

GENERAL PROVISIONS

1. Subject to (2) below, the Entitled Persons under this Contract are entitled to treatment cost reimbursement, consisting in the reimbursement of costs incurred for medical services provided to them in other medical facilities in Poland, on terms set out in the paragraphs below of the Terms of Reimbursement at LuxMed facilities, in order to continue treatment or management of pregnancy, or in the Terms of Treatment Cost Reimbursement for Medicover Sp. z o.o. patients dated 01.10.2018
2. The Entitled Persons shall have the right to use only one selected treatment cost reimbursement plan in the given term of the Contract, on terms set out in the Terms of Reimbursement applicable to the given plan.

TERMS OF REIMBURSEMENT:

1. TERMS OF REIMBURSEMENT OF COSTS FOR MEDICAL SERVICES PERFORMED IN LUXMED FACILITIES IN ORDER TO CONTINUE TREATMENT OR MANAGEMENT OF PREGNANCY

I. TERMS OF REIMBURSEMENT

1. These Terms set out the terms of cost reimbursement by Medicover, consisting in the reimbursement of the incurred costs of medical services provided in LuxMed facilities to Medicover Patients (Entitled Persons) in order to continue treatment or management of pregnancy.
2. The reimbursed amount includes:
 - A. 100% of the cost of the invoice for medical consultations and diagnostics, performed at a LuxMed facility during the first two months of the term of the Contract signed with Medicover. The maximum reimbursed amount in said period is PLN 500.00 for each Entitled Person (i.e., a person listed in the Medicover Patients database).
 - B. 100% of the costs, without any limits, of medical services provided to pregnant women in connection with pregnancy during the first eight months of the term of the Contract signed with Medicover, i.e., until **31/05/2019** for each Entitled Person (i.e. a person listed in the Medicover Patient database), provided that:
 - 1). Reimbursement only applies to the covered services related to pregnancy of the Entitled Person, which are on the list of medical services in the Contract.
 - 2). The reimbursement application will be submitted together with a copy of a medical certificate confirming pregnancy and specifying the planned date of delivery.
3. Entitled Persons who enrolled for the Reimbursement plan are entitled to claim Reimbursement under this Contract for the provision of medical services by Medicover, signed with the Employer.
4. Only the costs of medical services provided during the period of being entitled to receive medical services under the Contract will be reimbursed.
5. Outpatient services under the Healthcare Programme (in accordance with the appendix to the Agreement) will be subject to reimbursement, with the exception of:
 - 1)rehabilitation procedures,
 - 2)home visits,
 - 3)dental care,
 - 4)specialist outpatient procedures.
6. The following services will not be subject to reimbursement:
 - 1)hospitalisation and day surgery,
 - 2)emergency rescue service and transport.
7. The total costs of the performed performance shall be borne by the Authorized Person, directly in the selected LuxMed medical facility in accordance with the price list applicable in this facility
8. The amount of the expenses must be rational and correspond to the average prices on the local market.
9. The implementation and amount of reimbursed costs will take into account additional conditions provided for in the Agreement:
 - 1) The maximum value of the refund will be limited to the amount of the limit indicated in point 2 above. of these regulations.
 - 2) In the case of medical services requiring a written referral from the Medicover Facility (specified in the terms of the Agreement), the condition for refunding is to attach a copy of the referral to the documentation, however, Medicover will honor the referral from LuxMed.

II. Disbursement procedure

1. The Entitled Person applying for reimbursement will file an application for reimbursement of costs, the template of which constitutes an appendix hereto, and the required documents within 30 days of receiving the service.
2. A correctly completed application for reimbursement of treatment costs should specify:
 - 1) Personal and address data of the Entitled Person whom the services were provided to,
 - 2) List of the performed services in accordance with the scope of services in the benefit plan, covered by the reimbursement terms,
 - 3) Number of services of the given type,
 - 4) Date of providing the service,
 - 5) Unit price of the service,
 - 6) Bank account number of the Entitled Person,
 - 7) Entitled Person's phone number.
3. The documents to be enclosed with the reimbursement application are the following:
 - 1) Invoice or bill issued by a medical facility to the Entitled Person (or to the legal guardian in the case of medical services provided to a child) and a list of services provided in the given period. The document will clearly state when the service was performed.
 - 2) The invoice/bill will specify the payment method. If the Entitled Person pays the provider by bank transfer, a confirmation must be provided.
 - 3) Copy of the referral (to be enclosed with the application), if required by the service or entitlement under the Agreement.
4. Please send the application for reimbursement and the documents to Medicover Sp. z o.o.:

**Zespół Kontroli Zobowiązań
Medicover Sp. z o.o.
Al. Jerozolimskie 96
00-807 Warszawa**

5. The Liabilities Monitoring Team will authorise the disbursement:
 - 1) If all documents have been provided and do not contain errors,
 - 2) After successfully confirming the registration data of the medical entity which provided the medical services with the Central Registration and Information on Business (CEIDG).

Should any inconsistencies be noted, Medicover Sp. z o.o. will directly inform the person filing the application by phone or in writing.

6. If an incomplete or incorrectly filled-in documentation is received, in particular if:
 - 1) an incorrectly filled-in Application for Reimbursement is submitted,
 - 2) a signed Application for Reimbursed and authorisation to acquire medical documentation by Medicover Sp. z o.o. is missing,
 - 3) appendices are missing (referral, specification),
 - 4) the provided services are not covered by the terms of the concluded agreement and reimbursement terms,
 - 5) the services were provided to an unauthorised person,
 - 6) the services were provided when the person was not entitled to receive medical services,
 - 7) it is impossible for Medicover Sp. z o.o. to verify the correctness of the provided data,
 - 8) correctly issued invoice/bill with confirmation of payment is missing

Medicover Sp. z o.o. will request the person filing the application to provide the required data or will inform that reimbursement is not possible.

7. Medicover Sp. z o.o. may verify the accuracy of the data provided by the Entitled Person (Applicant) by requesting additional documents (including medical documentation concerning the service the Entitled Person applies to be reimbursed for) and may verify the data in the relevant institutions/facilities providing the services, to which the Entitled

Person consents in the application for reimbursement. The application for reimbursement will not be processed if the Entitled Person fails to express the consent referred to above.

8. The reimbursement of the treatment costs will take place within 30 days of receiving all and correct documents and will be made to the bank account whose number has been provided in the application.

III. FINAL PROVISIONS

1. The Entitled Person applying for reimbursement of treatment costs will read these Terms.
2. The Entitled Person applying for reimbursement of treatment costs will send a correctly filled-in application for reimbursement, which constitutes appendix hereto, together with the required documentation.
3. In matters not covered herein, the final decision will be taken by the Customer Service Department following a complaint procedure:
 - 1) Every complaint submitted by a Customer is first classified by an employee of the Individual Customer Service Department as a medical or service complaint.
 - 2) Upon receiving a complaint, at the latest within 3 working days, the employee of the Individual Customer Service Department or a person authorised to process the complaint will contact the Customer to discuss the complaint or collect additional information.
 - 3) Every complaint is being handled immediately, and the issues requiring urgent intervention due to their nature will be handled first. The complaints should be resolved within 10 working days at the latest of the day of receiving the notification, unless additional documents are required, in which case the deadline will be extended by another 10 business days from the date of their receipt.
 - 4) If, e.g., the treatment of the Customer continues throughout the complaint processing period, the processing of the complaint may be suspended until the treatment is completed; in such situations the person responsible for processing the complaint will be contacting the Customer on a regular basis.
 - 5) If the investigation may take more than 10 days to complete, a competent employee will inform the Customer, his/her Personal Assistant or the Customer's representative and explain the delay. Such reasons will be documented in the database of the Individual Customer Service Department.

2. Terms of treatment cost reimbursement for Medicover Sp. z o.o. patients dated 01.10.2018

I. TERMS OF REIMBURSEMENT

1. These Terms set out the terms of reimbursement, understood as the reimbursement of the incurred costs for the medical services provided to Medicover Patients (Entitled Persons) in other medical facilities in Poland.
2. The reimbursed amount is 70% of the expenses on medical services provided in the given (calendar) quarter. The limit is PLN 500 per quarter for each Entitled Person (i.e. a person listed in the data base of Medicover Patients), subject to the following:
 - 1) The reimbursement limit which is not used in the given quarter is not transferred to future quarters.
 - 2) The amount in excess of the limit of 70% of the incurred costs up to the limit of PLN 500 for the given quarter will not be settled in the subsequent calendar quarter.
3. Medicover Patients who received the offer and enrolled for the Reimbursement programme are entitled to claim Reimbursement under the concluded agreement for provision of medical services by Medicover Sp. z o.o. (hereinafter referred to as the "Agreement").
4. Only expenses on medical services made during the period of being entitled to receive medical services under the Agreement will be reimbursed.
5. Outpatient services under the Healthcare Programme (in accordance with the appendix to the Agreement) will be subject to reimbursement, with the exception of:
 - 5) rehabilitation procedures,
 - 6) home visits,
 - 7) dental care,
 - 8) specialist outpatient procedures.

6. The following services will not be subject to reimbursement:

- 3) hospitalisation and day surgery,
- 4) emergency rescue service and transport.

7. The total cost of the provided services will be covered by the Entitled Person directly at the selected medical facility (registered as the Entity Providing Medical Services in the Central Register and Information on Economic Activity), in accordance with the facility's price list.

8. The amount of the expenses must be rational and correspond to the average prices on the local market.

9. Provision of the services and the amount of the reimbursed costs will be subject to additional terms set out in the Agreement:

- 1) The maximum reimbursement will be limited to the value or number caps stated in the Agreement and will not be higher than the value specified in clause 1(2) of these Terms.
- 2) The maximum reimbursement will be limited to the deductible specified as a per cent value or amount stated in the Agreement and will not be higher than the value specified in clause 1(2) of these Terms.
- 3) The maximum reimbursement will not exceed the limit on expenses on services under the Agreement and will not be higher than the value specified in clause 1(2) of these Terms.
- 4) In the case of medical services requiring a written referral issued at a Medicover Facility (specified in the Agreement), the reimbursement will be made if a copy of the referral is enclosed with the documentation.

II. Disbursement procedure

1. The Entitled Person applying for reimbursement will file an application for reimbursement of costs, the template of which constitutes an appendix hereto, and the required documents within 30 days of receiving the service.

2. A correctly completed application for reimbursement of treatment costs should specify:

- 1) Personal and address data of the Entitled Person whom the services were provided to,
- 2) List of the performed services in accordance with the scope of services in the benefit plan, covered by the reimbursement terms,
- 3) Number of services of the given type,
- 4) Date of providing the service,
- 5) Unit price of the service,
- 6) Bank account number of the Entitled Person,
- 7) Entitled Person's phone number.

3. The documents to be enclosed with the reimbursement application are the following:

- 1) Invoice or bill issued by a medical facility to the Entitled Person (or to the legal guardian in the case of medical services provided to a child) and a list of services provided in the given period. The document will clearly state when the service was performed.
- 2) The invoice/bill will specify the payment method. If the Entitled Person pays the provider by bank transfer, a confirmation must be provided.
- 3) Copy of the referral (to be enclosed with the application), if required by the service or entitlement under the Agreement.

4. Please send the application for reimbursement and the documents to Medicover Sp. z o.o.:

**Zespół Kontroli Zobowiązań
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00-807 Warszawa**

5. The Liabilities Monitoring Team will authorise the disbursement:

- 1) If all documents have been provided and do not contain errors,

- 2) After successfully confirming the registration data of the medical entity which provided the medical services with the Central Registration and Information on Business (CEIDG).

Should any inconsistencies be noted, Medicover Sp. z o.o. will directly inform the person filing the application by phone or in writing.

6. If an incomplete or incorrectly filled-in documentation is received, in particular if:
 - 1) an incorrectly filled-in Application for Reimbursement is submitted,
 - 2) a signed Application for Reimbursed and authorisation to acquire medical documentation by Medicover Sp. z o.o. is missing,
 - 3) appendices are missing (referral, specification),
 - 4) the provided services are not covered by the terms of the concluded agreement and reimbursement terms,
 - 5) the services were provided to an unauthorised person,
 - 6) the services were provided when the person was not entitled to receive medical services,
 - 7) it is impossible for Medicover Sp. z o.o. to verify the correctness of the provided data,
 - 8) correctly issued invoice/bill with confirmation of payment is missing

Medicover Sp. z o.o. will request the person filing the application to provide the required data or will inform that reimbursement is not possible.

7. Medicover Sp. z o.o. may verify the accuracy of the data provided by the Entitled Person (Applicant) by requesting additional documents (including medical documentation concerning the service the Entitled Person applies to be reimbursed for) and may verify the data in the relevant institutions/facilities providing the services, to which the Entitled Person consents in the application for reimbursement. The application for reimbursement will not be processed if the Entitled Person fails to express the consent referred to above.
8. The reimbursement of the treatment costs will take place within 30 days of receiving all and correct documents and will be made to the bank account whose number has been provided in the application.

III. Final provisions

1. The Entitled Person applying for reimbursement of treatment costs will read these Terms.
2. The Entitled Person applying for reimbursement of treatment costs will send a correctly filled-in application for reimbursement, which constitutes appendix hereto, together with the required documentation.
3. In matters not covered herein, the final decision will be taken by the Customer Service Department following a complaint procedure:
 - 1) Every complaint submitted by a Customer is first classified by an employee of the Individual Customer Service Department as a medical or service complaint.
 - 2) Upon receiving a complaint, at the latest within 3 working days, the employee of the Individual Customer Service Department or a person authorised to process the complaint will contact the Customer to discuss the complaint or collect additional information.
 - 3) Every complaint is being handled immediately, and the issues requiring urgent intervention due to their nature will be handled first. The complaints should be resolved within 10 working days at the latest of the day of receiving the notification, unless additional documents are required, in which case the deadline will be extended by another 10 business days from the date of their receipt.
 - 4) If, e.g., the treatment of the Customer continues throughout the complaint processing period, the processing of the complaint may be suspended until the treatment is completed; in such situations the person responsible for processing the complaint will be contacting the Customer on a regular basis.
 - 5) If the investigation may take more than 10 days to complete, a competent employee will inform the Customer, his/her Personal Assistant or the Customer's representative and explain the delay. Such reasons will be documented in the database of the Individual Customer Service Department.