Adopted by Order No. V-1/15 of the CEO of the Branch of 23 February 2015

Addendum No.1 to

HEALTH INSURANCE RULES No.010

Effective from 01 March 2015

Description of Health Insurance Programmes and Insurable Occurrences under the Programmes

I. By making and entering the Agreement the Insured can choose the Health Insurance Programmes below:

1. Ambulatory treatment and diagnostics

1.1. In case the Insured chooses the Health Insurance Programme *"Ambulatory treatment and diagnostics"* the Health Disorder of the Insurant*, which is reported by the Insurant to the Insurer and* requires consultation by a doctor to be diagnosed and treated, medically reasonable analyses appointed by such doctor to confirm the existing Health Disorder and conservative *(pharmaceutical)* and/or surgical treatment in an ambulatory personal healthcare institution shall be considered the insurable occurrence.

1.2. In case the Insured visits a medical institution without any particular complaint of a Health Disorder *(i.e. with the aim to check health, undergo analyses, etc.)* any Health Disorders found shall not be considered insurable occurrences under the *"Ambulatory treatment and diagnostics"* Health Insurance Programme and the insurance claims **shall not be paid** to the Insurant for any services provided/analyses made, which, in such case, are considered preventive, unless the Insured has additionally chosen either the *"Preventive health checks"* or *"All medical services"* Health Insurance Programme.

1.3. In order occurrences described in section 1.1. to be acknowledged insurable occurrences:

1.3.1. Medical documents must indicate: date of the visit of the Insurant, complaint *(health lesion/disorder)* and circumstances of development of the said, course of illness development, objective condition of the patient, appointed analyses that confirm the complaints or illness, diagnosis, IDC-10-AM code and treatment. Copies of descriptions of results of the analyses must be provided together with a certified copy of medical documents;

1.3.2. Doctor providing the services and stating an Insurable Occurrence shall act within the limits of competence of his/her specialty described and approved by applicable law and must have valid medical practice license issued by a competent public institution;

1.3.3. Analyses appointed by such doctor must due to the health disorder the Insurant complained of and must be made by a healthcare institution licensed by the State Accreditation Agency under the Ministry of Health of the Republic of Lithuania.

1.4. In case the Insured chooses the *"Ambulatory treatment and diagnostics"* Health Insurance Programme and an insurable Occurrence happens the insurance claim based on provisions of the Agreement shall be paid to compensate costs of the following ambulatory Healthcare Services non-compensable by the Obligatory Health Insurance Fund:

1.4.1. Costs of services of a doctor: consultations or home visits by a family doctor or a specialist;

1.4.2. Costs of nursing services provided in relation to the insurable occurrence: injections, infusions, wound banding and other medical services related to the Insurable Occurrence, appointed by doctors and provided in a medical institution or at home;

1.4.3. Costs of consultations by a psychiatrist, no more than two visits per insurance period;

1.4.4. Costs of laboratory/instrumental analyses related to the Health Disorder acknowledged as the Insurable Occurrence and appointed by a doctor*;*

In this event the following analyses shall be indemnified:

a) laboratory analyses: clinical, biochemical, cytological-histological,

hormone, immune-ferment and microbiological-bacteriological analyses;

b) instrumental analyses: clinical physiology analyses, Roentgen, ultrasound, endoscopic, computer tomography and core magnetic resonance analyses;

Note: insurance claims shall be paid only in cases of medically reasonable analyses prescribed by a doctor, which have been performed at health care institutions *(i. e. the doctor's commission form 028/a must be submitted with the name of the commissioning institution, date and purpose of the commission, diagnosis and IDC-10-AM code indicated; the form must be signed by the commissioning doctor and approved with his/her personal seal. If the form does not contain the said particulars, the Insurer shall be entitled not to consider the services the insurable occurrence and not to pay the insurance claim due);*

Computer tomography, core magnetic resonance and positron-emission tomography analyses shall be compensated only if the Insurer has been informed of the necessity to perform such analyses in written beforehand and has expressed his written consent;

1.4.5. Costs of treatment of the Health Disorder which has been acknowledged as the Insurable Occurrence at a day patient department *(day surgery services* compensable by the Obligatory Health Insurance Fund).

Note: the costs shall be covered/compensated only if the Insurer has been informed of the necessity of such treatment in day stationery beforehand and has expressed his written consent. Only the costs or part of the costs that are not partially compensable by the Obligatory Health Insurance Fund for the day surgery services approved by Health Minister of the Republic of Lithuania order No. V-1189 as of 28 December 2011, including all and any further amendments and supplements as well as new version of the order and provided to the Insurant in day stationery. Costs of medical aids, disposable instruments and vision correction surgeries shall not be compensated under the ambulatory treatment and diagnostics programme.

2. Stationery treatment

2.1. In case the Insured chooses the *"Additional services in public hospitals", "Stationery treatment in public hospitals"* or *"Stationery treatment in private hospitals"* Health Insurance Programme and an insurable occurrence happens, the insurance claim based on provisions of the Agreement shall be paid to compensate costs of the following therapy and/or surgery profile services performed due to the stationery treatment indications in a stationery healthcare institution and non-compensable by the Obligatory Health Insurance Fund:

2.1.1. In case the Insured chooses the *"Additional services in public hospitals"* and an insurable occurrence happens, the insurance claim based on provisions of the Agreement shall be paid to compensate costs of additional services in public hospitals – a single or double ward;

2.1.2. In case the Insured chooses the *"Stationery treatment in public hospitals"* and an Insurable Occurrence happens, the insurance claim based on provisions of the Agreement shall be paid to compensate costs of the stationery treatment in public hospitals for diagnostics, treatment services and all additional services *(comfort services)* including medical aids, disposable instruments and pharmaceuticals;

2.1.3. In case the Insured chooses the *"Stationery treatment in private hospitals"* and an Insurable Occurrence happens, the insurance claim based on provisions of the Agreement shall be paid to compensate costs of the stationery treatment in private hospitals for diagnostics and treatment services including medical aids, disposable instruments and pharmaceuticals as well all additional services *(comfort services).*

3. Prenatal care, childbirth and postnatal care

3.1. In case the Insured chooses the *"Prenatal care, giving birth and postnatal care"* Health Insurance Programme the insurance claim, in accordance with the provisions of the Agreement, shall be paid to compensate:

3.1.1. Costs of services provided on the basis of order No. V-681 *"On health checks of the*

pregnant" by the Health Minister of the Republic of Lithuania as of 11 July 2011, including all and any further amendments and supplements as well as new version of the order for periodical visits of the pregnant and monitoring of a normal or increased-risks pregnancy*;*

3.1.2. Costs of diagnostics and treatment services of the health disorders and *(or)* illnesses found during the planned visits of the pregnant;

3.1.3. Costs of diagnostics and treatment of illnesses or conditions development or exacerbation of which is caused by pregnancy and *(or)* childbirth;

3.1.4. Costs of diagnostics and treatment of pregnancy course complications;

3.1.5. Costs of childbirth and postnatal care and costs of a paid ward after the childbirth in public hospitals;

3.1.6. Costs of childbirth and postnatal care in private healthcare institutions.

4. Odontology services

4.1. In case the Insured chooses the *"Odontology services"* Health Insurance Programme the insurance claim under provisions of the Agreement shall be paid to compensate costs of:

4.1.1. Oral hygiene, in particular, oral hygiene evaluation, hard and soft tooth fur removal and fluorine application services;

4.1.2. Tooth treatment, in particular, general endodontic, orthodontic, periodontal and surgical tooth treatment services; tooth hard tissue defect removal with fillings, linings, coverings and laminates services; tooth radiological analysis, anesthetization and tooth removal services.

4.2. In case the Insured chooses the *"Odontology services and prosthesis"* Health Insurance Programme the insurance claim, in accordance with the provisions of the Agreement, additionally to the cases provided in the above *"Odontology services"* Health Insurance Programme shall be paid to compensate costs of tooth prosthesis, in particular, single tooth crowns, temporary- and permanent-fixed *(non-removable)* bridge tooth prosthesis, implants, removable plate prosthesis, arch bearing tooth prosthesis services.

5. Pharmaceuticals and medical aids

5.1. In case the Insured chooses the *"Pharmaceuticals and medical aids"* Health Insurance Programme the Health Disorder of the Insurant diagnosed by a doctor and substantiated by medical documents, in relation to which the Insurant had costs obtaining pharmaceuticals or medical aids listed in the register of pharmaceuticals of the Ministry of Health of the Republic of Lithuania or the register of pharmaceuticals of the European Community and prescribed by a doctor is considered an Insurable Occurrence.

Note: The above concepts of pharmaceuticals, medical aids and technical orthopaedic aids shall bear the below meanings:

Pharmaceuticals are medicinal materials or derivatives meant for treatment of human disorders and registered in Lithuania by the State Medicines Control Agency as well as medicines with ATC *(anatomic-therapic-chemical)* code obtained from drugstores under doctor prescriptions. In case the medicines *(pharmaceuticals)* are compensable by the Obligatory Health Insurance Fund the insurance claim shall be paid to compensate at most the difference in retail and basic price *(basic price is the part of the retail price for a pharmaceutical intended in the basic price list of compensable pharmaceuticals by the Ministry of Health)*;

Medical aids *(including technical orthopaedic aids)* are medical devices and medical goods obtained *(rented)* at pharmacies, orthopaedic facilities shops (including online shops) on the basis of prescription by doctors. In order to receive the insurance claim to compensate costs of such aids the Insurant must submit a medically reasonable extract from patient record to the Insurer. In case the medical aids and technical orthopaedic aids are compensable by the Obligatory Health Insurance Fund the insurance claim shall be paid to compensate at most the difference in retail and basic price. Disposable instruments and items required for the day surgery services are also classified as medical aids.

6. Vitamins

In case the Insured chooses the *"Vitamins"* Health Insurance Programme the insurance claim, in accordance with the provisions of the Agreement, shall be paid to compensate costs of vitamins, minerals, food supplements, homeopathy drugs as well as pharmaceuticals of vegetable and animal origin without an ATC code obtained by the Insurant in drugstores (including online pharmacies) *(subsection 5.4.6. of part 5 of the Regulation shall not apply in such case)***.**

7. Optics

In case the Insured chooses the *"Optics"* Health Insurance Programme the insurance claim, in accordance with the provisions of the Agreement, shall be paid to compensate costs of lenses *(plastic, glass, photochrome, progressive)* of glasses and contact lenses required for correction vision disorders prescribed to the Insurant by a doctor and obtained in optical stores (including online shops) as well as costs of the medically reasonable vision correction surgeries and consultations on selection of vision aids.

8. Preventive and periodical health checks and analyses

8.1. In case the Insured chooses the "*Preventive and periodical health checks and analyses"* Health Insurance Programme the insurance claim, in accordance with the provisions of the Agreement, shall be paid to compensate costs of:

8.1.1. Preventive health check as well as analyses and doctor consultations chosen by the Insurant and performed in healthcare institutions in order to evaluate health condition of the Insurant, diagnose probable illness timely and prevent health disorders *(subsection 5.3.4. of part 5 the Regulation shall not apply in such case)*;

8.1.2. Examinations and analyses periodically required after a particular time span *(appointed by doctor)* in order to monitor condition of the Insurant with a particular chronic disease or taking particular pharmaceuticals;

8.1.3. Analyses and consultations not related to the Disorder the Insurant reported but appointed by doctors due to other lesions found during the examination, palpation or auscultation, if results of the analyses are within normal limits *(restrictions provided in subsections 5.2.3., 5.3.2. and 5.3.12. (diagnostics) of part 5 of the Regulation shall not apply in such case)***.**

9. Vaccinations

In case the Insured chooses the *"Vaccinations"* Health Insurance Programme the insurance claim, in accordance with the provisions of the Agreement, shall be paid to compensate costs of vaccinations *(vaccine) (i.e. efficient means to prevent infectious diseases and complications of the said),* inoculation and consultations on vaccination chosen by the Insurant or appointed by doctors and performed in personal healthcare institutions licensed by the Ministry of Health of the Republic of Lithuania and having licences for such activity.

10. Medical rehabilitation

10.1. In case the Insured chooses the *"Medical rehabilitation"* Health Insurance Programme the insurance claim, in accordance with the provisions of the Agreement, shall be paid to compensate the costs of the medical rehabilitation services below, i.e. in case of Health Disorder of the Insurant *(acute condition, disease exacerbation or trauma)* a medically reasonable extension of treatment *(pharmaceutical, surgical, immobilizing)* appointed by the attending doctor *(by issuing a certified committal form)* purpose of which is to strengthen health and *(or)* regain working capacity after a disease or trauma and achieve remission. Rehabilitation treatment is perceived as a complex treatment next to other treatment methods applied and as an extension of inefficient or insufficiently efficient treatment.

10.2. In case the Insured chooses the *"Medical rehabilitation"* Health Insurance Programme the insurance claim, in accordance with the provisions of the Agreement, shall be paid to compensate costs kinesitherapist and ergotherapist consultation, physiotherapy *(ultrasound, microwaves and pulse therapy), kinesitherapy, ergotherapy, mud and water procedures, medical massages, halotherapy, ozone therapy and manual therapy appointed by doctors (following provisions*

of section 10.1. of the addendum)) services. The insurance claim under the Health Insurance Programme shall not be paid to compensate costs of treatment and related services due to Health Disorders caused by degenerative lesions and osteochondrosis, which are not considered medical rehabilitation in the Regulation.

11. Wellness services

11.1. In case the Insured chooses the *"Wellness services"* Health Insurance Programme the insurance claim, in accordance with the provisions of the Agreement, shall be paid to compensate costs of services, purpose of which is to strengthen immunity, resistance to illnesses and/or traumas, help dealing with stress and increase working capacity of the Insurant:

11.1.1. To compensate costs of exercises in a body-building hall, aerobics, yoga, exercises for the pregnant, field tennis, squash, badminton, wrestling sport and other physical culture services provided by the Agreement; balneotherapy, a swimming pool, kinesitherapy, physiotherapy; manual therapy, massage; ozone therapy services, peloid therapy procedures in sports clubs, medical institutions, SPA centres and sanatoriums. The services shall not require committal by a doctor. Duration of wellness services subscription covered by the insurance claim shall not exceed the period of Insurance Coverage;

11.1.2. To compensate costs of kinesitherapist and ergotherapist consultations;

11.1.3. To compensate costs of psychologist and psychotherapist consultations;

11.1.4. To compensate costs of dietician, homeopath and reflex therapist consultations;

11.1.5. To compensate costs of non-traditional medical services provided in healthcare institutions licensed by the State Accreditation Agency under the Ministry of Health or by a healthcare specialist with the medical practice licence for such activity.

12. All medical services

In case the Insured chooses the *"All medical services"* Health Insurance Programme the insurance claim, in accordance with the provisions of the Agreement, shall be paid to compensate costs of all and any healthcare services indicated in the Regulation hereto and/or stipulated by the Contract, which have been provided in healthcare institutions, drugstores, sanatoriums or sports clubs. The medical aids, pharmaceuticals and services hereto shall not require committal or prescription by doctors *(restriction of subsection 5.2.3, 5.2.4 of part 5 and sections 5.3., 5.4., 5.5. shall not apply in such case)***.**

II. In case costs *(partial costs)* of the Insurant for the personal healthcare services received or pharmaceutical or medical aids obtained are compensable by the Obligatory Health Insurance Fund the insurance claim provided hereto shall not be paid or be paid reduced in the amount of compensation.