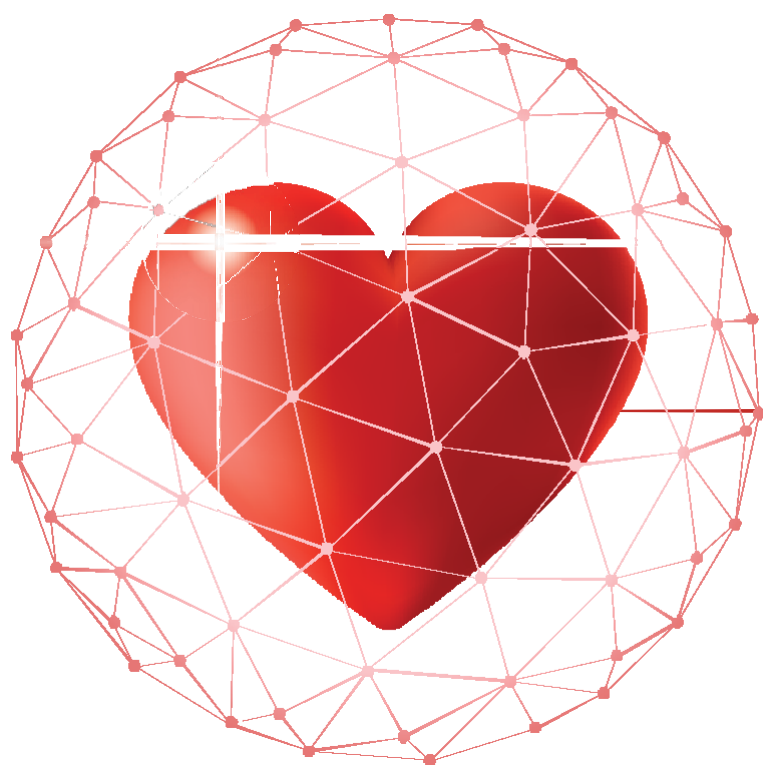


USER MANUAL for VOLUNTARY HEALTH INSURANCE



Voluntary Health Insurance
MEDICA EXELENATA

Using the insurance services will soon
require access to the online portal.
Make sure you have access in time:
[Customer Portal](#)
Find more information [here](#).

Read these instructions carefully.

Only by understanding your coverage, rights and obligations, and learning how to use insurance will you be able to take full advantage of this benefit.

GENERAL INFORMATION

Where is the insurance valid?

Insurance covers the costs of treatment on the territory of the Republic of Serbia.

What is covered?

This insurance covers reasonable, customary fees for a medically justified treatment of a health disorder caused by illness or accident during the period of insurance. The type and the scope of services included depend on the insurance plan you select. A detailed overview is listed in the Coverage Table, which is included in this Manual.

What are reasonable and customary fees?

Reasonable and customary fees are the costs of a medical treatment not exceeding the negotiated price for the same or similar medical treatment within the Network, at the time the insured event occurs

Out-of-network services generally apply, but there is also a small number of services that we have not contracted with a clinic even though it is an in-network clinic. All provisions related to out-of-network clinics services, including reasonable and customary fees, apply to such services.

All amounts above the reasonable and customary fees shall be paid by the Insured.

To find out what is the amount of reasonable and customary fees, call the [Medic Call Center](#).

If a service includes a copayment, we will pay for the reasonable and customary fees minus the amount of copayment.

What is excluded from the cover?

General and special exclusions from the insurance coverage are described in detail in the Terms and Conditions enclosed with this User Manual.

We have listed all exclusions that can be linked to a specific coverage in the Coverage Table, which is included in this Manual.

There are other general exclusions that apply to all coverages equally. These are listed in Article 28. of the Voluntary Health Insurance Special Terms and Conditions, available at this [link](#).

How to use this insurance plan?

You don't need a referral to see a doctor, you select one by yourself, or with the help from the Medic Call Center, based on your condition. For all other costs of treatment a written referral from a relevant physician is required.

Insurance is valid in the [Network of Clinics](#). These are the healthcare facilities that have signed a services contract with us. In these facilities you don't pay for the medical services, we will pay on your behalf to the healthcare facility directly.

Before going to an exam, you are required to show your health insurance card and ID card.

You can also use this insurance in the out-of-network clinics, provided that the facility is registered for the provision of medical services.

In that case pay the bill yourself and then submit a reimbursement request form. Please read the details about reimbursement [here](#).

Before you decide on out-of-network clinics, ask about prices.

It's important that you know that insurance will only cover reasonable and customary medical fees and costs of treatment. The reasonable and customary fees are those that the insurance would normally pay at an in-network facility.

If you need help, call the [Medic Call Center](#).

Prescription drugs covered, if covered by the insurance plan, can be purchased at any pharmacy in the country, paid for on the spot and reimbursed later by the Insurer, according to a standard procedure.

You don't have to make an appointment for each service via the [Medic Call Center](#), unless you want to:

- ✓ make an appointment at public in-network healthcare facilities;
- ✓ make an appointment for an annual physical exam
- ✓ do a mandatory pre-authorization;
- ✓ make an appointment for services that require the Medic Call Center's approval (using an ambulance, doctors house calls, etc).

If, during cost reimbursement procedure, facts other than those available to the Medic Call Center at the time of scheduling the medical service are determined, and it turns out that the service received is not covered by insurance, the Insurer reserves the right not to assume the obligation to pay.

When is the treatment pre-authorization required?

Except in cases of emergency, the following medical services must be pre-authorized:

- ✓ when it is known in advance that the costs will exceed €300;
- ✓ for planned inpatient treatment; or lump sum settlement instead of inpatient treatment coverage
- ✓ for childbirth; or a lump sum settlement instead of childbirth coverage
- ✓ for all planned or scheduled surgical and other procedures; or a lump sum settlement instead of covering the cost of surgical procedure
- ✓ prenatal diagnostics;
- ✓ for the supply of medicines and medical and technical aids;
- ✓ for the removal of changes on the skin

Read more [here](#).

If you didn't start the authorization process before the service was provided, we will refund reasonable and customary fees, at the cost of the same service in the most frequently used in-network clinics.

An exception is a lump sum settlement that can be paid only if it is authorized in advance, even in cases of emergency.

Request authorization at least 14 days before the planned service date. You will receive it from the Insurer in writing. A regular telephone appointment or verbal consent from a Medic Call Center is not the same as authorization!

How is the copayment determined?

If so agreed, you participate in every cost that Generali is required to pay. The agreed limits and sums insured are reduced by the amount covered by Generali.

Copayment examples are available [here](#).

What do you need to do?

- ✓ Be informed of the coverages agreed on your behalf, and not accept a service to be charged to the insurance company, if not included in your coverage. If that happens, the clinic will contact you to pay the bill for the non-covered service later;
- ✓ Be familiar with the contracted insurance terms and conditions set out in the policy and the insurance Terms and Conditions.
- ✓ To stop using the insurance the moment your employment (or other grounds for insurance) ends.
- ✓ To comply with all instructions on the method of use set by this Manual, the pre-contractual notice and insurance terms and conditions.

[For which services do I need to have a written authorization?](#)

[How do I get a refund?](#)

[What do I need for reimbursement?](#)

[What is a medically justified treatment \(indication\)?](#)

[What is a pre-existing condition and what it means under the voluntary health insurance?](#)

[Which medical and technical aids are covered?](#)

[Copayment examples](#)

[What are my additional benefits?](#)

COVERAGE TABLE

Coverage	Covered	Copayment	Limit
<u>Outpatient treatment</u>	Yes	No copayment	Up to EUR 10,000.00
<u>Inpatient treatment</u>	Yes	No copayment	
<u>Surgical procedures</u>	Yes	No copayment	
<u>Healthcare for pregnant women and newborns</u>	Yes	No copayment	Up to EUR 2,500.00
<u>Medicines</u>	Yes	No copayment	Up to EUR 300.00
<u>Vision correction</u>	Yes	No copayment	Up to EUR 200.00
<u>Dental care</u>	Yes	20%	Up to EUR 250.00
<u>Annual physical exam</u>	Yes	No copayment	Agreed plan
<u>DNA cancer screening</u>	No		

[What does this insurance cover?](#)

[When is a service medically justified?](#)

[What is the difference between the outpatient and the inpatient treatment?](#)

[Are there some additional exclusions other than those listed in this Manual?](#)

[What is an online consultation?](#)

[How does one get and lose eligibility?](#)

[What is a lump sum settlement?](#)

COVERAGE AND LIMITS TABLE
OUTPATIENT TREATMENT

Name	Special note	Limit	Copayment
Medical exam by a licensed physician	Exam by a general practitioner or a specialist based on current condition (exam, follow-up or consultation, including online consultation). Exams by neuropsychiatrists, psychiatrists, psychologists, special education and rehabilitation specialists and other doctors, due to mental health issues, are covered solely within the scope of "Mental Health Services", if stipulated in the policy.	Up to the coverage limit	No copayment
Lab services	Lab tests indicated by a doctor based on a relevant diagnosis (each test must be carried out in accordance with the diagnosis stated in the doctor's report or justified by medical issues stated in the report). Lab tests carried out for the purpose of testing reproductive health are carried out within a special limit, if this sub-coverage is included in the policy.	Up to the coverage limit	No copayment
Diagnostic procedures	Indicated standard diagnostic procedures and advanced diagnostics. Advanced diagnostics: MRI, CT endoscopic procedures (gastroscopy, colonoscopy...) ultrasound with contrast and PET.	Up to the coverage limit	No copayment
Medical transport	Medic Call Center must approve the use of an ambulance.	Up to the coverage limit	No copayment
Therapies (cost of medicine not covered)	- administering therapy with medicines, injections, inhalation and infusion. (The medicine over the course of therapy is covered only if "Medicines" coverage is stipulated) - oculomotor exercises, - occupational therapy, - other special education and rehabilitation therapies.	Up to the coverage limit (exclusion: Ortokin, PRP and related treatments, hyperbaric chamber and MTT tinnitus therapy)	No copayment
Physical and kinesiotherapy and speech therapy	Carried only by a qualified therapist, a speech therapist or a special education specialist at a registered healthcare facility. Physical therapy a referral from an orthopedist or physiatrist is required. No referral is required for speech therapist in case of speech disorders. At home only if the Insured is immobile due to a fracture of lower limbs, spinal injury or cerebrovascular insult. All types of massages not prescribed by a doctor as part of physical therapy (e.g. relaxation and aesthetic massage), exercise therapy (except kinesiotherapy and oculomotor exercises), rehabilitation therapy lasting more than a month and ambient therapy are excluded.	Up to EUR 250.00	No copayment
Emergency dental treatment, due to an accident	Only the treatment of injuries to healthy teeth and jaw caused by an accident, including intervention by oral surgeon, anesthesia to stop the bleeding, reduce pain, remove injured teeth, or repair fractured jaw bones. Includes only the first visit to the dentist to provide first aid. Any further treatment of injuries, including definitive dental treatment such as artificial teeth, metal/ceramic crowns, dental implants, etc., is hereby excluded. Injuries caused by chewing food are not considered an accident. The costs of treating a sick tooth, cracking of a sick tooth due to an accident or a healthy tooth from chewing food.	Up to EUR 500.00	No copayment
Home care	Immediately after inpatient treatment or treatments covered by insurance in case the insured is temporarily or permanently immobile.	Up to EUR 500.00	No copayment
Mental health services	These services include psychotherapy, consultation with a psychiatrist, neuropsychiatrist, psychologist, special education and rehabilitation specialist or, if necessary, another specialist;	Up to EUR 300.00	No copayment
Alternative and complementary medicine	Only for the methods approved under legal regulations. Must be carried out at a registered healthcare facility by a doctor.	Up to EUR 150.00	No copayment
Medical and technical aids	Prosthetics, orthotics, special types of aids and sanitary appliances, visual aids, hearing aids and other aids (only those specified in more detail in the link). Must be indicated by a doctor, but are to be paid, after which in the reimbursement request is sent to the Insurer. Purchased only at a certified specialized medical and technical aids store, pharmacies, healthcare facilities. Coverage does not include prescription glasses and lenses	Up to EUR 300.00	No copayment
Reproductive health exam	Exams, procedures, interventions performed to test sterility, causes of miscarriages, and preparation for pregnancy (not covered: fertility treatment, in vitro fertilization and preparation)	Up to EUR 250.00	No copayment

Primary outpatient procedures	Primary wound treatment, dressing and stitching, primary treatment of burns, removal of sutures with bandaging, removal of ticks and other foreign bodies from the skin, ear, nose and throat, plaster casts, joint fixation and immobilization, irrigation of the ear and nose, aspiration of nasal secretions, vaginal irrigation, nasal tamponade, applying gauze with medicine, abscess incision, therapeutic puncture of joint and connective tissue, orthopedic repositioning of luxations and fractures without anesthesia). Other surgical procedures and related services are excluded, i.e. covered under the Surgical and Other Procedures coverage, if included.	Up to the limit for outpatient treatment	No copayment
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Notes:

Alternative and complementary medicine*	Coverage includes: I. Methods of prevention, diagnostic assessment, treatment and rehabilitation: Acupuncture, acupuncture microsystem stimulation - Quantum Medicine; Homeopathy; Traditional Chinese Medicine; Ayurveda - traditional Indian medicine; Chiropractic; Osteopathy; II. Health preservation and improvement methods: Aromatherapy, Reiki, Anthroposophical medicine; Qi gong (part of yin), Yoga, Tai Chi Chuan exercises for medical purposes.		
Primary outpatient procedures**	Coverage includes: Primary wound treatment, dressing and stitching, primary treatment of burns, removal of sutures with bandaging, removal of ticks and other foreign bodies from the skin, ear, nose and throat, plaster casts, joint fixation and immobilization, irrigation of the ear and nose, aspiration of nasal secretions, vaginal irrigation, nasal tamponade, applying gauze with medicine, abscess incision, therapeutic puncture of joint and connective tissue, orthopedic repositioning of luxations and fractures without anesthesia.		

Pre-existing conditions are covered, except illnesses under [Article 6.7 of the Special Terms and Conditions](#).

For more information about the pre-existing condition, use the [link](#)

House calls are covered only if necessary for health reasons and approved by the [Medic Call Center](#).

The following costs are excluded:

- Orthopedic shoes, orthopedic insoles or other aids for deformed, weak, overstressed, unstable lowered feet, tarsalgia or metatarsalgia;
- Any costs incurred in spa conditions except for exams, diagnostic procedures and therapies
- All other exclusions apply, under article 6.7 and 28. of the Terms and Conditions you can access [here](#)

INPATIENT TREATMENT

Name	Note	Limit	Copayment
Inpatient treatment (without surgical procedures)*	• room and board, • medically permitted meal, • exams by licensed physicians, • medical staff fees; • laboratory and diagnostic procedures, • therapy, medicines and medical supplies, • blood and blood products; • medical and technical aids; • treatment provided in the emergency room; • parental escort for children under 18 years of age Right to a single bedroom upon personal request, if available at the service provider's facility.	Up to the coverage limit (single-bedroom upon personal request is not included)	No copayment
Chemotherapy and radiotherapy		Up to EUR 2000.00	No copayment
Emergency dental treatment, due to an accident	Only the treatment of injuries to healthy teeth and jaw caused by an accident, including intervention by oral surgeon, anesthesia to stop the bleeding, reduce pain, remove injured teeth, or repair fractured jaw bones. Includes only the first visit to the dentist to provide first aid. Any further treatment of injuries, including definitive dental treatment such as artificial teeth, metal/ceramic crowns, dental implants, etc., is hereby excluded. Injuries caused by chewing food are not considered an accident. The costs of treating a sick tooth, cracking of a sick tooth due to an accident or a healthy tooth from chewing food.	Up to EUR 500.00	No copayment
A lump sum settlement instead of coverage for hospital treatment costs Lump sum settlement note: A lump sum settlement can only be used if the request is sent to the Insurer before the service is provided. Therefore, it does not apply in cases of emergency.	A lump sum settlement is paid to the insured only if the service is covered by insurance and if the Insured, instead of covering the costs of hospital treatment, opted for the lump sum settlement option and started the authorization process. In cases where the Insured has not started the authorization process before going to the hospital, they are not entitled to the payment of a lump sum settlement. Read more in a separate manual on the following link.	EUR 45 per hospital day, and up to 10 days over the course of a year of insurance	No copayment

Notes:

Inpatient treatment (without surgical procedures)*	Coverage includes: room and board; medically permitted meal; exams by certified physicians; medical staff fees; laboratory and diagnostic procedures; therapy, medicines and medical supplies, blood and blood products; medical and technical aids; treatment provided in the emergency room; parental escort for children under 18 years of age.		
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Pre-existing conditions are not covered.

For more information about the pre-existing condition, use the [link](#)

Under these Special Terms and Conditions, inpatient treatment doesn't include staying in inpatient facilities such as: rehab facilities, mental hospitals, inpatient healthcare facilities specializing in rehabilitation, hydro-clinics, sanatoriums, nursing homes for the sick, nursing homes for the elderly, health retreats, resorts, weight loss and recovery centers.

All other exclusions apply, under article 6.7 and 28. of the Terms and Conditions you can access [here](#)

SURGICAL AND OTHER PROCEDURES

Name	Note	Limit	Copayment
Surgical and other procedures	The costs of surgery and other procedures (including blood and blood components for transfusion, medical and technical aids and implants needed for the procedure, medicines, medical supplies used for the procedure).	Up to EUR 5000.00	No copayment
Implants for performing the procedure		Up to EUR 1500.00	No copayment
A lump sum settlement instead of coverage of costs of treatment for surgical procedures*	A lump sum settlement is paid to the Insured only if the - procedure is covered by insurance and if a lump sum settlement has been authorized in advance - if the entire cost of the procedure is within the limit for surgical procedures coverage. If the insured opts for a lump sum settlement, neither the preoperative preparation nor the postoperative care for that surgery is covered. In cases where the Insured has not initiated the authorization process before the surgical procedure is performed, they are not entitled to a lump sum settlement. Read more in a separate manual on the following link.	YES	No copayment

Notes:

A lump sum settlement instead of coverage of costs of treatment for surgical procedures*	Up to 65% of the authorized amount of a lump sum settlement for medical treatment in the country and abroad is available, in accordance with the Terms and Conditions if the surgical procedure is performed in the Republic of Serbia or 100% of the authorized amount if the surgical procedure is performed abroad (the authorized amount as the amount that covers the costs of surgical and other procedures approved by the Insurer for treatment in the Republic of Serbia). A lump sum settlement can only be received if the request is sent to the Insurer before the service is provided. Therefore, it does not apply in cases of emergency.
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Pre-existing conditions are not covered.

The costs of preoperative patient preparation, intensive and postoperative care are paid from the "Outpatient treatment" or "Inpatient treatment" coverage (if contracted by the policy). However, if a surgical procedure is not covered by insurance, the costs of preoperative preparation and postoperative care, as well as the costs of treating any complications of that procedure, will not be covered.

The following are excluded from the Surgical and Other Procedures coverage:

- radial keratotomy or any other surgical procedure for vision correction (including laser treatments);
- surgical procedures for organ and tissue transplant;
- nasal septum surgery for persons over 18 years of age;
- removal of genital warts if the sample was not sent for HP analysis or HPV typing;
- removal of birthmarks, lipomas, atheroma, fibromas, warts, capillaries, cherry angiomas, keratoses of similar widespread skin lesions which, in the opinion of the medical censor, do not endanger the health of the patient. Coverage is limited to cases of emergency and medically indicated cases where a skin change might be injured or PH analysis for suspected malignancy is requested;
- circumcision, if not medically indicated;
- insertion of a gastric balloon

All other exclusions apply, under article 6.7 and 28. of the Terms and Conditions you can access [here](#).

HEALTHCARE FOR PREGNANT WOMEN AND NEWBORNS

Name	Note	Limit	Copayment
Healthcare for pregnant women*	• pelvic exam, • lab tests, • CTG; • progesterone and tocolytic therapy and other drugs used to prevent premature birth, • biochemical screenings for chromosomal aberrations, • one complete routine pelvic exam up to six months after childbirth.	Up to the limit for healthcare for pregnant women and newborns	No copayment
Hospital stay for maintenance of pregnancy	Prior authorization is required, approved in case of high-risk pregnancy requiring hospitalization	Up to the limit for healthcare for pregnant women and newborns	No copayment
Prenatal vitamins	Medical devices that represent a combination of vitamins and minerals used only during pregnancy, for proper development of the fetus. If the doctor prescribes minerals and vitamins for general use, only those that are registered as medicine i.e. are listed in the National Medicines Registry (NRL) will be covered. The liability starts the moment pregnancy is confirmed by a doctor and ends on the date of childbirth.	Up to EUR 50.00	No copayment
Fetal ultrasound	Regular monthly ultrasound exams of the fetus. It can be done without a doctor's indication.	7 exams up to EUR 50 per exam	No copayment
Additional ultrasound exam in high-risk pregnancy	If the doctor stated in the report that it is a high-risk pregnancy.	1 exam up to EUR 50	No copayment

Expert ultrasound	It can be done without a doctor's indication at any time during pregnancy. The Insurer recommends it between the 20th and the 24th week of pregnancy.	1 exam up to EUR 70	No copayment
Fetal echocardiography		1 exam	No copayment
Additional fetal echocardiography in the event of anomalies		1 exam	No copayment
Invasive and non-invasive prenatal diagnostics	Non-invasive includes a prenatal test Invasive prenatal diagnosis includes amniocentesis, cordocentesis, chorionic villi biopsy. Medic Call Center approval is required.	Up to the coverage limit (restriction: 1 non-invasive – up to €500)	No copayment
One follow-up exam and related lab and diagnostics procedures in case of miscarriage or termination of pregnancy for medical reasons		Up to EUR 70.00	No copayment
Childbirth	Including preoperative preparation for delivery, costs of anesthesia, suite accommodation, father's presence at childbirth. Caesarean section is only covered if medically indicated. In case of childbirth the authorization process needs to be initiated. We encourage you to submit the request at the beginning of the third trimester of pregnancy.	Up to EUR 2000.00	No copayment
A lump sum settlement instead of coverage of costs	A lump sum settlement request must be submitted before the childbirth itself (one and a half to two months before the childbirth is advised). It is not paid if the request for a lump sum settlement is not submitted before the childbirth, even in cases of emergency. The pregnancy must take place during the period of insurance. When you select a lump sum settlement, other services under the "childbirth" sublimit, as well as follow-up after the delivery, are not covered either. Read more in a separate manual on the following link.	Up to EUR 750 childbirth	No copayment
Healthcare for babies in the first month of the child's life	Includes treatment of infants' health disorders, but not exams or other services carried out routinely in the first month of life. This is the only service we cover also for children who are not included in the insurance.	Up to EUR 500.00	No copayment
Home care up to one month from the date of birth	It can be used for mother and child and no indication is needed.	Up to EUR 100.00	No copayment
Notes:			
Healthcare for pregnant women*	Pelvic exam; lab tests; CTG; progesterone and tocolytic therapy and other medicines to prevent preterm birth; biochemical screening for chromosomal aberrations; a complete routine gynecological examination up to 6 months after childbirth.		

The limits of this coverage apply to an individual pregnancy, not the year of insurance. If the policy expires during pregnancy and is renewed under the same terms and conditions, the remaining limit under the previous policy will be paid as part of the next policy.

If the policy is renewed with a different coverage during pregnancy, the following applies:

- if the current policy covers childbirth, and the policy during which the pregnancy occurred does not - childbirth is covered if
- the current policy does not include childbirth, but the policy during which the pregnancy occurred does - the childbirth is not covered
- all other limits are calculated according to the new policy, minus the benefits paid under the previous policy for the same pregnancy.

With the exception of drugs used for progesterone and tocolytic therapy, other pregnancy-related drugs are covered only if "Medicines" coverage is agreed.

This coverage also covers the cost of treating other health issues that result from pregnancy (e.g. exam by an endocrinologist and hematologist), i.e. the cost of medical treatments that would not be indicated if the Insured was not pregnant.

All expenses related to the unwanted outcome of a pregnancy, miscarriage, ectopic pregnancy, are also paid under this coverage.

All limits relating to a newborn may also be used from the other parent's policy if this coverage is stipulated and if the pregnancy occurred during the father's insurance policy period.

Insurance does not cover pregnancies which occurred before the period of insurance.

It is considered that the pregnancy occurred before the beginning of insurance if the estimated due date determined by the gynecologist is within the first 9 months of the pregnant woman's

period of insurance. Birth preparation courses and hospital accommodation for a companion during hospitalization for childbirth or maintenance of pregnancy are not covered.

All other exclusions apply, under article 6.7 and 28. of the Terms and Conditions you can access [here](#)

Name	Note	Limit	Copayment
MEDICINES	Only those that are registered as medicine i.e. are listed in the National Medicines Registry (NRL) are covered. Exceptions we will cover: • probiotics with antibiotic therapy and for the duration of therapy, • iron products for anemia (with a medical report showing that the insured person has a bad reaction to a product registered as medicine), • eye drops (artificial tears) in case of dry eye (Sjögren's syndrome) or conjunctivitis diagnosis. Vitamins prescribed by a doctor will be covered only if they are registered as a medicine. Traditional and homeopathic medicines are covered only under "Traditional medicine" coverage, if included in the Outpatient treatment coverage	Up to EUR 300.00	No copayment

You can buy drugs in therapeutic doses for a period not longer than 90 days.

Medications used during hospital treatment are not subject to prescription drugs limit. They are used under the Inpatient treatment

coverage. Not covered: dietary supplements, biological, immunological, blood and plasma medicines, and advanced therapy medicines.

Medical devices (including syringes, needles and bandages) not covered under this coverage, only under medical and technical aids coverage as part of the Outpatient treatment coverage, if included.

All other exclusions apply, under article 28. of the Terms and Conditions you can access [here](#).

Name	Note	Limit	Copayment
VISION CORRECTION		Up to EUR 200.00	No copayment
Exam by an ophthalmologist		Up to the Vision correction limit	No copayment
Frames		Up to EUR 75.00	No copayment
Glasses and lenses		Up to EUR 125.00	No copayment

Glasses and frames can be purchased once a year (up to the specified limit) in case you are buying them through insurance for the first time, or in case your diopter (prescription) has changed. If the diopter changes during the insurance year in which glasses and frames have already been purchased, we will only cover the glasses.

If the diopter value does not change, you will be entitled to change frames and glass every other year of insurance.

Contact lenses can be purchased in the amount according to medical needs until the expiry of the current policy.

If you lose or damage the device (aid), insurance doesn't cover the cost of a new one.

Sunglasses, accessories, glasses and lenses without prescription (diopter) are not covered.

Name	Note	Limit	Copayment
DENTAL CARE		Up to EUR 250.00	20%
Preventive exam	Includes regular check-ups and dental instructions once a year, fluoride treatment for persons under the age of 18, fissure filling.	Up to the limit for dental care	20%
Basic restorative treatment	Includes amalgam and composite fillings.	Up to the limit for dental care	20%
Major restorative treatment	Includes root canal filling, crowns, fillings and dental bridges (including lab and anesthesia costs).	Up to the limit for dental care	20%
Orthodontics	Includes prototypes for analysis (including dental X-rays - orthopan), molds, removable orthodontic devices (braces). Age limit: 35 years of age	Up to 35 years of age	20%
Plaque removal	Once a year	Once a year	20%
Periodontal surgery	Dental curettage	Up to the limit for dental care	20%
Oral surgery	Tooth extraction (routine, complex and surgical).	Up to the limit for dental care	20%

What is not covered under this insurance plan: cosmetic and aesthetic teeth treatments, artificial teeth, dental implants, ceramic additions on dental implants, permanent retainers, veneers with all the related costs, teeth whitening and all other dental aids (such as teeth grinding guards). For insured persons who enrolls after the start of the policy, the limit for dental care coverage is reduced proportionally to the duration of insurance. An example of a limit for an insured person enrolled 90 days after the start of the policy with a limit of 250: $250/365 \times 90 = 61,65$.

ANNUAL PHYSICAL EXAM
An appointment for the annual physical exam must be made through the Medic Call Center: 011/ 222- 0575
The list of clinics is subject to change during the period of insurance. You can find an up-to-date list of clinics on the links below or on our website: www.generali.rs in the section: Legal entities, Health and Accident, Medica Exelenta, Additional Coverage: Annual Physical Exam.

STANDARD ANNUAL PHYSICAL EXAM PLANS

*Note: By clicking on the name of the plan, you can view the contents of the plan and the network of clinics where you can have an annual physical exam.

Name	Note	Number limit	Amount limit	Copayment
GOS-3	You can use the amount of services specified in the number limit. Example: if the stipulated limit is in number 1, our liability ends as soon as you use the first of the listed services. When there is no number limit, you can use more services, up to the amount limit. When there is both a number limit and an amount limit, our liability ends when the first of those two limits is reached.	1 of the agreed contents of the plan during the policy period	No amount limit	No copayment
GOS-COVID				
Additional routine exams as indicated by a doctor and vaccinations	Additional routine exams include exams and tests (Including genetic tests) in order to examine the family history. An exam prior to vaccination and vaccine administration are not covered. The cost of vaccine is not covered.	No number limit	Up to EUR 100 (vaccinations excluded)	No copayment

ADDITIONAL ANNUAL PHYSICAL EXAM PLANS

Name	Clinics where you can have an exam	Note	Number limit	Amount limit in EUR	Copayment
GOS-OFT	For the organization of the exam contact your HR	This examination is specially scheduled at the initiative of the employer and is performed in groups	1 of the agreed contents of the plan during the policy period	20	No copayment

ADDITIONAL NOTES	
How to use the coverage	Within and outside the healthcare providers' Network, without having to make an appointment through the Medic Call Center. Exceptionally, appointments through the Medic Call Center are always mandatory for annual physical exams and for the provision of medically justified treatments at home (house calls), regardless of the agreed method of use.
Additional note	

ANNEXES

[ANNEX 1: Medical Treatment Authorization Form](#)

[ANNEX 2: Voluntary Health Insurance Reimbursement Claim Form](#)

[ANNEX 3:Generali Osiguranje Srbija Network of Clinics](#)

[ANNEX 4: Voluntary Health Insurance General Terms and Conditions](#)

[ANNEX 5: Group Voluntary Health Insurance Special Terms and Conditions](#)

[ANNEX 6: Privacy Notice](#)