

Foreigners' Basic Medical Insurance

Insurance product information document



Company: Pojišťovna VZP, a.s., Czech Republic

Product: Foreigners' Basic Medical Insurance

The information contained in this document is intended to assist you in understanding the basic characteristics, and terms and conditions of the insurance. The complete pre-contractual and contractual information on the product is contained in other documents. These are primarily the insurance contract, and the insurance terms and conditions.

What type of insurance are we talking about?

Foreigners' Basic Medical Insurance is designed for the event of sudden illness or injury and is intended to cover short-term stays in the Czech Republic (up to 90 days).



What is the subject of the insurance?

Basic insurance:

- ✓ **Urgent and necessary medical care** in the case of the insured person's sudden illness or injury.
- ✓ **Repatriation** – transport of the sick person to the state whose passport the Insured Person holds or to another state in which the Insured Person has been permitted residence.
- ✓ **Transportation of the remains** to the state whose passport the Insured Person holds or to another state in which the Insured Person has been permitted residence.

- Limits: **CZK 1,800, 000** or **CZK 3,000, 000** per insured event, limits for:
 - dental treatment: CZK 5,000 / year or CZK 10,000/year
 - outpatient prescription medication: CZK 5,000 / year or CZK 10,000 / year

Types of insurance:

- Standard (for tourist and working trips)
- Hazardous sports (a list of which is contained in the insurance terms and conditions)

Territorial validity:

- Schengen Area and Transit States

Elective insurance:

- **Civil liability insurance**
 - Limits: CZK 2,000,000 or CZK 4,000,000 per insured event (twice the limit for all insured events for 1 year of insurance or for the insurance period in the case of an insurance contract with a shorter insurance period than 1 year)
 - Deductible: CZK 1,000
- **Accident insurance**
 - Sums insured for Accidental Death / Permanent Consequences of Accident:
 - CZK 100,000 / CZK 200,000
 - CZK 150,000 / CZK 300 000
 - CZK 200,000 / CZK 400,000

You will find the exact scope of the insurance you have arranged in the valid insurance contract.



What is not covered under the insurance?

- ✗ **The costs of providing medical care in the case of injuries and sudden illnesses, arising before the start or after the end of the insurance.**
- ✗ Does not cover illnesses and accidents when the medical care is appropriate, purposeful, and necessary, but can be deferred and can be provided after the insured person returns to the state whose passport the Insured Person holds or to another state in which the Insured Person has been permitted residence.
- ✗ The insurance does not cover events that arose during professional sporting activity, or extreme or adrenaline sports.

Further exclusions can be found in the insurance terms and conditions.



Are there any restrictions in the insurance coverage?

- ! If the policyholder or the insured persons provides false or grossly distorted particulars, the insurance company may reduce the insurance benefit or not pay it at all.
- ! If the policyholder or the insured person breaches his/her/its obligations, the insurance company may reduce the insurance benefit by an appropriate amount.
- ! Events that occurred when the insured person was residing in the state whose passport the Insured Person holds or in another state in which the Insured Person has been permitted residence are not covered.
- ! Medical care provided in connection with pregnancy and childbirth is not covered.
- ! Preventative checkups, vaccinations, and control medical examinations are not covered.

Further exclusions in the insurance cover can be found in the insurance terms and conditions, or in the insurance contract, as the case may be.



Where does the insurance cover protect me?

- ✓ **Necessary and urgent healthcare** – territorial validity is the **Schengen area and Transit States**.
- Civil liability insurance - territorial validity is the Schengen area
- Accident insurance - territorial validity is the Schengen area



What are my obligations?

The policyholder's obligations

- To answer all questions asked by the insurance company completely and truthfully at the time of arranging the insurance and when making amendments to the insurance contract.
- To inform the insurance company should the particulars contained in this insurance contract change in the duration of insurance.
- In the event of the insurance contract being terminated, to serve this termination in writing (with a handwritten signature) to the insurance company.
- In the event of withdrawal (ex tunc) from the contract, return the insurance benefit, if paid in connection with a reported insured event.
- If the insurance expires before the end of the agreed period insured, return your ID card to the insurance company within five days of the expiry of the insurance, at the latest.
- If the insurance relates to a person other than the policyholder, the policyholder shall be obliged to familiarise this person with the terms and conditions of the insurance.

The insured person's obligations

- **Always contact the assistance service and follow its instructions before visiting a doctor**, should the insured person's health permit.
- Report a loss event to the insurance company without undue delay in the event that the insured person had to pay for medical care by him or herself or if he or she is requesting reimbursement of prescribed medicines, whilst at the same time submitting originals of the required documents.
- Carry out measures that, in the event of an insured event, will lead to a mitigation of the damage or at least will not increase the damage further.
- Describe the causes of the damage in a truthful manner and demonstrably prove the scope of the damage.
- Enable the insurance company to investigate and to document the loss event.
- Notify the insurance company if criminal proceedings were or are likely to be launched in connection with the insured event.
- In the case of an insured event, provide the insurance company with information on other medical travel insurance contracts, if any such contracts have been arranged by the insured person.
- In the case of an insured event, without undue delay fill out and send to the insurance company without undue delay a completed notification of the insured event and the required documents or, at the request of the insurance company, provide additional information about the insured event and submit further required documents.



When and how to remit payments?

Premiums are paid prior to the inception of the insurance in cash, by payment card, or by bank transfer to the appropriate account.



When does the insurance coverage start and end?

- The insurance is always arranged for a definite time period.
- Insurance cover arises as of 0:00 of the day agreed in the insurance contract as the inception of the insurance cover, but not earlier than 0:00 on the day immediately after the conclusion of the insurance contract and terminates at 24:00 of the day agreed in the insurance contract as the end of the insurance.



How can I terminate the contract?

- By written notice within two months of the day of concluding the insurance contract; the notice period is eight days, following which the insurance expires.
- By written notice within three months of the day on which an insured event was reported; the notice period is one month, following which the insurance expires.

If the insurance policy was taken out for a period in excess of one month and if concluded by means of a remote transaction, it is possible to withdraw from the policy within 14 days of its conclusion.

Other ways of terminating the insurance:

- on the day of insured person's death,
- on the day on which the insurance claim is rejected,
- by the non-payment of the insurance premium,
- by withdrawal,
- by agreement.

The exact conditions of the termination and settlement services (that means cases when the insurer is entitled to reduce the unused premium by insurance payments already paid or by administration fees related to the arrangement and administration of insurance in the amount of 20 %) are described in the insurance terms and conditions.