Health insurance for foreigners

Insurance product information document

Company: SV pojišťovna, a.s., Czech Republic **Product: Welcome**

Full pre-contractual and contractual information about the product are provided in the General Insurance Terms and Conditions (GITC) for health insurance for foreigners Welcome 230901.

https://www.svpojistovna.cz/zdravotni-pojisteni-cizincu/welcome/

What type of insurance is this product?

The Welcome product has been designed for foreign nationals who stay permanently in the Czech Republic.



What is the subject of insurance?

- ✓ Insurance of medical expenses due to illness or injury.
- ✓ Costs related to repatriation

  The subject of insurance and limit of indemnity vary according to the tariff selected.
- ✓ Comprehensive health care – Complex, Prenatal, baby, Child+ tariffs - the limit of indemnity is EUR 400,000
- ✓ Urgent and emergency care –Standard and Plus tariffs – the limit of indemnity is EUR 60,000 – EUR 80,000
- ✓ Pregnancy, childbirth and newborn care –Baby tariff – the limit of indemnity is EUR 400,000, the limit of newborn care is CZK 300,000
- ✓ Pregnancy, childbirth – Prenatal tariff – the limit of indemnity is EUR 400,000



What is not covered?

- × Unless otherwise agreed in the insurance policy, the health insurance for foreigners does not cover the cases as per GITC Welcome 23091 Part I, Article 15.



Are there any limitations in the coverage?

- ! Persons with severe nervous disorders and mental disorders and such as disorders deafness, blindness, drug or alcohol addictions and diseases such as cancer, HIV, etc., cannot take out the insurance.
- ! The insurance does not cover the treatment of any diseases, injuries and other groups of diagnoses that existed before the inception of the insurance.
- ! The insurance does not cover the health care that is not covered for citizens of the Czech Republic who participate in the public health insurance in the sense of applicable legislation of general application.
- ! The insurance does not cover any costs of cosmetic treatment and its after-effects, chiropractic procedures or therapy.
- ! The insurance does not cover the preparation and adjustments of dentures, orthoses, glasses, contact lenses, hearing aids and similar devices.
- ! The insurance does not cover the termination of pregnancy unless the woman's life or health is endangered or the foetus is genetically defective, i.e. unless the termination of pregnancy is medically justifiable.
- ! The insurance does not cover the treatment of infertility or sterility and artificial insemination.
- ! The insurance does not cover medical procedures and its after-effects, if any, provided that the insured person has travelled to the Czech Republic or abroad to undergo the procedure.

Where am I covered?

✓ The insurance applies to insured events that have occurred in the territory of the Czech Republic and also during the trips to the Schengen Area countries from the Czech Republic.

What obligations do I have?

- The policy holder and the insured person are obliged to answer truthfully and completely all questions asked by the insurer when negotiating an insurance policy.
- The policy holder and the insured person are obliged to advise the insurer without any delay of any changes related to the insured person, insurance and changes of the insurance risk, i.e. for example, they are obliged to communicate to the insurer any changes of the residence, delivery address, or to inform the insurer of the termination of the insurable interest, etc.
- In the case of an insured event, the insured person, policyholder or entitled person are obliged to notify the insurer immediately of the occurrence of the insured event.
- Other obligations of the policyholder and the insured person are set out in GITC Welcome 230901 Part I, Article 17.

When and how to make payments?

Premium may be arranged as a single payment only, payable on the day of inception of insurance upon the entry into the insurance policy. The premium must be paid by the policyholder for the entire duration of cover in a single payment. If the premium is paid through a financial institution, bank or postal services provider, the premium shall be considered as paid on the day when the full amount is remitted to the insurer's respective account kept with a financial institution, or by payment of the full amount in cash to the insurer or a person authorised by the insurer to receive the premium. Premium paid without quoting a variable symbol or with an incorrect variable symbol quoted is understood as unpaid.

When does the insurance start and end?

The insurance starts and ends on the day and at the time specified in the insurance policy as the inception and termination of the insurance; for insurance policies arranged remotely, it is agreed that the above provision applies only provided that the first premium is paid before the agreed inception of cover and the insurance policy (offer) has been accepted by payment of the first premium by the policyholder to the extent proposed.

How do I terminate the insurance policy?

The insurance may be terminated by both parties as follows:
Within two months of the day of the entry into the insurance policy. An eight-day notice period begins to run on the day when the notice is delivered, and the insurance will lapse upon the expiry of the above notice period.
Without a reason being stated, within fourteen days of the day of the entry into the insurance policy or of the day when insurance terms and conditions were communicated, provided that the insurance policy was concluded in a form of a remote transaction or outside the insurer's business premises. In addition, insurance will lapse if the insurable interest no longer exists. The following cases are understood as the termination of insurable interests:

- participation in the public health insurance of the Czech Republic as per Act No. 48/1997 Coll., on the Public Health Insurance;
- a residence permit in the Czech Republic is not granted;
- the validity of a residence permit in the Czech Republic expires;
- the residence in the Czech Republic has terminated.

The insurer has a right to the premium until the insurer is advised of the termination of the insurable interest.
The fee for early termination of the policy amounts to 40% of the unused premium, and the insured person is obliged to return to the insurer all documents attesting to the validity of the insurance.
If the insurance terminates due to the insured person's death, the insurer is entitled to a lump-sum premium in full amount.
For further information on the termination of insurance see GITC Welcome 230901 Part I, Article 5.