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Appendix 6.2 - List of ambulatory medical services for children_valid from 01.Jul.2026 to Contract No.E 3912/24.06.2016_ADOBE SYSTEMS ROMANIA	
BASIC PACKAGE – OUTPATIENT MEDICAL SERVICES	**PRIORITY Junior**
PEDRIATICS	
- pediatric examination / check-up	Included
mandatory pediatric vaccines based on the vaccination schedule approved by the Romanian Ministry of Health, if the new born is registered with a family doctor within the Private Health Network (according to the vaccination schedule)	Included (if not ordered by an RM family doctor – 50% copayment)
- issuance of certificates required in kindergarten, school	Included
SCREENING (according to international medical guidelines)	
1. Examination – Anamnesis and medical history of each patient	Included
2. Annual analysis set:	
Pharyngeal / nasal exudate	Included (2/year)
Stool ova and Parasite examination	Included (2/year)
Stool analysis	Included (2/year)
Urinalysis	Included (2/year)
Urine culture	Included (once/year)
Urea	Included (once/year)
Glycemia	Included (once/year)
Total cholesterol	Included (once/year)
LDL cholesterol	Included (once/year)
Full blood count	Included (once/year)
- ESR/CRP	Included (once/year)
Transaminases (AST, ALT)	Included (once/year)
Serum creatinin	Included (once/year)
3. Examination – recommendations based on the screening and analysis results	Included
EMERGENCY MEDICINE	
Medical Hotline - 24/7	Included
Ambulance 24h/7 - at home (through medical hotline)- (service available in Bucharest and Ilfov)	Included
Doctor's advice - 24/7 – available only via the Medical Hotline	Included
24/7 EMERGENCY WARDS	
Emergency Room Pediatrics : Ponderas Academic Hospital (*)	
Monday - Sunday, 8.00 - 20.00	included
Monday - Sunday, 20.00 - 08.00	included
Emergency Room obstetrics-gynecology: Baneasa Hospital (*)	
Monday - Sunday, 8.00 - 20.00	included
Monday - Sunday, 20.00 - 08.00	included
Emergency Room Pediatrics: Brasov Hospital (*)	
Monday - Sunday, 8.00 - 20.00	included
Monday - Sunday, 20.00 - 08.00	included
Emergency Room Cluj Hospital(*)	
Monday - Sunday, 8.00 - 20.00	included
Monday - Sunday, 20.00 - 08.00	included
Emergency Room Premiere Hospital(*)	
Monday - Sunday, 8.00 - 20.00	included
Monday - Sunday, 20.00 - 08.00	included
MEDICAL SPECIALTIES	
General Medicine/ Internal Medicine/Obstetrics-Gynecology	
- examination	Included
- check-up	Included
-pelvic sonogram	according to the appendix
Ophthalmology	
- examination	Included
- check-up	Included
- ophthalmoscopy	Included
- visual field	Included
Dermatology	
- examination	Included
- check-up	Included
- dermatological procedures (pathology) cauterizations / excisions	Included
- dermatological procedures (esthetics) cauterizations / excisions	-

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BASIC PACKAGE – OUTPATIENT MEDICAL SERVICES	**PRIORITY Junior**
- dermatological investigations (simple dermatoscopy, excluded digital &excluded dermatoscopy with data recordingdermatoscopy)	Included
- dermatological procedures (biopsies)	Included
Allergology and clinical immunology	
- examination	Included
- check-up	Included
- bronchodilator spirometry	Included
- simple spirometry	Included
- skin allergy Prick Tests	Included
- skin allergy Patch Tests	50% copayment
Infectious diseases	
- examination	Included
- check-up	Included
Cardiology	
- examination	Included
- check-up	Included
- EKG	Included
- echocardiogram	according to the appendix
Pediatric Surgery	
- examination	Included
- check-up	Included
- microsurgery (procedures that can be performed in the doctor's office)	Included
Diabetes and metabolic disorders	
- examination	Included
- check-up	Included
- nutrition counselling	Included
Dietetics	
- exam/ check-up	no
Endocrinology	
- examination	Included
- check-up	Included
- thyroid sonogram	according to the appendix
Hematology	
- examination	Included
- check-up	Included
Nephrology	
- examination	Included
- check-up	Included
Neurology	
- examination	Included
- check-up	Included
- simple EEG	Included
- sonogram	according to the appendix
ENT	
- examination	Included
- check-up	Included
- simple audiometry	Included
- impedance audiometry	Included
ORL rigid endoscopy	Included
- aerosols therapy	Included
Orthopaedics & Traumatology	
- examination	Included
- check-up	Included
- radiography / digital radiography	Included
Rheumatology	
- examination	Included
- check-up	Included
LABORATORY TESTS	
Laboratory tests:	
- bacteriology	
- biochemistry	

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BASIC PACKAGE – OUTPATIENT MEDICAL SERVICES	**PRIORITY Junior**
- electrophoresis	included, according to analyses annex at the recommendation of a physician 314 markers
- electrolytes	
- enzymes	
- urinalysis	
- full blood count	
- hemostasis and coagulation	
- viral markers	
- parasitology	
- hormones	
- immunology	
- tumour markers	
- infectious markers	
IMAGING	
Sonogram: according to Ultrasound Appendix, as recommended by the doctor	
- abdomen	Included
- cardio & DOPPLER	Included
- soft parts	Included
- thyroid	Included
- hip	Included
-urinary tract	Included
- arterial DOPPLER	Included
- venous DOPPLER	Included
Other complex imaging investigations	
NUCLEAR MAGNETIC RESONANCE (MRI) according to the Imaging appendix	Included
RADIOLOGY	
- radiology (over 140 types,Including digital radiology, excluding dental radiology, ortholeg/orthospine)	Included
Vaccines	
- flu vaccine (procedure)	Included
- flu vaccine	Included
- optional vaccines (according to the Vaccine Schedule)	50% copayment
MEDICAL REHABILITATION* **	
- examination	included
- checkup	included
- Physiotherapy Sessions (electrotherapy, ultrasound therapy, laser therapy, therapeutic massage, and medical exercise therapy) – Maximum duration per session: 50 minute	12 sessions /year (the remaining with 80% copayment)
- Kinesiotherapy Sessions (physical rehabilitation and therapeutic exercise therapy) – Maximum duration per session: 50 minutes	10 sessions /year (the remaining with 80% copayment)
Hydrokinesiotherapy	90% copayment

*Note: For medical rehabilitation services: the recommendation issued by doctors is considered valid, provided that the respective recommendation (treatment plan) is correct and complete - it must necessarily include the name of the procedures (correct and complete name, without generic names) frequency of application, application interval, duration of the cure (each of these elements is mandatory). For clarity: recommendations issued by physiotherapists/kinesitherapists are not considered valid

DENTAL SCREENING SERVICES- in Regina Maria Dental Clinics	
• checkup	included (once/an)
• treatment plan	included (once/an)
• panoramic X-ray	included (once/an)
• urgency, dental cleaning, dental aesthetics, terapy fillings, endodontics, periodontics, consults & X-Rays	90% copayment
• surgery,prosthetics, implantology, orthodontics	95% copayment
SPECIAL SERVICES	
Access to the physicians' schedule for Subscriptions Division	included
Access to the schedule of physicians in Academic Partnership	included
Access to the physicians' schedule for Second Opinion**	-

COPAYMENT AND COVERAGE APPLICATION AT REGINA MARIA

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BASIC PACKAGE – OUTPATIENT MEDICAL SERVICES	**PRIORITY Junior**
Arad - Polyclinic Arad	YES
Bacau - Polyclinic Bacau	YES
Baia Mare - Campus Medical Somesan	YES
Brasov - Ambulatoriu Spital Brasov	YES
Brasov - Polyclinic Centrul Civic Brasov	YES
Brasov - Polyclinic Traian	YES
Bucharest - Ponderas Hospital Outpatient Department Pediatrics	YES
Bucharest - Euroclinic Hospital Outpatient Department	YES
Bucharest - Baneasa Hospital Outpatient Department: obstetrics-gynecology	YES
Bucuresti - Polyclinic Aviatiei (Occupational Health)	YES
Bucuresti - Polyclinic Baneasa	YES
Bucuresti - Polyclinic Cotroceni	YES
Bucuresti - Polyclinic Doamna Ghica	YES
Bucuresti - Polyclinic Enescu	YES
Bucuresti - Polyclinic Floreasca	YES
Bucuresti - Polyclinic Lujerului	YES
Bucuresti - Polyclinic Orhideea	YES
Bucuresti - Polyclinic Perla	YES
Bucuresti - Polyclinic Pipera	YES
Bucuresti - Polyclinic Primaverii	YES
Bucuresti - Polyclinic Sun Plaza	YES
Bucuresti - Polyclinic The Light	YES
Bucuresti - Polyclinic Titu Maiorescu	YES
Bucuresti - Polyclinic Victoriei	YES
Bucuresti - Campus Medical Palldy	YES
Cluj - Cluj Hospital Outpatient Department	YES
Cluj - Polyclinic E. Grigorescu	YES
Cluj - Polyclinic Observatorului	YES
Cluj - Polyclinic Vaida	YES
Constanta - Polyclinic Delfinariu	YES
Constanta - Polyclinic Gastromond	YES
Constanta - Polyclinic Pozimed	YES
Constanta - Polyclinic Tomis	YES
Craiova - Occupational Health Center	YES
Craiova - Polyclinic Centrala	YES
Craiova - Polyclinic Universitatii	YES
Iasi - Campusul Medical Iasi	YES
Lugoj - Polyclinic Lugoj	YES
Oradea - Polyclinic Endodigest	YES
Pitesti - Polyclinic Bratianu	YES
Pitesti - Polyclinic Pitesti Nord	YES
Ploiesti - Polyclinic Ploiesti	YES
Sibiu - Polyclinic Arhitectilor	YES
Sibiu - Polyclinic Sibiu	YES
Slatina - Polyclinic Central Slatina	YES
Slatina - Polyclinic Slatina Crisan	YES
Suceava - Polyclinic Suceava	YES
Targu Mures - Ambulatoriu Spital Puls	YES
Targu Mures - Puls Hospital Outpatient Department	YES
Timisoara - Premiere Outpatient Department	YES
Timisoara - Polyclinic Banat	YES
Timisoara - Polyclinic Isho	YES
Timisoara - Polyclinic Iulius Mall	YES
Tulcea - Polyclinic Centrala Tulcea	YES
COPAYMENT AND COVERAGE APPLICATION AT REGINA MARIA DENTAL CLINICS	
Regina Maria Dental Clinicis Rin	YES

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BASIC PACKAGE – OUTPATIENT MEDICAL SERVICES	**PRIORITY Junior**
Regina Maria Dental Clinics Pallady	YES
Regina Maria Dental Hospital Caramfil	YES
Regina Maria Dental Clinics Piața Alba Iulia	YES
Regina Maria Dental Clinics Victoriei - Academia Spatiala	YES
Regina Maria Dental Clinics Pitesti	YES
Regina Maria Dental Hospital Timisoara	YES
Regina Maria Dental Clinics Turda	YES
Regina Maria Dental Clinics Oradea	YES
Regina Maria Dental Hospital Constanta	YES
Regina Maria Dental Clinics Iasi	YES
Regina Maria Dental Clinics Sibiu	YES
Regina Maria Dental Clinics Ploiesti	YES
Regina Maria Dental Clinics Galati	YES
Regina Maria Dental Hospital Cluj-Napoca	YES
Regina Maria Dental Clinics Craiova	YES
Regina Maria Dental Clinics Brasov	YES
Regina Maria Dental Clinics Arad	YES
COPAYMENT AND COVERAGE APPLICATION AT REGINA MARIA PSYCOTHERAPY CLINICS	
Psychotherapy Clinic Unirii Bucuresti	YES
Psychotherapy Clinic Aviatiei Bucuresti	YES
Psychotherapy Clinic Cluj-Napoca	YES
Psychotherapy Clinic Timisoara	YES
COPAYMENT AND COVERAGE APPLICATION AT KINETIC SPORT & MEDICINE	
Kinetic Bucuresti Flagship	NO
Kinetic Bucuresti Pallady	YES
Kinetic Bucuresti The Light	YES
Kinetic Cluj	YES
Kinetic Iasi	YES
More than 160 sampling stations: updated list ● https://www.reginamaria.ro/locatii-recoltare-analize	YES
Over 400 owned and partner locations across the entire country. ● https://www.reginamaria.ro/locatii ● https://www.reginamaria.ro/clinici-partenere	Yes, only for fully included services
Access in RM's own locations through reimbursement	**100% of the paid value, but no more than 1000 lei/service**
Access outside RM network through reimbursement	**90% of the paid value, but no more than 1000 lei/service and 250 lei/ambulance**

Note: This offer is only for children under 18 years of age.
Copayments apply only in Regina Maria owned polyclinics in Bucharest and across the country

Services not included herein or in the corresponding detailed appendices, are paid in full, at the price effective when the service was provided

For included or discounted services, a referral is required from a physician in Romania
For a full list of services included, please see the enclosed appendices

Medical services for sterility, infertility, trying to conceive, contraception and any consequences thereof, regardless of the reason for requesting/performing such services (prevention, screening, investigation, monitoring and/or treatment) are not included.

Legend:
once/year – Included for free once per year, at the patient's request

*Copayment/inclusion in the emergency room applies to the emergency consultation. Additional investigations, consumables/medications that are administered can be accessed through reimbursement to the patient:
-100% in Regina Maria Emergency Rooms, but not more than 1000 lei/investigation
-90% outside the network, but not more than 1000 lei/investigation.

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BASIC PACKAGE – OUTPATIENT MEDICAL SERVICES	PRIORITY Junior

** - the cost generated by accessing full payment doctors can be reimbursed according to the Indemnification procedure in case of accessing medical services outside the Regina Maria Network

***Medical rehabilitation for children is only available with reimbursement

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LIST OF TESTS ANNEX		
No.	**Name**	**Priority Junior**
1	Anti-blood group A Ab	100% included
2	Anti-blood group B Ab	100% included
3	Anti-nuclear Ab (ANA) qualitative test (ANA)	100% included
4	Anti Rh Ab (D)	100% included
5	Anti VCA IgG Epstein Barr Ab	100% included
6	Anti VCA IgM Epstein Barr Ab	100% included
7	Urinary hippuric acid	100% included
8	Uric acid (serum)	100% included
9	Uric acid (urine)	100% included
10	AFP (alpha-1-fetoprotein)	100% included
11	Albumin (serum)	100% included
12	Urinary albumin	100% included
13	Alpha1-antitrypsin (AAT)	100% included
14	Amylase (serum)	100% included
15	Amylase (urine)	100% included
16	Ammonia	100% included
17	Anal print	100% included
18	Angiotensinconvertase (ACE)	100% included
19	ANTI TPO	100% included
20	Streptococcus pneumoniae antibiogram	100% included
21	Chlamydia antigen cervix discharge	100% included
22	Chlamydia antigen urethra discharge	100% included
23	Chlamydia antigen urine	100% included
24	Chlamydia antigen other discharges	100% included
25	Giardia antigen (faeces)	100% included
26	Apolipoprotein A1	100% included
27	Apolipoprotein B	100% included
28	APTT (Activated partial thromboplastin time)	100% included
29	ASO quantitative test	100% included
30	Beta hCG	100% included
31	Direct bilirubin	100% included
32	Indirect bilirubin	100% included
33	Total bilirubin	100% included
34	C3 (Complement C3)	100% included
35	C4 (Complement C4)	100% included
36	CA 125 (ovary, bile ducts)	100% included
37	CA 15 / 3 (mammary gland)	100% included
38	CA 19 /9 (pancreas,esophagus, rectum)	100% included
39	Calcitonin (CALCI)	100% included
40	Calcium (urinu)	100% included
41	Ionic calcium (serum)	100% included
42	SERUM CALCIUM	100% included
43	CEA (carcinoembriogenic antigen)	100% included
44	Lupus cells (latex)	100% included
45	Chlamydia trachomatis IgA Ab	100% included
46	Chlamydia trachomatis IgG Ab	100% included
47	CIC (Circulating immune complexes) (C1QBI)	100% included
48	CK (Creatine phospho kinase)	100% included
49	CK MB (Creatine kinase isoenzyme MB)	100% included
50	Iononogram (sodium, potassium, chlorine)	100% included
51	Chlorine (serum)	100% included
52	Chlorine other fluids	100% included
53	Chlorine (urine)	100% included
54	CMV (Cytomegalovirus) IgG Ab	100% included
55	CMV (Cytomegalovirus) IgM Ab	100% included
56	Total cholesterol	100% included
57	Cholinesterase (CHE)	100% included
58	Leukocyte concentrate	100% included
59	Coprocytogram	100% included
60	Stool analysis with antibiogram when needed	100% included
61	Antibiogram - stool analysis	100% included
62	Stool analysis	100% included
63	Cortisol (serum) (CORT)	100% included
64	Creatinine (serum)	100% included

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LIST OF TESTS ANNEX		
No.	**Name**	**Priority Junior**
65	Creatinine (urine)	100% included
66	Cryoglobulines	100% included
67	CTLF total binding capacity of Fe	100% included
68	Determination of Rh factor (D)	100% included
69	Determination of blood group (A,B,O)	100% included
70	Hemoglobin electrophoresis (HEL)	100% included
71	Lipoprotein electrophoresis	100% included
72	Serum protein electrophoresis	100% included
73	Estradiol	100% included
74	Unconjugated estriol	100% included
75	Cytological examination of the blood smear	100% included
76	Micological examination of other biological products	100% included
77	Antifungigram micological examination of other products	100% included
78	Examination of other biological products (microscopic, bacteriological, antibiogram when needed)	100% included
79	Microscopic examination of other biological products	100% included
80	Bacteriological examination of other biological products	100% included
81	Antibiogram of other biological products	100% included
82	Examination of other biological products (microscopic, bacteriological, mycological, antibiogram, antifungigram when needed)	100% included
83	Coproparasitological examination (I)	100% included
84	Coproparasitological examination (II)	100% included
85	Coproparasitological examination (III)	100% included
86	Examination of puncture fluids (microscopic, bacteriological, antibiogram when needed)	100% included
87	Microscopic examination of puncture fluids	100% included
88	Bacteriological examination of puncture fluids	100% included
89	Antibiogram examination of puncture fluids (when needed)	100% included
90	Examination of puncture fluids (microscopic, bacteriological, mycological, antibiogram, antifungigram when needed)	100% included
91	Mycological examination of puncture fluids	100% included
92	Antifungigram mycological examination of puncture fluids	100% included
93	Examination of puncture fluids (microscopic, mycological, antifungigram when needed)	100% included
94	Microscopic examination of dermatophytes	100% included
95	Microscopic examination of pharyngeal exudate for fusospirili	100% included
96	Microscopic examination of puncture fluid smear	100% included
97	Microscopic examination of nasal discharge for eosinophils	100% included
98	Conventional Papanicolau examination	100% included
99	Examination of product derived from a purulent collection (mycological, antifungigram when needed)	100% included
100	Mycological examination of product derived from a purulent collection	100% included
101	Antifungigram mycological examination of a purulent collection	100% included
102	Examination of product derived from a purulent collection (mycological, antifungigram when needed)	100% included
103	Examination of product derived from a purulent collection (microscopic, bacteriological, antibiogram when needed)	100% included
104	Bacteriological examination of product derived from a purulent collection	100% included
105	Microscopic examination of product derived from a purulent collection	100% included
106	Antibiogram examination of product derived from a purulent collection (when needed)	100% included
107	Examination of product derived from a purulent collection (microscopic, bacteriological, mycological, antibiogram, antifungigram when needed)	100% included
108	Examination of lingual scraping (microscopic, mycological, antifungigram when needed)	100% included
109	Microscopic examination of lingual scraping	100% included
110	Mycological examination of lingual scraping	100% included
111	Antigungigram examination of lingual scraping (when needed)	100% included
112	Examination of Cervical Discharge (Bacteriological, Mycological, Antibiogram, Antifungigram when Needed)	100% included
113	Bacteriological examination of Cervical Discharge	100% included
114	Mycological examination of Cervical Discharge	100% included
115	Antifungigram examination of Cervical Discharge (when needed)	100% included
116	Antibiogram examination of Cervical Discharge (when needed)	100% included
117	Examination of mammary discharge (bacteriological, antibiogram when needed)	100% included
118	Bacteriological examination of mammary discharge	100% included
119	Antibiogram examination of mammary discharge (when needed)	100% included

LIST OF TESTS ANNEX		
No.	**Name**	**Priority Junior**
120	Examination of sputum (microscopic, mycological, antifungigram when needed)	100% included
121	Microscopic examination of sputum	100% included
122	Antifungigram mycological examination of sputum (when needed)	100% included
123	Mycological examination of sputum	100% included
124	Examination of sputum (microscopic, bacteriological, antibiogram when needed)	100% included
125	Bacteriological examination of sputum	100% included
126	Antibiogram examination of sputum (when needed)	100% included
127	Examination of sputum (microscopic, bacteriological, mycological, antibiogram, antifungigram when needed)	100% included
128	Pharyngeal exudate (bacteriological, antibiogram when needed)	100% included
129	Bacteriological examination of pharyngeal exudate	100% included
130	Antibiogram of pharyngeal exudate (when needed)	100% included
131	Pharyngeal exudate (bacteriological, mycological, antibiogram, antifungigram when needed)	100% included
132	Pharyngeal exudate (mycological, antifungigram when needed)	100% included
133	Mycological examination of pharyngeal exudate	100% included
134	Antifungigram of pharyngeal exudate (when needed)	100% included
135	Nasal exudate (bacteriological, antibiogram when needed)	100% included
136	Bacteriological examination of nasal exudate	100% included
137	Antibiogram of nasal exudate (when needed)	100% included
138	Fibrinogen	100% included
139	Iron (serum)	100% included
140	Prostatic acid phosphatase	100% included
141	Total acid phosphatase	100% included
142	Alkaline phosphatase	100% included
143	Phosphorus (serum)	100% included
144	Phosphorus (urine)	100% included
145	RF (rheumatoid factor)/quantitative test	100% included
146	RF (rheumatoid factor)/Waaler Rose reaction	100% included
147	Free T3	100% included
148	Free T4	100% included
149	GGT (Gama glutamyl transferase)	100% included
150	Glucose (serum)	100% included
151	Glucose (other fluids)	100% included
152	Glucose (urine)	100% included
153	HAV IgM Ab	100% included
154	HAV total Ab	100% included
155	HBc IgM Ab (AHBCM)	100% included
156	HBc total Ab	100% included
157	HBe Ab (AHBE)	100% included
158	Hbe Ag	100% included
159	HBs Ab	100% included
160	HBs Ag	100% included
161	HCV Ab	100% included
162	HDL Cholesterol	100% included
163	HDV Ag	100% included
164	Helicobacter pylori IgG Ab/quantitative test	100% included
165	Glycosylated hemoglobin/HbA1c	100% included
166	Complete blood count	100% included
167	Occult bleeding/Adler test (faeces)	100% included
168	HIV(1/2)/Ab	100% included
169	Immunoglobulin A	100% included
170	Immunoglobulin E	100% included
171	Immunoglobulin G	100% included
172	Immunoglobulin M	100% included
173	LDH (Lactate dehydrogenase)	100% included
174	LDH_(Lactate dehydrogenase) In CSF (Cerebrospinal Fluid)	100% included
175	LDH_other fluids	100% included
176	LDL Cholesterol	100% included
177	LH (Luteinizing hormone)	100% included
178	Lipase (LIPA)	100% included
179	Total lipids	100% included
180	Listeria monocytogenes total Ab (LISK)	100% included
181	Lithium (serum) (LI)	100% included
182	Magnesium (serum)	100% included

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LIST OF TESTS ANNEX		
No.	**Name**	**Priority Junior**
183	Magnesium (urine)	100% included
184	Collecting labor	100% included
185	Microalbuminuria	100% included
186	Mycoplasma hominis/Ureaplasma urealyticum (culture, identification, antibiogram when needed)	100% included
187	Mycoplasma hominis/Ureaplasma urealyticum culture	100% included
188	Mycoplasma hominis/Ureaplasma urealyticum identification	100% included
189	Mycoplasma hominis/Ureaplasma urealyticum antibiogram (when needed)	100% included
190	Serum osmolality	100% included
191	Urinary osmolality	100% included
192	PAPP A (Plasmatic protein related to pregnancy)	100% included
193	PCR (C reactive protein) quantitative test	100% included
194	PH Faeces	100% included
195	Potassium (serum)	100% included
196	Potassium (urine)	100% included
197	Digestion test (faeces)	100% included
198	Lipid profile (cholesterol, HDL, LDL cholest, triglycerides)	100% included
199	Progesterone	100% included
200	Prolactin	100% included
201	Total proteins (serum)	100% included
202	Total proteins (urine)	100% included
203	Total proteins_other fluids	100% included
204	PSA (Prostate specific Ag)	100% included
205	Rubella IgG Ab	100% included
206	Rubella IgM Ab	100% included
207	Screening of ESBL	100% included
208	Screening of gestational diabetes	100% included
209	Screening of MRSA	100% included
210	Genital discharge (smear and culture)	100% included
211	Genital discharge smear	100% included
212	Genital discharge culture	100% included
213	Mammary discharge (bacteriological, mycological, antibiogram, antifungigram when needed)	100% included
214	Mycological examination of mammary discharge	100% included
215	Bacteriological examination of mammary discharge	100% included
216	Antibiogram of mammary discharge	100% included
217	Antifungigram of mammary discharge (when needed)	100% included
218	Nasal discharge (smear)	100% included
219	Eye discharge (microscopic, bacteriological, antibiogram when needed)	100% included
220	Microscopic examination of eye discharge	100% included
221	Antibiogram of eye discharge (when needed)	100% included
222	Bacteriological examination of eye discharge	100% included
223	Secretie oculara (microscopic, bacteriologic, micologic, antibiograma, antifungigrama la nevoie)	100% included
224	Eye discharge (microscopic, bacteriological, mycological, antibiogram, antifungigram when needed)	100% included
225	Mycological examination of eye discharge	100% included
226	Antifungigram of eye discharge (when needed)	100% included
227	Ear discharge (microscopic, bacteriological, antibiogram when needed)	100% included
228	Ear discharge (microscopic, bacteriological, mycological, antibiogram, antifungigram when needed)	100% included
229	Microscopic examination of ear discharge	100% included
230	Bacteriological examination of ear discharge	100% included
231	Antibiogram of ear discharge (when needed)	100% included
232	Ear discharge (microscopic, mycological, antifungigram when needed)	100% included
233	Mycological examination of ear discharge	100% included
234	Antifungigram of ear discharge (when needed)	100% included
235	Balanopreputial trench discharge (microscopic, bacteriological, antibiogram when needed)	100% included
236	Balanopreputial trench discharge (microscopic, bacteriological, mycological, antibiogram, antifungigram when needed)	100% included
237	Microscopic examination of balanopreputial trench discharge	100% included
238	Bacteriological examination of balanopreputial trench discharge	100% included
239	Antifungigram of balanopreputial trench discharge (when needed)	100% included
240	Mycological examination of balanopreputial trench discharge	100% included
241	Antifungigram of balanopreputial trench discharge	100% included

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LIST OF TESTS ANNEX		
No.	**Name**	**Priority Junior**
242	Balanopreputial trench discharge (microscopic, mycological, antifungigram when needed)	100% included
243	Urethral discharge (microscopic, bacteriological, antibiogram when needed)	100% included
244	Microscopic examination of urethral discharge	100% included
245	Bacteriological examination of urethral discharge	100% included
246	Mycological examination of urethral discharge	100% included
247	Antibiogram of urethral discharge	100% included
248	Antifungigram of urethral discharge	100% included
249	Urethral discharge (microscopic, mycological, antifungigram when needed)	100% included
250	Vaginal discharge (smear)	100% included
251	Bacteriological examination of vaginal discharge	100% included
252	Antibiogram of vaginal discharge	100% included
253	Vaginal discharge (microscopic, bacteriological, mycological, antibiogram, antifungigram when needed)	100% included
254	Mycological examination of vaginal discharge	100% included
255	Antifungigram of vaginal discharge	100% included
256	Vaginal discharge (microscopic, mycological, antifungigram when needed)	100% included
257	Vulvar discharge (smear)	100% included
258	RPR syphilis serology qualitative test	100% included
259	Sodium (serum)	100% included
260	Sodium (urine)	100% included
261	Sperm culture (with antibiogram if needed)	100% included
262	Sperm culture	100% included
263	Antibiogram of sperm culture	100% included
264	Urinalysis	100% included
265	Urinary sediment	100% included
266	Urinalysis and sediment	100% included
267	Total T3 (tri iodothyronine)	100% included
268	Total T4 (thyroxin)	100% included
269	Total testosterone	100% included
270	TGO (ASAT/AST)	100% included
271	TGP (ALAT/ALT)	100% included
272	Prothrombin time (Quick Time) (PT, AP, INR)	100% included
273	Toxoplasma gondii IgG Ab	100% included
274	Toxoplasma gondii IgM Ab	100% included
275	Toxoplasma gondii IgG Avidity index (TAVGE)	100% included
276	TPHA qualitative test	100% included
277	TPHA quantitative test	100% included
278	Triglycerides	100% included
279	TSH (thyroid stimulating hormone)	100% included
280	TTGO 75g glucose pulvis	100% included
281	TTGO glucose tolerance test with 2 levels of blood glucose	100% included
282	TTGO glucose tolerance test with 4 levels of blood glucose	100% included
283	TTGO glucose tolerance test with 5 levels of blood glucose	100% included
284	Urea (serum)	100% included
285	Urea (urine)	100% included
286	VLDL Cholesterol	100% included
287	ESR (ERYTHROCYTE SEDIMENTATION RATE)	100% included
288	Urine culture with antibiogram (when needed)	100% included
289	Urine culture	100% included
290	Antibiogram of urine culture	100% included
291	Microscopic native examination of urine culture	100% included
292	Microscopic colored examination of urine culture	100% included
293	Fungi culture urine culture	100% included
294	Antifungigram of urine culture	100% included
295	Bacterial culture of bronchial discharge	100% included
296	Antibiogram of bronchial discharge	100% included
297	Fungi culture of bronchial discharge	100% included
298	Bronchial discharge (bacterial culture, fungi culture, antifungigram, antibiogram when needed)	100% included
299	Bacterial culture of bronchial discharge, antibiogram when needed	100% included
300	Fungi culture of bronchial discharge, antifungigram when needed	100% included
301	Antifungigram of bronchial discharge	100% included
302	Bacterial culture of bronchoalveolar lavage	100% included
303	Fungi culture of bronchoalveolar lavage	100% included
304	Antibiogram of bronchoalveolar lavage	100% included

LIST OF TESTS ANNEX		
No.	**Name**	**Priority Junior**
305	Antifungigram of bronchoalveolar lavage	100% included
306	Bacterial culture of bronchial aspirate	100% included
307	Fungi culture of bronchial aspirate	100% included
308	Antibiogram of bronchial aspirate	100% included
309	Antifungigram of bronchial aspirate	100% included
310	Bacterial culture of tracheal discharge	100% included
311	Fungi culture of tracheal discharge	100% included
312	Antibiogram of tracheal discharge	100% included
313	Antifungigram of tracheal discharge	100% included

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ULTRASOUND ANNEX		
No.	**Ultrasound type**	**Priority Junior**
1	Lower abdomen (pelvis)	Included
2	Upper abdomen (including hepato-biliary-pancreatic)	Included
3	Urinary system (urinary tract, Including vesicoprostatic)	Included
4	Articular (elbow, shoulder, knee, fist, small hand joints, ankle)	2/year
5	BMF (parotid, sublingual, maxillary glands)	2/year
6	Medullary canal (marrow)	2/year
7	Heart	Included
8	Arterial Doppler	Included
9	Arterial Doppler lower limbs	Included
10	Arterial Doppler upper limbs	Included
11	Extracranian, cervical vessels, cervico-cerebral vessels Doppler	Included
12	Venous Doppler	Included
13	Lower limbs venous Doppler	Included
14	Upper limbs venous Doppler	Included
15	Musculoskeletal	Included
16	Ocular	-
17	Soft parts	Included
18	Renal (only for kidneys)- upper abdomen	Included
19	Breast (mammary) bilateral	Included
20	Scrotal (Testicular)	Included
21	Hip	Included
22	Thyroid (throat)	Included
23	Transfontanelle	Included
24	Note - for ultrasounds that exceed the free number Included in the package, the following co-payment applies:	50% Copayment
	* Pictures - 3 pictures included, the others are paid	

REGINA MARIA
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IMAGING ANNEX	
No.	Name of the investigations within REGINA MARIA
1	THORAX MRI WITHOUT CONTRACT MEDIUM
2	Hip MRI without contrast medium (3f)
3	MRI without contrast medium _ 2 anatomic regions (3f) (any other 2 segments besides spinal column/head_spinal column)
4	MRI without contrast medium _ 3 anatomic regions (3f) (any other 3 segments besides spinal column/head spinal column)
5	Neurocranium MRI without contrast medium, (2f)
6	Viscerocranium MRI without contrast medium, (2f)
7	Eye socket MRI without contrast medium, (2f)
8	Sinuses MRI without contrast medium (2f)
9	Cervical region MRI without contrast medium (2f)
10	Thoracic spine MRI without contrast medium (2f)
11	Lumbar spine MRI without contrast medium (2f)
12	Head and cervical spine MRI without contrast medium (3f)
13	Cervical spine and thoracic spine MRI without contrast medium (3f)
14	Total vertebral spine MRI without contrast medium (4f)
15	Head and total vertebral spine MRI without contrast medium (4f)
16	Brachial plexus MRI without contrast medium (2f)
17	Thoracic wall MRI without contrast medium (2f)
18	Limb segment MRI without contrast medium (thigh, arm, forearm) (3f)
19	Joint MRI without contrast medium (shoulder, fist, knee, ankle) (3f)
20	Upper abdominal level MRI without contrast medium (3f)
21	Pelvis MRI without contrast medium (3f)
22	Abdomen/pelvis MRI without contrast medium (3f)
23	Liver MRI without contrast medium (3f)
24	COLANGIO MRI WITHOUT CONTRAST MEDIUM (1S)
25	Kidney MRI without contrast medium (2f)
26	Cervical spine MRI without contrast medium (2f)
27	Cervical and lumbar spine MRI without contrast medium (3f)
28	Thoracic and lumbar spine MRI without contrast medium (3f)
29	Cranium and temporal bone MRI without contrast medium, (3f)
30	Cranium MRI and MR angiogram RM without contrast medium (2f)
31	Cranium MRI and venous MR angiogram (2f)
32	Cranium MRI with arterial and venous angiogram without contrast medium (3f)
33	Liver MRI without contrast medium _ Cholangiography RM (4f)
34	Kidney _ bladder MRI _ uroMR (3f) with contrast medium 2 segm
35	Suprarenal MRI without contrast medium (2f)
36	Pancreas MRI without contrast medium (1s)(2f)
37	Prostate MRI without contrast medium (2f)
38	Neurocranium MRI _ spectroscopy (2f) without contrast medium
39	Neurocranium MRI _ DTI _ tractography 3D (2f) without contrast medium
40	Lumbar spine / hip joint MRI without contrast medium(4f) 2s
41	Kidney _ bladder MRI _ uroMR without contrast medium (2s) (2f)
42	Neurocranium MRI _ spectroscopy _ DTI without contrast medium (1s) (3f)
43	Joint MRI without contrast medium (knees)
44	MRI without contrast agent one segment (2f)

***The detailed services above can be accessed with or without contrast substance;**

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VACCINE ANNEX

	VACCINE Name	Substance included	Procedure	REQUIREMENTS
PUBLIC HEALTH AUTHORITY MANDATORY PLAN	BCG	0% regardless of package	100% included	the vaccine is obtained through the RM family doctor or the vaccine is obtained through the patient's family doctor
	Pentaxim	0% regardless of package	100% included	the vaccine is obtained through the RM family doctor or the vaccine is obtained through the patient's family doctor
	Envax	0% regardless of package	100% included	the vaccine is obtained through the RM family doctor or the vaccine is obtained through the patient's family doctor
	Infanrix Hexa (replacement for Pentaxim + Envax)	0% regardless of package	100% included	the vaccine is obtained through the RM family doctor or the vaccine is obtained through the patient's family doctor
	Priorix	0% regardless of package	100% included	the vaccine is obtained through the RM family doctor or the vaccine is obtained through the patient's family doctor
	Infanrix DTP	0% regardless of package	100% included	the vaccine is obtained through the RM family doctor or the vaccine is obtained through the patient's family doctor
VACCINES MANUFACTURED BY GSK EQUIVALENT TO THE PUBLIC HEALTH AUTHORITY PLAN	Engerix B	50% copayment to the published price	100% included	the vaccine is recommended by a RM pediatrician
	Infanrix Hib Ipv	50% copayment to the published price	100% included	the vaccine is recommended by a RM pediatrician
	Priorix	50% discount to the published price	100% included	the vaccine is recommended by a RM pediatrician
	Infanrix Hexa	50% copayment to the published price	100% included	the vaccine is recommended by a RM pediatrician
VACCINES MANUFACTURED BY GSK – OPTIONAL	Havrix 720	discount according to the package	100% included	the vaccine is recommended by a pediatrician
	Prevenar	discount according to the package	100% included	
	Prevenar 13	discount according to the package	100% included	
	Rotarix	discount according to the package	100% included	
	Synflorix	discount according to the package	100% included	
	Twinrix	discount according to the package	100% included	
	Varilrix	discount according to the package	100% included	

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