

1. Definition of Terms

- 1.1. **"Insurer"** - JSC "International Insurance Company IRAO" (hereinafter referred to as "IRAO/Insurer/Company"), which carries out insurance activities in accordance with the law and concludes this contract with the Policyholder.
- 1.2. **"Policyholder /Agent"** - a person that has concluded an insurance contract with an Insurer and pays an Insurance Premium, JSC Credo Bank (ID 205232238).
- 1.3. **"Insured" ("Beneficiary")** - a citizen of Georgia aged 0-66 years, an insured person who receives an insurance compensation. Herewith, cases when the Insured is on inpatient treatment at the time of insurance are not subject to compensation. The specified restriction does not apply to persons who previously used the services of retail medical insurance of JSC "International Insurance Company IRAO", and when the interval between insurance periods does not exceed 14 (fourteen) consecutive calendar days;
- 1.4. **"Family Member"** – spouse, child/step-child, parent, sister/brother of the Insured (family ties are confirmed by a marriage/baptism or birth/adoption certificate).
- 1.5. **"Amount of Insurance"** - the maximum amount of insurance compensation - the maximum limit of the Insurer's liability.
- 1.6. **"Insurance Policy"** is a document confirming insurance, owned by the Insured and issued in accordance with these terms and conditions.
- 1.7. **"Insurance Compensation"** - the amount payable by the Insurer to the Insured, Beneficiary upon the occurrence of an Insured Event according to the scheme provided for by these terms and conditions.
- 1.8. **"Premium"** - the amount of money (insurance price) to be paid by the Policyholder to the Insurer for the insurance price provided for by this Contract. The Premium is calculated based on the specific item of insurance, risks and other relevant factors. The amount of the Premium is determined by the relevant policy.
- 1.9. **"Co-payment"** - a part of the medical service that is not reimbursed by the Insurer under these terms and conditions.
- 1.10. **"Coverage"** - a part of medical services reimbursed by the Insurer under these terms and conditions.
- 1.11. **"Limit"** - the total maximum amount of the Coverage for a particular service.
- 1.12. **"Sublimit"** - is a part of the limit which sets the maximum amount of compensation for a particular service.
- 1.13. **"Daily Limit for Cash Payments"** - the amount specified in Appendix No. 1, which is the maximum amount for cash payments within 24 hours;
- 1.14. **"Insurance Territory"** - geographical area of insurance; this insurance is valid only on the territory of Georgia within its jurisdiction.
- 1.15. **"Damage"** - damage caused to the Insured (Beneficiary) due to an Insured Event resulted from the occurrence of risks specified in this Contract.
- 1.16. **"Insured Event"** - an actual event upon the occurrence of which this Contract provides for the payment of Insurance Compensation by the Insurer (in favor of the Insured, the Beneficiary).
- 1.17. **"Insurance Risk"** - the need for medical and emergency services for the Insured.
- 1.18. **"Accident"** - a sudden, unexpected event that occurred regardless of the will of the Insured as a result of force and resulted in permanent disability of the Insured or their death.
- 1.19. **"Death"** (fatal outcome) - the irreversible cessation of the functioning of the human brain.
- 1.20. **"Exception"** - an event that is not considered an Insured event according to the Insurance Terms and is not subject to compensation.
- 1.21. **"Force Majeure"** - natural disaster, strike, lockout, act of terrorism, subversive action, sabotage, military/combat act, civil unrest, revolution, epidemic, confiscation, nationalization, requisition and other similar events beyond the control of the Party(s) and which are they cannot avoid.
- 1.22. **"Short Term Principle"** - adding a part of the full Contractual Premium to the Premium earned in proportion to the term in case of early termination of insurance.
- 1.23. **"Waiting Period"** - the period during which the Insured shall not be compensated for the damage.
- 1.24. **"Standard Ward"** - a ward, the material and technical equipment of which fully ensures the provision of medical services in full.
- 1.25. **"Nonstandard Ward"** - improved Standard Ward for individual comfort.
- 1.26. **"Intensive Care Ward"** - a ward, the material and technical equipment of which fully ensures the provision of intensive care services in full.
- 1.27. **"Bed-day"** - services provided during the day and at night in a hospital (inpatient) medical facility.
- 1.28. **"Provider"** - a medical facility that is in a contractual relationship with the Insurer, which, on the basis of an agreement concluded with the Insurer, shall provide the Insured with appropriate medical care in the scope of services specified in the Insurance Contract in the event of an Insured Event.

- 1.29. "ICD-10" - disease codes provided for by the 10th revision of the International Classification of Diseases. (<http://classifications.moh.gov.ge/Classifications/Pages/ViewICD10.aspx>)
- 1.30. "**Positive List**" - a complete list of medical interventions, manipulations and/or services (codes according to ICD 10), which are covered by the Insurance Coverage provided for by the relevant clause.
- 1.31. "**Continuous Insurance Period**" - a time interval, which is counted backwards from the start date of the insurance period, and during which a person had corporate insurance in private insurance companies licensed in Georgia for a period of 24 (twenty-four) months, so that that the break period between each previous and subsequent period of insurance does not exceed consecutive 14 (fourteen) calendar days; to confirm the Continuous Insurance Period, immediately after signing the Contract, the Insured shall provide an official letter from the insurance company in which he/she was insured, indicating identification data and insurance period, in order to cancel the status of the First-time Insured and so that the Waiting Period does not apply to him/her.
- 1.32. "**First-time Insured**" - an Insured who had no insurance (even in different private insurance companies) before the start of the insurance period or if the gap between insurance periods exceeds 14 (fourteen) consecutive calendar days;
- 1.33. "**Amount of Liability**" - the amount within which the Insurer reimburses the cost of services rendered in accordance with the Insurance Terms.
- 1.34. "**Medical Indication**" - the need for medical intervention (diagnosis and/or treatment) associated with a health condition, which is determined by a physician of the relevant medical specialty/subspecialty (profile) (actor of independent medical activity) in compliance with the current protocols and guidelines in the country, or international protocols and guidelines in the absence of the relevant protocols and guidelines in the country.
- 1.35. "**Reporting Month**" - the period from the first day of the month to the last calendar day of the month.