

PZU Plan na Zdrowie insurance

Insurance product information document

Powszechny Zakład Ubezpieczeń Spółka Akcyjna registered in Poland

Product: PZU Plan na Zdrowie



Full pre-contractual and contractual information is provided in the insurance document as well as in the general conditions of 'PZU Plan na Zdrowie' insurance, as laid down 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 PZU SA 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.

What kind of insurance is this?

PZU Plan na Zdrowie insurance pertains to class 1 of branch 2 of insurance as set out in the appendix to the Insurance and Reinsurance Activity Act.



What does the insurance cover?

- ✓ **Plan na Zdrowie** insurance covers: the organisation and payment of the costs of medical services required in connection with an **accident** which occurs during the period of insurance,
- ✓ **W Ciężkiej Chorobie** insurance covers: the organisation and payment of the costs of medical services required in connection with a **serious illness** which occurs during the period of insurance,
- ✓ **W Leczeniu Nowotworu** insurance covers: the organisation and payment of the costs of medical services, including among others the costs of the second medical opinion, as well as the payment of a benefit where, during the period of insurance,
 - a malignant neoplasm occurs,
- ✓ **W Trosce o Ciebie** insurance covers: the organisation and payment of the costs of medical services where any of the following occurs during the period of insurance: accident, illness or a sudden life-threatening or debilitating medical condition which requires medical attention.

Under each of the aforementioned insurance options, we ensure:

- medical consultations - without a referral,
- diagnostic tests,
- rehabilitation (under the Comprehensive Package),
- access to over 2,000 private medical facilities in over 500 towns in Poland,
- access to a hotline - available 24 hours a day, 7 days a week.

The contract covers only the elements of the product chosen by the Client.



What does the insurance not cover?

Consequences of accidents, illnesses or malignant neoplasms other than those covered by the insurance cover chosen by the insured person.



What are the limitations of the insurance cover?

Ochrona ubezpieczeniowa nie obejmuje m.in.:

- ! insured events arising as a result of intoxication with alcohol, unless this was not a factor that contributed to the insured event concerned,
- ! insured events arising as a result of the use of medication or doping substances, unless this was not a factor that contributed to the insured event concerned,
- ! insured events caused as a result of a fight in which the insured person was involved, except for cases of self-defence,
- ! insured events that occur while the insured person is intentionally committing or attempting to commit an offence,
- ! the suicide or attempted suicide by the insured person or an act of self-harm or attempted self-harm by the insured person,
- ! 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,
- ! 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,
- ! insured events arising as a result of participation in competitive or high-risk sports.

The full list of exclusions is set out in the GCI.



Where does the insurance apply?

Medical services are arranged, following the occurrence of an insured event, in the territory of Poland, except for the second medical opinion, which is covered by **W Leczeniu Nowotworu** insurance and is given by a foreign consultant.



What are the obligations of the insured person?

The insured person is obliged, among others, to:

- 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 us of the insured event and:
- provide us with the medical records evidencing the occurrence of the insured event,
 - provide us with the documents necessary to determine the eligibility of the claim,
 - make it possible for us to contact the doctors that provided medical care to the insured person both before and after the insured event.

In order to be provided with a medical service covered by **W Trosce o Ciebie** 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.



How and when should premiums be paid?

Premium is payable by the policyholder. It may be paid in one sum or in instalments. Payment deadlines are set out in the insurance document.



What are the start and end dates of the insurance cover?

The period of insurance is indicated in the insurance document.

The insured person may use the medical services covered by:

- **Plan na Zdrowie** basic insurance and **W Ciężkiej Chorobie** supplementary insurance for a period of one year from the date of the decision on whether the insured person is entitled to be provided with medical services,
- **W Leczeniu Nowotworu** supplementary insurance for a period of three years from the date of the decision on whether the insured person is entitled to be provided with medical services,
- **W Trosce o Ciebie** supplementary insurance: in the period of insurance or for a period of 30 days following the date of the decision on whether the insured person is entitled to be provided with medical services.

The insurance cover expires at the end of the period of insurance or:

- on the date on which we receive a notice of withdrawal from the insurance contract from the policyholder,
- on the date on which we receive a notice of termination of the insurance contract,
- on the date on which we receive a notice of termination of the insurance contract with immediate effect, where we become 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,
- 7 days after the receipt by the policyholder of the request for payment of the next instalment of the premium,
- on the date on which the insurance contract is terminated by mutual agreement,
- upon the death of the insured person.

The policyholder may terminate the insurance contract at any time by serving 30 days' notice. Termination of the insurance contract shall not release



How to terminate the contract?

The policyholder may terminate the insurance contract which has been concluded for a period of more than 6 months by, inter alia, withdrawing from the contract:

- within 30 days from the date on which it is concluded - where the policyholder is a consumer,
- within 7 days from the date on which it is concluded - where the policyholder is an entrepreneur