

Health Insurance – “Med Plus”

Information Sheet

1. Information about the insurance company and type of contract

- ✓ JSC *Imedi L Insurance Company* (Identification No: 204919008)
 - ✓ Legal Address: Tbilisi, Vake-Saburtalo District, 53a Vazha-Pshavela Ave.
 - ✓ This information sheet is prepared for the “*Med Plus*” health insurance product.
 - ✓ Under the health insurance contract, the insured benefit is the health of the customer. If an insured event occurs, it gives rise to the insurer’s obligation to pay/reimburse the insurance benefit in accordance with the terms of the contract.
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2. Information on the financial expense and amounts under the health insurance contract

Under the health insurance contract, in addition to the obligation to pay the insurance premium, the customer may also incur the following types of financial expenses:

- ✓ **Fraud or attempted fraud** – In the case where the customer falsifies and/or attempts to falsify the conditions of the health insurance contract, upon detection of each such case, the insurer is authorized to demand a penalty in the amount of **5,000.00 (five thousand) GEL**, to unilaterally terminate the contract, and to demand compensation for damages.
- ✓ **Falsified documents or false information** – If falsified document(s) required for the occurrence of an insured event and/or for receiving reimbursement are submitted, or if false information is presented, the insured event will not be subject to reimbursement.
In such case, the insurer is authorized to:
 - demand from the customer, as a penalty sanction, payment of **1,000.00 (one thousand) GEL**,
 - demand compensation for damages,
 - and at the same time unilaterally terminate the insurance.If reimbursement has already been paid, the insurer is authorized to demand from the customer, as a penalty, payment of **2,000.00 (two thousand) GEL**, demand compensation for damages, and unilaterally terminate the insurance.
- ✓ **Ineligible insured persons** – In the case where it is revealed that the customer has carried out insurance/assistance in the insurance of persons who, under the insurance contract, are not considered persons subject to insurance, the insurer is authorized to demand from the customer, as a penalty sanction, payment of **3,000.00 (three thousand) GEL** for each such case.
At the same time, any insured event related to such person(s) will not be subject to reimbursement by the insurer, and if reimbursement has already been paid, the customer is obligated to

unconditionally return it to the insurer.

In this case, the insurer is authorized to unilaterally terminate the insurance.

✓ **Early termination without valid reason / or termination due to breach –**

If the health insurance contract is terminated before the expiry of the insurance period without a valid reason, or if termination occurs at the initiative of the insurer due to the policyholder's non-performance, violation, or improper performance of obligations, the insurance premium intended for the remaining insurance period will not be refunded to the policyholder.

If, at the moment of cancellation request, the unearned premium has not been paid, the payment must be made in full at the moment of the termination request, but no later than within **2 (two) business days**.

To eliminate any doubt, in the above case the insurance premium (both earned and unearned) is subject to full payment by the policyholder in any case.

✓ **Cancellation when services/benefits already used –**

If, at the time of cancellation request, the policyholder/insured has requested and/or used insurance service(s) and/or gift(s)/benefit(s), and requests cancellation of the insurance contract, the insurance premium intended for the remaining insurance period will not be refunded to the policyholder.

If, at the moment of cancellation request, the unearned premium has not been paid, the payment must be made in full at the moment of the termination request, but no later than within **2 (two) business days**.

At the same time, any type of benefit/gift received within the framework of this insurance contract is subject to reimbursement/return by the policyholder/insured.

✓ **Cancellation when no services/benefits used –**

If, at the time of cancellation request, the policyholder/insured has not requested and/or used any insurance service(s) and/or gift(s)/benefit(s) and requests cancellation of the contract, the premium already paid will not be refunded, except for the case provided under subparagraph 4.2(d) of the insurance terms.

✓ **Definition of “use of insurance” –**

For the purposes of this insurance, “use of insurance/request of insurance” means at least one visit to a family doctor and/or at least one guarantee letter issued and used by the insurer.

✓ **Policies purchased from financial institutions via loans/installments –**

In the case where the policyholder has purchased the policy from a financial institution and payment of the insurance premium is carried out by installments and/or by loan, in the event of cancellation of the policy for any reason, both the earned and the unearned premium are not subject to refund by the insurer.

3. Information on the deductible and preconditions for reimbursement of an insured event

- ✓ For the product defined by the health insurance contract, a **deductible is not provided**.
- ✓ Reimbursement is provided only for services received in a medical institution/clinic that has the appropriate license/authorization.
- ✓ In the case of an insured event, the precondition for issuing insurance reimbursement is that:
 - the insured event must be regulated by the contract, and

- the information/documentation defined by the contract, related to the insured event, must be submitted by the customer to the insurer in full, within the period and in the form agreed/defined in the contract.

- ✓ If the customer does not ensure the submission to the insurer of each document related to the insured event, in the manner, form, and timeframe established by the contract, the insurer is released from the obligation to issue reimbursement.
- ✓ The services provided under the health insurance contract may be obtained both in the insurer's provider licensed medical institution/clinic and in a non-provider medical institution/clinic, in accordance with Annex #1.
At the same time, the contract may stipulate that specific services may only be obtained in the insurer's provider medical institution/clinic.
In such case, the cost of services received by the customer in a non-provider medical institution/clinic will not be reimbursed.
- ✓ Under the health insurance contract, in relation to specific services/insured events, a waiting period may be established, during which the expenses incurred by the customer for such services will not be reimbursed by the insurer.
- ✓ Medical services received by the customer outside of the insurance period are not reimbursable by the insurer, regardless of whether, at the end of the insurance period, the insured event/receipt of medical services has been completed or not.
In addition, medical services/insured events are not reimbursable if, by the date of the start of receiving the services, the insurance period defined by the contract has already expired.
- ✓ Expenses incurred by the customer as a result of the insured event, to the extent corresponding to unpaid premiums, are not reimbursable.
- ✓ If, for a specific insured person, financing of medical services is provided by any type of state/referral/healthcare program (that is, the person meets the criteria established for the beneficiaries of such a program), the insurer is obligated to cover/reimburse only the amount payable by the insured that exceeds the co-payment defined by such a program (if such exists).
At the same time, if the insured receives medical services in a medical institution where the respective state program does not operate, the insurer reimburses the full cost of the received medical service, in accordance with the terms of the contract.
- ✓ According to each insurance product/coverage defined by the health insurance contract, for detailed information (instructions for receiving services, rules, the form and deadlines for issuing reimbursement), please see the relevant clauses/points of Annex #1 of the contract, which include:

2.1 24-hour call center;

2.2 Personal doctor service;

2.3 Emergency ambulance service;

2.4 Disease prevention;

2.5 Inpatient services;

2.6 Outpatient services;

- 2.7 Reimbursement of the cost of medicine(s) (hereinafter referred to as “medications”);
- 2.8 Pregnancy;
- 2.9 Dental services;
- 2.10 Deadline for submission of claims for reimbursement;
- 2.11 Form and timeframe for receiving reimbursement;
- 2.12 Issuance of reimbursement;
- 2.13 Waiting period.

Annex #1 of the health insurance contract includes the rules and instructions applicable for services listed in each of the above points, in cases of planned/emergency, provider/non-provider, and with/without guarantee letter services received.

3. List of exclusions for the health insurance product

According to the terms of the insurance contract, the following are not covered and not reimbursed:

- Expenses related to sexual disorders, impotence, infertility, sterility, contraception and contraceptives, abortion performed without medical indication, expenses related to menopause; expenses related to the diagnosis and treatment of reproductive problems; expenses connected with amniotic fluid testing during pregnancy and genetic research of the fetus.
- Expenses related to the diagnosis and treatment of mental and/or behavioral disorders, in particular: Organic disorders, including symptomatic disorders; Mental and behavioral disorders caused by psychoactive substances; Schizophrenia, schizotypal disorders; Neurotic, stress-related, and somatoform disorders; Affective disorders; Behavioral pathology caused by physiological and physical dysfunctions; Personality and behavioral disorders (psychopathies); Intellectual disability; Disorders of psychological development; Behavioral and emotional disorders with onset usually occurring in childhood and adolescence.
- Expenses related to laser correction of refractive anomalies, implantation of intraocular lenses, the purchase of eyeglasses, contact lenses, and hearing aids.
- Expenses related to diabetes mellitus and diabetes insipidus, chronic renal and/or liver failure, systemic diseases (specifically: nodular polyarteritis, necrotizing vasculopathies, systemic lupus erythematosus, dermatomyositis, systemic sclerosis, systemic connective tissue disorders).
However, urgent inpatient and urgent outpatient services, planned surgical operations (including any surgical intervention), and primary diagnostics caused by the diagnoses mentioned in this clause and/or their complications are reimbursable.
- Expenses related to hepatitis B and C, HIV infection, AIDS, and their complications.
However, primary diagnostics are reimbursable.

- Expenses related to the diagnosis and treatment of gonorrhea, syphilis, chancroid, granuloma inguinale (donovanosis), chlamydia, genital herpes, genital papillomavirus, cytomegalovirus, trichomoniasis, vulvovaginitis and balanoprostitis caused by candidiasis.
However, primary diagnostics are reimbursable.
- Expenses related to alternative (traditional and/or non-traditional) medicine, acupuncture, plasmapheresis, ozone therapy, homeopathy, mesotherapy, speech therapy, physician-homeopath services, therapeutic exercise and therapeutic massage, laser therapy/physiotherapy (except as provided by the insurance card), rehabilitative and sanatorium-resort treatment, injection of growth factor (PRP), PET scan, treatment/therapy with monoclonal antibodies, medical services performed for cosmetic purposes; expenses related to weight correction; bariatric surgery.
- Expenses related to treatment abroad that goes beyond the defined territorial coverage of the insurance; expenses incurred in medical institutions without appropriate licensing/authorization as required by law and consultations/treatment with individuals not authorized to practice medicine; expenses resulting from self-treatment and its complications; expenses for immunization and vaccination (except tetanus, rabies, botulism, anti-viper serum, and those covered by the insurance card).
- Expenses related to medications not registered by the competent authority under the law, as well as biologically active supplements, homeopathic medicines, immunomodulators, immunostimulants, and immunosuppressants; expenses related to any non-medicinal products (bandages, corsets, supinators, medical supplies, auxiliary materials used in dentistry, etc.); expenses related to hygienic and cosmetic products (including all types of toothpaste, shampoo, soap); expenses related to oral rinsing agents.
- Expenses for treatment of injuries sustained while committing an illegal act defined under the Criminal Code, or self-inflicted injuries; expenses related to treatment of injuries received during civil war, any kind of military actions, anti-government demonstrations, armed conflicts, terrorist acts, radiation exposure; expenses related to cases arising from caving and cave exploration, or participation in the destruction of explosive substances; expenses related to treatment of health deterioration caused by epidemics, pandemics, environmental pollution, or natural disasters.
- Expenses related to alcoholism, drug addiction, and substance abuse, as well as expenses related to cases that are directly or indirectly the result of being under the influence of narcotic and/or toxic substances; expenses related to medical treatment of conditions/diseases caused by traffic accidents that occurred while operating a vehicle under the influence of alcoholic, narcotic, and/or toxic substances.
- Expenses related to cases that occur during participation in any type of professional sport or as an athlete in sports activities (sports competition, training, exhibition performance, etc.).
However, urgent inpatient and urgent outpatient services, planned surgical operations (including any surgical intervention) caused by the cases mentioned in this clause and/or their complications are reimbursable.
- Expenses related to congenital and/or genetic diseases, congenital and/or genetic pathologies and defects, and their complications.
However, urgent inpatient and urgent outpatient services, planned surgical operations (including any surgical intervention), caused by the diseases, conditions, diagnoses mentioned in this clause and/or their complications are reimbursable.
- Expenses related to exoprosthetics (including dental) and orthopedic endoprosthetics (except for trauma), transplantation (including transplants), as well as expenses for implantable pacemakers equipped with a defibrillator or cardiac resynchronization therapy device; expenses for therapeutic

and surgical dentistry required for preparation for orthopedic and/or orthodontic works (except as provided by the insurance card); expenses for general or inhalation anesthesia with gas during dental services.

- Expenses for ablation procedures (in interventional cardiology).
- Expenses for additional and/or exclusive hospital services (non-standard ward, personal physician, etc.).
- Expenses for services performed without medical indication.
- Expenses related to sending diagnostic material abroad for analysis (including shipment), regardless of whether the organization of shipment is carried out by the insured or by a medical institution operating in Georgia. *(This restriction does not apply to the insurer's provider clinics.)*
- Expenses related to telemedicine services.
- Expenses for treatment of diseases and complications of diseases that were not declared (hidden) by the insured when completing the individual application (if such exists).
- Expenses for medical services rendered during imprisonment.
- Expenses for the diagnosis, chemotherapy, radiotherapy, hormone therapy, as well as related examinations and medications for both benign and malignant oncological conditions.
- Expenses for pregnancy and childbirth (except as covered by the insurance card).

Note

Providing or reviewing this information sheet does not itself create rights or obligations under the health insurance contract. This document does not contain complete and exhaustive information about the health insurance contract, but it does include all the offers available for the product.

Upon customer request, this information sheet can be provided in electronic form (within 3 business days) or as a hard copy.