



HEALTH INSURANCE

Document containing information about insurance product

Insurance company: Vzajemna zdravstvena zavarovalnica d.d., Slovenia

Product: Collective health insurance policy - specialist medical services and/surgical

The purpose of this document is to provide a summary of information about a specific insurance product, whereby it is not tailored to your individual needs and requirements. Complete preliminary and contractual information about the insurance product are available in other documents (in the insurance terms and conditions, insurance policy, offer or other documents that you receive prior to or upon the conclusion of insurance). Please thoroughly read all the documentation so that you are fully informed about the insurance.

WHICH TYPE OF INSURANCE IS THIS?

This is collective health insurance that allows quick access and coverage of medical services outside the scope of the public healthcare network (e.g. specialist outpatient services, simple and complex diagnostic examinations, second specialist opinion, surgical procedures, etc.). This insurance also includes free assistance of the insurance company for easier access to services.



WHAT IS THE SUBJECT OF INSURANCE?

✓ **Assistance services such as:**

- ✓ Information
- ✓ Verification and acknowledgement of a claim
- ✓ Assistance during the use of medical services
- ✓ Chat or video consult with a doctor

The collective health insurance policy may consist of the following insurances:

- ✓ **Insurance for specialist medical services** which, in the event of an illness and/or accident, allows quick access and coverage of medical services outside the scope of the public healthcare network, such as:
 - ✓ Medical services on the primary level
 - ✓ Specialist outpatient services (specialist examination, pertaining basic examinations and measurements and simple outpatient procedures)
 - ✓ Complex diagnostic examinations
 - ✓ Second specialist opinion
 - ✓ Rehabilitation
 - ✓ Dental accident
 - ✓ Medications
 - ✓ Specialist outpatient surgical procedures
 - ✓ Prevention.

The scope of coverages depends on the selected package or additional coverages and is limited by the amount of the annual sum insured, or as determined by the general terms and conditions.

- ✓ **Insurance for surgical procedures due to the consequences of illness and accident** which allows quick access and coverage of medical services outside the scope of the public healthcare network. Insurance coverage includes the costs of an individual surgical procedure, namely up to the amount of the agreed sum insured.

The insurance for surgical procedures due to the consequences of illness and accident includes Package Plus, which entails assistance in the organization of a surgical procedure abroad and the payment of the sum insured, which may cover the costs of the services accompanying the surgical procedure abroad (e.g. costs of transportation, accommodation, medications, etc.).

- ✓ **Second opinion** which ensures the acquisition of another medical opinion in the event of a medically established need for a surgical procedure or the occurrence of a serious illness (malignant cancer, heart attack and stroke) in accordance with the terms and conditions.

- ! The medical service is organized by the insurance company with the contractual contractor, unless agreed otherwise beforehand.



WHAT IS NOT THE SUBJECT OF INSURANCE?

The insurance does not cover the cost of treatment:

- * For chronic illnesses that occurred or that were diagnosed before the insurance came into effect or during the waiting period
- * In intense and urgent activities, ANY preventive examinations, unless agreed otherwise
- * Obesity, androgenic baldness, sleep disorders and snoring and erectile dysfunction
- * ANY sexually transmitted diseases, HIV infections
- * Refractive eye disorders (treatment of short-sightedness, far-sightedness, astigmatism) unless they are the result of an accident
- * Hearing difficulties related to hearing impairment, except for those that are the result of an inflammation or accident
- * Visual acuity due to old age - presbyopia, hypertensive and diabetic retinopathy, cataracts due to old age
- * Related to any pre-existing changes in the digestive tract
- * Medical services to be performed on the already surgically treated or damaged parts of the locomotor system (such as (partially) removed meniscus, reconstruction of cross bridge or procedure done on cartilage, prior procedures on rotator cuff, prior surgery on the backbone (discus hernia, stenosis), prior surgery on hips, prior procedures on carpal tunnels, etc.)
- * ANY type of dental services (including maxillofacial and oral surgery) and arthroscopy, unless it is agreed with this contract
- * Congenital anomalies and changes resulting therefrom
- * Removal of non-suspect skin growth or changes such as birthmarks, warts, keratosis, atheroma, telangiectasia, etc.
- * Cancerous diseases
- * Medical services due to aesthetic reasons or gender change
- * With stem cells, blood products, hyaluronic acid, etc.
- * Kidney failure, including dialysis
- * Any health effects resulting from the effects of alcohol, drugs, medications or psychoactive substances and treatment of all types of addictions
- * Effects of osteoporosis, except for the first insured event based hereupon
- * Geriatric conditions or degenerative neurological conditions (all types of dementia).
- * Other exclusions are stated in the general terms and conditions.



IS INSURANCE COVERAGE LIMITED?

- ! The agreed medical services may be claimed three (3) months after the commencement of insurance, which is deemed the waiting period, unless the contract stipulates otherwise. The stated waiting periods apply to newly acquired illnesses and conditions. If the required medical services are necessary due to injuries resulting from an accident that occurred after the commencement of insurance, the waiting period does not apply.
- ! With respect to all existing illnesses and medical conditions that occurred before the commencement of insurance, or illnesses and conditions that occurred during the three-month waiting period upon conclusion, a 24-month waiting period shall apply which commences from the date when insurance commenced.
- ! With respect to illnesses and conditions stated in the previous paragraph, insurance must be in effect at least 24 months, whereby you have not been treated during this period for said illnesses and conditions in order to be able to claim insurance rights for such conditions. If you are treated during this period, the waiting period for existing conditions shall start from the completion of said treatment.
- ! Other limitations are stated in the general terms and conditions.
- ! When a newly-acquired illness, condition or injury becomes recurring, or when a newly-acquired illness or condition is diagnosed as chronic, we, as a rule, no longer have an obligation of covering specialist medical services related to this illness, condition or injury.



WHERE DOES THE INSURANCE APPLY?

- ✓ The insurance covers the costs of medical services performed in the Republic of Slovenia and abroad.



WHAT ARE MY OBLIGATIONS?

- You must notify our assistance centre at telephone number 080 20 60 before claiming medical services.
- You must state complete and true information.
- You must notify us about a change of your personal data and other circumstances that are relevant for this insurance.
- You must pay the premium regularly.



WHEN AND IN WHAT MANNER CAN I PAY?

You may choose between annual, semi-annual, quarterly and monthly premium payment. The premium is paid in advance, namely, until and including the last days of the month before the start of the period for which the premium is paid. The first premium shall fall due upon the conclusion of the insurance contract.



WHEN DOES INSURANCE COMMENCE AND WHEN IS IT TERMINATED?

The date of the commencement of insurance is stated on the insurance policy. Insurance is concluded for a period of one year and is prolonged upon the expiration of the insurance period for an equal period, whereby the prolongation is tacit. The insurer may revoke the prolongation with a written notice that must be submitted to the insurance company at least sixty (60) days before the expiration of the current insurance year. In such instance, the contract is terminated with the expiration of the current insurance year.

Insurance is prolonged and may last no longer than until the end of the insurance year in which the insured person reaches 75 years of age.

If you are included in insurance during the period of an insurance contract, insurance commences at 00.00 hours of the first day in the month following the acceptance into collective insurance. Insurance shall cease to have effect with the date of termination of employment with the insurer or the date of insurance termination. Insurance for surgical procedures shall cease to have effect when the total sum insured in the amount of EUR 120,000 is paid based on all insurance claims.



HOW MAY I TERMINATE THE CONTRACT?

The insurer may revoke the prolongation of the contract with a written notice that must be submitted to the insurance company at least sixty (60) days before the expiration of the current insurance year. In such instance, the contract ceases to have effect with the expiration of the current insurance year.

The insured person may withdraw from the collective agreement at any time during insurance, without a notice period. If any employee withdraws from insurance, insurance shall also be terminated for eventual family members included in the insurance.