

## **Non-resident Short Term Medical Insurance Contract / Terms N:**

The Insurance is carried out under Legislation of Georgia and below stated provisions.

The insurance policy is valid only in case of an insurance case established in Georgia during the insurance period.

### **1. DEFINITIONS**

Terms used in the present “Non-resident Short Term Medical Insurance Policy Wording” have the following meanings:

**INSURER** – JSC “insurance group of Georgia“ (hereafter Insurer).

**INSURED** – The person who signs the contract with insurance company and pays premium.

**BENEFICIARY** – Insured Person(indicated in insurance policy/Legal Heir, who is entitled to receive insurance reimbursement under these terms.

**INSURANCE POLICY** – document confirming the signing of the agreement between Insured and Insurer and defining the terms and conditions of this agreement.

**INSURED EVENT**- Within Georgia, during the period specified in the policy, the occurrence of which, in accordance with these conditions, gives rise to an obligation of the insurer to pay the insurance indemnity

**INSURANCE PERIOD** – period of time specified in the insurance policy during which this Insurance is in force;

**INSURANCE PREMIUM** – sum indicated in the insurance policy and is paid by the Insured;

**INSURANCE AREA** - within the scope of this agreement, the listed insurance cases carried out on the territory of Georgia will be covered.

**REPORTED CLAIM** – a claim raised by the Insured against Insurer, in the manner specified by the later, about indemnification of loss;

**LIMIT/SUBLIMIT OF LIABILITY** –maximal amount of indemnity (per coverage) indicated in the insurance policy;

**INSURANCE INDEMNITY** - In case of satisfaction of the claimed claim, the insured will be reimbursed within the relevant limit / sublimit.

**DEDUCTIBLE** – the amount specified in the insurance contract by which the total indemnity for each and every loss or damage resulting from a single occurrence shall be reduced.

**ACCIDENT** - A sudden, unexpected, unusual, specific, violent, external event which occurs at a single identifiable time and place and independently of all other causes, results directly, immediately and solely in physical bodily injury which results in a Loss. In no event shall the contracting of any disease and/or illness, nor the injection or ingestion of any substance, be considered an Accident. An event that directly or indirectly exacerbates a previously existing physical bodily injury shall not be considered an Accident.

**SUDDEN ILLNESS** –an instance of illness occurring suddenly, requiring immediate medical assistance.

**URGENT CONDITION** – worsening of health condition due to an accident or sudden illness, which appears to be life threatening and needs emergency medical care.

**EMERGENCY MEDICAL CARE** – urgent medical service rendered by emergency crew to the Insured due to accident or sudden illness and/or transportation of the Insured to the nearest hospital for further adequate treatment.

**URGENT OUTPATIENT TREATMENT** - an urgent medical treatment not related to a hospital stay or stay at any other medical Centre continuing for at least 24 hours.

**URGENT HOSPITAL TREATMENT** – inpatient treatment of Insured being in urgent condition lasting more than 24 hours.

**URGENT DENTAL TREATMENT** – expenses incurred only for the relief of acute pain and urgent tooth extraction according to the diagnosis.

**REPATRIATION**- Repatriation as a result of an insured event includes:

a) The cost of repatriation at the death of the insured person;

b) The cost of specialized medical transportation (transfer) to the home country due to medical testimony.

**SPORT ACTIVITIES** - All kinds of amateur sport activities, including racing (by car, motorcycle, water motor boat), air sports, rope jumping, diving, mountaineering, winter sports.

2. **POLICY PERIOD** - Indicated in the policy including the first and last day. The maximum period of validity of the policy is 6 months.
3. **INSURANCE COVERAGE** - In case of Insured Event within the limits of liability defined by the policy Insurer offers:  
Indemnification of costs for Emergency Medical Care  
Indemnification of costs for Urgent Outpatient Treatment  
Indemnification of costs for Urgent Hospital Treatment  
Indemnification of costs for Urgent Dental Treatment  
Indemnification of costs for repatriation of Insured (diseased, injured, deceased)
4. **INSURANCE LIMIT** - policy would cover:
- a) Costs of medical services provided to the insured 35,000 GEL
  - b) In case of death of the insured, costs related to repatriation 5,000 GEL
- a) The insurance policy covers the following medical services:
- Emergency medical care - Full indemnification of expenses without deductible
  - Urgent outpatient treatment- Expenses are reimbursed with a limit of 4,000 GEL (deductible: 200 GEL for each and every case)
  - Urgent hospital treatment - Indemnification of urgent hospital treatment expenses not exceeding 30,000 GEL. Among them: emergency inpatient services in the intensive care unit - the sublimit is 10,000 GEL; The sub-limit for exacerbation of pre-insured (chronic and/or oncological) diseases is 5,000 GEL.
  - Urgent dental treatment - Indemnification of expenses incurred for the relief of acute pain and an urgent tooth extraction according to the diagnosis within the total limit of 1,000 GEL (deductible: 100 GEL for each and every case)
  - Repatriation expenses - Indemnification of costs for repatriation of Insured Person(diseased, injured), with the sublimit 5,000 GEL. A decision of repatriation shall be taken by the Company's medical expert on the basis of a physician advice. Should the Company's medical expert group considers necessary to repatriate an insured, but the latter refuses repatriation, the Company reserves to immediately cancel the contract signed with an insured and exempts liability to indemnify medical, hospitalization and repatriation expenses of an Insured Person.
- b) In case of death of Insured: Repatriation expenses  
In case of death of the Insured Person, Insurer shall indemnify expenses for transportation of the body or ashes to the Insured's home country. Also, in case of the death of the Insured Person, the costs incurred for the funeral at his place will be reimbursed. Sublimit 5,000 GEL

## 5. **INSURANCE INDEMNIFICATION**

In case of Insured Event, Insured shall notify Insurer about the event occurrence as soon as possible, within 24 hours at the following phone: +995 (32) 22 44 111; +995 (32) 22 11 444.

In the event that such notice period is breached due to force majeure or medical reason, the insurance company will consider such case taking into account the position of a bona fide insurer.

The notification should include the following information: the insured's name, surname, personal number, name of the medical institution, time of application to the medical institution;

- a) In the presence of a proper notice, the insured is exempted from paying the share of the cost of services stipulated by the insurance conditions;
- b) In the event that the insured pays the service amount in full, he applies to the insurance compensation office within 30 calendar days after the end of the service. The necessary documentation for reimbursement includes: passport, form N-100 (detailed description of services received) certified by the

seal and signature of the service institution/doctor, detailed assessment/calculation of services, cash register/terminal receipt confirming payment, cash register/terminal income order;

In case of return to home country by specialized transportation due to medical indications, in order to receive insurance reimbursement, the company must submit a certificate issued by the treating medical institution about the necessity and possibility of such medical transportation, as well as measures supporting the transportation. Invoice directly from the carrier indicating the intended carriage and the fulfillment of the relevant conditions. If the insured party will pay the said expenses themselves, the insurance company must additionally submit a document confirming the payment within 30 days after the transfer.

In case of the death of the insured, an invoice for ritual expenses and transportation must be submitted during the transfer to the homeland of the deceased. If the insured party will pay such expenses themselves, the insurance company must additionally submit a document confirming the payment within 30 days of repatriation.

In case of the insured's death and/or bodily injury as a result of an accident, the insurer is entitled to request a medical examination report. Absence of the mentioned document can be a reason for refusal of payment by the insurer.

#### **Reimbursement of travel expenses of the relevant accompanying person**

If during the transportation of the insured (sick, injured) it is necessary for the accompanying person to resign (on the basis of the opinion of the attending physician), the insurer will reimburse the travel expenses of this person within the limits of the repatriation limit if it is not possible to use the ticket to return to the country of the said person.

#### **Insurance reimbursement;**

In order to receive insurance compensation, a written opinion of the insured's treating physician about the need for a leave of absence during the transportation of the insured, as well as documentation confirming the expenses of the accompanying person (travel ticket) must be submitted.

## **6. EXCLUSIONS:**

Non-resident short-term medical insurance Policy does not cover expenses arising from:

- Diseases which do not require emergency assistance and which do not prevent insured from continuing the journey.
- Accident occurring during a civil war or a war with a foreign country, riots, demonstrations, acts of terrorism or sabotage, disturbances.
- All damage or expenses caused by a source of radioactivity.
- All damage or expenses caused by pandemic, epidemic, pollution and natural disasters.
- Injuries caused by influence of alcohol, narcotic and psychotherapeutic drugs or from toxic effect of drugs not prescribed by a registered qualified medical practitioner.
- Commitment of any criminal act as well as the consequences of acts of suicide or attempts of suicide by Insured.
- Chronic or pre-existing diseases except of reanimation/intensive treatment expenses of the first five days, pre-existing defects, congenital physical or mental defects.
- Psychic diseases.
- Pregnancy, delivery or any of their complications.

- Sterility examination and treatment, contraception.
- Reimbursement of expenses for the treatment of diseases that were detected before the insured's trip and the treatment of which was not carried out or was not completed before the arrival in Georgia.
- Sexually transmissible diseases, AIDS, B and C Hepatitis.
- Events occurring due to Insured's unnecessarily running the risk of danger (other than an attempt to save other person's life) Spa cure, medical massage and treatment for cosmetic purposes Prosthesis (including operation) and transplantation.
- Immunization/vaccination (except emergency vaccination)
- Consultations and treatment at non-licensed medical institutions and by non-certified private persons.
- Planned medical treatment or consultation. A trip undertaken for the purpose of receiving medical treatment or advice.
- Purchasing eye glasses, contact lenses, dentures and hearing aids.
- Indemnification of insured's medical or repatriation expenses arising from insured's injury or death resulting from transport catastrophe – air, marine and train crash.
- Injuries received while the insured is participating in any maneuvers or training exercises of the armed forces.
- expenses arising from the treatment/investigation provided with cardio-invasive methods (CABG – Coronary Artery Bypass Graft, PTCA – Per Coetaneous Trans-luminal Coronary Angioplasty);
- In all cases, when the treatment expenses are not indemnified according to the exclusions indicated in the Policy Wording, the repatriation expenses would not be covered.
- Injuries received during professional sports activities and also injuries received during amateur sports activities are not reimbursed.
- Failure of the insured person to provide satisfactory explanation of the cause of his/her reported claim.

## **7. SPECIAL CONDITIONS**

- 7.1** In the case of insured persons over 70 years of age, the insurer shall indemnify 50% of the costs of an insured event from the halved limit. Insurance is prohibited or terminated upon reaching the age of 75.
- 7.2** If the insured reported the insured event, but did not submit complete documentation within 30 calendar days after the end of the treatment, the insurer is entitled to deny the case.

## **8. TERMINATION AND CANCELLATION OF THE INSURANCE POLICY**

The insurance policy terminates in the following cases:

- Expiration of the term of validity;
- Depletion of Limit of Liability indicated in the insurance policy (regardless of whether the insurance period has ended or not)

After the start of the insurance period provided by the policy, it will not be canceled and the premium or its part will not be refunded.

## 9. DISPUTE SETTLEMENT

Any dispute and differences, which may arise between the parties in respect of his Insurance Policy Wording or in connection with the same, are to be settled on the basis of mutual agreement, otherwise to be settled according to the current legislation of Georgia in Court of Georgia.

## 10. IN CASE OF EMERGENCY

1. Call the hot line: +995 (32) 22 44 111; +995 (32) 22 11 444.

2. Supply the following information:

- Name, Family name
- ID and Passport numbers
- The insurance policy number
- Contact information
- The location of the insured (The exact location of the insured event)
- Description of the insurance case
- If insured is hospitalized - Phone number of the contact person of the clinic

3. For reimbursement of insurance expenditures, present the following documentation/information:

Passport, Form N-100 certified by the seal and signature of the service institution/doctor, (services received with a detailed description), a detailed assessment/calculation of the services, a cash register/terminal receipt confirming payment, a cash register/terminal income order.

In case of occurrence of an accident or cases of criminal law, the case the competent and / or law enforcement body on the (type of accident). In the absence of an insurer can refuse to issue an insurance reimbursement.

### Non-resident Short Term Medical Insurance policy prices: (19-74 years)

5 days – 8\$  
7 days – 10\$  
15 days – 20\$  
30 days- 30\$  
2 months - 60\$  
3 months -90\$  
6 months- 180\$

### under 18 years of age Non-resident Short Term Medical Insurance policy prices:

5 days – 4.80%  
7 days – 6\$  
15 days – 12\$  
30 days – 18\$  
2 months- 36\$  
3 months – 54\$  
6 months – 108\$

**When insuring a family with three or more members, the amount is reduced by 10%.**

**General Director**

**Archil Morchiladze**

