

Document with information about insurance product

Company: CROATIA INSURANCE COMPANY Plc. With registered office in the Republic of Croatia with approval to preform insurance and reinsurance activities

Product: Travel health insurance

This document is for information purposes and contains important information about the product. More information on coverage and other rights and obligations under the insurance contract can be found in other pre-contract and contract documents.

Type of insurance

Voluntary travel health insurance of persons during travel and stay abroad.



Insurance coverage

- ✓ The insured sum is the maximum liability limit of the insurer per occurrence.
- ✓ This insurance provides coverage to persons in the event of emergency medical treatment during their stay abroad, which treatment is necessary due to: sudden illness or consequences of an accident.
- ✓ Coverage limits per program:
 - Program A
 - € 10,000 (75.345,00 kn) in the event of illness,
 - € 15,000 (113.017,50 kn) in the event of accident;
 - Program B
 - € 30,000 (226.035,00 kn) in the event of illness,
 - € 30,000 (226.035,00 kn) in the event of accident;
 - Program C
 - between € 50,000 (376.725,00 kn) and € 100,000 (753.450,00 kn) in the event of illness and accident.
- ✓ Insurer will reimburse the following costs incurred due to necessary emergency medical treatment during a person's temporary stay abroad:
 - medical treatment in an outpatient clinic;
 - medications and other medical aids prescribed by a physician;
 - diagnostic procedures - X-ray, ultrasound or magnetic resonance imaging;
 - hospital treatment, including surgeries;



Exclusions from the coverage

- ✗ legally incompetent persons or mentally ill persons;
- ✗ Croatian citizens during their travel and stay abroad in a country where they have registered permanent or temporary residence for the purpose of performance of work or activities;
- ✗ foreigners during travel and stay in their country of residence;
- ✗ events that occurred due to earthquake, epidemic, pandemic, natural disaster, war, terrorism and other similar events;
- ✗ chronic illnesses, recurrent diseases, stress-related mental conditions, as well as all diseases that had already been diagnosed and treated prior to the conclusion of insurance, unless otherwise agreed;
- ✗ physician's examination and treatment not resulting from emergency medical treatment or accident;
- ✗ an event that occurred while attempting to commit or while successfully committing a criminal offence or suicide;
- ✗ an event that was intentionally caused;
- ✗ an event that occurred while operating any aircraft, watercraft or vehicle without proper licence;
- ✗ an event that occurred because the insured was under the influence of alcohol, narcotics or drugs;
- ✗ cosmetic surgery and other aesthetic procedures;
- ✗ artificial insemination or other forms of infertility treatment;

- costs of transport by ambulance or of repatriation;
- rescue by emergency medical helicopter;
- reimbursement of costs of an unused ski-pass due to hospital treatment that lasts longer than 3 days.

It is also possible to contract the following with payment of additional premium:

- coverage for chronic conditions;
- coverage for events that occurred due to sports or recreational activities, as well as any professional manual or physical activity.

- ✗ accidents related to alpinism, sports aviation, parachuting, hang gliding or glider-flying.



Coverage limits

- ! Persons between the age of 70 and 80 can be insured exclusively by using program A, with insured sums up to € 5,000 (37.672,50 kn) in the event of illness and up to € 7,500 (56.508,75 kn) in the event of accident, provided that they are healthy, when travelling in a group and with payment of additional premium.
- ! Necessary dental treatment due to acute toothache is covered up to € 100 (753,45 kn).
- ! If insurance program A is contracted, the insurer is liable for costs up to the limit of:
 - € 2,000 (15.069,00 kn) for costs of transportation to the place of residence,
 - € 3,000 (22.603,50 kn) for costs of transportation of a deceased person to the place of residence,
 - € 2,500 (18.836,25 kn) for rescue by emergency medical helicopter.



Geographical scope of insurance

- ✓ This insurance can be contracted world-wide, depending on the destination of travel, except for the insured's country of residence or the country in which the insured exercises the right to healthcare.



What are my obligations

- The policyholder and the insured are obligated to report to the insurer all circumstances relevant for risk assessment when concluding the insurance contract and during the term of insurance contract.
- The policyholder is obligated to pay the contracted insurance premium within the agreed time limits.
- The insured is obligated to report the occurrence of an insured event immediately and to submit a claim notification to the insurer for the insured event at the latest within 30 days following completion of treatment or transportation to the place of residence.



When and how to pay insurance

The premium is paid when concluding the insurance contract, before the start of travel exclusively. Payment of the insurance premium can be contracted as a lump-sum cash or card payment.



Date of commencement and expiration of coverage

The insurer's liability commences at 12.00 midnight on the day indicated in the policy as the insurance commencement date, but not before the insured crosses the state border.

The insurer's liability expires at 12.00 midnight on the day indicated in the policy as the insurance expiration date or at the moment when the insured crosses the state border on the way back.

The contract is concluded for the duration of travel and can be concluded for a maximum period of one year.



Cancellation of contract

The contract cannot be cancelled after the commencement of insurance coverage.