SUPPLEMENTAL TERMS AND CONDITIONS OF INSURANCE

For comprehensive health insurance of foreign nationals

HASIČSKÁ VZÁJEMNÁ POJIŠŤOVNA, a.s.

ARTICLE 1
GENERAL PROVISIONS

1. Comprehensive health insurance for foreign nationals 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 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 comprehensive health insurance for foreign nationals (hereinafter referred to as "DPPKZP", and by the provisions of the insurance policy.
2. These DPPKZP constitute an inseparable part of the insurance policy.
3. The insurance arranged according to these DPPKZP is loss insurance.
4. The insurance policy is written in the Czech language. If the terms and conditions of insurance, the insurance policy, or other documents which constitute binding contractual documentation are written in multiple language version, the Czech version overrides them.
5. Comprehensive health insurance for foreign nationals (hereinafter referred to as "comprehensive insurance") is arranged for residence of longer than 90 days.

ARTICLE 2
SUBJECT-MATTER AND SCOPE OF COMPREHENSIVE INSURANCE

1. The subject-matter of the insurance is the reasonable and necessary costs of comprehensive health care provided to the Insured by a healthcare facility in the Czech Republic.
2. The subject-matter of the insurance is the costs of health care as leading to preservation of the Insured's medical condition from the time before the conclusion of the insurance policy in accordance with the Act on the Residence of Foreign Nationals in the Czech Republic.
3. The insurance also covers the costs of health care provided in connection with the pregnancy of the Insured, and childbirth.
4. If the event occurs in a transit country, only necessary and urgent health care is covered.
5. Arranged scope of comprehensive health care:
   a. health care to an extent similar to the extent of care specified in the list of health services covered for public health insurance policyholders. Exclusions are applied to health care pursuant to Article 9 and 10. Health care is provided by health service providers, which the assistance service finds and intermediates for the Insured. If there is a sudden deterioration in medical condition, the Insurer will also provide indemnity for health care provided by a health service provider that was not found by the assistance service. Only the necessary and reasonable costs demonstrably expended on healthcare services are covered for such treatment. If it is possible to transfer the Insured, he/she is transferred to the facility of a health service provider found by the assistance service,
   b. 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,
   c. 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,
   d. treatment of physical harm that occurred during the pursuit of professional sporting activities, if Sport has been arranged as the scope of the insurance,
   e. postpartum care of the newborn of an Insured mother, if Mother and Child has been arranged as the scope of the insurance,
   f. treatment of the Insured's teeth in order to eliminate acute pain or to treat the consequences of an accident. The indemnity limit is specified in the insurance policy,
   g. medicines and medical devices prescribed by a doctor to the Insured on an outpatient basis. The indemnity limit is specified in the insurance policy,
   h. necessary post-traumatic rehabilitation care prescribed by the attending doctor,
   i. assistance services.
6. The insurance also covers preventive care according to Decree No. 70/2012 Sb. on preventive examinations, as amended.
7. The policyholder selects the scope of insurance in the insurance policy:
   a. Standard – this is the insurance of the comprehensive health services that are provided to the Insured, save the broadening of insurance coverage for Mother and Child and Sport variations of the insurance.
   b. Mother and Child – the Insurer will also provide indemnity in the case of postpartum care for the newborn of the Insured mother who is born during the period of duration of the insurance policy. The indemnity limit is specified in the insurance policy.
   c. Sport – the insurer will provide indemnity even if the Insured is a professional athlete or is preparing for such activity and the insured event arises in the course of professional sporting activity.
8. The Insurer has the right not to conclude an insurance policy with, in particular, persons with severe nervous disorders, persons with mental illnesses and persons suffering from palsy, drug and/or alcohol addiction or addiction to medication, cirrhosis of the liver, cancer, malignant tumour (carcinoma), TB, kidney dialysis, HIV infection, and/or AIDS. The insurer reserves the right to refuse to conclude an insurance policy with such persons.

ARTICLE 3
SUBJECT MATTER AND SCOPE OF INSURANCE OF MEDICAL EXPENSES IN THE SCHENGEN AREA

1. The insurance also covers the costs of necessary and urgent health care in the territory of the states of the Schengen Area

outside the Czech Republic, if arranged as such in the contract. The insurance only covers stays that are not longer than 30 days. The insurance covers recreational trips and stays while pursuing ordinary recreational and leisure sports.

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 a healthcare facility determined by the Insurer in the state whose travel document the Insured holds, or in the state in which the Insured had 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 a different 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 policy,
   i. assistance services.

ARTICLE 4
INSURANCE POLICY

1. If the Insurer requires an initial examination, its costs shall be covered by the person interested in concluding an insurance policy.
2. After the conclusion of an insurance policy, 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 policy 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 5
PLACE OF INSURANCE

1. The place of insurance for comprehensive insurance is the Czech Republic and a transit country. If arranged in the insurance policy, the Schengen Area is also the place of insurance.

ARTICLE 6
DURATION OF COVER, PREMIUM

1. The insurance policy is concluded for an indefinite term. The duration of cover is specified in the insurance policy.
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 and age 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 policy 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 7
ESTABLISHMENT AND EXPIRATION OF THE INSURANCE

1. The insurance is established on the day following the conclusion of the insurance policy, unless otherwise agreed in the contract.
2. The insurance shall primarily expire:
   a. with the passing of the 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 expiration of the Insured's residence within the territory of the Czech Republic or on the date of entry into force of a decision on expulsion or deportation,
   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 policy may in exceptional cases be terminated with the agreement of both parties under the agreed conditions.
4. The insurance contract stipulates a waiting period of 3 months from the policy inception of insurance for the payment of health care in connection with pregnancy and 8 months in connection with childbirth. The waiting period does not apply if the insurance contract has been arranged to cover "Mother and Child". The waiting period is the time during which the Insurer is not obliged to provide indemnity for events that would otherwise be insured events.

ARTICLE 8
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 event of an insured event, the Insured is under obligation to contact the assistance service and follow its instructions, and the instructions of the Insurer. Notification must be provided without undue delay. A contact to the assistance service is provided on the Insurance Card.
3. Should the medical condition of the Insured allow, the provision of health care is primarily provided by a healthcare facility which the assistance service finds and intermediates for the Insured. In other cases, health care is provided to the Insured by another healthcare facility having the appropriate expertise.
4. 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 9
EXCLUSIONS FROM INSURANCE

1. The insurance does not establish a 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. 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 policy,
   c. 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,
   d. 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,
   e. 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,
   f. the event occurred in consequence of the participation of the Insured in a medical experiment,
   g. in the case of intentional use of health care (so-called health tourism),
   a. in the case of reimbursement for medicines and medical devices not prescribed by a doctor (freely purchased without a doctor's prescription),
   h. the event occurred as a result of consumption of alcohol or drugs by the Insured, or the Insured was under the influence of narcotic or psychotropic substances.

ARTICLE 10
EXCLUSIONS FROM COMPREHENSIVE INSURANCE

1. Comprehensive insurance does not establish the right to indemnity if:
   a. the event occurs at a time when the Insured is a participant in the public health insurance of the Czech Republic,
   b. the Insured requires tests, examinations, and other medical procedures, including laboratory tests, over and above the scope defined in Article 2 DPPKZP (e.g., abortion, infertility treatment, contraception),
   c. the Insured has undergone a cosmetic or aesthetic procedure, with the exception of such a procedure on medical grounds,
   d. the Insured draws physiotherapeutic care, with the exception of care to eliminate immediate medical complications,
   e. the Insured mother draws postpartum care of the newborn, unless Mother and Child has been arranged as the scope of the insurance,
   f. the event occurs during the pursuit of professional sporting activity or in preparation for it, unless Sport has been arranged as the scope of the insurance.
2. The exclusions from insurance specified in VPPŠ and in these DPPKZP do not apply in the event of an accident that occurs due to intentional acts, culpability, or joint culpability of the insured or as a result of the consumption of alcohol, narcotic drugs, or psychotropic substances by the Insured.
3. Other exclusions from insurance may be arranged in the insurance policy.

ARTICLE 11
EXCLUSIONS FROM THE INSURANCE OF MEDICAL EXPENSES IN THE SCHENGEN AREA

1. The insurance of medical expenses in the Schengen Area does not establish the right to indemnity if:
   a. health care is not urgent and can be provided only after returning to the mother country,
   b. the event occurred as a result of an activity that the Insured undertakes without authorisation,
   c. the event occurred as a result of an accident 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), save team sports (for example, football),
   d. teeth were treated, save treatment of the consequences of an injury and the necessary simple treatment to eliminate sudden pain,
   e. the Insured has undergone preventive examination, vaccination, check-up medical examination, physiotherapeutic treatment, treatment and a stay in specialised treatment institutes, spa facilities, and facilities of subsequent inpatient nursing care, acupuncture, homeopathic treatment, cosmetic procedure,
   f. the Insured has undergone organ transplant, haemophilia treatment, interferon treatment, insulin therapy outside the provision of first aid, chronic haemodialysis,
   g. in the case of replacements for glasses, contact lenses, hearing aids, and for the manufacture and repair of orthopaedic prostheses,
   h. the event occurs during the pursuit of professional sporting activity or in preparation for it, unless Sport insurance has been arranged within comprehensive insurance,
   i. 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,
   j. 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,
   k. in the case of the costs of regulatory fees and surcharges, costs associated with contacting the Insurer or assistance service,
   l. in the case of health care that is not covered by public health insurance in the Czech Republic,
   m. the cause of the event was the testing of means of transport or the performance of stunt activities,
   n. the event occurred in connection with the performance of gainful activity or searching for such activity.
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 relating to another sudden illness or injury.

ARTICLE 12
RIGHTS AND OBLIGATIONS OF THE POLICYHOLDER, THE INSURED, AND BENEFICIARIES

1. It is the obligation of the Insured to do everything possible to prevent the occurrence of an insured event. Should an event occur, it is the obligation of the Insured to prevent any further deterioration of medical condition.
2. 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 may also be reported through the assistance service, which at the same time carries out confirmation of insurance coverage for a healthcare facility.
3. All documents must be provided in the name of the Insured and must bear the date of issue and the signature of the issuer.
4. 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 healthcare facility determined by the Insurer within the territory of the Czech Republic or the territory of the Schengen Area, if such territorial validity has been arranged.
5. 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.
6. The Insured is obliged to undergo a check-up examination by a doctor in the event that the Insurer requires one.
7. Should the Insurer have doubts, the Insured or the beneficiary is under obligation to prove to the Insurer that the event occurred.
8. 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.
9. The Insured is also under obligation to exempt a third party (healthcare facility) from confidentiality with regard to facts associated with the event, and to do so at the request of the Insurer.
10. 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. If the Insured or the Policyholder does not provide the Insurer with the appropriate authorisation or refuses to undergo the specified examination, the Insurer is not under obligation to provide indemnity until it receives such authorisation or until the Insured undergoes the examination.

ARTICLE 13
THE RIGHTS AND OBLIGATIONS OF THE INSURER

1. The Insurer is authorised to request information about the medical condition and to ascertain the medical condition or cause of death of the Insured and, on the basis of the Insured's authorisation, to ascertain and review the medical condition of the Insured in connection with the exercise of the rights and fulfilment of the obligations of the Insurer under the insurance policy (in particular, when arranging the insurance, when revising the insurance policy and when dealing with claims); i.e., to make inquiries about medical condition with the relevant healthcare facilities, to ask such healthcare facilities to provide reports, to take excerpts from or copies of his/her medical records or other records relating to his/her medical condition, or to procure or borrow such excerpts and copies, even following the Insured's death.
2. The Insurer may also request information on facts relating to the Insured's insurance from other insurers.
3. By concluding an insurance policy, the Insured or the Policyholder gives consent to ascertaining and reviewing medical condition and other facts relating to the insurance.
4. Facts of which the Insurer learns in the course of ascertaining medical condition may be used only for its own use or for that of a reinsurer; otherwise, only with the consent of the Insured or in accordance with valid laws.
5. 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 policy and searches for a healthcare facility for the Insured

ARTICLE 14
INDEMNITY LIMIT

1. The indemnity limit is the upper limit of the indemnity arranged in the insurance policy, unless provided otherwise.
2. The insurance contract states the limit of indemnity of comprehensive insurance 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.
3. If the contract provides for insurance of medical expenses in the Schengen Area, it also states the limit of indemnity of this insurance 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 15
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 is provided for insured events that occur within the territory of the Czech Republic, to an extent and in an amount which corresponds to the costs of public health insurance in the Czech Republic, although to a maximum of the indemnity limit specified in the insurance policy.

   Indemnity for insured events that have arisen in a transit

country or in a Schengen Area state, if such scope of insurance has been arranged in the insurance policy, is paid in the amount of the costs of necessary and urgent health care, and the costs are also paid of necessary repatriation from a country of transit, or from the Schengen Area, to the state whose travel document the Insured holds, or to another state in which he/she has permission to reside.

3. The Insurer pays the costs according to Article 2 to the health service provider, the Insured, or the person who provably expended the costs either directly or through the assistance service. In the event of direct payment of costs by the Insured or another person, the Insurer shall reimburse the Insured or the person who expended for the reasonable, provably-expended costs of health care.
4. 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.
5. In the case of an insured event when the uninterrupted hospitalisation of the Insured exceeds the period of insurance, the Insurer shall decide as follows:
   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.
6. 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 16
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 DPPKZP 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).

ARTICLE 17
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 18
INTERPRETATION OF TERMS

1. The following words and expressions shall have the meaning assigned to them in this article in the insurance policy and in these DPPKZP, 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. A contact to the assistance service is provided on the Insurance Card.
   b. **Dispensary care** is care whose purpose it is to, actively and over the long-term, monitor the medical condition of a patient at risk of or suffering from a disease or the deterioration of medical condition when, according to the development of the illness, medical condition can be expected to change, but whose early detection can significantly affect the onward treatment and development of the illness.
   c. **Comprehensive health care** is care that is provided to the Insured in healthcare facilities without direct payment of the costs of treatment by the Insured. The aim is to preserve the medical condition of the Insured from the time before the conclusion of the insurance policy. Such care also includes preventive and dispensary care, health care relating to the pregnancy of the Insured mother and childbirth under the conditions and to the extent specified in the insurance policy and these DPPKZP
   d. **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.
   e. **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.
   f. A **beneficiary** is a person for whom the right to indemnity is established in consequence of an insured event.
   g. **Postpartum care** is health care provided to a newborn immediately following childbirth. The hospitalisation of the newborn is not interrupted. It is provided for a maximum period to the end of the 1st month of the child's life.
   h. An **Insurance Card** is a document issued to the Insured by the Insurer when an insurance policy has been concluded
   i. 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.
   j. **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 has permission to reside.
   k. The **Schengen Area** is the territory of states that are signatories to the Schengen Treaty (outside the Czech

Republic).

l. 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.

m. 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

n. 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 the conditions for their provision, as amended (or authorised to provide healthcare services in a given Member State of the Schengen Area).

ARTICLE 19

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 DPPKZP.
3. Interpretation of the provisions of the insurance policy, and all legal relations arising from the insurance policy, VPPŠ and these DPPKZP, shall be governed by the law of the Czech Republic.
4. These DPPKZP enter into effect on 1. 11. 2025 and constitute part of those insurance policies that explicitly refer to them and to which they are appended.