

THE SCOPE OF SERVICES PROVIDED AS PART OF LUX MED HOSPITAL INSURANCE – FULL CARE G/002/2022/US, FOR A MINOR CHILD.

Under the Insurance Agreement for the Minor Child, we provide:

- Healthcare Service (Part I)
- Coordination of Hospital Care (Part II)

SECTION I: HOSPITAL SERVICE

§1 Hospitalisation

We provide Urgent Hospitalisation and Planned Hospitalisation in the following medical areas:

1. **Diagnostics and treatment at the non-invasive treatment department**
 - a. includes a stay and comprehensive diagnostics and treatment of diseases in the following wards: paediatrics, cardiology, neurology, diabetology, gastroenterology, dermatology, rheumatology, infectious diseases and nephrology;
 - b. it does not include:
 - I. diagnostics and treatment in which the aim can be achieved in outpatient conditions;
 - II. drug programmes indicated in the Notice of the Minister of Health as a guaranteed service which takes place using innovative, costly active substances which are not financed within the scope of other guaranteed services;
 - III. Hospitalisation with the aim of planned use of pharmacology therapy of chronic diseases;
 - IV. diagnostics and treatment of the consequences of strokes;
 - V. chronic renal replacement therapy, performed outside the period of necessary Hospitalisation within the scope of the Agreement.
2. **Orthopaedics**
 - a. includes orthopaedic procedures, including endoprosthesis and orthopaedic fixation materials;
 - b. it does not include:
 - I. limb lengthening;
 - II. osseointegration treatments.
3. **Paediatric surgery**
 - a. includes general surgery procedures;
 - b. it does not include:
 - I. surgical obesity treatment;
 - II. thoracic surgery (i.e. thoracosurgery).
4. **Gynaecology**
 - a. includes gynaecological procedures for children over 16 years of age;
 - b. it does not include the diagnosis and treatment of impaired female fertility and assisted reproduction.
5. **Laryngology**
 - a. includes ENT procedures;
 - b. it does not include:
 - I. implant insertion for hearing organs and other implants replacing the functions of the senses;
 - II. procedures requiring neurosurgery;
 - III. treatment of the consequences of facial-cranial injuries, in particular craniofacial reconstruction.
6. Hospital services include also obstetrics-neonatology services in cases which require such services. The scope of obstetrics-neonatology services is compliant with §3 of Appendix 1 to the GT&CS – scope of Services for the Main Insured Person, Partner and Adult Child.

§2 Medical care prior to Hospitalisation

1. All services in the field of imaging diagnostics, laboratory tests and specialist consultations necessary for preparation for Hospitalisation are covered. Medical care prior to Hospitalisation is essential for:
 - a. determining the necessity of Planned Hospitalisation, its type, methods and scope of the procedure;
 - b. qualifying of the Insured Person for Hospitalisation;
 - c. determining
 - d. the date of a surgery or procedure;
 - e. developing a treatment plan.
2. Medical care prior to Hospitalisation is not the same as:
 - a. making a diagnosis;
 - b. monitoring of treatment;
 - c. general medical advice;
 - d. issuing a second medical opinion.
3. The scope does not include pregnancy care.

§3 Medical care after Hospitalisation

1. Care after Hospitalisation includes 3 follow-up visits in the medical facility indicated by us. They are conducted to monitor the effects of the procedure and the recovery process up to 30 days after discharge from the Hospital.
2. We also provide care in cases of sudden deterioration of health status of the Insured Person after the provided Service. In such cases, the scope of care is tailored to the medical situation and needs, and aims to improve or restore the proper health condition of the Insured Person. The scope of the Service is specified by the Physician indicated by us.
3. Medical care after Hospitalisation is provided only in relation to the Service provided under the Insurance Agreement.

§4 Rehabilitation

1. Rehabilitation after Hospitalisation includes the necessary procedures in the field of physical therapy and physiotherapy in accordance with the recommendations of medical or physiotherapeutic personnel after orthopaedic procedures for up to 6 weeks from the date of the procedure.
2. We shall specify the detailed scope of rehabilitation before the end of Hospitalisation. We do not provide rehabilitation services ordered by a medical facility other than ours.
3. Our responsibility in the scope of rehabilitation does not include:
 - a. rehabilitation procedures resulting from indications other than the consequences of the surgical procedure performed as part of insurance coverage;
 - b. fracture treatment with bone adhesion stimulators using physical effects (e.g. ultrasound wave).
4. Rehabilitation is provided only in relation to the Service provided under the Insurance Agreement.

§5 Emergency Care

1. Consultation of the Emergency Care Physician is possible provided that the Hospital Coordinator confirms that consultation is necessary and appropriate from the medical point of view.
2. Emergency Care includes, depending on the medical indications and the extent of services available at a given location:
 - a. interventions by emergency medical service;
 - b. providing necessary medical assistance at the place of residence of the Insured Person;
 - c. providing necessary medical assistance at the Outpatient Clinic or Hospital designated by us;
 - d. giving recommendations on further conservative management;
 - e. transport to hospital.

The scope of services available as part of Emergency Care at a given location is indicated on www.opiekaszpitalna.luxmed.pl.

3. Emergency Care does not replace the assistance provided under the National Medical Emergency System. The Operator is entitled to refer the Insured Person to the facility of a higher level of perinatal care if the health status and medical safety require it. This does not constitute an improper performance of the Agreement.
4. Our responsibility in the field of Emergency Care does not cover health situations, in which any delay in providing medical assistance poses immediate threat to the life of the Insured Person. In particular, this includes loss of consciousness, anaphylactic shock, choking; status epilepticus; acute and severe allergic reactions resulting from biting or stinging by venomous animals; poisoning by medicines, chemicals or gases; electrocution; ducking; attempted suicide; fall from high

altitude; an extensive injury resulting from trauma, including traumatic amputations of the limbs or parts of the limbs; multiple traumas; sudden visual or hearing disorders; face-cranial injuries.

5. Item 4 shall not release the Operator from providing a healthcare service to a person who needs immediate provision of a service due to a threat to life or health arising from Article 15 of the Act on Medical Activity of 15 April 2011 (Journal of Laws [Dz.U.] No. 112, item 654), consolidated text of 16 March 2021 (Journal of Laws [Dz.U.] of 2021, item 711), as amended.

PART II: HOSPITAL CARE COORDINATION

1. Immediately after the beginning of the Insurance Coverage Period, we will provide the legal guardian of the Minor Child with contact details for the Hospital Care Coordinating Team. The details will be provided by email, text message or letter, depending on which contact information we have received.
2. The Insured Person uses the Hospital Care Coordinator through a legal guardian according to that person's needs. The person may benefit from a part or the entire scope offered.
3. The scope of services offered as part of Coordination of Hospital Care includes:
 - a. accepting an application for the performance of the Service from the Insured Person and current contact with the Insured during verification of the application, as well as during the term of the Agreement.
 - b. coordination of care over the Insured Person in the case of Emergency Care:
 - I. verification of Services entitlements;
 - II. providing guidance to the Insured Person on further proceedings;
 - III. contact with the Admission Ward or Outpatient Clinic;
 - IV. help in admission to the Hospital or Outpatient Clinic and assistance in the ongoing organisation of the necessary examinations and consultations as recommended by the Physician;
 - V. assistance in collecting the medical records of the Insured Person;
 - VI. contact with a person authorised to receive medical information on the Insured Person.
 - c. coordination of care for the Insured Person before Hospitalisation:
 - I. verification of entitlements to the Service, including obtaining the decision of the Insurer in connection with the application submitted;
 - II. presenting a proposal for Hospitalisation – presenting a selection of available Hospitals and Physicians, as well as a midwife, if the Insured Person is planning for childbirth;
 - III. arranging a stay and as decided by the Insured Person;
 - IV. assistance in scheduling examinations and consultations eligible for Hospitalisation;
 - V. monitoring of the performance of examinations and consultations by the Insured Person;
 - VI. reminding the Insured Person about the date of admission to the Hospital and the required documents as well as confirmation of the presence of the Insured Person at the Hospital;
 - VII. coordination of the flow of medical documents between the Insured Person and the Hospital;
 - VIII. providing information on Hospital stay.
 - d. coordination during the Hospital Service:
 - I. transfer of all documents necessary for the Service of the Insured Person;
 - II. current contact with the Hospital;
 - III. providing information on the current status of the performance of medical procedures to a person authorised to receive medical information about the Insured Person;
 - IV. arranging a follow-up visit after Hospital stay and presenting a post-service care plan;
 - V. organisation of Medical Transport.
 - e. coordination of care after Hospitalisation, in accordance with the Physician's recommendations:
 - I. arranging for examinations and rehabilitation for the Insured Person;
 - II. organisation of Medical Transport if it is due to medical indications;
 - III. completion of the medical documentation of the Insured Person.
 - f. coordination of the Hospital Health Check:
 - I. verification of Services entitlements;
 - II. presenting a proposal from the Hospital and Physician conducting the Hospital Health Check;
 - III. arranging the Hospital Health Check at the discretion of the Insured Person;
 - IV. reminding the Insured Person of the date of the Service, the required documents and confirmation of attendance at the Hospital;
 - V. monitoring of the performance of the Hospital Health Check;
 - VI. coordination of the flow of medical documents between the Insured Person and the Hospital;
 - VII. providing general information on the performance of the Hospital Health Check.