



MED MAX

**IMPORTANT TERMS AND CONDITIONS OF
THE CONTRACT**

HI/MedMax-001/2025

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Important Terms and Conditions of the Contract #HI/MedMax-001/2025**Med Max**

- ✓ The important terms and conditions of this contract represent an incomplete information about the term and conditions of insurance;
 - ✓ The following, together with the important terms and conditions of the contract, are an integral part of the Insurance Contract and are posted on the website: <https://imedil.ge/legal-info/ge>:
 - Claim form
 - Information Sheet
 - Standard terms and conditions of the contract and its annexes, aslo,
 - Insurance plastic card, which will be given to the customer, if any;
 - Statement of rejecting the contract.
1. Information about the insurance company and type of contract:
- ✓ JSC “Insurance Company Imedi L” (Identification number: 204919008)
 - ✓ Legal address: #53a, Vaja-Pshaleva Av., Vake-Saburtalo district, Tbilisi,
 - ✓ The Insured benefit under the health Insurance Contract is the health of the consumer/Insured, which, upon the occurrence of an insurance event, gives rise to the obligation to issue/reimburse the insurance amount in accordance with the terms of the contract.
2. Information about the term of the health Insurance Contract , insurance premium, terms and conditions of termination of the contract, claim submission form, deadlines and articles regulating the exceptions:
- ✓ The insurance period and the amount of the insurance premium stipulated by the contract are indicated in the printed form of the insurance policy, if any, or they are provided to the customer on the electronic address indicated by him/her.
 - ✓ A health Insurance Contract may be terminated on the following grounds:
 - a) full fulfillment of obligations assumed by the Insurer;
 - b) failure to fulfill obligations assumed by the party of the contract;
 - c) written agreement of the parties;
 - d) without any grounds, at the initiative of the Insurer/Insured, within 14 (fourteen) calendar days from the conclusion of the contract (by sending a request to all contact e-mail addresses of the Insurer specified in the contract). The right of terminating the contract does not arise if the receipt of the service is directly and clearly requested before the expiration of the contract;
 - e) other cases provided by the legislation and/or the Insurance Contract ;
 - ✓ Any type of claim submitted by the consumer to the Insurer can only be in a written form. The form of submitting the claim is attached to the health Insurance Contract as an Appendix #4. Consumer’s claims are reviewed by the Insurer's Department for Protecting the Interests of Insured Persons/Consumers,

which ensures the provision of a written response to the consumer within 30 calendar days from receiving the relevant written claim. The response to the consumer can be provided by the e-mail address specified by the consumer in the claim form. (A sample of the claim form is also available on the Insurer's website at <https://imedil.ge/legal-info/ge>);

- ✓ Exceptions of the health Insurance Contract are specified in the Article 4 of Appendix #1 of the contract, and the prerequisites for insurance reimbursement are specified in the Article 4 of these important conditions. (For detailed information about the prerequisites for reimbursement, see Appendix #1 and Appendix #2 of the contract)
- ✓ The name and address of the Insurer's supervisory body is: LEPL "The Insurance State Supervision Service of Georgia", c. Tbilisi, N26 Iona Meunargia str., Floor I, apt. 4.

3. Information about the financial cost and amount provided by the health Insurance Contract :

Under a health Insurance Contract , except the obligation to pay the insurance premium, the following financial expenses may arise for the consumer:

- ✓ In case of falsification and/or attempt to falsify the terms of the health Insurance Contract by the consumer, upon detection of each such case, the Insurer is empowered to demand a fine in the amount of 5,000.00 (five thousand) GEL, unilaterally to terminate the contract and to demand compensation for the damages.
- ✓ In case of occurrence of an insurance event and/or the falsification of the document(s) necessary for receiving the compensation, as well as the submission of false information, the insurance event shall not be subject to compensation. In this case, the Insurer is empowered to demand a penalty of 1,000.00 (one thousand) GEL from the customer, compensation for the damage and at the same time unilaterally terminate the insurance, and if compensation has already been issued, to demand the fine of 2,000.00 (two thousand) GEL, compensation for the damage and unilaterally terminate the insurance.
- ✓ If it is revealed that the consumer has Insured/provided insurance to the persons who are not considered to be Insured under the Insurance Contract , then the Insurer is empowered to demand payment of a penalty in the amount of 3,000.00 (three thousand) GEL for each such case, also, the insurance event related to such person(s) will not be subject to compensation by the Insurer, and if compensation has already been issued, the consumer is obliged to unconditionally return it back to the Insurer, in this case the Insurer is eed to unilaterally terminate the insurance.
- ✓ If the termination of the health Insurance Contract before the expiration of the insurance period for an unjustified reason, or if the Insurance Contract is terminated by the initiative of the Insurer, which is due to the failure/violation/inadequate fulfillment of the obligations assumed by the Insurer, then the insurance premium provided for the remaining insurance period is not subject to be returned to the Insurer, and if the unearned premium has not been paid by the time of the cancellation request, then the payment must be made in full no later than in 2 (two) business days after the request fo terminating the

contract. For the avoidance of doubt, in the above-mentioned case, the insurance premium (earned and unearned) is subject to full payment by the Insurer in any case.

- ✓ If by the time of requesting cancellation of the insurance, the Insurer/Insured has requested and/or used the insurance service and/or gift/benefit and requests cancellation of the Insurance Contract , then the insurance premium provided for the remaining insurance period is not subject to be returned back to the Insurer, and if the unearned premium has not been paid at the time of requesting cancellation, then payment must be made in full no later then in 2 (two) business days after the request of terminating the contract, also, any benefit/gift received within the scope of this Insurance Contract is subject to be reimbursed/returned back by the Insurer/Insured.
- ✓ If at the time of the request, the Insurer/Insured has not requested and/or used the insurance service and/or gift/benefit and requests cancellation of the contract, then the premium already paid is not subject to be refunded, except the cases provided in the subparagraph 4.2 "d" of the insurance term and conditions.
- ✓ For the purposes of this insurance, requesting/using insurance means at least one visit to a family doctor and/or at least one issued and used guarantee letter by the Insurer.
- ✓ If the policyholder has purchased the policy from the financial institution and the insurance premium is paid in instalments and/or by a loan, in case of cancellation of the policy for any reason, both the earned and unearned insurance premiums are not subject to be refunded by the insurer.

4. Information about the franchise and the prerequisites for compensation of the insurance events provided in the health Insurance Contract :

A franchise is not provided for the product specified in the health Insurance Contract .

- ✓ Only services received in a medical institution/clinic with an appropriate license/permit are subject to reimbursement.
- ✓ In the event of an insurance event, the prerequisite for issuing the insurance compensation is: the insurance event is regulated by the contract and the information/documentation related to the insurance event, specified in the contract, is submitted to the Insurer in full, within the period and form agreed/specified by the contract.

If the customer does not ensure the submission of each document related to the insurance event to the Insurer in the manner, form and period established by the contract, the Insurer is exempted from the obligation to issue insurance compensation.

- ✓ The services provided by the health Insurance Contract can be received both in the Insurer's provider licensed medical institution/clinic and in a non-provider medical institution/clinic in accordance with the Appendix #1. Also, the contract may specify the possibility of receiving a specific service only at the Insurer's provider medical institution/clinic and in which case the cost of the service received by the user at a non-provider medical institution/clinic is not subject to reimbursement.

- ✓ **The health Insurance Contract may provide the waiting period in relation to the specific services/insurance cases, during which the costs incurred by the user for the specified service are not subject to reimbursement by the Insurer.**
- ✓ **Medical services received by the user outside the insurance period are not subject to reimbursement by the Insurer, regardless of whether the insurance case/medical service is completed at the end of the insurance period or not, also, the medical services/insurance cases are not subject to reimbursement if the insurance period provided by the contract has been completed/expired by the date of the start of the receiving the service by the user.**
- ✓ **The part of the expenses incurred by the consumer as a result of the insurance event that was deducted from the corresponding amount of the unpaid premium by the consumer is not subject to reimbursement.**
- ✓ **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. 1 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 Pregnancy
- 2.9 dental service
- 2.10 Deadline for request for indemnity
- 2.11, Form and deadline for indemnity acquisition

2.12 reimbursement

2.13 Waiting period

Annex No. 1 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 consumer's obligation to provide information to the Insurer and the legal consequences of violating this obligation:

- ✓ **The consumer is obliged to provide the Insurer with an accurate information necessary for concluding the contract, as well as with complete information related to the insurance event specified in the contract, within the time limit and in the form requested by the Insurer. In case of providing inaccurate/incorrect information, the Insurer is exempt from the obligation to pay compensation for the insurance event.**
- ✓ **Upon detection of the fact of occurrence of an insurance event and/or the fact of providing false information for the purpose of receiving compensation, the insurance event shall not be subject to compensation. In this case, the Insurer is authorized to demand from the customer a penalty in the amount of 1,000.00 (one thousand) GEL, compensation for the damage and at the same time unilaterally terminate the insurance, and if th compensation has already been issued, to demand a fine in the amount of 2,000.00 (two thousand) GEL, compensation for the damage and unilaterally terminate the insurance.**

6. A standard 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, physiotherapy/laser therapy (except for those defined in card), 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); 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, as well as bioactive additives, 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 related to telemedicine;
- ✓ 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 (except for those defined in Card);

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