



**SĂNĂTĂTATEA
AFACERII
NU E
SIMPLĂ.**

ASIGURAREA, DA.

**HEALTH INSURANCE
FOR ADOBE
EMPLOYEES**

July 2024



Groupama



MercerMarsh
Benefits



REGINA MARIA
REȚEAUA PRIVATĂ DE SĂNĂTATE



MORE HEALTH CARE SERVICES FOR THE ADOBE ROMANIA EMPLOYEES

Adobe Romania is permanently concerned with improving the life and working conditions of their employees in Romania. Thus, each Adobe Romania employee will receive as benefit a Healthcare insurance cover entered into with Groupama. This cover will provide the employees with consistent additional benefits, as follows:

- All employees will benefit of the same healthcare cover.
- Newly employees will benefit of their cover starting with the first day of the month immediately following the hiring date.
- The spouse/partner will benefit of the same healthcare Cover, paid by the employer, except medical expenses for eyeglasses.
- Childrens benefit from medical recovery available with reimbursement of costs
- The new Priority pack covers more than 300 lab tests, CT scans and MRI investigations, with unlimited access as per the list.
- The amount insured for hospitalization is of 15.000 LEI/ year/ policyholder (in Romania or abroad).
- New-borns can access the hospitalization plan: starting with 10 days of life up to 30 days the insured amount is 10,5000 LEI, and after 30 days the insured amount is 15,000 Ron.
- Childbirth benefit of up to 7.000 LEI/ event, both within Regina Maria network and outside of it.
- Imaging services (MRI and CT) are available with or without contrast agent.
- Medical expenses for eyeglasses or for a pair of diopter contact lenses of up to 500 lei/ insured/ year. The coverage is available only for employee.

To get more details on the healthcare services made available by the Health Cover, as well as the manner in which you can have access to them, please read this guide carefully.

THE SERVICES YOU BENEFIT FROM THE INSURANCE DEDICATED TO ADOBE ROMANIA EMPLOYEES

This healthcare cover covers outpatient and childbirth services for acute conditions, chronic diseases and prevention.

Outpatient

Outpatient services are covered as per the annex for lab tests, imagistics and pregnancy monitoring.

Inpatient

Hospitalization and surgery services are covered throughout Romania or abroad.

Dental care

Dental care services provided with direct settlement through MG Dental.

Childbirth

Childbirth indemnity amounting to 7.000 LEI both within the Regina Maria network, through direct settlement, and outside the network, in a state-owned or private hospital.

Call Center* 021 9767

For appointments, guidance to use of the healthcare services, medical emergencies or for any query regarding the Healthcare Cover.

Artificial fertilization coverage

Limit Eur 2.000/ year (assisted reproduction, IVF - 3 cycles/ insured, medicines and procedures) - by reimbursing the costs

There are covered female persons who have been diagnosed with infertility and will follow the artificial fertility procedure at the doctor's recommendation. There are covered the costs for the medical services recommended within the artificial insemination program, conditioned by following the recommended method of development. Only one program/ year/ person is covered

Coverage for adoption

Eur 500, indemnity paid as support for taxes, tests or other associated costs

It is granted only for couples in which at least one of the partners has a diagnosis of infertility. 1 event/ year/ person is covered. It is granted after the completion of the adoption process, after the conclusion of the legal procedure

In addition, this year you have an additional covers.

Medical expenses for eyeglasses

The insurer will pay the expenses incurred by the insured during the validity period of this additional insurance, for the purchase of a pair of lenses for vision correction glasses and the cost of the glasses frame or for a pair of diopter contact lenses, for a single insured event in one year of insurance, at the first diagnosis of the eye condition that requires optical correction or when it is necessary to change the diopters, based on the valid medical recommendation of the ophthalmologist and the receipts/ invoices issued in the name of the Insured, up to the maximum limit of **the insured sum of 500 lei/ insured/ year**. The cost of labor and other related services or products are not covered. Coverage is available to employees only.

For appointments and details, the Call Center service is available from Monday to Friday, between 8h00-20h00. From 20h00-8h00, namely on Saturdays and Sundays, the service is available only to transfer emergency calls. To make these calls, we made available to you the **Medical Hotline, that you can reach by dialing **021/9942**.*



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WHAT ARE THE BENEFITS OF THE HEALTHCARE COVER?

Worry-free when it comes to payments and losing precious time, and helpful when you need complex and available healthcare services

- **Integrated healthcare services** – you have access to the widest Private healthcare network, REGINA MARIA (offering national coverage), through direct settlement.
- **Possibility to make your choice among many** – you can choose to benefit of the outpatient services both within our private network, REGINA MARIA, as well as in any other clinic in Romania. As regards hospitalization, you can choose to go to any healthcare unit in Romania or outside of it.

STEPS IN THE EVENT OF AN INSURED EVENT, IF YOU WANT TO BENEFIT OF YOUR HEALTHCARE COVER

For healthcare services inside Regina Maria private healthcare network

- Call the Call Centre and make an appointment to see the physician, according to specific nature of your health issue.
- Show up with your identity card, at the clinic you have chosen, on the date and at the time the appointment was set to solve your healthcare issue.
- It is free of charge for you: Groupama Asigurari pays the costs afferent to the healthcare services included in the package, through direct settlement.

For medical services outside the Regina Maria private healthcare network

- Call the Call Centre to get details and give notice of your intent to use the services.
- Go directly to the clinic chosen with your identity card, on the date and at the time set to solve your health issue.
- Get reimbursement of your expenses in connection with such visit by sending the documents.

For visits in the Emergency room, outside the Network, we will compensate 90% of the outpatient medical services including emergency room, but not more than 1.000 LEI per healthcare service, whichever is less. The timeframe to get that compensation from the moment all documents are submitted is 15 business days.

This procedure is also applicable to the services covered by insurance, performed in the Regina Maria network, by doctors with full payment or in non-covered locations (ex Ponderas, Kinetic) and paid by the Insured/ Dependent Person, with settlement of 100% of the price paid.

You will receive your money back after online notification of the event. The service is available on www.groupama.ro in the Claims / Claims online section or by pressing the button:

ONLINE NOTIFICATION

The notification can be made anytime, anywhere, even from your mobile phone in just 3 steps:

- GDPR agreement, so that the information provided can be processed in order to process the claim file
- after completing the CNP, select the type of damage and the date of the event.
- information about the event - the place of occurrence of the event (country and city) • data about the insured person (surname/surname/CNP/phone/email/bank account) • description of the event and diagnosis established by the doctor (to be completed as stated in the medical documents) • upload necessary documents

The approval form will be generated. After completing the notification, you will receive, on the e-mail address mentioned in the form, a message confirming the registration of the damage notification and the unique reference number.



For additional support regarding the compensation file, you can contact Groupama at **021 9767** or Marsh Broker at **adobe@marsh.com**.

Please Note!

In the case of a life-threatening medical emergency (grade 1 and 2), you need to call 112, the national emergency service. In case of another medical emergency (3rd and 4th grade), you must call the Regina Maria Emergency Number: 021.9942. For more details please go through the Emergency Guide.



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HOW CAN A DEPENDENT* BENEFIT OF YOUR HEALTHCARE COVER?

To extend your Healthcare cover to dependents, you must go through the following stages:

- Employees can add dependents or make other changes via My Adobe Benefits website.
- For newly employees, extending the cover to their dependents can be made during the first 30 days as of hiring. Only the cases of amendment of their civil status shall be accepted (marriage, divorce, childbirth, death).
- The cover must be maintained for minimum 12 months.

**Dependents can be children of up to 23 years old, under the care of their parents (do not make any income), are single and live under the same roof with the Adobe Romania employee and/ or their spouse/ partner, having the minimal age of 16 and the maximal age of 64.*

IMPORTANT NOTICE!

You can get details on any of these steps by calling the call Centre at 021 9767.

HOSPITALIZATION

Insured amount: **15.000 LEI** maximum 25 hospital days/ contracted year.

In the case of hospitalization the insured amounts are: 400 LEI/ day of hospital for the first 7 days and 200 LEI/ day of hospitalization for the next up to 25 days/ contract year.

Children included in the insurance will benefit from the insured amount after:

- **10,500 Lei/** insurance, starting from the age of 10 days up to 30 days,
- **15,000 Lei/** insurance, starting from the age of 30 days

Coverage for hospitalization due to COVID infection, for the 2 years of insurance, as follows: maximum 50 EUR/ day for maximum 30 days/ year, fixed indemnity to private or state

EXCLUSIONS FROM COVER: the cases expressly provided for under the Insurance Terms where the Insurer is exempted from the obligation to pay the insurance indemnity/ benefit, although the risk has already occurred.

1. GENERAL EXCLUSIONS

The Insurer does not have to pay the insurance indemnity to the Policyholder, if the risk insured occurred as a consequence of:

- a) directly or indirectly, totally or partially:
 - war, declared or not, war operations, invasion, civil war, revolution, rebellion, strike, insurrection, conspiracy, acts of terror or sabotage, violent elements such as coup d'état, martial law, state of emergency, the quarantine, the use of nuclear energy in times of peace or war, exceptional circumstances;
 - by atomic explosions, radiations resulted from nuclear fusion or fission, radioactive infesting, radioactive contamination resulting from radiations caused by the artificial acceleration of atomic particles, nuclear accident;
 - an ecological catastrophe;
 - the suicide, the Policyholder's attempted suicide or auto-mutilation and the consequences thereof, irrespective of the Policyholder's reason/ psychic condition;
 - the fact of committing or the attempt to commit, intentionally, by the Policyholder, of actions set forth and punished by criminal law, imprudence or serious negligence;
- b) the direct action of the Policyholder carried out when in a drunk condition or having a degree of alcohol superior to 0,8 mg in the blood or superior to 0,4 mg in the air expired;
- c) excessive consumption of medicines, drugs, alcohol, intentional inhalation of substances harmful to the body or the improper administration of substances used in therapeutics;
- d) the intentional provoking of the Policyholder by means of another person;
- e) the surgical operations or the treatments that are not provided for by this insurance, such as esthetical surgery save for those necessary due to a bodily damage covered by this agreement;
- f) artificial fecundation, voluntary interruption of pregnancy and the complications thereof;
- g) purchase fees or fees afferent to fixtures and repairing of the artificial prostheses for the various parts of the body or of corrective devices and devices auxiliary thereto, eyesight glasses or contact lenses, other than those covered under this agreement ;
- h) national epidemics or pandemics, confirmed by the competent authorities;
- i) AIDS, the complex associated with AIDS, sexually transmitted illnesses or if the Policyholder is found to be HIV positive, HIV or the consequences thereof, any disease, loss or expense incurred in connection with HIV and / or any HIV illness, including AIDS and/or all derived mutation or variations of what has been mentioned here above, caused in any way whatsoever;
- j) experimental medicine, alternative medicine, homeopathy, etc.;
- k) gender reassignment;
- l) the studies to determine the genetics chart or other genetics methods of diagnosis and treatment;
- m) the Policyholder's requests, not requested by its health condition: carrying out of a transplant, donation of organs, subsequent treatments afferent thereto;

- j) any rest or recovery cure in sanatoria, health or rest centres, convalescent homes or in other similar institutions, alcohol or drug rehabilitation treatment, geriatrics;
- k) the hospitalization, after the date of discharge from hospital recommended by the specialized physician or in addition to the number of days covered by this insurance;
- l) a series of risks caused or intentionally provoked by the Policyholder;
- m) any treatment for any mental or nervous illness, regardless of the classification thereof, any psychological condition, mental depression or mental disorder, rest treatment or recovery from the abuse of alcohol or drugs or of similar substances;
- n) the Insured party's use of medicines or treatment that were not prescribed by an acknowledged medical authority;
- o) any infection occurred during the hospitalization, as a result of the failure to observe the medical standards;
- p) any treatment in a long-term care establishment (old people's home, convalescent houses, rehabilitation centres, health centers etc.), external consultation centres or rehabilitation centres;
- u) gas intoxication or inhalation of poisoned gas;
- v) malpraxis;
- w) any other medical service which is not included in the «List of healthcare services » or in the cover Limit.

The Insurer does not have to pay the insurance indemnification if, on the date of occurrence of the risk insured, the Policyholder:

- a) is enrolled in military service or in mission;
- b) practices a series of sports or activities deemed to be dangerous such as: alpinism, races with terrestrial vehicles, aquatic or aerial, jumping, skydiving, acrobatics, stunts (the enumeration is illustrative and not exhaustive), if such was not accepted by the Insurer as a consequence of the risk assessment;
- c) flies, as a passenger, pilot of an air craft or member of the crew, other than that belonging to an authorized passenger air carrier which carried out flights on regular routes and at displayed schedules.

The Insurer does not have to pay the insurance indemnity in any of the cases here under:

- a) whatever the medical situation of the Policyholder may be, other insurance services that those explicitly detailed in the « List of covers » and « the List of healthcare services »;
- b) the Insurer shall not pay for any medical service if that medical service was not approved and/ or acknowledged by the Insurer;
- c) for medical services necessary for health care / correction deleterious consequences of a medical service performed improperly, conducted otherwise than in accordance with medical standards;
- d) for expenses carried out by the Policyholder for healthcare services/ treatments carried out by a person which does not hold the capacity as physician or which is not treated within a medical unit, within the meaning accepted by the definitions of this agreement;
- e) for the medicines needed by the Policyholder thereof for treatment;
- f) a medical service carried out outside the borders of Romania, save for hospitalization, surgical interventions outside the Network covered by this agreement.

2. INSURANCE CONDITIONS INPATIENT SERVICES – HOSPITALISATION AND SURGERIES

For this additional cover the exclusions specified in the general insurance Conditions shall apply, as well as the following specific exclusions, if the risk insured is caused directly or indirectly, totally or partly by:

- a) poisoning or oral intoxication with solid or liquid substances;
- b) dental conditions, if such are not the direct consequence of an accident;

- c) the plastic reparatory surgery, unless such was expressly recommended by a specialist physician in order to remedy the consequences of an accident occurred during the validity period of this additional cover;
- d) esthetic surgery, implantology;
- e) infertility, sterility, artificial fecundation;
- f) interruption of pregnancy, unless such was expressly recommended by a physician based on medical necessity existence;
- g) routine medical check-ups, exploration and investigation researches; treatment by acupuncture, bioenergy or non- conventional methods;
- h) healthcare assistance granted by homeopaths, the naturist medicine, alternative medicine; the recovery treatment and physiotherapy (e.g. massage, hydro-massage, kinesiotherapy, the balneal-climatic treatments etc.)
- i) medical services necessary for health care / correction deleterious consequences of a medical service performed improperly, conducted otherwise than in accordance with medical standards;
- j) sexually transmitted diseases;
- k) national epidemics or pandemics, confirmed by the competent authorities;
- l) birth;
- m) the Policyholder's attempted suicide or self-mutilation, regardless of its psychological condition;
- n) the maneuvers that do not imply the use of invasive technology, the extraction of foreign, superficial bodies from the skin level, from the conjunctiva level, the cornea level, intranasal foreign bodies etc. if they are not made at an inpatient event, except for services covered by Appendix 6;
- o) the superficial disorders of the cutaneous and subcutaneous tissue (incisions, excisions, suture), if they are not made at an inpatient event, except for services covered by Appendix 6;
- p) any invasive investigation, including the diagnosis and pre-operative techniques, except for services covered by Appendix 6.
- q) Hospitalization and surgery for children born prematurely, hospitalization continuous after birth.

3.INSURANCE CONDITIONS ADDITIONAL BIRTH COVER

For this additional coverage the exclusions specified in the General insurance Conditions shall apply, as well as the following specific exclusions:

- a) infertility, sterility, artificial fecundation;
- b) interruption of pregnancy, if it was not recommended by a physician;
- c) birth that did not take place in the hospital.

OUTPATIENT

BASIC MEDICAL SERVICES OUTPATIENT		Priority
SCREENING (according to international medical guides)		
1. Each employee's anamnesis and medical history		included
2. Annual set of analyses:		
- Classic/Liquid Papanicolau test / PSA		included (once /year)
- urinalysis		included (once /year)
- glycemia		included (once /year)
- total cholesterol		included (once /year)
- complete blood count		included (once /year)
- ESR		included (once /year)
- transaminases (TGO, TGP)		included (once /year)
- serum creatinine		included (once /year)
3. Recommendations depending on the results obtained at screening and analyses (examination)		included
EMERGENCY MEDICINE		
Medical Hotline - 24/7		included
Ambulance 24h/7 - at company's headquarters (through medical hotline) - (service available only in Bucharest)		included
Ambulance 24h/7 - at home (through medical hotline) (service available in Bucharest and Ilfov)		included
Medical advice - 24/7 - available through Medical Hotline		included
Emergency Room adults: Euroclinic Hospital (*)		
Monday - Sunday, 8.00 - 20.00		included
Emergency Room adults: 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 obstetrics-gynecology: 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
MEDICAL SPECIALIZATIONS		
General/Internal Medicine		
- examination		included
- checkup		included
- issuance of medical certificates/ approvals (only for business purposes)		included
Obstetrics - Gynecology		
- examination		included
- checkup		included
- colposcopy		included
- ultrasound		according to annex
- pregnancy protocol (available within REGINA MARIA Private Healthcare Network)		included according to the annex; Patients who have a medical report confirming the risky pregnancy benefit from unlimited control ultrasounds
Ophthalmology		
- examination		included
- checkup		included
- ophthalmoscopy		included
- auto-refractometry with cycloplegia		included
- bio-microscopy		included
- visual field (optopol)		included



BASIC MEDICAL SERVICES OUTPATIENT		Priority
- course for contact lenses adaptation		included
- fundus examination		included
- sub-conjunctival, retro-bulbar injection with medicines		included
- parabulbar injection		included
- eyeglasses prescription		included
- tonometry		included
- blepharitis treatment with blephasteam		included
Dermatology		
- examination		included
- checkup		included
- Wood Lamp analysis		included
- Local anesthesia		included
- Tca application/Lesion		included
- Skin biopsy (Maneuver)		included
- Cautery		included
- Cryotherapy		included
- Histofreezer cryotherapy/Lesion		included
- Dermatoscopy (excluded dermatoscopy with data recording)		included
Allergology and Clinical immunology		
- examination		included
- checkup		included
- spirometry with bronchodilator test		included
- simple spirometry		included
- Prick allergic skin tests		included
- Patch allergic skin tests		80% copayment
Infectious diseases		
- examination		included
- checkup		included
- tropical vaccinations		-
Cardiology		
- examination		included
- checkup		included
- ultrasound		according to annex
- ECG		included
- stress ECG		included
- holter ECG		included
- holter BP		included
General surgery		
- examination		included
- checkup		included
Diabetes and metabolic diseases		
- examination		included
- checkup		included
- nutrition counseling		included
Dietetics		
- examination/ checkup		-
Endocrinology		
- examination		included
- checkup		included
- ultrasound		according to annex
Gastroenterology		
- examination		included
- checkup		included
- upper digestive endoscopy (sedation/anesthesia/ anatomopathological examination will be paid separately)		included
- lower digestive endoscopy (colonoscopy) (sedation/anesthesia/ anatomopathological examination will be paid separately)		included
- rectosigmoidoscopy (sedation/anesthesia/ anatomopathological examination will be paid separately)		included
- barium enema		included



BASIC MEDICAL SERVICES OUTPATIENT		Priority
Hematology		
- examination		included
- checkup		included
Nephrology		
- examination		included
- checkup		included
- ultrasound		according to annex
Neurology		
- examination		included
- checkup		included
- EEG with SLI		80% copayment
- EEG with long-term recording		-
- EEG		included
- ultrasound		according to annex
Oncology		
- examination		included
- checkup		included
ENT		
- examination		included
- checkup		included
- audiometry		included
- laryngoscopy		included
- rhinoscopy		included
- impedance audiometry		included
- biopsy		80% copayment
- ENT endoscopy		included
- fibroscopy		80% copayment
Orthopedics and traumatology		
- examination		included
- checkup		included
Pneumo-phthisiology		
- examination		included
- checkup		included
- spirometry with bronchodilator test		included
- simple spirometry		included
Rheumatology		
- examination		included
- checkup		included
- ultrasound		according to annex
Urology		
- examination		included
- checkup		included
- ultrasound		according to annex
Other examinations		
- psychiatry		included
- psychology/psycho-therapy		2 sessions /year, the remaining with 50% copayment
LABORATORY TESTS :		
Laboratory tests:		
- bacteriology		included, according to analyses annex at the recommendation of a physician 314 markers
- biochemistry		
- electrophoresis		
- electrolytes		
- enzymes		
- urinalysis		
- hematology		
- hemostasis and coagulation		
- viral markers		
- parasitology		



BASIC MEDICAL SERVICES OUTPATIENT		Priority
- hormones		
- immunology		
- tumor markers		
- infectious markers		
IMAGING		
Ultrasound: according to Ultrasounds Annex, at the recommendation of a physician		
- abdomen		included
- urogenital		included
- articular		included
- BMF		included
- cardio		included
- salivary-glands		included
- hysterosonography		included
- musculo-ligamento -articular		included
- soft tissues		included
- pelvis		included
- breast		included
- thyroid		included
- gynecology		included
- pregnancy		included, according to the annex; Patients who have a medical report confirming the risky pregnancy benefit from unlimited control ultrasounds
Other complex imaging investigations		
UROGRAPHY		inclus
CYSTOGRAPHY		80% copayment
BARIUM ENEMA		included
COMPUTED TOMOGRAPHY (CT) according to imaging annex		included
MAGNETIC RESONANCE IMAGING (MRI) according to imaging annex		included
OSTEODENSITOMETRY		included
CLASSIC MAMMOGRAPHY		included
DIGITAL MAMMOGRAPHY		included
RADIOLOGY		included
- radiology (more than 140 types, including digital radiography, excluding dental radiography, ortholog/orthospine)		included
MEDICAL REHABILITATION		
- examination		included
- checkup		included
- electrotherapy procedure		40 procedures /year (the remaining with 80% copayment)
- laser-therapy procedure		
- ultrasounds procedure		
- short waves procedure		
- massage (20/ 40/60 min)		10 procedures /year (the remaining with 80% copayment)
- kinetherapy - group session		10 procedures /year (the remaining with 80% copayment)
- kinetherapy - individual session		
Gymnastics for Pregnant Women		50% copayment
Medsana Partnership		
- examinations		included
- paraclinical investigations		included
Vaccinations		
- flu vaccine maneuver		included
- flu vaccine		included
- tropical vaccinations		-
SPECIAL SERVICES		
Academic Partnership		included
Retail and full time doctor slots		included
Access to all examination slots available to doctors from the polyclinics**		not included
Central Bank of Stem Cells		90% copayment

BASIC MEDICAL SERVICES OUTPATIENT		Priority
One Day Check-up		50% copayment
Patient Care		included
Medical Advisor		-
OWN POLYCLINICS		
1. Lujerului Polyclinic		included
2. Sema Parc Polyclinic		included
3. BBP Polyclinic (Bucharest Business Park)		included
4. Pipera Polyclinic		included
5. The Light Polyclinic for children		included
6. Dorobanti Polyclinic		included
7. Enescu Polyclinic		included
8. Baneasa Polyclinic		included
9. Floreasca Polyclinic		included
10. Sun Plaza Polyclinic		included
11. Cotroceni Polyclinic		included
12. Titu Maiorescu Polyclinic		included
13. Euroclinic Hospital Outpatient Department		included
14. Ponderas Academic Hospital		-
15. Baneasa Hospital- Obstetrics - Gynecology Outpatient Department		included
16. Brasov Medical Campus Polyclinic		included
17. Craiova Polyclinic		included
18. Craiova Helios Polyclinic		included
19. Cluj Pasteur Polyclinic		included
20. Cluj Muzeului Polyclinic		included
21. Pitesti Central Polyclinic		included
22. Pitesti Bratianu Polyclinic		included
23. Constanta Tomis Polyclinic		included
24. Constanta Delfinariu Polyclinic		included
25. Bacau Medical Campus Polyclinic		included
26. Ploiesti Regina Maria Polyclinic		included
27. Ploiesti Analyses collection center		included
28. Iasi Medical Campus Polyclinic		included
29. Timisoara Polyclinic		included
30. Victoriei Polyclinic		included
31. Perla Polyclinic		included
32. Targu Mures Medical Campus Polyclinic		included
more than 180 partner centers across the country: updated list - http://www.reginamaria.ro/policlinici-si-imagistica/clinici-partenere		included
Access for the outpatient services with reimbursement outside the network		90% of the costs paid by the employee, but no more than 1000 lei/service
100% reimbursement, for services covered by the policy, but accessed with payment in Regina Maria		
Emergency Room outside the network with 90% of the costs paid by the employee, but no more than 1000 lei/service		
Ambulance 24h/7 outside the network in limit of 250 lei/event		

Note: Prices are expressed in euro/person/month

Discounts are applied only within Regina Maria own clinics in Bucharest and across the country

For the services included for free or with a discount, a referral note is required from a physician in Romania

The services not included in this offer and its detailed annexes will be paid in full, according to the prices in force at the moment of their accessing

For the full list of included services, please see the annexes attached to this offer

Medical services for sterility, infertility, the desire to have children, contraception, and any consequences thereof, regardless of the motivation of their request/performance (prevention, screening, investigation, monitoring and/or treatment) are not

Key:

once/year - included for free once a year, upon patient's request

* - for emergency wards, the emergency room exam is included. Emergency analysis can also be accessed with reimbursement;

**full payment examination slots can be accessed with reimbursement according to the procedure



ANALYSES ANNEX

No.	Name	Priority
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	Ionogram (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



ANALYSES ANNEX

No.	Name	Priority
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
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	Antifungigram examination of lingual scraping (when needed)	100% included



ANALYSES ANNEX

No.	Name	Priority
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
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)/Waalser 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



ANALYSES ANNEX

No.	Name	Priority
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
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



ANALYSES ANNEX

No.	Name	Priority
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
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



ANALYSES ANNEX

No.	Name	Priority
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
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	Liquid Papanicolau Test	100% included
314	Antifungigram of tracheal discharge	100% included



ULTRASOUNDS ANNEX

No.	Ultrasound type	Priority
1	Lower abdomen	100%
2	Upper abdomen (including hepatic-biliary-pancreatic)	100%
3	Urinary tract (urinary tract, including vesico-prostatic)	100%
4	Articular (elbow, shoulder, knee, punch, hand small joints, ankle)	2/YEAR
5	BMF (parotid, sublingual, jaw glands)	100%
6	Heart	100%
7	Urinary tract + renal vessels Doppler	100%
8	Carotids Doppler = cervical Doppler	100%
9	Arterial Doppler	100%
10	Arterial Doppler lower limbs	100%
11	Arterial Doppler upper limbs	100%
12	Arterial peripheral Doppler	100%
13	Cervical-cerebral duplex Doppler	100%
14	Extra cranial, cervical vessels, cervical-cerebral vessels Doppler	100%
15	Cervical-cerebral trans cranial Doppler	100%
16	Supra-aortic trunks Doppler	100%
17	Venous Doppler	100%
18	Venous peripheral Doppler	100%
19	Venous Doppler lower limbs	100%
20	Venous Doppler upper limbs	100%
21	Renal Doppler	2/YEAR
22	Abdominal vessels Doppler	100%
23	Visceral Doppler	100%
24	Interventional ultrasound (with sampling of breast tissue, soft tissue, thyroid or liver)	1/YEAR
25	Transvaginal ultrasound	100%
26	Salivary glands	2/YEAR
27	Histerosonography	1/YEAR
28	Musculoskeletal	100%
29	Osteo-articular	2/YEAR
30	Soft tissues	100%
31	Trans abdominal pelvis (including vesico-prostatic)	100%
32	3D reconstruction of organ	100%
33	Cervical region (submandibular , parotid, thyroid, parathyroid glands, esophagus, trachea, ganglion chains)	100%
34	Renal (for kidneys only)- upper abdomen	100%
35	Breast (mammary) bilaterally	100%
36	Scrotal (Testicular)	100%
37	Sonoelastography per lesion	1/YEAR
38	Thyroid (throat)	100%
39	Trans rectal	2/YEAR
40	Pregnancy ultrasound morphology quarter 1	according to Pregnancy protocol
41	Pregnancy ultrasound morphology quarter 2	according to Pregnancy protocol
42	Pregnancy ultrasound morphology quarter 3	according to Pregnancy protocol
43	Ultrasound for pregnancy confirmation	protocol

* Photos - 3 photos included for free, the remaining will be paid

for pregnancy - 3 photos and 1 DVD for morphology ultrasound - for packages which have the pregnancy protocol included



CT/MRI IMAGING ANNEX

No.	Investigation name within REGINA MARIA
1	CT joint (shoulder, hip, knee, thigh, ankle) without contrast agent, 2 f
2	CT film interpretation
3	CT cranium without nonionic contrast agent 1f
4	CT sinuses without nonionic contrast agent, 2f
5	CT internal ear without nonionic contrast agent, 2f
6	CT throat region without nonionic contrast agent, 2 f
7	CT thorax without nonionic contrast agent,, 2 f
8	CT abdomen without contrast agent, 2 f
9	CT pelvis without nonionic contrast agent, 2 f
10	CT head and thorax without nonionic contrast agent, 3 f
11	CT abdomen / pelvis without nonionic contrast agent, 3 f
12	CTthorax and abdomen without intravenously administered nonionic contrast agent, 3 f
13	CT thorax and abdomen and pelvis without nonionic contrast agent (3segments), 4 f
14	CT cervical spine without nonionic contrast agent, 2 f
15	CT segment of spinal column (max 3 vertebrae / intervertebral spaces) with intravenously administered nonionic contrast agent,(100 ml), 2f
16	CT segment of spinal column without nonionic contrast agent, 1 f
17	CT pelvis without contrast agent 1 f
18	Angio CT Abdomen/Pelvis/ (large vessels) 2F
19	PERIPHERAL ANGIO CT 2F
20	Angio CT Cranium
21	virtual bronchoscopy ct without nonionic contrast agent, 2f
22	CT limb segment (arm, forearm) without nonionic contrast agent, 2 f
23	CT orbits without nonionic contrast agent,1f
24	CT head and thorax and abdomen without nonionic contrast agent, 3f
25	CT head/thorax/abdomen/pelvis without nonionic contrast agent, 4f
26	Bilateral digital mammography
27	Unilateral digital mammography
28	Osteodensitometry _ 1 segment
29	Osteodensitometry _ 2 segments
30	Osteodensitometry _ 3 segments
31	MRI THORAX WITHOUT CONTRAST AGENT
32	MRI pelvis without contrast agent (3f)
33	MRI without contrast agent _ 2 anatomic regions (3f) (any other 2 segments besides spinal column/head_spinal column)
34	MRI without contrast agent _ 3 anatomic regions (3f) (any other 3 segments besides spinal column/head_spinal column)
35	MRI neurocranium without contrast agent, (2f)
36	MRI viscerocranium without contrast agent, (2f)
37	MRI orbits without contrast agent, (2f)
38	MRI sinuses without contrast agent (2f)
39	MRI cervical region without contrast agent (2f)
40	MRI thoracic spine without contrast agent (2f)
41	MRI lumbar spine without contrast agent (2f)
42	MRI head and cervical spine without contrast agent (3f)
43	MRI cervical spine and thoracic spine without contrast agent (3f)
44	MRI total spinal column without contrast agent (4f)
45	MRI head and total spinal column without contrast agent (4f)
46	MRI brachial plexus without contrast agent (2f)
47	MRI thoracic wall without contrast agent (2f)
48	MRI limb segment without contrast agent (thigh, arm, forearm) (3f)
49	MRI joints without contrast agent (shoulder, punch, knee, ankle) (3f)
50	MRI upper abdomen without contrast agent (3f)
51	MRI pelvis without contrast agent (3f)
52	MRI abdomen/pelvis without contrast agent (3f)
53	MRI liver without contrast agent (3f)
54	CHOLANGIO MRI WITHOUT CONTRAST AGENT (1S)
55	MRI kidneys without contrast agent (2f)



CT/MRI IMAGING ANNEX

No.	Investigation name within REGINA MARIA
56	MRI cervical spine without contrast agent (2f)
57	MRI cervical spine and lumbar spine without contrast agent (3f)
58	MRI thoracic spine and lumbar spine without contrast agent (3f)
59	MRI cranium and temporal bone without contrast agent, (3f)
60	MRI cranium and angiography MR without contrast agent (2f)
61	MRI cranium and venous angio_MR (2f)
62	MRI cranium with arterial angiography and venous angiography without contrast agent (3f)
63	MRI heart without contrast agent (3f)
64	MRI liver without contrast agent_ Cholangiography MR (4f)
65	MRI kidneys _ urinary bladder _ uroMR (3f) with contrast 2 segments
66	MRI adrenals without contrast agent (2f)
67	MRI pancreas without contrast agent (1s)(2f)
68	MRI prostate without contrast agent (2f)
69	MRI neurocranium _ spectroscopy (2f) without contrast
70	MRI neurocranium _ DTI _ tractography 3D (2f) without contrast
71	MRI lumbar spine / sacro _ iliac joints without contrast agent (4f) 2s
72	MRI kidneys _ urinary bladder _ uroMR without contrast agent (2s) (2f)
73	MRI neurocranium _ spectroscopy _ DTI without contrast agent (1s) (3f)
74	UroMR (2f) without contrast
75	MRI joints without contrast agent (knee)
76	MRI without contrast agent one segment (2f)

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

ANNEX - PREGNANCY PROTOCOL

Medical service	Number of services included in Trim. 1 (weeks 1-13)	Notes	Number of services included in Trim. 2 (weeks 14-27)	Notes	Number of services included in Trim. 3 (weeks 28-40)	Notes
OB-GYN examination	3	• 1 record exam • 2 pregnancy monitoring examinations	4		4	
Blood group + Rh	1		0		0	
Antigroup/Rh antibodies	1	only at the recommendation of the attending gynecologist, supported by medical reasons (Rh negative)	0		1	only at the recommendation of the attending gynecologist, supported by medical reasons (Rh negative)
Ig Anti D (RHOPHYLAC vaccine): procedure (the vaccine must be fully paid)	0		1	only at the recommendation of the attending gynecologist, supported by medical reasons (Rh negative)	0	
Full blood count	1		1		1	
Glycemia	1		0		0	
Gestational diabetes test 75 g/2 hours	0		1	only at the recommendation of the attending gynecologist, supported by medical reasons	0	
Quick Time	1		0		1	
APTT	1		0		1	
Test lues (VDRL or RPR or TPHA)	1		0		0	
Anti HIV antibodies	1		0		1	
Ag HBs	1		0		1	
Anti HCV antibodies	1		0		1	
Rubella IgG+IgM	1		0		1	Torch Profile
Toxoplasmosis IgG+IgM (Profile Torch)	1		0		1	Torch Profile
CMV (cytomegalovirus) IgG+IgM (Torch Profile)	1		0		1	Torch Profile
Herpes Antivirus 1 and 2 IgG+IgM (Torch Profile)	1		0		1	Torch Profile
TSH	1		0		0	
Free T4 (fT4)	1	only at the recommendation of the attending gynecologist, supported by medical reasons	0		0	
Urinalysis	1		1		1	
Urine culture	0		1		1	
Group B streptococci from vaginal discharge (smear + culture)	0		0		1	
Mycoplasma hominis + Ureaplasma (culture, identification, antibiogram as needed)	1	only at the recommendation of the attending gynecologist, supported by medical reasons	0		0	



ANNEX - PREGNANCY PROTOCOL

Medical service	Number of services included in Trim. 1 (weeks 1-13)	Notes	Number of services included in Trim. 2 (weeks 14-27)	Notes	Number of services included in Trim. 3 (weeks 28-40)	Notes
Ag Chlamydia	1	only at the recommendation of the attending gynecologist, supported by medical reasons	0		0	
Conventional Papanicolau examination	1		0		0	
Double test (Trim. 1 prenatal screening) PRISCA method: Blood Tests	1		0		0	
Triple test (Trim. 2 prenatal screening):Blood Tests	0		1 (only if a Double test was not performed)	only if a Double test was not performed	0	
Pregnancy confirmation sonogram	1		0		0	
Pregnancy morphology sonogram (1)	1		<ul style="list-style-type: none"> • 1 (morphology) • 1 (eco morphology for triple test) - only if a Double test was not performed 	eco triple test: only if a Double test was not performed	1	

(1) The pregnancy protocol includes only the above morphology sonograms for single-child pregnancy.

The risk calculation (double or triple test): is not included (the patient pays it fully)

Double test performed using the FMF or FMF 2013 method: is not included (the patient pays it fully) Patient pay full laboratory analysis, ultrasound, and calculating the risk

The medical service that are not mentioned in this protocol and which are provided for pregnancy monitoring are not included (the patient pays them fully)

Control ultrasound are included with reimbursement unlimited if the patient has a documented risk pregnancy

NOTE: We recommend that patients talk to their doctor about the necessary investigations during the pregnancy and the recommended periods for them, so that for the medical services to be performed at a certain age of pregnancy, the appointment is done in time

LIST OF CHILDREN'S MEDICAL SERVICES

BASIC SUBSCRIPTION – MEDICAL SERVICES	PRIORITY Junior
PEDIATRICS	
- 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 ward at Ponderas Academic Hospital Emergency ward at Baneasa Hospital Emergency ward at Brasov Hospital Emergency ward at Cluj Hospital	Included; Emergency analyses can also be available with reimbursement
MEDICAL SPECIALTIES	
General Medicine/ Internal Medicine/Obstetrics-Gynecology	
- examination	Included
- check-up	Included
A45pelvic 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	-
- dermatological investigations (simple dermatoscopy, excluded digital &excluded dermatoscopy with data recordingdermatoscopy)	Included



LIST OF CHILDREN'S MEDICAL SERVICES

BASIC SUBSCRIPTION – MEDICAL SERVICES	PRIORITY Junior
- 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	80% 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



LIST OF CHILDREN'S MEDICAL SERVICES

BASIC SUBSCRIPTION – MEDICAL SERVICES	PRIORITY Junior
Rheumatology	
- examination	Included
- check-up	Included
LABORATORY TESTS	
Laboratory tests:	
- bacteriology	included, according to analyses annex at the recommendation of a physician 314 markers
- biochemistry	
- electrophoresis	
- 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 (NMR) according to the Imaging appendix	Included
RADIOLOGY	
- radiology (over 140 types, Including digital radiology, excluding dental radiology, ortholeg/orthospine)	Included
Vaccines	
- influenza vaccine (procedure)	Included
- influenza vaccine	Included
- optional vaccines (according to the Vaccine Schedule)	80% copayment
MEDICAL REHABILITATION***	
- examination	included
- checkup	included
- electrotherapy procedure	40 procedures /year
- laser-therapy procedure	
- ultrasounds procedure	
- short waves procedure	10 procedures /year
- massage (20/ 40/60 min)	
- kinetotherapy - group session	10 procedures /year
- kinetotherapy - individual session	
SPECIAL SERVICES	

LIST OF CHILDREN'S MEDICAL SERVICES

BASIC SUBSCRIPTION – MEDICAL SERVICES	PRIORITY Junior
Academic Partnership	Included
Retail and Full time doctor slots	Included
Access to all examination slots available to doctors from the polyclinics**	not included
Patient Care	Included
POLYCLINICS OWNED	
1. Lujerului Clinic	included
2. Orhideea Clinic	included
3. BBP Clinic (Bucharest Business Park)	included
4. Aviatiei Clinic (Occupational Health)	included
5. Pipera Clinic	included
6. The Light Clinic	included
7. Dorobanti Clinic	included
8. Enescu Clinic Wings A and B	included
9. Baneasa Clinic	included
10. Floreasca Clinic	included
11. Sun Plaza Clinic	included
12. Cotroceni Clinic	included
13. Doamna Ghica Clinic	included
14. Titu Maiorescu Clinic	included
15. Victoriei Clinic	included
16. Perla Clinic	included
17. Ponderas Hospital Ambulatory - Pediatrics	included
18. Euroclinic Hospital Ambulatory	included
19. Baneasa Hospital Ambulatory: obstretics-gynecology	included
20. Cluj Hospital Ambulatory	included
21. Brasov Medical Campus Clinic	included
22. Calea Bucuresti Clinic Occupational Health Brasov	included
23. Brasov Civic Center	included
24. Craiova Universitatii Clinic	included
25. Craiova Central Clinic	included
26. Slatina Clinic	included
27. Pasteur Clinic- Cluj	included
28. Muzeului Clinic - Cluj	included
29. Occupational Health Clinic - Cluj	included
30. Observatorului Clinic - Cluj	included
31. Vaida Voievod Occupational Health Clinic - Cluj	included
32. Pitesti Central Clinic	included
33. Bratianu Clinic - Pitesti	included
34. Tomis Clinic Constanta	included
35. Delfinariu Clinic - Constanta	included
35. Gastromond Clinic - Constanta	included
37. Pozimed Clinic - Constanta	included
38. Bacau Medical Campus Clinic	included
39. Regina Maria Clinic - Ploiesti	included
40. Lugos Clinic	included
41. Iasi Medical Campus Clinic	included
42. Timisoara Clinic - Iulius Mall	included
43. Timisoara Clinic - Piata 700	included
44. Timisoara Clinic - Piata 700 Occupational Health Center	included
45. Timisoara Clinic - Dr. Grigoras	included
46. Targu Mures Medical Campus Clinic	included



LIST OF CHILDREN'S MEDICAL SERVICES

BASIC SUBSCRIPTION – MEDICAL SERVICES	PRIORITY Junior
47. Tulcea Clinic	included
47. Tulcea Clinic	included
Over 300 partner centres across the country: updated list - http://www.reginamaria.ro/policlinici-si-imagistica/clinici-partenere	Included
Access for the outpatient services with reimbursement outside the network	90% of the costs paid by the employee, but no more than 1000 lei/service

Emergency Room outside the network with 90% of the costs paid by the employee, but no more than 1000 lei/service
Ambulance 24h/7 outside the network in limit of 250 lei/event

Note: This offer is only for children under 18 years of age.

Discounts apply only in Regina Maria owned polyclinics in Bucharest and across the country

For included or discounted services, a referral is required from a physician in Romania

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

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

Legend:

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

* - for emergency wards, the emergency room exam is included. Emergency analyses can also be accessed with reimbursement;

** - the cost generated by accessing full payment doctors can be reimbursed according to the procedure

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

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	Ionogram (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



LIST OF TESTS ANNEX

No.	Name	Priority Junior
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
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 fusospirilli	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



LIST OF TESTS ANNEX

No.	Name	Priority Junior
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
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)/Waler 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



LIST OF TESTS ANNEX

No.	Name	Priority Junior
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
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



LIST OF TESTS ANNEX

No.	Name	Priority Junior
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
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



LIST OF TESTS ANNEX

No.	Name	Priority Junior
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
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	Liquid Papanicolau Test	100% included
314	Antifungigram of tracheal discharge	100% included



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

* Pictures - 3 pictures included, the others are paid



IMAGING ANNEX

No.	Name of the investigations within REGINA MARIA
1	THORAX MRI WITHOUT CONTRAST 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)

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



VACCINE ANNEX

VACCINE ANNEX					
VACCINES MANUFACTURED BY GSK – OPTIONAL VACCINES MANUFACTURED BY GSK EQUIVALENT TO THE PUBLIC HEALTH PLAN	VACCINE Name	Substance included	Procedure	REQUIREMENTS	
	PUBLIC HEALTH AUTHORITY MANDATORY	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
		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
		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		



DENTAL CARE SERVICES

Category of Procedures	Procedure Code and Procedure Description	Dental Fee Standard	Discount Adobe	Dental Fee for Adobe
Examination/ X - Ray	D0120 General Dentistry Examination	246 lei	100%	- lei
	D0140 Emergency Exam	185 lei	100%	- lei
	D0150 Specialist Examination	725 lei	100%	- lei
	D0151 Diagnosis Images and Stock Photos - part of Orthodontic file	185 lei	30%	130 lei
	D0152 Treatment Plan	123 lei	100%	- lei
	D0153 Segmental X-Ray	40 lei	100%	- lei
	D0210 Radiologic evaluation / Radiological status (Intraoral Scanner, inclusive Bitewing)	187 lei	100%	- lei
	D0220 X-Ray Periapical RGV	25 lei	100%	- lei
	D0230 X-Ray Periapical FILM	25 lei	100%	- lei
	D0240 X-Ray Periapical occlusal	25 lei	100%	- lei
	D0270 Bitewing x-ray, one film	25 lei	100%	- lei
	D0272 Bitewing x-ray, two films	50 lei	100%	- lei
	D0274 Bitewing x-ray, four films	75 lei	100%	- lei
	D0330 Panoramic Dental X-ray	75 lei	100%	- lei
	D0331 CT - Computed Tomography	480 lei	30%	336 lei
	D9310 General medical examination / Primary consultation	246 lei	100%	- lei
	D9311 Orthodontic file/folder (photos/images and x-rays)	480 lei	30%	336 lei
N4900 Pain treatment	185 lei	100%	- lei	
Prevention	D1110 Ultrasonic scaling and profesional cleaning	300 lei	100%	- lei
	D1204 Topical application of fluoride for adults (professional cleaning also)	384 lei	100%	- lei
	D1205 Topical application of fluoride for adults (without professional cleaning)	169 lei	100%	- lei
	D1206 Topical application of fluoride / tooth	20 lei	100%	- lei
	D1351 Seal / tooth	75 lei	100%	- lei
	D9910 Desensitization / tooth	50 lei	100%	- lei
	D9920 Patient counseling	150 lei	100%	- lei
	N9973 Blasiting microspary bicarbonate - AirFlow	206 lei	100%	- lei
	N9974 Professional cleaning	150 lei	100%	- lei
Therapy	D2330 Composite filling one side tooth -previous surface	196 lei	100%	- lei
	D2331 Composite filling two side tooth - previous surface	228 lei	100%	- lei
	D2332 Composite filling three side tooth - previous surface	296 lei	100%	- lei
	D2333 Root lesion Cuneiform	114 lei	100%	- lei
	D2335 Composite filling four or more side tooth - previous surface	394 lei	100%	- lei
	D2391 Composite filling one side tooth - Posterior Surface	179 lei	100%	- lei
	D2392 Composite filling two side tooth - Posterior Surface	248 lei	100%	- lei
	D2393 Composite filling three side tooth - Posterior Surface	292 lei	100%	- lei
	D2394 Composite filling four or more side tooth - Posterior Surface	338 lei	100%	- lei
	D2940 Sedative filling	77 lei	100%	- lei
	D3120 Indirect pulp capping	148 lei	100%	- lei
	D9911 Desensitizing / tooth	52 lei	100%	- lei
odontics - general dentist	B4321 Mummifying paste - Posterior	148 lei	100%	- lei
	D3110 Direct pulp capping (without final restorative)	178 lei	100%	- lei
	D3119 Temporary tooth filling	100 lei	100%	- lei
	D3220 Pulpomixin (without final restorative)	100 lei	100%	- lei
	D3221 Coarse mechanical endodontic treatment (for pain relief, performed by an operator other than the one who performs the complete endodontic treatment)	148 lei	100%	- lei
	D3230 Endodontic treatment (resorbable canal filling) on temporary front tooth, excluding final filling	100 lei	100%	- lei
	D3240 Endodontic treatment (resorbable canal filling) on temporary lateral tooth, excluding final filling	150 lei	100%	- lei
	D3233 Root repair or treatment of root perforations (produced by the operator)	178 lei	100%	- lei
	D3310 Front tooth root canals treatment - general dentist	308 lei	100%	- lei



Category of Procedures	Procedure Code and Procedure Description	Dental Fee Standard	Discount Adobe	Dental Fee for Adobe	
End	D3320 Premolar root canals treatment - general dentist	387 lei	100%	- lei	
	D3330 Molar root canals treatment - general dentist	511 lei	100%	- lei	
	D3332 Root canals incomplete treatment; inoperable or fractured tooth	167 lei	100%	- lei	
	D3346 Retreatment of root canal - front tooth	408 lei	100%	- lei	
	D3347 Retreatment of root canal treatment - premolar	511 lei	100%	- lei	
	D3348 Retreatment of root canal treatment - molar	652 lei	100%	- lei	
Endodontics - endodontist specialist	D0415 Examination with at endodontic specialist under a microscope	246 lei	100%	- lei	
	D0416 Examination with at endodontic specialist	246 lei	100%	- lei	
	D3311 Front tooth root canals treatment - endodontist specialist	750 lei	50%	375 lei	
	D3321 Premolar root canals treatment - endodontist specialist	850 lei	50%	425 lei	
	D3322 Molar root canals treatment - endodontist specialist	1,100 lei	50%	550 lei	
	D4000 MTA on the root to the endodontic specialist	178 lei	50%	89 lei	
	D4001 Temporary dressing (Calcium Hydroxide) at the endodontic specialist	178 lei	50%	89 lei	
	D4002 Reconstruction dam endodont specialist	237 lei	50%	119 lei	
	D4003 Crown ablation at endodont specialist	100 lei	50%	50 lei	
	D4004 Fiber pivot removal to endodont specialist	296 lei	50%	148 lei	
Cosmetic dentistry	D2749 Zirconium ceramic veneers (CAD/CAM method)	1,780 lei	30%	1,246 lei	
	D2960 Composit resin veneer made in office visit	355 lei	30%	249 lei	
	D2962 Composit ceramic veneer manufactured in a lab	1,780 lei	30%	1,246 lei	
	D2963 Dental jewelry	392 lei	50%	196 lei	
	D2964 Prefigurarea fatetelor dentare din materiale rasinice in laborator	398 lei	30%	279 lei	
	D5986 Treatment whitening trays	267 lei	50%	134 lei	
	D9971 Odontoplasty 1-2 teeth	205 lei	50%	103 lei	
	D9972 Extra-coronal withening/ arch	467 lei	55%	210 lei	
	D9973 Extra-coronal withening/ tooth	149 lei	50%	75 lei	
	D9974 Intra-coronal withening/tooth/appointment	149 lei	50%	75 lei	
	D9975 Dental bleaching	1,518 lei	55%	683 lei	
	Periodontology	D4210 Gingivectomy / dial	1,345 lei	100%	- lei
		D4211 Gingivectomy / tooth	162 lei	100%	- lei
D4212 Closed field curettage periodontal		223 lei	100%	- lei	
D4240 Flap surgery, planare /dial		3,522 lei	50%	1,761 lei	
D4245 Apically positioned flap surgery		1,216 lei	50%	608 lei	
D4249 Increase clinical crown		953 lei	50%	477 lei	
D4321 Temporary immobilization extra-coronal		534 lei	100%	- lei	
D4341 Scaling and root planing / dial		281 lei	100%	- lei	
D4355 Oral hygiene to assess a detailed periodontal diagnosis		497 lei	100%	- lei	
D4381 Administration of chemotherapeutic substances by means of a controlled release vehicle		224 lei	100%	- lei	
N5139 Evaluation of the extent of periodontal pockets		259 lei	100%	- lei	
Implantology	6201 Intrasinus bone addition by closed process	467 lei	30%	327 lei	
	D0105 Crown on implants – Ceramic on zirconium support CAD/CAM	1,850 lei	30%	1,295 lei	
	D0130 Implant dentist consultation	246 lei	100%	- lei	
	D4263 Bone addition - the first location / dial	1,587 lei	36%	1,016 lei	
	D5982 Surgical guide	1,200 lei	30%	840 lei	
	D6010 Insertion screw-type endosseous implant	3,340 lei	30%	2,338 lei	
	D6011 Straumann implant insertion SLActive	6,376 lei	30%	4,463 lei	
	D6012 Straumann implant insertion SLA	5,321 lei	30%	3,725 lei	
	D6020 Insertion / replacement implant abutment	722 lei	30%	505 lei	
	D6021 Insertion abutment Straumann	1,641 lei	30%	1,149 lei	
	D6055 Bar-connected implants	1,682 lei	30%	1,177 lei	
	D6059 Generation III metal-ceramic crown on implant	1,309 lei	30%	916 lei	
	D6066 Generation II metal-ceramic crown on implant	1,397 lei	30%	978 lei	
	D6067 Met-cer d'sign crown on implant (titanium, titanium alloy)	2,008 lei	30%	1,406 lei	
	D6080 Implant maintenance	223 lei	100%	- lei	
	D6081 Stamp - closed spoon	78 lei	30%	55 lei	
	D6082 Stamp - open spoon	78 lei	30%	55 lei	
	D6090 Denture on implant repair	382 lei	100%	- lei	
D6095 Abutments repair	593 lei	100%	- lei		



Category of Procedures	Procedure Code and Procedure Description	Dental Fee Standard	Discount Adobe	Dental Fee for Adobe
	D6200 Intrasinusal bone addition by open process	4,782 lei	20%	3,826 lei
	D6979 Sistem Capsa pe bont implantar pentru supraprotezare	969 lei	30%	678 lei
	D7001 Immediate screwed temporary work	148 lei	30%	104 lei
	D7881 Prettau zirconia bridge	23,619 lei	30%	16,533 lei
	D7882 Prettau MC bridge	14,500 lei	30%	10,150 lei
	N6900 Simplant surgical guide	6,679 lei	30%	4,675 lei
	i453 Zirconia implant	5,314 lei	30%	3,720 lei
Fixed prosthodontics	Cut.Brux Bruxism mouth guard box	30 lei	100%	- lei
	D2510 Metal Inlay one surface	1,044 lei	30%	731 lei
	D2520 Metal Inlay two surface	1,106 lei	30%	774 lei
	D2530 Metal Inlay three surface	1,158 lei	30%	811 lei
	D2610 Ceramic Inlay one surface	1,780 lei	30%	1,246 lei
	D2620 Ceramic Inlay two surface	1,780 lei	30%	1,246 lei
	D2630 Ceramic Inlay three surface	1,780 lei	30%	1,246 lei
	D2645 Ceramic Onlay one surface	1,780 lei	30%	1,246 lei
	D2642 Ceramic Onlay two surface	1,780 lei	30%	1,246 lei
	D2643 Ceramic Onlay three surface	1,780 lei	30%	1,246 lei
	D2644 Ceramic Onlay four or more surface	1,780 lei	30%	1,246 lei
	D2650 Composit Inlay one surface	752 lei	30%	526 lei
	D2651 Composit Inlay two surface	802 lei	30%	561 lei
	D2652 Composit Inlay three surface	841 lei	30%	589 lei
	D2740 Full ceramic crown on ceramic hard pressed support	1,850 lei	30%	1,295 lei
	D2741 Ceramic crown on zirconia support CAD / CAM	1,850 lei	30%	1,295 lei
	D2742 Ceramic bridge on zirconia support CAD/CAM	1,850 lei	30%	1,295 lei
	D2743 Metal-ceramic crown on noble alloy	2,141 lei	30%	1,499 lei
	D2744 Generation III Metal-ceramic bridge on noble alloy	2,141 lei	36%	1,370 lei
	D2745 Metal-ceramic crown on high noble alloy support	2,554 lei	48%	1,328 lei
	D2746 Metal-ceramic bridge on high noble alloy support	2,554 lei	48%	1,328 lei
	D2750 Metal-ceramic crown on non-noble alloy support	1,361 lei	30%	953 lei
	D2910 Inlay recementation	227 lei	100%	- lei
	D2920 Crown recementation	62 lei	100%	- lei
	D2950 Coronary reconstitution in office, including any additional pins for retention	258 lei	30%	181 lei
	D2952 Root coronal reconstruction - cast (excluding crown)	223 lei	37%	140 lei
	D2954 Root coronal reconstruction - prefabricated (excluding crown)	258 lei	37%	163 lei
	D2956 Coronaradicular Adapter + fiberglass composite	430 lei	30%	301 lei
	D2957 Aditonal prefabricated pivot, same tooth	100 lei	100%	- lei
	D2958 Coronaradicular device of Zirconium	1,780 lei	30%	1,246 lei
	D2970 Temporary crown manufactured by the dental laboratory PMMA	238 lei	30%	167 lei
	D2971 Temporary crown shaped by the dentist	167 lei	30%	117 lei
	D2972 Coroana metalorasinica provizorie realizata in vederea osteointegrarii	237 lei	30%	166 lei
	D2973 Temporary bridge PMMA	238 lei	30%	167 lei
	D2980 Crown repair	127 lei	21%	100 lei
	D6240 Metal ceramic bridge, non-noble alloy	1,361 lei	30%	953 lei
	D6245 Full ceramic bridge ceramic hard pressed	1,850 lei	30%	1,295 lei
	D6545 Metal Element aggregation collage	568 lei	30%	398 lei
	D6548 Element aggregation metal-ceramic d'sign for collage	907 lei	30%	635 lei
	D6970 Root coronal reconstruction - cast (excluding crown)	223 lei	37%	140 lei
	D6975 Capa noble metal	2,155 lei	36%	1,379 lei
	D7880 Orthotic occlusal device (tray)	242 lei	30%	169 lei
	D9745 Zirconia inlay	1,780 lei	39%	1,086 lei
D9940 Therapeutic occlusal splint protection	393 lei	30%	275 lei	
D9941 Athletic Mouthguards	393 lei	30%	275 lei	
D9942 3D printed therapeutic gutter	738 lei	30%	517 lei	
D9951 Limited occlusal adjustment/equilibration	474 lei	30%	332 lei	
D9952 Complete occlusal equilibration	1,087 lei	30%	761 lei	
N4119 Abutment preparation for full ceramic crown	87 lei	30%	61 lei	
N4130 Metal-ceramic grinding for elem	149 lei	100%	- lei	



Category of Procedures	Procedure Code and Procedure Description	Dental Fee Standard	Discount Adobe	Dental Fee for Adobe
	N4131 Grinding for elem. full ceramic	149 lei	100%	- lei
	N4136 Glass ionomer cement	72 lei	100%	- lei
	N4137 Crown ablation	55 lei	100%	- lei
	N4138 Temporary cementation	72 lei	100%	- lei
	N4139 Cementation - resin grout	227 lei	100%	- lei
Mobile prosthodontics	D5110 Superior total prosthesis	2,116 lei	30%	1,481 lei
	D5120 Lower total prosthesis	2,116 lei	30%	1,481 lei
	D5130 Immediate superior total prosthesis	2,599 lei	30%	1,819 lei
	D5140 Lower total hip destination	2,599 lei	30%	1,819 lei
	D5211 Superior acrylic partial denture base	1,644 lei	30%	1,151 lei
	D5212 Lower partial denture acrylic base	1,644 lei	30%	1,151 lei
	D5213 Skeletal upper dentures	4,948 lei	30%	3,464 lei
	D5214 Skeletal prosthesis lower	4,575 lei	30%	3,203 lei
	D5281 Skeletal prosthesis unilateral	2,504 lei	30%	1,753 lei
	D5510 Acrylic Denture Base repair a fractured total	397 lei	30%	278 lei
	D5520 Repair/ or fractured tooth prosthesis absent in total (each tooth)	281 lei	30%	197 lei
	D5610 Partial denture acrylic to repair saddles	94 lei	29%	67 lei
	D5620 Repair of a denture part cast metal clasps	103 lei	29%	73 lei
	D5630 Repair or replacement of a clasp	80 lei	30%	56 lei
	D5640 fractured tooth-repair/ partial absent-prot	75 lei	29%	53 lei
	D5650 Adding/ partial denture tooth	120 lei	30%	84 lei
	D5660 Adding/ crochet to partial dentures	145 lei	31%	100 lei
	D5730 Total jaw denture lining in cabinet	242 lei	100%	- lei
	D5731 Mandibular denture lining total in cabinet	227 lei	100%	- lei
	D5732 Acrylate elastic lining in the laboratory	598 lei	39%	365 lei
	D5740 Maxillary partial denture lining in cabinet	194 lei	100%	- lei
	D5741 Mandibular partial denture lining in cabinet	175 lei	100%	- lei
	D5750 Sheathing total denture jaw lab	341 lei	30%	239 lei
	D5751 Mandibular denture laboratory lining total	341 lei	30%	239 lei
	D5760 Maxillary partial denture laboratory lining	231 lei	30%	162 lei
	D5761 Mandibular partial denture laboratory lining	231 lei	30%	162 lei
	D5810 Total provisional prosthesis jaw	1,609 lei	30%	1,126 lei
	D5811 Provisional total mandibular prosthesis	1,609 lei	30%	1,126 lei
	D5820 Provisional maxillary partial denture (base)	1,356 lei	30%	949 lei
	D5821 Temporary partial denture jaw	751 lei	30%	526 lei
	D5860 total SupraProteza	2,839 lei	30%	1,987 lei
	D5861 partial SupraProteza	2,104 lei	30%	1,473 lei
	D5862 Special items for the support and maintenance of skeletal prostheses	1,395 lei	30%	977 lei
	D5867 Changing an element of partial dentures can be replaced by construction	408 lei	30%	286 lei
	D5890 Individual functional footprint spoon	78 lei	100%	- lei
	D5891 The bite registration with template	72 lei	100%	- lei
	D5893 Preliminary footprint in order to produce an individual spoons	78 lei	100%	- lei
	D5899 Another deputy prosthetic procedure	408 lei	0%	408 lei
	D6920 Connecting bar	1,024 lei	30%	717 lei
	D6940 Breaker strengths for bridge	309 lei	100%	- lei
	D6978 Capsa system with RCR for Overdenture	1,180 lei	30%	826 lei
	N4103 Register occlusion	64 lei	100%	- lei
N4109 Fingerprints in alginate	78 lei	100%	- lei	
N4115 Soft material lining	50 lei	100%	- lei	
N4132 butterfly Kemenny	376 lei	30%	263 lei	
	D3410 Apicectomy in frontal teeth	694 lei	100%	- lei
	D3421 Apicectomy in premolar teeth - first root	694 lei	100%	- lei
	D3425 Apicectomy in molar teeth - first root	694 lei	100%	- lei
	D3426 Apicectomy, each additional root	231 lei	100%	- lei
	D3430 Retrograde filling for one root	283 lei	100%	- lei
	D3450 Root amputation	426 lei	100%	- lei



Category of Procedures	Procedure Code and Procedure Description	Dental Fee Standard	Discount Adobe	Dental Fee for Adobe	
Oral Surgery	D3920 Hemisection (without endodontic treatment, with eventual extraction of root)	769 lei	100%	- lei	
	D4264 Bone addition	1,213 lei	11%	1,080 lei	
	D4265 Bone grafting after extraction	655 lei	30%	459 lei	
	D4266 Tissue regeneration	1,028 lei	30%	720 lei	
	D4267 Tissue regeneration nonabsorbable barriers	1,213 lei	30%	849 lei	
	D4269 Sampling bone graft ram ascendent/menton - manopera	4,440 lei	30%	3,108 lei	
	D7140 Simple extraction	350 lei	100%	- lei	
	D7141 Tooth extraction for gum disease	200 lei	100%	- lei	
	D7142 Surgical extraction flap	467 lei	100%	- lei	
	D7210 Alveolotomy	794 lei	100%	- lei	
	D7220 Extraction of a tooth submucosal	692 lei	100%	- lei	
	D7230 Extraction of a tooth partially intraosseous	854 lei	100%	- lei	
	D7240 Extraction of a tooth intraosseous	957 lei	100%	- lei	
	D7241 Extraction of a tooth with surgical complications	1,245 lei	100%	- lei	
	D7250 Extraction of root debris lining covered with surgical complications	854 lei	100%	- lei	
	D7260 Oral-sinusal communication closure	850 lei	72%	238 lei	
	D7281 Decapusonare	309 lei	100%	- lei	
	D7286 Soft tissue biopsy	579 lei	50%	290 lei	
	D7310 Alveoloplasty associated with extractions	340 lei	45%	187 lei	
	D7320 Alveoloplasty unassociated with extractions	613 lei	45%	337 lei	
	D7450 Odontogenic cyst excision diameter <1. 25 cm	497 lei	37%	313 lei	
	D7451 Odontogenic cyst excision diameter> 1 25 cm	970 lei	36%	621 lei	
	D7460 Cyst excision neodontogen diameter <1. 25 cm	854 lei	37%	538 lei	
	D7461 Cyst excision neodontogen diameter> 1 25 cm	954 lei	50%	477 lei	
	D7471 Removal of exostoses, per place	451 lei	50%	226 lei	
	D7510 Incision and drainage of abscess - intraoral	185 lei	100%	- lei	
	D7560 Otherwise root extraction / foreign body	694 lei	100%	- lei	
	D7960 Frenectomy / Frenotomie	298 lei	100%	- lei	
	D7970 Excision of hyperplastic tissue / arch	992 lei	45%	546 lei	
	D9241 Intravenous sedation / analgesia within 30 minutes.	715 lei	30%	501 lei	
	N4269 Sampling cortical bone by scraping	894 lei	0%	894 lei	
	Orthodontics	O2000 Primary consultation at orthodontist	256 lei	100%	- lei
		O2001 Specialist Orthodontist periodic advisories at	136 lei	30%	95 lei
O2010 INTERCEPT treatment (Trainer)		1,686 lei	30%	1,180 lei	
O2011 INTERCEPT treatment - Exercise spatula		729 lei	30%	510 lei	
O2020 Space maintainer fix		425 lei	30%	298 lei	
O2021 Keep the mobile space		381 lei	30%	267 lei	
O2030 Limited Orthodontic Treatment in mixed dentition period		3,340 lei	30%	2,338 lei	
O2031 Comprehensive Orthodontic Treatment in mixed dentition period		5,010 lei	30%	3,507 lei	
O2040 Limited Orthodontic Treatment in any permanent teeth with Classic Metal Bracket		6,042 lei	30%	4,229 lei	
O2041 Limited Orthodontic Treatment in any permanent teeth with Bracket Classic Aesthetic - Clarity (3M)		7,711 lei	30%	5,398 lei	
O2042 Tratament Orthodontic Teeth Limited in final bracket Classic Aesthetic - Sapphire		6,952 lei	30%	4,866 lei	
O2050 Orthodontic Treatment Complex in having permanent teeth with braces Classic Metallic		13,207 lei	30%	9,245 lei	
O2051 Orthodontic Treatment Complex in having permanent teeth with braces Classic physiognomy - Clarity 3M		15,029 lei	30%	10,520 lei	
O2052 Orthodontic Treatment Complex in having permanent teeth with braces Classic physiognomy - Sapphire		14,270 lei	30%	9,989 lei	
O2053 Orthodontic Treatment Complex in having permanent teeth with Modern metal Bracket - Damon Q		15,636 lei	30%	10,945 lei	
O2054 Orthodontic Treatment Complex in Modern Aesthetic any permanent teeth with brackets - Damon Clear Proprotetic		17,002 lei	30%	11,901 lei	
O2055 orthodontic treatment (including metal brackets)		2,500 lei	30%	1,750 lei	
O2059 Periodic control of treatment evolution		100 lei	0%	100 lei	



Category of Procedures	Procedure Code and Procedure Description	Dental Fee Standard	Discount Adobe	Dental Fee for Adobe
	O2060 Fix device removal to final treatment	638 lei	30%	447 lei
	O2061 Fix device removal by request	1,518 lei	30%	1,063 lei
	O2065 Restraint collators (33-43)	442 lei	30%	309 lei
	O2066 Guti contention	395 lei	30%	277 lei
	O2067 Guti contention ESSIX	555 lei	30%	389 lei
	D2068 Guti contention Demon Split	1,056 lei	30%	739 lei
	O2070 Mobile Device Repair	183 lei	30%	128 lei
	O2071 Appliance Repair Fix per Bracket	258 lei	30%	181 lei
	O2200 Occlusal balancing / selective sanding orthodontic specialist	424 lei	30%	297 lei
	O2220 Guti occlusal protection	351 lei	30%	246 lei
	O2221 Gutter build in occlusion	792 lei	30%	554 lei
	O2080 Invisalign Full	27,600 lei	30%	19,320 lei
	O2081 Invisalign Teen	28,704 lei	30%	20,093 lei
	O2082 Invisalign Lite	25,530 lei	30%	17,871 lei
	O2084 Orthodontic Treatment Spark 10	10,534 lei	30%	7,374 lei
	O2085 Orthodontic Treatment Spark 20	19,350 lei	30%	13,545 lei
	O2086 Orthodontic treatment Spark Advanced	28,870 lei	30%	20,209 lei
	O2090 Incognito Lingual device	23,874 lei	30%	16,712 lei
	O2091 Eurapix Lingual device	25,530 lei	30%	17,871 lei
	O2095 Aligner - limited Orthodontic Treatment	11,537 lei	30%	8,076 lei
Pediatric dentistry (dedicated to children)	P1000 Pediatric examination >3years	196 lei	100%	- lei
	P1012 Periodic examination pedodont specialist	105 lei	100%	- lei
	P0998 Scaling	117 lei	100%	- lei
	P0997 Airflow < 10 years	236 lei	100%	- lei
	P0996 Guti Flow	304 lei	30%	213 lei
	P0996-1 Airflow after scaling	112 lei	100%	- lei
	P0995 Pediatric examination <3years	174 lei	100%	- lei
	P0994 Psychological counseling with psychologist	292 lei	0%	292 lei
	P0993 Advice to improve physician - patient relationship	96 lei	100%	- lei
	P0999 Emergency treatment (trauma, drainage endo dental abscess incision)	140 lei	100%	- lei
	P1001 Professional brushing	96 lei	100%	- lei
	P1002 Fluor topical application 1 sitting	117 lei	100%	- lei
	P1003 Fluor topical application with Tooth Mousse / MI Paste	140 lei	100%	- lei
	P1003-2 Fluor topical application with print	154 lei	100%	- lei
	P1004 Sealing complete	154 lei	100%	- lei
	P1005 Temporary Tooth sealing	154 lei	100%	- lei
	P1006 Simply sealing Permanent Tooth	174 lei	100%	- lei
	P1007 Wider sealing Permanent Tooth	233 lei	100%	- lei
	P1008 Composite filling CI I/V CIS	174 lei	100%	- lei
	P1009 Composite filling CI II-IV CIS	233 lei	100%	- lei
	P1010 Composite filling temporary tooth CI I/V	212 lei	100%	- lei
	P1011 Composite filling temporary tooth CI II-IV	271 lei	100%	- lei
	P1100 Wedge shaped lesion	108 lei	100%	- lei
	P1101 Composite filling permanent tooth front CI III-IV	387 lei	100%	- lei
	P1102 Composite filling permanent tooth side CI I/V	252 lei	100%	- lei
	P1103 Composite filling permanent tooth side CI II	310 lei	100%	- lei
	P1104 Composite filling permanent tooth front CI I-II	236 lei	100%	- lei
	P1105 Temporary filling	70 lei	100%	- lei
	P1106 ICON (Early treatment of caries)	210 lei	100%	- lei
	P1198 Devitalizing	140 lei	100%	- lei
	P1199 Mechanical treatment - root	140 lei	100%	- lei
	P1200 Root canals treatment monoradicular temporary tooth 1-3 sessions	154 lei	100%	- lei
	P1202 Root canals treatment multiradicular temporary tooth 1-3 sessions	212 lei	100%	- lei
P1204 Root canals treatment monoradicular permanent tooth	292 lei	100%	- lei	
P1205 Root canals treatment multiradicular permanent tooth	464 lei	100%	- lei	
P1206 Dressing (two sessions)	59 lei	100%	- lei	
P1210 Fiber pivot	489 lei	100%	- lei	



Category of Procedures	Procedure Code and Procedure Description	Dental Fee Standard	Discount Adobe	Dental Fee for Adobe
	P1211 Dentatus	293 lei	100%	- lei
	P1250 pulpotomy	233 lei	100%	- lei
	P1251 Direct pulp capping MTA / Biodentine	70 lei	100%	- lei
	P1252 Indirect pulp capping	49 lei	100%	- lei
	P1253 Gingivectomy	140 lei	100%	- lei
	P1254 Post traumatic tooth immobilization	210 lei	100%	- lei
	P1255 reattachment of post traumatic fragment permanently tooth	210 lei	100%	- lei
	P1299 Extraction - Radicular rest	120 lei	100%	- lei
	P1300 Mobile extraction temporary tooth	150 lei	100%	- lei
	P1301 Temporary Tooth Extraction Facility	270 lei	100%	- lei
	P1302 Extraction with separation ring	250 lei	100%	- lei
	P1303 single-tooth selective grinding - arc development release	84 lei	100%	- lei
	P2000 All ceramic Crow	1,780 lei	30%	1,246 lei
	P2001 Temporary crown manufactured by the dental laboratory PMMA	271 lei	30%	190 lei
	P2002 Capa Celuloid F	338 lei	30%	237 lei
	P2003 No Smile	588 lei	30%	412 lei
	P2004 Metal Crow perform later	425 lei	30%	298 lei
Biological materials and additional materials (paid separately depending on the patient's choice)	D1207 Delivery tooth mooss	105 lei	0%	105 lei
	D4990 Genetic test for the detection of microorganisms involved in the periodontal disease	804 lei	9%	732 lei
	N9901 Disposable bone scraper	820 lei	0%	820 lei
	D9312 Saliva Test	148 lei	0%	148 lei
	N1000 Bluem kit Mouthwash + Toothpaste	120 lei	0%	120 lei
	N1001 Bluem Mouthwash	90 lei	0%	90 lei
	N1002 Bluem Toothpaste	50 lei	0%	50 lei
	N1003 Spray Bluem	30 lei	0%	30 lei
	N1004 Bluem kit Mouthwash + 2 pieces Toothpaste	150 lei	0%	150 lei
	N1005 Oral foam Bluem	90 lei	0%	90 lei
	N1006 Bluem oxygen oral gel	99 lei	0%	99 lei
	N1007 Bluem fluid with concentrated oxygen	110 lei	0%	110 lei
	N1008 Toothbrush Bluem ultrasoft	30 lei	0%	30 lei
N1009 Bluem supplements	199 lei	0%	199 lei	

