



Foreign and Nonresident Persons
Health and Accident Insurance

Contract / Terms № NVI/MED/FR.C/2021-V3

Key Terms of the Contract (Title)

This document – Key terms of the Contract provide incomplete information about the terms of Insurance; Full information about the insurance is given in the Health and Accident Insurance Contract / Standard Terms for Foreign and Students & Foreign and Non-resident Persons №NVI/MED/FR.C/2021-V3, which is available at www.nvi.ge and in the Insurance Policy. The Insurance Contract / Standard Terms, Insurance Policy and the Insurer's Application for Insurance constitute a single complete agreement between the parties.

1. Insurer – JSC "New Vision Insurance";
2. 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. Detailed Terms of Service are defined in the Agreement / Standard Terms NVI/MED / FR.C / 2021-V3 (hereinafter referred to as the Agreement).
6. 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.
7. Validity of the Insurance contract: Insurance is available for 6 months, 9months or 12 months. Validity of the specific Insurance contract is indicated in the policy.
8. Insurance period is indicated in the policy.
9. The insurer is free from his / her obligations until the payment of the one-time insurance premium defined by the insurance policy.
10. Sum Insured: is indicated in the policy.
11. The rule of claim notification to the insurer by the Insured / Policyholder is given in Article 2of the Agreement, paragraphs 2.2, 2.3, 2.4, 2.5, 2.6 and 2.7.
12. In case of an Insurance Event, the procedure for submitting a claim by the Insured / Policyholder to the Insurer for insurance reimbursement is given in clauses 2.2, 2.3, 2.4, 2.5, 2.6 and 2.7 of Article 2 of the Agreement.
13. Detailed procedures for regulating an insured event are set out in Article 2 of the Agreement.
14. The reimbursement terms is regulated in Article 2 of the Agreement.
15. For Attention of the Insured/Policyholder:
 - The Insured / the policyholder is obliged to provide the Insurer with all the necessary and accurate information in order to recognize the fact of the insurance accident and to determine the amount of the insurance indemnity.
 - Upon concluding this agreement / policy, the Insured / Policyholder authorizes the insurer to obtain the necessary information from third parties (doctors, any medical institution, transport service, etc.) and frees the latter from the obligation to keep the information secret for the purposes of this agreement.
 - At the request of the insurer, the Insured / Policyholder is obliged to undergo a medical examination with the indicated doctor / medical institution / quarantine zone.
 - The Insurer shall be freed from any obligation to reimburse the Insured / Policyholder for misrepresentation, incorrect description or concealing of any material fact and breach of the obligations set forth in this paragraph.
 - Accidents that occur within the validity period of the insurance policy shall be reimbursed by the insurer only before the expiration of the insurance period.
 - The predetermined Quarantine and mandatory standard SARS-CoV-2 testing scheme when crossing the state border and staying on the territory of Georgia, as well as the cost of treatment COVID-19 detected in the insured/Policyholder within the next 14 (fourteen) days after crossing the state border of Georgia (including testing) are not subject to reimbursement by the insurer.
16. Agreement Termination Terms: Termination of the Agreement/ Insurance can be made in following events:
 - a) Full fulfillment of the obligations assumed by the insurer or complete exhaustion of the relevant liability / compensation limit;
 - b) Non-fulfillment of obligations by the parties;
 - c) Prior written agreement of the parties;
 - d) Other cases envisaged by this agreement and the legislation of Georgia.

In case of early termination of the contract / insurance, the premium paid by the insurer is not refundable by the insurer.

17. Exclusions from Insurance Coverage (cases that are not reimbursed by the insurance policy) are set out in Article 3 of the Agreement – Standard Terms.

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.

18. In case of a claim against the Insurer, the claim is received, reviewed and regulated in accordance with the "Procedure for Receiving, Reviewing and Regulating Consumer Complaints", which is posted electronically at the following address: www.nvi.ge. The claim of the Policyholder / Insured is submitted to the Consumer Protection Service through the following means:

A) In written (material) form in all offices and service centers of the insurer:

- By submitting a written application (in such a case, the claimant's identification data, telephone, e-mail, insurance policy number must be recorded in the necessary manner and it must be indicated in what form the applicant wants to receive a response to the claim);
- By filling out a claim form developed by the insurer.

B) in electronic form:

- By filing a complaint on the insurer's e-mail complaints@nvi.ge;
- By filling in the claim application form on the official website of the insurer www.nvi.ge.

C) orally:

- By filing a claim with the Insurer Information Service.

The maximum time period for receiving a response to a complaint submitted in any form is 30 (thirty) calendar days after receiving the application / complaint. Detailed information on the address (s) of the Insurer's office / service center (s) and the procedure can be found on the Insurer's website www.nvi.ge or by contacting the Information Service Hotline – (+ 995 032) 2 501 501.

In case of disputes / disagreements related to the fulfillment of the agreement, the parties shall apply to the Insurance Mediation of the Association of Georgian Insurance Companies via the telephone number: 2 555 155, e-mail: mediacia@insurance.org.ge.

The Insurer is also entitled to apply to the LEPL State Insurance Supervision Service of Georgia; Tbilisi, L. Mikeladze st. N3, Tel: +995 32 223 44 10.

December 01, 2021

Foreign and Non-resident Students & Foreign and Non-resident Persons Health and Accident Insurance Contract / Terms
№ NVI/MED/FR.C/2021-V3

JSC "New Vision Insurance" (JSC 402160022) (Insurer) insures the person indicated in the Insurance Policy (Insured / Policyholder) subject to the Foreign and Non-resident Students & Foreign and Non-resident Person's Health and Accident Insurance standard Terms № NVI/MED/FR.C/2021-V3 and Annex N 1, and the Policyholder (or the Insured in favor of the Policyholder) pays the Insurance Premium in the amount specified in the Insurance Policy, at the time of concluding the insurance contract.

1. The Insurance Policy is valid on the territory of Georgia for the term specified in the insurance policy;
2. The Insured / Policyholder is obliged to provide the Insurer with essential information in the form prescribed for that purpose, and to apply for medical services to the medical institution in accordance with the conditions specified in the contract;
3. The Insured / Policyholder gives the Insurer the right to process the The Insured / Policyholder 's personal data in order to fulfill its obligations under the contract, as well as to get acquainted with his / her illness history and medical expenses, as well as to change the provider medical institutions at any time;
4. Communication between the parties shall be carried out in writing, including by means of electronic communication in accordance with the details of the parties;
5. The Insurer is entitled not to issue insurance reimbursement in case of falsification of the insured event and / or documents required for receipt of reimbursement, as well as to demand compensation for the damage caused by this action and termination of this contract;
6. In case of early termination of the contract, the premium paid by the Insured is not subject to refund by the Insurer;
7. The legislation of Georgia shall apply to the contract.
8. With the consent of the contract, the Insured / Policyholder confirms that he / she has read the standard conditions applicable to this contract № NVI/MED/FR.C/2021-V3 on: www.nvi.ge.

Annex N1

COVERED SERVICES	PARTICIPATION SHARE	ANNUAL AGGREGATE LIMIT *
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Insurance Limit from 6 to 9 month Insurance is defined as 2/3 of the Annual Aggregate Limit.

9. This agreement / Terms are valid only with the filed application (Including electronically) or email-approved application / Questionnaire and the relevant insurance policy.

**Foreign and Non-resident Students & Foreign and Non-resident Persons Health and Accident Insurance
Standard Terms № NVI/MED/FR.C/2021-V3**

These Standard Terms, Foreign and Non-resident Persons Health and Accident Insurance Contract / Terms, Insured's Application and Insurance Policy issued under it constitute an Insurance Contract concluded between the parties. These Standard Terms and Conditions are valid only in conjunction with an insurance policy issued by JSC New Vision Insurance. Without an insurance policy, these terms have no legal force.

1. Definitions:

1.1. **24/7 Hotline** – Provides round-the-clock telephone insurance consulting to resolve issues related to the insurance under this Agreement.

1.2. **Family Doctor Services** — Provides reimbursement for the cost of services specified by the Insurer's personal/family doctor. The service includes: consultation, constant monitoring of the state of health, provision of referrals and appointments if necessary, issuance of medical certificates.

1.3. **Ambulance** – provides medical services provided by the emergency medical team with emergency medical testimony, as well as transportation and referral from the scene to a medical facility to maintain the vital functions of the Insured / Policyholder;

1.4. **Emergency Outpatient Services (due to illness or accident)** – is a combination of treatment and diagnostic measures required in the following cases (specialist consultation, instrumental and laboratory examinations, outpatient manipulations, medications), when the delay by or more than 24 hours may cause the death, disability or significant deterioration of health conditions of the Insured / Policyholder and when there is no need for hospital medical care, thereto the duration of treatment does not exceed 24 hours.

1.4.1. Cases funded by emergency outpatient services:

- Accidental (trauma, wound, bleeding, thermal, chemical, electrical injury) Body injury.
- Cardiac arrhythmias.
- Intoxication.
- Hypertensive crisis.
- Bleeding from the nose.
- Renal, abdominal, biliary colic.
- Asthma status.
- Acute / life-threatening allergic reaction (allergy with a tendency to develop anaphylactic condition and laryngeal edema).
- Urinary retention.
- Getting a foreign object in the upper respiratory tract, ear canal, digestive system.

1.5. **Emergency Outpatient Services beyond the Positive List** – Provides: Reimbursement of necessary medical expenses related to the deterioration of the insured/policyholder's health condition, when the delay by or more than 24 hours may cause the death, disability or significant deterioration of health conditions of the Insured / Policyholder and when there is no need for

hospital medical care, thereto the duration of treatment does not exceed 24 hours. However, it does not belong to the list defined in paragraph 1.4.

1.6. **Emergency Vaccination** – Provides reimbursement of the full course cost of urgently needed anti-giardiasis, anti-tetanus and anti-rabies vaccinations during the insurance period.

1.7. **Planned Outpatient Services at the Family Doctor Location Clinic** –

1.7.1. The Planned Outpatient Service is a consultation of specialists of different profiles based on medical indications, instrumental-laboratory examinations, medical-diagnostic manipulations, including outpatient surgical services, when the insured stays in the medical institution for less than 12 hours. Planned Outpatient Service can be obtained only at the insurer's family doctor location clinic, upon his / her referral.

1.8. **Emergency Hospital Care (caused by illness or accident)** – Includes during the policy term accidental (during the insurance period without force (physical, mechanical, thermal, chemical exposure, life-threatening, severe emergencies) and in the cases as listed below life-threatening emergencies, reimbursement of the cost of medical care, subject to the positive list (medication, diagnostic manipulation, therapeutic and surgical treatment) during a hospital stay of more than 24 hours in accordance with the policy conditions, the delay of more than 24 hours of which leads to the death of the Insured / Policyholder.

1.8.1. Cases reimbursed under Emergency Hospital Services:

- Allergology:
 - ✓ J45 Asthma (stage of attacks);
 - ✓ L50 Urticaria;
 - ✓ T78.1 Adverse food reactions (food allergies);
 - ✓ T78.3 Angioneurotic edema;
 - ✓ T78.4 Allergy, unspecified (allergy to insect bites);
 - ✓ T88.7 Unspecified side effects of drugs or medication (drug allergy);
 - ✓ T80.6 Other serum reactions (serum sickness).
- Angiology, operations with general anesthesia and intensive care:
 - ✓ I74 Arterial embolism and thrombosis;
 - ✓ I87 Other venous lesions (pulmonary artery embolism or risk of developing it);
 - ✓ I71.3 Abdominal aortic aneurysm, rupture;
 - ✓ I71.5 Thoracoabdominal aneurysm with rupture;
 - ✓ I72 Other aneurysm (rupture).
- Gastroenterology:
 - ✓ K72.0 Acute and subacute liver failure (encephalopathy).
- Endocrinology:
 - ✓ E27.2 Addison Crisis;
 - ✓ E05.5 Thyroid crisis;
 - ✓ E10.1 Insulin-dependent diabetes mellitus with ketoacidosis;
 - ✓ E11.1 Insulin-independent diabetes mellitus with ketoacidosis;
 - ✓ E03.5 Myxedemic coma.
- Cardiology (without surgical and invasive intervention):
 - ✓ I21 Acute myocardial infarction;
 - ✓ I20.0 Unstable angina pectoris;
 - ✓ I50.1 Left ventricular failure, acute;
 - ✓ I50.9 Acute heart failure;
 - ✓ I47 Paroxysmal tachycardia;
 - ✓ I48 Atrial fibrillation and atrial flutter.
- Neurology:
 - a) CNS Inflammatory diseases / episodic and paroxysmal disorders / polyneuropathy:
 - ✓ G61 Inflammatory polyneuropathy;

- ✓ G04 Encephalitis, myelitis and encephalomyelitis;
 - ✓ G45 Transient cerebral ischemic attacks and associated syndrome;
 - ✓ G46 Cerebrovascular syndromes in cerebrovascular diseases.
- b) Epilepsy / Neuromuscular Diseases / Other Nervous System Injuries:
- ✓ G70 Myasthenia gravis (severe myasthenia gravis) and other neuromuscular lesions;
 - ✓ G40 Epilepsy (serial seizures);
 - ✓ G93.6 Cerebral edema.
- Neurosurgery:
- a) Surgical treatment / intensive therapy:
- ✓ I61 Intracerebral hemorrhage;
 - ✓ G93.5 Compression of the brain;
 - ✓ G93.6 Cerebral edema;
 - ✓ G91 hydrocephalus.
- Nephrology:
- ✓ N17 Acute renal failure;
 - ✓ N00 Acute nephritic syndrome;
 - ✓ N10 Acute tubulo-interstitial nephritis [acute pyelonephritis].
- Otolaryngology:
- a) Surgeries of IV complexity:
- ✓ J01 Acute sinusitis (with intracranial or orbital complications);
 - ✓ G06.0 Otogenic intracranial abscess and granuloma;
 - ✓ H83.0 Labyrinthitis;
 - ✓ H66.4 Acute inflammation of the middle ear (complicated by mastoiditis);
 - ✓ H66.2 Chronic epithelial-antral purulent otitis media (with complicated facies);
 - ✓ H66.3 Other chronic purulent otitis media (with complicated facies).
- b) Surgeries of III complexity:
- ✓ J39.0 Retropharyngeal and parapharyngeal abscess.
- c) posterior tamponade:
- ✓ R04.0 Bleeding from the nose (with posterior tamponade).
- Pulmonology:
- ✓ J44.1 Chronic obstructive pulmonary disease exacerbated, unspecified.
- Rheumatology
- a) Systemic connective tissue lesions (II x-III x activity, internal: With pronounced organ damage):
- ✓ M30 Nodular periarteritis and associated conditions;
 - ✓ M31 Other vasculopathies with necrosis;
 - ✓ M32 Systemic lupus erythematosus;
 - ✓ M33 Dermatopolymyositis;
 - ✓ M34 Systemic sclerosis;
 - ✓ M35 Other systemic lesions of connective tissue.
- b) Inflammatory polyarthropathies and spondylopathies (Activity II-IIIx):
- ✓ M05 Seropositive rheumatoid arthritis;
 - ✓ M06 Other rheumatoid arthritis;
 - ✓ M07 Psoriatic and enteropathic arthropathies;
 - ✓ M08 Juvenile arthritis;
 - ✓ M10 Gout (aggravated, complicated with gout status);
 - ✓ M11 Other crystalline arthropathies (pyrophosphate and calcium phosphate-induced arthropathies);
 - ✓ M12 Other specific arthropathies;

- ✓ M45 Ankylosing spondylitis;
- ✓ M46 Other inflammatory spondylopathies.

c) Acute rheumatism and chronic rheumatic diseases of the heart (active phase (rheumatic fever), commissure and prosthetics, after some period):

- ✓ I00-I02 Acute rheumatism;
- ✓ I05-I09 Chronic rheumatic diseases of the heart.

● Urology:

a) Surgeries with general anesthesia:

- ✓ N20 Kidney and urinary stones (obstructive uropathy);
- ✓ N40 Prostate hyperplasia (urinary retention, macrohematuria).

b) Surgeries with local anesthesia:

- ✓ N23 unspecified renal colic (cystoscopy, catheterization, urethrorenoscopy);
- ✓ N47 Paraphimosis;
- ✓ N44 twisted testicle;
- ✓ R33 Urinary retention (surgery-epistystostomy).

c) Surgeries –Trocar epicystostomy / catheterization

- ✓ R33 Urine retention.

● Surgery:

a) Surgeries of IV complexity:

- ✓ A48.0 Gas gangrene;
- ✓ K56 Blockage and intestinal obstruction;
- ✓ K25 gastric ulcer (complicated by decompensated pylorostenosis);
- ✓ K26 duodenal ulcer (complicated by decompensated pylorostenosis);
- ✓ K27 peptic ulcer, with unspecified localization (complicated by decompensated pylorostenosis);
- ✓ K85 Acute pancreatitis;
- ✓ K65.0 Acute peritonitis (common).

b) Surgeries of III complexity:

- ✓ Gas gangrene (with radical removal of the hearth);
- ✓ S36.0 Spleen damage;
- ✓ S36.9 Injury to unspecified abdominal organ;
- ✓ K43.0 Ventral incarcerated hernia without gangrene;
- ✓ K45.0 Other incarcerated abdominal hernia without gangrene (large or giant);
- ✓ I70.2 Atherosclerosis of the arteries of the extremities [atherosclerotic gangrene];
- ✓ E10.5 Insulin-dependent diabetes mellitus with peripheral circulatory complications [diabetic gangrene];
- ✓ E11.5 Insulin-independent diabetes mellitus with peripheral circulatory complications [diabetic gangrene];
- ✓ E12.5 Eating-related diabetes mellitus with peripheral circulatory complications [diabetic gangrene];
- ✓ E13.5 Other specified diabetes mellitus with peripheral circulatory complications [diabetic gangrene];
- ✓ E14.5 Unspecified diabetes mellitus with peripheral circulatory complications [diabetic gangrene];
- ✓ K25.1 Gastric ulcer with perforation;
- ✓ K26.1 Duodenal ulcer with perforation;
- ✓ K65.0 Acute peritonitis (local);
- ✓ K80.0 Gallstones with acute cholecystitis (purulent, gangrenous);
- ✓ K81.0 Acute cholecystitis (purulent, gangrenous);
- ✓ K40.4 Uterine hernia with gangrene;
- ✓ K41.4 Unilateral or unspecified hernia of the thigh with gangrene;
- ✓ K42.1 Umbilical hernia with gangrene;
- ✓ K43.1 Ventral hernia with gangrene;

- ✓ K45.1 Other specified abdominal hernia with gangrene;
- ✓ K40.3 Unilateral or unspecified incarcerated hernia of the uterus without gangrene;
- ✓ K41.3 Unilateral or unspecified incarcerated hernia of the thigh without gangrene;
- ✓ K42.0 Umbilical incarcerated hernia without gangrene;
- ✓ K43.0 Ventral incarcerated hernia without gangrene;
- ✓ K45.0 Other specified abdominal incarcerated hernia with no gangrene;
- ✓ K92.0 Hematemesis;
- ✓ K92.1 Melena;
- ✓ K92.2 Gastrointestinal bleeding, unspecified.

c) Surgeries of II complexity and conservative treatment

- ✓ K35.9 Acute appendicitis, unspecified (catarrhal, phlegmonous, gangrenous);
- ✓ K92.0 Hematemesis (conservative treatment);
- ✓ K92.1 Melena (conservative treatment);
- ✓ K92.2 Gastrointestinal bleeding, unspecified (conservative treatment);
- ✓ K85 Acute pancreatitis (conservative treatment).

● Maxillofacial surgery

a) Operations with general anesthesia:

- ✓ K10.2 Inflammatory lesions of the jaws (mouth floor, inframaxillary, temporomandibular, phlegmons of temporal region, retrobulbar and lateral abscesses of the throat).

● Hematology

a) Surgical treatment — splenectomy:

- ✓ D69.3 Idiopathic thrombocytopenic purpura;
- ✓ C94.7 Other specified eukemia;
- ✓ D55 Anemias caused by enzyme disorders;
- ✓ D56 Thalassemia;
- ✓ D57 Sickle cell anemia;
- ✓ D58 Other hereditary hemolytic anemias;
- ✓ D59 Acquired hemolytic anemias.

1.9. **Emergency Hospital Services beyond the Positive List** – Provides: Reimbursement of necessary medical expenses related to the deterioration of the insured/policyholder's health condition, when the delay by or more than 24 hours may cause the death, disability or significant deterioration of health conditions of the Insured / Policyholder and when there is need for hospital medical care over 24 hours. However, it does not belong to the list defined in paragraph 1.8.

1.10. **Emergency Dentistry** – provides first aid in case of emergency – Anesthesia of severe toothache, opening channels, draining, tooth extraction and post-extraction bleeding, related anesthesia and diagnostic procedures (dental scanning, visio) at any dental facility with the appropriate permit.

1.11. **Planned Dental Services in Provider Clinics** – Includes therapeutic and surgical treatment of the tooth/teeth (jaw-face, oral cavity).

- ✓ Therapeutic dentistry includes the treatment of caries, pulpitis and periodontitis (diagnostic radiography/imaging, anesthesia, complete canal treatment, root canal grinding and subsequent restoration of the crown) and hygienic cleaning of teeth (removal of all types of plaque and calculus, with the help of ultrastoma and Eaflow apparatus and Polishing).
- ✓ Surgical dentistry includes simple and complex (complex extraction, dystopia, retention, semi-retention) extraction (removal) of milk and permanent teeth with anesthesia and surgical interventions on the mucous membrane (treatment of odontogenic inflammatory diseases of the jaw and face). Services can only be obtained at the provider's facility.

1.12. **Repatriation:** Includes the costs of repatriation of a corpse in case of death due to accident or sudden illness during the stay of a foreign and non-resident student or person on the territory of Georgia, from Georgia to the nearest international airport or the nearest border point of the country, within the limits and conditions specified in the insurance policy.

1.13. **COVID 19 related services** include the following:

- 1.13.1. Testing – Funding of PCR testing as per medical indications in accordance with the protocol applied in the country during the diagnosed COVID 19 treatment.
- 1.13.2. Quarantine – Financing the quarantine area in case of contact with COVID 19 infected persons while moving on the territory of Georgia, daily limit 60.00 GEL.
- 1.13.3. Treatment (outpatient, inpatient) – In case of confirmation of COVID 19, treatment in accordance with the guidelines recognized by Georgia.

Note: 1) The maximum daily limit of treatment is 60.00 GEL in case of treatment at COVID Hotel; In Hospital 150.00 GEL for light and moderate patients, 350.00 GEL for severe patients.

Note: 2) Predetermined quarantine and mandatory standard SARS-CoV-2 testing scheme when crossing the state border and staying on the territory of Georgia, is not subject to reimbursement by the Insurer.

Note: 3) The insurance event is not subject to compensation if the insured enters the territory of Georgia in violation of the requirements established by the legislation of Georgia; The Insurer is entitled to request the relevant documents from the Policyholder / Insured (including a document confirming the full course of COVID-vaccination, a document confirming the negative answer to the PCR test conducted in the last 72 hours before the visit to Georgia) and refuse to reimburse the insurance if the required documentation is not submitted.

Note: 4) The insurance event is not subject to compensation in case where COVID 19 is confirmed on the 3rd day of mandatory PCR testing or during the self-isolation / quarantine period.

Note: 5) If the insured is on the territory of Georgia, the waiting period is 14 (fourteen) days. The cost of COVID 19 treatment (including testing) detected during this period is not reimbursed by the insurer.

1.14. **Deductible** 50 (fifty) GEL for each and every loss. Applies to all services covered by the policy, except the following services: 24/7 hotline; Family Doctor Service, Ambulance; Emergency vaccination; Repatriation.

1.15. **Provider / Contractor Clinic / Medical Institution** – A medical institution with relevant medical activities that has a contractual relationship with the insurer.

2. What to do when the insurance accident occurs:

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.

2.1. **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;

2.2. **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.

2.3. **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;

2.3.1. 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).

2.4. **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;

2.4.1. 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.

2.5. **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.

2.6. **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;

2.6.1. 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;

2.7. **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;

2.7.1. 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;

2.8. **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.

2.9. **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.

2.9.1. 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).

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

2.10. **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.

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

2.12. 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.

3. Exclusions from Insurance Coverage

3.1. 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.

4. Important Provisions

- 4.1. The Insured / Policyholder is obliged to provide the Insurer with all the necessary and accurate information in order to recognize the fact of the insurance accident and to determine the amount of the insurance indemnity.
- 4.2. Upon concluding this agreement / policy, the Insured / Policyholder authorizes the insurer to obtain the necessary information from third parties (doctors, any medical institution, transport service, etc.) and frees the latter from the obligation to keep the information secret for the purposes of this agreement.
- 4.3. At the request of the insurer, the Insured / Policyholder is obliged to undergo a medical examination with the indicated doctor / medical institution / quarantine zone.
- 4.4. The Insurer shall be freed from any obligation to reimburse the Insured / Policyholder for misrepresentation, incorrect description or concealing of any material fact and breach of the obligations set forth in this paragraph.
- 4.5. Accidents that occur within the validity period of the insurance policy shall be reimbursed by the insurer only before the expiration of the insurance period.
- 4.6. The predetermined Quarantine and mandatory standard SARS-CoV-2 testing scheme when crossing the state border and staying on the territory of Georgia, as well as the cost of treatment COVID-19 detected in the insured/Policyholder within the next 14 (fourteen) days after crossing the state border of Georgia (including testing) are not subject to reimbursement by the insurer.
- 4.7. Payment of the insurance premium is made once, at the moment of concluding the agreement. Without paying the insurance premium, the insurance does not enter into force.

5. Termination of the Agreement/ Insurance

- 5.1. The grounds for early termination of insurance may be:
- a) Full fulfillment of the obligations assumed by the insurer or complete exhaustion of the relevant liability / compensation limit;
 - b) Non-fulfillment of obligations by the parties;
 - c) Prior written agreement of the parties;
 - d) Other cases envisaged by this agreement and the legislation of Georgia.

6. Dispute, Compensation for Damages

- 6.1. In case of a claim against the Insurer, the claim is received, reviewed and regulated in accordance with the "Procedure for Receiving, Reviewing and Regulating Consumer Complaints", which is posted electronically at the following address: www.nvi.ge. The claim of the Policyholder / Insured is submitted to the Consumer Protection Service through the following means:
- A) In written (material) form in all offices and service centers of the insurer:
- By submitting a written application (in such a case, the claimant's identification data, telephone, e-mail, insurance policy number must be recorded in the necessary manner and it must be indicated in what form the applicant wants to receive a response to the claim);
 - By filling out a claim form developed by the insurer.
- B) in electronic form:
- By filing a complaint on the insurer's e-mail complaints@nvi.ge;
 - By filling in the claim application form on the official website of the insurer www.nvi.ge.
- C) orally:
- By filing a claim with the Insurer Information Service.
- 6.2. The maximum time period for receiving a response to a complaint submitted in any form is 30 (thirty) calendar days after receiving the application / complaint. Detailed information on the address (s) of the Insurer's office / service center (s) and the procedure can be found on the Insurer's website www.nvi.ge or by contacting the Information Hotline Service – (+ 995 032) 2 501 501.
- 6.3. In case of disputes / disagreements related to the fulfillment of the agreement, the parties shall apply to the Insurance Mediation of the Association of Georgian Insurance Companies via the telephone number: 2 555 155, e-mail: mediacia@insurance.org.ge.

6.4. The Insurer is also entitled to apply to the LEPL State Insurance Supervision Service of Georgia; Tbilisi, L. Mikeladze st. N3, Tel: +995 32 223 44 10.

December 01, 2021