



**Foreign and Nonresident Persons
Health and Accident Insurance**

**Contract / Terms № NVI/MED/FR.C/2021-V3
Offer — Information Booklet**

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1. Insurer – JSC "New Vision Insurance";
2. Insured / Policyholder – Insured / Policyholder – A Foreign and Nonresident Student or Person who is covered under Health and Accident Insurance;
3. Type of Insurance contract – A Foreign and Nonresident Person's Health and Accident Insurance;
4. Description of the Insured Risk and Conditions of Insurance Coverage:

COVERED SERVICES	PARTICIPATION SHARE	ANNUAL AGGREGATE LIMIT *
24/7 Hotline	100%	UNLIMITED
Family Doctor Services	100%	UNLIMITED
Ambulance	100%	UNLIMITED
Emergency Outpatient Services due to Illness / Emergency Outpatient Services caused by Accident (Subject to the Positive List)	100%	UNLIMITED
Emergency Outpatient Services beyond the Positive List	70%	1,500 LARI
Emergency vaccination (antigiurzin, tetanus and rabies)	100%	UNLIMITED
Planned Outpatient Services at the Family Doctor Location Clinic	40%	UNLIMITED
Emergency Hospital Services Due to Illness / Emergency Hospital Services caused by Accident (Subject to the Positive List)	100%	20,000 LARI
Emergency Hospital Services beyond the Positive List	70%	5,000 LARI
Emergency Dental Services	100%	UNLIMITED
Planned Dental Services in Provider Clinics	30%	UNLIMITED
Repatriation	100%	10,000 LARI
COVID 19 related services	100%	30,000 LARI
Sum Insured / Annual Aggregate Limit	70,000 LARI	
Insurance Premium	Is determined by the Policy	

*** Note:**

For the following Services: Emergency Hospital Service due to Illness / Emergency Hospital Services due to Accident and COVID 19 related services:

Insurance Limit for up to 6 month Insurance is defined as 1/3 of the Annual Aggregate Limit.

Insurance Limit from 6 to 9 month Insurance is defined as 2/3 of the Annual Aggregate Limit.

5. Type, Amount and Preconditions for using the Deductible – A deductible is an amount that is not reimbursed by the insurer and is deducted from the amount of the loss; The deductible and its specific look are determined by the policy.

6. Validity of the Insurance contract: Insurance is available for 6 months, 9 months or 12 months. Validity of the specific Insurance contract is indicated in the policy.

7. Insurance period is indicated in the policy.
8. **Terms, amount and rules of any other financial expenses incurred by the customer other than the premium** – no other financial expenses are provided
9. **Exclusions from Insurance Coverage (cases that are not reimbursed by the insurance policy).**

The following cases and related costs are not subject to reimbursement:

- Cases before the entry into force of the Insurance;
- Expenses related to treatment and examination in a non-licensed facility, treatment by the private person, experimental treatment, non-traditional medicine (acupuncture, homeopathy, manual therapy, etc.), self-treatment costs;
- Insured / Policyholder's illegal actions, self-harm, suicide attempt, intentional and / or gross negligence, addiction; Insurance Events caused due to the fact that the Insured / Policyholder is under the influence of alcohol, drug, psychotropic or other toxic substances; Costs of diagnosis and treatment of alcoholism, drug addiction and their complications. Medical expenses related to the insurance event during the period of imprisonment;
- Costs of insurance cases related to the investigation of caves and caverns, as well as participation in the destruction of highly explosive substances;
- Expenses for medical care related to epidemics, pandemics (except from COVID 19), environmental pollution, radiation, natural disasters;
- Expenses related to insurance events when participating in risky professional and risky amateur sports (mountaineering, rock climbing, skiing, hang gliding and parachuting, etc.);
- Expenses for boarding, disembarking or being injured while on board;
- Expenses incurred during war, hostilities, foreign invasion (whether or not war is declared), civil war, insurrection, civil unrest, revolution, military coup or usurpation of power, terrorist acts;
- Chronic diseases and their exacerbations or diseases identified before the trip and their complications, except when emergency medical care is required to save the life of the Insured / Policyholder in critical situations. After the discovery of emergency medical care aimed at saving the life of the Insured / Policyholder (not more than 7 days), the further costs of the Insured / Policyholder 's treatment and / or repatriation costs are not reimbursed;
- Cardiac surgery, transplantation, endoprosthesis and related costs Costs of congenital and genetic diseases, as well as their complications, diagnosis and treatment;
- Costs of HIV, AIDS, all types of chronic hepatitis, any form of diabetes mellitus, chronic renal failure, diagnosis, treatment and complications of oncological diseases, causes and associated costs;
- Costs of any implant (except stent), prosthesis and corrective device, costs of organ and tissue transplantation / autotransplantation;
- Expenses for sending and researching research materials taken in Georgia abroad;
- Exclusive services: non-standard / over-standard medical services, non-standard ward, hired doctor;
- Pregnancy / childbirth and their complications other than accidental termination of pregnancy.
- Service costs received without the prior agreement of the insurer;
- Services that are not in the definitions of the terms;
- Cost of services funded by other program / insurance;
- Repatriation costs, as follows: Travel of the Insured / Policyholder to Georgia for treatment, or death due to pre-travel illness, or death due to Covid-infection.

10. **Form and terms of sending a notification to the insurer in the event of an insured event, submission of a claim, settlement of the insurance event and insurance indemnity issuance:**

In the event of any insurance accident, the Insured / Policyholder (or an authorized third party) shall contact the JSC New Vision Insurance Information Service Center at (+995) 322 501 501, which will provide organizing of the further services. When applying to both in a provider or a non-provider clinic, it is mandatory for the Insured / Policyholder to submit an identity document and an insurance policy.

10.1. 24/7 hotline – The Insured / Policyholder (Or an authorized third party) shall contact the Information Service Center of JSC New Vision Insurance at (+995) 322 501 501), which will provide contact with the relevant person;

10.2. Family Doctor Service – The Insured / Policyholder can contact the Information Service Center of JSC New Vision Insurance at (+995) 322 501 501), which will schedule visit with the family doctor, or directly visit the family doctor indicated by the insurer. The company will reimburse the services provided only by the indicated family doctor.

10.3. Ambulance – The Insured / Policyholder (or an authorized third party) contacts the Information Service Center of JSC New Vision Insurance at (+995) 322 501 501) or 112. In case of emergency medical care, the transportation of the Insured / Policyholder (in Tbilisi, as well as in the nearest appropriate medical institution of the municipality) is organized by the insurer.

- ✓ In the case of a provider – Expenses will be reimbursed through direct payment to the medical institution. In such a case, it is sufficient for the Insured / Policyholder to present a policy/card and an identity document and he / she will be exempted from the payment procedure;
- ✓ In case of a non-provider – If the Insured / Policyholder (or authorized third party) has to call a non-provider ambulance, he / she pays the full cost of the service and applies to the insurer, who, after obtaining the relevant documentation, decides on the issue of compensation in accordance with the terms of the agreement. The documents must be submitted within 30 (thirty) calendar days after the occurrence of the insurance accident. The Insurer reserves the right not to reimburse the cases for which the documents are submitted after the expiration of this period. Documents can be submitted both in person and electronically at the company's remuneration office;

10.3.1. The following documents have to be submitted by the Insured / Policyholder in order to claim the reimbursement:

- Insurance Policy;
- Identity Document;
- Medical Document proving the services of the medical institution / doctor stamped and signed, and Financial documents proving the payment of the service fee (document equal to the check or a document with a detailed assessment / calculation and cash register).

10.4. Emergency Outpatient Services caused by Illness / Emergency Outpatient Services caused by an Accident / Emergency Outpatient Services beyond the Positive List / Emergency Vaccination – the Insured / Policyholder (or authorized third party) contacts the Information Service Center of JSC New Vision Insurance at (+995) 322 501 501) Immediately (except for notification delay due to objective circumstances). Expenses for medical services received without notice are not reimbursed.

- ✓ In case of applying to the provider medical institution, the insurer pays service fee to the medical institution directly and the Insured / Policyholder is released from the obligation of payment, or pays only the amount of the copayment specified in the the policy.
- ✓ If the Insured / Policyholder is in a non-provider medical facility, the insurer reserves the right to transfer the Insured / Policyholder to a contractor medical facility. In the non-provider medical institution, the Insured / Policyholder pays the full cost of medical services, and reimbursement of these costs is reviewed by the Insurance Case Regulation Service, after submitting the relevant documentation. The documentation must be

submitted within 30 (thirty) calendar days after the occurrence of the insurance accident. The company reserves the right not to reimburse the cases for which the documents will be submitted after the expiration of this period. Documents can be submitted to the company's remuneration office in person or electronically;

10.4.1. In order to receive compensation, the Insured / Policyholder must submit the following documents:

- Insurance Policy;
- ID Card;
- Documentation of the provided medical services (signed and stamped diagnosis and prescription, conclusion of the conducted examination, etc.);
- Receipt of cash and check of cash register / terminal provided by the relevant recipient.

10.5. Planned Outpatient Services at the Family Doctor Location Clinic – Family doctor/s and its location clinic who attends the Insured/Policyholder is defined by the Insurer in advance. serving the insured. Services can be obtained only by family doctor referral: the Insured / Policyholder contacts the company Information Service Center (+995) 322 501 501), which schedules a visit to a family doctor, or directly refers to a family doctor. The family doctor will provide the Insured / Policyholder with referral to the clinics. In such a case, the Insured / Policyholder pays only the share to be paid by the Policy.

10.6. Emergency Hospital Services caused by Illness / Emergency Hospital Services caused by accident – the Insured / Policyholder (or authorized third party) contacts the Information Service Center of JSC New Vision Insurance at (+995) 322 501 501) Immediately (except for notification delay due to objective circumstances). Expenses for medical services received without notice are not reimbursed.

- ✓ The Insured / Policyholder can receive services from any specialized medical institution with the appropriate permission. When applying to the provider medical facility, The Insured / Policyholder must present an identity document and insurance policy, on the basis of which the clinic contacts the insurance company and the Insured / Policyholder is exempted from paying the costs of service and pays only the amount of the copayment specified in the the policy. If the Insured / Policyholder is in a non-provider medical facility, the insurer reserves the right to transfer the Insured / Policyholder to a contractor medical facility.
- ✓ If the Insured / Policyholder is in a non-provider medical Institution, the Insured / Policyholder pays the amount in full, after which he/she submits the documentation to the Insurance Case Regulation Service of JSC New Vision Insurance. The documentation must be submitted within 30 (thirty) calendar days after the occurrence of the insured accident. The Insurer reserves the right not to reimburse the cases for which the documents will be submitted after the expiration of this period. Documents can be submitted both in person and electronically at the company's Reimbursement office;

10.6.1. In order to receive compensation, the Insured / Policyholder must submit the following documents:

- Insurance policy;
- Identity document;
- Form №IV-100 / a;
- Detailed calculation of the cost of medical services;
- Invoice;
- Receipt of cash and check of cash register / terminal provided by the relevant recipient;

10.7. Emergency Dental Services – The Insured / Policyholder (or Authorized Third Party) contacts the Information Service Center of JSC New Vision Insurance at (+995) 322 501 501) Immediately (except for notification delay due to objective circumstances). Expenses for medical services received without notice are not reimbursed.

- ✓ When applying to the provider medical institution, the Insured / Policyholder must present an insurance policy and an identity document; In this case, the Insured / Policyholder is exempt from paying for the relevant service.
- ✓ If the Insured / Policyholder is in a non-provider medical facility, the insurer reserves the right to transfer the Insured / Policyholder to a contractor medical facility. If the medical service is provided in a non-provider medical institution, the Insured / Policyholder pays the full cost of the medical service and submits the documentation to Insurance Case Regulation Service of JSC New Vision Insurance, which decides on the issue of compensation in accordance with the submitted documents and the terms of the agreement. The documentation must be submitted within 30 (thirty) calendar days after the occurrence of the insured accident. The company reserves the right not to reimburse the cases for which the documents will be submitted after the expiration of this period. Documents can be submitted both in person and electronically at the company's compensation office;

10.7.1. In order to receive compensation, the Insured / Policyholder must submit the following documents:

- Insurance policy;
- Identity document;
- Documentation of the provided medical services (signed and stamped diagnosis and prescription, conclusion of the conducted examination, etc.);
- Receipt of cash and check of cash register / terminal provided by the relevant recipient;
- Dentograph taken before and after treatment;

10.8. Planned Dental Services in Provider Clinics – The Insured / Policyholder applies to the Insurer's provider dental institution to receive the service; The Insured / Policyholder in the provider dental clinic will pay only the percentage of the total cost of service received up to the aggregate limit, subject to the policy.

10.9. Repatriation – the authorized third party of the Insured / Policyholder contacts the Information Service Center of JSC New Vision Insurance at **(+995) 322 501 501**) which ensures the organizing of further actions.

10.9.1. In addition, the authorized person must submit the following documents:

- Certificate of an accident issued by law enforcement agencies (if necessary);
- Copy of ID card of the Insured / Policyholder;
- Conclusions of experts and other invited specialists (if necessary);
- Forensic examination conclusion;
- Death certificate and medical certificate of death, which must indicate the immediate cause of death of the Insured / Policyholder;
- Identity document of the authorized person (if necessary).

10.9.2. Service costs received without the prior consent of the insurer are not subject to reimbursement.

10.10. COVID 19 Related Services – The Insured / Policyholder (or Authorized Third Party) contacts the Information Service Center of JSC New Vision Insurance at **(+995) 322 501 501**). The notification includes the following information: name, surname, policy number, name of the medical institution, time of referral to the medical institution, probable diagnosis. Upon receipt of the notification, and the measures to be taken and organization of such an event shall be made by the Insurer in accordance with the recommendations of the World Health Organization and the legislation of Georgia.

10.11. In case of the personal accident, additional relevant documents issued by the relevant law enforcement agencies are required.

10.12. In case of receiving medical services specified by this agreement / conditions in a non-provider medical institution, the Insured / Policyholder shall be reimbursed by the insurer within 10 calendar days from the submission of the complete documentation to the insurer specified under the Agreement / conditions.

This Information Booklet – the Offer is incomplete information about the Terms of Insurance; Familiarity with the Information Booklet by the insured/Policyholder and the explanations made by the Insurer do not give rise to any legal consequences or claims between the parties.

December 01, 2021