

Medical insurance for foreigners

ERGO

Insurance product information document

Company: ERGO pojišťovna, a.s., Česká republika

Product: Welcome

For complete pre-contractual and contractual information on the product see the General Insurance Terms and Conditions (VPP) for medical insurance for foreigners Welcome 181201.

<https://ergo.cz/p/zdravotnipojistenicizincu/zdravotnipojistenicizincuwelcome/>

What is this type of insurance?

This product is designed for foreign nationals who stay permanently in the Czech Republic.



What is insured?

- ✓ Insurance of medical expenses in case of illness or injury.
- ✓ Costs related to repatriation of the insured person.
The subject matter of insurance and limit of cover vary in accordance with the tariff selected.
- ✓ Complex health care - tariffs Komplex [Complex], Prenatal, Baby, Dítě+ [Children+] - limit of cover is EUR 80,000.
- ✓ Necessary and urgent care - tariffs Standard and Plus - limit of cover is EUR 60,000 - EUR 80,000.
- ✓ Pregnancy, childbirth and infant care - tariff Baby - limit of cover is EUR 80,000, or limit of cover is CZK 300,000 for infant care.



What is not insured?

- ✗ Unless otherwise stipulated in the Insurance Policy, the medical insurance for foreigners does not apply to cases delineated in VPP Welcome 181201, Part I, Article 15.



Are there any restrictions on the cover?

- ! The insurance cannot be concluded by persons suffering from serious nervous disorders and mental disorders and such disorders as deafness, blindness, drug or alcohol addiction, and such illnesses as cancer, HIV, etc.
- ! The insurance does not apply to treatment of diseases, injuries and other groups of diagnoses existing before the inception of insurance.
- ! The insurance does not apply to the healthcare not reimbursed to citizens of the Czech Republic who participate in the public health insurance in the sense of valid generally binding legislation.
- ! The insurance does not cover costs of cosmetic treatments and any consequences thereof, chiropractic services or therapy.
- ! The insurance does not cover cost of preparation and adjustments of dentures, braces, glasses, contact lenses, hearing aids and similar aids.
- ! The insurance does not cover costs of termination of pregnancy, unless a woman's life or health is endangered or unless in case of genetically defective development of a foetus, i.e. unless the termination of pregnancy is justifiable from the medical perspective.
- ! The insurance does not cover treatment of infertility or sterility or in vitro fertilization.
- ! The insurance does not cover any medical interventions and any consequences thereof if the insured person travelled to the Czech Republic or abroad for the purpose of undergoing such medical intervention.



Where am I covered?

- ✓ The insurance covers insured events incurred in the Czech Republic and also during travel from the Czech Republic to other states of the Schengen Area.



What are my obligations?

- Both the policy holder and insured person are obligated to provide true and complete answers to all questions asked by the insurer when the insurance is taken out.
- Both the policy holder and insured person must notify the insurer in writing and forthwith of any changes related to the insured person, insurance and changes of the insurance risk, i.e. to report to the insurer any changes of the residence, delivery address, cessation of the insurance interest, etc.
- If an insured event occurs, the insured person, policy holder or any authorized person are obligated to inform the insurer forthwith of the insured event.
- Other obligations of the policy holder and insured person are delineated in VPP Welcome 181201, Part I, Article 17.



When and how do I pay?

The premium can be paid as a single payment only and it is payable on the day of inception of insurance. The premium must be paid by the policy holder for the whole period of insurance in a single payment. If the premium is paid through a financial institution, bank or a postal service provider, the premium is considered as paid on the day the amount is remitted in full to the insurer's appropriate account kept with a financial institution or by payment of the amount in cash in full to the insurer or to the person authorized to collect the premium on behalf of the insurer. If the premium is paid without using a variable symbol or if an incorrect variable symbol is quoted, the premium is understood as unpaid.



When does the insurance start and end?

The insurance starts and ends on the day and time indicated in the Insurance Policy as the inception and end of insurance. It is agreed that for Insurance Policies taken out remotely, this provision applies only under the condition that the first premium is paid before the agreed inception of insurance and the Insurance Policy (offer) is accepted by the policy holder in the proposed scope before the first premium is paid.



How do I terminate the Insurance Policy?

The Policy can be terminated by both Contracting Parties as follows:

Within two months of the day of execution of the Insurance Policy. An eight-day notice period begins to run on the day of delivery of the notice and the insurance lapses by the expiration of this notice period.

Without a reason being stated, within fourteen days of the day of execution of the Insurance Policy or of the day when the insurance terms and conditions are communicated in case the Insurance Policy was concluded in form of a distance sale or outside the insurer's business premises.

Other information related to the termination of insurance is provided in VPP Welcome 181201, Part I, Article 5.