VOLUNTARY HEALTH INSURANCE

DUNAV INSURANCE COMPANY

Once a friend, always a friend

HOW TO USE VOLUNTARY HEALTH INSURANCE?

Call the Medical Contact Center at +381 (0) 11 33 41 488

If you need to use a medical service, you can call the Medical Contact Center, which is available 24/7 or schedule a required service online through a direct access at Medical appointments - Dunav insurance at the website of Dunav Insurance Company.

Card or Document on Voluntary Health Insurance

For a more efficient communication with the Medical Contact Center, please prepare your Card or Document on Voluntary Health Insurance, which includes the data required for identification and establishment of scope of insurance cover.

Communication with Medical Contact Center and Patient Appointment

For Insurer to indemnify the costs of medical services under the scope of your insurance cover, it is important that there is a clear medical indication and that medical treatments are justified.

For exercising rights under Voluntary Health Insurance, you need to **provide the Medical Contact Center with detailed information on the type of illness or accident and the difficulties you feel**. If a follow-up examination is required or referred to, this must be **documented by a report of the attending physician**. Please be prepared to email this report to the Medical Contact Center at infomedic@europ-assistance.rs .

Medical Contact Center shall:

- check the scope of your insurance cover, provide the information on the sum insured to which you are entitled and contractual co-payment and/or whether you need to bear a part of the expenses of required health care service out of your own pocket, according to the insurance cover.
- appoint and refer you to the necessary health care service.
- provide a confirmation of the appointment for required health service.

Rendering appointed services in medical institution

When arriving at a medical institution, it is necessary to present your Card or Document on Voluntary Health Insurance, as well as the identification document including a photo – a personal ID card or passport.

After the health care service is completed, you will be required to place your signature on **the Referral/ Authorization form**, thus confirming that the medical institution provided the service. Only thus signed document shall be acceptable for the Insurer to indemnify for the incurred expenses.

Additional examinations in medical institution

If, following the approved and rendered services and at the recommendation of a physician, the additional health care services are needed, it is necessary that you or the medical institution immediately call the Medical Contact Center which will check the scope of cover and, accordingly, issue either a consent to amend the existing Referral or a new Referral/Authorization.

Medical emergencies and conditions that require immediate attention

In situations when you are not able to call the Medical Contact Center before going to a medical institution (emergencies and conditions that require immediate attention), the medical institution or a person from your escort need to contact the Medical Contact Center as soon as possible to allow us provide the necessary payment guarantees in accordance with your agreed insurance cover.

Cost refund for examinations without previous appointment

Where providing the necessary health care services has not been previously appointed through the Medical Contact Center, you will pay for the costs of the treatment out of your own pocket and Dunav Insurance Company shall reimburse them according to the scope of cover and agreed limits, within 14 days following the documents completion.

The following documentation is required for the reimbursement of costs:

Notice of the insured occurrence (the form downloadable from the website)

https://portal.dunav.com/assets/documents/prijava-osiguranog-slucaja-dzo.pdf

Statement of the Insured on circumstances of insured occurrence.

Photocopy of Voluntary Health Insurance Card.

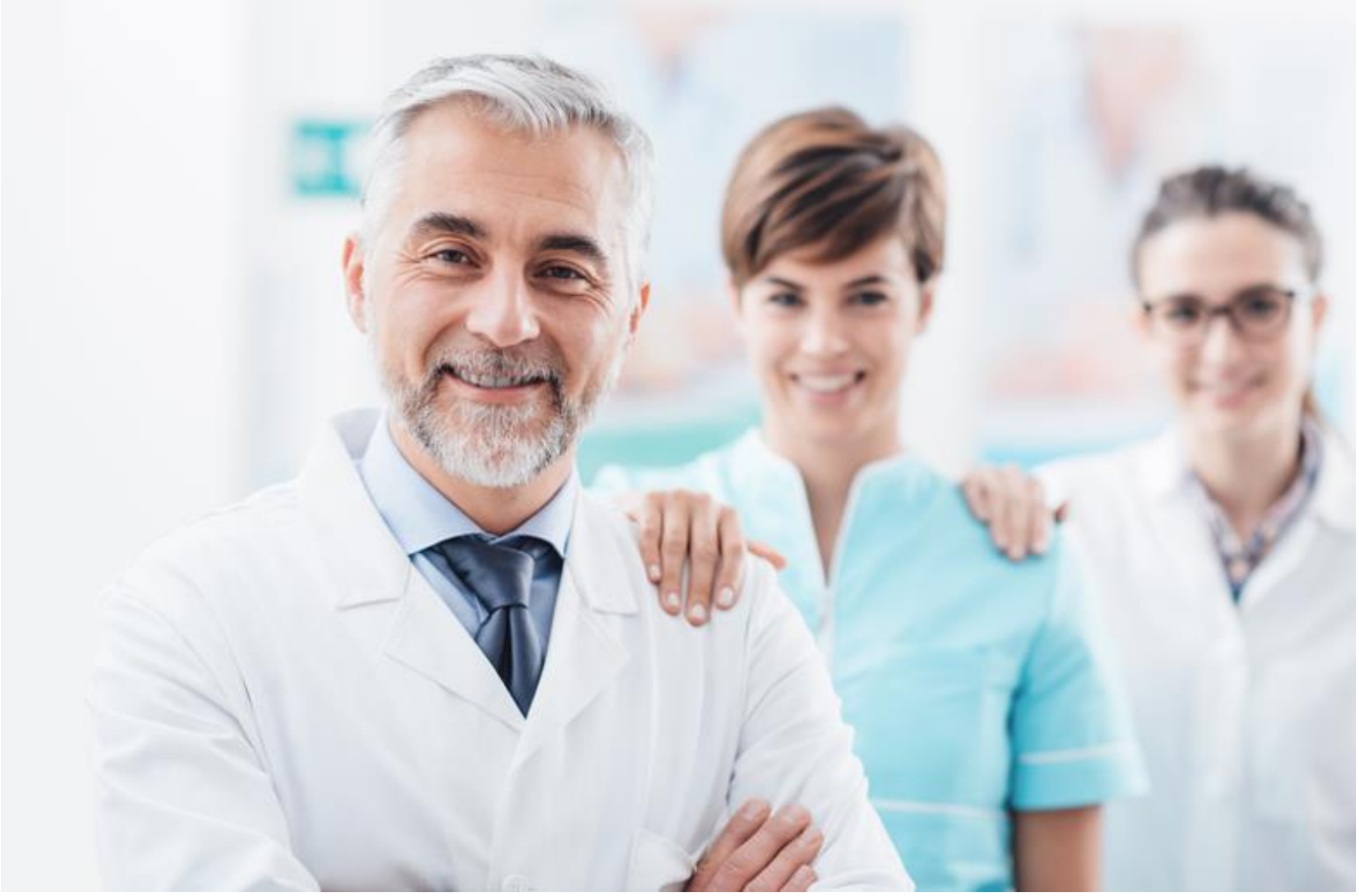
Complete medical documentation with a doctor's report containing the date of examination, diagnosis of illness or injury, signature and stamp of the attending doctor.

Bill for the provided medical services or medications both, enclosed with the list of expenses and prices, fiscal receipts, signed by the authorized person with affixed stamp of the institution.

If the total amount of the submitted receipts does not exceed 300 EUR, original bills are not required and such claim may be submitted solely through the Company portal:

https://portal.dunav.com/stete-za-fizicka-lica

If the total amount on the bills submitted exceeds EUR300, the insured shall submit the original receipts and the specified documentation in person or by post, after the treatment, within 30 days, at the address:
Kompanija „Dunav osiguranje“, Direkcija za naknadu šteta, Makenzijeva 65, 11000 Beograd



SHORT GUIDANCE FOR YOUR INSURANCE PACKAGE

An overview of your agreed scope of coverage is contained in **you Voluntary Health Insurance Policy** and **the information in the Notes.**

You can find information on the Voluntary Health Insurance, the rights and liabilities under the Special Terms and Conditions for Group Voluntary Health Insurance at the official website of Dunav Insurance Company at:
https://www.dunav.com/en/insurance/health/voluntary-health-insurance/

An up-to-date list arranged by type of medical institutions comprising the Insurer's network is available on the official website of the Dunav Insurance Company at:
https://www.dunav.com/en/insurance/health/healthcare-provider-directory/

Please pay attention whether the agreed insurance package covers the pre-existing conditions, specific sub-limits for particular services, examinations by professors of medicine, treatment only within the insurer's network of medical institutions or outside the network as well, and whether, for particular services and particular medical institutions there is a co-payment in line with the type of network.

You can get all the necessary information regarding your insurance cover by calling the Medical Contact Center of Dunav Insurance Company, available 00-24 all year round at **+381 (0) 11 33 41 488.**

SCOPE OF GENERAL CHECK-UP

If you have contracted additional coverage of preventive (general) check-up within your Package, to actually undergo the **general check-up** you need to first call the Medical Contact Center at least 7 (seven) days before the desired appointment.

Moreover, a standard check-up may be scheduled *online,* through a direct access at Medical appointments - Dunav insurance at the website of Dunav Insurance Company, by selecting an option **New requirement/general check-up.**

In the Notes of your Voluntary Health Insurance Policy there is the information on the medical institution and the location where the general check-up may be delivered.

The Contact Center will appoint the general check-up in a medical institution and inform you of the appointment and the required preparation for undergoing the general check-up according to the prescribed procedure of the selected medical institution.

In your best interest, we kindly ask you to obey the appointments of the general check-ups.

There is no possibility of partial use of the general check-up services, but at your request, the Insurer will allow the use of one separate examination / diagnostic procedure from the agreed scope of the general check-up. By using part of the services from the agreed scope of the full examination, you are considered to have fully exhausted the coverage for the general check-up.

If, due to sudden and objective circumstances you are prevented from undergoing general check-up in an already scheduled / reserved term of the appointment, it is necessary to call the Medical Contact Center 24 hours before the scheduled / reserved term of the appointment and cancel the service; otherwise, the Insurer can not guarantee a full examination in new term.

The participation fee for the general check-up is 0%.

If an additional laboratory, diagnostic procedure or examination is indicated during the general check-up, it is necessary to submit a report of the doctor with the indicated medical services to the Medical Contact Center in order to obtain a new Referral.
The Insurer reserves the right to change the institution for providing the general check-up in case the quality and manner of service do not meet the criteria to the satisfaction of the Insurer.

YOUR VOLUNTARY HEALTH INSURANCE POLICY and Covid-19

In the event of occurrence of a health condition that requires an appropriate medical attention and particular diagnostic procedures before establishing a diagnosis, the agreed scope of coverage under the insurance Policy and the Schedules to the Policy shall include all justified, reasonable and regular costs of medical examination and laboratory blood tests (LDH, CRP, D-dimer), lung imaging, etc. Moreover, the insurance policy shall provide for the coverage of costs of an antigen or antibody tests, provided they have been prescribed by a doctor, so as to make a diagnosis in case of doubt of Covid-19 infection.

Self-initiated or preventive testing for Covid 19 infection shall not be covered under a Voluntary Health Insurance policy, regardless of the type of test.

As of the moment when the Covid-19 disease is diagnosed, treatment of such disease shall not be covered under the Voluntary Health Policy, but the Insured shall be entitled to make use of other necessary health care services that are not causally related to the Covid-19 virus. The coverage shall be provided for the treatment costs of the consequences caused by SARS-CoV-2 virus infection that are present continuously, after the elapse of 3 months since the presence of infection was first diagnosed by the standard laboratory test (PCR or antigen test results are accepted).

If the Insured is vaccinated/revaccinated against Covid-19, and eventually develops health problems caused by the reaction to the vaccination/revaccination, the Insured may use health services during the rehabilitation from such conditions in accordance with the limits and sub-limits of coverage contracted under the voluntary health insurance policy.