

## COMPREHENSIVE HEALTH INSURANCE

We provide the Exclusive option of the comprehensive cover by Pojišťovna VZP (daughter company of the state owned health insurance provide) for CTU students as it is the highest quality cover available. If you want to use it, there's a special offer for CTU students to buy the Exclusive option using the link below where there is a 10 % discount over the standard pricelist.

## https://online.pvzp.cz/clfe/kzpce/#/individual-basic-info?partner=CVUT&kod=CVUTEV202209

There is also an option to use comprehensive insurance provided by Slavia pojišťovna which offer more favorable price while still keeping the sufficient scope of cover. This offer can be used on the following link.

https://cizinci.slavia-pojistovna.cz/Controllers/FormSteps/ ForeignersEn\_Step1.php?affiliate=eurovalley

You can modify the cover to suit your needs, but just the basic limit will meet the local authorities' requirements. The final price always depends on what scope of cover you choose (you can increase the limit, add liability insurance or insurance within the Schengen area), length of your stay and also are subject to frequent modification based on the current market situation etc. You can try all the options yourself in the online interface, but generally you will pay around 16 000 CZK per 12 months.

More details can also be found on our website here: <u>https://www.eurovalley.cz/health-insurance-for-students</u>. Also, when using one of our options, you can always get to us for further support should you need any. You can contact us by email at <u>tf@eurovalley.cz</u>

## MOST COMMON QUESTIONS:

## Q: Why do I even need to buy the insurance?

A: Every foreign national (except EHIC holders and citizens of listed countries that are part of International Treaty - see the following <u>link</u> for more details) who will stay in the Czech Republic for 90 days or longer is required to arrange the Comprehensive health insurance.

## Q: Will the insurance be accepted by my embassy when applying for a visa?

A: Absolutely! Both options offer comprehensive cover with limits that follow local legislation. Typically, the insurance period should overlay your visa period.

## Q: Where can I get more details about the scope of cover?

A: European legislation requires the insurer to compile so called IPID (Insurance Product Information Document – <u>PVZP IPID</u> / <u>SLAVIA IPID</u>) Key features, exclusions and administrative procedures are specified in these documents.

## **Q: Does the insurance only work in the Czech Republic?**

A: The comprehensive cover is only valid in the Czech Republic. However, there is an optional extension which adds urgent and necessary care within the Schengen area.

## Q: And how do I use the insurance?

A: Once you're in the Czech Republic and are in a situation when you have to use the insurance, always contact the assistance service of your respektive insurer to discuss your situation beforehand (if possible). They help you with finding the right medical facility and will make sure your visit there goes smoothly. In case of any doubts, feel free to contact Eurovalley at <u>tf@eurovalley.cz</u>.

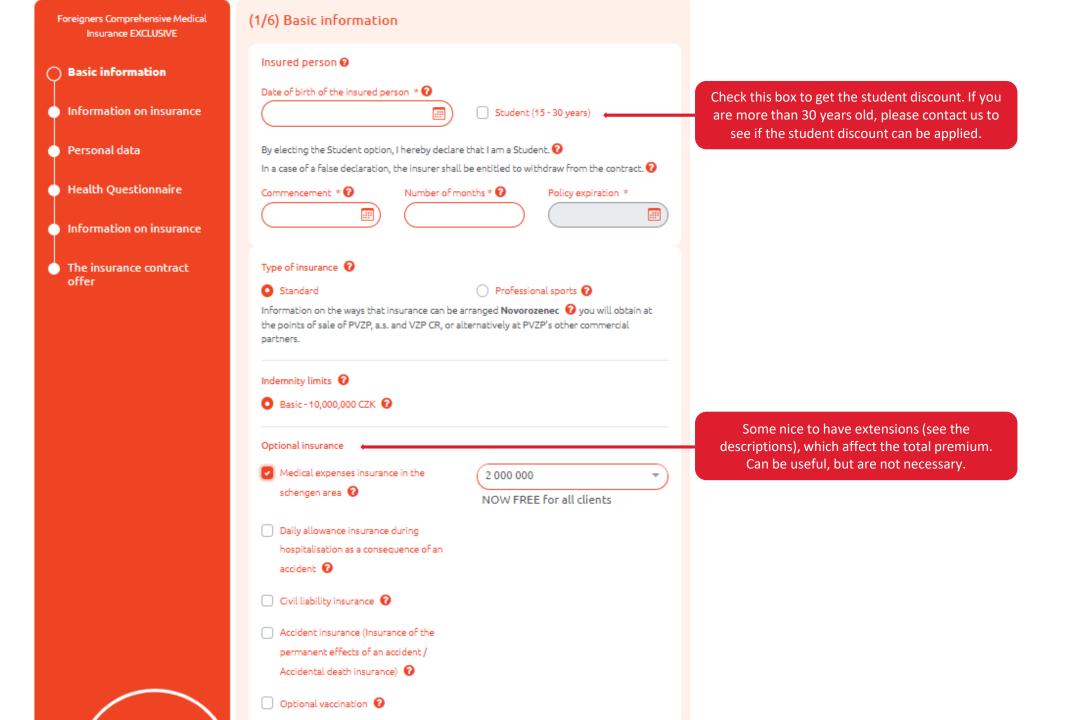


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# Pojišťovna VZP, a.s.



| Foreigners Comprehensive Medical<br>Insurance EXCLUSIVE | (2/6) Information on insurance  |  |  |  |
|---|---|--|--|--|
| <ul> <li>Basic information</li> </ul>                   | Proposed period of insurance<br>Number of insured months                            | 16/4/2024 - 15/4/2025<br>12                |  |  |
| Information on insurance                                |   |  |  |  |
|   | Medical insurance in Czech Republic (limits)  | Type of insurance: Standard                |  |  |
| <ul> <li>Personal data</li> </ul>                       | Healthcare services including repatriation and<br>transportation                    | 10,000,000 CZK                             |  |  |
| Health Questionnaire                                    | Limit Superior standard 😡   | 3,600 CZK                                  |  |  |
|   | Medical expenses insurance in the schengen area                                     | ARRANGED                                   |  |  |
| Information on insurance                                | Healthcare services   | 2,000,000 CZK                              |  |  |
|   | Urgent dental treatment   | 10,000 CZK                                 |  |  |
| <ul> <li>The insurance contract<br/>offer</li> </ul>    | Daily allowance insurance during hospitalisation as<br>a consequence of an accident | NOT ARRANGED                               |  |  |
|   | Civil liability insurance   | NOT ARRANGED                               |  |  |
|   | Accident insurance  | NOT ARRANGED                               |  |  |
|   | Optional vaccination  | NOT ARRANGED                               |  |  |
|   | Premium before discount:  | 18,540 CZK                                 |  |  |
| $\sim$  | Discount:   | 1,854 CZK                                  |  |  |
|   | Premium after discount:   | 16,686 CZK                                 |  |  |
|   | Total premium: 16,686 CZK (657 EUR / 7  |  |  |  |
|   |   | ed EUR is for informational purposes only. |  |  |

"Superior standard" limit can be used to cover specific health related expenses, see the description for more details

| Foreigners Comprehensive Medical<br>Insurance EXCLUSIVE | (3/6) Personal data<br>The policyholder and the insured perso | n   |   |
|---|---|---|---|
| Basic information                                       |   | Dub of light a                              |   |
| Information on insurance                                | Citizenship *   | Date of birth *                             |   |
| O Personal data   | Name *  | Surname *                                   |   |
| <ul> <li>Health Questionnaire</li> </ul>                | Sex *   | Passport number *                           |   |
| Information on insurance                                | Telephone *   | E-mail for sending of insurance contracts * | This is the email address where you will receive the insurance documents.                                   |
| <ul> <li>The insurance contract<br/>offer</li> </ul>    |   |   |   |
|   | Correspondence address:<br>State *                            |   | Preferrably your addresss in the Czech Republic,<br>if you know it already, but any address can be<br>used. |
|   | Czech republic  Street *  Postcode *                          | Street number *                             |   |
|   | Back  | Continue                                    |   |

| oreigners Comprehensive Medical<br>Insurance EXCLUSIVE | (4/6) Questionnaire on the insured person's state of health   |  |  |
|--|---|--|--|
| Basic information                                      | 1. Do you currently have any health problems, have you been/ are you advised or are you planning to undergo an examination, treatment, operation or are you waiting for the provide the for advised by the problem to the problem.  |  |  |
| Information on insurance                               | the results of medical examinations or tests?   |  |  |
| Personal data  | 2. Have you been diagnosed with an illness for which you have been treated (except for common respiratory diseases) or have you been diagnosed with a congenital defect?  |  |  |
| Health Questionnaire                                   |   |  |  |
| Information on insurance                               | 3. Are you regularly taking or administering medications prescribed by a doctor? (excluding hormonal contraceptives, vitamins and dietary supplements).   |  |  |
| The insurance contract<br>offer                        | 4. Have you in the last 3 years been hospitalised, operated on or treated as an outpatient for an illness or injury? (excluding hospitalisation related to childbirth)  |  |  |
|  | 5. Have you ever suffered an injury that left a lasting yes no effect?  |  |  |
|  | 6. Have you been/are you now being examined or treated yes on o (or in contact) for tuberculosis, hepatitis, AIDS, sexually transmitted diseases or other infectious diseases?  |  |  |
|  | 7. Have you used/are you using any addictive substances, or yes or no have you suffered/are you suffering from any addiction, have you been recommended treatment in this regard (alcohol, drugs, medicines, etc.)?   |  |  |
|  | 8. Are you a professional sportsperson? O yes O no  |  |  |
|  | I declare that all the details which I have given are complete and correct and<br>that I have not concealed any important or other facts relating to the<br>requested insurance. If the policyholder and the insured person are not the<br>one and the same person, I hereby declare that I am acquainted with the<br>health condition of the insured person. |  |  |
|  | Back Continue   |  |  |

## warning

We are sorry, but you cannot arrange this insurance without assessing your medical condition. Please visit one of our branches or contact our client line.

> If after completing this step you get the warning above, please contact us at **tf@eurovalley.cz** to provide more details about your health conditions

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OK



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## **⊗** Additional information HERE **⊗**

AGE OF THE INSURED PERSON

# TYPE OF INSURANCE



TYPE OF VISIT

--- Please select the type of stay ---

#### INSURANCE PERIOD (NO. OF MONTHS)

--- Please select ---

TERRITORIAL VALIDITY

CZ + Transit countries

CZ + Schengen area

EMAIL

PHONE NUMBER

+420 ~

FULL NAME

Choose CZ+Schengen if you're planning to visit other Schengen area contries during your visit -

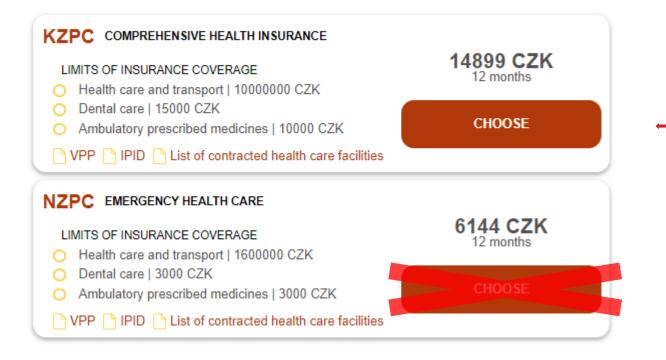
Select "student" for a student discount. If you are more than 30 years old, please contact us to see

if the student discount can be applied.

this will then cover urgent and necessary care while travelling within the Schengen area.

CALCULATE INSURANCE »

## 1234



Always use the **COMPREHENSIVE HEALTH INSURANCE** option. Emergency health care, while cheaper, **DOES NOT** meet the requirements for a long term stay (over 90 days)

## 1 2 3 4

|  |              | Insured pers      | son  |  |                     |   |                                       |  |
|--|--------------|-------------------|--|--|---------------------|---|---------------------------------------|--|
| TITLE BEFORE THE NAM   | E            |                   |  |  |                     |   |                                       |  |
|  |              |                   |  |  |                     |   |                                       |  |
| FIRST NAME   |              |                   |  |  |                     |   |                                       |  |
|  |              | Name              |  |  |                     |   |                                       |  |
| LAST NAME  |              |                   |  |  |                     |   |                                       |  |
|  |              | Surname           |  |  |                     |   |                                       |  |
| TITLE AFTER THE NAME   |              |                   |  |  |                     |   |                                       |  |
|  |              |                   |  |  |                     |   |                                       |  |
| DATE OF COMMENCEME   | NT OF THE IN | SURANCE           |  |  |                     |   |                                       |  |
| select   |              | select            | ♥  | select   | <ul><li>✓</li></ul> |   |                                       |  |
| EMAIL  |              |                   |  |  |                     |   | This is the email address w           | here you will receive                      |
|  |              | email@address.org | g  |  |                     |   | the insurance de                      |  |
| PHONE NUMBER   |              |                   |  |  |                     |   |                                       | Jeaments.                                  |
| +420 🗸   |              | 13                | 2456789  |  |                     |   |                                       |  |
| DATE OF BIRTH  |              |                   |  |  |                     |   |                                       |  |
| select   | ♥(           | select            | ♥(   | select   | ∽ 🖻                 |   |                                       |  |
| PASSPORT NUMBER  |              |                   |  |  |                     |   |                                       |  |
|  |              |                   |  |  |                     |   |                                       |  |
| STATE WHICH ISSUED TH  | E PASSPORT   | -                 |  |  |                     |   |                                       |  |
|  |              | Vyberte, prosím   |  |  | ~                   |   |                                       | To negotiate this                          |
|  |              |                   |  |  |                     |   | Negotiation of this                   | product please wait for                    |
| Adress of the insu<br>ADRESS OF THE INSURE   | TER SON IN   | n in the Czech    | republic   |  |                     | s | product requires pecialist assistance | the call from our<br>operator, or call our |
|  | DFERSONIN    | THE CELCHINEFOR   | DEIC   |  | -                   |   | pecialist assistance                  | hélpdesk                                   |
|  |              |                   |  |  |                     |   |                                       | 0.5  |
| INSURED PERSON IS 1  | THE SAME AS  | POLICYHOLDER      |  |  |                     |   |                                       |  |
| Health insurance   | questionn    | aire              |  |  |                     |   |                                       |  |
| A) Are you healthy now   | adays?       |                   |  |  |                     |   |                                       |  |
|  |              | ⊖ yes ⊖ n         | 0  |  |                     |   | If you check either of the n          |  |
|  |              | 01-0              |  |  |                     |   | receive the above warning             |  |
| B) Have you been undergoing treatment in any medical facility? Have you been diagnosed with any type of serious illness e.g. TBC, AIDS, high blood pressure or any other illness associated with circulatory system and heart, any illness of internal organs, anemia, hepatitis, illness of the lung, diabetes mellitus, epilepsy, cerebral palsy, illness of the eye, cancer, mental illness, sclerosis. Have you been suffering from any long terms medical problems associated with a past accident? Have you been addicted to alcohol, drugs or any other type of medication? Have you been involved in an accident requiring hospitalization or operation? Are you actively involved in dangerous sport or any other sort of hazardous behavior e.g. rock climbing, parachuting etc.) or do you have a risky employment? |              |                   | e lung,<br>sis. Have<br>? Have you<br>in an<br>port or any | be evaluated in more detail. If you were about to<br>check one of the options, please contact us at<br><b>tf@eurovalley.cz</b> to provide more details about<br>your health conditions so we can work together on<br>providing the best possible offer . |                     |   |                                       |  |

