



Foreign and Nonresident Students

Health and Personal Accident Insurance Standard Conditions

№ NVI / MED / ST / 2020-V1

INFORMATION PAGE

Health and Personal Accident Insurance
Standard Conditions № NVI / MED / ST / 2020-V1

1. Insurer — JS New Vision Insurance;
2. Type of Agreement — Health and Accident Insurance;
3. Description of insured risk and terms of insurance coverage:

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
1.9.	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.

4. Terms, amount and rules of any other financial expenses incurred by the customer other than the premium – no other financial expenses are provided;
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. Exclusions under the Terms (cases that are not subject to reimbursement under the Policy):

- 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.

7. Terms and Form of claim notification to the insurer in the event of an insured event, submission of a claim, settlement of the insured event and insurance indemnity reimbursement terms:

In the event of any insurance accident, the Insured (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 calling an ambulance, the insured should contact the insurer's hotline, or 112. 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 card.

In the case of a provider Establishment — 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 non-provider Establishment — The insured (or authorized third party) pays the full cost of the service and applies to the insurer for reimbursement, 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; The insurance reimbursement is paid by the insurer within 10 (ten) calendar days after the submission of the complete documentation

This Information Page – Offer is incomplete information about the terms of insurance;

Familiarization of the person with This Information Page and the explanations made by the Insurer shall not give rise to any legal consequences or claims between the Parties.