ray of ribs	X-ray of a lower limb, X-ray of an upper limb, X-ray of an elbow/fore-arm, X-ray of a shoulder/arm, skull X-ray, flexion and extension X-ray scans of the whole spine, flexion and extension X-ray scans of the spine, X-ray of the lumbar and sacral spine, flexion and extension X-ray scans of the cervical spine, X-ray of salivary glands, X-ray of the uvula, chest X-ray – AP, chest X-ray – AP and lateral, X-ray of an ankle/foot/toe, X-ray of the bones of the face in the frontal region, X-ray of the whole spine – AP and lateral, X-ray of the whole spine – AP, lateral X-ray of the whole spine, X-ray of the lumbar and sacral spine/sacral spine and tailbone – AP and lateral, X-ray of the lumbar and sacral spine/sacral spine and tailbone – AP, X-ray of the lumbar and sacral spine/sacral spine and tailbone – lateral, X-ray of the thoracic spine – AP and lateral, X-ray of the thoracic spine – AP, X-ray of the thoracic spine – lateral, X-ray of the cervical spine – AP and lateral, X-ray of the cervical spine – AP, X-ray of the cervical spine – lateral, X-RAY of the larynx, X-ray of a shoulder blade, X-ray of the pelvis/hip, X-ray of the sternum, X-ray of a wrist/hand/finger, nasal X-ray, X-ray of nasopharynx, X-ray of an eye socket, X-ray of the thyroid region, plain abdominal X-ray, X-ray of the nasolacrimal duct, X-ray of joints, jaw X-ray, X-ray of the soft tissues of the chest, X-ray of a thigh/knee/lower leg, X-ray of nasal sinuses, X-ray of ribs, jawbone X-ray	X-ray of a lower limb, X-ray of an upper limb, X-ray of an elbow/fore-arm, X-ray of a shoulder/arm, skull X-ray, flexion and extension X-ray scans of the whole spine, flexion and extension X-ray scans of the lumbar and sacral spine, flexion and extension X-ray scans of the cervical spine, X-ray of salivary glands, X-ray of the uvula, chest X-ray – AP, chest X-ray – AP and lateral, X-ray of an ankle/foot/toe, X-ray of the bones of the face in the frontal region, X-ray of the whole spine – AP and lateral, X-ray of the whole spine – AP, lateral X-ray of the whole spine, X-ray of the lumbar and sacral spine/sacral spine and tailbone – AP and lateral, X-ray of the lumbar and sacral spine/sacral spine and tailbone – AP, X-ray of the lumbar and sacral spine/sacral spine and tailbone – lateral, X-ray of the thoracic spine – AP and lateral, X-ray of the thoracic spine – AP, X-ray of the thoracic spine – lateral, X-ray of the cervical spine – AP and lateral, X-ray of the cervical spine – AP, X-ray of the cervical spine – lateral, X-ray of the larynx, X-ray of a shoulder blade, X-ray of the pelvis/hip, X-ray of the sternum, X-ray of a wrist/hand/finger, nasal X-ray, X-ray of nasopharynx, X-ray of an eye socket, X-ray of the thyroid region, plain abdominal X-ray, X-ray of the nasolacrimal duct, X-ray of joints, jaw X-ray, X-ray of the soft tissues of the chest, X-ray of a thigh/knee/lower leg, X-ray of nasal sinuses, X-ray of ribs, jawbone X-ray
ultrasound scans	Small pelvis ultrasound, breast ultrasound, thyroid ultrasound, prostate ultrasound (through the abdominal shells)	Small joints and ligaments ultrasound, prostate ultrasound (through abdominal shells), transrectal prostate ultrasound, small pelvis ultrasound, wrist ultrasound, finger ultrasound, breast ultrasound, gastrointestinal and abdominal cavity ultrasound, shoulder joint ultrasound, hip/ knee ultrasound, hip joint ultrasound in children, elbow joint ultrasound, ankle joint ultrasound, thyroid ultrasound, soft tissue ultrasound, urinary tract ultrasound, lymph node ultrasound	echocardiography (ECHO) – adults, echocardiography (ECHO) – children, 3D ultrasound, ultrasound scan – biopsy, pregnancy ultrasound scan, Doppler ultrasound scan of limb arteries (both limbs), Doppler ultrasound scan of limb veins (both limbs), Doppler ultrasound scan of limb arteries and veins (both limbs), Doppler ultrasound scan of limb arteries (one limb), Doppler ultrasound scan of limb veins (one limb), Doppler ultrasound scan of limb veins and arteries (one limb),

Medical services	General scope	Extended scope	Comprehensive scope
			<p>Doppler ultrasound scan of abdominal vessels, Doppler ultrasound scan of the neck, Doppler ultrasound scan of renal arteries, ultrasound scan of small joints and ligaments, transabdominal gynaecological ultrasound scan, transvaginal gynaecological ultrasound scan, transabdominal ultrasound scan of the prostate, transrectal ultrasound scan of the prostate, ultrasound scan of testicles, ultrasound scan of the larynx, ultrasound scan of small pelvis, muscle ultrasound scan, ultrasound scan of a wrist, ultrasound scan of a finger, breast ultrasound scan, ultrasound scan of the abdomen and gastrointestinal tract, gynaecological screening ultrasound scan, ultrasound scan of shoulder joints, ultrasound scan of hips/knees, ultrasound scan of hips – children, ultrasound scan of elbow joints, ultrasound scan of ankles, ultrasound scan of a tendon, ultrasound scan of the thyroid, ultrasound scan of soft tissues, ultrasound scan of the urinary tract, ultrasound scan of lymph nodes</p>
CT and MRI scans	-	<p>head CT scan – pituitary, CT scan of bones, CT scan of eye sockets, CT scan of a foot, CT scan of the whole spine, poly-trauma CT scan, hand CT scan, CT scan of an arm, CT scan of a wrist, CT scan of a thigh, CT scan of a lower leg, MRI scan of eye sockets, MRI scan of a forearm, MRI scan of a lower leg, chest MRI scan, CT urography</p>	<p>uroflowmetry test, mammography – both breasts, MRI scan of the whole spine, head MRI scan, MRI scan of the abdominal cavity, chest MRI scan, MRI scan of the lumbar spine, MRI scan of the thoracic spine, MRI scan of the cervical spine/soft tissues of the neck, MRI scan of the pelvis, MRI scan of a wrist, MRI scan of eye sockets, MRI scan of a lower leg, MRI scan of a forearm, MRI scan of the pituitary, MRI scan of an arm, MRI scan of a hand, MRI scan of joints, MRI scan of a foot, MRI scan of a thigh, MRI scan of sinuses, CT scan of the whole spine, head CT scan, head CT scan – pituitary, CT scan of the abdominal cavity, chest CT scan, CT scan of bones, CT scan of the lumbar spine, CT scan of the thoracic spine, CT scan of the cervical spine/soft tissues of the neck, CT scan of the pelvis, CT scan of a wrist, CT scan of eye sockets, CT scan of a lower leg, CT scan of a forearm, CT scan of an arm, CT scan of a hand, CT scan of joints, CT scan of a foot, CT scan of the neck, CT scan of a thigh, CT scan of ears/pyramid, poly-trauma CT scan, CT scan of sinuses, urography, MRI urography, CT urography, enema – contrast</p>
endoscopic examinations	-	-	<p>anoscopy with collection of tissue samples for histological examination, gastroscopy with or without urease test and collection of tissue samples for histological examination, colonoscopy with collection of tissue samples for histological examination, proctoscopy with collection of tissue samples for histological examination, sigmoidoscopy with collection of tissue samples for histological examination</p>

Medical services	General scope	Extended scope	Comprehensive scope
other tests	-	whole body bone densitometry	impedance audiometry (typanogram), pure tone audiometry, fine-needle biopsy of the thyroid, biopsy of a breast lump, whole body bone densitometry, bone densitometry of both hands, bone densitometry of the femur, bone densitometry of the spine, skin allergy tests – mixed (paediatric) panel, skin allergy tests – food allergy panel, skin allergy tests – inhalant allergen panel, skin prick allergy tests (1 point), skin allergy patch tests (1 allergen)

Preventive vaccination

	-	-	the service includes eligibility assessment, injection and the cost of the vaccine: 1) tetanus toxoid 2) hepatitis A vaccination 3) hepatitis B vaccination
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Outpatient rehabilitation – a total of 30 physical therapy and kinesiotherapy sessions; limit per insured person for all insured events in the period of insurance.

physical therapy procedures	-	-	electrical stimulation, galvanism, iontophoresis, local laser therapy, magnet therapy, diadynamic current therapy, interferential current therapy, TENS currents, Trabert currents, sollux, local ultrasound therapy
kinesiotherapy procedures	-	-	passive exercises, non-weight bearing active exercises, active slow exercises, active exercises against resistance, isometric exercises, general rehabilitation exercises, partial massage – dry, mobilisation and manipulation, traction

Prescription – w/o doctor's appointment

This service enables ordering and receiving medical prescriptions necessary to continue treatment, without personal contact with a doctor – if it is justified by the patient's health condition as reflected in his or her medical records.

- Prescriptions are issued only in the healthcare provider's facility where the prescriptions for the ordered drugs were issued earlier.
- Prescriptions shall only be issued for the purpose of continuing treatment that has already begun if the medical records contain information on the diagnosis, treatment and required follow-up visits.
- Prescriptions for drugs reimbursed by the National Health Fund are issued by the healthcare provider's facility after verification of patient's rights in the IT system made available by the National Health Fund.
- Prescriptions are issued to a patient or a person authorised by the patient to collect prescriptions, upon presentation of the identity card of the person collecting the prescription.

Prescriptions for drugs are ordered by telephone, electronic or personal contact with the facility where the treatment process is continued by means of the method of order acceptance made available by the facility, after prior contact with the PZU Zdrowie hotline and verification of the availability of the service. The prescriptions are collected in accordance with the rules indicated by the service provider's facility.

The doctor may refuse to issue prescriptions without a personal examination of the patient, if it is justified by medical reasons or results from universally binding legal regulations.

- In the case of the diagnostic tests listed in Table 4 in subparagraph 1, PZU SA:
 - shall not organise and cover the costs of:
 - 4D ultrasound scans,
 - vascular tests – CT angiography, MRI angiography,
 - spiral, cone-beam, multi-slice (32-slice or higher), high-resolution (HR-CT) CT scans,
 - digestive system tests – virtual CT colonoscopy, MR enterography,
 - ophthalmological tests – HRT, OCT, SL-OCT;
 - shall not cover the costs of:
 - contrast agents,
 - general anaesthesia,
 - video tests.
- The outpatient rehabilitation procedures listed in Table 4 in subparagraph 1 are performed on the basis of a referral from a physician indicated by the service provider.
- The diagnostic tests listed in Table 4 in subparagraph 1 are performed on the basis of a referral from a physician indicated by the service provider.
- The medical consultations, consultations with a psychologist and outpatient procedures listed in Table 4 in subparagraph 1 are provided without a referral.

DETERMINATION OF ELIGIBILITY FOR MEDICAL SERVICES AND PROVISION OF MEDICAL SERVICES

§ 13

1. Where PZU SA organises and covers the costs of medical services in connection with the treatment of the consequences of an accident, eligibility for medical services shall be determined by establishing whether there is a normal causal link between the accident and a given consequence of the accident covered by the insurance.
2. The existence of a normal causal link, as referred to in subparagraph 1, the occurrence of an insured event and the medical services to which the insured person may be entitled shall be determined based on the documents or information set out in § 14 or the results of medical tests.

§ 14

1. In order to be provided with a medical service covered by **Plan na Zdrowie** basic insurance, **W Ciężkiej Chorobie** supplementary insurance or **W Leczeniu Nowotworu** supplementary insurance, the insured person (or a person acting on behalf of the insured person) must notify PZU SA of the insured event and:

- 1) provide PZU SA with the medical records evidencing the occurrence of the insured event;
- 2) provide PZU SA with the documents necessary to determine the eligibility of the claim;
- 3) make it possible for PZU SA to contact the doctors that provided medical care to the insured person both before and after the insured event to obtain information relating to the documents referred to in points 1 and 2;

2. PZU SA reserves the right to verify the evidence provided and to consult specialists.
3. In order to be provided with a medical service covered by **'W Troście o Ciele'** supplementary insurance, the insured person (or a person acting on behalf of the insured person) must, in the period of insurance, immediately notify the service provider of the insured event and provide information necessary to determine the eligibility of the claim by calling the PZU Zdrowie hotline on the number indicated in the insurance contract.

Where the insured person (or a person acting on behalf of the insured person) fails to notify a given insured event within the time limit and in the manner specified in the previous sentence, the insured person (or a person acting on behalf of the insured person) must, in order to be provided with a medical service, notify PZU SA of the insured event in accordance with subparagraph 1. Where the insured person (or a person acting on behalf of the insured person) notifies a given insured event after the period of insurance, the insured person shall be entitled to be provided with only one of the medical services listed in Table 4 in § 12(1) in connection with the insured event that has occurred in the period of insurance.

4. Following notification of an insured event in accordance with subparagraph 1 and the second sentence of subparagraph 3, PZU SA shall give a decision on whether the insured person is entitled to be provided with a given medical service and shall communicate the decision to the insured person.
5. Following receipt of the decision referred to in subparagraph 4, the insured person (or a person acting on behalf of the insured person) must, in order to be provided with a medical service, contact the PZU Zdrowie hotline on the number indicated in the decision to arrange a date for the medical services.
6. Following notification of an insured event in accordance with the first sentence of subparagraph 3, the service provider shall inform the insured person (or a person acting on behalf of the insured person) whether the medical service indicated by the insured person may be provided to the insured person.
7. PZU SA shall communicate to the insured person its decision on whether the insured person is entitled to be provided with medical services, as referred to in subparagraph 4, within 30 days of notification of the insured event.
8. The insured person may use the medical services covered by:
 - 1) **'Plan na Zdrowie'** basic insurance and **'W Ciężkiej Chorobie'** supplementary insurance for a period of one year from the date of the decision referred to in subparagraph 7;

- 2) **'W Leczeniu Nowotworu'** supplementary insurance for a period of three years from the date of the decision referred to in subparagraph 7;
- 3) **'W Troście o Ciele'** supplementary insurance:
 - a) in the period of insurance – in the case referred to in the first sentence of subparagraph 3 or
 - b) for a period of 30 days following the date of the decision referred to in subparagraph 7 – in the case referred to in the second sentence of subparagraph 3 or
9. If the circumstances necessary to determine whether the insured person is entitled to be provided with medical services cannot be clarified within the period specified in paragraph 7 above, PZU SA shall give a decision within 14 days from the date at which the circumstances may reasonably be established.
10. PZU SA shall provide the insured person with access to medical services, by prior appointment via the PZU Zdrowie hotline, at a medical facility indicated by the service provider, subject to subparagraph 11.
11. The insured person shall have the right to indicate his or her preferred location of a medical facility and date for a medical consultation or consultation with a psychologist as well as to indicate his or her preferred physician or psychologist cooperating with the service provider.
12. In the case of the provision of medical services, the waiting time for a medical consultation or consultation with a psychologist must not exceed:
 - 1) 2 business days – for consultations with an internal medicine specialist or a paediatrician;
 - 2) 5 business days – for consultations with physicians in other specialties or a psychologist.
13. Where the preferences of the insured person, as referred to in subparagraph 11, are met, the time limits set out in subparagraph 12 shall not apply. In such a case, appointments for consultations shall be made taking into account the availability of a given physician or psychologist.
14. Where the insured person is a child under the age of 15, access to consultations with specialists depends on the availability of a given paediatric specialist in a given location.
15. Where the insured person has failed to notify PZU SA or contact the PZU Zdrowie hotline for reasons attributable solely to PZU SA and has organised and covered the costs of a given medical service at his or her own expense, PZU SA shall be obliged to reimburse the costs incurred by the insured person up to an amount corresponding to the average cost of a given medical service in the town in which the service has been performed. In such a case, the claim of the insured person shall be handled provided that the insured person submits relevant invoices issued to him or her as well as the proof of payment of the invoices.
16. The costs referred to in subparagraph 15 shall be reimbursed to the person that incurred them.
17. The insured person may contact the PZU Zdrowie hotline:
 - 1) on matters relating to the provision of medical services;
 - 2) to enquire about the opening hours and work schedule of the medical facilities in which the service provider organises the provision of medical services.

EXCLUSIONS OF LIABILITY

§ 15

1. The insurance does not cover the organisation and costs of the medical services that prove necessary as a result of:
 - 1) an insured event caused under the influence of alcohol, narcotic drugs, psychotropic substances, new psychoactive substances or narcotic substitutes, as defined in regulations on drug prevention, unless this was not a factor that contributed to the insured event;
 - 2) an insured event arising as a result of intoxication with alcohol, unless this was not a factor that contributed to the insured event;
 - 3) an insured event arising as a result of the use of medication or doping substances, unless this was not a factor that contributed to the insured event;

- 4) an accident that occurred when the insured person was driving a motor vehicle without being authorised to do so, unless this was not a factor that contributed to the insured event;
 - 5) an accident that occurred when the insured person was driving a vehicle other than a motor vehicle without being authorised to do so, unless this was not a factor that contributed to the insured event;
 - 6) an insured event caused as a result of a fight in which the insured person was involved, except for cases of self-defence;
 - 7) an insured event that occurred when the insured person was intentionally committing or attempting to commit an offence;
 - 8) the suicide or attempted suicide by the insured person or an act of self-harm or attempted self-harm by the insured person;
 - 9) insured events caused by medical procedures, regardless of who performed them, unless the procedures were performed in connection with the direct consequences of an insured event;
 - 10) active participation by the insured person in strikes, disturbances, riots, protests, road blocks or sabotage, unless the participation by the insured person in strikes, disturbances, riots, protests or road blocks results from the exercise of his or her official activities;
 - 11) nuclear or chemical contamination or radiation;
 - 12) acts of terrorism, war, martial law or state of emergency in the territory of a country in a region which is threatened by terrorism or war or where there is a risk that martial law or a state of emergency may be imposed;
 - 13) insured events caused as a result of participation in competitive or high-risk sports.
2. Under **'Plan na Zdrowie'** basic insurance, PZU SA shall not organise or cover the costs of the medical services that prove necessary following the occurrence of an illness or a medical condition, even if the illness or condition is sudden or was diagnosed following a given accident or was the reason the accident occurred. This exclusion does not include the injuries or impairments of health which are listed in Table 1 in § 6(1) and which are caused by the accident.
3. The insurance does not cover:
- 1) the organisation and costs of the medical services that prove necessary in connection with the treatment of an illness, serious illness or malignant neoplasm from which the insured person was suffering on the date of conclusion of the insurance contract and of which the insured person was aware, or
 - 2) in respect of which the diagnosis and treatment process was initiated prior to the conclusion of the insurance contract, of which the insured person was aware on the date of conclusion of the insurance contract.
4. Subparagraph 3(2) shall not apply under insurance contracts concluded with PZU SA for a further period of insurance where the case referred to in subparagraph 3(2) occurs during the period of insurance under the insurance contracts concluded with PZU SA for consecutive periods of insurance (continuity of insurance cover).
- 2) the policyholder shall provide the insured person with the GCI on paper or, with the agreement of the insured person, on another durable medium; in the case of an insurance contract where the period of insurance begins later than the date of the conclusion of the insurance contract, the GCI must be provided to the insured person before the insured person becomes insured under the contract. The GCI may only be provided on a durable medium with the prior agreement of the insured person. At the request of PZU SA, the policyholder shall furnish proof that the policyholder has complied with the aforementioned obligation.
 5. Direct contracts and contracts concluded under simplified procedure shall be deemed to have been concluded once the insurance premium or the first instalment thereof is paid. The premium or the first instalment thereof must be paid by the relevant deadline as referred to in § 21(2). Contracts concluded via hotline shall be deemed to have been concluded once PZU SA confirms the acceptance of the application of the policyholder.
 6. Direct contracts and contracts concluded via hotline shall be concluded after:
 - 1) the policyholder has read and accepted the relevant Rules for the provision of electronically supplied services;
 - 2) the policyholder has accepted the GCI;
 - 3) an application has been filed.
 7. The policyholder shall be obliged to inform PZU SA of all circumstances known to the policyholder that PZU SA enquired about in the quotation form or in other documents prior to the conclusion of the contract. If the policyholder concludes the contract through a representative, this obligation shall also be binding on the representative and shall additionally cover circumstances which are known to the representative. If PZU SA concludes an insurance contract despite not having received answers to particular questions from the policyholder, the circumstances for which no answer was given shall be deemed to be irrelevant.
 8. During the term of the insurance contract, the policyholder shall be obliged to notify PZU SA of any change in the circumstances referred to in subparagraph 7 immediately after becoming aware of them.
 9. In the case of an insurance contract concluded for the account of another party, the obligations set out in subparagraphs 7 and 8 shall apply both to the policyholder and to the insured person, unless the insured person was not aware that the contract was concluded for his or her account.
 10. PZU SA shall not be liable for the consequences of circumstances which have not been brought to its notice in violation of subparagraphs 7-9. For the avoidance of doubt, in the event of intentional failure to meet the obligations set out in subparagraphs 7-9, a given insured event and its consequences shall be deemed to have resulted from the circumstances referred to in the preceding sentence.
 11. The provisions of subparagraphs 7-10 shall not apply to contracts concluded under simplified procedure.

CHAPTER III

CONCLUSION AND DURATION OF THE INSURANCE CONTRACT

§ 16

1. The insurance contract may be concluded in the presence of both parties thereto or using a means of distance communication (direct contract, contract concluded via hotline or contract concluded under simplified procedure).
2. The insurance contract shall be concluded on the basis of an application of the policyholder. However, this does not apply to contracts concluded under simplified procedure. Direct contracts and contracts concluded via hotline shall be concluded on the basis of an application of the policyholder lodged using a means of distance communication.
3. PZU SA shall provide the policyholder with the GCI prior to the conclusion of the insurance contract.
4. In the case of an insurance contract concluded for the account of another party:
 - 1) PZU SA shall also provide the policyholder with as many copies of the GCI as there are insured persons under the contract;

§ 17

1. The insurance contract shall be concluded for a period of one year.
2. PZU SA shall confirm the conclusion of the insurance contract by issuing a relevant insurance document.

§ 18

1. If, in response to a submitted offer, PZU SA provides the policyholder with an insurance document containing provisions which differ, to the disadvantage of the policyholder or the insured person, from the offer submitted by the policyholder, PZU SA shall be obliged to notify the policyholder of any such differences in writing, allowing at least a 7-day period for submission of objections by the policyholder. If this obligation is not complied with, any changes introduced to the disadvantage of the policyholder or the insured person shall not be effective and the contract shall be deemed to have been concluded in accordance with the terms of the offer.
2. If no objections are raised, the contract shall be deemed to have been concluded in accordance with the terms of the insurance document on the day following the end of the period for submission of objections.

§ 19

1. In the case of insurance contracts concluded in the presence of both parties thereto and in the case of contracts concluded via hotline, the period of the liability of PZU SA shall begin on the first day of the period of insurance, as indicated in the insurance document, however not earlier than the day following the date on which the premium or the first instalment thereof is paid, subject to sections 2 and 3, unless otherwise agreed by the parties.
2. If the deadline for payment of the insurance premium or the first instalment thereof as set out in the insurance contract falls on the start date of the period of insurance under the contract or on the following day, the liability of PZU SA shall commence on the date specified in the insurance contract as the start date of the period of insurance.
3. If the deadline for payment of the insurance premium or the first instalment thereof, as specified in the insurance contract, falls before the start date of the period of insurance set out in the contract and where the insurance premium or the first instalment thereof is not paid at the latest on the day preceding the first day of the period of insurance, the period of the liability of PZU SA shall begin not earlier than the day following the date on which the insurance premium or the first instalment thereof is paid. If the insurance premium or the first instalment thereof is not paid within thirty days of the start date of the period of insurance, the insurance contract shall be terminated on that day.
4. In the case of direct contracts and contracts concluded under simplified procedure, the liability of PZU SA shall commence on the date specified in the insurance contract as the start date of the period of insurance.

INSURANCE PREMIUM

§ 20

1. The insurance premium shall be calculated on the basis of the tariff applicable on the date of conclusion of the insurance contract.
2. The amount of insurance premium shall depend on:
 - 1) the number of insured persons;
 - 2) the type of insurance cover chosen and - in the case of 'W Trosce o Ciebie' supplementary insurance - the scope of cover chosen;
 - 3) the increases and reductions of the insurance premium as referred to in subparagraph 3.
3. Premiums payable under insurance contracts shall be reduced where a given contract relates to family insurance or increased where a given premium is to be paid in instalments.

§ 21

1. At the request of the policyholder, the insurance premium may be paid in instalments. The instalments of the insurance premium shall be paid at equal intervals starting from the date of conclusion of the insurance contract and shall be set out in the insurance contract.
2. In the case of contracts concluded under simplified procedure and direct contracts, the deadline for payment of the insurance premium or the first instalment thereof shall fall no later than the day preceding the start date of the period of insurance set out in the contract.
3. The insurance premium shall be paid in cash or, in agreement with PZU SA, in non-cash form.
4. If the insurance premium or any instalment thereof is paid in non-cash form, the date of payment of the insurance premium shall be the date on which the account of PZU SA is credited with the entire amount due, as specified in the insurance contract. Where the premium or an instalment thereof is paid by credit card or via the website of PZU SA, payment shall be deemed to have been made on the date on which the payment is authorised.
5. The insurance premium shall not be subject to indexation.

§ 22

If any circumstances which entail a significant change in the probability of an insured event are revealed, each party to the contract may request that the amount of insurance premium be changed accordingly starting

from the date on which the circumstance concerned arose, but not earlier than from the beginning of the current insurance period. In the event of such a request, the other party may terminate the insurance contract with immediate effect within 14 days by submitting a relevant notice.

TERMINATION OF THE INSURANCE CONTRACT AND CESSATION OF LIABILITY

§ 23

1. The insurance cover shall expire:
 - 1) at the end of the period of insurance as set out in the insurance document;
 - 2) on the date on which PZU SA receives a notice of withdrawal from the insurance contract from the policyholder in accordance with § 24;
 - 3) on the date on which the other party receives a notice of termination of the insurance contract in the case referred to in § 22;
 - 4) on the date of receipt by the policyholder of PZU SA's notice of termination of the insurance contract with immediate effect, where PZU SA becomes liable before the payment of the premium or the first instalment thereof, and the premium or the first instalment thereof has not been paid in a timely manner;
 - 5) 7 days of receipt by the policyholder of the request for payment of the next instalment of the premium sent after the expiry of the deadline for payment of the instalment; the request must state that if the payment is not made within 7 days, the liability will cease;
 - 6) at the end of the period of notice, as referred to in subparagraph 2;
 - 7) on the date on which the insurance contract is terminated by mutual agreement;
 - 8) with respect to a given insured person - on the date of death of the insured person.
2. The policyholder may terminate the insurance contract at any time by giving 30 days' written notice to PZU SA. Termination of the insurance contract shall not release the policyholder from the obligation to pay the premium for the period during which PZU SA provided the policyholder with insurance cover.
3. The insurance contract may be terminated at any time by mutual agreement.

§ 24

1. The policyholder shall have the right to withdraw from the insurance contract within 30 days or, where the policyholder is an entrepreneur, within 7 days from the date of conclusion of the contract, by submitting a relevant notice. If PZU SA fails to inform the policyholder who is a consumer about the right to withdraw from the contract at the latest at the time of conclusion of the contract, the 30-day period shall begin to run from the date on which the policyholder was informed about this right. Withdrawal from the insurance contract shall be without prejudice to the policyholder's obligation to pay the premium for the period during which PZU SA provided insurance cover.
2. In the case of insurance contracts concluded using a means of distance communication (direct contracts, contracts concluded via hotline and contracts concluded under simplified procedure) where the policyholder is a consumer, the period in which they might withdraw from the insurance contract by submitting a relevant written notice shall be 30 days from the date on which the policyholder is informed of the conclusion of the contract or from the date on which the policyholder receives the information which must be provided to a consumer on the basis of regulations relating to distance contracts, whichever is later. The deadline shall be deemed to have been observed if a notice of termination is sent before the deadline.

§ 25

If the insurance cover expires before the end of the term of the insurance contract, the policyholder shall be entitled to a refund of the insurance premium for the unused insurance period.

PERFORMANCE AND INFORMATION OBLIGATIONS OF PZU SA

§ 26

1. PZU SA shall pay the benefit referred to in § 10(1)(2) and shall reimburse the costs referred to in § 14(15) within 30 days from the date of receipt of notification of a given insured event.
2. If the circumstances necessary to determine the liability of PZU SA or the amount of the benefit as referred to in § 10(1)(2) or the costs referred to in § 14(15) cannot be clarified within the period specified in subparagraph 1 above, the benefit shall be paid or the costs shall be reimbursed within 14 days from the date at which the circumstances may reasonably be established. The undisputed portion of the benefit or costs, however, shall be paid by PZU SA within the period specified in subparagraph 1.
3. PZU SA shall be obliged to:
 - 1) having been notified of the occurrence of an insured event, inform the policyholder or the insured person, within 7 days of the receipt of the notice, where they are not the persons that submitted the notice, and take steps to establish the facts of the insured event, the eligibility of the claims reported and to determine the amount of the benefit referred to in § 10(1)(2) or the amount of the costs to be reimbursed, as referred to in § 14(15), as well as to inform the claimant in writing or in another manner accepted by the claimant what documents are needed to determine the liability of PZU SA or the amount of the benefit referred to in § 10(1)(2) or the amount of the costs to be reimbursed, as referred to in § 14(15), where this is necessary in order to continue the proceedings; where the insurance contract has been concluded for the account of another party, the insured event may also be reported by the insured person or the heirs of the insured person; in such a case, an heir is deemed to be a beneficiary under the insurance contract;
 - 2) where it fails to pay the benefit referred to in § 10(1)(2) or reimburse the costs referred to in § 14(15) within the time limits specified in subparagraphs 1 and 2 above or fails to organise or cover the costs of a medical service - notify in writing:
 - a) the claimant, and
 - b) the insured person - where the insurance contract was concluded for the account of another party and where the insured person is not the claimant,
 - of the reasons why the claims cannot be satisfied in whole or in part, as well as to pay the undisputed part of the benefit or the undisputed part of the costs;
 - 3) where the benefit referred to in § 10(1)(2) or the reimbursement of the costs referred to in § 14(15) is refused or where PZU SA decides to pay the benefit or reimburse the costs in an amount other than the amount specified in the claim or where PZU SA refuses to organise or cover the costs of a medical service - notify in writing:
 - a) the claimant, and
 - b) the insured person - where the insurance contract was concluded for the account of another party and where the insured person is not the claimant,
 - and specify the circumstances and the legal basis for the refusal to pay the benefit, in whole or in part, or to reimburse, in whole or in part, the costs or to organise or cover the costs of a medical service and instruct this person that he or she may seek judicial redress;
 - 4) provide the policyholder, insured person, claimant or beneficiary with information and documents gathered to determine the liability of PZU SA or the amount of the benefit referred to in § 10(1)(2) or the costs to be reimbursed as referred to in § 14(15); these persons may request that PZU SA confirms the information provided in writing and that copies of the documents be made, at their own cost, as well as that the copies be certified as being true copies by PZU SA;
 - 5) provide the persons referred to in section 4 with information and documents referred to in section 4 at their request in electronic form;
 - 6) make available, at the request of the insured person or beneficiary, any information in its possession which

relates to the insured event constituting a basis for determining the liability of PZU SA and for determining the circumstances of the insured event and the amount of the benefit referred to in § 10(1)(2) or the costs to be reimbursed as referred to in § 14(15);

- 7) at the request of the policyholder or the insured person, provide information about the statements made by the policyholder or the insured person while entering into the insurance contract for the purpose of the assessment of underwriting risk or copies of documents prepared at that stage.

CHAPTER IV COMPLAINTS, CLAIMS, GRIEVANCES AND OUT-OF-COURT SETTLEMENT OF DISPUTES

§ 27

1. Complaints, claims and grievances may be filed with each unit of PZU SA rendering services to customers.
2. Complaints, claims and grievances may be submitted:
 - 1) in writing – delivered personally or by postal delivery service, as defined in the Postal Law Act, for instance by sending a letter to the address: PZU SA ul. Postępu 18A, 02-676 Warszawa (correspondence address only);
 - 2) orally – by telephone, for instance by telephoning the hotline on 801 102 102, or in person, with an entry being made in the relevant records, during a visit to the unit referred to in point 1;
 - 3) electronically – by sending an e-mail to: reklamacje@pzu.pl or by completing a form available at www.pzu.pl.
3. PZU SA handles and replies to complaints, claims and grievances without undue delay, and in any event within a maximum of 30 days from the date of their receipt, subject to point 4.
4. Where there are particularly complicated circumstances that prevent a complaint, claim or grievance from being handled and replied to within the time limit referred to in point 3, PZU SA informs the person that submitted the complaint, claim or grievance:
 - 1) about the reason for the delay;
 - 2) about the circumstances which need to be determined in order to handle the case;
 - 3) about an estimated time limit by which the complaint, claim or grievance will be handled and replied to, which must not exceed 60 days from the date of receipt of the complaint, claim or grievance.
5. A reply by PZU SA to a complaint, claim or grievance will be communicated to the person that submitted it in paper form or using other durable medium; a reply may only be communicated by electronic mail at the request of the person that submitted a given complaint, claim or grievance.
6. A natural person that submitted a complaint has the right to submit a relevant request to the Financial Ombudsman in the event where:
 - 1) the claims of that person are not accepted during the complaint handling procedure;
 - 2) actions arising from a complaint which was handled as requested by that person are not carried out within the time limit specified in the reply to the complaint.
7. Complaints, claims and grievances are handled by the organisational units of PZU SA which are competent for the subject-matter of the case concerned.
8. Complaints are governed by the Act on complaint handling by financial market operators and on the Financial Ombudsman as well as by the Insurance Distribution Act.
9. PZU SA agrees that disputes may be settled out of court.
10. The entity, having jurisdiction over the registered office of PZU SA, authorised to settle disputes out of court, within the meaning of the Act on out-of-court settlement of consumer disputes, is the Financial Ombudsman, whose website address is: www.rf.gov.pl.
11. In the case of direct contracts and contracts concluded under simplified procedure, where the offer has been sent electronically

and the contract has been concluded electronically, the consumer concerned shall have the right to out-of-court dispute settlement as well as the right to file a complaint via an online dispute resolution (ODR) platform in accordance with the Regulation (EU) No. 524/2013 of the European Parliament and of the Council of 21 May 2013 – at: <http://ec.europa.eu/consumers/odr/>. The operation of the ODR platform is a responsibility of the European Commission. PZU SA may be contacted by e-mail at: reklamacje@pzu.pl.

12. A policyholder, insured person and beneficiary who is a consumer has the right to ask municipal and district consumer ombudsmen for assistance.

FINAL PROVISIONS

§ 28

1. An action concerning claims arising from the insurance contract may be brought according to the general regulations or before the court having jurisdiction over the place of residence or registered office of the policyholder, insured person or beneficiary.
2. An action concerning claims arising from the insurance contract may be brought according to the general regulations or before the court having jurisdiction over the place of residence of the heir of the insured person or the heir of the beneficiary.
3. PZU SA is subject to supervision by the Polish Financial Supervision Authority.

**PERSONAL DATA CONTROLLER'S INFORMATION
FOR THE CUSTOMER**



	DATA CONTROLLER'S INFORMATION FOR THE POLICYHOLDER	DATA CONTROLLER'S INFORMATION FOR THE INSURED
CONTROLLER AND CONTACT DATA OF THE CONTROLLER PROTECTION OFFICER	<p>The controller of the personal data is PZU S.A. with its registered office in Warsaw, at Rondo Ignacego Daszyńskiego 4, 00-843 Warsaw.</p> <p>Contact with the controller is possible via e-mail address: kontakt@pzu.pl or in writing to the above address of the registered office of the controller. In all matters concerning protection of personal data you may contact the Data Protection Officer appointed by the controller. Such contact can be made by e-mail to: IODpzu@pzu.pl or in writing to PZU S.A., IOD, Rondo Ignacego Daszyńskiego 4, 00-843 Warsaw, Poland.</p>	
OBLIGATION TO PROVIDE DATA	<p>The provision of personal data in connection with the concluded contract is necessary for the conclusion and performance of the insurance contract and for the assessment of the insurance risk – a failure to give personal data makes it impossible to conclude an insurance contract.</p> <p>The provision of personal data for marketing purposes is voluntary.</p>	
SCOPE AND SOURCE OF DATA	<p>The controller has received your data from the Policyholder in connection with your insurance cover. Your data has been provided to the controller in the following scope: identification data, street address data.</p>	
DATA PROCESSING	<ul style="list-style-type: none"> • in order to conclude and perform the insurance contract – the legal basis for processing is the necessity to conclude and perform the contract, • in order to assess insurance risks in an automated manner as part of customer profiling prior to concluding a contract – the legal basis for processing is the necessity to fulfil the legal obligation of the controller resulting from the provisions on insurance and reinsurance activity, • for the purposes of direct marketing of the own products and services of the controller, including profiling in order to customise the marketing content sent – the legal basis for processing is the necessity to fulfil the legitimate interest of the controller; the legitimate interest of the controller is to provide clients with information about insurance products and other financial products offered by PZU S.A.; in case of giving the consent to process personal data for marketing purposes in the event of not having insurance with PZU S.A., i.e. in case of not concluding an insurance contract or upon the termination of an insurance contract, this consent shall be the legal basis for the processing of personal data; • for marketing purposes the contact details provided, the contact details obtained in the future and the data concerning the products held will be used, • possibly, for the purpose of pursuing claims or defending against claims related to the insurance contract concluded with you – the legal basis of the processing is the necessity to perform the legally legitimate interest of the controller; the legitimate interest of the controller is the possibility of pursuing claims and defending against claims resulting from the concluded insurance contract, • for the purpose of the reinsurance of risks – the legal basis of the processing is indispensability for the performance of a legally legitimate interest of the controller; the legitimate interest is the reduction of insurance risk related to the contract concluded with you, • for the purpose of the fulfilment of the obligations regarding the storage of accounting evidence relating to insurance contracts – the legal basis for the processing is the necessity to fulfil the legal obligation of the controller under the provisions of law on accounting, 	<ul style="list-style-type: none"> • assessment of insurance risks in an automated manner as part of profiling prior to the insurance coverage – the legal basis for the processing is the necessity to fulfil the legal obligation of the controller under the provisions of law concerning insurance and reinsurance, • direct marketing of the own products and services of the controller, including profiling in order to customise the marketing content sent – the legal basis of the processing is the necessity for the implementation of the legitimate interest of the controller; the legitimate interest of the controller is to provide clients with information on insurance products and other financial products offered by PZU S.A.; for the purposes of marketing, the contact details received, contact details obtained in the future and data on the products held will be used, • possibly for the purpose of claiming or defending against claims related to the insurance contract – the legal basis of the processing is the necessity for the implementation of the legitimate interest of the controller; the legitimate of the controller is the possibility to assert and defend against claims resulting from the concluded insurance contract, • reinsurance of risks – the legal basis for the processing is indispensability for the performance of a legitimate interest of the controller; the legitimate interest of the controller is the reduction of insurance risk related to your insurance coverage, • fulfilment of the obligations of the controller to keep accounting records relating to insurance contracts – the legal basis for the processing is the necessity for the fulfilment of the legal obligation of the controller under the provisions of law on accounting, • determination of insurance premiums, reinsurance premiums as well as technical and insurance provisions for solvency purposes, and technical and insurance provisions for accounting purposes – the legal basis for the processing is the necessity for the pursuit of the legitimate interest of the controller; • the legitimate interest of the controller is to determine premiums in an amount that ensures at least the fulfilment of all obligations under insurance contracts

	<ul style="list-style-type: none"> • in order to fulfil the legal obligations of the controller, in particular the verification of sanction lists – the legal basis for processing is the necessity to fulfil the legal obligation of the controller under the relevant provisions of law, • in order to determine the amount of insurance premiums, reinsurance premiums, as well as technical and insurance provisions for solvency purposes, and technical and insurance provisions for accounting purposes – the legal basis for the processing is the necessity to fulfil the legitimate interest of the controller; the legitimate interest of the controller is to determine premiums in an amount that ensures at least the fulfilment of all obligations under insurance contracts and the coverage of the costs of performing the insurance activity of the insurance company, • in order to take action, if any, in connection with in relation to counteracting the payment of undue benefits or indemnities – the legal basis of the processing is the necessity for the implementation of the legitimate interest of the controller; the legitimate interest of the controller is the possibility of counteracting the payment of undue benefits or indemnities. <p>Decisions regarding the amount of the insurance premium will be made automatically, i.e. without human involvement, on the basis of your data necessary for the assessment of the insurance risk by the insurer in relation to the subject matter of the insurance. Decisions will be based on profiling, i.e. the automatic assessment of the insurance risk of concluding an insurance contract with you. Regarding the automated decision-making in relation to the amount of the insurance premium, you have the right to challenge this decision, the right to express your own position and to request a review of your case and a decision by an employee.</p>	<p>and the coverage of the costs of performing the insurance activity of the insurance company,</p> <ul style="list-style-type: none"> • taking possible actions in connection with in relation to counteracting the payment of undue benefits or indemnities – the legal basis of the processing is the necessity for the implementation of the legitimate interest of the controller; the legitimate interest of the controller is the possibility of counteracting the payment of undue benefits or indemnities. <p>Decisions regarding the amount of the insurance premium will be made automatically, i.e. without human involvement, on the basis of your data necessary for the assessment of the insurance risk by the Insurer in relation to the subject matter of the insurance. Decisions will be based on profiling, i.e. the automatic assessment of the insurance risk of concluding an insurance contract with you. Regarding the automated decision-making in relation to the amount of the insurance premium, you have the right to challenge this decision, the right to express your own position and to request a review of your case and a decision by an employee.</p>
DATA STORAGE PERIOD	<p>Your personal data will be stored until the statute of limitations for claims under the insurance contract or until the expiry of the obligation to store data under the provisions of the law, in particular the obligation to store accounting documents relating to the insurance contract, as well as until the expiry of the right to process data for the purposes of determining on their basis the amount of insurance premiums, reinsurance premiums and technical and insurance provisions for solvency purposes and technical and insurance provisions for accounting purposes.</p> <p>The controller will cease to process data used for direct marketing purposes, including profiling, earlier if you object to the processing of your data for this purpose.</p> <p>To the extent that the processing is based on consent, your personal data will be processed until the consent is withdrawn.</p>	
DATA TRANSFER	<p>Your personal data may be made available to entities and authorities authorised to process such data under the provisions of law.</p> <p>Your personal data may be disclosed to reinsurance companies, and may be transmitted to other companies of the PZU Group, if you have given your consent to such transmit.</p> <p>Your personal data may be transmitted to entities processing personal data on behalf of the controller, including but not limited to: IT service providers, entities processing data for the purpose of debt collection, marketing agencies, or insurance agents, where such entities process data on the basis of a contract with the controller and only in accordance with the instructions of the controller.</p> <p>Depending on the type of insurance, your personal data may be transmitted to entities located in countries outside the European Economic Area if this proves necessary for the execution of the concluded insurance contract. More information about the transmit of personal data, including the countries to which the data may be transmitted, can be obtained by contacting the controller or the Data Protection Officer using the contact details specified above.</p>	
YOUR RIGHTS	<p>You have the right of access as a data subject and the right to rectification, erasure or restriction of its processing.</p> <p>You have the right to data portability, i.e. to receive your personal data from the controller, in a structured, commonly used, machine-readable format. You may transmit this data to another controller.</p> <p>To the extent that the processing of your personal data is based on the premise of a legitimate interest of the controller, you have the right to object to the processing of your personal data. In particular, you have the right to object to the processing of your data for direct marketing purposes including profiling.</p> <p>To the extent that the processing of your personal data is based on consent, you have the right to withdraw it.</p> <p>You can withdraw your consent at any time in the branch or by sending an e-mail to: kontakt@pzu.pl or a letter to PZU, ul. Postępu 18a, 02-676 Warsaw, Poland. The withdrawal of consent shall not affect the lawfulness of processing based on consent before its withdrawal.</p> <p>For the purpose of exercising the above rights, please contact the controller or the Data Protection Officer using the contact details specified above.</p> <p>You have the right to lodge a complaint with a supervisory authority. In Poland, such supervisory authority is the President of the Personal Data Protection Office.</p>	