

Foreigners' Comprehensive Health Insurance

Insurance Product Information Document

Insurance company: INTER PARTNER ASSISTANCE, S.A., acting through
INTER PARTNER ASSISTANCE, branch office

Product: Health Insurance for Foreigners

The information contained in this document is intended to help you understand the fundamental features and terms and conditions of the Insurance.

Complete information is given in the following documents: in the insurance contract and in the Insurance Terms and Conditions for Foreigners' Comprehensive Health ITC FCHI dated 1 September 2023, and the Supplementary Insurance Terms and Conditions for the Foreigners' Health Insurance, applicable to the Schengen Area and Transit Countries SITC FHI dated 1 September 2023 (hereinafter the "ITC").

What is this type of insurance?

A non-life insurance for cases of selected risks specified in the part "What is insured?", intended for stays of third country citizens on the territory of the Czech Republic, or, more widely, the Schengen Area.



What is insured?

The Insurance contains, depending on the insurance programme, the following insurances:

- ✓ insurance of medical expenses, depending on the agreed insurance programme, to the extent of the complex healthcare on the territory of the Czech Republic;
- ✓ insurance of medical expenses to the extent of necessary and urgent care on the territory of the Schengen Area, with the exception of the Czech Republic.

What is the insurance benefit?

- ✓ **In case of the insurance of medical expenses in the Czech Republic:** payment of purposefully expended costs of provision of complex health care, i.e. of care corresponding to the public health insurance (including preventive and dispensary care, or care related to pregnancy), but with agreed exclusions and limits specified in the ITC.
- ✓ **In case of the insurance of medical expenses in the Schengen Area:** payment of inevitable and purposefully expended costs of treatment or attendance, including diagnostic procedures related immediately to them if they are prescribed by a doctor/physician and stabilize the Insured's condition so that they are able to continue their stay or able of repatriation.

Note: A complete list of insurance benefits is contained in the ITC.



What is not insured?

- ✗ any illness, bodily injury, or other change of health condition which occurred before the beginning of the Insurance.
- ✗ a loss event which occurred outside the territory of the Schengen Area.
- ✗ a loss event which occurred in the territory of a state, of which the Insured is a citizen, or of a state in which the Insured participates in a public health insurance or other similar insurance.
- ✗ a loss event which occurred in connection with operation of a dangerous/risky sport.
- ✗ costs of a medical examination not relating to the Insured's treatment but following their personal interest (such as examination to obtain a driving permit, or concerning interruption, contraception, treatment of infertility, etc.).

Note: A complete list of limitations and exclusions is contained in the ITC.



Are there any restrictions on cover?

For example, the Insurance does not apply to the following cases:

- ! spa care or similar, even if recommended by a doctor/physician;
- ! a non-acute treatment of teeth;
- ! a stay on the territory of the Schengen Area, the purpose of which is the Insured's treatment;
- ! a loss event arising as a result of use of alcohol, narcotics, and psychotropic substances by the Insured, of a public nuisance or a criminal act caused by the Insured. This exclusion shall not apply in case the loss event consists of the Insured's bodily harm.

Note: A complete list of limitations and exclusions is contained in the ITC.



Where am I covered?

The Insurance shall apply, to the extent of the complex care, to the insured events occurring in the territory of the Czech Republic, and to the extent of necessary and urgent care on the territories of the Member states of the Schengen Area, with the exclusions specified in the ITC.

Note: Complete information can be found in the ITC.



What are my obligations?

The Insured shall, without limitation:

- be particular about avoiding the occurrence of an insured event, including, without limitation, to not breach the duties aimed at averting or reduction of risk, as imposed on them by legal regulations;
- in case a loss event occurs, contact first the assistance service with request for provision of the services being parts of the Insurance, to inform the assistance service of the loss event, including, without limitation, the date and place of the loss event, the Insured's address, and to demand the related instructions of the assistance service and to proceed in accordance with them;
- in case a loss event occurs, follow the instructions of the Insurer and/or assistance service and cooperate effectively with them, and fulfil other duties imposed by the Insurer and/or assistance service after a loss event occurs;
- upon withdrawal from the insurance contract, the policyholder shall return the insurance certificate to the Insurer within seven working days following the day on which the policyholder sent the Insurer its written notice of withdrawal from the insurance contract. If the policyholder fails to meet the obligations stipulated in the previous sentence, the insurer shall be entitled to claim the policyholder's payment of a penalty in the amount of the premium under the insurance contract, from which the policyholder intends to withdraw.

Note: The complete list of obligations can be found in the ITC.



When and how do I pay?

The Insured shall pay the one-shot insurance premium upon conclusion of the Insurance.



When does the cover start and end?

The insurance coverage starts at 0:00 a.m. of the date stated as the beginning of the Insurance, however, only subject to the condition that the whole insurance premium has been paid. The insurance coverage ends at 12:00 p.m. of the date stated in the insurance contract as the end of the Insurance.

Note: Complete information can be found in the ITC.



How do I cancel the contract?

The insurance contract is terminated:

- a) By the expiration of the insurance term;
- b) By written agreement of the contractual parties, as of the effective date of the said agreement;
- c) By termination by the insurer or the policyholder, in accordance with Section 2805 of the Civil Code, on the date of expiry of the notice period;
- d) By entry of the Insured into the public health insurance system after a period of two months after the conclusion of the insurance contract, effective upon the date of entry of the Insured into the public health insurance system;
- e) By rejection of the visa for a stay on the territory of the Czech Republic, as of the day on which the decision of the public authority on rejection of the said visa for a stay becomes final;
- f) By termination of the visa for a stay on the territory of the Czech Republic, as of the date of termination of validity of the Insured's visa for a stay on the territory of the Czech Republic;
- g) By termination of the stay of the Insured on the territory of the Czech Republic for other important reasons, as of the date of the event decisive for the termination of the stay of the Insured on the territory of the Czech Republic;
- h) in other ways set out in the Civil Code.

Should the insurance contract terminate due to a reason specified in letter b), d), e), f) or g) above, the Insurer shall return to the policyholder the not consumed insurance premiums reduced by costs of the Insurer related to the premature termination of the insurance contract, which shall amount to 20 % of the not consumed insurance premiums. For these purposes, the not consumed premium shall be deemed the premium accepted by the Insurer for the period from

- the date of the premature termination of the insurance contract according to letter b) above, or
- the date when the Insurer becomes aware of the reason for the premature termination of the Insurance Contract according to letter d), e), f), or g) above;

until the original end date of the insurance term.

The Insured is obliged to notify the Insurer and/or the assistance service of the Insurer about the occurrence of the situation under letter d), e), f) or g) above without undue delay after its occurrence. The Insurer is entitled to the premium until the notification of such situation to the Insurer and/or the assistance service of the Insurer.

The policyholder shall have the right to withdraw from the insurance contract without paying a contractual penalty and without giving any reason in accordance with the provision of Section 1829 of the Civil Code (hereinafter the "CC") namely within the term of 14 (fourteen) calendar days from the date of conclusion of the insurance contract if the latter is concluded in accordance with Section 1824 CC through distant communication means (such as the Internet). The policyholder shall also have the right to withdraw from the insurance contract by the reason set out in the provision of Section 2808 CC.

In case of withdrawal, the Insurer shall return the policyholder without undue delay, however not later than within thirty days from the date on which the withdrawal takes effect, the insurance premium paid, having the right, if so doing, to deduct the sum already paid by the Insurer as benefit under the Insurance. If, however, the insurance benefit is paid in the amount exceeding the sum of the insurance premium paid, the policyholder, or, as the case may be, the Insured or the Beneficiary, shall return the Insurer the sum of the insurance benefit paid, which exceeds the insurance premium paid.

The notice of withdrawal shall contain the following data concerning the policyholder: name, surname, date of birth and address of permanent residence, insurance contract number, and bank account details where the not consumed insurance premium can be sent. The notice of withdrawal shall be sent to the address: AXA ASSISTANCE CZ, s.r.o., Hvězdova 1689/2a, 140 62 Prague 4 – Nusle.