Comprehensive health insurance of foreign nationals

Insurance Product Information Document

Company: Hasičská vzájemná pojišťovna, a.s., Czech Republic

Product: Comprehensive health insurance of foreign nationals

Complete pre-contractual and contractual information about the product is provided in other documents, in particular in the insurance policy and in the terms and conditions of insurance.

What is this type of insurance?

Private health insurance which may be arranged for a single person. The Insured is covered for the case of illness or injury. The insurance is intended for foreign state citizens.

What is insured?

- ✓ The insurance covers the costs of health care as leading a patient to preserve his/her medical condition from the time before the conclusion of the insurance policy. These costs are:
- ✓ the costs of comprehensive health care in the Czech Republic to an extent which is similar to that which Czech citizens have from public health insurance, but with arranged exclusions and arranged indemnity limits,
- ✓ the costs of transporting the Insured,
- ✓ the costs of repatriation or of the transportation of bodily remains to the state whose travel document the Insured holds, or to another state in which he/she had permission to reside,
- ✓ the costs of dental care,
- ✓ the costs of medications prescribed to outpatients,
- ✓ the costs of necessary and urgent health care within the Schengen Area,
- ✓ assistance services.
- ✓ It may be arranged in the insurance policy that the territorial scope of the insurance is the Czech Republic + transit country or the Czech Republic + transit country + Schengen Area.
- ✓ It may be arranged in the insurance policy that the scope of the insurance is Standard, Mother and Child, or Professional Sport.
- ✓ The insurance policy stipulates the scope of the insurance, including the indemnity limits.

What is not insured?

- × Events (illness or injury) the cause or symptoms of which occurred before the conclusion of the insurance, even if these are manifested during the period of duration of the insurance.
- × Intentional travel to the Czech Republic for the purpose of receiving health care (so-called health tourism).
- × If the event occurs at a time when the Insured is a participant in the public health insurance of the Czech Republic.
- × The Insured requires tests, examinations, and other medical procedures, including laboratory tests, over and above the extent of the insurance arranged (for example, abortion, infertility treatment, contraception).
- × The Insured has undergone a cosmetic or aesthetic procedure, with the exception of such a procedure on medical grounds.
- × The Insured has undergone physiotherapeutic care, with the exception of care to eliminate immediate medical complications.
- × The Insured has drawn postpartum care of the newborn of the Insured mother, unless Mother and Child has been arranged as the scope of the insurance.
- × If the event occurs during the pursuit of professional sporting activity or in preparation for it, unless Sport insurance has been arranged.

Other limitations of insurance coverage are specified in the terms and conditions of insurance in the section Perils excluded from insurance, perils excluded from comprehensive insurance, perils excluded from insurance of medical expenses in the Schengen area, and in the section Limitations of Indemnity.

Are there any restrictions on cover?

- ! The indemnity limit for the costs of comprehensive health care is CZK 10,000,000 (€ 400,000) for one insured event.
- ! The indemnity limit for dental care as part of comprehensive health care is CZK 25,000 a year.
- ! The indemnity limit for medications prescribed to outpatients as part of comprehensive health care is CZK 25,000 a year.

Other indemnity limits are specified in the insurance policy.

Where am I covered?

- ✓ The insurance is arranged with territorial validity in the Czech Republic and a country of transit.
- ✓ It may be arranged in the insurance policy that the territorial coverage is extended to states of the Schengen Area outside of the Czech Republic.

What are my obligations?

You are under obligation to provide truthful and complete answers to the written questions asked by the Insurer in connection with arranging the insurance or amending the insurance policy.

If you have concluded an insurance policy with the Insurer, primarily the following obligations arise from the contract:

- to pay the Insurer a premium,
- in the event of a change to the data specified in the insurance policy, to notify the Insurer in writing without undue delay,
- to make all efforts to ensure that no insured events occur. If an insured event has already occurred, you are under obligation to take such measures to minimise the damage,
- to contact the assistance service in the case that an insured event occurs,
- to provide a truthful account of the occurrence and extent of the consequences of the event and to submit the documents which the Insurer requires,
- if required by the Insurer, the Insured is under obligation to undergo an examination at the Insurer's expense at a healthcare facility determined by the Insurer to the extent necessary to ensure the exercise of the Insurer's rights and fulfilment of the Insurer's obligations under the insurance policy,
- other obligations are specified in the law, the insurance policy, and the terms and conditions of insurance in the Obligations of the Insured and of the Policyholder section.

When and how do I pay?

The premium is paid on a one-off basis before the commencement of the insurance. The premium may be paid by credit transfer into a bank account, by postal order, or in cash to the Insurer or to a person authorised to collect the premium.

When does the cover start and end?

The insurance commences on the date specified in the insurance policy. The insurance is arranged for a fixed term and ends on the date specified in the insurance policy.

The insurance also ends for the reasons specified in the law, the insurance policy, and the terms and conditions of insurance.

How do I cancel the contract?

The insurance may be terminated by notice addressed to the Insurer, in particular as follows:

- with a period of notice of eight days within two months of the date of concluding the insurance policy,
- with a period of notice of one month within three months of the date of reporting the occurrence of an insured event.

Other reasons for the expiration of the insurance:

- on the date of death of the Insured,
- on the date of refusal to provide indemnity,
- with the cessation of existence of the insurable interest (for example, rejection of an application for the award of a visa, expiration of the validity of a visa),
- with notification by the Policyholder about the Insured having transferred to public health insurance, etc.

It is possible to withdraw from the insurance policy within the time limits and in the manner specified in the law. If the insurance policy has been concluded in the form of a distance trade, the Policyholder has the right to withdraw from the insurance policy without giving any reason within fourteen days of the date of its conclusion or of the date on which the terms and conditions of insurance are communicated to him/her, if such communication takes place at the Policyholder's request following the conclusion of the insurance policy.

If the insurance policy expires before the date of commencement of the insurance, the Insurer shall return to the Policyholder the premium paid less the costs associated with the conclusion of the insurance policy and its administration. These costs amount to 20% of the unused premium.

If the insurance policy expires following the commencement of the insurance, the Insurer shall return to the Policyholder the premium paid less the costs associated with the conclusion of the insurance policy and its administration. These costs amount to 20% of the unused premium.