SUPPLEMENTAL TERMS AND CONDITIONS OF INSURANCE
For insurance of necessary and urgent health care for foreign nationals

HASIČSKÁ VZÁJEMNÁ POJIŠŤOVNA, a.s.

ARTICLE 1
GENERAL PROVISIONS

1. Health insurance for foreign nationals for insurance of necessary and urgent health care is regulated by Act No. 89/2012 Sb, the Civil Code, as amended, by Act No. 326/1999 Sb. on the residence of foreign nationals in the Czech Republic and amending certain laws, as amended, by REGULATION (EC) No 810/2009 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL establishing a Community Code on Visas (Visa Code), by the relevant provisions of the General Terms and Conditions of Insurance, General part for loss insurance (hereinafter referred to as "VPPŠ"), by these Supplemental Terms and Conditions of Insurance for insurance of necessary and urgent health care for foreign nationals (hereinafter referred to as "DPPNNP", and by the provisions of the insurance contract.
2. These DPPNNP constitute an inseparable part of the insurance contract.
3. The insurance arranged according to these DPPNNP is loss insurance.
4. The insurance contract is written in the Czech language. If the terms and conditions of insurance, the insurance contract, or other documents which constitute binding contractual documentation are written in multiple language versions, the Czech version overrides these.
5. Health insurance for foreign nationals for necessary and urgent care (hereinafter referred to as "insurance of necessary and urgent care") is arranged for residence of up to 90 days.

ARTICLE 2
SUBJECT-MATTER AND SCOPE OF THE INSURANCE

1. The subject-matter of the insurance is the costs of necessary and urgent health care which arise during the period of duration of the insurance when such health care is provided to the Insured by a healthcare facility within the territory of the Czech Republic and in transit countries, or in countries of the Schengen Area, if such a scope of insurance has been arranged in the insurance contract.
2. Arranged scope of necessary and urgent health care:
   a. necessary care of medical emergency or rescue services and transport to the nearest medical facility necessary from a medical point of view,
   b. necessary and urgent diagnosis and treatment, including the necessary examinations,
   c. necessary and urgent treatment, including necessary medicines and medical materials;
   d. required hospitalisation of the Insured for the necessary time in a multi-bed room,
   e. from a medical perspective, necessary transport between two healthcare facilities,
   f. repatriation of the Insured, should his/her medical condition allow it. Repatriation is carried out with the consent of the attending doctor, after approval by the Insurer or assistance service, to the state whose travel document the Insured holds, or to the state in which the Insured has permission to reside. Repatriation takes place through a medical transport service organisation. In necessary and justified cases, it is also possible to cover the costs of a person accompanying the Insured,
   g. transportation of the bodily remains of the Insured. Transportation is carried out by a specialised organisation after prior approval by the Insurer or assistance service to the state whose travel document the Insured held, or to the state in which he/she had permission to reside,
   h. initial simple treatment of the Insured's teeth (including extraction) in order to eliminate acute pain or to treat the consequences of an accident. The indemnity limit is specified in the insurance contract,
   i. assistance services.

ARTICLE 3
INSURANCE CONTRACT

1. If the Insurer requires an initial examination, its costs shall be covered by the person interested in concluding an insurance contract.
2. After the conclusion of an insurance contract, the Insurer shall issue an Insurance Card to the Policyholder. The Policyholder is under obligation to give the Insurance Card to the Insured without undue delay.
3. The insurance contract is effective if the Insured's residence in the territory of the Czech Republic, or in the Schengen area, is in accordance with legal regulations.

ARTICLE 4
PLACE OF INSURANCE

1. The place of insurance for insurance of necessary and urgent care is the Czech Republic and a transit country. If arranged in the insurance contract, the Schengen Area is also the place of insurance.

ARTICLE 5
DURATION OF COVER, PREMIUM

1. The insurance contract is concluded for an indefinite term. The duration of cover is specified in the insurance contract.
2. The premium is a single premium.
3. The Insurer determines the size of the premium. It is determined with regard to the medical condition of the Insured The size of the premium is also influenced by the scope of insurance coverage, the size of the indemnity limit, and the period of duration of the insurance.
4. The Insurer is due the premium for the duration of the insurance. If the insurance expires as a result of an insured event, the Insurer is due the premium in full.
5. If no insurance is actually arranged, the Insurer shall return to the Policyholder the premium paid less the costs associated with the conclusion of an insurance contract and the administration thereof, which amount to 20% of the unused premium.
6. If the insurance is terminated during the duration of cover, the Insurer shall return to the Policyholder a proportionate part of the premium less the costs associated with the conclusion of the insurance policy and the administration thereof, which amounts to 20 % of the unused premium.

ARTICLE 6
ESTABLISHMENT AND EXPIRATION OF THE INSURANCE

1. The insurance is established on the day following the conclusion of the insurance contract, unless otherwise agreed in the contract
2. The insurance shall primarily expire:
   a. with the passing of duration of cover, at midnight on the date arranged as the date of expiration of the insurance,
   b. with the death of the Insured,
   c. on the date of entry into force of a decision to terminate the Insured's residence permit in the Czech Republic or to reject the Insured's application for a residence permit in the Czech Republic,
   d. on the date on which the Insured becomes a participant in public health insurance pursuant to Act No. 48/1997 Sb. on public health insurance and on amendments and supplements to certain related acts, as amended, but not before the Insurer has demonstrably learned of this.
3. The insurance contract may in exceptional cases be terminated with the agreement of both parties under the agreed conditions.

ARTICLE 7
INSURED EVENT

1. An insured event is an illness, injury, or other change in the medical condition of the Insured that requires treatment in a medical facility during the period of duration of the insurance within the arranged place of insurance.
2. In the case of an insured event, the Insured is under obligation to contact the assistance service and follow its instructions, and the instructions of the Insurer.
3. The Insurer shall cover only the reasonable, necessary, demonstrable, and purposefully-expended costs of the healthcare facility, as well as the costs of necessary repatriation.
4. Unless provided otherwise in the insurance contract, the pregnancy and childbirth of the Insured are not insured events.
5. Events arising from a single cause and comprising all facts and situations and their consequences, between which there is a causal, temporal, or other link, are deemed to constitute a single insured event.

ARTICLE 8
EXCLUSIONS FROM INSURANCE

1. The insurance does not establish the right to indemnity if:
   a. the event (illness, injury) occurred before the commencement of the insurance or complications occurred in relation to this event,
   b. care is provided as a result of an illness or injury for which the Insured was already treated before the commencement of the insurance,
   c. the cause of the event was a situation (e.g. illness, bodily defect, etc.) that the Policyholder or the Insured deliberately concealed from the Insurer when concluding the insurance contract,
   d. the event occurred in relation to the Insured in connection with an act for which the Insured was found guilty of a crime, or criminal prosecution relating to such crime was conditionally suspended, or a plea bargain was concluded,
   e. the event occurred as a result of medical procedures or interventions that the Insured inexpertly performed on himself/herself (e.g., illness as a result of using medicines or other means without a prescription) or had them inexpertly performed,
   f. the Insured refused repatriation, did not undergo the prescribed and recommended medical care, or did not comply with the treatment regimen recommended by the doctor,
   g. the event occurred in consequence of the participation of the Insured in a medical experiment,
   h. in the case of intentional use of health care (so-called health tourism),
   i. in the case of reimbursement for medicines and medical devices not prescribed by a doctor (freely purchased without a doctor's prescription),
   j. health care is not urgent and can be provided only after returning to the mother country,
   k. the event occurred as a result of an activity that the Insured undertakes without authorisation,
   l. the event occurred as a result of an accident that occurred during active professional sporting activity and in preparation for such activity,
   m. the event occurred as a result of an injury that occurred during high-risk sporting activity or during preparation for such activity and during sporting or entertainment activities associated with a high risk – in particular, when diving with or without the need for breathing apparatus (save recreational diving to a depth of 3 m), mountaineering, including alpine tourism at over 3,000 m above sea level, any motor sports, extreme and adrenaline sports (e.g., bungee jumping, BASE jumping, riding on speedboats), when engaging in full-contact sports (boxing and similar types),
   n. teeth were treated, save treatment of the consequences of an accident and the necessary simple treatment to eliminate sudden pain,
   o. the Insured has undergone preventive examination, vaccination, check-up medical examination, physiotherapeutic treatment, treatment and a stay in spa facilities, specialised treatment institutes, and facilities of subsequent inpatient nursing care, acupuncture, homeopathic treatment, cosmetic procedure,
   p. the Insured has undergone organ transplant, haemophilia treatment, interferon treatment, insulin therapy outside the provision of first aid, chronic haemodialysis,
   q. in the case of replacements for glasses, contact lenses, hearing aids, and for the manufacture and repair of orthopaedic prostheses,
   r. the event occurs during the performance of professional sporting activity or in preparation for it,
   s. there is a search and rescue operation and transportation, if at the same time no insured event occurred in relation to the health of the Insured,
   t. in the case of intentional or unintentional self-harm of the Insured, or an event that was caused to the Insured by another person at the initiative of the Insured or an authorised person,
   u. in the case of the costs of regulatory fees and surcharges, costs associated with contacting the Insurer or assistance service,
   v. in the case of health care that is not covered by public health insurance in the Czech Republic,
   w. the cause of the event was the testing of means of transport or the performance of stunt activities.
2. The insurance does not cover events if they result directly or indirectly from the following causes:
   a. the pregnancy of the Insured (including complications),

childbirth, including premature birth, puerperium, contraception, abortion, or artificial insemination,

b. venereal diseases (including complications),

c. hepatitis C, AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex), and their consequences, and testing for HIV,

d. mental disorder (including its examination), psychological examinations and psychotherapy, addiction treatment, including examinations and complications, if not related to another sudden illness or injury.

3. Other exclusions from insurance may be arranged in the insurance contract.

ARTICLE 9
RIGHTS AND OBLIGATIONS OF THE POLICYHOLDER, THE INSURED, AND BENEFICIARIES

1. In addition to the obligations set out by law and in VPPŠ, the right to indemnity is conditional on the person who has the right to indemnity and claims it being obliged to immediately report to the Insurer that an insured event has occurred and ask the Insurer in writing for the payment of indemnity. An insured event must be reported through the assistance service, which at the same time carries out confirmation of insurance coverage in relation to a healthcare facility.
2. All documents must be provided in the name of the Insured and must bear the date of issue and the signature of the issuer.
3. The Insured is under obligation to follow the instructions and recommendations of the Insurer or the assistance service and healthcare staff. He/she is also under obligation to undergo the necessary medical examination or treatment in a designated healthcare facility within the territory of the Czech Republic or the territory of the Schengen Area, if such territorial validity has been arranged.
4. The Insured (or an authorised person) is under obligation to contact the assistance service immediately or as soon as his/her medical condition allows it - in particular, in the case of outpatient treatment - as well as in cases of hospitalisation, repatriation.
5. The Insured is under obligation to undergo a check-up examination by a doctor in the event that the Insurer requires one.
6. Should the Insurer have doubts, the Insured or the beneficiary is under obligation to prove to the Insurer that the event occurred.
7. If the insured event is investigated by the police or another national governmental authority, the beneficiary is under obligation to provide the Insurer with a police record or with confirmation of the investigation of the event. In the event of the death of the insured, the beneficiary is under obligation to enclose the death certificate and a certificate of the post-mortem examination of the deceased with the claim.

ARTICLE 10
THE OBLIGATIONS OF THE INSURER

1. In addition to the obligations laid down by law and in VPPŠ, the Insurer is under obligation to provide an information service to healthcare facilities and the insured. The information service is provided by the assistance service, which verifies the validity and effectiveness of the insurance contract and searches for a healthcare facility for the Insured

ARTICLE 11
INDEMNITY LIMIT

1. The indemnity limit is the upper limit of the indemnity arranged in the insurance contract.
2. The insurance contract states the limit of indemnity for each insured event that occurs during the insurance period, the limit for the treatment of the Insured's teeth, and the limit for medication and medical devices prescribed by a doctor for the Insured as an outpatient.

ARTICLE 12
INDEMNIFICATION AND ITS AMOUNT

1. The Insurer is under obligation to pay indemnity for insured events that occur from the commencement of the insurance to the moment of its termination, to a maximum amount of the arranged indemnity limit.
2. Indemnity consists of the costs of necessary and urgent health care that must be provided to the Insured in a healthcare facility in the Czech Republic or in a transit country or in a Schengen Area state, if such scope of insurance has been arranged in the insurance contract, as well as the costs of necessary repatriation from the Czech Republic or a country of transit, or the Schengen Area.
3. Costs are paid to the healthcare facility that provided the healthcare on the basis of an invoice issued and in accordance with the valid regulations. Necessary and urgent health care is covered to the extent of the reasonable costs of such health care in the Czech Republic.
4. If the Insured has paid the provider for the care provided himself/herself, the Insurer shall reimburse the costs of necessary and urgent care to the beneficiary in the amount of the reasonable costs of such health care in the Czech Republic upon presentation of a medical report and confirmation of payment for the health care provided.
5. The Insurer shall provide indemnity for a prescription for prescribed outpatient medication or a referral for medical devices (*poukaz na zdravotnické prostředky*). The maximum amount of indemnity is the amount of reimbursement from public health insurance in the Czech Republic, which is listed in the currently-valid list of medicinal products reimbursed and partially reimbursed by health insurance, which is published at www.sukl.cz.
6. In the event of an insured event when the uninterrupted hospitalisation of the Insured exceeds the period of insurance:
   a. If the medical condition of the Insured allows repatriation, repatriation may be carried out after receiving the consent of the attending doctor.
   b. If the medical condition of the Insured does not allow repatriation, the Insured shall be treated in a healthcare facility designated by the Insurer until repatriation can be carried out.
4. Indemnity is paid in Czech koruna. For the conversion of foreign currency, an exchange rate shall be used according to the central rate of the relevant currency announced by the Czech National Bank on the date of the injury or treatment of the symptoms of the illness.

ARTICLE 13
LIMITATION OF INDEMNITY

1. In addition to the reasons set out in legal regulations and in VPPŠ, the Insurer may reduce indemnity by up to one half if the Policyholder or the Insured has knowingly violated VPPŠ or these DPPNNP and such violation has significantly impacted on amplifying the extent of the consequences of the insured event (e.g., failure to seek a doctor in time, false reporting of the insured event, etc.).

ARTICLE 14
ASSISTANCE SERVICES

1. The assistance service is a service provided to the Insured in connection with the arranged insurance and is provided by the Insurer's contractual partner.
2. The assistance service has the right to act on behalf of the Insurer in the event of any loss events or insured events and to recommend or find a suitable healthcare facility.
3. Assistance services are provided to the following extent 24 hours a day, 7 days a week:
   a. finding a health service provider,
   b. recommending procedure,
   c. monitoring medical condition during hospitalisation,
   d. guaranteeing payment to the health service provider,
   e. if necessary, ensuring the repatriation of the client,
   f. ensuring the transport of the bodily remains of the Insured in the event of death.

ARTICLE 15
INTERPRETATION OF TERMS

1. The following words and expressions shall have the meaning assigned to them in this article in the insurance contract and in these DPPNNP, unless the context indicates otherwise:
   a. The **assistance service** is a contractual partner of the insurer which provides assistance to the Insured and to healthcare facilities in handling an insured event. The contact details of the assistance service are provided in the insurance contract and on the Insurance Card.
   b. **Sudden illness** is a sudden and unforeseen physical health disorder in the Insured, as identified and classified according to the generally-recognised state of medical science and listed in the International Statistical Classification of Diseases and Related Health Problems, which occurs during the duration of cover and which requires the provision of necessary and urgent health care.
   c. **Necessary and urgent health care** is health care that is provided to the Insured if an accident or sudden illness occurs. If not provided, the Insured's medical condition could deteriorate, their health could be harmed, or their life could be endangered.
   d. A **beneficiary** is a person for whom the right to indemnity is established in consequence of an insured event.
   e. A **professional athlete** is a person for whom the majority of his/her total income in a calendar year comes from the pursuit of sporting activities and, at the same time, for whom the pursuit of sporting activities is an activity on which he/she spends a significant amount of time. The pursuit of sporting activities is an activity undertaken by the Insured in a labour relationship (employment) or as a self-employed or other similar activity for the purpose of earning a living or obtaining funds, in the form of races or competitions, and preparation for them.
   f. An **Insurance Card** is a document issued to the Insured by the Insurer when an insurance contract has been concluded
   g. **Repatriation** is the transfer of the Insured or his/her bodily remains to the state whose travel document he/she holds, or to another state in which he/she had permission to reside.
   h. The **Schengen Area** is the territory of states that are signatories to the Schengen Treaty (outside the Czech Republic).
   i. A **transit country** is a country in the territory of which the Insured is present only for the period that is strictly necessary for the fastest and shortest transport of the Insured from the country in which the Insured is permitted to reside to the Czech Republic and back.
   j. An **accident** is an unexpected and sudden action of external forces or one's own physical force independent of the will of the Insured which occurs during the period of duration of the insurance and which causes harm to health or the death of the Insured
   k. A **healthcare facility** is a provider of healthcare services; i.e., a natural or legal person that is authorised to provide healthcare services under Act No. 372/2011 Sb. on health services and conditions for their provision, as amended (or authorised to provide healthcare services in a given Member State of the Schengen Area).

ARTICLE 16
FINAL PROVISIONS

1. The Contracting Parties may regulate their reciprocal rights and obligations in a different way by written agreement.
2. Contrary to Article 20 VPPŠ, it is arranged that the Insurer will not charge the policyholder fees for extraordinary procedures that are performed at the request of the policyholder. The Insurer's Price List of Fees does not apply to the insurance agreed under these DPPNNP
3. Interpretation of the provisions of the insurance contract, and all legal relations arising from the insurance contract, VPPŠ and these DPPNNP, shall be governed by the law of the Czech Republic.
4. These DPPNNP enter into effect on 1. 11. 2025 and constitute part of those insurance contracts that explicitly refer to them and to which they are appended.