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

In case you need to use a health care service, please MAKE SURE to call the Medical Contact Center, available 00 – 24h all year round.

Card – Document on Voluntary Health Insurance

For a more efficient communication with Medical Contact Center, prepare your Card – Document on Voluntary Health Insurance since it contains the data necessary for identification and definition of scope of insurance cover.

Communication with Medical Contact Center and Patient Appointment

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

For the purpose of exercising rights under Voluntary Health Insurance, it is necessary to **provide the Medical Contact Center with detailed information on the type of illness or accident and difficulties you feel**. If you need a follow-up examination or are referred to an examination, this must be **documented by a report received from your attending physician**. Please be prepared to email this report to the Medical Contact Center to the address: 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 cost participation and/or if 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 for a confirmation of the appointment for the required health care service.

Rendering appointed services in medical institution

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

After the health care service has been completed, it is **mandatory that you sign by hand the Referral / Authorization Form**, thus confirming that the medical institution provided the service. Only this shall be acceptable for the Insurer to reimburse for the incurred expenses.

Additional examinations in medical institution

If, after approved and rendered health care services and upon the recommendation of a physician, you need to undergo the additional health care services, it is necessary that you or the medical institution immediately call the Medical Contact Center that will check the scope of cover and, accordingly, issue an approval to amend the existing Referral or a new Referral / Authorization.

Medical emergencies and conditions that require immediate attention

In situations when it is not possible 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 shall 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 rendering necessary health care services has not been previously appointed through the Medical Contact Center (including the rendering of health care services outside the network of medical institutions), you will pay for the costs of the treatment out of your own pocket which Dunav Insurance Company shall reimburse 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:

The original 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 physician's report containing the date of examination, diagnosis of illness or injury, signature and stamp of attending physician.

Receipt for healthcare services or purchase of medications with the list of expenses and prices, attached 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 receipts 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 of the submitted receipts exceeds 300 EUR, the insured is obliged to submit original receipts, and the mentioned documentation may be submitted 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 GUIDELINES FOR YOUR INSURANCE PACKAGE

An overview of your agreed scope of coverage is contained in **your Voluntary Health Insurance policy** and **the information in the notes.**

You can find information on Voluntary Health Insurance, rights and obligations in the Special Terms and Conditions for Individual Voluntary Health Insurance, available always 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 within the Insurer's network is available always at the official website of the Dunav Insurance Company at:
https://www.dunav.com/en/insurance/health/healthcare-provider-directory/

Please pay attention to 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 and whether for particular services and medical institutions by type of network you are obliged to pay the cost participation.

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 GENERL 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.

Your voluntary health insurance policy, in the Notes field, includes the medical institution and the location where the general check-up has been 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, it is considered that you have fully used 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 appointment, it is necessary to call the Medical Contact Center 24 hours before the scheduled / reserved term of 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 provide for a new Referral.

The Insurer reserves the right to change the institution for performing a general check-up in case the quality and manner of providing services do not meet the satisfactory criteria of the Insurer.

YOUR VOLUNTARY HEALTH INSURANCE POLICY and Covid 19

In the event of occurrence of a health condition that requires the provision of an appropriate medical service and particular diagnostic procedures to make a diagnosis, the agreed scope of coverage stipulated under the insurance Policy and the Schedules thereto 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, 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). The specified cover extension shall apply to all the insured persons who have been confirmed the diagnosis of SARS-CoV-2 virus.

In case of any health problems that the insured person may experience as a reaction to the administered a vaccine/revaccine against the Covid 19, they shall be entitled to make use of the health care services in accordance with the limits and sublimit stipulated under the Voluntary Health policy for the treatment of such medical conditions.