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Article 1 Introduction
1. Health Insurance for Acute and Emergency Care for Foreign Nationals (hereinafter the “Insurance”) provided by Slavia pojišťovna, a.s., ID No. 60197501, with its registered office at Revoluční 1, 110 00 Prague 1, Czech Republic (hereinafter the “Insurer”), is governed by the laws of the Czech Republic, especially Act No. 89/2012 Coll., the Civil Code, as amended, by these General Terms and Conditions of Health Insurance for Acute and Emergency Care for Foreign Nationals VPP NZPC 05/2018 (hereinafter the “General Insurance Terms and Conditions”) and by the provisions of the insurance contract. The General Insurance Terms and Conditions form an integral part of the insurance contract. The insurance contract is concluded in the Czech language.
2. The Insurance is taken out as an insurance product against loss and damages for a fixed term. The Insurance is similar to the general public health insurance, however its scope is limited by exclusions and insurance coverage limits.
3. The insurance contract applicable to Health Insurance for Acute and Emergency Care for Foreign Nationals is evidence of travel health insurance for foreign nationals pursuant to Act No. 326/1999 Coll., on the stay of foreign nationals in the Czech Republic, as amended.

Article 2 Definitions
1. Policyholder shall mean a natural or legal person that has signed an insurance contract with the Insurer and is obliged to pay the premium.
2. Insurer is Slavia pojišťovna a.s.
3. Insured Person is the foreign national (a natural person who is not a citizen of the Czech Republic) to whose health the Insurance applies.
4. Beneficiary is a person who has demonstrably incurred the costs of healthcare provided to the Insured Person; and who incurs the right to an insurance indemnity as a result of an insured event.
5. Insurance Period is the period for which the Insurance was taken out.
6. Insured Risk is a possible cause of an insured event.
7. Loss Event is an event that results in a loss and may give rise to the right to indemnity.
8. Insured Event is an accidental state of affairs giving rise to the Insurer’s responsibility to provide an indemnity.
9. Sudden Illness means a sudden and unpredictable deterioration of the state of health, representing a direct threat to the health or life of the Insured Person and requiring acute and emergency care.
10. Injury means the sudden and unanticipated exertion of external forces or the Insured Person’s own physical strength, independent of the will of the Insured Person, resulting in damage to the health of the Insured Person or his/her death.
11. Home Country is the country whose valid travel document is held by the Insured Person.
12. Repatriation is transport of the Insured Person or his/her bodily remains to the home country or to another country of his/her permitted residency, as the case may be.
13. Acute and Emergency Care means healthcare provided to the Insured Person in the event of an injury or sudden illness, where any delay could result in a serious deterioration of health, damage to health or a threat to life. It includes:
   a) acute care provided by a medical assistance or emergency service;
   b) doctor-induced transportation to the nearest professional healthcare facility;
   c) establishing diagnoses and treatment procedures, including necessary examinations;
   d) acute and emergency medical interventions including necessary medicines and medical equipment;
   e) necessary hospitalization for a necessary period of time;
   up to the extent of acute and emergency care normally covered by the general health insurance system of the CR, of the general health insurance of another country that is a party to the Schengen Agreement, on whose territory, which forms a part of the Schengen Area, the acute and emergency care was provided to the Insured Person. The scope is further determined by exclusions from the insurance coverage by and the agreed indemnity limits.
14. Insured Person’s Card is written confirmation issued by the Insurer to the Insured Person so as to prove the existence of the Insurance. Contact details for the assistance services are provided on the reverse of the Insured Person’s Card.
15. Assistance Service is secured by a contractual partner of the Insurer. The purpose of the assistance service is to provide assistance to the Insured Person in relation to the insured event (resolution of language problems when communicating with medical facilities, organization of transport or repatriation of the Insured Person).
16. Contracted Medical Facility is a medical facility in the CR with which the Insurer has signed a contract regarding the provision of healthcare covered by this Insurance. Information regarding contracted medical facilities shall be provided to the Insured Person by the assistance service.
17. Transit Countries are only those countries in the Schengen Area in whose territory the Insured Person is present for the period of time necessary for the fastest and shortest transport of the Insured Person from his/her home country to the CR and back.
18. Initial Age of the Insured Person is the difference between the year when the Insurance commenced and the year of birth of the Insured Person.

Article 3 Subject of the Insurance, Insured Risk, Insured Event
1. The Insurance applies to the cost of acute and emergency care provided to the Insured Person, and related assistance services, the scope of which depends on the type of stay of the Insured Person and the place of stay of the Insured Person.
2. It may also be agreed in the Insurance contract that the Insurance covers the cost of acute and emergency healthcare, and related assistance services, provided to the Insured Person during a tourist stay of the Insured Person in the Schengen Area outside the territory of the CR.
3. The insured risk is a sudden illness of the Insured Person, or an injury to the Insured Person, which may occur during the term of insurance and which may result in a condition requiring acute and emergency care.
4. The insured risk during a stay of the Insured Person in the Schengen Area outside the territory of the CR is a sudden illness of the Insured Person, or an injury to the Insured Person, which may occur during the term of insurance in relation to everyday civic activities, and result in a condition requiring acute and emergency care, excluding, however, illnesses and activities which occurred during any sporting or sport-related recreational activities.
5. Loss means the cost incurred to provide acute and emergency care to the Insured Person within the scope of the Insurance taken out.
6. An insured event is a sudden illness or injury to the Insured Person, as the event in connection with which it was necessary to provide acute and emergency care or assistance services, corresponding to the conditions and scope of the Insurance taken out, where the Insured Person became liable to pay the costs of the healthcare to the medical facility, or to pay the costs of assistance services to the provider, as appropriate.
7. Events arising from one cause, comprising all the facts and their consequences, amongst which there is a causal, temporal or other direct link, shall be deemed a single insured event.

Article 4 Type of Stay, Territorial Scope, Scope of Insurance
1. The scope of the Insurance within the territory of the CR depends on the agreed type of stay of the Insured Person within the territory of the CR. Insurance may be agreed for:
   a) “Business Stay”, during which the Insured Person pursues or seeks gainful activity in the CR. For Insured Persons of an initial age from at least 15 years to no more than 70 years;
   b) “Tourist Stay”, during which the Insured Person does not pursue any gainful activity;
   c) “Family Reunification”, which is a stay in the CR for the purpose of study pursuant to the Act on the stay of foreigners in the Czech Republic, for Insured Persons of an initial age from at least 15 years to no more than 26 years;
   d) “Family Reunification”, which is a stay in the CR for the purposes of cohabitation of a family pursuant to applicable legislation governing the stay of foreigners within the territory of the CR.
2. The territorial scope of “CR” or “Schengen” may be agreed in the insurance contract.
   a) If the territorial scope of “CR” is agreed in the insurance contract, the place of insurance shall only be the territory of the CR;
   b) If the territorial scope of “Schengen” is agreed in the insurance contract, the place of insurance shall be the whole territory of the Schengen Area, wherein the Insurance only applies to a tourist stay of the Insured Person in the Schengen Area outside the territory of the CR and exclusively for the case of a sudden illness or injury of the Insured Person, which may occur during the term of the Insurance in relation to his/hers everyday civic activities and result in a condition requiring acute and emergen-
The Insurer shall provide the indemnity to the beneficiary upon presentation of the original counterparts of these documents shall remain with the Insurer and will not be returned.

3. If the Insured Person who is the beneficiary deceases with an outstanding claim to an indemnity which he/she did not receive, the procedure shall be governed by applicable legislation.

4. Unless agreed otherwise in writing by the parties, settlement under this Article is payable within the territory and in the currency of the CR, and the Insurer shall provide it by means of a wire transfer to the bank account of the beneficiary or a postal order to the name and address of the beneficiary.

**Article 6 Exclusions from Insurance Coverage**

1. The Insurer is not obliged to provide indemnity for events that occurred:

2. The Insurer shall not provide indemnity for events of which obvious indications occurred before signing of the insurance contract, or which had to be known to the Insured Person or the policyholder before signing of the insurance contract.

3. The Insurer shall not provide indemnity for healthcare which is not normally paid for by Czech general public health insurance.

4. The Insurer shall not provide indemnity in cases of:

   a) artificial fertilisation, infertility examination and treatment, contraception and related interventions, and abortion;

   b) healthcare related to an Insured Person’s pregnancy and childbirth;

   c) dental interventions that are not listed in the overview of reimbursed dental interventions as a part of these General Insurance Terms and Conditions;

   d) medical interventions not provided by a medical facility or medical staff, or those that are not recognized from a medical viewpoint;

   e) corporate preventive care; preventive examinations, dispensary care, inoculation, and follow-up medical examinations and other medical interventions, irrespective of examination and prescription of medicines, unless these interventions are provided as part of acute and emergency care directly related to a sudden illness or an injury covered by the Insurance;

   f) cosmetic procedures, acupuncture and homeopathy, including complications caused thereby;

   g) rehabilitation, behavioral therapy and self-support training, with the exception of doctor-instructed post-trauma or post-surgical interventions;

   h) physical or spa treatment or care provided by specialized medical institutions, and chiropractic services;

   i) organ transplantation, treatment of haemophilia and other blood coagulation defects, insulin therapy (with the exception of first aid), treatment of chronic renal insufficiency by means of haemodialysis or peritoneal haemodialysis, growth hormone therapy, examination and treatment of congenital, acquired and congenital, and treatment of epilepsy except for the provision of first aid during an attack;

   j) examination and treatment of mental disorders not related to treatment of an injury or illness to which the Insurance applies, psychological examinations and psychotherapy, treatment of addictions, including examinations and complications;

   k) complications and consequences that occur in relation to medical interventions to which the Insurance does not apply;

   l) venereal diseases and AIDS, including their complications and tests to detect HIV infection;

   m) manufacture and repair of powered wheelchairs and myoelectric prostheses;

   n) suicide of the Insured Person, or an attempted suicide.

5. The Insurer shall not cover any event or loss that occurred:

   a) outside the territory of the CR and transit countries, if the territorial scope of “CR and Transit Countries” has been agreed;

   b) outside the Schengen Area, if the territorial scope “Schengen” has been agreed;

   c) in the CR in relation to any activity of the Insured Person that does not correspond to the agreed type of stay in the CR;

   d) in the home country of the Insured Person;

   e) in the Schengen Area outside the CR in relation to any activity of the Insured Person that does not correspond to a tourist stay in the Schengen Area outside the territory of the CR;

   f) as a result of acts of war, civil war or civil disturbances;

   g) due to hard radiation, nuclear radiation or radioactive contamination;

   h) due to effects of chemical or biological weapons or acts of violence, including terrorist acts, in which the Insured Person actively participated;

   i) where the Insured Person knowingly failed to comply with legal provisions valid at the place of the Insurance;

   j) during the Insured Person’s pursuit of professional sport or during organized sports competitions;

   k) during testing of means of transport;

   l) during the pursuit of recreational activities;

   m) during preparation for or operation of extreme, hazardous or adrenaline sports, or in direct connection with them, such as contact martial sports, bungee jumping, mountain climbing, caving, alpine skiing, canyoning, paragliding, paragliding, aviation sports, including all activities belonging to the ultralight flying category, parachuting and motorsports.

6. The Insurer shall not pay indemnity:

   a) if the insured event is caused as a result of or in connection with disturbances or criminal activities caused or committed by the Insured Person, unless it is an injury;

   b) if the insured event occurred as a result of consumption of alcohol or in relation to the consequences of the use of alcohol, unless it is an injury;

   c) if the insured event occurred as a result of consumption or use of intoxicating, psychotropic or addictive substances, or agents containing such substances, unless it is an injury;

   d) if the event was caused by the willful conduct, default or co-default of the Insured Person, unless it is an injury;

   e) if the Insured Person refuses medical treatment or necessary medical examinations by a doctor appointed by the Insurer or assistance service, as the case may be;

   f) in cases of travelling into the CR or out of the CR to other countries of the Schengen Area for the purposes of receiving healthcare;

   g) should the Insured Person or his/her legal representative sign a negative reverse declaration;

   h) if the Insured Person fails to undergo repatriation, medical treatment or the necessary medical examination by a doctor appointed by the Insurer or the assistance service, as the case may be;

   i) in cases of suitable, advisable and required care which, however, is not urgent and can be provided after the Insured Person returns to his or her home country.

**Article 7 Insurance Contract**

1. The insurance contract is concluded by the signature of the contracting parties and payment of the premium in the specified amount.

2. After the insurance contract has been signed, the Insured Person will be issued the Insured Person’s Card by the Insurer.

3. Attached to the insurance contract shall be an up-to-date list of contracted medical facilities and information on the assistance service.
4. If the insurance contract or the Insured Person’s lawful stay in the CR, including health insurance companies, and the policyholder and the Insured Person.

5. If a conscious breach of any responsibilities by the policyholder, the Insured Person or any other person having the right to an indemnity had a substantial effect on the occurrence or course of an Insured Event, on increasing the right to indemnity and specification of its amount. This obligation may also be fulfilled by another person (e.g. a medical facility).

4. The notification of a Loss Event including annexes must unambiguously prove and demonstrate:
   a) the place, date, time, cause and circumstances of the occurrence of the loss event, its extent, and the direct connection of the loss event with the Insured Person;
   b) the subject matter of the payment, i.e. the costs incurred by the provision of acute and emergency care to the Insured Person in relation to the given loss event, as follows: the original counterpart of the medical service provider containing the detailed description of the health condition of the Insured Person, including diagnosis codes; a full list of the performed medical interventions, including their description, codes, scores, and dates when they were performed; names and amounts of the administered medicines, including their prices; a list of the used or provided medical supplies and services, including their prices; and details of hospitalization, if any;
   c) copies of doctor’s prescriptions for outpatient medicines;
   d) the original counterpart of some other document issued by the medical facility containing the purpose and full list of the performed medical interventions, including their description, codes, scores, and dates;
   e) if the state of health of the Insured Person so permits, or if the duration of medical treatment exceeds the term of the Insurance, the request of the Insurer or the Insurer’s assistance service provider.

2. If direct settlement of expenses which may constitute the subject of indemnity is required of the Insured Person by a medical facility, the Insurer shall:
   a) accept original counterparts of the required documents within the scope of Par. 4 and keep them securely until they are presented to the insurer; the Insured Person also has this responsibility in other cases where losses are to be settled directly by him/her;
   b) pay the medical facility appropriate and proven costs in cash;
   c) without undue delay, present the required documents under Par. 4 to the Insurer, or to the assistance service.

3. The Insured Person shall notify the Insurer in writing, without undue delay, of any event which gives rise to the right to indemnity, provide a truthful explanation of its occurrence and the extent of its consequences, and present the necessary documents to ascertain any circumstances decisive for assessment of claims for indemnity and specification of its amount. This obligation may also be fulfilled by another person (e.g. a medical facility).

4. Article 12 Other Rights and Responsibilities of the Parties to the Insurance

1. The Insurer is entitled to verify the submitted documents, request expert reports and consult medical facilities or other organizations and persons on complex loss events.

2. The Insured Person, beneficiary, or the person who incurred salvage costs shall take measures to ensure that the right to compensation for damages, which passes according to law to the Insurer, does not lapse or expire.
3. In the event that the Insurer has provided indemnity to the relevant medical facility or person who demonstra-
bly incurred, for the Insured Person, the costs of treat-
ment within the scope of acute and emergency care, the 
Insurer has the right to reimbursement of the paid 
indemnity from the Insured Person if:
   a) the insured event was caused by or related to the 
      consumption of alcohol or narcotics, or other psy-
      chotropic or addictive substances, or agents con-
      taining such substances, by the Insured Person;
   b) the insured event was caused by the Insured Person 
      through his/her intentional conduct.

**Article 13**

**Insurance Premium**

1. An insurance premium constitutes consideration 
   for the insurance coverage provided. The amount of 
   the premium shall be determined by the Insurer. The 
   amount of the premium is stipulated in the insurance 
   contract.

2. The Insurer is entitled to a premium for the entire insur-
   ance period. The Insurer acquires this right on the date 
   when the insurance contract is concluded.

3. The insurance contract is concluded with a one-off pre-
   miun that is payable in full in the Czech currency on 
   the date when the insurance contract is concluded.

4. The Insurer has the right to verify with the Insured Per-
   son the correctness of data decisive to the determina-
   tion of the amount of the premium.

5. The Insurer has the right to the insurance premium 
   for the entire insurance period, even if the Insurance 
   terminates before expiry of the insurance period. The 
   Insurer acquires this right on the date when the insur-
   ance contract is concluded.

6. If the insurance expires before the end of the insurance 
   period, without an insured event occurring during the 
   term of the insurance, the insurer shall be entitled to 
   reimbursement of costs related to the origination and 
   administration of the insurance.

7. The costs related to the origination and administration 
   of the insurance constitute 20% of the prescribed pre-

**Article 14**

**Salvage Costs**

During the term of the Insurance, the limit for salvage 
costs incurred to save the life or health of the Insured 
Person equals 30% of the relevant indemnity limit, as 
agreed in the insurance contract. Compensation for 
other salvage costs incurred during the term of the 
Insurance is limited to the amount of CZK 100,000 for 
each and every event.

**List of Covered Dental Interventions**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>00908</td>
<td>Acute treatment and examination of an unregistered patient</td>
<td>295 CZK</td>
</tr>
<tr>
<td>00910</td>
<td>Intraoral X-ray</td>
<td>70 CZK</td>
</tr>
<tr>
<td>00911</td>
<td>Extraoral X-ray preparation - only in case of injury</td>
<td>225 CZK</td>
</tr>
<tr>
<td>00913</td>
<td>Orthopantomogram preparation - only in case of injury</td>
<td>70 CZK</td>
</tr>
<tr>
<td>00914</td>
<td>Orthopantomogram analysis - only in case of injury</td>
<td>270 CZK</td>
</tr>
<tr>
<td>00916</td>
<td>Foramen mandibulae and infraorbital anaesthesia</td>
<td>100 CZK</td>
</tr>
<tr>
<td>00917</td>
<td>Infiltrative and other anaesthesia</td>
<td>80 CZK</td>
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<tr>
<td>00920</td>
<td>Dental decay treatment - permanent tooth - photocomposite filling in patients under 18 years to extent of canines inclusive</td>
<td>315 CZK</td>
</tr>
<tr>
<td>00921</td>
<td>Dental decay treatment - permanent tooth</td>
<td>220 CZK</td>
</tr>
<tr>
<td>00922</td>
<td>Dental decay treatment - temporary tooth</td>
<td>126 CZK</td>
</tr>
<tr>
<td>00925</td>
<td>Conservative treatment of dental decay complications - permanent tooth</td>
<td>265 CZK</td>
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<tr>
<td>00945</td>
<td>Targeted examination</td>
<td>10 CZK</td>
</tr>
<tr>
<td>00949</td>
<td>Temporary tooth extraction</td>
<td>87 CZK</td>
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<tr>
<td>00950</td>
<td>Permanent tooth extraction</td>
<td>168 CZK</td>
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<tr>
<td>00951</td>
<td>Minor surgery of hard tissues in the oral cavity (surgical extractions and extraction wound revision)</td>
<td>525 CZK</td>
</tr>
<tr>
<td>00955</td>
<td>Minor surgery of soft tissues in the oral cavity (decapsulation and mucous wound suture to 5 cm)</td>
<td>420 CZK</td>
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<tr>
<td>00957</td>
<td>Minor traumatology of hard tissues in the oral cavity</td>
<td>420 CZK</td>
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<tr>
<td>00959</td>
<td>Intraoral incision</td>
<td>105 CZK</td>
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<tr>
<td>00961</td>
<td>Treatment of surgical complications in the oral cavity</td>
<td>45 CZK</td>
</tr>
<tr>
<td>00962</td>
<td>Conservative treatment of temporomandibular joint disorders (only manual reposition of TMJ luxation)</td>
<td>300 CZK</td>
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<tr>
<td>00963</td>
<td>Injections I.M., S.C., I.D., I.V.</td>
<td>53 CZK</td>
</tr>
<tr>
<td>00964</td>
<td>Czech Dental Chamber certificate</td>
<td></td>
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</tbody>
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