

LIST OF MEDICAL SERVICES PROVIDED UNDER INTER VISION HEALTH CARE INSURANCE

List no. (01)

CONSULTATIONS AND AMBULATORY TREATMENT

BASIC and SILVER:

- 01 001 - 01 004

GOLD:

- 01 001 - 01 006

DIAMOND:

- all services

No. of service	Type of service	Value of service in PLN
01 001	Specialist consultation (excluding occupational medicine physician)	69,00
01 002	Medical procedural consultation, including cost of drugs and materials:	69,00
A	dressing sudden and small injuries (wound suturing, sprain, dislocation – immobilizations of extremities and joints, burns, frostbites)	
B	abscess or hematoma incision	
C	joint puncture	
D	tick removal	
E	intra-articular injection	
F	lacrimal duct rinsing	
G	ear rinsing	
H	tubal insufflation	
I	cerumen removal	
J	foreign body removal from the eye, ear, nose or throat	
K	nose bleeding – conservative procedure	
L	dressing placement (ear, eye, nose)	
M	catheter insertion / removal	
01 003	Nursing procedures	15,00
A	intravenous, intramuscular, hypodermic, intradermal injections– without cost of drug	
B	dressing change	
C	suture removal	
D	tetanus anatoxin	
E	drug allergy testing	
01 004	Cast (including costs of material)	80,00
01 005	Home visit of a family practitioner, internist, pediatrician	100,00
01 006	Doctor consultation – desensitizing	40,00
01 007	Psychotherapeutic consultation (max. 20 meetings annually)	80,00

List no. (02)

LABORATORY (with doctor's referral)

Applicable to VISION: **BASIC, SILVER, GOLD and DIAMOND**

No. of service	Type of service	Value of service in PLN
02 001	Albumins	10,00
02 002	AFP	35,00
02 003	Antigen Hbe	29,00
02 004	Antigen Hbs	29,00
02 005	CEA	36,00
02 006	Antitrombin III	46,00
02 007	Semen bacteriological	25,00
02 008	Mycological test	34,00
02 009	Bence-Jones protein	15,00
02 010	Protein	7,00
02 011	C-reactive protein (CRP)	13,00
02 012	Direct bilirubin	9,00
02 013	Bilirubin	7,00
02 014	CA 125 ovary cancer antigen	45,00
02 015	CA 15.3 breast cancer antigen	41,00
02 016	CA 19.9 digestive system cancer antigen	42,00
02 017	Celluloplasmine	23,00
02 018	Chlorides	8,00
02 019	Cholesterol	8,00
02 020	Cholesterol HDL	10,00
02 021	Cholesterol LDL	8,00
02 022	Cytology	40,00
02 023	APTT	12,00
02 024	TT	6,00
02 025	INR	12,00
02 026	DHEA	30,00
02 027	DHEA-S	30,00
02 028	Diastase/amyl in blood	12,00
02 029	Digoxine in serum	27,00
02 030	Estradiol	35,00
02 031	Ferritin	27,00
02 032	Fibrinogen	13,00
02 033	Alkaline phosphatase (ZAS)	8,00
02 034	Phosphates	23,00
02 035	Acid phosphatase	14,00
02 036	Phosphatase Kw	14,00
02 037	FSH	30,00
02 038	FT 3	25,00
02 039	FT 4	25,00
02 040	GGTP	8,00
02 041	Glucose	7,00

02 042	Glucose - glucometer	5,00
02 043	Glucose – sugar curve	20,00
02 044	Blood type and Rh	17,00
02 045	Fungus in urine	28,00
02 046	Gonadotropin HCG	30,00
02 047	Glucose hemoglobin in blood (HBA 1c)	25,00
02 048	HIV	49,00
02 049	IGE total	30,00
02 050	Immunoglobulin IgA	25,00
02 051	Immunoglobulin IgG	25,00
02 052	Immunoglobulin IgM	30,00
02 053	Insulin	20,00
02 054	Stool – general test	25,00
02 055	Stool – test for occult blood	11,00
02 056	Stool – ELIS test	25,00
02 057	Stool – carrier state	80,00
02 058	Stool – parasites (3 samples)	36,00
02 059	Catecholamine	28,00
02 060	CPK	17,00
02 061	Cortisol	28,00
02 062	Creatinine	7,00
02 063	Creatinine in urine 24h	7,00
02 064	Folic acid	31,00
02 065	Uric acid	7,00
02 066	LDH	12,00
02 067	LH	30,00
02 068	Lipase	13,00
02 069	Lipidogram	37,00
02 070	LP(a) in serum	50,00
02 071	Magnesium	7,00
02 072	Tyreoglobulin	35,00
02 073	Copper in serum	23,00
02 074	Urine - ALA	30,00
02 075	Urine – general microscopic test	5,00
02 076	Urine – general test + sediment	7,00
02 077	Urine - protein	6,00
02 078	Urine – phosphor	6,00
02 079	Urine – phosphor 24h	10,00
02 080	Urine – glucose	6,00
02 081	Urine - creatinine	6,00
02 082	Urine – creatinine 24h	6,00
02 083	Urine – uric acid	6,00
02 084	Urine – uric acid 24h	6,00
02 085	Urine - Addis	10,00
02 086	Urine - magnesium	6,00
02 087	Urine – magnesium 24h	6,00
02 088	Urine - metoxycatecholamines	50,00
02 089	Urine – diastase/amylase	6,00
02 090	Urine - calcium	10,00
02 091	Urine – calcium 24h	10,00
02 092	Urea	7,00
02 093	Mononucleosis test	30,00

02 094	Blood morphology – thrombocytes and smear	11,00
02 095	Morphology – manual smear	10,00
02 096	OB	5,00
02 097	ASO	10,00
02 098	RF	15,00
02 099	Waeler-Rose factor	12,00
02 100	AAS	25,00
02 101	Osteocalcin	45,00
02 102	Parathormone	40,00
02 103	Protozoon in urine	10,00
02 104	Culture with antibiogram	48,00
02 105	Potassium (K)	7,00
02 106	Progesterone	25,00
02 107	Prolactin (PRL)	25,00
02 108	Proteinogram	40,00
02 109	Pregnancy test in blood	32,00
02 110	Pregnancy test in urine	12,00
02 111	HAV antibodies	65,00
02 112	Hbe antibodies	40,00
02 113	Hbs antibodies	40,00
02 114	HCV antibodies	40,00
02 115	Borreliosis IgG IgM	60,00
02 116	Chlamydia IgG IgM/IgA	60,00
02 117	CMV IgG IgM	60,00
02 118	Helicobacter pylori antibodies	25,00
02 119	Herpes IgG IgM	60,00
02 120	Antinuclear antibodies	40,00
02 121	Complete thyroid antibodies	63,00
02 122	Rh Antibodies (pregnancy)	32,00
02 123	Rubella IgG IgM	60,00
02 124	Toxoplasmosis IgG IgM	60,00
02 125	PSA	35,00
02 126	Reticulocytes	6,00
02 127	Sodium (Na)	7,00
02 128	T3	20,00
02 129	T4	20,00
02 130	Antiglobulintest (BTA, PTA)	32,00
02 131	Test with metoclopramid	150,00
02 132	Testosterone (TTE)	25,00
02 133	Transaminase ALAT	8,00
02 134	Transaminase ASPAT	8,00
02 135	Triglycerides	17,00
02 136	TSH	20,00
02 137	Calcium	7,00
02 138	Vitamin B 12	32,00
02 139	WR	7,00
02 140	Quick ratio	12,00
02 141	Iron (Fe)	8,00
02 142	Iron absorption curve	30,00
02 143	TIBC transferrin	12,00

List no. (03)

DIAGNOSTIC TESTS (with doctor's referral)

BASIC and SILVER:

- 03 001 - 03 023

GOLD and DIAMOND:

- all services

No. of service	Type of service	Value of service in PLN
03 001	X-ray (excluding dental x-ray)	49,00
03 002	Scan (USG)	60,00
03 003	USG Doppler	85,00
03 004	Urography with contrast medium	100,00
03 005	ECG at rest	20,00
03 006	ECG work out test	40,00
03 007	ECG Holter	60,00
03 008	Blood pressure Holter	60,00
03 009	EEG	80,00
03 010	EMG	120,00
03 011	Gastroscopy	90,00
03 012	Colonoscopy with general anesthesia	200,00
03 013	Rectoscopy with local anesthesia	100,00
03 014	Sigmoidoscopy with local anesthesia	100,00
03 015	Taking material and histopathologic analysis	90,00
03 016	Histopathologic analysis	55,00
03 017	Screening density metric	50,00
03 018	CT with contrast medium (excluding dental CT)	200,00
03 019	Magnetic resonance with contrast medium	400,00
03 020	Spirometry	36,00
03 021	Audiometrics	30,00
03 022	Mammography	90,00
03 023	Eye sight tests	35,00
03 024	GDX	100,00
03 025	Gonioscopy	20,00
03 026	Skin allergy test – puncture methods (20 allergens)	80,00
03 027	Blood allergy test – specific IgE	30,00

List no. (04)

MEDICAL AIDS

SILVER and GOLD:

- 04 001 - 04 007

(the insured is entitled to medical aids if they are necessary within the surgery performed during the hospitalization)

DIAMOND:

- all services

No. of service	Type of service	Value of service in PLN
04 001	Walking aid - frame	200,00
04 002	Walking aid – crutches	60,00
04 003	Walking aids - sticks	30,00
04 004	Various body parts prosthesis	750,00
04 005	Disabled carts	1000,00
04 006	Logopedic aids (including consultations)	1000,00
04 007	Orthesis	150,00
04 008	Orthopedic insoles	65,00
04 009	Orthopedic shoes	400,00
04 010	Lumbar-lower back tape	80,00
04 011	Ophthalmologic aids including the contact lenses (every three years)	200,00
04 012	Hearing aid	1.000,00
04 013	Blood pressure measuring device	50,00
04 014	Inhaler	140,00
04 015	Muscle stimulator e.g. Tensa device	200,00
04 016	Pump	1.000,00
04 017	Sugar level measurement device	120,00

List no. (05)

TREATMENT (with doctor's referral)

Applicable to VISION **DIAMOND**

No. of service	Type of service	Value of service in PLN
05 001	Hydrotherapy / Balneotherapy	12,00
A	Hydromassage	
B	Pearl bath	
C	Whirlpool bath of extremities	
D	Scottish whips	
E	Ozone massage	
F	Saline bath	
G	Carbon dioxide gas bath	
H	Peat compresses	
05 002	General cryotherapy	30,00
05 003	Local cryotherapy	6,00
05 004	Light therapy	15,00
A	UV irradiation	
B	Irradiation with a Sollux lamp	
05 005	Laser therapy - scanner	15,00
05 006	Spot size laser therapy	6,00
05 007	Electrotherapy	14,00
A	Galvanic current	
B	Biphase pulse current with variable polarization	
C	TENS	
D	TENS with variable polarization	
E	TENS burst with variable	

	polarization	
F	Ionophoresis	
G	Phonophoresis	
H	Ultrasounds	
I	Tonolysis	
J	Trabert current	
05 008	Magnetic therapy	10,00
05 009	Therapeutic massage	30,00
A	classic	
B	vibration	
C	segment	
05 010	Inhalations	10,00
05 011	Kinesitherapy	17,00
A	Passive exercises	
B	Passive-active exercises	
C	Active exercises	
D	Active reduced-load exercises	
E	Active exercises with resistance	
F	Exercises with therapeutic balls	
G	Exercises with therapeutic belts	
H	Free exercises on mattresses	
I	Exercises on rehabilitation bicycle	
J	General development gymnastics	
05 012	Back pain syndrome treatment with Ackermann method	40,00
05 013	Brain's ability training	30,00

List no. (06)

DENTISTRY

Applicable to VISION: **SILVER, GOLD and DIAMOND**

No. of service	Type of service	Value of service in PLN (the price includes the labour and material costs)
06 001	X-rays per one radiogram	20,00
06 002	Oral / dental pantomogram	50,00
06 003	Anesthesia (infiltration or conduction anesthesia)	20,00
06 004	Small filling in the tooth (one surface)	70,00
06 005	Medium filling in the tooth (two surfaces)	95,00
06 006	Large filling in the tooth (three surfaces)	140,00
06 007	Tooth reconstruction	200,00
06 008	Milk tooth treatment – filling, extraction	50,00
06 009	Therapeutic dressing	50,00
06 010	Endodontic [root canal] treatment – per one root canal, including:	
A	pulp devitalization / extirpation	50,00
B	root canal preparation /	20,00

	patency restoration	
C	root canal filling	50,00
06 011	Painting teeth with fluoride varnish - per 1 arch	50,00
06 012	Dental deposit scaling - per 1 arch	50,00
06 013	Teeth sandblasting - per 1 arch	50,00
06 014	Sealing teeth - 1 tooth	30,00
06 015	Permanent tooth extraction	70,00
06 016	Surgical removal of the tooth	120,00
06 017	Surgical removal of the retained tooth with gouging	315,00
06 018	Resection of the tooth root apex	300,00
06 019	Wound suturing	30,00
06 020	Suture removal	10,00
06 021	Maxillary sinus closing	175,00
06 022	Abscess removal	120,00
06 023	Cyst removal	250,00
06 024	Gangrene treatment – per visit	40,00
06 025	Simple procedures in treatment periodontitis - recalculated per one paradontium	20,00
06 026	Open curettage - recalculated per one paradontium	35,00
06 027	Closed curettage - recalculated per one paradontium	20,00
06 028	Dressing after surgical procedures	30,00
06 029	Orthodontic treatment, including orthodontic consultations, cost of materials and work of the technician, within 4 years of insurance coverage	4.000,00

List no.(07)

PROSTHETICS TREATMENT

Applicable to VISION: **GOLD and DIAMOND**

No. of service	Type of service	Value of service in PLN (the price includes the labour and material costs)
07 001	Crown-root insert	200,00
07 002	Temporary crown	60,00
07 003	Acrylic crown	200,00
07 004	Poured crown	300,00
07 005	Porcelain/telescop/ceramic crown	450,00
07 006	Cementing, fixing crown (one point)	60,00

07 007	Temporary acrylic bridge (one point)	60,00
07 008	Acrylic bridge one point	80,00
07 009	Poured bridge one point	300,00
07 010	Porcelain bridge one point	450,00
07 011	Partial acrylic denture per jaw	280,00
07 012	Skeleton denture	1200,00
07 013	Complete denture per jaw	475,00
07 014	Lining denture	150,00
07 015	Repair of denture	100,00
07 016	Adding tooth to denture, clasp (one point)	70,00
07 017	Implant, including surgical procedure and material costs, per jaw	4250,00

List no. (08)

CHECK-UP once a year
(without doctor's referral)

BASIC, SILVER and GOLD:

- 08 001 - 08 024

DIAMOND:

- all services

No. of service	Type of service	Value of service in PLN
LABORATORY TESTS		
08 001	Blood morphology – thrombocytes and smear	11,00
08 002	OB	5,00
08 003	Glucose	7,00

08 004	Lipidogram	37,00
08 005	Urine – general test	7,00
08 006	Creatininie	7,00
08 007	Urea	7,00
08 008	Uric acid	7,00
08 009	Sodium (Na)	7,00
08 010	Potassium (K)	7,00
08 011	Bilirubin	7,00
08 012	Transaminase ASPAT	8,00
08 013	Transaminase ALAT	8,00
08 014	PSA	35,00
08 015	Stool – test for occult blood	11,00
DENTISTRY		
08 016	Dentist consultation, 2 X per insurance	25,00
DIAGNOSTIC TESTS		
08 017	ECG	35,00
08 018	Mammography after 40 years of age	90,00
08 019	Breast scan	60,00
08 020	Cytology	40,00
CONSULTATIONS		
08 021	Internist	69,00
08 022	Urologist with per rectum test	69,00
08 023	Gynecologist	69,00
08 024	Flu immunisation including the vaccination cost	35,00
08 025	Inoculation against tropical diseases together with the cost of the vaccine cost (one dose)	130,00