

The limits are applied within your Overall Maximum Limit per Insurance Year unless otherwise mentioned in current Insurance conditions or in the Insurance Policy. Benefits marked with * are Optional benefit riders which the Policyholder must apply and additional premiums paid.

INSURANCE PLANS	SUNRISE HOME	TERMS AND DEFINITIONS
Area of coverage	Freedom of choice and access to any clinic/ Hospital within Poland	
OVERALL MAXIMUM LIMIT	€ 250 000	
In-Patient (emergency/programmed)	Full cover	We will pay for hospital room and board costs for a standard single en-suite room including general nursing care.
Rehabilitation (pre-authorisation)	€ 2 000 (after a surgery)	We will pay for In-Patient rehabilitation costs for a combination of therapies such as physical, occupational and speech therapy for Rehabilitation for as long as: <ul style="list-style-type: none"> • it follows an acute brain Injury, such as a stroke or accident; and • it is a part of Treatment that is covered by the Policy; and • a Medical Practitioner/Physician who specialises in Rehabilitation is overseeing the Insured Person's Treatment; and • We have agreed the costs before the Insured Person starts Rehabilitation; and • the Treatment could not be carried out on an Out-Patient basis.
Advanced imaging (MRI, CT, PET)	Full cover (In-Patient + Out-Patient)	We will pay for the costs of CT, MRI or PET scan (or combination of these scans) when recommended by Your Specialist
Cancer Treatment (surgery, hospitalization, ambulatory, medicines, Treatments, therapies)	Full cover	This benefit requires Pre-authorisation. We will pay for fees specifically related to active Cancer Treatment and this includes chemotherapy, radiotherapy, oncology, diagnostic tests, and prescribed medicines. Cancer Treatment is subject to a limit of up to 120 days per In-Patient admission.
Transplant medical services	Full cover (In-Patient) € 25 000 (Out-patient)	This benefit is subject to Pre-authorisation. This refers to the Treatment for and in relation to life-sustaining for the case of transplant of human organs for the following transplants: kidney, heart, heart-lung, liver, pancreas transplants approved by our Medical Advisor in respect of the Insured Person as the recipient of the organ. The transplant will be carried out in internationally accredited institutions by accredited surgeons and where the organ procurement is in accordance with World Health Organisation (WHO) guidelines. Costs associated for the donor, the search or and the procurement are excluded. The specific type and length of treatment will be determined by the type of transplant and underlying medical condition.
Prostheses (surgical implants)	Full cover	We will pay for internal prosthesis/medical implants needed as part of treatment. These must be approved by US Food and Drug Administration (FDA) and are used for their intended purpose and proven to be effective Treatment.
Hereditary and congenital conditions	Full cover in the first 60 days after birth (In-Patient)	We will pay for the In-Patient/Day-Patient treatment of Hereditary and congenital conditions, subject to Pre-authorisation. After the specific period, the new born will be subject to underwriting.
Cash-benefit (public system In-Patient - in the country where you pay the taxes)	€ 100/night (maximum 10 nights/Year)	We will pay a cash benefit for each night You spend in a hospital where You are not charged for Your admission (i.e.: at a public hospital or treatment is free of charge).
Out-patient surgery	Full cover	We will pay for the costs of a surgical procedure performed as an Out-Patient under a local anaesthesia.

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Out-Patient consultations (includes Telemedicine consultation – only 1 (one) consultation per day from an approved telehealth provider) (recommended with presumptive diagnosis)	€ 1 000	
Prescribed Medicines (prescribed by Your medical practitioner to treat an eligible medical condition and includes prescribed medicines following a Telemedicine consultation)		
Laboratory analysis, X-rays, diagnostic tests	€ 2 000	
Physiotherapy	Up to 12 sessions only, Up to maximum € 1 000 in aggregate, per period of cover	
Emergency Out-Patient room	Full cover	
Routine health check and vaccinations	€ 100 Prevention (after 1 year Waiting period)	
Type of ambulances covered: • road ambulance • air ambulance, if appropriate. Reasons when transport by ambulance is covered: • for emergency transport to or between hospitals; or • when a medical practitioner says that it is medically essential and when you need to have medical supervision while being transported	Full cover	
Lump sum in case of death	€ 5 000	
Second Medical Opinion Service	Included	
MediSky Assistance	Customer Care Department (9:00 – 17:30, Mo-Fr)	