



**Foreign and Nonresident Students**

**Health and Accident Insurance**

**NVI / MED / ST / 2020-V1**

### Key Terms of the Agreement (Title)

This document – Key terms of the Agreement provide incomplete information about the terms of insurance; Complete information about insurance is given in Foreign and Nonresident Students Health and Accident Insurance Agreement / Conditions № NVI / MED / ST / 2020-V1, placed at [www.nvi.ge](http://www.nvi.ge) and in the insurance policy. The Insurance Agreement, the Insurance policy and the Insurer's application for insurance constitute a single comprehensive agreement between the parties.

1. Insurer – JS New Vision Insurance;
2. Insured / Policyholder – A foreign and Nonresident student who is covered by health and accident insurance;
3. Type of Agreement – Health and Accident Insurance;
4. Description of insured risk and terms of insurance coverage:

N	SERVICE	PARTICIPATION SHARE	ANNUAL AGGREGATE LIMIT (LARI)
1	24/7 Hot Line	100 %	Unlimited
2	Emergency Medical Service	100 %	Unlimited
3	Emergency Outpatient Services due to Illness / Emergency Outpatient Services due to Accident	100 %	Unlimited
4	Emergency Hospital Services Due to Illness / Emergency Hospital Services Due to Accident	100 %	20 000
5	Emergency Dental Services	100 %	Unlimited
6	Repatriation	100 %	10 000
7	COVID 19 Related Services	100 %	30 000
8	Sum Insured / Aggregate Limit of Reimbursement	100 %	70 000
9	Insurance Premium	Determined by the policy	

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

Insurance Limit for 9 month Insurance is defined as 2/3 of the Annual Aggregate Limit.

Details of the Assistance/Service terms is defined by the agreement/standard Terms No. NVI / MED / ST / 2020-V1 (Hereinafter referred to as the Agreement) and Resolution No. 572 of the Government of Georgia from September 10, 2020 (hereinafter – Resolution).

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 amount and type of the deductible is defined by the Policy.
6. Validity period of the insurance Agreement: indicated in the policy.
7. Insurance period: indicated in the policy;
8. The insurer is free from his / her obligations until the payment of the one-time insurance premium defined by the insurance policy;
9. Amount of insurance: indicated in the policy;

10. The rule of claim notification to the insurer by the insured is given in Article 2.1, paragraphs 2.2, 2.3, 2.4, 2.5, 2.6 and 2.7 of Annex 2 to the Agreement;

11. In case of an insurance event, the procedure for submitting a claim by the insured 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.

12. Detailed procedures for regulating an insured event are set out in Article 2 of the Agreement.

13. The reimbursement terms is regulated in Article 2 of the Agreement.

14. For Attention of the Insured:

- 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 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 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 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 are not subject to reimbursement by the insurer.

15. 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.

**16. Exclusions under the Terms (cases that are not subject to reimbursement under the Policy) is determined by article 3 of Annex N 1 of the Agreement:**

- **The following cases and related expenses are not subject to reimbursement:**
- **The accidents that occur before the insurance enters into force;**
- **Expenses related to treatment and examination in a non-licensed facility, treatment provided by an individual, experimental treatment, non-traditional medicine (acupuncture, homeopathy, manual therapy, etc.), self-treatment costs;**
- **Insured acts as a result of illegal acts, self-injury, suicide attempt, intentional and / or gross negligence, acts under the influence of alcohol, insurance cases under the influence of alcohol, drugs, psychotropic or other**

toxic substances, costs of diagnosis and treatment of alcoholism, drug addiction and their complications.  
Medical expenses related to the insurance case during the period of imprisonment;

- Costs of insurance cases related to the exploration of caves and caverns, as well as participation in the destruction of highly explosive substances;
- Costs of medical services related to all types of damage caused by epidemics, pandemics (except COVID 19), environmental pollution, radiation, natural disasters;
- Expenses related to insurance cases 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 accidents;
- 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 in critical situations. After the discovery of emergency medical care aimed at saving the life of the insured (no more than 7 days), the further costs of the insured'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, diabetes mellitus and diabetes insipidus, 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 abroad that are taken in Georgia; Exclusive services: non-standard / over-the-standard medical services, non-standard ward, hired doctor;
- Pregnancy / childbirth and their complications other than termination of pregnancy caused by an accident.
- Service costs received without the agreeing with the insurer;
- Services not included in the Glossary;
- Cost of services funded by other program / insurance;
- Repatriation costs as a result of: Travel of the insured to Georgia for treatment purposes, or death due to pre-travel illness, or death due to Covid-infection.

17. Dispute, compensation for damages – In case of a claim against the Insurer, the receipt of a claim, its review and regulation is performed in accordance with the "Procedure for Receiving, Reviewing and Regulating Consumer Complaints", which is posted electronically at [www.nvi.ge](http://www.nvi.ge). The claim of the Insured / policyholder is submitted to the Consumer Rights Protection Service at the Insurance Company 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);

b) in electronic form:

- By filing a complaint on the insurer's e-mail [complaints@nvi.ge](mailto:complaints@nvi.ge);
- By filling in the claim application form on the official website of the insurer [www.nvi.ge](http://www.nvi.ge).

c) Orally:

- By filing a claim with the Insurer Information Service.

The maximum time for receiving a response to a complaint submitted in any form is 30 (thirty) calendar days after receiving the application / complaint. For detailed information on the address (s) of the insurer's office / service center (s) and the procedure, visit the insurer's website [www.nvi.ge](http://www.nvi.ge) or contact the Information Service Hotline at - (+ 995 032) 2 501 501.

In case of disputes / disagreements related to the fulfillment of the insurance agreement, the parties have the opportunity to apply to the Insurance Mediation Association of the Insurance Associations of Georgia by phone at the number: +995 032 2 555 155 and / or by e-mail: [mediacia@insurance.org.ge](mailto:mediacia@insurance.org.ge);

The insured / policyholder is also entitled to apply to the LEPL State Insurance Supervision Service of Georgia at the following address: Tbilisi, 3 L. Mikeladze st., Tel.: +995 032 2 23 44 10.

11 September, 2020



## Foreign and Nonresident Students Health and Accident Insurance Agreement / Terms № NVI/MED/ST/2020-V1

JSC “NEW VISION INSURANCE” (I/C 402160022) (Insurer) provides insurance to the person specified in the Insurance Policy (Policyholder) subject to the conditions specified in the **Foreign and Nonresident Students Health and Accident Insurance Standard Conditions № NVI / MED / ST / 2020-V1 and Appendix N 1**, and the Policyholder (or Insured in favour of the Policyholder) pays the insurance premium specified in the policy at the time of concluding the Insurance Contract.

1. The insurance policy is valid on the territory of Georgia for the period specified in the insurance Policy;
2. The Policyholder is obliged to submit to the Insurer the true information essential for the insurance, in established form, and in order to receive medical service should apply to medical establishment according to the conditions specified by the Contract;
3. The Policyholder grants the Insurer with the right to process his/her personal data in order to fulfil the contractual obligations, to inquire about the medical history and medical service provided, also at any time to change provider medical establishments;
4. Communication between the Parties is in writing, including electronic means of communication according to the details of the Parties;
5. The Insurer is entitled not to issue insurance reimbursement in case of falsification of occurrence of the insurance event and/or documents necessary for receipt of the reimbursement, also to request damage refund due to this action and to terminate this Contract;
6. In case of early termination of the Contract, the premium paid by the Insured/Policyholder is not refundable by the Insurer;
7. The Agreement is regulated by Georgian Legislation.
8. By agreeing to the Agreement, the Policyholder confirms that he/she has read the standard terms applicable to this Agreement on the website [www.nvi.ge](http://www.nvi.ge).

### Appendix N1

N	SERVICE	PARTICIPATION SHARE	ANNUAL AGGREGATE LIMIT (LARI)
1.1.	24/7 Hot Line	100 %	Unlimited
1.2.	Emergency Medical Service	100 %	Unlimited
1.3.	Emergency Outpatient Services due to Illness / Emergency Outpatient Services due to Accident	100 %	Unlimited
1.4.	Emergency Hospital Services Due to Illness / Emergency Hospital Services Due to Accident	100 %	20 000
1.5.	Emergency Dental Services	100 %	Unlimited
1.6.	Repatriation	100 %	10 000
1.7.	COVID 19 Related Services	100 %	30 000
1.8.	Sum Insured / Aggregate Limit of Reimbursement	100 %	70 000

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

**Insurance Limit for 9 month Insurance is defined as 2/3 of the Annual Aggregate Limit.**

This Agreement / Terms are valid only upon electronic submission of the Application by the Insured/Policyholder and the corresponding Insurance Policy.

Foreign and Nonresident Students Health and Accident Insurance  
Standard Conditions № NVI / MED / ST / 2020–V1

These Standard Terms, the Health / Accident Insurance agreement / Conditions, the Application of the Insured and the Insurance Policy issued under it constitute an insurance agreement 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, resolving issues related to the insurance under this Agreement.

1.2. Emergency medical support – provides medical services provided by the emergency medical brigade with patients of emergency medical needs, as well as transportation and referral from the scene of the accident to a medical facility to maintain the vital functions of the insured;

1.3. Emergency outpatient services (caused by illness or accident) – is a combination of treatment and diagnostic procedures required in the following cases (specialist consultation, instrumental and laboratory tests, 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 and when there is no need for hospital medical care, thereto the duration of treatment does not exceed 24 hours.

1.3.1. Cases funded under the Emergency Outpatient Services:

- Caused by accident (trauma, wound, bleeding, thermal, chemical, electrical injury) Body injury – doctor's consultation, surgical treatment of the wound / bandaging / applying suture, X-ray examination of the fracture and immobilization; Detoxification / infusion therapy, general blood test, creatinine, electrolytes.
- Cardiac arrhythmias – doctor's consultation, ECG, stabilization of arrhythmia.
- Intoxication – doctor's consultation, detoxification / infusion therapy, laboratory tests.
- Hypertensive crisis – doctor's consultation, electrocardiography, stabilization of blood pressure.
- Bleeding from the nose – doctor's consultation, tamponade, coagulants.
- Renal, abdominal, biliary colic – doctor's consultation, general blood and urine tests, ultrasound scanning, iv infusion, analgesics and spasmolytics.
- Asthma status – doctor's consultation, drug therapy, seizure suppression.
- Acute / life-threatening allergic reaction (allergy with a tendency to develop anaphylactic condition and laryngeal edema) – doctor's consultation, anti-allergic treatment.
- Urinary retention – doctor's consultation, catheterization (urine expulsion), iv infusion, general urine analysis.
- Getting a foreign object in the upper respiratory tract, ear canal, digestive system – doctor's consultation, removal of a foreign object.

1.4. Emergency hospital services (caused by illness or accident) – Includes accidents (life-threatening, acute emergencies caused by external force (physical, mechanical, thermal, chemical) during the insurance period) and life-threatening cases listed below, during the insurance period, as well as reimbursement of the cost of medical services (medicines, diagnostic manipulations, therapeutic and surgical treatment) in accordance with the terms of the policy for a stay of more than 24 hours in the hospital, the delay of which for more than 24 hours leads to the death of the insured:

1.4.1. 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-epistostomy)
- 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

1.5. Emergency Dentistry – provides first aid in case of emergency – tooth extraction, related anesthesia and diagnostic procedures (dental scanning, visio).

1.6. Repatriation: Includes the costs of repatriation of a corpse of a foreign student during the stay on the territory of Georgia, as a result of an accident or

1.7. COVID 19 related services include the following:

1.7.1. Testing – Funding of PCR testing as per medical indications in accordance with the protocol applied in the country during the diagnosed COVID 19 treatment.

1.7.2. 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.

1.7.3. 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 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 are not subject to reimbursement by the insurer.

1.8. Deductible 50 (fifty) GEL for each case. Applies to all services covered by the policy (except 24/7 hotline, repatriation and emergency services).

1.9. 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 (or an authorized third party) shall contact the JSC New Vision Insurance Information Service 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 to submit an identity document and an insurance policy.

2.1. 24/7 hotline – The Insured shall contact the Information Service of JSC New Vision Insurance at (+995) 322 501 501, which will provide contact with the relevant person;

2.2. Emergency First Aid— The insured (or an authorized third person) contacts the information services of the insurer at—(+995) 322 501 501). In case of emergency medical care, the transportation of the insured (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 person 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 (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 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 are submitted after the expiration of this period. Documents can be submitted both in person and electronically at the company's remuneration office;

2.2.1. The following documents have to be submitted by the insured in order to claim the reimbursement:

- Record of the doctor of the ambulance brigade on the state of health;
- Document certifying the payment of the cost of the service provided;

2.3. Emergency outpatient services caused by illness / Emergency outpatient services caused by an accident – the insured (or authorized third party) contacts the Insurer's Information Service Immediately (except for notification delay due to objective circumstances) — (+995) 322 501 501). 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 is released from the obligation of payment. If the insured is in a non-provider medical facility, the insurer reserves the right to transfer the insured to a contractor medical facility. In the non-provider medical institution of the 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;

2.3.1. In order to receive compensation, the insured 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;

2.4. Emergency Hospital Services caused by Illness / Emergency Hospital Services caused by accident– Insured (or Authorized Third Party) contacts Insurer's Information Service Immediately (except for notification delay due to objective circumstances) at – (+995) 322 501 501). Expenses for medical services received without notice are not reimbursed. If the insured is in a non-provider medical facility, the insurer reserves the right to transfer the insured to a contractor medical facility. In a non-provider institution, the insured 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;

2.4.1. In order to receive compensation, the insured must submit the following documents:

- Insured 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;

2.5. Emergency Dental Services – The Insured (or Authorized Third Party) Contacts the Insurer’s Information Service Immediately (except for notification delay due to objective circumstances) at – (+995) 322 501 501) . Expenses for medical services received without notice are not reimbursed. When applying to the provider medical institution, the insured must present an insurance policy and an identity document; In this case, the insured is exempt from paying for the relevant service. If the insured is in a non-provider medical facility, the insurer reserves the right to transfer the insured to a contractor medical facility. If the medical service is provided in a non-provider medical institution, the insured 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;

2.5.1. In order to receive compensation, the insured 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.
- In case of the personal accident, additional relevant documents issued by the relevant law enforcement agencies are required.

In case of receiving medical services specified by this agreement / conditions in a non-provider medical institution, the insured 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.

2.6. Repatriation – the authorized third party of the insured contacts to the information service of the insurer – (+995) 322 501 501) which ensures the organizing of further actions. 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;
- 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;
- Identity document of the authorized person;
- Service costs received without the prior consent of the insurer are not subject to reimbursement.

2.7. COVID 19 related services – the insured (or authorized third party) contacts the Insurer's Information Service at (+995) 322 501501), after which the Insurer organizes such a case in accordance with the recommendations and measures as prescribed by the World Health Organization and the legislation of Georgia.

### **3. The following cases and related expenses are not subject to reimbursement:**

**3.1. The accidents that occur before the insurance enters into force;**

**3.2. Expenses related to treatment and examination in a non-licensed facility, treatment provided by an individual, experimental treatment, non-traditional medicine (acupuncture, homeopathy, manual therapy, etc.), self-treatment costs;**

**3.3. Insured acts as a result of illegal acts, self-injury, suicide attempt, intentional and / or gross negligence, acts under the influence of alcohol, insurance cases under the influence of alcohol, drugs, psychotropic or other toxic substances, costs of diagnosis and treatment of alcoholism, drug addiction and their complications. Medical expenses related to the insurance case during the period of imprisonment;**

- 3.4. Costs of insurance cases related to the exploration of caves and caverns, as well as participation in the destruction of highly explosive substances;
- 3.5. Costs of medical services related to all types of damage caused by epidemics, pandemics (except COVID 19), environmental pollution, radiation, natural disasters;
- 3.6. Expenses related to insurance cases when participating in risky professional and risky amateur sports (mountaineering, rock climbing, skiing, hang gliding and parachuting, etc.);
- 3.7. Expenses for boarding, disembarking or being injured while on board;
- 3.8. 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 accidents;
- 3.9. 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 in critical situations. After the discovery of emergency medical care aimed at saving the life of the insured (no more than 7 days), the further costs of the insured's treatment and / or repatriation costs are not reimbursed;
- 3.10. Cardiac surgery, transplantation, endoprosthesis and related costs. Costs of congenital and genetic diseases, as well as their complications, diagnosis and treatment;
- 3.11. Costs of HIV AIDS, all types of chronic hepatitis, diabetes mellitus and diabetes insipidus, chronic renal failure, diagnosis, treatment and complications of oncological diseases, causes and associated costs;
- 3.12. Costs of any implant (except stent), prosthesis and corrective device, costs of organ and tissue transplantation / autotransplantation;
- 3.13. Expenses for sending and researching research materials abroad that are taken in Georgia; Exclusive services: non-standard / over-the-standard medical services, non-standard ward, hired doctor;
- 3.14. Pregnancy / childbirth and their complications other than termination of pregnancy caused by an accident .
- 3.15. Service costs received without the agreeing with the insurer;
- 3.16. Services not included in the Glossary;
- 3.17. Cost of services funded by other program / insurance;
- 3.18. Repatriation costs as a result of: Travel of the insured to Georgia for treatment purposes, or death due to pre-travel illness, or death due to Covid-infection.

#### 4. Important Provisions

- 4.1. 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.
- 4.2. Upon concluding this agreement / policy, the insured 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 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 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. Predetermined quarantine and mandatory standard SARS-CoV-2 testing scheme when crossing the state border and staying on the territory of Georgia 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 receipt of a claim, its review and regulation is performed in accordance with the "Procedure for Receiving, Reviewing and Regulating Consumer Complaints", which is posted electronically at [www.nvi.ge](http://www.nvi.ge). The claim of the Insured / policyholder is submitted to the Consumer Rights Protection Service at the Insurance Company 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](mailto:complaints@nvi.ge);
- By filling in the claim application form on the official website of the insurer [www.nvi.ge](http://www.nvi.ge).

c) orally:

- By filing a claim with the Insurer Information Service.

The maximum time for receiving a response to a complaint submitted in any form is 30 (thirty) calendar days after receiving the application / complaint. For detailed information on the address (s) of the insurer's office / service center (s) and the procedure, visit the insurer's website [www.nvi.ge](http://www.nvi.ge) or contact the Information Service Hotline at - (+ 995 032) 2 501 501.

6.2. In case of disputes / disagreements related to the fulfillment of the insurance agreement, the parties have the opportunity to apply to the Insurance Mediation Association of the Insurance Associations of Georgia by phone at the number: +995 032 2 555 155 and / or by e-mail: [mediacia@insurance.org.ge](mailto:mediacia@insurance.org.ge);

6.3. The insured / policyholder is also entitled to apply to the LEPL State Insurance Supervision Service of Georgia at the following address: Tbilisi, L. Mikeladze st. N3, Tel.: +995 032 2 23 44 10.

11 September, 2020

