

APPENDIX NO. III TO THE GTC "PLATINUM CARE" 1/2024

- SPECIAL CONDITIONS FOR ADDITIONAL INSURANCE - MEDICAL TREATMENT ABROAD

List of information included in the SCAI referred to in Article 17 section 1 of the Act of 11 September 2015 on insurance and reinsurance activity, taking into account definitions in the SCAI ("List of Information").

NO.	INFORMATON TYPE	NUMBER OF THE EDITING UNIT IN THE TEMPLATE CONTRACT
1.	Grounds for payment of damages or other benefits or the surrender value	- § 3 i § 4 - § 5
2.	Limitations and exclusions of the liability of the insurance firm entitling it to refuse to pay damages or other benefits or to limit their amount	- § 2 p 3 - § 5 - § 6

§ 1 GENERAL PROVISIONS

- According to the present Special Conditions for Additional Insurance (hereinafter referred to as the "SCAI"), Medicover Försäkrings AB (publ.), acting through its Branch in Poland with its registered office in Warsaw (hereinafter referred to as the "Insurer"), concludes the Insurance Contract with a natural person (hereinafter referred to as the "Policyholder").
- To the extent not specified in these SCAI, the provisions of the GTC, to which the SCAI is an appendix, shall apply.
- The Insurance Contract (hereinafter referred to as the "Contract") shall be concluded for third persons, who are natural persons (hereinafter referred to as "Covered Persons"), on terms and conditions specified in the Contract.
- Special provisions may be introduced to the Contract, deviating from the provisions of these SCAI that will take precedence over the provisions of the SCAI, with the consent of the Parties.

§ 2 DEFINITIONS

Terms used in these SCAI shall have the following meaning:

- Illness** – health condition of the Covered Person that, according to the current state of medical knowledge, requires treatment or diagnostics.
- Cardiovascular and Heart Disease** – any structural or functional abnormality of the heart, or of the blood vessels supplying the heart, that impairs its normal functioning.
- Cancer** – Any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, sarcoma, and lymphoma except cutaneous lymphoma (lymphoma confined to the skin).
Excluding less advanced cases, which for definition means that the following are not covered:
 - All cancers which are histologically classified as any of the following:
 - pre-malignant;
 - non-invasive;
 - cancer in situ;
 - having borderline malignancy; or
 - having low malignant potential.
 - All tumours of the prostate unless histologically classified as having a Gleason score of 6 or above or having progressed to at least clinical TNM classification T2aNOMO.
 - Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.
 - Any skin cancer (including cutaneous lymphoma) other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).
- Pre-Existing Conditions** – any illnesses or medical conditions of the Covered Persons that were reported, diagnosed, treated or resulted in documented medical symptoms within forty-eight (48) months prior to the effective date of the Contract, or conditions of which the Covered Person was aware before the effective date of the Contract. It does not include any such conditions, of which the Insurer had been notified by the Covered Persons, and that had been accepted by the Insurer before Effective Date of Coverage.

- Notwithstanding the foregoing, after twelve (12) months of continuous coverage the Covered Person will be eligible to apply for insurance cover of any excluded condition, provided that the Covered Person has not consulted any physician for advice, treatment or any medical examination and has remained free from taking any form of medication including drugs, medicines, special diet or injections for the condition in question for such continuous forty-eight (48) month period prior to receiving treatment for such condition. This application for additional cover of a pre-existing condition will be subject to underwriting review and decision.
- Effective Date of Coverage** – the start date of the Coverage Period.
 - Donor** – a living natural person identified by the Covered Person, from whom organs (tissues or cells) will be collected to be transplanted to the Covered Person.
 - Physiotherapy** – physiotherapy is treatment using physical aids (hydrotherapy, heat or similar aids, physical aids based on biochemical and neurophysiological techniques) in order to restore maximum function and/or to prevent or limit full or partial disability following illness or surgery. These treatments must be prescribed by a Designated Practitioner.
 - Outpatient Medical Treatment** – treatment for the Medical Treatment Abroad that do not require Inpatient Treatment comprising medicines, aids and medical supplies, radiotherapy, physiotherapy, and nursing care visits on an outpatient basis.
 - Experimental / Investigative Treatment** – a treatment method, procedure, practice or product, the effectiveness and safety of which has not been scientifically and medically confirmed, or being at the stage of research, tests or any other stage of clinical trials, deemed by the Insurer and/or PGH, on the basis of the following considerations, to be experimental or investigative in nature:
 - if the approval of a government authority is required before the treatment and it has not yet been given at the time when the treatment is to be provided;
 - if, according to generally accepted medical standards within the Designated Hospitals, the treatment has not been recognized as safe and as possibly effective for the condition in question, irrespective of the question whether the treatment is legally permitted for use during testing or other studies on human beings; or
 - if, in the case of a medicine, therapy or device, the treatment has not been approved for use by the United States Food and Drug Administration.
 - Inpatient Medical Treatment** – treatment comprising the following elements:
 - pre-admission tests;
 - room, board, and nursing in a Designated Hospital;
 - medical treatment;
 - physiotherapy;
 - medicines, aids, and dressings.

If available, the Covered Person will be offered a standard private room. If no standard private room is available, a standard double room will be offered until a standard private room becomes available. Luxury style hospital rooms or 'concierge' services are not covered. Depending on availability and practitioner's recommendations, the Covered Person may stay in a luxury or 'concierge' hospital room. In such case, the Covered Person shall pay the price difference between such a room and the hospital's standard private room.
 - Adjuvant Therapy** – a course of action following the Episode of Treatment and taking place outside of the United States, usually in the patient's home country. Adjuvant Therapy may include chemotherapy, radiation therapy, hormone therapy or biological therapy. However, for purposes of this Contract, such therapies are not considered adjuvant therapies when those treatments are part of the Episode of Treatment.
 - Medical Treatment Abroad** – a benefit consisting in the treatment of a Serious Medical Condition provided by a Designated Hospital, Designated Practitioner, facility or recognized supplier based in the USA, which is necessary from a medical point of view and consistent with the opinion of the Designated Practitioner, and for which a Treatment Approval has been issued by PGH as part of an Episode of Treatment. The scope of Medical Treatment Abroad is described in these SCAI. Medical Treatment Abroad shall be arranged at the request of the Covered Person, in case of the occurrence of a Serious Medical Condition.
 - Alternative Medicine** – a treatment method, procedure, practice or medical or pharmaceutical product that is not considered part of conventional medicine, including acupuncture, aromatherapy, chiropractic, homeopathy, naturopathy, Ayurveda, traditional Chinese medicine and osteopathic medicine.
 - Accident** – sudden event that has occurred in the Insurer's liability period, exclusively due to an external cause, due to which the Covered Person, regardless of their will, has experienced bodily injury. Myocardial infarction, cerebral stroke or any other diseases, including sudden cases thereof, shall not be considered Accident.
 - Medically Necessary (or Medical Necessity)** – medical treatment for an illness or condition for which a treatment under this Contract is indicated and which:
 - is in accordance with the diagnosis of the Covered Person's illness or condition;

15.2. is in accordance with the standards of good medical practice within the Designated Hospitals;

15.3. is necessary for reasons other than the convenience of the Covered Person or their Qualified Local Medical Practitioner.

In relation to hospital admission, Medically Necessary also means that, on the basis of the medical symptoms or condition of the Covered Person, the treatments or supplies cannot safely be provided to the Covered Person without hospital admission.

16. **Coverage Period** – term of the Contract.
17. **Hospice Care** – care designed to give supportive care to people in the final phase of a terminal illness and focus on comfort and quality of life, rather than cure. Care is rendered either on an inpatient basis or in the home setting for a terminally ill patient. Often referred to as “palliative” or “supportive” care, hospice care emphasizes the management of pain and discomfort and the emotional support of the patient and family.
18. **Palliative Care** – an interdisciplinary approach dedicated to improving the quality of life for people with chronic, life-threatening, progressive, or terminal illnesses. Palliative Care focuses on relief of the pain, stress and other debilitating symptoms of serious illness and is medical or comfort care that reduces the severity of a disease or slows its progress rather than providing a cure.
19. **Accompanying Person** – a natural person selected by the Covered Person, who will accompany the Covered Person during the provision of benefits under the Contract.
20. **PGH** – PGH – PGH (Ireland) Ltd., 31-36 Ormond Quay Upper Dublin D07 EE37 Ireland – or on its indication the entities providing patient care management services from Boston, Massachusetts, USA are responsible for the organisation and provision, on behalf of the Insurer, of covered services and benefits, including coordination and oversight of the process of organisation of treatment of the Covered Person with medical logistics and travel and accommodation, and for the individual support, guidance, and patient advocacy to the Covered Person during the Episode of Treatment. PGH appoints a dedicated Personal Care Manager, a licensed and registered medical professional in the USA, who alongside the professional care management team coordinate the process for the Covered Person.
21. **Primary Diagnosis** – the medical diagnosis that first identified the condition prior to any treatment and for which the Diagnosis Verification and Treatment Plan was initiated. The cost of the Primary Diagnosis is not covered under this Contract.
22. **First Contract** – a contract concluded for the first time for the Covered Person or concluded next time for the same Covered Person if the previous Coverage Period expired with respect to the Covered Person.
23. **Hospital Stay** – the stay of the Covered Person in a hospital under medical treatment abroad, lasting at least one day.
24. **Episode of Treatment** – a time period that begins on the Covered Person's arrival in the USA for a treatment, which has been approved through the Diagnosis Verification and Treatment Plan. The Episode of Treatment ends when the Covered Person's condition allows returning home as medically approved by treating physicians in the USA. Benefits for Medical Treatment under this Contract apply only to costs incurred during the Episode of Treatment. An approved treatment plan that involves multiple phases is considered a single Episode of Treatment. If a complication related to a treatment or requirement of additional treatment of a Serious Medical Condition occurs within thirty (30) days after the end of an Episode of Treatment, such additional treatment will be regarded as part of the original Episode of Treatment. This means that the number of days of the additional treatment is counted towards the calculation of the maximum number of days of treatment and travel and accommodation expenses of the Episode of Treatment, and the related expenses and fees will be paid according to the Sum Insured.
25. **Emergency Care** – medical or other health treatment, services, products, or accommodations provided to an injured or sick person for a sudden onset of a medical condition of such nature that failure to render immediate care would result in deterioration of the injured person's medical condition.
26. **Serious Medical Condition** – means the following illnesses, procedures or surgeries for a given group:
- 26.1. **Any malignant tumour (group I)** characterized by the uncontrolled growth of malignant cells and invasion of tissue, including leukaemia, sarcoma, and lymphoma (except cutaneous lymphoma), positively diagnosed with histological confirmation. The term malignant tumour includes leukaemia, sarcoma, and lymphoma except cutaneous lymphoma (lymphoma confined to the skin).
- 26.2. **Cardiovascular and heart disease (group II)** requiring:
- cardiac (heart) surgery to correct narrowed or blocked coronary arteries by means of bypass grafts; or to correct valvar abnormalities; or
 - interventional cardiology procedures (coronary angioplasty) to correct narrowing of two or more coronary arteries by means of dilating or opening the vessels; or
 - major vascular procedures to repair one or more of the aortae, carotid, iliac, femoral and cerebral arteries.
- 26.3. **Intracranial neurosurgical procedures (group III)** performed to remove a tumour or to repair an intracranial blood vessel. Procedures performed for conditions related to trauma or injury are excluded.
- 26.4. **Transplants (group IV).**

- Transplant of selected organs from a Donor – transplant, as a result of which the Covered Person receives a kidney, a liver segment, a lung segment, pancreas part from a Donor;
- bone marrow transplant – transplant of bone marrow cells or stem cells from the Covered Person (autogenic transplant) or from a Donor (allogenic transplant).

27. **Treatment Approval** – consent granted by PGH on behalf of the Insurer, for the coverage and organisation of costs of medical treatment abroad, as well as other benefits and services covered by this insurance.
28. **Prosthesis** – a device designed to replace, in whole or in part, an organ or a function of a disabled or non-functioning body part: element made of an artificial material, replacing a body part or organ.
29. **Sum Insured** – an amount indicated in these SCAI, being the upper limit of liability, up to which benefits covered by insurance, specified in paragraph 5 shall be provided.
30. **Hospital** – an inpatient facility of a healthcare entity operating in accordance with applicable regulations, providing round the clock medical services by qualified medical staff, having an appropriate base for conducting diagnostics and operative procedures 24 hours a day. A social care centre, addiction treatment centre, hospice, sanatorium, holiday resort, rehabilitation centre, hospital rehabilitation ward or spa treatment centre (including spa hospital) shall not be considered as the hospital.
31. **Covered Person** – a natural person entitled to take advantage of this Contract, who on the start date of the First Contract has not yet turned 67 and, in the case of children – from 1 to 25 years to the benefit of whom the Contract was concluded. Residents of the United States of America (USA) or any other person physically present in the USA for more than 90 days in any one calendar year cannot be Covered Persons.
32. **Diagnosis Verification and Treatment Plan (DVTP)** – based on the Primary Diagnosis, a remote diagnosis review and case analysis and suggested course of treatment protocol based on medical records provided by the Covered Person or a Qualified Local Medical Practitioner and performed by physicians at Harvard Medical School affiliated hospitals. A DVTP is required as part of the Pre-Treatment Review and Treatment Approval Process in order to issue treatment approval and must be completed before any claims for Medical Treatment Abroad can be made under the Contract. To provide additional support and assistance to the Covered Person, PGH may also have a DVTP performed even when medical services and treatment are to be provided beyond the scope of this Contract.
33. **Designated Practitioner** – a medical doctor licensed and practicing in the USA, who is affiliated with a Designated Hospital, and are Board certified in their medical specialty. A Designated Practitioner does not include the Covered Person, a relative of a Covered Person, or a member of the Covered Person's household.
34. **Designated Hospital** – a top 1% hospital in the USA as ranked in 'US News and World Report – Best Hospitals' publication and approved by PGH for the specific case of the Serious Medical Condition that is under consideration for coverage under this Contract.
35. **Qualified Local Medical Practitioner** – a doctor or specialist who is responsible for the ongoing medical care of the Covered Person in their home country and is registered or licensed to practice medicine under the laws of the country in which they practice other than a Covered Person; or a member of the immediate family of the Covered Person.

§ 3

SUBJECT MATTER AND SCOPE OF INSURANCE

- The subject matter of insurance shall be the Covered Person's health.
- The scope of insurance includes the occurrence of a Serious Medical Condition in the Covered Person, during the Coverage Period.
- If the Coverage Period ends for any reason, expenses subject to the Contract incurred by a Covered Person shall be covered by the Insurer only for an Episode of Treatment that previously obtained a Treatment Approval or for which the Pre-Treatment Review and Treatment Approval process had been initiated, while the Contract was in effect. In such case, the benefits shall be extended only until the Covered Person completes a given Episode of Treatment. Benefits are paid directly to Designated Practitioners, Designated Hospitals, airlines, hotels, and other service providers providing services as part of a single Episode of Treatment in accordance with the Treatment Approval.
- If the Covered Person inadvertently pays particular costs subject to the Contract, the Covered Person shall submit the claim for their reimbursement to PGH within ninety (90) days of the date on which the costs were incurred together with a proof allowing their confirmation. Costs shall be reimbursed in US dollars.
- The Insurer shall cover only costs of services that are Medically Necessary, up to the amount and limits specified in § 5.

§ 4

BENEFITS

- Insurance shall cover costs of benefits related to the treatment of a Serious Medical Condition covered by the Contract that was approved by PGH after the Pre-Treatment Review and issuance of the Treatment Approval. Maximum costs of

benefits covered by the Contract are set forth in the sum insured table in paragraph 5.

2. The following benefits shall be available in case of the occurrence of a Serious Medical Condition during the Coverage Period:
 - 2.1. Pre-Treatment Review and Treatment Approval Process: Diagnosis Verification and Treatment Plan;
 - 2.2. Medical Treatment Abroad;
 - 2.3. Travel and accommodation in relation to the Medical Treatment Abroad.

Pre-Treatment Review and Treatment Approval process

Stage I – Information gathering

3. In order to obtain the Treatment Approval, the Covered Person suffering from a Serious Medical Condition shall contact the Insurer, who subsequently, through PGH:
 - 3.1. shall notify the Covered Person which medical documentation is necessary, the Covered Person must provide full details of the primary diagnosis made by a qualified local medical practitioner and any additional relevant medical documentation required by PGH in order to carry out the Pre-Treatment Review, whereas:
 - a) in cancer cases, the tumour must still be present before the Pre-Treatment Review, unless the tumour was entirely removed as part of the biopsy process needed to develop a primary diagnosis;
 - b) a coronary angiogram will be required for cardiac surgery and cardiology procedures;
 - 3.2. shall arrange that documents to be subsequently made available to the Designated Practitioners performing the Diagnosis Verification and Treatment Plan are translated and, if necessary, summarised;
 - 3.3. shall ensure the performance of the Pre-Treatment Review necessary to obtain the benefits under the Contract, allowing confirming that:
 - a) the condition suffered by the Covered Person is a Serious Medical Condition;
 - b) required treatment is Medically Necessary.

Stage II – Diagnosis Verification and Treatment Plan (DVTP)

4. PGH selects a Designated Practitioner or team of Designated Practitioners specializing in the Serious Medical Condition for which the Primary Diagnosis has been given to evaluate the Covered Person's case and medical documents.
5. Then, the Designated Practitioner:
 - 5.1. performs the Diagnosis Verification and Treatment Plan service (DVTP) that verifies the nature of the illness, determines whether the treatment is Medically Necessary, identifies treatment options and recommends what course of treatment, in their opinion, will produce the best results;
 - 5.2. draws up a written DVTP report that is released to PGH for pre-treatment approval and to the Covered Person.

Stage III – Issuance of the Treatment Approval and Treatment Decision

6. Based on the DVTP Report PGH will determine if treatment for the condition is a covered by the Contract and is Medically Necessary, and based thereon will take a decision on issuing the Treatment Approval. PGH shall contact the Covered Person in order to provide a copy of the DVTP Report and confirm issuance of the Treatment Approval.
7. If the Treatment Approval is issued, the PGH shall explain the details of the DVTP Report to the Covered Person, provide necessary information, and discuss available treatments options both locally and in the USA.
8. Based on the available treatment options, the Covered Person will then be given the opportunity to decide whether to pursue treatment locally, under other independent contracts, or the Medical Treatment Abroad under this Insurance Contract.
9. Should the Covered Person choose the Medical Treatment Abroad, PGH shall organize medical and hospital arrangements at the Designated Hospital, as well as coordinate travel and accommodation. All arrangements are confirmed with the Covered Person in advance and before finalizing for suitability and approval.

Timing for Pre-Treatment Review and Approval Process:

10. The Diagnosis Verification and Treatment Planning must commence within 45 calendar days following notification by the Covered Person to PGH of the potential need for a treatment unless there are delays beyond the control of the Covered Person.
11. Approved treatment must commence within 45 days following confirmation from PGH to the Covered Person of the Treatment Approval unless there are delays beyond the control of the Covered Person.
12. It is the Covered Person's responsibility to initiate the Pre-Treatment Review as described in paragraph 4, in order to be eligible for benefits provided by the Contract.
13. The choice of the Designated Practitioner or the Designated Hospital shall be at the sole discretion of PGH. Decisions are based on quality of care, urgency, and

availability of hospital. Preferences by the Covered Person are considered when backed by meaningful medical reasons.

Medical Treatment Abroad

14. The scope of Medical Treatment Abroad shall cover:
 - 14.1. **Medical Treatment of a Serious Medical Condition:** services and benefits that are Medically Necessary, including Inpatient Medical Treatment, Outpatient Medical Treatment referred to in the Contract, provided by a Designated Practitioner, Designated Hospital or facilities with the registered offices in the USA in relation to the medical treatment for a Serious Medical Condition subject to the Treatment Approval granted by PGH. The maximum treatment duration (in days) of the Episode of Treatment is specified in paragraph 5 (Sum Insured). With prior approval, the maximum duration of an Episode of Treatment may be increased, as stated in the Sum Insured table, in the event of continued or prolonged cancer treatment requiring inpatient acute care or intensive outpatient treatment excluding Adjuvant Therapy, Palliative Care and/or Hospice Care.
 - 14.2. **Travel and accommodation:** coverage of reasonable costs arranged by PGH for the Covered Person and one Accompanying Person:
 - a) for a round trip by scheduled airline service to the USA;
 - b) accommodation costs.The sub-limit for travel and accommodation is specified in the Sum Insured and applies to the Covered Person and one Accompanying Person taken together.
 - 14.3. **Ambulance benefits:** Medically Necessary ambulance transportation in the territory of the USA during an Episode of Treatment. Ambulance transportation is covered when rendered by a licensed private professional ambulance service, or an ambulance service that charges the public, providing transportation by means of a specially designed and equipped vehicle used only for transporting the sick and injured.
 - 14.4. **Repatriation in the event of death:** justified and reasonable costs in the event of the Covered Person's death during an Episode of Treatment to repatriate the Covered Person's body or ashes to Poland, in accordance with the Sum Insured.
 - 14.5. **Medical treatment coordination by PGH:** from notification of the potential need for a covered treatment, the Covered Person receives the medical treatment coordination services provided by PGH, included but not limited to the Diagnosis Verification and Treatment Plan service, individual guidance, education, support and patient advocacy and help in arranging and obtaining the appropriate care in the Designated Hospital; Covered Person is assisted by a dedicated PGH Personal Care Manager and the staff of PGH throughout treatment and recovery while in the USA.
 - 14.6. **Organ transplant benefits** comprising three components:
 - 14.7. **Pre-Transplant Evaluation** including:
 - a) preliminary examination and medical treatment in a Designated Hospital in the USA in order to evaluate the Covered Person as a candidate for an organ transplant and/or the taking of bone marrow or stem cells from the Covered Person as required for a preliminary examination for a bone marrow transplant;
 - b) travel and accommodation costs for the Covered Person and one Accompanying Person for Pre-Transplant Evaluation is subject to the sub-limit as specified in the Sum Insured.
 - 14.8. **Expenses related to procuring a Donor Organ:**
 - a) medical expenses associated with removal of the donor organ;
 - b) care and treatment of the Donor if the Donor organ is received by the Covered Person;
 - c) travel and accommodation expenses, in accordance with the Sum Insured and sub-limits, of a live Donor if it has been established that the organ to be donated will be compatible;
 - d) costs of storing the Donor organ in accordance with approved medical practice;
 - e) transportation to and storage of the Donor organ at the transplant site.
 - 14.9. **Transplant procedure:**
 - a) the Contract shall cover the Medical Treatment Abroad, travel and accommodation, medical treatment coordination by PGH, ambulance services and transportation in the event of death;
 - b) the transplant procedure Episode of Treatment starts three (3) days before the transplant procedure, or thirty (30) days before the bone marrow transplant. The maximum duration (in days) of the Transplant Procedure Episode of Treatment is the maximum limit for treatment related to organ transplants stated in the Schedule of Benefits less any days utilized for the Pre-Treatment Evaluation;
 - c) if an organ transplant does not proceed as scheduled due to the medical condition or death of the Covered Person intended to undergo the transplant, covered costs shall be paid on the basis of the transplant approval granted prior to the Covered Person's death, or the date on which the Designated Practitioner decides not to perform the organ transplant.
15. **Claims:** Benefits are paid directly to Designated Hospitals, Designated Practitioners, airlines, hotels, and other service providers by or on behalf of the Insurer in accordance with the terms of this Policy.

- 15.1. **Directly Incurred Expenses, Proof of Loss** – If during an approved Episode of Treatment certain reasonable costs are necessarily incurred for Benefits provided under the Insurance Contract and inadvertently paid by the Covered Person himself/herself,
- claim must be submitted to PGH within 90 days of the date on which the costs were incurred. This proof must identify Contract details, Covered Person incurring the expense, and describe the occurrence, extent, and nature of the loss, and include all applicable invoices and receipts.
 - if a claim is not submitted within the specified 90 days, entitlement to Benefits continues to exist if the Covered Person demonstrates that the invoices and receipts could not be reasonably submitted in time. Invoices and receipts submitted more than one (1) year following the date on which costs were incurred will not be accepted unless the delay was due to legal incapacity.
 - any reimbursement for Benefits due arising from directly incurred expenses will be paid immediately when PGH receives written (or authorized electronic or telephonic) proof of loss. All losses for which this Policy provided periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof. The Covered Person will be reimbursed in US Dollars.
- 15.2. **Payment of Non-Covered Treatments, Services or Items**- payment must be made by the Covered Person directly to providers, vendors, or other agents for goods, services, and treatments rendered that are not covered under the Episode of Treatment and Contract.

**§ 5
SUM INSURED**

1. Benefits shall be provided up to the Sum Insured and taking into account limits specified in the table below.

Sum Insured	Amount of the Sum Insured
Maximum liability limit – determined jointly for all covered benefits included in the Medical Treatment Abroad, costs of travel and accommodation incurred during the Coverage Period for a given Covered Person, including;	USD 2,000,000
Sub-limits	
1. Costs of travel and accommodation for the Covered Person or the Covered Person and one Accompanying Person together 1.1. Costs of travel and accommodation per Episode of Treatment (subject to maximum accommodation limit of USD 300 per day) 1.2. Costs of travel and accommodation for the pre-transplant evaluation (subject to maximum accommodation limit of USD 300 per day)	 USD 20,000 USD 8,000
2. Transportation benefit in the event of death	USD 5,000
3. Maximum duration of an Episode of Treatment 3.1. For treatment related to organ transplant – for the total combined duration of the pre-transplant evaluation and the transplant procedure Episode of Treatment 3.2. For Cancer treatment (except that an extra 245 days will be added to the maximum duration for continued or prolonged cancer treatment) Total	In days: 365 120 245 365
3.3. For all other Episodes of Treatment	90

**§ 6
LIMITATIONS AND EXCLUSIONS OF
THE INSURER'S LIABILITY**

1. The Insurer shall not be held liable if:
- the occurrence of a Serious Medical Condition was related to the circumstances of which the Covered Person had been aware that the Policyholder or the Covered Person failed to disclose to the Insurer, about which the Insurer asked prior to concluding the Insurance Contract;

- during 12 months before the occurrence of a Serious Medical condition, the Covered Person was staying outside the territory of Poland for more than 183 calendar days, the Covered Person is not a permanent resident of the Republic of Poland, or the Covered Person is a resident of the USA as defined by being present in the USA for more than 90 days in any one calendar year.
- The Insurer shall not be held liable if a Serious Medical Condition of the Covered Person was due to or resulted from:
 - pre-existing illnesses, including illnesses that were diagnosed or caused medical symptoms during the waiting period for the start of the coverage, from the acceptance of the Covered Person's application by the Insurer to the Effective Date of Coverage, as well as the Covered Person's illnesses developing prior to the date of the Covered Person submitting the application to join the Contract that the Insurer would have considered a basis for refusal to conclude the Contract or for limitation of the Contract;
 - an accident, injury or illness caused by military service, and/or service in paramilitary forces, war, peace or stabilisation missions, acts of terror, or active participation in riots, domestic unrest, demonstrations or acts of violence or during martial law, state of emergency or natural disaster;
 - radioactive or ionising radiation caused by a nuclear reaction or explosion, unless this is a consequence of a medical treatment;
 - intended self-mutilation, suicide attempt or exposure to unnecessary risk;
 - remaining under influence of narcotic drugs or other intoxicants, or intoxication within the meaning of the Act of 26 October 1992 on upbringing in sobriety and counteracting alcoholism;
 - use of the medicinal products contrary to recommendations of a practitioner or a medicinal product manufacturer;
 - if, before, during or after the medical treatment period as specified by PGH, the Covered Person:
 - fails to follow recommendations, prescriptions as well as the treatment plan specified by Designated Practitioner in charge of the medical treatment abroad;
 - refuses to undergo the medical treatment or additional tests necessary for the purposes of diagnosis or treatment planning;
 - HIV infection or AIDS;
 - all cancers as noted in the Definitions which are histologically classified as any of the following: pre-malignant, non-invasive, cancer in situ, having borderline malignancy or having low malignant potential;
 - all tumours of the prostate unless histologically classified as having a Gleason score of 6 or above, or having progressed to at least clinical TNM classification T2aNOMO;
 - chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A;
 - any skin cancer (including cutaneous lymphoma) other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin);
 - illnesses requiring a transplant:
 - as a result of consequences of alcoholic liver disease;
 - of organs requiring a stem cell therapy;
 - in case of an organ purchase from a Donor;
 - involving a transplant of stem cells from cord blood;
 - organisation and coverage of costs of finding a Donor for the Covered Person.
- The Insurer shall not cover the costs of or arrange:
 - Alternative Medicine, Experimental / Investigative Treatment or any other treatment of unproven effectiveness even if recommended by a Designated Practitioner in charge of the Medical Treatment Abroad;
 - treatments provided solely as physiotherapy or occupational therapy, or rehabilitation of any kind. Such Medically Necessary treatments will be covered by the Contract if it takes place within an Episode of Treatment;
 - alleviation of chronic symptoms and Adjuvant Therapies unless designated as part of the Episode of Treatment by Designated Practitioner;
 - organ transplant procedures involving:
 - organs procured from a cadaver;
 - organ procurement from commercial methods and/or organ transplantation, or another medical service outside the USA;
 - costs incurred by a Covered Person:
 - who is in the USA waiting for a donor organ to become available;
 - while a transplant is delayed;
 - animal to human organ transplant;
 - artificial or mechanical devices designed to replace organs, either permanently or temporarily, or costs incurred in order to maintain an individual on an artificial device while awaiting an organ transplant;
 - renal dialysis, except dialysis during a pre-approved treatment;
 - cardiac rehabilitation services, which are not part of the organ transplant treatment;
 - emergency care;
 - treatment of complications or side-effects associated with the medical procedures arranged as part of the Medical Treatment Abroad that did not demand immediate medical attention in a facility abroad and are not

- considered by Designated Practitioner to impact the Covered Person's health to travel to return to Poland after the completion of the medical treatment;
- 3.7. treatment or stay in spa hospitals, sanatoria, holiday resorts, social care centres, addiction treatment centres, rest homes, hospices or home care centres even if such services are recommended as part of the medical treatment of a Serious Medical Condition;
 - 3.8. services and care related to treatment of cognitive impairment, old age or mental impairment regardless of the degree and reason;
 - 3.9. interpretation/translation costs other than those related to the preparation of Pre-Treatment Review and DVTP report and for the performance of Medical Treatment Abroad;
 - 3.10. expenses incurred by the Covered Person or his/her family members, accompanying persons, carers, or Donor that are not listed herein;
 - 3.11. phone calls, items for personal use;
 - 3.12. costs of accommodation or transportation arranged on their own by the Covered Person, Accompanying Person, or the Donor;
 - 3.13. costs of care provided by private nurses which were requested by the Covered Person;
 - 3.14. costs of Benefits that constitute an overpayment, or Benefits that are paid as a result of an error or mistake. The Covered Person will reimburse such payments for Benefits directly received.
 - 3.15. costs of treatment of the Covered Persons that are subject to sanctions per the Sanction Limitation and Exclusion clause.
 - 3.16. costs of benefits for conditions that are already undergoing treatment.
 - 3.17. costs of treatment of a Serious Medical Condition if the Covered Person has received prior treatment for that Serious Medical Condition in any country of the world that was not approved or covered under this insurance contract. The only exception shall be Emergency Care required for the patient's stabilization of cardiovascular or heart disease conditions;
 - 3.18. The Diagnosis Verification and Treatment Plan service cannot be activated at any time such as following commencement of any independently arranged medical treatment or treatment plan, including multiple phases of treatment. Covered Person should commence the Pre-treatment Review and Approval Process and the start of an Episode of Treatment following the Timing provisions set out above in the Pre-Treatment Review and Approval Process in order to benefit from timely diagnosis verification and treatment planning from physicians at Designated Hospitals.
 - 3.19. costs of treatment or treatment plan (including multiple phases of treatment), and/or travel and accommodation expenses that were not approved by PGH as part of the Pre-Treatment Review and Approval Process at the commencement of such treatment or treatment plan.
4. The Insurer and PGH shall not be held liable for:
 - 4.1. medical correctness of Pre-Treatment Review and consequences of actions or omissions based on information included therein;
 - 4.2. consequences of treatment as part of the Medical Treatment Abroad, including its effectiveness or any acts, omissions, or errors made by Designated or non-Designated Practitioners or Hospitals or other service providers; non-performance, delay or inability to provide benefits under the Contract as a result of: strikes, riots, acts of terror, war activities, epidemics and pandemics, travel restrictions and force majeure – external event, impossible to predict that could have not been prevented. The Insurer shall notify the Policyholder of the aforementioned circumstances immediately after receiving the notification of the occurrence of a Serious Medical Condition.
 5. The Insurer and PGH shall not be held liable and shall not guarantee the availability of Donor organs. Organ transplants can only be performed when an organ from a live Donor is available in accordance with the rules and regulations that apply in the place in which the Designated Hospital is located.
 6. Sanction Limitation and Exclusion – the Insurer and PGH shall be exempt from liability under the Contract to the extent that the implementation of the Contract would or could expose the Insurer and/or PGH to any sanction, prohibition, or restriction under United Nations resolutions, or the trade or economic sanctions, laws, or regulations of the European Union, United Kingdom, or United States of America.

§ 7

RIGHTS AND OBLIGATIONS OF THE PARTIES

1. The Insurer and/or PGH shall, at their own expense, have the right and opportunity to examine a Covered Person when and as often as is reasonably necessary. This section applies when a claim is pending or before joining the Contract.
2. The Covered Person shall be obliged to forward to the Insurer any full and correct information that may be required for the purposes of the performance of the Contract, including about any change of the country of stay or residence during the Coverage Period.
3. In case of making a claim, the Covered Person shall be obliged to cooperate with PGH, while ensuring free access to medical records in the possession of the Covered Person, practitioners or medical facilities providing treatment to the Covered Person.

4. If, before the effective date of the Contract, a Covered Person is admitted to hospital, the Covered Person must inform the Insurer of the reasons for admission and the date of discharge from hospital.

§ 8

DATA PRIVACY

1. Insurer and PGH are international organizations committed to protecting the data rights of Covered Persons and protecting their security and privacy.
2. Insurer, Policyholder, and PGH each recognize their responsibilities as data controllers and data processors in relation to the collection, holding, processing, use and/or transfer of personal data under applicable laws and regulations governing the security and disclosure and re-disclosure of non-public personally identifiable information, or personal information ("Personal Data"), including the EU General Data Protection Regulation 2016/679 ("GDPR") and all other laws governing data security and data protection in Poland, the European Economic Area, UK, and Switzerland (the "European Data Privacy Laws"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by us is accurate. Insurer and PGH will use personal data which may from time to time be collected in accordance solely for the purpose of performing obligations and providing the Benefits of this Contract.
3. PGH, and the Designated Hospitals and Designated Practitioners in the USA comply with HIPAA privacy regulations. HIPAA (Health Insurance Portability and Accountability Act of 1996) is US legislation that provides data privacy and security provisions for safeguarding medical information. Covered Persons are protected under these regulations.
4. PGH and Designated Hospitals and Designated Practitioners may use personal health information for treatment purposes, such as the coordination, management, or provision of healthcare and related services among doctors, hospitals, and other health care providers, or during the consultation between health care providers regarding a patient, or the referral of a patient from one healthcare provider to another.
5. With signed consent from the Covered Person, medical documents are transferred outside of their country of residence or location where medical records are held and to the USA for the reviewing Designated Practitioners at Designated Hospitals to provide their medical service.
6. Covered Person sends their medical records to PGH, who review for completeness and arrange translation as needed. PGH submits the complete medical file directly to the reviewing Designated Practitioner specialists at the Designated Hospital; Covered Person may also upload or share their medical records themselves.
7. Medical and health information and doctor opinions are transmitted securely via encrypted and/or tracked methods of electronic and/or physical transmission.

These SCAI shall come into force as of 01.02.2024 and shall apply to Contracts concluded after that date.

ADDITIONAL INSURANCE – MEDICAL CARE ABROAD



Insurance product information document

Company: Medcover Försäkrings AB (publ.) S.A. - Oddział w Polsce

Product: Leczenie za granicą

This document provides general information about the insurance product. Full information related to insurance is provided before the conclusion of the contract and is available in the General Terms and Conditions 1/2024 with attachments.

What kind of insurance is this

Health insurance, providing the insured with treatment in the USA in the event of a serious medical condition



What is insured?

Health of the Insured, whose protection consists in treatment in a hospital in the USA in the event of the Insured Person's serious medical condition specified in the GTC and STC:

- ✓ assessment prior to treatment with acceptance of the treatment process,
- ✓ treatment of serious medical conditions (malignant tumor, transplantation of selected organs, diseases of the cardiovascular system and heart, intracranial neurosurgery)
- ✓ travel and accommodation for medical treatment abroad
- ✓ provision of an ambulance,
- ✓ repatriation in the event of death,
- ✓ coordination of treatment by PGH,
- ✓ services related to organ transplantation,



What insurance does not cover

The insurer does not bear the costs and does not organize:

- ✗ alternative and experimental medicine,
- ✗ transplantation of organs from cadavers and animals
- ✗ benefits, services or products not related to medical treatment abroad, including personal items,
- ✗ benefits for which the Insured has not obtained PGH's consent,

A detailed list of restrictions is described in the Special Terms and Conditions of additional insurance – Medical Care Abroad.



What are the limitations of insurance coverage?

The restriction occurs in the situation and in connection with:

- ! previous health condition,
- ! the situation of concealment or failure by the insured to provide the information requested by the insurer,
- ! an accident, injury or illness arose in a relationship. military service, war, acts of terror, state of emergency, war or natural disaster,
- ! self-harm, suicide attempt,
- ! HIV infection or AIDS disease
- ! illnesses and costs of services that are not specified in the contract,
- ! 75 years of age by the insured person, and in the case of children before the age of 1 and after the age of 18,

A detailed list of restrictions is described in STC



Where is the insurance available?

- ✓ services related to treatment abroad take place in hospitals in the USA indicated by PGH,



Co What are the obligations of the insured?

- provide the security officer with all complete and truthful information that is required,
- inform about changes in the country of stay or residence during the Protection Period,
- is obliged to cooperate with PGH, ensuring free access to medical documents held by the safe person, doctors or medical entities treating the safe person.
- If the safe person before the entry into force of the Agreement is admitted to the Hospital, he/she is obliged to inform the security guard about the reason for admission and the date of discharge from the hospital.



How and when should contributions be paid?

- premiums are covered by the Policyholder



When does insurance cover start and end?

- the start of coverage takes place in accordance with the date agreed with the insurer and ends after 12 months, with the possibility of extending the contract for another period



How to terminate the contract?

- the insurance contract may be terminated with 1 month's notice