



Healthcare Insurance

for BRANDWATCH POLAND Employees and their Family Members

Dear Employees,

we are very pleased to welcome you to LUX MED Ubezpieczenia as of **January 1, 2025**. We are the market leader in private medical services in Poland. We provide our Patients with care in the largest network of private medical centers in the country. LUX MED is part of the Bupa Group, which has been providing medical services around the world for nearly 70 years.

Our mission is to provide patients with comprehensive care: outpatient, dental, diagnostic, rehabilitation, hospital and long-term care. The LUX MED Group also offers insurance. We strive every day to make medical care easier to use.

On the following pages of the leaflet you will find the scope and prices of the packages as well as practical information on how and where to use LUX MED Group Health Insurance.

THE SCOPE OF INSURANCE

Complex Package

<p>OCCUPATIONAL MEDICINE – coordination of occupational medicine including cooperation between LUX MED and the Patient adjusted to Patient’s needs and individual requirement – all tests and consultations within legal regulations for an employee on given work position.</p>	•
<p>E-REFERRALS FOR OCCUPATIONAL MEDICINE – the service covers access to the Occupational Medicine e-Referral Portal, a system for electronic processing of occupational medicine examination referrals.</p>	•
<p>HEALTHCARE SPECIALISTS CONSULTATIONS – BASIC OPTION – 3 specialists: Internal medicine, family medicine, pediatrics.</p>	•
<p>HEALTHCARE SPECIALISTS CONSULTATIONS – OPTION IV – 63 specialists in the following fields: for The Insured over 18 years of age: allergology, general surgery, dermatology, diabetology, endocrinology, gastroenterology, gynaecology, gynaecological endocrinology, haematology, cardiology, laryngology, nephrology, neurology, ophthalmology, oncology, orthopaedics, proctology, pulmonology, rheumatology, urology, anaesthesiology, angiology, audiology, balneology and physical medicine, vascular surgery, surgical oncology, infectious diseases, phlebology, phoniatriy, geriatrics, gynaecologic oncology, hepatology, hypertension therapy, immunology, travel medicine, neurosurgery, medical rehabilitation; for The Insured under 18: surgery, dermatology, gynaecology (from the age of 16), neurology, ophthalmology, orthopaedics, laryngology, allergology, anaesthesiology, infectious diseases, diabetology, endocrinology, gastroenterology, gynaecology (under the age of 16), haematology, immunology, cardiology, travel medicine, nephrology, neonathology, neurosurgery, oncology, pulmonology, medical rehabilitation doctor, rheumatology, urology.</p>	•
<p>DIETICIAN CONSULTATIONS – OPTION I – 3 visits per year.</p>	•
<p>SPECIALIST CONSULTATIONS – 8 specialists in the following fields: psychiatry, psychology, andrology, sexology, speech therapy, 3 per year in total.</p>	•
<p>NURSING PROCEDURES – (10 procedures) outpatient procedures conducted by a nurse or midwife, e.g. injections, administration of medicines, intravenous therapy, taking blood samples, applying, changing or removing dressings, palpatory breast examination.</p>	•
<p>ON-DUTY PHYSICIAN CONSULTATIONS OPTION II – 5 specialists in the following fields: internal medicine, family physician, paediatrics, general surgery, orthopaedics.</p>	•
<p>OUTPATIENT PROCEDURES OPTION III – (79 procedures) procedures conducted by a physician, nurse or midwife: general medical procedures, surgery, laryngology, ophthalmology, orthopaedics, dermatology, gynaecology, allergology, local anaesthesia, fine-needle biopsy with histopathological testing, bladder catheterisation.</p>	•
<p>FLU AND TETANUS VACCINE – the service includes: vaccinations against seasonal flu and administer tetanus anatoxin (anti-tetanus anatoxin), medical consultation before vaccination, vaccine (the medicinal product), Performance of a nursing service (injection); LUX MED may also arrange vaccination against seasonal influenza in a place indicated by the Insuring Party – for groups over 30 persons.</p>	•
<p>ADDITIONAL PREVENTATIVE VACCINATIONS – vaccinations for Hepatitis A, Hepatitis A and B, measles, mumps, rubella, tick-borne meningitis, physician consultation prior to vaccination, vaccination, injection.</p>	•
<p>LABORATORY TEST PANEL (NO REFERRAL NEEDED) – (5 procedures) – once a year.</p>	•
<p>LABORATORY AND IMAGING DIAGNOSTICS – OPTION III – with a referral issued due to the medical indications – (707 services) including blood (haematology, coagulology, biochemistry, hormonal, tumour marker, serology, infection diagnostics testing), urine, faeces, bacteriology, cytology, mycology, toxicology, strip tests, electrocardiography – resting ECG, cardiac stress test, holter, blood pressure holter, X-ray, ultrasound, endoscopy, MRI scan with contrast, computed tomography with contrast, spirometry, diastolic test, uroflowmetry, audiometry, tympanometry, pachymetry, visual field test, eye adaptation to darkness test, GDX, OCT, mammography, densitometry, EEG, EMG, labyrinth test</p>	•
<p>ALLERGY TESTS OPTION II – skin tests: prick tests, food panel, inhalant panel; patch/contact tests: basic panel, crural ulceration panel.</p>	•
<p>PREGNANCY CARE – care over physiological pregnancy, gynaecology consultations, recommended laboratory and imaging tests.</p>	•
<p>PREVENTIVE HEALTH CHECK OPTION II – from 18 years of age, for men and women, an extended series of age and gender-based laboratory, imaging and functional diagnostics tests, which begin with taking the Patient’s history and finish with an internal medicine consultation (summary of test results, recommendations for the future), once a year.</p>	•

PHYSIOTHERAPY OPTION III – (219 services) locomotor system rehabilitation including 5 neurokinesiology rehabilitation procedures per year and an unlimited number of physical therapy and kinesiotherapy procedures.	•
DENTISTRY – OPTION II – the scope of dentistry includes: Dental emergency, Dental prophylaxis with free dental check-up once a year, Anaesthesia, Conservative dentistry once a year when the patient reaches the limit, they shall be offered an additional 15% discount off the price list of the facility for the above services, Paedodontics once a year when the patient reaches the limit, they shall be offered an additional 15% discount off the price list of the facility for the above services, Dental surgery with 15% discount, Endodontics with 15% discount and 10% discount, Prosthodontics with 10% discount, Orthodontics with 10% discount, Biological dentistry with a 10% discount, Single tooth X-ray and 15% discount on Panoramic X-ray, 24-month guarantee.	•
HOME VISITS OPTION II – the service is carried out by an Emergency Physician at the Insured's place of residence, only in medically justified cases.	•
SECOND MEDICAL OPINION – confirmation of the diagnosis and treatment plan provided without the need of leaving Poland, world's best doctors specializing in a given field, 30 most common disease entities, assistance in organizing further treatment abroad if necessary.	•
MEDICAL CASE CONSULTATION – establishing further diagnostic and therapeutic procedures in complicated medical cases, eminent Polish specialists in their fields, 30% discount.	•
INSURANCE AGAINST MEDICAL TREATMENT COSTS DURING TRAVEL – Insurance coverage in all countries of the world, excluding Poland and the Insured's country of residence. The maximum period of insurance coverage during a one-time foreign stay is 180 days. The scope and amounts of insurance: Consequences of an accident PLN 200,000 in the case of death, PLN 100,000 for damage to one's health. Treatment and assistance costs PLN 300 000, Sublimit for dental treatment costs PLN 2000, Civil liability (persons and belongings) PLN 200,000, Travel luggage PLN 2500	•
HOSPITALISATION CONSULTANT – advice on obtaining hospitalisation benefits via a 24-hour specialist Helpline staffed by medical professionals who provide information related to the organisation of treatment - hospital admissions, both publicly funded within the National Health Fund (waiting times, necessary referral requirements) and commercially funded (approximate treatment costs).	•
SHORT-TERM SURGERY 15% discount - coverage includes coordination and payment of 15% of the cost of elective surgeries (183 for adults; 57 for children).	•
PACKAGE AVAILABILITY OPTION – GOLD – provision of better access to the Contractor's Specialist Physicians - above 80% of availability time. Under this option, the Insured is entitled to Reimbursement of health services costs, amounting to 90% of the unit price for the health service carried out, up to the limit of PLN 700 quarterly.	•
10% DISCOUNT for other services provided by LUX MED and Medycyna Rodzinna (excluding dentistry).	•

PACKAGES PRICES

PACKAGE TYPE	INDIVIDUAL TYPE (Employee up to 70 years old)	PARTNERSHIP TYPE (spouse / partner and all children under under the age of 26) – additional premium to individual type	FAMILY TYPE (spouse / partner and all children under under the age of 26) – additional premium to individual type
COMPLEX PACKAGE	290,00 PLN* <i>Sponsored by the Employer</i>	234,00 PLN <i>Deducted from the salary</i>	497,00 PLN <i>Deducted from the salary</i>

*The non-taxable cost of Occupational Medicine is 138 PLN.

HOW TO JOIN HEALTH INSURANCE? HOW TO JOIN A FAMILY?

How to fill out your e-Declaration:

Joining the insurance in our system is a **two-part process**:



- I. **Creating an account** by a person joining the insurance as an employee
- II. **Filing the declaration** on joining the insurance

Creating an account

1. In order to create an account in the e-declaration system, go to <https://edeklaracje.ubezpieczenia-luxmed.pl/client/code>, enter the access code **BRAN7345** and press "Enter"
2. You will be redirected to the website for user account registration
3. Create a login and enter a password which you will be using for the application. All fields marked with * are mandatory.
4. Fill out the remaining required data. All fields marked with * are mandatory.
If you are a Polish citizen, enter your PESEL number in the Number field.
If you are a citizen of a different country, set your citizenship, choose one of the document types available on the list and enter the series and number of your document in the Number field.
Make sure you enter the e-mail address which is used for communication on the platform without any mistakes.
5. Accepting the terms and conditions and the privacy policy is obligatory; signing up for our newsletter is voluntary.
6. Press "Register" at the bottom of the page. **You have now completed the account creation process. You will be redirected to a website where you can fill out your e-Declaration.**

Filing the declaration on joining the insurance

1. Press "Fill out the e-Declaration" on the left side of the screen
2. Select the offer that you would like to join
3. Fill out all the mandatory fields marked with * and then:
 - a) **If you would like to join the insurance in the Individual Variant** (without adding any family members), press "Go to summary"
If the data in the summary of the declaration details are correct, press "Save". If you would like to correct or change any declaration details, press "Go back" and change the selected offer or your data in the declaration. After you have introduced the changes, go to the summary and save your data.
If you have correctly filled out the e-Declaration before the 20th day of the month, your insurance coverage will be activated starting from the 1st day of the following month.
If you have filled out the e-Declaration after the 20th day of the month, your insurance coverage will be activated starting from the month following the month during which you have filled-out the e-Declaration.
 - b) **If you would like to add a close family member (spouse, partner or child)**, press "Employee's partner" or "Employee's child" and then select the offer for which you would like to register each of the family members.
Fill out the mandatory fields marked with *. If your family member has the same address as you, you can press: "autofill address"
After filling out the data of your family members, press "Go to summary".
If the data in the summary of the declaration details are correct, press "Save". If you would like to correct or change any declaration details, press "Go back" and change the selected offer or your data in the declaration. After you have made the changes, go to the summary and save your data.
4. **Accept the joining of the insurance and mark the required declarations.** Save the data you entered.
Important:
Adult family members registered for the insurance will be sent a link with a request to accept the joining of the insurance and mark the required declarations.
In the case of under-age family members registered for the insurance, the parent or legal guardian accepts the joining of the insurance, marks the required declarations by clicking on the link sent to the email address indicated in the e-Declaration.
Failure to accept the joining of the insurance and to mark the required declarations by all family members registered for the insurance will result in the insurance not being activated for all registered persons (including the Employee).
If you have correctly filled out the e-Declaration before the 20th day of the month, your insurance coverage will be activated starting from the 1st day of the following month.
If you have filled out the e-Declaration after the 20th day of the month, your insurance coverage will be activated starting from the month following the month during which you have filled-out the e-Declaration.

SCHEDULING APPOINTMENTS AND TESTS

How do I make an appointment at LUX MED Group Medical Centres?

Appointments and examinations can be scheduled in the following way:

- after logging into the **Patient Portal**,

- or by calling the helpline at **22 33 22 888**.

How do I cancel an appointment?

Canceling appointments is very important because it allows another Patient to benefit from the doctor.

You can cancel your appointment:

- by sending a **NO message** as a reply to the appointment confirmation text message,
- via the **Patient Portal**,
- by contacting our helpline at **22 33 22 888**.

How do I make an appointment at partner facilities?

Appointments at partner facilities may be scheduled:

- by making a phone call directly to the partner facility where you wish to book the appointment,
- in person – by visiting the partner facility .

MEDICAL CARE AT OUR FACILITIES

How to use the services at our facilities?

Arrive at the facility 10-15 minutes before the scheduled time and confirm the visit:

- by replying **YES to the text message** (which you'll receive 15 minutes before your appointment time)*,
- via the Patient Portal,
- in person at the reception desk.

Remember to bring a document verifying your identity with your photograph (you may be asked for it in the surgery or at the reception desk)

PATIENT PORTAL

What is the Patient Portal and who can use it?

The Patient Portal is an online platform that will enable you to easily:

- make and cancel an appointment,
- check laboratory test results,
- order a prescription,
- use the Online Consultation system,
- gain access to your medical history,
- make an appointment for occupational,
- medicine examinations.

The Patient Portal is also available in the form of a mobile application, available for devices with iOS and Android operating systems.

How do I access the Patient Portal?

You can create an account on the Patient Portal in two simple steps:

1. Go to portalpacjenta.luxmed.pl
2. Complete the form and click 'Create an account'

After filling out the form, you can now make and cancel appointments.

In order to use all features of the Patient Portal, you must confirm your identity. This can be done:

- by visiting the Patient Portal <https://portalpacjenta.luxmed.pl> (if you are 18 or over),
- by calling the Phone Line on 22 33 22 888,
- by completing the contact form at <https://www.luxmed.pl/lp/zalozportalpacjenta/>,

- at a facility,
- electronic banking: mojID.

Ordering e-Prescriptions

If you require an e-Prescription as part of your continuing LUX MED treatment, you can order it through:

- the Patient Portal (under the 'Prescriptions – Order a prescription' tab),
- the Phone Line on 22 33 22 888,
- the reception desk.

After the prescription is filled, you will receive an SMS informing you that the prescription has been issued by your doctor.

E-prescriptions can be ordered for medicines that have already been prescribed by a LUX MED doctor.

DIAGNOSTIC TESTING

How do I prepare for the test?

Information on how to prepare for the most common tests can be found at:

- the **Patient Portal**,
- www.luxmed.pl under "Health in 4 Steps - Before Your Visit" subpage.

What is the term of validity of a referral for laboratory tests or diagnostic examinations?

The term of validity of a referral for all the laboratory tests or diagnostic examinations is 3 months. The term of validity may be different if the doctor decides otherwise and makes an annotation on the referral.

Can someone else collect test results on my behalf?

If you want someone else to collect your test results, you first need to authorise the person to do so. You will find an authorisation template on our website luxmed.pl – in the 'Toolbox – Document templates'. Hand in your completed document at a LUX MED Group medical centre.

CONSULTING A PHYSICIAN EVEN WITHOUT LEAVING HOME

Telephone consultations

Telephone consultations are fully valid medical consultations during which a physician may issue an e-Prescription, e-Referral or e-Sick Leave. Make an appointment and the physician will call you on the specified date.

Online Consultations via the Patient Portal

During the consultations you can, amongst other things, discuss symptoms which worry you and request advice in the selection of medicines. Our specialist has access to medical records, so he/she can also assess the results of tests or issue an e-Referral, if necessary. During the consultations, the physician can also issue an e-Prescription. Consultations are available through the Patient Portal without prior registration, seven days a week, 07.00-24.00. The Online Consultation record forms part of your medical records.

Emergency Medical Assistance 24/7

Emergency Medical Assistance enables you to receive immediate support in cases requiring rapid medical intervention, call an ambulance, arrange a home visit, receive a professional telephone consultation or be referred to the nearest on-duty facility. We are available by phone 24/7, ready to give you immediate help! Please remember this number **22 322 9999**.

REIMBURSEMENT UNDER THE AVAILABILITY OPTION

The reimbursement applies to services covered by the medical package you have joined. It gives you the possibility to receive reimbursement of costs incurred for medical services provided outside the LUX MED network (from any facility or doctor's surgery). As part of the Complex Package, the Patient is entitled to reimbursement of **90% of the unit price** for the services performed, up to the **limit of 700 PLN per quarter**. In order to benefit from the reimbursement:

- **Receive outpatient services** and make payment.

- **Get a VAT invoice or bill for the service provided.** The document should:
 - ✓ be made out to the beneficiary and, in the case of a child under 18 years of age, to the parent or guardian - to a parent or guardian;
 - ✓ contain the details of the beneficiary - at least name, surname and address;
 - ✓ if the beneficiary is a child under 18 and the invoice is issued to the parent or guardian,
 - ✓ the invoice should contain the child's details - at least first name, surname and address;
 - ✓ include a list of services rendered: the name of the outpatient service, the amount of each service provided, the date of service (if different from the invoice date), the price of each service provided.
- **Download and complete the Refund Application.** You can find the application on the website: <https://www.luxmed.pl/ubezpieczenia/obsługa-firm/refundacja-kosztów-leczenia-swoboda-leczenia/refundacja-kosztów-leczenia--swoboda-leczenia.html>
- Send the completed Application Form and all documents to the following e-mail address: roszczenia.ubezpieczenia@luxmed.pl lub pocztą na adres:

LUX MED Sp. z o.o.

ul. Szturmowa 2
02-678 Warszawa

with a note: Refundacja LMG (LMG Reimbursement)

You have 3 months from the date of service to submit your Reimbursement Application. The reimbursement is made within 30 days after receiving a complete Application. The reimbursement amount is transferred to the bank account indicated in the Application.

Reimbursement does not include:

- benefits related to hospitalization and other benefits provided under hospital conditions requiring the Eligible Person's stay in a hospital ward,
- services in the field of occupational medicine, prescription medicine, sports medicine,
- home visits,
- dental services

REIMBURSEMENT OF DENTAL EMERGENCY SERVICES

The scope of Dental Duty, depending on the Medical Facility, includes, covering or reimbursement (Reimbursement) of costs up to the maximum limit, i.e. **350 PLN per 12-month period** of the Contract, performed by Dentists.

Services under Dental Emergency are provided only in case of sudden illness or personal accident outside working hours of Own Units. In order to provide services under Dental Emergency Service, the Patient must report the need for Dental Emergency Service in case of a sudden illness or accident to the Infoline (phone no. 22 33 22 888), and then provide the services at a medical facility indicated by LUX MED according to the instructions given by the Helpline employee and, if the service cannot be provided cashless at a given medical facility, pay the costs of the services provided in accordance with the price list applicable there, submit a request for reimbursement accompanied by original invoices or bills for the services provided to the Patient. The invoice or bill should include:

- details of the Patient to be reimbursed for the services provided (at least name, surname, address). In the case of services provided to a child, if the invoice is issued to the actual guardian or legal representative, the invoice should contain the data of the child for whom the services were provided;
- a list of services rendered to the Patient (which constitutes the content of the invoice) or an attachment in the form of a specification issued by the Medical Facility performing these services along with the name of the service, or a copy of medical documentation concerning a given service performed;
- the number of services of a given type;
- the date the service was performed;
- unit price of the provided service.

If, after reimbursement of services under the Refund procedure, LUX MED obtains evidence that the Refund has been paid on the basis of information or invoices or bills that do not comply with the facts stated in the Application or the enclosed documents (e.g. submission of

invoices or bills for services provided to third parties along with the Application), LUX MED is entitled to reimbursement of unduly paid amounts under the Refund, with interest calculated from the date of making the payment under the Refund.

The Refund payment is made on the basis of the Refund Application submitted by the Patient, together with original invoices or bills and other required documents, sent within 3 months from the date of service provision.

LUX MED will reimburse the costs (Refund) to the bank account number indicated in the Application within 30 days from the date of delivery of the complete Application.

The Application for Refund is an annex to the Agreement and is available at www.luxmed.pl

PATIENT SATISFACTION

The opinions of our Patients are of the utmost importance to us; therefore, we continually develop tools that enable us to hear their views. We encourage you to complete a customer satisfaction survey after each medical consultation.

How can I give my comments and feedback about my healthcare?

Any comments, suggestions or feedback can be provided:

- Through the **contact form** available on the home page of www.luxmed.pl under the "For Patients" tab;
- Through the **Patient Portal**;
- By email: roszczenia.ubezpieczenia@luxmed.pl
- By questionnaires, which we send right after the service by e-mail or SMS. Surveys are sent randomly so as not to overload you with too many messages. If you want to send us your comments and you have not received the questionnaire, please visit the Patient Portal.

We read each submitted opinion and contact our Patients to better understand their needs. We analyze, draw conclusions, and implement changes to continuously improve our care for Patients.