

## Health Insurance Vitamins

SERVICE TYPES		Vitamin A	Vitamin B	Vitamin C	Vitamin D	Vitamin E
<b>ARDIMEDI</b>						
24/7 Hot-line Medical Assistance		100% Unlimited	100% Unlimited	100% Unlimited	100% Unlimited	100% Unlimited
Private/Family Doctor		100% Unlimited	100% Unlimited	100% Unlimited	100% Unlimited	100% Unlimited
Home visits of Pediatrician/GP		100% 1 Time	100% 3 Times	100% 5 Times	100% Unlimited	100% Unlimited
Nursing at Home		50% Unlimited	75% Unlimited	100% Unlimited	100% Unlimited	100% Unlimited
<b>IN-PATIENT CARE</b>						
Emergency Hospitalization due to an accident		100% 4,000 Lari	100% 5,000 Lari	100% 7,000 Lari	100% 10,000 Lari	100% 15,000 Lari
Emergency Hospitalization due to an illness		100% 3,000 Lari	100% 4,000 Lari	100% 6,000 Lari	100% 8,000 Lari	100% 10,000 Lari
Planned Hospitalization	Waiting Period 12 Months	100% 1,000 Lari	100% 2,000 Lari	100% 3,000 Lari	100% 4,000 Lari	100% 5,000 Lari
Planned Cardio-Surgery	Waiting Period 12 Months					
Planned Oncology	Waiting Period 12 Months					
Pregnancy Monitoring	Waiting Period 12 Months	100% 400 Lari	100% 600 Lari	100% 800 Lari	100% 1,000 Lari	100% 1,250 Lari
Childbirth	Waiting Period 12 Months					
<b>OUT-PATIENT CARE</b>						
Emergency Services		100% 1000 Lari	100% 1,500 Lari	100% Unlimited	100% Unlimited	100% Unlimited
Emergency vaccination		100% 1000 Lari	100% 1,500 Lari	100% Unlimited	100% Unlimited	100% Unlimited
Planned out-patient services		40% 500 Lari	50% 1 000 Lari	60% 1500 Lari	70% 2,000 Lari	80% 2,500 Lari
Planned out-patient services (Chronic diseases)	Waiting Period 6 Months					
Medicines prescribed by doctors		40% 500 Lari	50% 1 000 Lari	60% 1 500 Lari	70% 2,000 Lari	80% 2,500 Lari
Medicines prescribed by doctors ( For Chronic diseases )	Waiting Period 6 Months					
Preventive medical check-up		50% 1 Time	100% 1 Time	100% 1 Time	100% 2 Times	100% 2 Times
Ambulance services		50% Unlimited	70% Unlimited	100% Unlimited	100% Unlimited	100% Unlimited
<b>DENTAL CARE</b>						
Emergency Dental Services		100% Unlimited	100% Unlimited	100% Unlimited	100% Unlimited	100% Unlimited
Planned therapy and surgery in Provider Clinics	Waiting Period 3 Months	50% 400 Lari	50% 600 Lari	60% 800 Lari	70% 1,000 Lari	80% 1,250 Lari
Orthodontics, Orthopedics		10-30% Unlimited	10-30% Unlimited	10-30% Unlimited	10-30% Unlimited	10-30% Unlimited
Monthly Insurance Premium (By Family Doctor managed network)		<b>33 LARI</b>	<b>44 LARI</b>	<b>55 LARI</b>	<b>66 LARI</b>	<b>77 LARI</b>
Monthly Insurance Premium (Free Choice)		<b>44 LARI</b>	<b>55 LARI</b>	<b>66 LARI</b>	<b>77 LARI</b>	<b>88 LARI</b>

\*Chronic disease is disease which requiring treatment duration of 3 months or more, is characterized by periods of relapse and remission.

Guided insurance scheme \*\* / Medical Services, which is managed by the family doctor prescribed medical insurer contractor facilities.

Waiting period to apply - primarily insurance case

### **1.1 MEDICAL ASSISTANCE (HOT-LINE/CALL-CENTER) COSTS**

– Shall be reimbursed within the limit and co-payment according to the chosen program and considers qualified, unlimited, informational and organizational telephone consultations 24 hour a day, 7 days a week. Provides comprehensive and prompt information about insurance programs, medicines, administration and coordination of healthcare services. It also includes supervision of the process and quality of medical treatment, in case of need for in-patient or/and outpatient treatment of the Insured, as well as monitoring medical and financial documentation.

### **1.2 PRIVATE/FAMILY DOCTOR COSTS**

Shall be reimbursed within the limit and co-payment according to the chosen program and considers:

- **INSURER's Private/Family doctor services within its competence;**
- **Monitoring the health status of the INSURED and creation medical history for each insured person;**
- **If necessary, inviting additional specialists and organize medical consilium, including through video conference - with leading experts in the United States;**
- **Issuing the letter of warranty according to the medical necessity at service provider medical institution;**
- **Providing medical recommendations for healthy lifestyle;**
- **Issuing of the sick leave certificate.**

Private/Family doctor service is provided within particular medical centers indicated by the INSURER through its chain of medical assistance ARDIMEDI.

### **1.3. PRIVATE/FAMILY DOCTOR'S HOUSE CALL COSTS**

- considers private/family doctor's visit at home in case of acute and urgent cases. If necessary, issuance of referrals on medicines and letter of guarantees on lab tests and on other instrumental investigations (service is available in the sites Tbilisi, Rustavi, Batumi and Kutaisi).

### **1.4. URGENT IN-PATIENT (HOSPITAL) TREATMENT COSTS DUE TO AN ACCIDENT**

- Shall be reimbursed within the limit and co-payment according to the chosen program and considers combination of the immediate (emergency) medical interventions (measures) based on free choice of medical institution, regarding Insured person's life threatening condition caused by the accident within the valid insurance period. In case of the postponement of such medical interventions (measures) death of the insured, deterioration of health and disability would be inevitable. During this type of service INSURED will be hospitalized within hospital for 24 hours or longer.

### **1.5. URGENT IN-PATIENT (HOSPITAL) TREATMENT COSTS DUE TO AN ILLNESS**

- Shall be reimbursed within the limit and co-payment according to the chosen program and considers combination of the immediate (emergency) medical interventions (measures) based on free choice of medical institution, regarding Insured person's life threatening condition caused by the Illness within the valid insurance period. In case of the postponement of such medical interventions (measures) death of the insured, deterioration of health or disability would be inevitable. During this type of service INSURED will be hospitalized within hospital for 24 hours or longer.

### **1.6. PLANNED IN-PATIENT (HOSPITAL) TREATMENT COSTS**

- Shall be reimbursed within the limit and co-payment according to the chosen program and considers patient placement at licensed hospital for 24 hours or longer, based on free choice principle or based on a letter of guarantee, upon the relevant medical necessity. Under this coverage is provided therapeutic and diagnostic procedures/treatment, laboratory tests and Instrumental examinations/treatment with necessary volume according to the hereby agreement, including costs of surgical and conservative treatment, care and patronage, medical manipulations, medicines and all other necessary medical measures.

### **1.7. PREGNANCY CARE AND CHILDBIRTH COSTS**

- Shall be reimbursed within the limit, co-payment and waiting period according to the chosen program and provides pregnancy monitoring based on a free choice principle (any laboratory and/or instrumental tests, consultations with a gynecologist and prescribed medicines with relevant medical point of view during whole period of pregnancy) and childbirth costs (Physiological, caesarean section upon medical necessity, delivery complications and medical abortion);

### **1.8. AMBULANCE SERVICE COSTS**

- Shall be reimbursed within the limit and co-payment according to the chosen program and provides medical services through any licensed ambulance service crew operating on the territory of Georgia.

### **1.9. URGENT OUT-PATIENT SERVICE COSTS**

- Shall be reimbursed within the limit and co-payment according to the chosen program and considers combination of the immediate (emergency) medical interventions (measures) based on free choice of medical institution, regarding Insured person's life threatening condition. In case of the postponement of such medical interventions (measures) death of the insured,



deterioration of health and disability would be inevitable and INSURED stay at medical facility doesn't require 24 hours or more. Under this type of service would be covered following cases only:

- **Injuries;**
- **acute intoxication;**
- **Hypertensive crisis;**
- **Hectic fever;**
- **Freezing or burns;**
- **After-surgery bleeding from the nose;**
- **Bronchospasms, laryngospasm, bronchial and cardiac asthma attack;**
- **Acute heart rhythm disorders;**
- **Severe allergic reactions;**
- **Acute pain syndrome.**

#### **1.10. URGENT VACCINATION COSTS**

- Shall be reimbursed within the limit and co-payment according to the chosen program and considers costs of vaccination against tetanus, rabies and botulism.

#### **1.11. PLANNED OUT-PATIENT SERVICE COSTS**

- Shall be reimbursed within the limit and co-payment according to the chosen program and based on relevant medical necessity considers doctor consultations fees of various specialization, laboratory test and instrumental examinations, therapeutic and diagnostic manipulations, including outpatient surgical services, when patient stays at medical facility less than 24 hours. Planned outpatient service could be received at any licensed medical center based on free choice principle or based on a letter of guarantee issued by the INSURER's private/family doctor.

#### **1.12. PRESCRIBED MEDICINES COSTS**

- Shall be reimbursed within the limit and co-payment according to the chosen program and based on relevant medical necessity considers reimbursement of medicines charges prescribed by the doctor. Prescribed drugs during in-patient (hospital) treatment shall be reimbursed within the limit and co-payment defined under in-patient treatment service. Medicines upon prescription can be purchased at any licensed pharmacy with free choice principle, as well as by the Letter of guarantee issued by the Private/Family doctor.

**1.13. PREVENTIVE MEDICAL CHECK-UP COSTS** – Includes following laboratory tests and services with set of specified into chosen program:

- **Any type of doctor specialist consultation;**
- **Complete Blood Count (CBC);**
- **Complete urinalysis;**
- **Prothrombin Time Test (PT);**
- **Ultrasound investigation one system of organs.**

#### **1.14. URGENT DENTAL SERVICE COSTS**

– Shall be reimbursed within the limit and co-payment according to the Annex 1 (attached to the hereby Agreement) based on free choice principle at any licensed dental clinic through all the territory of Georgia and considers following services:

- **Acute pain relief (Analgesia, depulping and canal filling)**
- **Acute teeth extraction**

#### **1.15. PLANNED DENTAL CARE COSTS**

– Shall be reimbursed within the limit and co-payment according to the Annex 1 (attached to the hereby Agreement) and considers therapeutic and surgical dental services at INSURER's provider dental clinics, where INSURANT/ INSURED pays only deductible amount of costs, cash payment Shall not be reimbursed.

#### **1.16. DISCOUNTS ON ORTHODONTIC-ORTHOPEDIC DENTAL SERVICES AND ON DENTAL IMPLANTS IN PROVIDER CLINICS:**

– implicates special discounts at orthopedic-orthodontic dental services and on dental implants at INSURER's provider dental clinics. In addition, the amount of the discount depends on the provider dental clinic. As the volume of discount, as well as the number of provider clinics, are subject to change during the insurance period.

**1.17. TREATMENT ABROAD** – considers reimbursement of medical service charges received at Turkish and Israel exclusive providers with the average market price of similar services in Georgia, in accordance with the terms of the hereby contract.

Exclusive providers are:

- **In Turkey:**
- **ANADOLU Medical Center (Affiliated John Hopkins Medicine);**
- **In Israel:**
- **ASSUTA, SHEBA, BEILINSON RABIN, HADASSAH, HOURASKY, ASSAF HAROFEH, SCHNEIDER, HERZLIYA, LOEWENSTEIN, BEIT ISSIE SHAPIRO, MATZPEN, CTCI, BIOTHERAPY MEDICAL CENTER;**

**REMARK # 1:** In the medical institutions, where medical costs are covered by the state program(s), the INSURER undertakes the responsibility to cover amounts payable by the Insured as a required co-payment share, in accordance with the terms of this Agreement.

## 2. THE INSURER IS ENTITLED TO DECLINE REIMBURSEMENT OF FOLLOWING:

### DISEASES

- 2.1. Diabetes mellitus and diabetes insipidus, chronic viral hepatitis (except for the type "A"), chronic renal failure and their complications costs (except emergency / life-threatening conditions);
- 2.2. Inborn and genetic diseases including complications thereof;
- 2.3. STI (sexually transmitted) diseases (in particular and only: syphilis, gonorrhea, Lymphogranuloma venereum (LGV), chlamydia lymphogranuloma, chancroid (soft chancre), inguinal lymphogranuloma (Donovan's disease) and costs related to AIDS.
- 2.4. Metabolic syndrome, Obesity and obesity-related medical costs
- 2.5. Acne, onychomycosis and their related costs.
- 2.6. Mental disorders costs and complications thereof;
- 2.7. Climacteric syndrome, Infertility, sexual dysfunctions costs;
- 2.8. Alcoholism, drug and toxic substance-abuse related costs;

### SERVICES

- 2.9. Costs related to external and endo-prosthesis and corrective medical devices, transplantation of organs and tissues during any type of medical involvement;
- 2.10. Costs related to vision correction; costs related to glasses, lenses and hearing devices;
- 2.11. Planned vaccination (Except provided under the insurance program);
- 2.12. Physiotherapy, plasmapheresis; **laserotherapy;**
- 2.13. Costs related to the cosmetic treatments, plastic surgery, weight correction;
- 2.14. Abortion without medical testimony, contraception, artificial insemination, reproduction costs;
- 2.15. Rehabilitation therapy, massage, psychotherapist, Psychiatrist, psychologist and speech therapist services costs;
- 2.16. Any kind of medical certificates-related expenses (but not limited for sick leaves issued by the Private/Family doctor)
- 2.17. Costs of non-traditional medicine (Ozonotherapy, Acupuncture, manual therapy, Sujok therapy, exercises and etc.)

### SITUATIONS

- 2.18. Medical costs due to intentional self-damaging action;
- 2.19. Costs when the INSURED endangers himself/herself by intention (except when this is done for the purpose to rescue other's life);
- 2.20. Costs related to a car accident while driving the car under the effect of alcohol, drugs, toxic or psychotropic substances;
- 2.21. Cost due to INSURED's participation in war, rebellion, civil unrest or criminal act; also any medical costs that was incurred during his/her imprisonment.
- 2.22. Costs related to the participation in professional and/or risky sports (particular and only: rock climbing, mountaineering, speleology, ballooning, parachuting, paragliding, rafting, diving, horse racing, sports racing with speed motor boats, cars or other motor means, military martial arts);
- 2.23. Service costs, received with non-medical necessities or by self-treatment;
- 2.24. Costs related to the dental prosthesis preparation, dental orthopedics and orthodontic care costs;
- 2.25. Costs of the medicines, which are not registered according to the Georgian Law, biologically active and/or nutritional supplements, phytomedicines, paramedic medications, immunomodulatory, immune stimulators, personal care products;
- 2.26. In Oncology - with hormonotherapy and monoclonal antibodies treatment costs
- 2.27. Costs, received before agreement comes into force or after its expiration.

## 3. SERVICE SCHEME

- 3.1. After addressing such medical institutions, where the medical services are not organized by the INSURER, reimbursement of medical costs will be made within 10 (ten) business days after representing full medical and financial documentations, in compliance with the terms and conditions of the insurance program and requirements of the INSURER. Full documentation means:

- Checks and bills;
- Form #IV-100/A;
- Medical prescription;
- Calculations;
- Medical conclusions;
- Personal identity document;
- Banking details (in case of non-cash payments).



- 3.2. After addressing the medical institution, where the medical treatment is organized by INSURER, insured should represent following medical and financial documentation:
- **Form #IV-100/A;**
  - **Invoice/calculations issued by the medical clinic;**
  - **Medical conclusions, if they are needed;**
  - **Personal identity document;**
- 3.3. In case if INSURED is willing to receive electronic version Letter of Guarantee by electronic form, than abovementioned documentation should be sent at following e-mail address: [online@ardi.ge](mailto:online@ardi.ge).
- 3.4. Insured is obliged to provide INSURER with complete medical and financial documentation. If this documentation will not be provided fully and completely, INSURER is entitled to refuse issuing the Letter of Guarantee, until such shortfalls are not corrected. If documentation provided is fully in accordance with insurance terms and requirements of INSURER, Letter of Guarantee will be issued within 10 (ten) business days.
- 3.5. To pay the reimbursement to INSURED: If the total reimbursement amount exceeds 200 GEL, then non-cash payment is maintained through banking transfer; IF the total reimbursement amount does not exceed 200 GEL, then instant cash reimbursement is maintained via cash-desks at service-centers, and if reimbursement amount does not exceed 100 GEL – at regional branch offices.

**INSURED:**  
**Director:**

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**INSURER: JSC ARDI Insurance**  
Medical Insurance Director:

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