

## Essential Conditions of the Agreement

### Product - "General"

- ✓ Important Conditions of this Agreement represent the incomplete information on the Insurance Conditions;
- ✓ Together with the Important Conditions, the documents uploaded on the web-site <https://credobank.ge> and given below represent the integral part of the Insurance Agreement:
  - Claim form
  - Informational Sheet
  - Standard Conditions of the Agreement and its annexes also,
  - Insurance plastic card, which shall be handed over to a customer.

#### 1. Information on the Insurance Company and Types of the Agreement:

- ✓ JSC Insurance Company Imedi L (ID 204919008);
- ✓ Legal Address: 9 Ana Politkovskaya str., Vake-Saburtalo district, Tbilisi;
- ✓ Health of a consumer/insured represents the benefit insured under the health insurance, which, in the case of occurrence of the insurance event generates the obligation of payment/reimbursement of the insurance indemnity in compliance with the conditions of the agreement.

#### 2. The information on the clauses regulating the term of the health insurance agreement, insurance premium, conditions for termination of the agreement, form for submission of a claim, terms and exceptions:

- ✓ The insurance period set forth under the agreement (term of effectiveness of the agreement) as well as the insurance premium are indicated in the printing form of the policy;
- ✓ **Health Insurance Agreement can be terminated by:**
  - a) by the Insurer upon full execution of its obligations;
  - b) failure to fulfill its assumed liabilities by a party to the Agreement;
  - c) written agreement of the parties;
  - d) other cases set forth under the legislation and/or Insurance Agreement.
- ✓ A consumer can submit to the Insurer any type of a claim only in writing. The form of the claim is attached to the Health Insurance Agreement as Annex No. 4. Consumer claims shall be reviewed by the Insurer, **Insured/Consumer Interests Protection Department**, which, within 30 calendar days upon reception of a corresponding claim, shall provide the consumer with a written response. The response (as a completed form of the claim) can be sent to the consumer to the email address indicated in the

form (a sample of the form of a claim is uploaded to the Insurer's web-site <https://www.imedil.ge/Home/Corporate>);

- ✓ The exceptions of the Health Insurance Agreement are given in Clause 3 of Annex No. 2 of the Agreement and the preconditions of the insurance indemnification are given in paragraph 4 of this Essential Conditions (to obtain detailed information on the insurance preconditions refer to Annexes No. 1 and 2 of the Agreement);
- ✓ The following are the address and the name of the Insurer's supervising body: Insurance State Supervision Service of Georgia, 34 Tengiz Abuladze str., Vake-Saburtalo district, Tbilisi.

### **3. Information on the expenses and amounts envisaged under the Health Insurance Agreement:**

Except the obligation of payment of the Insurance Premium under the Health Insurance Agreement, the following financial expenses can be emerged for a consumer under the Health Insurance Agreement:

- ✓ if a consumer tries to falsify the conditions of the Health Insurance Agreement, in the case of revealing each such case, the Insurer shall have the right to request payment of a fine in the amount of GEL 5,000.00 (five thousand), terminate the Agreement unilaterally and demand damage reimbursement;
- ✓ in the case of revealing of a fact of falsification of the documents needed for confirmation of occurrence of the Insurance Event and/or obtaining the Indemnification, submission of false information, the Insurance Event shall not be subject to reimbursement and, also, the Insurer shall have the right to demand GEL 1,000.00 (one thousand) as a fine, damage reimbursement and, at the same time, terminate the insurance unilaterally, but if the indemnification is already paid, it can demand GEL 2,000.00 (two thousand) as a fine, damage reimbursement and terminate the insurance unilaterally;
- ✓ if it is proved that a consumer has insured/assisted in insuring of individuals, which, in compliance with the Insurance Agreement, are not considered as eligible, the Insurer shall have the right to demand payment of GEL 3,000.00 (three thousand), as a penalty sanction, per each such case; besides the Insurance Agreement related to such individual(s) shall not be subject to indemnification by the Insurer, but if the indemnification is already paid, the consumer shall have to return it to the Insurer unconditionally. In such case the Insurer shall have the right to terminate his/her insurance unilaterally or fully terminate the Insurance Agreement unilaterally;
- ✓ in the case of termination by a consumer on grounds of unreasonable excuse prior to expiration of the Insurance Period, the insurance premium for the remaining insurance period is not subject to refund to the customer.;

### **4. Information on the preconditions of payment of franchise and Insurance Event under the Health Insurance Agreement:**

Franchise is not envisaged for the product set forth under the Health Insurance Agreement.

- ✓ Only the service provided at a medical institution/clinic having a license/permit shall be subject to reimbursement;

✓ In the cases of occurrence of the Insurance Event the following shall be the precondition for Insurance Indemnification: the Event shall be the occurrence/risk regulated by the Agreement and the information/documentation related to the Insurance Event and set forth under the Agreement shall be submitted by the consumer to the Insurer in full and the term and form agreed/determined under the same Agreement.

If the consumer does not ensure submission of each document related to the Insurance Event and set forth under the Agreement to the Insurer in due time and form, the Insurer shall be released from the obligation of payment of the Insurance Indemnity.

✓ The service under the Health Insurance Agreement can be obtained as in the Insurer's provider licensed medical institution so in non-provider medical institution/clinic. Besides, the Agreement can determine possibility of obtaining particular service only in the Insurer's provider medical institution/clinic. In such case the cost of the service obtained by a consumer in non-provider medical institution/clinic shall not be subject to reimbursement by the Insurer;

✓ In regard to particular services diagnosed prior to insuring/Insurance Events (the cost of oncological (malignant tumour) disease, planned cardiac surgical and planned interventional cardiologic treatment, cost of pregnancy/child birth) the Waiting Period can be envisaged under the Health Insurance Agreement, during which the expenses incurred by a consumer for the mentioned problems shall not be subject to indemnification by the Insurer. Existence of the Waiting Period in each concrete case depends on the number of employees of the Policy Holder/Employer insured in the framework of the Agreement;

✓ The medical service provided to a consumer outside the Insurance Period shall not be subject to reimbursement by the Insurer whether the Insurance Event/provision of the medical service by the end of the Insurance Period is completed or not; besides, the medical service/Insurance Event shall not be subject to indemnification if by the date of commencement of the service acquisition by the consumer the Insurance Period envisaged under the Agreement is completed/expired;

✓ The part of the expenses incurred by a consumer as a result of the Insurance Event, which has been set off in the amount corresponding to the Premium not paid by him/her, shall not be subject to indemnification.

✓ In cases when in regard to specific Health Insured person medical service is provided for/covered by any federal/ referral/Health program(s) (which means aforementioned Health Insured fulfills the criteria defined for the beneficiaries of such programs), the Insurer undertakes to cover/reimburse the Health Insured's Share of the costs (if such is considered) defined per such program for specific medical service. Also, if the Health Insured enjoys medical services at a medical institution where corresponding state programs are not operating, the Insurer takes responsibility to cover fully the costs for medical services enjoyed by the Health Insured in accordance with the terms of the insurance Agreement.

To obtain detailed information in compliance with each insurance product/Insurance Coverage under the Health Insurance Agreement (instructions and procedure for service acquisition, form and terms of payment) refer to relevant clauses/paragraphs of Annex No. 2 of the Agreement.

2.1 24-hour call-center service

2.2 Personal Doctor Service

2.3 Urgent Medical care provided by ambulance crew

2.4 Preventive Care

2.5 hospital service

2.6 out-patient service

2.7 Reimbursement of costs for Medications

2.8 dental service

2.9 Deadline for request for indemnity

2.10 Form and deadline for indemnity acquisition

2.11 Waiting period

Annex No. 2 involves the instructions and procedures for the services obtained as planned/unplanned, at providers/non-providers, based on a letter of guarantee/without a letter of guarantee and indicated in each above mentioned paragraphs.

**5. The importance of the customer's obligation to provide the Insurer with information and legal implications of violation of the above mentioned obligation:**

- ✓ **A customer is to provide the Insurer as with the true information necessary for conclusion of the Agreement, so submit complete information, determined under this Agreement, in relation to the Insured Event during the term and in the form requested by the Insurer. In the case of submission of incomplete/incorrect information, the Insurer shall be released from the obligation of reimbursing the Insured Event.**
- ✓ **In the case of submission of false information on the fact of occurrence of the Insured Event or/and requested reimbursement, the Insured Event shall not be subject to reimbursement. In such case the Insurer shall have the right to demand payment of GEL 1,000.00 (one thousand) as a penalty sanction, damage reimbursement and, at the same time, terminate the Agreement unilaterally; and if the payment is already made, the Insurer shall have the right to demand GEL 2,000.00 (two thousand) as a fine, damage reimbursement and terminate the Agreement unilaterally.**

**6. A list of the exception under the Agreement, in compliance with the Agreement, shall not be covered/ indemnified:**

- ✓ **Costs for examination and treatment of sexual disorders, impotence, sterility, infertility, contraception and contraceptives, abortion without medical evidence, costs related to menopausal**

- problems; costs of examination and treatment of reproductive problems; costs for diagnostics of fetal fluid and genetic examination of fetus;
- ✓ Costs for examination and treatment of Mental and behavioral disorders (including: Organic disorders, including symptomatic ones; Mental and behavioral disorders due to psychoactive substance use; Schizophrenia; schizotypal disorders;; Neurotic, stress-related and somatoform disorders; Moos ( affective disorders) Behavioral syndromes associated with physiological disturbances and physical factors; Disorders of adult personality and behavior (psychopathy); Mental retardation; Disorders of psychological development; Behavioral and emotional disorders with onset usually occurring in childhood and adolescence);
  - ✓ Costs for laser correction of refractive errors, intraocular lens implantation, purchase of (eye)glasses, contact lenses and hearing aids;
  - ✓ Costs for examination and treatment of pancreatic diabetes or diabetes insipidus, renal and/or liver chronic failure, systemic diseases (including: polyarteritis nodosa, necrotizing vasculopathies, lupus erythematosus, dermatopolymyositis, systemic sclerosis, other systemic involvement of connective tissue) examination and treatment of their complications; Herewith, will be reimbursed urgent hospital and urgent out-patient treatment, scheduled surgical treatment including any surgical intervention and primary diagnostics caused by diagnoses and/or their complications indicated in this article;
  - ✓ Examination and treatment of B, C hepatitis, HIV, AIDS and their complications. (Primary diagnostics is subject to reimbursement).
  - ✓ Costs for examination and treatment of gonorrhoea, syphilis, chancroid, venereal granuloma – donovanosis, chlamydial infections, genital herpes, genital papillomavirus, Cytomegalovirus, trichomoniasis, candidal vulvovaginitis, candidal balanoprophitis. (primary diagnostics is subject to reimbursement);
  - ✓ Costs for treatment by means of alternative (traditional and/or nontraditional) medicine, acupuncture, plasmapheresis, ozonotherapy, homeopathy, mesotherapy, speech therapist (logopedist); physician-homeopath; medical exercises and medical massage; rehabilitation and sanatorium-and-spa treatment; Platelet Rich Plasma Therapy – PRP injection, PET scan, monoclonal antibody treatment/therapy, medical services done for cosmetic purposes. Costs related to weight correction; Bariatric surgery;
  - ✓ Costs for treatment abroad, which is expanded beyond the boundaries of the established policy territory; Costs for consultation and treatment at the medical institutions which do not comply with the requirements of the existing legislation of Georgia and/or do not have appropriate license; costs for self-treatment and their complications (autotherapy); as well as bioactive additives, immunisation, vaccinations (except of antitetanus, antirabies, antitubulinum and anti-viper and those defined in card), Medicines not registered by the competent authority specified under the existing legislation of Georgia;, homeopathic remedies; immunomodulators, immunostimulators and immunosuppressants; as well as the cost of any non-medicinal agents (bandage, surgical corset, supinators, items of medical purpose, any supportive aids required during dental care etc.), hygienic and makeup preparation (including any kind of tooth-paste, mouth rinse, shampoo, soap);

✓ Costs for treatment of the physical injuries suffered during committing of an illegal act provided for by the Criminal Code or costs for treatment of the physical injuries suffered by self-injury; Costs for treatment of injuries suffered as a result of participation in a civil war, any kind of military operations, anti-state appearances, armed conflicts, acts of terrorism; Costs for treatment of injuries suffered from the exposure to radiation; Costs for insurance events related to the speleological research, as well as participation in destroying the high explosives; Costs for treatment of aggravation of health condition as a result of epidemics, pandemics, environmental pollution or natural disasters;

✓ Costs for treatment of drug addiction, alcoholism and toxic mania; Also costs for such cases, which resulted directly or indirectly by being under the influence of narcotics or/and toxic substances; Also costs related to medical services caused by accident, which happened during driving car under the influence of alcoholic, narcotic and/or toxic substances;

✓ Events related to the participation of the Health Insured in any kind of professional sports or in sports as sportsmen (sports competition, training, demonstration show etc.) Herewith, will be reimbursed urgent hospital and urgent out-patient treatment, scheduled surgical treatment including any surgical intervention caused by cases indicated in this article and/or their complications;

✓ Costs for examination and treatment of congenital and genetic diseases, defects, pathologies and their complications; Herewith, will be reimbursed urgent hospital and urgent out-patient treatment, scheduled surgical treatment including any surgical intervention caused by cases indicated in this article and/or their complications;

✓ Costs for exoprosthesis (including dental health service) and orthopedic endoprosthesis (except traumas); transplantation (including transplants), also costs for defibrillator and implanted artificial pacemaker equipped with apparatus for heart resynchronization therapy; Costs for therapeutic and surgical dental care which is needed for preparation by means of orthodontical and orthopedical treatment; (except those defined in card); as well as general anesthesia or laughing gas anesthesia during dental services;

✓ Costs for ablation (interventional cardiology):

✓ Costs for additional and exclusive services during hospitalization (for example: nonstandard room, hired doctor and etc.)

✓ Costs for services carried out without medical evidence;

✓ Costs related to examination of materials to be tested abroad (including costs for sending such materials abroad), no matter whether sending of the materials is organized by the Health Insured or by the medical Institution operating within the territory of Georgia (this restriction does not extend to Insurer's provider clinics).

✓ Costs for treatment of diseases not disclosed by the Health Insured in the individual insurance application (if such application was filled in by Health Insured).

✓ Cost of Medical Services provided in the period of imprisonment;

✓ diagnostics, chemo and radio therapeutic treatment, hormone therapy of benign as well as malignant tumors, also costs for examinations and medications related to these procedures;

✓ Costs for pregnancy and delivery;

**Comment:** These Essential Conditions represent standard conditions of the Health Insurance Agreement.



## Information Leaflet for Health Insurance Product “General”

### 1. Information about the insurance company and type of the agreement:

- ✓ JSC Insurance Company Imedi L (Identification Number: 204919008);
- ✓ Legal Address: Tbilisi, Vake-Saburtalo District, # 9 Anna Politkovskaya str.;
- ✓ Information leaflet for the agreement on Health Insurance Product “General”;
- ✓ Health of a consumer/insured represents the benefit insured under the health insurance, which, in the case of occurrence of the insurance event generates the obligation of payment/reimbursement of the insurance indemnity in compliance with the conditions of the agreement.

### 2. Information on the expenses and amounts envisaged under the Health Insurance Agreement:

Except the obligation of payment of the Insurance Premium under the Health Insurance Agreement, the following financial expenses can be emerged for a consumer under the Health Insurance Agreement:

- ✓ if a consumer tries to falsify the conditions of the Health Insurance Agreement, in the case of revealing each such case, the Insurer shall have the right to request payment of a fine in the amount of GEL 5,000.00 (five thousand), terminate the Agreement unilaterally and demand damage reimbursement;
- ✓ in the case of revealing of a fact of falsification of the documents needed for confirmation of occurrence of the Insurance Event and/or obtaining the Indemnification, submission of false information, the Insurance Event shall not be subject to reimbursement and, also, the Insurer shall have the right to demand GEL 1,000.00 (one thousand) as a fine, damage reimbursement and, at the same time, terminate the insurance unilaterally, but if the indemnification is already paid, it can demand GEL 2,000.00 (two thousand) as a fine, damage reimbursement and terminate the insurance unilaterally;
- ✓ if it is proved that a consumer has insured/assisted in insuring of individuals, which, in compliance with the Insurance Agreement, are not considered as eligible, the Insurer shall have the right to demand payment of GEL 3,000.00 (three thousand), as a penalty sanction, per each such case; besides the Insurance Agreement related to such individual(s) shall not be subject to indemnification by the Insurer, but if the indemnification is already paid, the consumer shall have to return it to the Insurer unconditionally. In such case the Insurer shall have the right to terminate his/her insurance unilaterally or fully terminate the Insurance Agreement unilaterally;
- ✓ in the case of termination by a consumer on grounds of unreasonable excuse prior to expiration of the Insurance Period, the insurance premium for the remaining insurance period is not subject to refund to the customer .



**3. Information on the preconditions of payment of franchise and Insurance Event under the Health Insurance Agreement:**

Franchise is not envisaged for the product set forth under the Health Insurance Agreement.

- Only the service provided at a medical institution/clinic having a license/permit shall be subject to reimbursement;
- In the cases of occurrence of the Insurance Event the following shall be the precondition for Insurance Indemnification: the Event shall be the occurrence/risk regulated by the Agreement and the information/documentation related to the Insurance Event and set forth under the Agreement shall be submitted by the consumer to the Insurer in full and the term and form agreed/determined under the same Agreement.

If the consumer does not ensure submission of each document related to the Insurance Event and set forth under the Agreement to the Insurer in due time and form, the Insurer shall be released from the obligation of payment of the Insurance Indemnity.

- The service under the Health Insurance Agreement can be obtained as in the Insurer's provider licensed medical institution so in non-provider medical institution/clinic. Besides, the Agreement can determine possibility of obtaining particular service only in the Insurer's provider medical institution/clinic. In such case the cost of the service obtained by a consumer in non-provider medical institution/clinic shall not be subject to reimbursement by the Insurer;
- In regard to particular services diagnosed prior to insuring/Insurance Events (the cost of oncological (malignant tumour) disease, planned cardiac surgical and planned interventional cardiologic treatment, cost of pregnancy/child birth) the Waiting Period can be envisaged under the Health Insurance Agreement, during which the expenses incurred by a consumer for the mentioned problems shall not be subject to indemnification by the Insurer. Existence of the Waiting Period in each concrete case depends on the number of employees of the Policy Holder/Employer insured in the framework of the Agreement;
- The medical service provided to a consumer outside the Insurance Period shall not be subject to reimbursement by the Insurer whether the Insurance Event/provision of the medical service by the end of the Insurance Period is completed or not; besides, the medical service/Insurance Event shall not be subject to indemnification if by the date of commencement of the service acquisition by the consumer the Insurance Period envisaged under the Agreement is completed/expired;
- The part of the expenses incurred by a consumer as a result of the Insurance Event, which has been set off in the amount corresponding to the Premium not paid by him/her, shall not be subject to indemnification.
- In cases when in regard to specific Health Insured person medical service is provided for/covered by any federal/ referral/Health program(s) (which means aforementioned Health Insured fulfills the

criteria defined for the beneficiaries of such programs), the Insurer undertakes to cover/reimburse the Health Insured's Share of the costs (if such is considered) defined per such program for specific medical service. Also, if the Health Insured enjoys medical services at a medical institution where corresponding state programs are not operating, the Insurer takes responsibility to cover fully the costs for medical services enjoyed by the Health Insured in accordance with the terms of the insurance Agreement.

To obtain detailed information in compliance with each insurance product/Insurance Coverage under the Health Insurance Agreement (instructions and procedure for service acquisition, form and terms of payment) refer to relevant clauses/paragraphs of Annex No. 2 of the Agreement.

2.1 24-hour call-center service

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2.7 Reimbursement of costs for Medications

2.8 dental service

2.9 Deadline for request for indemnity

2.10 Form and deadline for indemnity acquisition

2.11 Waiting period

Annex No. 2 involves the instructions and procedures for the services obtained as planned/unplanned, at providers/non-providers, based on a letter of guarantee/without a letter of guarantee and indicated in each above mentioned paragraphs

4. The list of exemptions specified in the Agreement, not covered or compensated under the Agreement:

✓ Costs for examination and treatment of sexual disorders, impotence, sterility, infertility, contraception and contraceptives, abortion without medical evidence, costs related to menopausal problems; costs of examination and treatment of reproductive problems; costs for diagnostics of fetal fluid and genetic examination of fetus;

✓ Costs for examination and treatment of Mental and behavioral disorders (including: Organic disorders, including symptomatic ones; Mental and behavioral disorders due to psychoactive substance use;

Schizophrenia; schizotypal disorders;; Neurotic, stress-related and somatoform disorders; Moos ( affective disorders) Behavioral syndromes associated with physiological disturbances and physical factors; Disorders of adult personality and behavior (psychopathy); Mental retardation; Disorders of psychological development; Behavioral and emotional disorders with onset usually occurring in childhood and adolescence);

✓ Costs for laser correction of refractive errors, intraocular lens implantation, purchase of (eye)glasses, contact lenses and hearing aids;

✓ Costs for examination and treatment of pancreatic diabetes or diabetes insipidus, renal and/or liver chronic failure, systemic diseases (including: polyarteritis nodosa, necrotizing vasculopathies, lupus erythematosus, dermatopolymyositis, systemic sclerosis, other systemic involvement of connective tissue) examination and treatment of their complications; Herewith, will be reimbursed urgent hospital and urgent out-patient treatment, scheduled surgical treatment including any surgical intervention and primary diagnostics caused by diagnoses and/or their complications indicated in this article;

✓ Examination and treatment of B, C hepatitis, HIV, AIDS and their complications. (Primary diagnostics is subject to reimbursement).

✓ Costs for examination and treatment of gonorrhoea, syphilis, chancroid, venereal granuloma – donovanosis, chlamydial infections, genital herpes, genital papillomavirus, Cytomegalovirus, trichomoniasis, candidal vulvovaginitis, candidal balanoprophitis. (primary diagnostics is subject to reimbursement);

✓ Costs for treatment by means of alternative (traditional and/or nontraditional) medicine, acupuncture, plasmapheresis, ozonotherapy, homeopathy, mesotherapy, speech therapist (logopedist); physician-homeopath; medical exercises and medical massage; rehabilitation and sanatorium-and-spa treatment; Platelet Rich Plasma Therapy – PRP injection, PET scan, monoclonal antibody treatment/therapy, medical services done for cosmetic purposes. Costs related to weight correction; Bariatric surgery;

✓ Costs for treatment abroad, which is expanded beyond the boundaries of the established policy territory; Costs for consultation and treatment at the medical institutions which do not comply with the requirements of the existing legislation of Georgia and/or do not have appropriate license; costs for self-treatment and their complications (autotherapy); as well as bioactive additives, immunisation, vaccinations (except of antitetanus, antirabies, antibotulinum and anti-viper and those defined in card), Medicines not registered by the competent authority specified under the existing legislation of Georgia;, homeopathic remedies; immunomodulators, immunostimulators and immunosuppressants; as well as the cost of any non-medicinal agents (bandage, surgical corset, supinators, items of medical purpose, any supportive aids required during dental care etc.), hygienic and makeup preparation (including any kind of tooth-paste, mouth rinse, shampoo, soap);

✓ Costs for treatment of the physical injuries suffered during committing of an illegal act provided for by the Criminal Code or costs for treatment of the physical injuries suffered by self-injury; Costs for treatment of injuries suffered as a result of participation in a civil war, any kind of military operations, anti-state appearances, armed conflicts, acts of terrorism; Costs for treatment of injuries suffered from the

exposure to radiation; Costs for insurance events related to the speleological research, as well as participation in destroying the high explosives; Costs for treatment of aggravation of health condition as a result of epidemics, pandemics, environmental pollution or natural disasters;

✓ Costs for treatment of drug addiction, alcoholism and toxic mania; Also costs for such cases, which resulted directly or indirectly by being under the influence of narcotics or/and toxic substances; Also costs related to medical services caused by accident, which happened during driving car under the influence of alcoholic, narcotic and/or toxic substances;

✓ Events related to the participation of the Health Insured in any kind of professional sports or in sports as sportsmen (sports competition, training, demonstration show etc.) Herewith, will be reimbursed urgent hospital and urgent out-patient treatment, scheduled surgical treatment including any surgical intervention caused by cases indicated in this article and/or their complications;

✓ Costs for examination and treatment of congenital and genetic diseases, defects, pathologies and their complications; Herewith, will be reimbursed urgent hospital and urgent out-patient treatment, scheduled surgical treatment including any surgical intervention caused by cases indicated in this article and/or their complications;

✓ Costs for exoprosthesis (including dental health service) and orthopedic endoprosthesis (except traumas); transplantation (including transplants), also costs for defibrillator and implanted artificial pacemaker equipped with apparatus for heart resynchronization therapy; Costs for therapeutic and surgical dental care which is needed for preparation by means of orthodontical and orthopedical treatment; (except those defined in card); as well as general anesthesia or laughing gas anesthesia during dental services;

✓ Costs for ablation (interventional cardiology):

✓ Costs for additional and exclusive services during hospitalization (for example: nonstandard room, hired doctor and etc.)

✓ Costs for services carried out without medical evidence;

✓ Costs related to examination of materials to be tested abroad (including costs for sending such materials abroad), no matter whether sending of the materials is organized by the Health Insured or by the medical Institution operating within the territory of Georgia (this restriction does not extend to Insurer's provider clinics).

✓ Costs for treatment of diseases not disclosed by the Health Insured in the individual insurance application (if such application was filled in by Health Insured).

✓ Cost of Medical Services provided in the period of imprisonment;

✓ diagnostics, chemo and radio therapeutic treatment, hormone therapy of benign as well as malignant tumors, also costs for examinations and medications related to these procedures;

✓ Costs for pregnancy and delivery;

**Note:** The transfer of the information leaflet to any user and / or disclosure to the parties does not generate rights and obligations or responsibilities defined by the Accident Insurance Agreement. Furthermore it does not contain full and comprehensive information about the Accident Insurance Agreement.

In case of customer request, this information leaflet may be issued in electronic format (within 3 working days from the date of request), or as a hard copy.

# Health Insurance Agreement

## „General”

### 1. Definition of Term:

**Insurance Agreement** - the terms and conditions stipulated by this **Health Insurance Agreement** and its annexes in aggregate, which make up single health insurance agreement and is executed between the **Insurer** and the **Insured**.

### 2. Subject of the Agreement:

- 2.1 This **Insurance Agreement** and its annexes regulate relationships arising between the **Insurer**, the **Insured** and the **Health insured Persons** in accordance with terms and conditions defined by the **Insurance Agreement** and its annexes;
- 2.2 Under the terms and conditions defined by this **Insurance Agreement** and its annexes, the **Insurer** shall, in exchange for the corresponding **Insurance Premium**, upon the occurrence of the **Insurance Event**, to ensure the payment of **Insurance Indemnity** stipulated by the **Insurance Agreement** to the **Health Insured Person(s)**.

### 3. Validity of the Insurance Agreement:

Term of the **Insurance Agreement** (common insurance period) - starts at 00:00 on the date indicated in the beginning column of the insurance period in the policy and ends at 24:00 on the date indicated in the column at the end of the insurance period in the insurance policy.

### 4. Special Condition of the Insurance Agreement:

By signing the insurance policy print form, the Insured /Health insured person declares that he/she is aware of all the annexes to the insurance agreement and fully agrees to its terms.

Annex No. 1 – Standard Terms and Conditions of the Insurance Agreement;

Annex No. 2 – Terms and Conditions of Insurance Coverage, Service Provision, Indemnity Payment;

Annex No. 3 – Consent on personal data processing;

Annex No. 4 – Form of a claim;

Annex No. 5 – List of the Insurer’s Contractor/Provider Institutions;

Annex No. 6 – Personal Accident (Conditions of Insurance Coverage, Service Provision and Reimbursement);

The Standard Conditions of this Health Insurance Agreement is an analogue of the constituted conditions in accordance with the Act of Statement, (which, along with the relevant act, will be available on the website: <https://credobank.ge>) . Furthermore, any change in the standard conditions is permissible only through the constituted fact of change, and accordingly, all the other conditions other than these conditions, that have not been amended under the established rule, do not create any rights or obligations and liability for the parties.

Change of standard conditions with new conditions will be implemented through the constituted fact of change and the relevant act together with the modified conditions will be uploaded on the specified web-page, all the acts will be available on the webpage (indicating the relevant date), through which the amendments in the Health Insurance Agreement have been applied . As to the standard conditions (conditions without the act of Statement, which are the analogue of the conditions constituted all the time), they will be updated on the web-page every now and then. At the same time, the standard condition of each agreement applies till the date provided in the new act of Statement and etc. before every new standard condition is constituted.



**Standard Terms and Conditions of Insurance Agreement**

**1. Definition of Terms:**

Unless otherwise stipulated by health **Insurance Agreement** or admitted otherwise by its context, the terms provided below will have the following meanings in the **Insurance Agreement** and/or other agreement(s) associated thereto:

- 1.1 **The Insured (Insured person)** - the person, who executes **Insurance Agreement** with the **Insurer**;
- 1.2 **Insurer** - JSC „Insurance Company Imedi L“ (ID number: 204919008);
- 1.3 **Insurance agent** - JSC "Credo Bank", acting on the instructions and in the name of the insurer within the scope of authority granted to him by the insurer;
- 1.4 **Health Insured Person** – a person under 60 years of age, for whose benefit the insurance stipulated by the **Insurance Agreement** is carried out;
- 1.5 **Beneficiary** – a person, authorized by the **Insurance Agreement** and/or **Legislation** to receive insurance indemnity;
- 1.6 **Terms and Conditions of Insurance** - the terms and conditions stipulated by the **Insurance Agreement** which define the **Insurance Coverage** conditions and respective procedures for their exercising;
- 1.7 **Insurance Risk** - the event, which is likely to occur accidentally and for the likelihood of which the insurance is conducted.
- 1.8 **Insurance Coverage** – medical service/**Insurance Risk** which is liable to **Insurance Indemnity** under the terms and conditions of **Insurance Agreement**;
- 1.9 **Insurance Indemnity** – the amount payable by the **Insurer** to the **Insured /Health Insured Person** upon occurrence of **Insurance Event** under the terms and conditions of **Insurance Agreement**;
- 1.10 **Co-payment** - percentage stipulated by the **Insurance Agreement** which is payable by the **Health Insured Person**;
- 1.11 **Insurance Application** - medical questionnaire to be filled out by a person to be insured/authorized person to establish advisability of entering into the **Insurance Agreement**, on the basis of which the **Insurer** makes assessment of the **Insurance Risk**;
- 1.12 **Identification/insurance plastic Card** - the **Card** held by the **Health Insured Person** on the basis of **Insurance Agreement**, which reflects **Insurance Coverage** conducted for his/her benefit under the **Insurance Agreement**;
- 1.13 **Policy printing form** - a document certifying the fact of concluding a health insurance contract.
- 1.14 **Individual Card** - the **Card**, in exchange for the payment of cost (**Insurance Premium**) of which the **Insurer** insures only one person.
- 1.15 **Insurable Persons** – a person under 60 years of age.
- 1.16 **Age Limit** – age limit, stipulated by the **Insurance Agreement**, which defines the **Health Insured Person's** possible minimum and/or maximum age by the date of **Individual Insurance Period's** coming into force, so that the person is deemed as **Insurable** for the purposes of the **Insurance Agreement**;
- 1.17 **Insurance Event** – the occurrence of **Insurance Risk** stipulated by **Insurance Coverage** (the necessity of receiving medical service and/or the receipt of the same by the **Health Insured Person**), out of which arises the **Insurer's** obligation to pay the **Insurance Indemnity** in accordance with the terms and conditions of the **Insurance Agreement**;
- 1.18 **Medical Institution** – the institution operating on the territory of Georgia, which is authorized to carry out medical activity in accordance with Georgian **Legislation**. Further, for the purposes of insurance coverage of medical treatment abroad – the **Medical Institution** operating abroad, which is authorized to carry out corresponding medical activity under the respective country's legislation;
- 1.19 **Hired Doctor** – Subject of independent medical practice/Doctor, whose cost of service for in-patient medical institution rendered/to be rendered to the **health insured** at the corresponding **medical institution** is higher than the minimum effective tariff/cost for the analogous/same in-patient medical treatment at the same **medical institution**;



- 1.20 Non-Standard Hospital Ward** – a ward in a medical institution, the cost of accommodation in which exceeds the minimal tariff/price of a single-bed ward earmarked for the analogous/same medical service in the same **medical institution**;
- 1.21 Guide Sheet** – a document reflecting the general terms and conditions of the insurance contract, which is also available on the website (<https://credobank.ge>).
- 1.22 Essential Conditions of the Agreement** – a document attached to the **Insurance Agreement** and involving essential conditions, exceptions of the **Insurance Agreement**, the address of the Insurer’s supervising body and other conditions under the **Legislation**;
- 1.23 Claim** – the **Claim** submitted by a party in the form of the annex corresponding to the insurance agreement to the **Insurer**, containing full detailed information on dissatisfaction/claim expressed in the limits of the **Insurance Agreement**;
- 1.24 Individual Insurance Period** – period of time, during which the **Insurance Coverage** stipulated by the **Insurance Agreement** is valid for the specific **Health Insured Person**;
- 1.25 Indemnity Limit (Limit)** – the amount stipulated by the **Insurance Agreement**, which makes up maximum amount of total **Insurance Indemnity** payable by the **Insurer** for the specific **Insurance Coverage** during the **Individual Insurance Period**;
- 1.26 Territorial Limit (Insurance Coverage Area)** – for the purpose of health insurance coverage – the territory of Georgia (except for the occupied territories of Georgia); in case of covering **Personal Accident**,– the whole world;
- 1.27 Insurance Contribution (Premium)** – the amount payable by the **Insured**, size and payment procedure of which is defined by the **Insurance Agreement** and which represents the insurance service price/cost;
- 1.28 Provider** – specific **Medical Institution**, including dental clinic and/or doctor (subspecialist or personal doctor), who on the basis of the agreement signed with the **insurer** provide for the **Health Insured Person**, upon the occurrence of **Insurance Event**, the medical service stipulated by the **Insurance Agreement**, in accordance with **Medical evidence**;
- 1.29 Specific Provider – Medical Institution**, which provides only specific medical service;
- 1.30 Contractor** - agency/company, which, in accordance with the terms and conditions defined by the agreement concluded with the **Insurer** provides application of discount(s) regarding the **Health Insured Person**;
- 1.31 Individually Earned Premium** - for the specific date within the **General Insurance Period** the premium earned by specific **Health Insured Person** is:
- a) in case if the **Individual Insurance Period** is ended by the specific date – the aggregate premium corresponding to his/her **Individual Insurance Period**;
  - b) in case if the **Individual Insurance Period** is not ended by the specific date – part of the aggregate premium corresponding to his/her **Individual Insurance Period** for the days starting from the beginning of the period to the above-mentioned specific date as related to the total duration of the **Individual Insurance Period**;
- 1.32 Individually Unearned Premium** – the premium earned by the specific **Health Insured Person** by the specific date within the **General Insurance Period** making up the difference between his/her aggregate premium corresponding to the **Individual Insurance Period** and the **Individually Earned Premium**;
- 1.33 Total Earned Premium** – the earned premium corresponding to the insurance agreement by the specific date within the **General Insurance Period** making up sum of **Individually Earned Premiums**;
- 1.34 Total unearned premium** – the unearned premium corresponding to the insurance agreement by the specific date within the **General Insurance Period** making up sum of **Individually Unearned Premiums**;
- 1.35 Waiting Period** – the period calculated from the start date of the **Individual Insurance Period** during which the **Health Insured Person** is not reimbursed for the insurance event occurring in that period;
- 1.36 Identity document** – document necessary for identification of the insured, in particular:
- a) **In case of Georgian citizen:** Identity card and/or passport of Georgian citizen;
  - b) **In case of individual with foreign citizenship:** International passport of foreign citizen or Residence Permit issued in Georgia;
  - c) **In case of stateless individual:** International passport or Residence Permit/Temporary identity document issued in Georgia;
  - d) **In case of minor Georgian citizen under 14 years of age:** Certificate of birth and Identity document of one of the parents;
  - e) **In case of minor foreign citizen under 14 years of age:** Certificate of birth and passport and passport of one of the parents;

f) **In case of minor Georgian citizen above 14 years of age:** Identity card or passport of Georgian citizen and Identity document of one of the parents;

g) **In case of minor foreign citizen above 14 years of age:** Certificate of birth and passport and passport of one of the parents.

**1.37 Legislation** – effective laws and by-laws of Georgia and international agreements and covenants included in the regulatory regime of Georgia;

**1.38 Prescription/the Letter of Guarantee** – a prescription given by **Insurer** and/or personal doctor that must be confirmed by the signature of the person authorized by **Insurer** and/or personal doctor, and also with the stamp of the **Insurer** and/or **Medical Institution** which entitles the **Health Insured Person** to receive specific medical service indicated in such document and stipulated by **Insurance Agreement** before the end of **Individual Insurance Period**;

**1.39 Medical Condition** – state of health, which, based on the medical practice accepted in Georgia and/or the world, relevant guidelines and protocols and according to a treatment order made by a doctor (subject of an independent practice of medicine) having the right to work in a particular/relevant medical sphere/sub-sphere (profile), needs medical intervention (treatment or investigation) and is confirmed by the submitted documentation (for instance, out-patient's card, stationary card and/or form No. 100, etc.) and, at the same time, all medical documentation are coinciding with each other and diagnosis;

**1.40 Hospital Service** – inpatient service duration of which, by the medical evidence, exceeds 24 (twenty four) hours;

**1.41 Outpatient Service**– medical service which by the medical evidence does not require to stay at the Medical Institution for more than 24 (twenty four) hours;

**1.42 Day Hospital** - inpatient care for the disease(s) indicated in Annex 2 (and/or annex #2.1 and #2.2 if such annexes are foreseen by the **insurance agreement**) of the **Insurance Agreement**, no matter whether duration of stay in hospital exceeds 24 (twenty four) hours or not.

**1.43 Aggregate Limit** – the sum indicated in the **Card**, which is the maximum of total **Insurance Indemnity** to be paid by the **Insurer** in favor of **Health Insured Person** during the **Insurance Period** for all or particular insurance coverage specified in the card.

**1.44 Bilateral Individual Agreement** –the **insurance agreement**, executed between the **insurer** on the one hand and an individual (the **insured**) on the other hand, in accordance with which the **Insured** pays in full the **Insurance Premium** in favor of the **Health Insured Person(s)**;

**1.45 Insurer's Electronic policy-** Insurer's Electronic policy- <https://www.imedil.ge/Auth/ElectronicPolicy> , which, in case of due registration of the Insured individuals pursuant to the corresponding rules, gives the opportunity to be provided with the service(s) determined under the Electronic policy.

## 2. Rights and Responsibilities of the Parties

### 2.1 The Insurer is responsible for:

2.1.1 providing the insurance in accordance with the terms and conditions stipulated by the **Insurance Agreement**;

2.1.2 Hand over a plastic card to the **Health Insured Person** through the insurance agent, for the insured, upon concluding the insurance contract;

2.1.3 paying out the insurance indemnity in full and timely according to the terms and conditions specified under the **Insurance Agreement**;

2.1.4 If the **Party to the Insurance Agreement** submits the **Claim** to the **Insurer**, the **Insurer**, within 30 (thirty) calendar days, shall respond in writing on the circumstances indicated in the Claim. Only the **Claim** accepted in compliance with the rules under the **Insurance Agreement** shall be subject to revision by the **Insurer** (According to Appendix # 4).

### 2.2 The Insurer is authorized:

2.2.1 to request from the **Insured/ Health Insured Person** proper fulfillment of the obligations stipulated by the **Insurance Agreement**;

2.2.2 to request from the **Insured** the payment of the **Insurance Contribution (Premium) once or monthly**;

2.2.3 to request from the **Insured/ Health Insured Person** to submit information necessary for the conclusion of the **Insurance Agreement** in the established standard form, including by way of filling out the **Insurance Application**;

2.2.4 not to reimburse the medical expenses, not stipulated by the **Insurance Agreement**;

2.2.5 not to pay insurance indemnity in case if **Insured/Health Insured Person** fail to fulfill or improperly fulfill the obligations assumed under the **Insurance Agreement**;

2.2.6 not to pay insurance indemnity in case if medical service is rendered after the end of the **Individual Insurance Period**, no matter whether or not **Insurance Event**/medical service receipt is terminated by the end of the **Individual Insurance Period**;

2.2.7 Refuse to finance/to pay **Insurance Compensation/Insurance event** if by the date of beginning to provide/render the service, **Insurance Period** stipulated by the **Insurance Agreement** shall be expired. Also not to issue the **Prescription/the Letter of Guarantee**, exceeding the **insurance period**;

2.2.8 To conduct the examination of the **Health Insured Person** with the help of its authorized medical expert and to familiarize itself with his/her medical history (or if necessary to call on the same). Besides, the representative of the **Insurer** shall be authorized to check

- the extent of the medical services provided to the **Health Insured Person** at the medical institution and the expenses incurred;
- 2.2.9** to change/remove **Provider** from the **Provider list**/or add the **Provider** any time, updated information can be obtained through the Insurer Call Center;
- 2.2.10** in case of revealing falsification or attempt of falsification of the conditions stipulated by **Insurance Agreement** on the part of the **Insured** to demand from the **Insured** as penalty per each such occurrence the payment of GEL 5,000.00 (five thousand). Furthermore, the Insurer is authorized to unilaterally terminate the Insurance Agreement and claim the damages in case of occurrence of such event(s).
- 2.2.11** not to pay insurance indemnity in case of revealing falsification of the fact of occurrence of the **Insurance Event** by the **Health Insured Person** (or through the participation of the **Health Insured Person**) and/or falsification of document(s) necessary for the receipt of the indemnity as well as in case of establishing the fact of submitting false information. Furthermore the **Insurer** is authorized, to demand from the **Health Insured Person** as penalty per each such occurrence the payment of GEL 1,000.00 (one thousand) and simultaneously to terminate unilaterally the insurance and if the indemnity had already been paid, to demand as fine the payment of GEL 2,000.00 (two thousand). The demand for payment of fine does not deprive the **Insurer** of right to claim damages;
- 2.2.12** if it is ascertained that the **Insured** had in any manner implemented/assisted in implementation of the insurance of the person(s) which according to the terms of **Insurance Agreement** are not considered to be **Insurable Persons** (are not in labor/service/business relations with the **Insured** or are not the corresponding **Family Members**), the **Insurer** is authorized to demand the payment of GEL 3,000.00 (three thousand). Furthermore, the **Insurance Event** related to such persons shall not be reimbursable by the **Insurer** and if the reimbursement had already been paid out, the **Insured** shall be obliged to return it unconditionally to the **Insurer**. Furthermore, the **Insurer** is authorized to unilaterally terminate the insurance of the **Health Insured Person** ;
- 2.2.13** In order to ensure timely and effective provision of **medical services** to the **health insured persons** at **medical institutions**, to transfer the information related to **health insured persons** (including personal informations) to the **medical institutions**. The **insured** confirms that respective written consent letters has already been signed by the **health insured persons** and in case of demand from the side of **insurer**, respective documents shall be presented immediately;
- 2.2.14** Upon covering medical costs of the **Health Insured Person**, the **Insurer** shall reserve the right to demand the corresponding compensation from the persons who are responsible for inflicting health damage to the **Health Insured Person**.

### **2.3 The Insured shall:**

- 2.3.1** ensure the payment of **Insurance Contribution (Premium)** in accordance with the terms and conditions defined by the **Insurance Agreement, once or monthly, by ordering the insurance agent** so that the insurance agent can transfer the insurance premium (contribution) to the insurer;
- 2.3.2** ensure the provision to the **Insurer** of reliable information necessary for entering into **Insurance Agreement**, in the form defined by the **Insurer**, including by way of filling out **Insurance Application** (if any);
- 2.3.3** ensure provision/handing over of the **Cards** and any information/documentation, including, the **Guiding Sheet** related to insurance products, a document reflecting the **Essential Conditions of the Insurance Agreement** earmarked for the **Insured(s)** and the claim document submitted in the framework of the **Insurance Agreement**;
- 2.3.4** familiarize the **Health Insured Person(s)** with the terms and conditions stipulated by **Insurance Agreement** and the obligations to be assumed by them under the **Insurance Agreement**;

### **2.4 The Insured is authorized:**

- 2.4.1** to request from the **Insurer**, upon the **Insurance Event** occurrence, the payment of **Insurance Indemnity** in accordance with the terms and conditions of **Insurance Agreement**;
- 2.4.2** in case of loss or destruction of the plastic insurance **Card**, **request the insurer to issue a duplicate of the lost plastic card, the costs of which will be borne by the insurer**;

### **2.5 The Health Insured Person is authorized:**

- 2.5.1** to receive insurance indemnity from the **Insurer** in accordance with the terms and conditions stipulated by the **Insurance Agreement**;
- 2.5.2** to request the **Insurer**, in the framework of this **Insurance Agreement**, to hand over any documentation/annex/information made in writing or e-form.

### **2.6 The Health Insured Person shall:**

- 2.6.1** receive medical service only at the **Medical Institution** holding corresponding license/permit;
- 2.6.2** submit to the **Insurer**, in the shape of Annex 2, the documents envisaged in relation to the Insurance Event in the Georgian language, the documents made in the language other than Georgian can be submitted to the Insurer only with its notarized Georgian translation;

## **3. Terms of payment of the Insurance Premium**

- 3.1 The amount of the insurance premium (contribution) and the procedure / schedule of its payment are determined according to the printed form of the insurance contract policy;
- 3.2 Prior to the timely payment of the insurance premium, the insurer is exempt from its obligations. If the insurance premium is not paid in full, the insurance policy may be canceled by the insurer in accordance with the rules established by law.
- 3.3 In case the **Insurance Premium (Contribution)** is in foreign currency, the payment will be made in national currency in accordance with the exchange rate of the National Bank of Georgia established for the day of payment;

#### 4. Termination of the Agreement

- 4.1 The term of commencement and termination of **Insurance Agreement (General Insurance Period)** is defined by the **Insurance Agreement**;
- 4.2 Basis for termination of the insurance stipulated by the **Insurance Agreement** can be provided by:
  - a) fulfillment in full of the obligations assumed by the **Insurer**, or reaching the ceiling of the corresponding **Indemnity Limit**, if the corresponding premium had been paid in full;
  - b) failure of another party to meet the assumed obligations;
  - c) written agreement of the parties;
  - d) other cases stipulated by the **Legislation** and/or **Insurance Agreement**;
- 4.3 In case if the **Insured** wishes to terminate the **Insurance Agreement** prematurely or if the premature termination of the **Insurance Agreement** by the **Insurer** is conditioned by the non-fulfillment/improper fulfillment and/or breach of the assumed obligations by the **Insured/Employer**, the issue of payment of the **Insurance Premium** to the **Insurer** is regulated as follows: if the Insured's desire to terminate the insurance relationship is caused by the reasonable excuses supported by confirming/justified evidence(s), the **Insured** will receive back the paid portion of the **General Unearned Premium**. Further for the avoidance of any doubts the **General Earned Premium (Contribution)** is payable by the **Insured** in any circumstance. In case of nonexistence of the above- mentioned reasonable excuses, or in case of termination of the **Insurance Agreement** on the **Insurer's** initiative, which is caused by the non-fulfillment/breach/improper fulfillment of the assumed obligations by the **Insured**, the insurance premium provided for the remaining insurance period is not refundable to the insurer.

#### 5. Representations and Warranties of the Parties

- 5.1 By signing the **Insurance Agreement**, the **Insured** represents and warrants that:
  - 5.1.1 The **Insurance Agreement** has been entered into by it as a result of reasonable judgment;
  - 5.1.2 It has obtained all necessary information and clarifications regarding terms and conditions of the **Insurance Agreement** from the **Insurer**;
  - 5.1.3 The Conditions of the Insurance Agreement are fully reflecting the agreements and conditions reached between the parties on the stage of revision and preparation of the agreement;
  - 5.1.4 It has provided the **Health Insured Persons** with comprehensive and complete information in relation to the **Guiding Sheet** and form for **Claims** uploaded to the **Insurer's** web-page. Also, information that inclusion in a private insurance scheme will result in the cancellation of the insured's state universal insurance policy;
  - 5.1.5 The **Insurance Agreement** does not contain any ambiguous or extraordinary obligations and/or provisions;
  - 5.1.6 It has full authority to enter into and enforce the **Insurance Agreement**;
  - 5.1.7 If the **Insurance Agreement** is being executed in favour of third parties (**Health Insured Persons**), it has obtained all necessary consents from such third party(ies): (a) regarding execution of the **Insurance Agreement** and implementation of insurance in favour of him/her/them and (b) regarding the fact that the **Insurer** will use the authority granted to it by paragraph 2.2.8 in full and without limitations, c) cancellation of the universal insurance policy;
  - 5.1.8 If the **Insurance Agreement** is being executed in favour of third parties (**Health Insured Persons**), it will precisely and fully explain and clarify to him/her/them all conditions stipulated by the **Insurance Agreement**, as well as all obligations and liability which can be imposed on him/her/them based on the above conditions;
  - 5.1.9 It has obtained the consent provided by the legislation of Georgia from the Health Insured Person for the implementation of the present insurance. However, at the request of the Insurer, the Insured is obliged to immediately submit the written consent of the **Health Insured Person**, otherwise the insurance company is entitled to refuse the insurance reimbursement. However, in case of non-submission of the said consent, all liability for the consequences will be borne by the insured.
  - 5.1.10 It acknowledges that only persons eligible for insurance can be insured under the **Insurance Agreement**.
  - 5.1.11 The following shall be subject to preliminary notification of the **party**: such changing of the condition of the **Insurance Agreement**, that is worsening the rights/obligations or conditions of the insured/ **Health Insured Person**, provided by the insurer's contract;
- 5.2 The **Insured** confirms that it acknowledges that the **Insurer** enters into the **Insurance Agreement** only on the basis of the above representations and warranties of the **Insured**.
- 5.3 By signing the **Insurance Agreement** the **Insured** confirms that in case of non-fulfillment or improper fulfillment of the obligations assumed by the **Health Insured Person(s)/Insured Person(s)** under the **Insurance Agreement**, responsibility of the **Insured** is solidary to

the responsibility of the **Health Insured Person(s)/Insured Person(s)**.

## 6. Disputes, Damages

6.1 Any disputes arising between the parties shall be resolved through negotiations and if the parties fail to reach agreement, dispute shall be resolved as follows:

6.1.1. If disputes arising according any non-fulfillment and/or improper fulfillment of obligation(s) by **Insured** under the **Insurance Agreement** (including obligation of payment **Insurance Premium** and penalty) shall be transferred to the permanent arbitration – Disputes Resolution Centre (DRC – ID: 204527348, legal address: 71 Vazha-Pshavela Ave., Tbilisi, IV block; web-page: [www.drc-arbitration.ge](http://www.drc-arbitration.ge)), Furthermore, if the cost of the subject-matter of a dispute does not exceed GEL 1,000,000.00 (one million) or its equivalent (at the exchange rate announced by the National Bank of Georgia by the date of submission of the arbitration action) in foreign currency, the dispute between the Parties shall be considered by the arbitration court, represented by 1 (one) arbitrator and the arbitrator shall be appointed by DRC court, the arbitration court shall consider the dispute by oral consideration/hearing;

6.1.2 If dispute arising according any non-fulfillment and/or improper fulfillment of obligation(s) by **Insurer** under the **Insurance Agreement**, the dispute between the Parties shall be considered by Tbilisi City court, in accordance with the Legislation. Furthermore, a decision made by the first instance court in favor of the **Insurer** shall be immediately executed based on the procedure established under the Civil Code of Procedure;

6.2 In case of any disputes/discrepancies in relation to fulfillment of this Agreement, to bring the issue to mutual agreement/consent, the Parties as well as the Insured and the Beneficiary shall have the right to appeal to a mediator of the Health Insurance Mediation Service of the non-entrepreneurial (non-commercial) legal entity Georgian Insurance Association at the phone number 255 51 55 or at the address: 24 Mosashvili str., Tbilisi, or email address: [mediacia@insurance.org.ge](mailto:mediacia@insurance.org.ge). Common expenses related to the mediation process of the Health Insurance Mediation Service of the non-entrepreneurial (non-commercial) legal entity Georgian Insurance Association shall be financed from the membership contributions of the Georgian Insurance Association.

## 7. Force Majeure

7.1 The parties shall be relieved of responsibility for the fulfillment of obligations assumed under the **Insurance Agreement**, if non-fulfillment and/or improper fulfillment of obligation(s) under the **Insurance Agreement** was caused by occurrence of *Force Majeure* circumstances (act of God, war, military exercises, diversion, as well as other events which, irrespective of the parties' will, hindered and/or made it impossible fulfillment of obligation assumed by the parties);

7.2 The **Insurance Agreement** shall be suspended until completion of *Force Majeure* circumstances;

7.3 If *Force Majeure* circumstances/their impact last for more than 3 (three) months, each party shall be authorized to demand termination of the **Insurance Agreement**;

7.4 If one of the party so requests, occurrence/completion of *Force Majeure* circumstances shall be confirmed by competent authority.

## 8. Offset of Mutual Claims

8.1 The **Insurer** is authorized to offset a mutual claim of any kind upon serving corresponding notification to the **Insured/Health Insured Person**;

8.2 If the **Insurer** and/or the **Insured** have more than one claim to each other, each of them can be used to offset mutual claims, while the necessity of the aforesaid claims' offset and order of priority is defined solely by the **Insurer** at its discretion

8.3 If the claims to be offset do not ensure mutual offset, part of the claim is offset which is less than another claim;

8.4 If expression in monetary terms of the claims to be offset is in different currencies, the **Insurer** is authorized to offset mutual claims at the official exchange rate established by the National Bank of Georgia for the date of offset or at the rate agreed with the **Insured/Health Insured Person** (if any).

## 9. Communication between the Parties

9.1 Any official relations between the parties shall be in writing. A written notice for the party may be delivered personally or sent by courier (including international courier) or post (including insured post). At the same time the **Insurer** is authorized to deliver notice to the **Insured/Health Insured Person** through fax, email, SMS or any other operative means established by the **Insurer**. The Parties agree that for the purpose to save time and taking into account the provisions outlined below, notice from the **Insurer** to the **Insured/Health Insured person**, related to any relations arisen in the frame of the **insurance agreement** may be delivered through fax, email, SMS or any other operative means established by the **Insurer**, provided that in case of request of the **Insured Person/Health Insured person**, the written notice will be delivered in the reasonable time as well. (To avoid any misunderstanding whatsoever in the future the parties confirm, recognize and agree that in case if the **Insured/Health Insured person** do not request in a reasonable term the submission of the notification in a written form as well, the notification sent in a non-written form may not be deemed as a

notification sent in violation of the due form);

9.2 A notice shall be deemed delivered on the delivery date if the recipient confirms such delivery (including through electronic document, receipt, etc.). If the receipt of a notice is not confirmed by the recipient, any such notice shall be deemed duly sent and received:

9.2.1 In case of sending written notice by courier or insured post – on the date on confirmation of delivery;

9.2.2 In case of sending by fax, email, SMS and/or through other electronic means – from the date of sending the respective notice to the recipient;

9.2.3 In case of sending notice through any other operative means established by the **Insurer** – on the following working day of the date of sending.

9.3 The **Insured** is authorized to request termination of the **Insurance Agreement** by writing an application to the insurance agent JSC "Credo Bank".

9.4 A notice shall be deemed received in case the sending party receives back a notice due to absence of the receiving party at the given address, the recipient refuses to accept the notice or avoids receiving a notice.

9.5 The Parties shall establish relations at the addresses outlined in the **Insurance Agreement** (or at any other address which one party will inform the other in writing). A party is obliged to notify the other Party in a timely manner on change of the address/addresses or any of the data, otherwise communications carried out at the address provided by the party (sending notices, etc.) shall be deemed duly performed.

## 10. Final Provisions

10.1 **Insurance Application** (if any) is an integral part of the **Insurance Agreement**;

10.2 The parties confirm that the contents of the **Insurance Agreement** explicitly expresses the will of the parties and that the expression of such will occurred as a result of reasonable judgment of the contents of the **Insurance Agreement** and not solely based on literary meaning.

10.3 Each and every right which is granted to the party as a result of breach by the other party of the **Insurance Agreement**, other contract(s)/agreement(s) associated thereto and/or full or partial breach of the **Legislation**, is collective and shall add to all other rights granted by the **Insurance Agreement** and/or **Legislation**.

10.4 No use by a party of the rights granted by one of the parties to the other with regard to full or partial breach of the **Insurance Agreement** and/or the **Legislation** shall not apply to any subsequent breach of the **Insurance Agreement** and/or **Legislation**.

10.5 Annulment of any of the article(s), paragraph(s) and/or sub-paragraph(s) of the **Insurance Agreement** shall not cause annulment of the whole **Insurance Agreement** and/or other agreement(s) associated thereto and/or their other article(s), paragraph(s) and/or sub-paragraph(s). Instead of annulled provision, new provision shall be used which will allow easier achievement of the goal envisaged by the **Insurance Agreement** and/or other agreement(s) associated thereto (including by annulled provision).

10.6 Words used in singular in the **Insurance Agreement** imply plural and vice versa.

10.7 Article(s), paragraph(s) and sub-paragraph(s) of the **Insurance Agreement** shall fully apply to Annex(es) of the **Insurance Agreement**. Furthermore, in case of controversy or inconsistency between the terms of the **Insurance Agreement** and Annex(es) of the **Insurance Agreement**, the terms of the **Insurance Agreement** (specific conditions) shall prevail with regard to the conditions stipulated by Annex(es) of the **Insurance Agreement**.

10.8 The parties agree that in case of controversy between the parties with regard to presence/absence of provisions of the **Policy printing form/Insurance Agreement** and/or other agreement(s) associated thereto, their contents, definitions and/or enforcement, the copy stored at the **Insurer** shall prevail. Furthermore, with regard to this provision, for the avoidance of any doubt and/or dispute, the **Insured** shall sign **Policy printing form**, however failure to do so by the **Insurer** does not make provision envisaged by this paragraph suspicious or arguable.

10.9 Articles, paragraphs and/or sub-paragraphs of the **Insurance Agreement** are numbered and titled for convenience and this fact has no significance for the purposes of interpretation of the **Insurance Agreement**.

10.10 Highlighted text in the **Insurance Agreement** and/or other agreement(s) associated thereto is given for setting off the terms, for convenience, and this fact has no significance for the purposes of interpretation of the **Insurance Agreement** and/or other agreement(s) associated thereto.

10.11 Conditions of the **Insurance Agreement** are confidential and any information/documentation regarding the **Insurance Agreement** (including the **Insured/Health Insured Person**) may be transferred to third party(ies) only based on the procedure established by the **Legislation**, as well as in cases envisaged by the parties in writing. Furthermore, the above limitation shall not refer to:

- a) information that will be disclosed for the purposes of conducting audit of the **Insurer** and/or rendering consulting services to the **Insurer**;
- b) information which is or becomes publicly available independent from the parties;
- c) information which will be disclosed upon written agreement of the parties;
- d) information, which is disclosed by any of the parties in compliance with the requirements of the legislation and/or relevant

regulations (including, in the case of the Insurer – in compliance with and observing the requests of the stock exchange where its beneficiary owner's shares are being traded). Notwithstanding the above, signing the insurance agreement the **Insured** is granting the Insurer with the unconditional right, without any additional consent, to develop a unified base of bad payers with all kinds of credit and related information on the **Insured** at hand, if the **Insured** violates its payment obligation under the insurance agreement;

**10.12** The **Insurance Agreement** and/or other agreement(s) associated thereto apply to and are mandatory to legal successors/assignees of the parties.

**10.13** The **Insured/Health Insured Person** shall not, without prior written consent of the **Insurer**, transfer to third party the obligations assumed or the rights granted to it under the **Insurance Agreement** (including **Annex (es)**). Refusal of the **Insurer** excludes the possibility of any above actions and/or transactions and, accordingly, any action and/or transaction exercised through breach of this rule is void and shall not bear legal consequences unless explicitly defined otherwise by the **Legislation**.

**10.14** In cases not envisaged by the **Insurance Agreement**, the parties shall adhere to the norms established by the **Legislation** regulating relevant relationships, and/or additionally agreed terms.

**10.15** If the **insurance agreement** is made in two or more languages and one of the languages is Georgian, Georgian version shall prevail when interpreting the **Insurance Agreement**. In the event the **insurance agreement** is made in Russian and English languages, the English version shall prevail;

*Annex No. 2 to the Health Insurance Agreement*

**Conditions of Insurance Coverage, Service Provision, Reimbursement Payment and Types of Cards**

*Product – “General”*

1. *Types of Card*

<i>Coverage considered under the Insurance Agreement</i>	<b>Type of Card - L I</b>	
	<b>Insurer's Share</b>	<b>Limit</b>
24-hour call-center service	100%	unlimited
Personal Doctor Service	100%	unlimited
Urgent Medical care provided by ambulance crew	100%	unlimited
<b>In-Patient Service</b>		
Urgent hospital service	100%	GEL 5000
Planned hospital service in provider clinics under the letter of guarantee (waiting period 12 months)	80%	GEL 4000
Day hospital in provider clinics under the letter of guarantee (waiting period 12 months)	50%	
Pregnancy under the personal doctor's prescription at David Tatishvili Health Center (28, Pekin av.)	50%	GEL 500
<b>Out-Patient Service</b>		
Urgent out-patient service	100%	Unlimited
Planned out-patient service under the personal doctor's prescription in provider clinics	50%	GEL 800
Planned out-patient service under the personal doctor's prescription in non-provider clinics	40%	
Reimbursement of costs for Medications under the referral/letter of guarantee at pharmacy networks of GPC and Pharmadepot	50%	GEL 800
Planned out-patient service without exception at specific provider clinic indicated by the Insurer	50%	unlimited
<b>Preventive Care</b>		
Laboratory-instrumental tests	100%	Once per individual insurance period
<b>Dental Service</b>		
Urgent dental service	100%	GEL 500
Orthopedic dental service and implantation at “New Dent”	60%	GEL 1500
Orthopedic dental service and implantation at Dentagram Ltd.	60%	GEL 1500
Orthopedic dental service and implantation at Dental Star Ltd	60%	GEL 1500
Planned dental service in provider clinics**	50%	unlimited
Odontovisiogram, orthopantomogram, dental computed tomogram at Dental House Ltd.	40%	GEL 500
Odontovisiogram, orthopantomogram, dental computed tomogram at International Dental Center “ISO” Ltd.	40%	GEL 500
Fixation of non-removable orthodontic apparatus (brace system) at Dentagram Ltd.	50%	unlimited
Fixation of non-removable orthodontic apparatus (brace system) at Dental Star Ltd	50%	unlimited
Orthopedic and orthodontic dental service in provider dental clinics	Discount 10-20%	
<b>Additional services</b>		
Personal accident (applies to each Insured Person)		
Death	GEL 5000	
<b>Monthly insurance premium per individual card</b>	<b>GEL 45.00</b>	



<i>Coverage considered under the Insurance Agreement</i>	<b>Type of Card - I II</b>	
	<b>Insurer's Share</b>	<b>Limit</b>
24-hour call-center service	100%	unlimited
Personal Doctor Service	100%	unlimited
Urgent Medical care provided by ambulance crew	100%	unlimited
<b>In-Patient Service</b>		
Urgent hospital service	100%	GEL 8000
Planned hospital service in provider clinics under the letter of guarantee (waiting period 12 months)	100%	GEL 8000
Day hospital in provider clinics under the letter of guarantee (waiting period 12 months)	60%	
Pregnancy under the personal doctor's prescription at David Tatishvili Health Center (28, Pekin av.)	50%	GEL 800
<b>Out-Patient Service</b>		
Urgent out-patient service	100%	Unlimited
Planned out-patient service under the personal doctor's prescription in provider clinics	60%	GEL 1500
Planned out-patient service under the personal doctor's prescription in non-provider clinics	50%	
Reimbursement of costs for Medications under the referral/letter of guarantee at pharmacy networks of GPC and Pharmadepot	55%	GEL 1500
Planned out-patient service without exception at specific provider clinic indicated by the Insurer	50%	unlimited
<b>Preventive Care</b>		
Laboratory-instrumental tests	100%	Once per individual insurance period
<b>Dental Service</b>		
Urgent dental service	100%	GEL 500
Planned dental service in provider clinics*	60%	GEL 1500
Orthopedic dental service and implantation at "New Dent"	60%	GEL 1500
Orthopedic dental service and implantation at Dentagram Ltd.	60%	GEL 1500
Orthopedic dental service and implantation at Dental Star Ltd	60%	GEL 1500
Planned dental service in provider clinics**	50%	unlimited
Odontovisiogram, orthopantomogram, dental computed tomogram at Dental House Ltd.	40%	GEL 500
Odontovisiogram, orthopantomogram, dental computed tomogram at International Dental Center "ISO" Ltd.	40%	GEL 500
Fixation of non-removable orthodontic apparatus (brace system) at Dentagram Ltd.	50%	unlimited
Fixation of non-removable orthodontic apparatus (brace system) at Dental Star Ltd	50%	unlimited
Orthopedic and orthodontic dental service in provider dental clinics	Discount 10-20%	
<b>Additional services</b>		
Personal accident (applies to each Insured Person)		
Death	GEL 7000	
<b>Monthly insurance premium per individual card</b>	<b>GEL 95.00</b>	

*\*in dental clinics indicated in point 2 of annex #5*

*\*\*in dental clinics indicated in point 1 of annex #5*

- 1.1 In case of endoprosthesis operations, also within the operations performed by using the medical devices for corrective purposes submit within planned hospital service is fixed (which, in order to avoid any doubt and/or misunderstanding, is a part of the limit of planned hospital service defined by the card) as: 1,000.00 (one thousand) GEL for the stent, 1,000.00 (one thousand) GEL for the artificial crystalline lens and 2,000.00 (two thousand) GEL for the prosthesis, implants and other supporting devices
- 1.2 *To avoid any doubt, a person is deemed to be Health Insured according to the types of insurance coverage/services given in the card intended/procured only for him/her;*
- 1.3 *The cost for treatment of the state/diseases under the corresponding limit/sub-limit shall be compensated only from the amount given in such limit/sub-limit (threshold amount to be reimbursed by the Insurer). If a single limit/sub-limit expires, application of the limit/sub-limit of some other service is impermissible.*

## 2. Definitions of terms related to Insurance Cover, Terms of Receiving Insurance Services and Insurance Reimbursement

- 2.1 **24 (twenty-four) hour Call Centre** – provides for 24-hour phone consultation rendered by the **Insurer**, providing the insurance related information and organization of medical service. To obtain any insurance related information and/or organize medical service the **Health Insured** can contact the **Insurer's** 24 (twenty-four)-hour Call Centre at phone number – **(995 32) 2-922-222**; failure to place a notification at the Call Centre shall not be the reason to refuse reimbursement, if all other terms of this Agreement are fulfilled.
- 2.2 **Personal Doctor Service** – provides for reimbursement of the cost of the **Personal Doctor Service**. **Personal Doctor Service** involves: consultation, if necessary – visit at the **Health Insured's** apartment, monitoring of the **Health Insured's** health condition and opening of a medical card, coordination and management of the **Insured Event**, in the presence of medical evidence issuing the prescription for the additional consultations and/or examinations to be carried out, , prescribing medical treatment and coordination of tactics of treatment with specialists of specific field, issuance of a Guarantee Letter, giving medical recommendations concerning the establishment of healthy lifestyle;
  - 2.2.1 **Personal Doctor Service** can be provided only in the **Medical Institutions** pointed out by the **Insurer**;
- 2.3 **Urgent Medical care provided by ambulance crew** – provides for compensation of the cost of the service rendered by any licensed ambulance crew on the territory of Georgia (according to territorial distribution, in the range of city/district), including transportation within the territory of Georgia;
  - 2.3.1 **Calling Ambulance crew – the Health Insured** (or his/her representative) shall contact **Insurer's** Call Centre. If the ambulance is needed, transportation of the **Health Insured** (in Tbilisi, also, from regions to the nearest **Medical Institution** of relevant profile) shall be organized by the **Insurer**, which also ensures compensation of the expenses incurred by the **Medical Institution**. In such case, the **Health Insured** shall submit his/her **Card** and **ID** and he/she shall not have to pay the cost of the service;
  - 2.3.2 If the **Health Insured** has to call the ambulance himself/herself, he/she shall pay full cost of the service and contacts the **Insurer** for compensation. To get the compensation it is necessary to submit, together with the **Insurance Card** and **ID**, the following to the **Insurer**:
    - 2.3.2.1 record of the ambulance brigade doctor on the health status;
    - 2.3.2.2 original of the document equal to the receipt defined by the Ministry of Finance and printed at a printing house.
- 2.4 **Preventive Care** – means compensation of the cost of preventive laboratory-instrumental tests:
  - 2.4.1 **Laboratory – Instrumental Tests involve: consultations with Personal Doctor**, blood test, urine test, ECG, glucose level in blood.
  - 2.4.2 Laboratory-Instrumental Tests shall be done only in the **Medical Institutions** pointed out by the **Insurer**;
- 2.5 **In-Patient Care** – means compensation of the cost of surgical and conservative **In-Patient Care** (in-patient/days, diagnostic instrumental and laboratory examinations, medications, parenteral and enteral nutrition). **Hospital Service** involves:
  - 2.5.1 **Urgent Hospital Service** – provides for reimbursement of costs for medical-diagnostic procedures during worsening of health condition, delay of which will cause death or abrupt deterioration of health condition of the patient.
  - 2.5.2 **Planned Hospital Care** – provides for reimbursement of costs for inpatient surgical and conservative treatment in the presence of corresponding medical evidence. From the limit of this service shall be reimbursed:
    - **Oncosurgery**
    - **Interventional Cardiology/Cardiosurgery**
    - **Day Hospital:** only includes following interventions/manipulations/surgery:

### Gynecology

Hysteroscopy (diagnosis, manipulation, operation)

Conization

Ablation

Diagnostic curettage (except miscarriage)

Excision and Drainage of Bartholine Gland

Vaginal cyst removal

Laparoscopic salphingectomy

Laparoscopic cystectomy

Mammology

Partial mastectomy (during benign conditions)

**Cardiovascular System:**

Stimulators

Cardioversion

**Otorinolaryngology**

Adenoidectomy

Tonsilectomy

Adenotonsilectomy

Nasal polyectomy

Conchoctomy

Septoplasty

Chronical sinusitis- endoscopic operation

Miringotomy

Haimorotomia

Septoplasty, cochlear desintegration

**Any ophthalmologic surgeries/manipulations**

**Gastroenterology**

Thrombosed Hemorroid excision/ligation

Pilonidal cyst excision (pilonidal cystectomy)

Draining of dermoidal cyst

Perianal damage, condiloma excision

Uncomplicated fissurectomy

Rectal polypectomy

Endoscopic papilotomy /sphincterotomy

Endoscopic varicose vein ligation (esophagus, stomach)

Endoscopic gastrostomy

Endoscopic polipectomy

Endoscopic removal of foreign body

**Genitourinary tract**

Troacal epicystomy

Circumcision

Frenum incision

Lithotripsy

Epididimectomy (in adults)

Transluminal cystolithotomy

**Oral and facial surgery**

Excision of cyst of highmore antrum

Excision of cyst below mandibular canal

Excision of benign neoplasm of soft tissue of face

Incision of subperiosteal abscess

Surgical treatment of periostitis

Endoscopic surgery for vocal cord tumor

Cystectomy

Treatment of dental alveolitis through curettage

**Mixed surgery**

Extraction of scars and neoplasms of soft tissues, cryotherapy, electrocoagulation, chemical destruction

Amputation of toe/finger

Drainage of cyst and abscesses of soft tissue

Striping or ligation of varicose vein of lower limb

Lymph node dissection

Treatment of Superficial injuries, primary care/repair/foreign body removal

Cryotherapy

Catheter ablation

Thoracentesis

Biliary drainage

Endoscopic electrocoagulation

Laparocentesis

Resection or examination of injured laryngeal area

Resection or examination of injured pharyngeal area

**Orthopedy, traumatology**

Hammer toe – resection of the head of the proximal phalanx

Stenosing ligamentitis - tendon release

Tenolysis of tendons

Myotomy/tenotomy/capsulotomy

Wrist or hand tenosinovectomy

Partial removal of wrist or hand tendon

Removal of Soft tissue tumors of fingers/toes

Removal of exostoses or osteophytes of hand, forearm, foot, shin bones, joints of hand and talocrural joint

Dismantling of implants under local, regional or short-acting general anesthesia.

Surgery of finger/toe phalanx (except for microsurgical reconstruction of amputated phalanx)

**Surgeries performed under the local, regional or short-acting general anesthesia**

Planned embolization of tumors and malformations

Endovascular embolization of testicular vein

Varicose veins ligation, crossectomy, mini-phlebectomy, stripping and phlebectomy

Partial removal of scrotum

Hemorrhoid ligation, lifting and fixation on muscular wall of rectum through HAL-RAR procedure

Anal sphincter dilation/divulsion and sphincterotomy

Removal of hygroma (ganglion)

(Herewith, complications of these interventions/manipulations/surgery (implies complications which occurred before discharge from hospital as well as those which occurred after discharge) considering whether medical service of these complications is conducted on an outpatient basis or in hospital, shall be reimbursed from limit defined for corresponding service according to co-payment share defined in card for this service. Herewith, any other surgical interventions which are not included in Day Hospital list, shall be reimbursed from limit defined for planned hospital service according to co-payment share defined in card for planned hospital service);

2.5.3 In the case of **Urgent Hospital Care** the **Health Insured** (or his/her representative), in accordance with their wish, within 24 (twenty four) hours shall contact 24-hour Call Centre. The notification shall involve the following information: name and surname of the **Health Insured**, **Card** number, name of **Medical Institution**, time of hospitalization. Upon submission of full documentation by the **Health Insured's** authorized representative the **Insurer** shall issue the **Guarantee Letter** within 1 (one) working day only for **Provider Medical Institutions**. On the basis of the above letter the **Health Insured** shall receive medical service at the corresponding hospital. In such case the **Health Insured** pays only his/her share from the **Co-Payment** (if such is considered under the corresponding **Card**) and is free from paying the remaining part of the cost of medical service.

2.5.4 To be provided with **Planned Hospital Care as well as day hospital care** the **Health Insured** shall submit the **Insurer** necessary medical and financial documents on the basis of which, in compliance with the **Insurance Agreement** conditions, the **Insurer** shall issue the **Guarantee Letter** within 3 (three) working days only for **Provider Medical Institutions**, thus ensuring rendering of corresponding medical service to the **Health Insured** at corresponding **Medical Institution**. In such case the **Health Insured** pays only his/her share from the **Co-Payment** (if such is considered under the corresponding **Card**) and is free from paying the remaining part of the cost of medical service. Services conducted at non-provider medical institutions as well as services conducted at provider medical institutions without a letter of guarantee shall not be subject to reimbursement.

2.5.5 To be provided with **Planned** or **Urgent Hospital Care** and, to take the **Guarantee Letter** from the **Insurer**, the **Health Insured** or his/her representative, along with the **Health Insured's Card** and **ID**, shall submit the **Insurer** the following:

2.5.5.1 form # IV-100/A;

2.5.5.2 detailed calculation of the cost of the medical service;

2.5.5.3 invoice.

2.5.6 To be provided with **Planned** and **Urgent Hospital Care** at non-provider **Medical Institution**, the **Health Insured** shall pay full cost of the service himself/herself and submit to the **Insurer** Form # IV-100/A, detailed calculation of the cost of the medical service, invoice, payment order of the person having received the amount and the original of the cash register receipt or printout of the POS-terminal confirming payment. And the **Insurer**, in compliance with the conditions of the **Insurance Agreement**, shall reimburse the cost of the medical service.

**2.6 Out-Patient Care** – means compensation of the cost of specialist's consultation in the presence of corresponding **Medical evidence**, laboratory and/or instrumental tests, also, ambulatory manipulations.

**Out-Patient Care** involves:

2.6.1 **Planned Out-Patient Care** at any licensed **Medical Institution** in compliance with the conditions of the **Insurance Agreement**;

2.6.2 **Planned Out-Patient Care at specific provider clinic indicated by the Insurer** – if the **Health Insured** is provided with **Planned Out-Patient Care at specific provider clinic indicated by the Insurer** (according to the resources available at the Clinic), the exceptions defined under sub-paragraphs 3.1.1 - 3.1.7, 3.1.11, 3.1.12 and 3.1.16 of this Annex shall not apply to him/her. (The Insurer shall reimburse services provided by this cover according to limit and co-payment share indicated in corresponding card).

2.6.3 **The Urgent Out-Patient Care** covers only the following:

A) Trauma

B) Hypertonic crisis

C) Hyperthermia

D) Hypothermia

E) Thermal Injuries

F) Bleeding

G) Kidney, abdominal and gallbladder colic

- H) Bronchial and Cardiac Asthma
- I) Intoxication (except for narcotic)
- J) Allergic Reactions (anaphylaxis, hay fever, Kvinkes edema)
- K) Dehydration
- L) Abscess (Surgical treatment)
- M) Croup syndrome
- N) Emergency vaccination (antitetanus, antirabies, antitobulinum and anti-viper) (complete course)
- O) Paroxysmal tachycardia
- P) foreign bodies of the airway

Nevertheless, if due to heaviness of diseases/conditions urgent out-patient care is needed, other cases, which are not listed above, may also be covered. For such cases the reimbursement will be provided from the limit defined for Planned Ambulatory Service indicated in the Card (If such cover is provided by the Card), according to the co-payment share defined in the card (if such co-payment is provided). For the avoidance of any doubt, despite the above mentioned, terms and conditions defined in article 2.5.4 of this Agreement for receiving an Urgent Ambulatory Service, shall extend to such cases.

- 2.6.4 In the case of **Urgent out-Patient Care** the **Health Insured** (or his/her representative) in accordance with his/her wish, prior to obtaining the service or upon it, shall contact 24-hour Call Centre. The notification shall involve the following information: name and surname of the **Health Insured**, **Card** number, name of **Medical Institution**, time of appealing. At the **Provider** clinic the **Health Insured** pays only his/her share from the amount of **Co-Payment** (if considered by the corresponding **Card**) and is absolutely free from paying the remaining part of the cost of service. When appealing to the non-provider clinic, the **Health Insured** shall pay full cost of the service himself/herself and ask the **Insurer** for compensation. The **Insurer**, after receiving the documentation, shall reimburse the cost of the medical service having been rendered to the **Health Insured** in compliance with the **Insurance Agreement** according to following rule: a) if the specific case is included in the list of **Urgent Out-Patient Care** indicated in point 2.6.3, the reimbursement will be provided from the limit defined for Urgent Ambulatory Service indicated in the Card (If such cover is provided by the Card), according to the co-payment share defined in the card (if such co-payment is provided); b) if the specific case is not included in the list of **Urgent Out-Patient Care** indicated in point 2.6.3, however, due to heaviness of diseases/conditions urgent out-patient care is needed, the reimbursement will be provided from the limit defined for Planned Ambulatory Service indicated in the Card (If such cover is provided by the Card), according to the co-payment share defined in the card (if such co-payment is provided). Herewith, in case if different co-payment shares of Planned Ambulatory Service are defined for the provider and non-provider medical institutions, the reimbursement will be provided according to the co-payment share defined for the non-provider medical institution.
- 2.6.5 To get **Planned Out-Patient Care** the **Health Insured** contacts 24-hour Call Centre and/or appeals directly to his/her personal doctor in the **Medical Institutions** pointed out by the **Insurer**. The personal doctor identifies the problem and provides the **Health Insured** with all necessary tests and **medical referral(s)** to **Provider/non-provider Medical Institutions**. If the **Health Insured** has enjoyed outpatient medical services in provider clinic under the Private Doctor's prescription, also in case the additional medical examination prescribed by specialist in provider clinics is confirmed by the Private Doctors prescription, the **Health Insured** pays only his/her share from the **Co-Payment** (if such is considered under the corresponding **Card**) and is free from paying the remaining part of the cost of medical service. If the **Health Insured** has enjoyed outpatient medical services in non-provider clinic under the personal doctor's prescription, he/she has to pay the total costs for medical services personally. In such cases the **Health Insured** shall refer to Insurer, who upon its sole discretion decides the issue of medical service reimbursement after receiving all necessary documents, according agreement conditions and if the costs are subject of reimbursement, they will be reimbursed according to relevant co-payment share indicated in the card. If the services conducted in provider/non-provider clinics are not confirmed by personal doctor's prescription, costs of such services shall not be reimbursed.
- 2.6.6 To be provided with the **Care under sub-paragraph 2.6.2 at specific provider clinic indicated by the Insurer** the **Health Insured** shall apply to private (personal) doctor. Private (personal) doctor shall identify the problem and provide the **Health Insured** with prescription for necessary examinations and specialists. **Health Insured** only may receive above mentioned service under the prescription of Private (personal) doctor. Under the prescription of Private (personal) doctor **Health Insured** shall only pay his/her co-payment share of the total costs for this service defined in the Card. The rest of the cost is paid by the Insurer directly to the medical institution. Services enjoyed without Private (personal) doctor's prescription are not subject for reimbursement.
- 2.6.7 In the case of as **Planned**, so **Urgent Out-Patient Care**, if the **Health Insured** pays the cost of medical service himself, to get the compensation, along with the **Health Insured's Card** and **ID**, it shall be mandatory to submit the **Insurer** the following:

2.6.7.1 medical documentation of the obtained service (the diagnosis and prescription, results of the conducted examinations, etc.; confirmed with an authorized person's signature and seal);

2.6.7.2 payment order of the person having received the amount and the original of the cash register receipt or printout of the POS-terminal confirming payment.

2.6.7.3 Personal doctor's prescription (in case of planned services);

**2.7 Reimbursement of the cost of drug(s) (further "Medications")** - reimbursement of the cost of the Medications prescribed by personal doctor according to corresponding **Medical Evidence** in the course of out-patient care and observing the legislation of Georgia. For the purpose of purchase medications, the Insured applies to personal physician, who will assign necessary medications or coordinates with specialist and issues the letter of guarantee, based on which the Insured will pay only his/her share of the cost in pharmacies indicated on the letter of guarantee. The Insured or an authorized third person must present the card and Identification card together with the letter of guarantee. Medications purchased without the letter of guarantee or in any pharmacy other than indicated on the letter of guarantee are not subject to reimbursement.

2.7.1 In case if **Health Insured** has to undergo long-term (more than 1 month) treatment prescribed by the doctor, only the amount of medications needed for one-month course of treatment shall be reimbursed by the Insurer. **Health Insured** shall be authorized to claim for the letter of guarantee for medications needed for the next course of treatment not earlier than 10 days till completing the one month course of treatment. Accordingly, the medications only for one - month course of treatment shall be written on the letter of guarantee. (but not more than the term of **Individual Insurance Period**);

**2.8 Pregnancy** - pregnancy defined by the Card shall be covered in case if the Health Insured receives service at David Tatishvili Health Center (28, Pekin av.) (according to the resources available at the Clinic).

2.8.1 The **Health Insured**, to get the corresponding medical service, appeals to his/her personal doctor. The personal doctor identifies the problem and provides the **Health Insured** with all necessary tests and **medical referral(s)**. The **Health Insured** may only receive aforementioned service under the Private Doctor's prescription. If the **Health Insured** has enjoyed services under the Private Doctor's prescription, the **Health Insured** pays only his/her share from the **Co-Payment**, the remaining part of the cost of medical service shall be directly paid by the Insurer to the medical institution. The services not confirmed by personal doctor's prescription shall not be reimbursed.

**2.9 Dental Service** means compensation of the cost of dental treatment or providing corresponding discount at the **Insurer's Provider** dental institutions:

2.9.1 **Urgent Dental Care** - provides for primary dental care: the relief of acute dental pain (anesthesia), opening of the root canal during acute pulpitis and reimbursement of costs for X-ray, tooth extraction in case of acute toothache due to these diagnoses only: Acute apical periodontitis of pulpal origin (ICD10 - K 04.4), Chronic apical periodontitis (ICD10 - K 04.5), Periapical abscess without sinus (ICD10 - K 04.7);

2.9.1.1 To be provided with **Urgent Dental Care** the **Health Insured** (or his/her representative), in accordance with his/her wish, shall contact 24 (twenty four) hour Call Centre, which shall organize corresponding medical care. When appealing to the **Provider** dental clinic the **Health Insured** shall pay only his/her share of **Co-Payment** (if it is considered by his/her **Card**) and he/she shall not have to pay the remaining part of the amount, and if the **Health Insured** appeals to any other licensed institution he/she shall have to pay full cost of the service and then appeal to the **Insurer** for compensation.

2.9.1.2 If the payment of costs for medical services is made by the **Health Insured** personally, in order to receive the reimbursement, along with the Card and ID Card of the **Health Insured**, the following documents shall be presented to the Insurer:

2.9.1.2.1 medical documentation of the obtained service (the diagnosis and prescription, results of the conducted examinations, X-rays performed before and after the procedure etc.; confirmed with an authorized person's signature and seal);

2.9.1.2.2 payment order of the person having received the amount and the original of the cash register receipt or printout of the POS-terminal confirming payment.

2.9.2 **Planned Dental Care at provider dental clinics** - provides for dentist's consultation, diagnostic X-ray, dental filling procedure, professional dental cleaning and treatment of the parodontal and mucous membrane acute diseases and odontogenic diseases.

2.9.2.1 To be provided with **Planned Dental Care** the **Health Insured** shall apply to the **Provider** dental clinics preliminarily defined by the **Insurer**. The cost of planned dental care provided at non-provider dental clinics shall not be subject to reimbursement except the regions, where the **Insurer** cannot ensure any **Provider** dental clinic. In such cases, when appealing to non-provider licensed institution the **Health Insured** shall pay full cost of the service and then he/she shall appeal to the **Insurer** for reimbursement.

2.9.2.2 If the payment of costs for medical services is made by the **Health Insured** personally, in order to receive the reimbursement, along with the Card and ID Card of the **Health Insured**, the following documents shall be presented to the Insurer:

2.9.2.2.1 medical documentation of the obtained service (the diagnosis and prescription, results of the conducted examinations, X-rays performed before and after the procedure etc.; confirmed with an authorized person's signature and seal);

2.9.2.2.2 payment order of the person having received the amount and the original of the cash register receipt or printout of the POS-terminal confirming payment.

- 2.9.3 **Orthopedic dental service and implantation at Dentagram Ltd. (Identification No. 205223783), New Dent (Identification No. 0102600085) and Dental Star Ltd (Identification No. 402003265)** – provides for reimbursement of costs for Orthopedics and Implantation, herewith, costs for dental service (therapeutic and surgical) due to preparation for orthopedic dental service and implantation shall not be subject to reimbursement.
- 2.9.3.1 **In the course of orthopedic dental service and implantation the Health Insured** shall apply to the specific clinics preliminarily defined by the **Insurer** and indicated in the **Card**, where services shall be rendered according to the **Limit** and **Co-Payment** defined for the corresponding **Card**.
- 2.9.3.2 The cost of the service provided at any other clinics, apart from Dentagram Ltd. (Identification No. 205223783), New Dent (Identification No. 0102600085) and Dental Star Ltd (Identification No. 402003265), shall not be subject to reimbursement.
- 2.9.4 **Discount on orthodontics and orthopedics at provider dental clinics** considers 10-20% discount at the **Insurer's** dental clinics.
- 2.10 The deadline for submission of the abovementioned documentation and the demand for reimbursement from the Insurer is the period of 30 (thirty) days upon the payment of such sums by the **Health Insured** (representative authorized person). The **Health Insured** shall not be authorized to demand from the Insurer the payment of the insurance reimbursement after the expiration of the aforementioned period of time.
- 2.11 The payment of the reimbursement in cash shall be made by the Insurer only in case, when the sum to be reimbursed does not exceed GEL 200 (two hundred). The payment of sums exceeding the aforementioned amount shall be made via non-cash payment by the Insurer within 10 (ten) days from accepting all the necessary documents under the **Insurance Agreement**.
- 2.12 The insurance indemnity, apart from the manner defined by the health insurance agreement, can be paid by means of the **Insurer's electronic policy** at <https://www.imedil.ge/Auth/ElectronicPolicy>
- 2.12.1 In case of claiming the insurance indemnity through electronic policy the settlement will be carried out via bank transfer, on the basis of the documents electronically uploaded to the electronic policy, within the time limits **specified by the agreement**.
- 2.12.2 **Limit of amount uploaded to the electronic policy** is not defined
- 2.12.3 **The Insured shall be obliged to keep the** payment order and the cash register receipt in appropriate condition during 6 months, as in exceptional cases the Insurer may claim and the Insured shall be obliged to submit the original of specific document/payment order/cash register receipt in the term of 3 (three) working days, otherwise, the Insurer shall be authorized to claim back the reimbursed amount from the Insured if such reimbursement is already made or not to pay the insurance reimbursement;
- 2.13 **Waiting period** - 12 (twelve) months Waiting Period shall apply to planned hospital service, onco surgery, day hospital, planned cardio surgery and planned interventional cardiology.
- When applying/calculating the Waiting Period for the insurance coverage/medical services envisaged by this paragraph for a specific health insured, the existing/calculated **Individual Insurance Period(s)** under the previous Insurance Agreement(s) (despite the Insured) concluded with the Insurer shall be considered, unless the period between the previous and following insurances exceeds 1 (one) month;

### 3. Exclusions

#### 3.1 In compliance with the Insurance Agreement the following shall not be covered/compensated:

- 3.1.1 Costs for examination and treatment of sexual disorders, impotence, sterility, infertility, contraception and contraceptives, abortion without medical evidence, costs related to menopausal problems; costs of examination and treatment of reproductive problems; costs for diagnostics of fetal fluid and genetic examination of fetus;
- 3.1.2 Costs for examination and treatment of Mental and behavioral disorders (including: Organic disorders, including symptomatic ones; Mental and behavioral disorders due to psychoactive substance use; Schizophrenia; schizotypal disorders;; Neurotic, stress-related and somatoform disorders; Moos ( affective disorders) Behavioral syndromes associated with physiological disturbances and physical factors; Disorders of adult personality and behavior (psychopathy); Mental retardation; Disorders of psychological development; Behavioral and emotional disorders with onset usually occurring in childhood and adolescence);
- 3.1.3 Costs for laser correction of refractive errors, intraocular lens implantation, purchase of (eye)glasses, contact lenses and hearing aids;
- 3.1.4 Costs for examination and treatment of pancreatic diabetes or diabetes insipidus, renal and/or liver chronic failure, systemic diseases (including: polyarteritis nodosa, necrotizing vasculopathies, lupus erythematosus, dermatopolymyositis, systemic sclerosis, other systemic involvement of connective tissue) examination and treatment of their complications; Herewith, will be reimbursed urgent hospital and urgent out-patient treatment, scheduled surgical treatment including any surgical intervention and primary diagnostics caused by diagnoses and/or their complications indicated in this article;
- 3.1.5 Examination and treatment of B, C hepatitis, HIV, AIDS and their complications. (Primary diagnostics is subject to reimbursement).
- 3.1.6 Costs for examination and treatment of gonorrhoea, syphilis, chancroid, venereal granuloma – donovanosis, chlamydial infections, genital herpes, genital papillomavirus, Cytomegalovirus, trichomoniasis, candidal vulvovaginitis, candidal balanoprophitis. (primary diagnostics is subject to reimbursement);
- 3.1.7 Costs for treatment by means of alternative (traditional and/or nontraditional) medicine, acupuncture, plasmapheresis, ozonotherapy, homeopathy, mesotherapy, speech therapist (logopedist); physician-homeopath; medical exercises and medical massage; rehabilitation



- and sanatorium-and-spa treatment; Platelet Rich Plasma Therapy – PRP injection, PET scan, monoclonal antibody treatment/therapy, medical services done for cosmetic purposes. Costs related to weight correction; Bariatric surgery;
- 3.1.8 Costs for treatment abroad, which is expanded beyond the boundaries of the established policy territory; Costs for consultation and treatment at the medical institutions which do not comply with the requirements of the existing legislation of Georgia and/or do not have appropriate license; costs for self-treatment and their complications (autotherapy); as well as bioactive additives, immunisation, vaccinations (except of antitetanus, antirabies, antitobulinum and anti-viper and those defined in card), Medicines not registered by the competent authority specified under the existing legislation of Georgia; homeopathic remedies; immunomodulators, immunostimulators and immunosuppressants; as well as the cost of any non-medicinal agents (bandage, surgical corset, supinators, items of medical purpose, any supportive aids required during dental care etc.), hygienic and makeup preparation (including any kind of tooth-paste, mouth rinse, shampoo, soap);
- 3.1.9 Costs for treatment of the physical injuries suffered during committing of an illegal act provided for by the Criminal Code or costs for treatment of the physical injuries suffered by self-injury; Costs for treatment of injuries suffered as a result of participation in a civil war, any kind of military operations, anti-state appearances, armed conflicts, acts of terrorism; Costs for treatment of injuries suffered from the exposure to radiation; Costs for insurance events related to the speleological research, as well as participation in destroying the high explosives; Costs for treatment of aggravation of health condition as a result of epidemics, pandemics, environmental pollution or natural disasters;
- 3.1.10 Costs for treatment of drug addiction, alcoholism and toxic mania; Also costs for such cases, which resulted directly or indirectly by being under the influence of narcotics or/and toxic substances; Also costs related to medical services caused by accident, which happened during driving car under the influence of alcoholic, narcotic and/or toxic substances;
- 3.1.11 Events related to the participation of the **Health Insured** in any kind of professional sports or in sports as sportsmen (sports competition, training, demonstration show etc.) Herewith, will be reimbursed urgent hospital and urgent out-patient treatment, scheduled surgical treatment including any surgical intervention caused by cases indicated in this article and/or their complications;
- 3.1.12 Costs for examination and treatment of congenital and genetic diseases, defects, pathologies and their complications; Herewith, will be reimbursed urgent hospital and urgent out-patient treatment, scheduled surgical treatment including any surgical intervention caused by cases indicated in this article and/or their complications;
- 3.1.13 Costs for exoprosthesis (including dental health service) and orthopedic endoprosthesis (except traumas); transplantation (including transplants), also costs for defibrillator and implanted artificial pacemaker equipped with apparatus for heart resynchronization therapy; Costs for therapeutic and surgical dental care which is needed for preparation by means of orthodontical and orthopedical treatment; (except those defined in card); as well as general anesthesia or laughing gas anesthesia during dental services;
- 3.1.14 Costs for ablation (interventional cardiology);
- 3.1.15 Costs for additional and exclusive services during hospitalization (for example: nonstandard room, hired doctor and etc.)
- 3.1.16 Costs for services carried out without medical evidence;
- 3.1.17 Costs related to examination of materials to be tested abroad (including costs for sending such materials abroad), no matter whether sending of the materials is organized by the **Health Insured** or by the medical Institution operating within the territory of Georgia (this restriction does not extend to Insurer's provider clinics).
- 3.1.18 Costs related to telemedicine;
- 3.1.19 Costs for treatment of diseases not disclosed by the **Health Insured** in the individual insurance application (if such application was filled in by **Health Insured**).
- 3.1.20 Cost of Medical Services provided in the period of imprisonment;
- 3.1.21 diagnostics, chemo and radio therapeutic treatment, hormone therapy of benign as well as malignant tumors, also costs for examinations and medications related to these procedures;
- 3.1.22 Costs for pregnancy and delivery (except for those defined in Card);

**Note:** In cases when in regard to specific Health Insured person medical service is provided for/covered by any federal/ referral/Health program(s) (which means aforementioned Health Insured fulfills the criteria defined for the beneficiaries of such programs), the **Insurer** undertakes to cover/reimburse the **Health Insured's** Share of the costs (if such is considered) defined per such program for specific medical service. Also, if the **Health Insured** enjoys medical services at a **medical institution** where corresponding state programs are not operating, the **Insurer** takes responsibility to cover fully the costs for medical services enjoyed by the **Health Insured** in accordance with the terms of the **insurance Agreement**.

### ***Annex No. 3 to the Health Insurance Agreement***

#### **Consent of the insured individuals on personal data processing under this Agreement**

With the purpose of rendering the insurance service, ensuring high quality service and, also, service improvement, carrying out the statistical research, fulfilling the contractual and legal obligations, signing this document, the Insured/health insured person is confirming his/her preliminary consent against the Insurance Company and gives it the right on the following:

The Insurance Company can process the personal data of any individual insured according to the agreement, including the data of special category and the data related to the health, including, using the software (automated and/or semi-automated processing) with the help of its own employees and, also, invited people and its contractors. Besides, such processing shall be carried out in compliance with the effective legislation and in the volume and limits necessary for service rendering without getting any additional consent.

For the purposes of this consent and in order to share the data, the following are deemed to be the permitted third parties: JSC Megalab, JSC Gepha, JSC Evex Clinics (and the clinics in its network), JSC Evex Hospitals (and the hospitals in its network) and, also, the medical institutions, laboratories and pharmaceutical companies (providing health care services), which, based on the corresponding insurance agreement, are determined as the service provider companies so that to ensure rendering of relevant current or future insurance services and offering and/or providing the insurance services tailored to the interests of insured individuals.

The data processing involves any action carried out by the Insurance Company, including data gathering, gaining, accessing, photographing, video surveillance or/an audio monitoring, organizing, grouping, linking, storing, changing, restoring, requesting, using, blocking, deleting or destroying, making public, dissemination or making available in some other way. The Insurance Company shall process the data only for the purpose, for which purpose they were collected and/or if it is required by the legislation.

The personal data shall be provided to the third parties (except the above given parties), namely, to the state, regulatory bodies, the entities financing the service or its part, law-enforcement bodies, etc., in compliance with the procedure set forth under the legislation. The mentioned information can be transferred also in the case, which is not directly considered in the legislation, if it is needed to protect legal interests or resulting from reasonable necessity and/or essence of the requirement.

While employing the services of the Insurance Company, also upon their termination, the Insurance Company shall continue processing the personal information for certain purposes during the term, which corresponds to the Insurance Company's objectives and/or is required by the regulatory bodies or/and considered under the legislation.

Besides, the Insured/health insured person also consents to processing of his/her personal data for direct marketing purposes within the limits and in compliance with the procedure allowed by the legislation.

The Insured/Health insured person confirms that he/she has been provided with full and comprehensive information on his/her rights set forth under the Georgian legislation, inclusive the information which, upon his/her request, the Insurance Company is to correct, update, add, block, delete or destroy the data, if they are incomplete, inexact, are not updated or they have been gathered and processed illegally.

Besides, with the purpose of maximally effective management/resolving of any issue or arisen problem related to implementation of the personal data protection high standard and their processing, the person having signed the form of this consent shall be authorized to appeal any time to the Insurance Company personal data protection officer for consultation at the email address [personaldataofficer@imedil.ge](mailto:personaldataofficer@imedil.ge) and, resulting from the current necessity, to be provided in maximally short period with the qualified and immediate service.

The Insured confirms that it has gained the insured individuals' written consent on the above and, upon the Insurer's request, it shall immediately submit to the Insurer the corresponding documentation – the consent signed by the Insured according to the form indicated in this article. If due to violation of the mentioned obligation a penalty is imposed on the Insurer by the corresponding authorized person or/and the Insurer incurs any loss/damage, the Insured/ Employer undertakes to pay the Insurer the full amount of the penalty (inclusive the fine, if any) imposed on him and indemnify him against the incurred loss/damage.



**Data of the insured consumer:**

Name, surname \_\_\_\_\_

Day/month/year of birth \_\_\_\_\_

Personal ID \_\_\_\_\_

email \_\_\_\_\_

Contact number \_\_\_\_\_

Number of the Insurance Policy \_\_\_\_\_

Insurance Period

from \_\_\_\_\_ to \_\_\_\_\_

Insurance/project

corporate

other \_\_\_\_\_

Name of the organization, the consumer is insured from \_\_\_\_\_

The applying consumer and the insured consumer are one and the same individual

**Data of applying consumer:**

Name, surname/name of the organization \_\_\_\_\_

Personal ID \_\_\_\_\_

Contract number \_\_\_\_\_

email \_\_\_\_\_

Contact with the insured consumer \_\_\_\_\_

letter of guarantee

indemnification

other \_\_\_\_\_

Type of represented/provided medical service

ambulatory

medicines

other \_\_\_\_\_

stomatology

hospitalization

Has your Insurance Event/claim been reviewed?

yes

no

Please, formulate your request

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

Please mark only one option of receiving an answer:

Receive via e-mail;

Receive in company's service-center.

Please mark only one option of receiving an answer in case if your demand is supplied:

I agree to receive an answer via e-mail;

I agree to receive an answer in company's service-center.

Signature of the insured/applying consumer \_\_\_\_\_

Date \_\_\_\_\_

The application shall be reviewed within 30 calendar days upon submission the claim.

**Thank you for insuring with us**

## List of the Insurer's Contractor/Provider Institutions

1. As an additional benefit, discounts at the Contractor Institutions indicated in this paragraph shall be applied to the Health Insured Persons.

Discounts envisaged by the Insurance Agreement shall be implemented according to the conditions of an agreement signed between the Insurer and respective institution.

Dental providers - Therapy/surgery 50%		
District	Name	Address
Tbilisi		
Tbilisi	LTD Newdent 1	Mitskevichi Street # 18
Tbilisi	LTD Newdent 1	Petriashvili str. # 32
Tbilisi	LTD Newdent 1	# 29 Kazbegi Ave.
Tbilisi	LTD Newdent 1	# 30 Tsintsadze str.
Tbilisi	LTD „New Dent"	Gldani I m / r;
Tbilisi	LTD „New Dent"	Didi Digomi. I. Petritsi str. 16.
Tbilisi	LTD „New Dent"	Varketili Javakheti str. 30;
Tbilisi	LTD „New Dent"	Tbilisi, Patardzeuli Lane # 44
Tbilisi	LTD „New Dent"	Mtatsminda Vekua str. # 3;
Tbilisi	Ltd Your Dentist	Tevdore Mghvdeli Street # 11
Tbilisi	Ltd SmileCare	Gagarin street # 4a
Tbilisi	Ltd Dental Center Dentist	Pekini str. # 17
Tbilisi	I/E Tsira Tsverianashvili (MAX Dent)	Evdoshvili Street # 2/10
Tbilisi	Ltd NEW LIVE	Navtlugi 39/41 3rd bathroom. Block B".
Tbilisi	Dental Clinic Heppy Dent	Nutsubidze street # 2
Tbilisi	Ltd Dental Star	Barnovi Street # 75
Tbilisi	Ltd Emix Dent	Kakheti highway # 104
Tbilisi	Ltd Life Dent	Burdszгла Street # 24
Tbilisi	Ltd Dental Center	bakhtrionai str. # 26
Tbilisi	IM "Maya Egadze" (Family Dent +)	Tsereteli ave. #73
Tbilisi	Ltd Dental Center (solo)	Tsinandali street # 9
Tbilisi	Ltd + Ultra Dent	D. Gamrekele # 7 (former Kutuzov street)
Tbilisi	Ltd perfect smile	Otar Chiladze 166/7
Tbilisi	Ltd Family dent	Al. Kazbegi # 46
Tbilisi	I/E Tsiuri Vashakidze (Universaldent)	Dolidze str.11
Tbilisi	LTD Style Smile Clinic	Chavchavadze Avenue #78
Tbilisi	LTD Dr Sofi	Nutsubidze II district, V quarter, apartment 5, flat 36
Tbilisi	LTD N Dent	Street of Struggle for the unity of Georgia
Tbilisi	LTD Denta Lux	Paliashvili street # 83 / Mosashvili street # 24
Tbilisi	LTD Georgian-German Dental Clinic VOCCO-Dental	Gvetadze str. #6
Tbilisi	LTD Dental World	Tsereteli ave. # 78 (Building 8)
Tbilisi	LTD „Dentagram"	Mitskevichi Str. #18
Tbilisi	LTD „L.T. Dental Studio"	Zh. Shartava 18 a
Tbilisi	LTD „Keramiko"	Mikeladze Str. #3
Tbilisi	LTD „Saint Luca's Dental Clinic"	Iashvili Str. #12
Tbilisi	LTD „Tamar Rogava Dental Office"	Chavchavadze Avenue #50,
Tbilisi	LTD „Smile Dent 2008"	Chavchavadze Avenue #11
Tbilisi	LTD „Global Dent "	Mitskevichi street #15
Tbilisi	Maya Mumladze's dental clinic Helthy Dent	Sulkhan-Saba street # 9
Tbilisi	LTD Tatishvili dental spa center	Gotua str. #8, Apartment #23
Tbilisi	LTD „LT Dental Studio+"	Tsagareli street #82, Commercial Space #2
Tbilisi	LTD International Dental Centre (ISO)	Ketevan Tsamebuli str. #47/49
Tbilisi	LTD Smile Gallery	Mtskheta street #1, entrance #1, floor #1
Tbilisi	I/E Madona Zakareishvili (Pofi Dent+)	Kavtaradze st. # 33, Entrance 1, Floor 1, Apartment 1
Tbilisi	LTD Confident	Ilia Chavchavadze Avenue # 33 b

Tbilisi	Georgia and Israel Dental Center Ltd (Dental Sais)	Sulkhan Tsintsadze 61, apartment # 50
Tbilisi	LTD Smile Factory	Z. Paliashvili # 49
Tbilisi	LTD Nino Kordzadze Dental Clinic	Nikoloz Shengelaia str. #50
Tbilisi	I/E Maia Shulaia (My Dent)	Tsereteli #49/51
Tbilisi	Ltd Oliko Bazlidze Dental Clinic	Vazha-Pshavela Ave. Quarter II, Building # 9C, Area # 12
Tbilisi	I/E Ekaterine Mindiashvili (Unison Dent)	Mukhiani, IVa m / r., Cor. # 3, b. 110 st. # 4
Tbilisi	Ltd Jokhadze Dental Center	Didi Digomi, 42 Mirian Mepe, B2a
<b>Adjara</b>		
Batumi	Ltd "BIC Georgia" (Clinic Neo Dent)	Zubalashvili str. # 20
Batumi	Ltd "Dental Center j-smile"	Gorgiladze str. #114
Batumi	LTD „New Dent"	Batumi, # 20 of Selim Khimshiashvili
<b>Imereti</b>		
Kutaisi	LTD „New Dent"	Kutaisi, Paolo Iashvili str. # 9
<b>Samegrelo</b>		
Zugdidi	LTD „New Dent"	Zugdidi, Kostava str. # 1
Senaki	I/E Anastasia Khufenia	Chavchavadze street #80
Poti	Georgian-American Dental Center Ltd.	Parnavaz Mepe Street # 1
<b>Kvemo Kartli</b>		
Rustavi	Ltd super teeth	Pirosmani str. 13
<b>Kakheti</b>		
Telavi	LTD Pulse	Telavi, 26 May street #2

<b>Dental Benefits - Orthopedy/orthodontia</b>			
<b>Tbilisi</b>			
<b>District</b>	<b>Name of Provider</b>	<b>Address</b>	<b>Discount</b>
Tbilisi	LTD Newdent 1	Mitskevichi Street # 18	Orthopedy/orthodontia - 30%, implantation - 40%
Tbilisi	LTD Newdent 1	Petriashvili str. # 32	Orthopedy/orthodontia - 30%, implantation - 40%
Tbilisi	LTD Newdent 1	# 29 Kazbegi Ave.	Orthopedy/orthodontia - 30%, implantation - 40%
Tbilisi	LTD Newdent 1	# 30 Tsintsadze str.	Orthopedy/orthodontia - 30%, implantation - 40%
Tbilisi	LTD „New Dent"	Tbilisi Gldani I m / r;	Orthopedy/orthodontia - 30%, implantation - 40%
Tbilisi	LTD „New Dent"	Tbilisi Didi Digomi. I. Petritsi str. 16.	Orthopedy/orthodontia - 30%, implantation - 40%
Tbilisi	LTD „New Dent"	Tbilisi Varketili Javakheti str. 30;	Orthopedy/orthodontia - 30%, implantation - 40%
Tbilisi	LTD „New Dent"	Tbilisi Avlabari Ketevan Tsamebuli # 69;	Orthopedy/orthodontia - 30%, implantation - 40%
Tbilisi	LTD „New Dent"	Tbilisi Mtatsminda Vekua str. # 3;	Orthopedy/orthodontia - 30%, implantation - 40%
<b>Ajara</b>			
Batumi	Ltd Stoma Dent	Melashvili street # 24	Orthopaedic – 10% - 30%Orthodontia - 30% implantation - 50% (Limit 1500 GEL)
Batumi	LTD „New Dent"	Batumi, # 20 of Selim Khimshiashvili	Orthopedy/orthodontia - 30%, implantation - 40%
<b>Imereti</b>			
Kutaisi	Ltd Dental Lux	Tamar Mepe Street # 42	Orthopedy/orthodontia - 35%
Kutaisi	LTD „New Dent"	Kutaisi, Paolo Iashvili str. # 9	Orthopedy/orthodontia - 30%, implantation - 40%
<b>Samegrelo</b>			
Zugdidi	LTD „New Dent"	Zugdidi, Kostava str. # 1	Orthopedy/orthodontia - 30%, implantation - 40%
<b>Kakheti</b>			
Telavi	SSR Merab Nadirashvili and Company	Nadikvari street # 9	Orthopaedic/orthod - 20%
<b>Kvemo Kartli</b>			
Rustavi	Ltd Dental Art	Gzirishvili str #12b	Orthopaedic - 20%

<b>Other Benefits</b>			
<b>District</b>	<b>Name</b>	<b>Address</b>	<b>Discount</b>
Tbilisi	LTD LPG Spa Corner	Tbilisi, Z. Bolkvadze str. #1,	25% LPG, massage, lifting, peeling

		apartment #51	
Tbilisi	Ltd Med Investment - Davit Tatishvili Sports Medicine and Rehabilitation Center (Rehabilitation)	Tbilisi, Z.Anjapharidze #2	30% Physiotherapy, treating massage, aesthetic medicine
Tbilisi	Ltd "Sports Medicine Clinic"	Bogdan Khmelniatski street # 40	30% any type of service (rehabilitation procedures)
Tbilisi	LTD I.Zhordania clinic	Lubliana str. # 5	10% invitro fertilization and other manipulations
Tbilisi	LTD BG Group (Veles)	Tsereteli avenue #16	20-50% Weight correction/Massage/Psychotherapy
Tbilisi	Chichua medical center Mzera	Tsinandali Str. #9	Discount on laser service – 10-25%
Tbilisi	Ltd Georgian-German Reproductive Center GGRC	Tbilisi, Vasil Barnov Street # 51g	15% in vitro tests, 40% in vitro, hysteroscopy 850 GEL
Tbilisi	Evex Aesthetics	Mtatsminda / Varketili / Gldani / Batumi Evexes	25-45% on aesthetic and laser procedures
Tbilisi	Caraps Medline	Paliashvili st. # 41	10% on plastic surgery
Tbilisi	Lepidus	Chavchavadze ave. #24	20% Laser/ Biorevitalization / Filler / Plasma Therapy / Mesotherapy / Body / Mesotherapy
Tbilisi	Ltd Ortho Med Center Dema	Vazha Pshavela Ave. Cor. 7, entrance 3, floor 1	30% Treating massage, Physiotherapy, Hyrudothrapy
Tbilisi	Ltd Tbilisi Balneological Resort	Gorgasali str. # 9	10% Different services
<b>Imereti</b>			
Kutaisi	Ltd Adult and Child Rehabilitation Center	Kutaisi, Pushkin str. # 20	20% any type of service
Kutaisi	LTD Healthy life (Golden Gym)	Kutaisi, Javakhishvili str. #49	15% Fitness 20% Aerobics
Kutaisi	Ltd. Central Swimming Pool Olympus	Kutaisi, Tabukashvili #4	20-30% discount on season tickets
Tskaltubo	Balneo Rehabilitation Center	Central Park Nearby area	10% full service
Tskaltubo	JSC „BalneoSevice"	Bathroom Building N6, Resort Park	15-20% discount
Tskaltubo	Ltd Tskaltubo Plaza	Tskaltubo, Rustaveli #15a	20% one-month unlimited subscription for pool / relaxation and physio procedures
<b>Achara</b>			
Batumi	Ltd Panchet -2020	Lermontov str. #72	30% consultation, massage and physiotherapy / rehabilitation procedure

## 2. List of Provider Institutions

### Tbilisi

<b>Dental providers</b>	
Name	Address
LTD Newdent 1	Tbilisi Al. Kazbegi ave. # 29a
LTD Newdent 1	Tbilisi Mitskevich # 18
LTD Newdent 1	Tbilisi Petriashvili str. # 32
LTD Newdent 1	Tbilisi Tsintsadze str. # 30
LTD „New Dent"	Tbilisi Gldani I m / r;
LTD „New Dent"	Tbilisi Didi Digomi. I. Petritsi str. 16.
LTD „New Dent"	Tbilisi Varketili Javakheti str. 30;
LTD „New Dent"	Tbilisi Avlabari Ketevan Tsamebuli # 69;
LTD „New Dent"	Tbilisi Mtatsminda Vekua str. # 3;
<b>Outpatient providers</b>	
JSC "EVEX Clinics" - Gldani Policlinic	Tbilisi, near the cartographic factory, I m/r
JSC "EVEX Clinics" - Didi Dighomi Policlinic	Tbilisi, near I. Petritsi str. # 16A
JSC "EVEX Clinics" - Didube Policlinic	Tbilisi Didube Tsereteli # 123
JSC "EVEX Clinics" - Varketili Policlinic	Tbilisi Varketili Javakheti str. 76;
JSC "EVEX Clinics" - Isani Policlinic	Tbilisi, Patardzeuli Lane # 44
JSC "EVEX Clinics" - Saburtalo Policlinic	Tbilisi Vaja-Pshavela ave. # 40;
JSC "EVEX Clinics" - Mtatsminda Policlinic	Tbilisi Mtatsminda Vekua str. # 3;
Ltd Clinic of Academician Vakhtang Bochorishvili (Bochorishvili Medical Center)	Tbilisi Al. Kazbegi ave. Address # 16
Ltd Med Investment - David Tatishvili Medical Center	Tbilisi Abuladze str. # 7
Ltd Med Investment - David Tatishvili Medical Center	Tbilisi Marjanishvili str. # 2
Ltd TL Medical - David Tatishvili Medical Center (Isani branch)	Tbilisi, Beri Gabriel Salos Ave # 55
Ltd TL Medical - David Tatishvili Medical Center (Saburtalo branch)	Tbilisi, Z.Anjapharidze #2
LTD Davit Tatishvili Health Center	Tbilisi, Pekini Ave #28

Ltd Tbilisi State Medical University and Ingorokva High Medical Technologies University Clinic	Tbilisi Tsinandali str. # 9
Ltd "Medison Holding" - Varketili	Tbilisi Kaloubani str. # 12
Ltd "Medison Holding" - Mukhiani	Tbilisi gobr Oni dze st. # 27
Ltd "Medison Holding" - Saburtalo	Tbilisi Vaja-Pshavela ave. # 83/11
Ltd Center of Alergy and Immuonology	Tbilisi Lublyana str.. #2/6
JSC "EVEX hospitals" - I.Tsitsishvili Children's clinic	Tbilisi Lublyana str. # 21
JSC "EVEX hospitals" - M.lashvili Children's Central Hospital	Tbilisi Lublyana str .. # 2/6
Ltd Eye Microsurgery Javrishvili Clinic Ophthalmology (Oftalmology)	Tbilisi Lublyana str .. # 5
Ltd Chichu's Medical Center Gift (Oftalmology)	Tbilisi Tsinandali str. # 9
Ltd The National Center for otto-rino-larringology Diseases Japaridze-Kevanishvili Clinic	Tbilisi T. Mgvdeli str. # 13
Ltd "MultiProfile Clinic Concilium Medula"	Tbilisi Anna Politkovskaya str. # 6 g
Ltd "Heart Center of Tbilisi"	Tbilisi Vaja-Pshavela ave. # 83/11
Ltd Medical-Diagnostic Center Samgori Med	Tbilisi Kakheti highway # 23
Ltd Medical Center GEOSWISS, "GEOSWISS Medical Center"	Tbilisi ул. Пекина # 5
Ltd "Davit Metreveli Medical Center"	Tbilisi Tsinandali str. # 9
Ltd "diagnostic clinic Airmedi"	Tbilisi S. Tsintsadze str. # 73
Ltd "Medical +"	Tbilisi Chavchavadze ave.33a
Ltd "Healthy Future"	Tbilisi A. Tsereteli ave. # 117
Ltd Medical parasitology and tropical medicine study institute of S. Virsaladze	Tbilisi Aghmashenebeli ave
Ltd Medical parasitology and tropical medicine study center	Tbilisi Tamar Mere Avenue # 18
Ltd Sinevo Georgia	Tbilisi Tsamebuli str. # 47
Ltd Sinevo Georgia	Tbilisi Khizanishvili str. # 52
Ltd Sinevo Georgia	Tbilisi Chiaureli st. # 11
Ltd Sinevo Georgia	Tbilisi Vaja-Pshavela ave .. # 25a
Ltd Sinevo Georgia	Tbilisi Tsinandali str. # 9
Ltd Sinevo Georgia	Tbilisi Tsulukidze str. # 11
Ltd Sinevo Georgia	Tbilisi Lublyana str .. # 13
Ltd Sinevo Georgia	Tbilisi Chichinadze str. # 10
Ltd Sinevo Georgia	Tbilisi Marjanishvili str. # 31
Ltd Sinevo Georgia	Tbilisi Tsotne Dadiani 2 m / r, building 2
Ltd Sinevo Georgia	Tbilisi Paliashvili # 27, Bazaleti # 29
Ltd Sinevo Georgia	Tbilisi Mukhiani II m. # 22
Ltd Sinevo Georgia	Tbilisi Settlement Area District, Quarter. 10, building # 28
Ltd Sinevo Georgia	Tbilisi Didi Digomi, Tbilisi Petridze, Corp. # 13
Ltd Sinevo Georgia	Tbilisi Dolidze str. # 46
Ltd Sinevo Georgia	Tbilisi, Atoneli street #12
Ltd Sinevo Georgia	Tbilisi, King Tamar Ave. #28 / Giorgi Chubinashvili Street #81
Ltd Medicapital	Tbilisi Gldani Ilia Vekua street # 18
Ltd Medicapital	Tbilisi Gamrekele # 19
Ltd Medicapital	Tbilisi Moscow Avenue, 4 kv, 3 building.
Ltd Medicapital	Tbilisi A. Tsereteli # 138
Ltd Petre Sarajishvili Institute of Neurology	Tbilisi T. Mgvdeli str. # 13
JSC Mega-Lab	Tbilisi, Petre Kavtaradze str. #23
JSC Vere XXI	Tbilisi L. Kiacheli St. #18
Ltd Immunization Center	Tbilisi, Tashkent St. # 10a
JSC "EVEX hospitals" - Bokeria Referral Hospital	Tbilisi, Kindzmarauli I lane # 1
LTD Tbilisi Central Hospital	Tbilisi, Chachava str. #1
Ltd "Caucasus Medicine center"	Tbilisi Kavtaradze Street # 23
<b>Inpatient providers</b>	
Ltd "Heart Center of Tbilisi"	Tbilisi Vaja-Pshavela ave. # 83/11
JSC "EVEX hospitals" - I.Tsitsishvili Children's clinic	Tbilisi Lublyana str. # 21
JSC "EVEX hospitals" - M.lashvili Children's Central Hospital	Tbilisi Lublyana str .. # 2/6
Ltd Guidmedi (Dighomi)	Tbilisi Ljubljana 2/6
Ltd Eye Microsurgery Javrishvili Clinic Ophthalmigi	Tbilisi Lublyana str .. # 5
Ltd Tbilisi State Medical University and Ingorokva High Medical Technologies University Clinic	Tbilisi Tsinandali str. # 9
Ltd Medical-Diagnostic Center Samgori Mede	Tbilisi Kakheti highway # 23
Ltd The National Center for oto-rino-larringology Diseases Japaridze-Kevanishvili Clinic	Tbilisi T. Mgvdeli str. # 13



Ltd "MultiProfile Clinic Concilium Medula"	Tbilisi Anna Politkovskaya str. # 6 g
Ltd Hels	Tbilisi Gorgasali str. #93
Acad. G. Chapidze Urgent Cardiology Centr Ltd.	Tbilisi N. Javakhishvili str. #1
JSC German Hospital	Tbilisi, cosmonauts coastal 45a
Ltd Khechinashvili University Clinic	Tbilisi Chavchavadze ave 33
Ltd Tbilisi Children Infectious Clinic Hospital	Tbilisi, Simon Chikovani str #14
JSC Infectious Diseases, AIDS and Clinical Immunology Scientific-Practical Center	Tbilisi, Kazbegi avenue #16
Ltd Med Investment - David Tatishvili Medical Center	Tbilisi Marjanishvili str. # 2
JSC "EVEX hospitals" - Bokeria Referral Hospital	Tbilisi, Kindzmarauli I lane # 1
LTD "Mi Med 22"	Tbilisi, buchadze str #12
LTD Tbilisi Central Hospital	Tbilisi, Chachava str. #1
Ltd Caucasus Medicine cente	Tbilisi Kavtaradze Street # 23
<b>Emergency</b>	
Ltd Cardioexpress	Tbilisi Vaja-Pshavela ave. # 83/11
Ltd Emergens Service	Tbilisi Chachava str. # 1
Ltd Geo-Medi	Tbilisi Mitskevichi str. # 14
Ltd Medicare 750303	Tbilisi Paolo lashvili str. # 13
Ltd Pediatrician	Tbilisi U.Chkheidze str. # 10
Ltd Medical Global Management -Baby Express	Tbilisi Kipshidze street # 3 b
<b>Pharmacy</b>	
JSC "Gefa" (GPC)	Tbilisi sanapiro # 6
JSC "Gefa" (Pharmadepo)	Tbilisi sanapiro # 6

## Regions

Dental providers		
District	Name	Address
<b>Ajara</b>		
Batumi	LTD „New Dent"	Batumi, # 20 of Selim Khimshiashvili
Batumi	Ltd Stoma Dent	Batumi, Melashvili str. # 24
<b>Guria</b>		
Ozurgeti	Ltd Smile-Dent	Ozurgeti, Eristavi str. #5
<b>Imereti</b>		
Kutaisi	LTD „New Dent"	Kutaisi, Paolo lashvili str. # 9
Kutaisi	Ltd. G.M. Dental Group	Kutaisi, Nikea St. # 76
<b>Kakheti</b>		
Telavi	CSR Merab Nadirashvili and Company	Telavi, Nadikvari str. # 9
<b>Samegrelo</b>		
Poti	Ltd Dental Class	Poti, St. Nino str. # 3
Zugdidi	LTD „New Dent"	Zugdidi, Kostava str. # 1
Zugdidi	Ltd Smile-Dent	Zugdidi, Tamar Mepe str. # 8
<b>Kvemo Kartli</b>		
Rustavi	Ltd Dental Art	Rustavi, Gzirishvili str #12b
<b>Samtskhe-Javakheti</b>		
Akhalsikhe	I/E Arthur Balasanyan	Akhalsikhe, Manvelishvili Str. #27
<b>Shida Kartli</b>		
Gori	I/E Maya razmadze	Gori, Kherkheulidze street # 25
<b>Outpatient and Inpatient providers</b>		
<b>Ajara</b>		
Batumi	JSC "EVEX Clinics" - Batumi Policlinic	Batumi, # 20 of Selim Khimshiashvili
Batumi	JSC "EVEX hospitals" - Batumi Referral Hospital	Batumi, Bagrationi str. #125
Batumi	JSC "EVEX hospitals" - M.lashvili Batumi's Maternal and Child Health Center	Batumi, Airport highway # 64
Batumi	Ltd Med Emergens	Batumi, Melikishvili str. # 102 b
Batumi	Ltd Davit Tatishvili Medical Center - Batumi	Batumi, Bagrationi St. # 129
Kobuleti	JSC "EVEX hospitals" - Kobuleti Hospital	Kobuleti, Abashidze str. # 18
Khulo	JSC "EVEX Clinics" - Khulo clinic	Khulo, Aghmashenebeli ave. # 1
Keda	JSC "EVEX Clinics" - Keda clinic	Keda, Rustaveli str. # 14
Shuakhevi	JSC "EVEX Clinics" - Shuakhevi clinic	Shuakhevi, Rustaveli str. # 32

<b>Guria</b>		
Lanchkhuti	LtdRegional Healthcare Center - Lanchkhuti	Lanchkhuti, Chanturia str. # 21
Chokhatauri	Ltd "Health House in Guria" (Mamqoli)	Chokhatauri, Chavchavadze str. # 1
Lanchkhuti	LTD Medalpha-Lanchkhuti	Lanchkhuti, n. Zhordania str. # 136
Ozurgeti	LTD Medalpha-Ozurgeti	Ozurgeti, Ninoshvili str. # 3
Chokhatauri	LTD Medalpha-Chokhatauri	Chokhatauri, Tbilisi str. # 10
<b>Imereti</b>		
Kutaisi	JSC "EVEX hospitals" - Kutaisi Referral Hospital	Kutaisi, Otskheli str. # 2
Kutaisi	JSC "EVEX Clinics" - St. Nicholas Medical Center	Kutaisi, Paolo Iashvili str. # 9
Kutaisi	Kutaisi d. Nazarishvili Family Medicine and Family Medicine Regional Training Center	Kutaisi, Tamar Mepe str. # 5/7
Kutaisi	Ltd Medical Center of Western Georgia	Kutaisi, Javakhishvili str. # 83a
Kutaisi	JSC "Evex Hospitals" - Christina Kiel Oncology Center	Kutaisi, Javakhishvili str. # 85
Kutaisi	LTD Regional Health Center - O. Chkhobadze Kutaisi Multi-profile Medical Institution	Kutaisi, Tolbukhin st. # 16
Zestafoni	Ltd Ferromed	Zestafoni, Maghlakhelidze str. # 4
Zestafoni	LtdGeo hospitals Ambulatory center of Zestafoni	Zestafoni, d. Builder I ent. # 1
Zestafoni	LtdGeo hospitals Zestafoni Multiprofile medical center	Zestafoni, Kekelidze and Melkadze streets crossing
Tskaltubo	Ltd Tskaltubo District Hospital	Tskaltubo, Eristavi str. # 16
Khoni	JSC "EVEX Clinics" - Khoni clinic	Khoni, Solomon II St. # 17
Khoni	LtdGeo hospitals Khoni Ambulatory Center	Khoni, Chanturia str. # 12
Terjola	JSC "EVEX Clinics" - Terjola clinic	Terjola, Rustaveli street # 69
Tkibuli	JSC "EVEX Clinics" - Tkibuli clinic	Tkibuli, Tabukashvili str. # 10
Kharagauli	LtdRegional Healthcare Center - Kharagauli	Kharagauli, Devdariani str. # 41
Baghdati	Ltd "Geo hospitals" - Baghdad Multiprofile medical center	Baghdati, Kakhiani str. # 84
Samtredia	Ltd "Geo hospitals" of Samtredia Multiprofile medical center	Samtredia, Kostava str. # 13
Samtredia	Ltd"Geo hospitals" –samtredia Ambulatory Center	Samtredia, Chanturia str. # 2
Chiatura	Ltd "Geo hospitals" –chatura Multiprofile medical center	Chiatura, Chanturia str. # 20
Chiatura	Ltd"Geo hospitals" –Chiatura Ambulatory Center	Chiatura, David Agmashenebeli str. #14
Vani	LtdGeo hospitals Vani medical center	Vani, Freedom Str. # 84
<b>Kakheti</b>		
Telavi	JSC "EVEX hospitals" -Telavi's Referral Hospital	Telavi, Sekhniashvili str. # 1
Telavi	Ltd Children's Health Center	Telavi, Aladashvili str. # 2
Telavi	JSC "EVEX Clinics" -Telavi's Polyclinic	Telavi Arsenishvili's 15
Akhmeta	JSC "EVEX Clinics" - Akhmeta clinic	Akhmeta, Rustaveli str #78a
Kvareli	JSC "EVEX Clinics" - Kvareli clinic	Kvareli, Chavchavadze str#3a
Sagarejo	LtdGeo hospitals Sagarejo Multiprofile Medical Center	Sagarejo, Kakheti highway # 13
Gurjaani	Ltd "Geo hospital" - Gurjaani multiprofile medical center	Gurjaani, Marjanishvili str. # 35
Dedoplistskaro	LtdRegional Healthcare Center - Dedoplistskaro	Dedoplistskaro, Natroshvili str.
Lagodekhi	LTD Archimede Clinic „Lagodekhi"	Lagodekhi, April 9 # 1
Sighnaghi	LTD Archimede Clinic „Sighnaghi"	Sighnaghi, Peace St. # 1
Sighnaghi	LTD Archimede Clinic „Sighnaghi"- Ambulatory Center	Sighnaghi, Agmashenebeli Square # 15
<b>Mtskheta-Mtianeti</b>		
Mtskheta	Ltd Mtskheta Primary Health Care Center - Healthy Generation	Mtskheta, Kostava str. # 28
Kazbegi	Ltd "Regional Healthcare Center" - Kazbegi	Kazbegi, Stepantsminda, A.Kazbegi st. # 35
Tianeti	Ltd "Regional Healthcare Center" - Tianeti	Tianeti, Rustaveli str. # 75
Mtskheta	Ltd "Geo hospital" - Mtskheta Multiprofile medical center	Mtskheta, Ghvinjilia str. # 5
Dusheti	Ltd "Geo hospitals" - Medical Center of Dusheti	Dusheti, Stalin str. # 71
<b>Racha-Lechkhumi</b>		
Ambrolauri	LtdRegional Healthcare Center - Ambrolauri	Ambrolauri, Bratislava str. # 11
Oni	LtdRegional Healthcare Center-Oni	Oni, Vakhtang Sixth Ave. # 10
Tsageri	LtdRegional Healthcare Center - Tsageri	Tsageri, Rustaveli str. # 31
Lentekhi	Ltd "Regional Healthcare Center" - Lentekhi	Lentekhi, Agmashenebeli ave. # 1
<b>Samegrelo</b>		
Zugdidi	JSC "EVEX hospitals" -Zugdidi's Referral Hospital	Zugdidi, K. Gamsakhurdia str. # 206
Zugdidi	JSC "EVEX Clinics" - Zugdidi's Polyclinic	Zugdidi, Kostava str. # 1
Poti	JSC "EVEX Clinics" - Poti Polyclinic	Poti, Gamsakhurdia str. St. # 6
Poti	JSC "EVEX hospitals" - Poti Hospital	Poti, Guria str. # 171

Mestia	Ltd Mestia Hospital-Ambulatory Union	Mestia, Gabliani str. # 13
Senaki	Ltd "Medicare-Senaki Family Medicine Center"	Senaki, Vakhania Street. # 1
Khobi	JSC "EVEX Clinics" - Khobi clinic	Khobi, Chkondideli str. # 2
Tsalenjikha	JSC "EVEX Clinics" - Tsalenjikha clinic	Tsalenjikha, Churghulia str. # 6
Chkhorotsku	JSC "EVEX Clinics" - Chkhorotsku clinic	Chkhorotsku, Aghmashenebeli ave
Martvili	JSC "EVEX Clinics" - Martvili clinic	Mumbling, peace st. # 111
Abasha	JSC "EVEX Clinics" - Abasha clinic	Abasha, Freedom Str. # 143
Senaki	LTD Archimede Clinic "Senaki"	Senaki, Rustaveli str. # 10
Senaki	LTD Sena-med	Senaki, Tchkondideli str. #13
<b>Samtskhe-Javakheti</b>		
Adigeni	JSC "EVEX Clinics" - Adigeni clinic	Adigeni, balakhishvili str. #11
Akhaltzikhe	JSC "EVEX hospitals" - Akhaltzikhe Referral Hospital	Akhaltzikhe, Rustaveli str. # 105 a
Akhaltzikhe	Ltd Natia 777	Akhaltzikhe, Tamarashvili Street # 12
Aspindza	JSC "EVEX Clinics" - Aspinda clinic	Aspindza, Shalva Akhaltzikhe Street # 1
Akhalkalaki	JSC "EVEX hospitals" - Akhalkalaki Hospital	Akhalkalaki, Aghmashenebeli ave
Ninotsminda	JSC "EVEX Clinics" - Ninotsminda clinic	Ninotsminda, Freedom Street # 48
Borjomi	Ltd "Geo hospitals" - Borjomi multiprofile medical center	Borjomi, Saakadze Str. # 3
<b>Kvemo Kartli</b>		
Rustavi	JSC Rustavi N2 Medical-Diagnostic Center	Rustavi, Meshkishvili str. # 1
Rustavi	Ltd Clinic Rustavi	Rustavi, 7m / r
Rustavi	JSC Rustavi Children's Hospital	Rustavi, St. Nino St. #3
Bolnisi	Ltd "Bolnisi Central Clinic"	Bolnisi, Aghmashenebeli str. # 25
Tetritskaro	LtdRegional Healthcare Center - Tetritskaro	Tetritskaro, Rustaveli str. # 34
Dmanisi	Ltd Regional Healthcare Center - Dmanisi	Dmanisi, Tsminda Ninos str. # 37
Gardabani	Ltd "Geo hospitals" - Gardabani multiprofile medical center	Gardabani, Leselidze str. # 1
Marneuli	Ltd"Geo hospitals"– marneuli Multiprofile medical center	Marneuli, former military town area
Marneuli	LtdGeo hospitals Marneuli maternity and outpatient center	Marneuli, Rustaveli Str.№112
Tsalka	Ltd"Regional Healthcare Center" –Tsalka	Tsalka, Takaishvili st. # 4
<b>Shida Kartli</b>		
Gori	The Military Hospital of Giorgi Abramishvili Ministry of Defense of Georgia	Gori, Chavchavadze str. # 56
Gori	Ltd Nova Medi	Gori, Chavchavadze str. # 8
Gori	Ltd Medical centri	Gori, Sukhiashvili str. # 63
Gori	Ltd Jumber Gogiashvili's clinic	Gori, Tskhinvali highway # 14
Kareli	Ltd "Alliani Medi" - Kareli Hospital	Kareli, Panaskerteli str. # 30
Khashuri	Ltd "New Clinic"	Khashuri, Rustaveli street # 40
Kaspi	Ltd Marimedi	Kaspi, Saakadze str. # 110
Kaspi	Iamze Khamkhadze	Kaspi, Parnavazi str. # 2
Kaspi	that. "Irine Gugushvili"	Kaspi, Parnavazi str. # 2
Kaspi	LTD Medalpha-Kaspi	Kaspi, Saakadze str. # 27 b

Specific provider clinic indicated by the Insurer where planned out-patient service shall be carried out without exceptions – “**David Tatishvili Health Center**” Ltd.

## Public Accident Insurance

(In case of a trilateral agreement it shall apply only to the Insured and in case of bilateral or bilateral with co-funding agreement – only to the employees of the Insured)

### 1. Conditions of Insurance Coverage, Service Provision and Reimbursement

1.1. **Death** – implies payment of a fixed amount to an inheritor(s) (**the Beneficiary**) of the **Health Insured** only in case of death due to an accident (except corresponding exceptional cases) during the **Insurance Period**. Disappearance (missing) of the **Health Insured** shall not be deemed as death.

1.1.1. **In case of death of the Health Insured due to an accident during the Insurance Period, the Beneficiary** shall contact the **Insurer** within 24 (twenty four) hours through the Call Centre and inform them on occurrence of the **Insurance Event** not later than 14 (fourteen) calendar days from its occurrence. To obtain the reimbursement the following documents should be submitted:

- 1.1.1.1. The **Health Insured's** death certificate (with date and place of death, date of birth and other information defined under the legislation);
- 1.1.1.2. Medical certificate on the death of the **Health Insured**;
- 1.1.1.3. A certificate issued by corresponding law enforcement bodies on the case; expert conclusion on the reason of death; if a criminal case is filed in relation to the case – the case related documentation (case material) at hand of investigation;
- 1.1.1.4. The Certificate of Right to Inherit of the **Beneficiary**, which establishes the share of the inheritor, if such person is not directly pointed out as the **Beneficiary** in the application completed by the **Health Insured**;
- 1.1.1.5. **The ID card proving the Beneficiary's identity**;
- 1.1.1.6. Insurance card;
- 1.1.1.7. Written application on requesting disbursement of the insurance amount;

**The Insurer** has the right to require a document issued by a corresponding competent body identifying the reason of the death of the **Health Insured**, if the death of the **Health Insured** is not caused by an **accident**; in case of the death caused by an **accident** submission of such document is absolutely mandatory;

Resulting from the specificity of the case the **Insurer** has the right to require additional documentation related to the case.

The amount shall be disbursed within 20 (twenty) calendar days from the date of submission of all the above mentioned documents.

If the documents proving the accident are not submitted the **Insurer** shall have the right not to review the **Insurance Event** and refuse payment of the insurance amount.

1.2 **Total Permanent Disability** – means payment of the fixed insurance amount to the **Health Insured/Beneficiary** in case of total permanent disability caused only by an **accident** (except corresponding exceptional cases) in the course of individual insurance period.

1.2.1 In case of **total permanent loss of labor ability as the result of an accident in the course of insurance period** it is mandatory to inform the **Insurer** within 24 (twenty four) hours through the Call Centre not later than 14 (fourteen) calendar days from occurrence of the **Insurance Event**. After informing the **Insurer** on the **Insurance Event**, the **Insurer** should be provided with the documents proving the **accident**, particularly, a document on circumstances of the **accident** and details of the results issued by a corresponding law enforcement bodies. Except the document proving the **accident**, the **Insurer** shall have the right to require the **Health Insured (Beneficiary)** to submit the accident related additional documents. In 12 (twelve) months from occurrence of the **Insurance Event**, with the purpose of recognition of the **Insurance Event** by the **Insurer**, the **Insurer** shall be submitted a document confirming occurrence of total permanent disability, particularly, medical social expert conclusion. To obtain the insurance amount it is necessary to submit also an insurance card, the **ID of the Beneficiary** and written application on requesting reimbursement of the insurance amount.

The **Insurer** shall have the right to require the **Insured** to submit additional documents and carry out an independent examination.

The insurance amount shall be paid within 20 (twenty) calendar days upon submission of the above mentioned documents and other necessary documents considered under the insurance agreement by the **Insurer**.

If the documents proving the accident are not submitted the **Insurer** shall have the right not to review the **Insurance Event** and refuse payment of the insurance amount.

**1.3 Partial Permanent Disability** – functional paralyzing and/or amputation of extremities and sensory organs directly caused by an **accident**; in case of partial permanent disability caused by the **accident**, the coverage considers reimbursement to the **Health Insured** the percentage share of the insurance amount corresponding to the level of disability given in compliance with the table:

- paralyzing of an arm or amputation in the upper third of a shoulder joint - 70%
- paralyzing of an arm or amputation in the lower third of a shoulder joint - 65%
- paralyzing of an arm or amputation below the elbow joint - 60%
- paralyzing or amputation of a hand - 55%
- paralyzing or amputation of a thumb - 20%
- paralyzing or amputation of a forefinger - 10%
- paralyzing or amputation of any other finger of a hand - 5%
- paralyzing or amputation of a leg in the upper third of a thigh - 70%
- paralyzing or amputation of a leg in the lower third of a thigh - 60%
- paralyzing or amputation of a leg below the knee - 50%
- paralyzing or amputation of a leg in the middle part of a shin - 45%
- paralyzing or amputation of a foot of one leg - 40%
- paralyzing or amputation of a hallux - 5%
- paralyzing or amputation of any other toe of a leg - 2%
- unilateral total loss of eyesight - 50%
- unilateral total loss of hearing - 30%
- loss of smell - 10%
- loss of sense of taste - 5%

- If the **accident** causes joint injuries to the **Health Insured's** sense organs and/or extremities, then the amount of insurance payment will be 100% of the insurance limit (insurance amount).
- If there is covered the death caused by the **accident** and the **Health Insured** has died within a year's period from the **Insurance Event** as the result of the **accident**, then the insurance amount shall be full insurance amount less the injury already reimbursed by the **Insurer**.
- If the **Health Insured** has died as the result of other reasons apart from the **insured** risks or died as the result of any reason in a year and had a claim submitted to the insurance company in regard to loss of labor ability, reimbursement shall be made in compliance with the conditions of loss of labor ability and its level, which was possible according to the existing medical investigations.

**1.3.1 When partial permanent loss of labor ability by the Health Insured as the result of an accident during the insurance period**, the **Health Insured** shall contact the **Insurer** within 24 (twenty four) hours through the Call Centre and notify on the **Insurance Event** not later than 14 (fourteen) calendar days from occurrence of the **Insurance Event**. To obtain the reimbursement the following documents should be submitted:

- 1.3.1.1 a medical conclusion and other similar documents on the character and level of the injury caused to the **Health Insured** or the reason of his/her death; also, on possible being of the **Health Insured** under the influence of alcohol, drugs or toxic substances at the moment of injury occurrence;
- 1.3.1.2 any other document required by the **Insurer**, which has material significance for definition of the insurance amount, which will be defined by the **Insurer** if necessary;
- 1.3.1.3 insurance card;
- 1.3.1.4 **ID card**;
- 1.3.1.5 A written application of the **Health Insured** requiring disbursement of the insurance amount.

## **2. Exceptions**

**2.1. In compliance with the insurance agreement, the following cases of death caused by an accident shall not be covered/reimbursed:**

- 2.1.1. If death directly or indirectly is caused by or is resulting from the events such as: war, occupation, any type of fighting/military actions, civil war, revolt, revolution, strike, confiscation or nationalization by any authority, actions of any individual acting under the assignment of any organization or independently and aims to overthrow *de jure* or *de facto* government or have an influence on it through terrorist or force methods;
- 2.1.2. If death directly or indirectly is caused by or is resulting from ionizing radiation, radioactive pollution of the environment, combustion of nuclear fuel;
- 2.1.3. If death directly or indirectly is caused by or is resulting from being of the **Health Insured** under the influence of alcohol substances; or if the **Health Insured** was under the influence of drugs, psychotropic or toxic substances at the moment of the accident;
- 2.1.4. If death directly or indirectly is caused by or is resulting from the suicide committed by the **Health Insured** or suicide attempt or deliberate self-mutilation;
- 2.1.5. If death is a result of murdering the **Health Insured**, the direct or indirect participant of which is the **Beneficiary** or any person being interested in obtaining the amount as the result of death;
- 2.1.6. If death is a result of committing a criminal offence or attempting the similar under the Criminal Code by the **Health Insured**;
- 2.1.7. If death is a result of the **Health Insured's** mental illness or mental deterioration;
- 2.1.8. If death directly or indirectly is caused by or is resulting from being of the **Health Insured** in any aircraft, entering or leaving it, except travelling by a licensed multi-engine air transport being operated by a licensed air carrier;
- 2.1.9. If death directly or indirectly is caused by or is resulting from being of the **Health Insured** in military force or police service or participation of their activities;
- 2.1.10. If death directly or indirectly is caused by or is resulting from participation of the **Health Insured** in any type of speed competition;
- 2.1.11. If death is a result of the **Health Insured** having AIDS/ being HIV infected;
- 2.1.12. If death directly or indirectly is caused by or is resulting from putting himself/herself under dangerous conditions except the cases when such action of the **Health Insured** is directed to saving of an individual's life;
- 2.1.13. If death directly or indirectly is caused by or is resulting from betting conditions, acrobatic tricks, beating a record or similar by the **Health Insured**;
- 2.1.14. If death is consequence of any complication related to delivery or pregnancy;
- 2.1.15. If death directly or indirectly is caused by or is resulting from participation of the **Health Insured** in professional sport events (competition, training, exhibition performance);
- 2.1.16. If death directly or indirectly is caused by or is resulting from participation of the **Health Insured** in the following types of amateur sport: various forms of fighting, scuba diving, jumping with a parachute or hang glider, rock climbing, alpinism, speleology.

**2.2. In compliance with the insurance agreement, the following cases of total permanent and partially permanent loss of disability caused by an accident shall not be covered/reimbursed:**

- 2.2.1. If disability directly or indirectly is caused by or is resulting from the events such as war, occupation, any type of fighting/military actions, civil war, revolt, revolution, strike, confiscation or nationalization by any authority, actions of any individual acting under the assignment of any organization or independently and aims to overthrow *de jure* or *de facto* government or have an influence on it through terrorist or force methods;
- 2.2.2. If disability directly or indirectly is caused by or is resulting from nuclear energy (nuclear reactions, irradiation, pollution);
- 2.2.3. If disability directly or indirectly is caused by or is resulting from ionizing irradiation or pollution due to radioactivity as a result of nuclear fuel or its combustion;
- 2.2.4. If disability directly or indirectly is caused by or is resulting from participation of the **Health Insured** in marine, military or air force service or their activities;
- 2.2.5. If disability directly or indirectly is caused by or is resulting from participation of the **Health Insured** in any speed competition;
- 2.2.6. If disability directly or indirectly is caused by or is resulting from being of the **Health Insured** in any aircraft, entering or leaving it, except travelling by a licensed multi-engine air transport being operated by a licensed air carrier;
- 2.2.7. If disability is a result of the **Health Insured's** mental illness or mental deterioration;
- 2.2.8. If disability directly or indirectly is caused by or is resulting from alcohol or drug intoxication of the **Health Insured**, or if the accident took part while being of the **Health Insured** under influence of alcohol, drugs or psychotropic substances;
- 2.2.9. If disability directly or indirectly is caused by or is resulting from the **Health Insured's** infectious disease;
- 2.2.10. If disability directly or indirectly is caused by or is resulting from food intoxication of the **Health Insured**;
- 2.2.11. If disability directly or indirectly is caused by or is resulting from committing a criminal offence or attempting the similar under the Criminal Code by the **Health Insured**.