

WELCOMER Policy Does Not Cover:

- ↓ Pre-existing conditions including acute stages there-of, except complicated (urgent) stages;
- ↓ Medical expenses, in case if insurance payment is paid with delay; Medical expenses, spent without notification and permission of the insurer;
- ↓ Treatment costs of disease, caused by a willful self-damage, or those related to the suicide and/or an attempt thereof, except the cases, if he/she acts to save someone's life. Self-treatment costs;
- ↓ All kind of treatments, resulted from chronic diseases, or complications thereon, existing prior to issuance of Insurance policy, except those incurred during exacerbated period/critical conditions; costs incurred against means of the alternative medicine (the acupuncture, homeopathy, manual therapy, etc);
- ↓ Costs related to biologically active or nutrition appendages, means of personal hygiene;
- ↓ Cost related to participation in professional sport (Except Welcomer Extreme policy);
- ↓ Costs related to auto accidents, influenced by alcohol, narcotics, psychotropic substances and drugs;
- ↓ Costs related to EXO and ENDO prosthesis and corrective medical devices, transplantation of organs during operational or non-operational involvement; costs related to vision correction including EXIMER laser therapy;
- ↓ Costs related to obtaining glasses lenses and hearing devices;
- ↓ Treatment costs of congenital diseases, handicaps and genetic diseases, healthcare costs related to the cosmetic care, as well as the plastic surgery and weight correction;
- ↓ Costs of the artificial abortion. Diagnose and treatment costs of the infertility and impotency; costs of the contraception, family planning, artificial fertilization, sterilization and rehabilitation of the post-sterilization fertility;
- ↓ Costs related to predominantly sexually transmitted diseases.
- ↓ Healthcare costs related to treatment of the mental deficiency and mental diseases; costs incurred against the rehabilitation treatment, mass therapy and services provided by a psychotherapist;
- ↓ Healthcare costs incurred upon treatment of the acquired immune deficiency syndrome (AIDS) and all types viral hepatitis;
- ↓ Treatment costs required as a result of participation of the insured person in a war, rebellion, civil disorder or criminal act;
- ↓ Medical expenses spent during imprisonment;
- ↓ In case if the insurer or the insured person abolishes any of terms and conditions, defined by the insurance agreement.

The insurer is eligible to verify correctness of insurance case and expenses.
Insurance is valid only on the territory of Georgia.

HEALTH INSURANCE AGREEMENT

The insured on the one hand, and ARDI Insurance, hereinafter referred to as the Insurer, represented by Chairman of the board Armaz Tavadze on the other hand, hereby enter in the agreement as follows.

1. Subject of Agreement

1.1 Health insurance of Georgian citizens/or tourists visiting Georgia travelling on the territory of Georgia, in accordance with the terms and conditions hereunder constitutes the subject hereof.

2. Rights and Responsibilities of Parties

2.1 Based on timely payment of the premium (installment) by the insurer hereby undertakes responsibility to reimburse to the insured persons covered by the insurer:

24 Hour Hotline Assistance

Implicates 24 Hour telephone-informational service and administrative consultation, in case if any health problems arise to the insured person;

↳ Urgent Out-patient care

- ↳ Urgent out-patient care implicates reimbursements of all medical expenses, caused by the insured's illness, which in case of delay may result in death, disability or considerable health worsening; and due to which, the insured person needs hospitalization, for less than 24 hours. Urgent out-patient care implicates:
 - ↳ Traumas: surgical treatment of wound ; X-Ray investigation and immobilization of fracture
 - ↳ Rabies vaccination (only medical service) and tetanus vaccination (vaccine plus medical service)
 - ↳ Poisoning: Stomach pumping, infusion therapy
 - ↳ Hypertonic Crisis: consultation of cardiologist and physician, electrocardiographic (ECG) examination, stabilization of arterial pressure
 - ↳ Hyperthermia: consultation of physician, antipyretic treatment
 - ↳ Thermal exposures - freeze and burn; surgical treatment of damaged area
 - ↳ Hemorrhage: tamponade and treatment with coagulants
 - ↳ Renal, abdominal and biliary colic: consultation of physician analgesic and spasmolytic therapy
 - ↳ Bronchial and Cardiac Asthma attack: drug therapy, relief of attack
 - ↳ Allergic reaction: anti-allergic treatment
 - ↳ Pain syndrome: relief of pain.

Urgent In-patient Care

Urgent in-patient care implicates covered totally, within the whole limit of the policy. Urgent in-patient care implicates reimbursements of all medical expenses, caused by deterioration of health condition of the insured, which in case of delay may result in death, limitation of capability or considerable health worsening, when the insured needs to stay in a clinic for more than 24 hours. Urgent in-patient service implicates coverage of whole, guaranteed volume of medically testified, in-patient services, medical-diagnostic, laboratory, instrumental investigation and treatment.

Insurer: JSC ARDI Insurance

Emergency Service

Is covered fully and unlimited, implicating service of any licensed emergency group throughout the territory of Georgia, transportation and in case of need, evacuation by means of land vehicle.

Urgent Dental Care

Implicates reimbursement of urgent dental care expenses, caused by accident/or not to the insured person, during the insurance period.

2.2 In case if the insured needs urgent in-patient, out-patient and medical care, caused by accident, defined by the terms of policy, the insured or his/her representative is obliged to inform the insurer about the case during 24 hours, on the basis of which the insurer makes payment to the insured or to the medical provider. In exceptional cases, if objective reasons exist, the insurer is eligible to reimburse medical expenses of the insured without notification, in case if the insured submits:

Insurance policy

↓ ID documentation of the insured

↓ Form # IV-100/a issued by the medical institution

↓ Financial documentation

The insurer will reimburse medical expenses only in case if documentation is submitted completely. The documentation is valid for one month from its issuance.

2.3 The Insurer is eligible to request additional documentation (for instance, notification from civil organ, in case of health disorder, caused by motor accident).

2.4 The insured and medical provider are obliged to provide the insurer with all requested documentation, concerning the insurance case.

2.5 The insurer is obliged to keep confidentiality in respect of the insured person's health.

3. Insurance Premium

3.1 Insurance premium is determined on the daily basis, in accordance with daily duration of the tour (excursion);

Welcomer - 1.50 Euro per day

Welcomer Extreme - 10.00 Euro per day

3.2 Payment of the insurance premium is made when the insurance policy is issued.

3.3 In case, if the insured initiates to abolish the aforementioned agreement, before the fixed time, the paid insurance premium will not be returned.

4. Final Provisions

4.1 Insurance agreement becomes effective on the date indicated in the Policy.

4.2 Insurance agreement is effective within the duration of the tour (excursion);

4.3 In case if any chapter, paragraph, regulation or article of the agreement is abolished, it will not have an influence on validity of other chapters, paragraphs, regulations or articles.

4.4 In case if force-major circumstances arise, duties taken by the Parties will be postponed until their liquidation.

4.5 Any dispute and disagreement in regard with this agreement shall be resolved by means of negotiations. If agreement cannot be achieved, any party of the agreement is entitled to approach the Georgian court for final solution of the dispute