UNISON
INSURANCE COMPANY

HEALTH INSURANCE TERMS

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WE TAKE CARE OF EVERYTHING THAT'S IMPORTANT TO YOU

Deposited contract
#260021795

Confirmation date
12.01.2026

N	Title	Health Insurance Terms
1	**Parties to the Agreement**	**Insurer:** JSC " Insurance Company Unison " (I/N 404393152); **Insured:** a natural person who has entered into this insurance agreement with the insurer in favor of himself or third parties and who is obliged to pay the insurance premium;
2	**Subject of the Agreement**	The subject of this Agreement is the insurer's obligation to compensate for the damage caused by the insurance accident in exchange for the payment of the insurance premium by the insurer, in accordance with the rules and amount determined by these Terms and the Insurance Policy.
3	**Definition of Terms**	**3.1."Insured"** - a natural person aged 1 to 65 years, against whom insurance is carried out; **3.2."Family member"** - spouse, child/stepchild. Consanguineous ties must be confirmed by documents provided for by the legislation of Georgia. **3.3."Family Package"** - a package chosen for all family members regardless of the number of family members (spouse up to 65 years old and children under 21 years old), the validity period of which starts on one date, and the bonus is determined by the number of family members and the agreed discount, if any. **3.4."Age limitation" - individuals** under 65 years of age are subject to insurance. Within the framework of family insurance: spouses under 65 years of age and children/children from 1 to 21 years old; **3.5.alien** – a person who is not a citizen of Georgia and a stateless person with a status in Georgia; **3.6. stateless** person – a person who is not considered by any state to be its own citizen in accordance with its own legislation; **3.7."Electronic Card"** - a card (insurance policy) placed on the official website of the Insurer www.unison.ge in the User's personal account - ("My Cabinet") is a confirmation of the insurance carried out on the basis of the contract. The electronic card provides for a specific

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3	**Definition of Terms**	**3.8.**service limit, the percentage of the insurer's co-participation, coverages, co-payments, etc. A person is considered insured only under the insurance conditions determined according to the package intended/purchased for him/her; **3.9."Insured event" -** a case defined in this Agreement, in the event of which the Insurer is obliged to pay insurance compensation; **3.10"accident" -** a sudden, unforeseen, unexpected event caused by the influence of external forces visible independently of the will of the insured and the result of which is the death of the insured, temporary or permanent limitation of his/her ability to work; **3.11."General (full) insurance period" -** the interval of time during which the insurance provided for by this Agreement is valid; **3.12."Individual insurance period" -** the interval of time during which insurance coverage is valid for a specific insured; **3.13."Limit" -** the maximum amount of the insurer's liability, which is determined in the electronic card, corresponds to the full insurance period and is subject to a proportional reduction according to the individual insurance period. **3.14."Sublimit" -** a part of the limit that determines the maximum amount of reimbursement for a particular service; **3.15."Insurance coverage area" -** the geographical area of the insurance coverage. This insurance is valid only on the territory of Georgia, except for the occupied territories. **3.16."Provider"** - a medical institution that has a contractual relationship with an insurer, which ensures the provision of medical services to the insured according to medical indications defined by the contract, the list of which is the subject of an individual agreement and will be attached to this agreement in the form of an annex **3.17.Medical indication"** - a health condition that requires medical intervention

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3	**Definition of Terms**	(treatment or research) in accordance with the established medical practice in the country and the world, based on guidelines/protocols, by a licensed doctor; **3.18."Full (total) insurance premium" - the** total cost of the full insurance period to be paid by the policyholder in accordance with the insurance package chosen by the policyholder/policyholder **3.19."Individually earned premium" -** calculated in the amount of the premium of a particular insured person proportional to the period of time elapsed from the beginning of the individual insurance period to such date for a specific insurance period; **3.20."Total Earned Premium" - the** sum of the premium earned individually for a specific date taken within the general insurance period. **3.21.Waiting period** - the period that counts from the beginning of the insurance period and during which the insured is not reimbursed by the insured for any service costs or specific service costs, in accordance with the terms of the contract. **At the same time** despite **3.1.18; 3.1.19; 3.1.20;** In the event of premature termination of the insurance validity by the insurer, the premium payable to the insurer/insured shall be calculated by the insurer (in the case of the insured – the relevant general insurance period, and in the case of the insured(s) – the relevant individual according to the insurance period) by dividing the total premium established by the insurer and agreed between the parties, by the number of months determined by the total and or individual insurance period. In all cases of payment, an incomplete calendar month is considered a full calendar month. **3.22.Grounds for determining the amount of the insurance premium:** - The main grounds for determining the insurance premium provided for by these conditions are:

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3	**Definition of Terms**	- Structure of the insurance package; - Number of declared (insured) persons; - Prices of medical services; - State regulations of Georgia; - Duration of the insurance period; - National currency exchange rate (according to the data of the National Bank of Georgia) - Consumer Price Index in the Field of Health Care published by the National Bureau of Statistics of Georgia; - Loss ratio (loss for the period proportional to the premium earned for the corresponding period); **3.23."Co-payment" -** a part of the cost of medical services to be paid by the insured, which is not reimbursed by the insurer; **3.24."Reporting Month"** - the month calculated monthly during the validity of the Agreement according to the date of signing this Agreement. **3.25."Reporting Day" -** the last calendar day of the reporting month. **3.26."Double insurance" -** if the insured person in this type of insurance is a beneficiary of another, one or more insurance companies, then the loss will be compensated jointly between the insurers, in which JSC "Unison Insurance Company" will participate in proportion to the scope of its liability, assuming that the total insurance indemnity should not exceed the actual damage.
4	**Subject of Insurance**	**Health Insurance**
5	**Insurance Coverage**	**5.1. Personal/family doctor service** - provides for consultation of the insured by a personal doctor on the basis of a personal doctor, the preparation of a medical questionnaire for each insured person and monitoring of the health status, if necessary, the issuance of an application for prescription and planned outpatient services. Opening the hospital sheet in accordance with the medical indications;

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5	**Insurance Coverage**	**Note:** The location of the family doctor and the provider outpatient institution are selected when purchasing insurance. The location can be changed only once during the insurance period not later than 1 (one) month after the beginning of the insurance period. **5.2. Disease prevention** - provides for the purpose of prevention/without medical complaints, based on the application of the family doctor, the following consultations and examinations at the place of dislocation of the family doctor, and the number of consultations is determined by the appropriate package. - consultation with a narrow specialist; - General blood count; - General urinalysis; - Determination of glucose in the blood ; - Determination of Creatinine in Blood - Ultrasound examination of one (any) system; - Electrocardiogram; - determination of prothrombin in the blood; - Thyroid-stimulating hormone (TSH) **5.3. Ambulance Brigade Services -** includes providing first aid by the ambulance brigade on the spot, assessing the health condition and, if necessary, transportation to a medical facility. **5.4. Hospital service due to an accident -** provides for medical measures in case of deterioration of the state of health as a result of exposure to external force (physical, mechanical, thermal, chemical), the postponement of which for more than 24 hours leads to disability or lethal outcome of the insured. **5.5. Emergency Hospital Services-** 5.5.1. Emergency (critical) hospital services - hospital services aimed at saving lives with simultaneous resuscitation. The intervention begins within minutes of making a decision.

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5	Insurance Coverage	**5.5.1.** Emergency (critical) hospital services - hospital services aimed at saving lives with simultaneous resuscitation. The intervention begins within minutes of making a decision. **5.5.2.** Emergency-immediate hospital services - hospital services to be provided during acute onset and/or clinically deteriorating, life-threatening conditions, when medical services begin no later than the first 24 hours after the occurrence of the insured event. **5.6. Planned/Emergency Delayed Hospital Services** **5.6.1.** Emergency delayed hospital services - planned within a few days after the occurrence of the insured event. **5.6.2.** Planned hospital services - planned for a period of time convenient for the patient, doctor and/or medical institution. **5.6.3.** A waiting period of 12 (twelve) months shall also apply to persons whose last continuous insurance period has been 1 (one) month or more. **5.7. Cardiology/Cardiac Surgery -** provides planned and emergency hospital services; which includes interventional cardiology and cardiac surgical services. **5.7.1.** A waiting period of 12 (twelve) months shall also apply to persons whose last continuous insurance period has been 1 (one) month or more. **5.8. "Oncology" -** provides for the reimbursement of the costs of diagnosis, therapeutic, chemochemical and surgical treatment, preoperative studies and surgical treatment of both benign and malignant oncological problems; both outpatient and hospital services are covered and the reimbursement of medicines will be made from the oncology limit and with the corresponding co-payment. **Note:** Primary insured persons as well as persons whose last continuous insurance period has passed 1 (one) month or more, the waiting period of 12 (twelve) months applies to oncology services. **5.9. Day hospital/one-day hospital services -** provides for emergency and planned day hospital services day hospital services - services performed in a medical institution with an appropriate license, so that the insured occupies a bed)

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5	**Insurance Coverage**	and one-day hospital (one-day hospital services - services provided in a medical institution with an appropriate license, so that the delay of the insured person with a medical indication on the bed does not exceed 1 Bed-day) medical services (therapeutic and surgical treatment; therapeutic manipulations; delay in a standard ward, diagnostic tests and medications necessary during hospital treatment). as well as their complications (i.e., complications developed both before discharge from the insured and after discharge from a medical institution), except for emergency (critical) hospital services. Cases determined by the positive list of day hospital/one-day hospital services (the cost of manipulations/interventions/surgical treatment of these diseases/conditions) will be reimbursed by the insurer if they comply with the exceptions to this agreement. **Note:** A waiting period of 12 (twelve) months applies to day hospital/one-day hospital services, as well as to persons whose last continuous insurance period has passed 1 (one) month or more. **5.9.1. A positive list of day hospital/one-day hospital services** in the case of day hospital/one-day services includes: - **Gynecology:** polypectomy; Myomectomy/laparoscopic myomectomy; Surgeries on the cervix; Therapeutic hysteroscopy/hysteroresectoscopy; conization; Ablation; excision and drainage of the Bartholin gland; excision of a vaginal cyst; laparoscopic salpingoectomy; Laparoscopic cystectomy; Ovarian cyst excision/laparoscopic cystectomy; Any intervention/manipulation related to endometriosis; Ovarictomy; - **Cardiovascular system:** cardioversion**;** Ablation; stenting;Surgeries/manipulations on the veins; - **Otorhinolaryngology:** adenoidectomy; tolsylectomy;

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5	**Insurance Coverage**	- nasal polypectomy; resection of the nasal septum; disinscription of sinks; Conchotomy; Chronic sinusitis - endoscopic surgery; Myringotomy; hemorrtomy; Septoplasty; - **Gastroenterology:** excision/ligation of thrombotic hemorrhoids (hemorrhoids, hemorrhoids);Uncomplicated fisurectomy; Polypectomy. from the intestine; Endoscopic papillotomy/sphincterotomy; Endoscopic ligation of varicose veins (stomach, esophagus); endoscopic gastrostomy; Endoscopic polypectomy; dissection drainage in paraproctitis; laparocentesis; Laparoscopic cholecystectomy; Laparoscopic appendectomy; Laparoscopic herniaplasty; excision of a pilonidal cyst; Endoscopic removal of a foreign body - **Ophthalmology;** - **genitourinal tract:** lithotripsy; Hydrocele-related operations/manipulations; Orchiectomy; orcopeny; Epidedectomy; Endoscopic removal of stones; Cystolithotomy; percutaneous lapaxia; Catheterization and stenting of the urethra and/or bladder; Laser and optical urethrottomy; Troacary epistostomy (except in emergencies); Circumcision; bridle crossing - **Mammology:** resection of the mammary gland; excision of fibroadenoma; Excision of the cyst; - **Maxillofacial surgery:** excision of a cyst in the hemorrhagic cavity; excision of an enlarged cyst in the lower jaw canal; excision of benign tumors of the soft tissues of the face; subperiostatic abscess; Surgical treatment of periostitis; Endoscopic surgery for voice yoga tumor - **Orthopedics, traumatology:** dismantling the fixator with regional or local anesthesia; Laparoscopic arthroplasty, menisectomy; - **Surgery Mixed:** excision of scars, moles, tumor

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5	**Insurance Coverage**	formations from the skin; Amputation of the finger (except traumatized); Drainage of soft tissue cysts and abscesses; excision of lymph nodes; cryotherapy, catheter ablation, thoracocensis, drainage of the biliary tract with resuscitation monitoring, operations/manipulations related to skin abscesses, phlegmon, furuncle, carbuncle. **5.10. Emergency outpatient services provide for** the reimbursement of necessary medical expenses related to the deterioration of the health condition of the insured, the postponement of which for more than 24 hours will lead to the death, disability, or significant deterioration of the health condition of the insured and which requires a delay of less than 24 hours in the clinic of the beneficiary. Emergency outpatient cases are identified by an appropriate **<u>positive list</u>** **5.10.1 The positive list of emergency outpatient services** in the case of emergency outpatient services includes: - **"Traumas"** - consultation with a traumatologist, X-ray examination, immobilization, reposition, fixation, blockades; - **"Wound"** - consultation with a specialist, surgical treatment and stitching of the wound. Medications , anti-rabies and antitetaneous vaccination; - **"Bleeding"** - doctor's consultation, tamponade, coagulant; coagulation - **"Heart rhythm disorders"** - consultation, electrocardiogram, rhythm stabilization; - **"Hypertensive crisis"** - consultation, electrocardiogram, stabilization of blood pressure; - **allergies,** anaphylactic condition and a tendency to

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5	Insurance Coverage	- develop laryngeal edema - consultation, antiallergic treatment; - **Acute bronchitis/acute obstructive laryngitis/epiglotitis -** consultation, bronchospasm arrest; - **Renal, abdominal and biliary colic-** consultation, general blood count, complete urinalysis, single-system ultrasound, intravenous infusion, pain relief; - **"Urinary retention"** - consultation, catheterization, intravenous infusion, general urinalysis; - Unspecified chest and abdominal pain and headache - consultation, pain suppression and blockade; - Intoxication-consultation, gastric lavage, detoxification/infusion therapy, laboratory studies; - Hyperthermia Pediatric Age - Consultation, Antipyretic Treatment; - Entry of a foreign body into the upper respiratory tract, ear canal, digestive system - consult a doctor, remove a foreign body. **Note:** A waiting period of 15 (fifteen) days applies to primary insured persons as well as to persons whose last continuous insurance period has passed 1 (one) month or more. **5.11. Planned outpatient services provide** for the receipt of outpatient care that does not require urgent intervention and the delay of the insured in a medical institution for more than 24 hours; **Note: A waiting** period of 9 (nine) months applies to primary insured persons as well as to persons whose last continuous insurance period has passed 1 (one) month or more, and scheduled high-tech examinations (computed tomography, magnetic resonance imaging (PET-CT) are subject to a waiting period of 9 (nine) months.

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5	Insurance Coverage	**5.12. Medicines prescribed by a doctor** - includes reimbursement of the costs of medicines prescribed for outpatient treatment by a family doctor or a medical specialist of a narrow profile. **5.13** Medicinal products not registered by the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia shall be reimbursed only on the basis of an application issued by a family doctor - Registered homeopathic remedies will be reimbursed if it is not prescribed by a homeopathic doctor. - Biologically active/food additives; immunomodulators; The insured can purchase phyto preparations and paramedicinal products only by referring to the family doctor, in accordance with the co-payment provided for in the package in the specified provider pharmacy network, within the limit of reimbursement of the costs of medical treatment. **5.14. Emergency dental services** - provides for the relief/anesthesia of acute toothache, diagnostic x-ray, tooth and root extraction in case of urgent need. According to the diagnosis. **5.15. Planned dental services** - includes consultation with a dentist, diagnostic, surgical and therapeutic treatment, which includes tooth filling, treatment of simple and complicated caries, cleaning of stones twice a year. **5.16. Orthopedic and orthodontic dentistry/implantation is subject to** a discount of up to 10-50% at the specified provider clinics; **5.17. Pregnancy** - provides for the financing of planned and emergency medical services necessary for the patronage of pregnant women

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5	**Insurance Coverage**	doctor's consultation, laboratory and instrumental examinations, costs of preliminary genetic research of the fetus, abortion with medical indications, diagnosis and treatment of pregnancy complications, manipulations, medications, both in outpatient and hospital services). **5.17.1. Childbirth -** PROVIDES FOR PHYSIOLOGICAL CHILDBIRTH, MEDICAL INDICATIONS, CESAREAN SECTION, AS WELL AS MEDICAL SERVICES RELATED TO THEIR COMPLICATIONS, COMPLICATIONS OF THE BEDTIME PERIOD (MEDICATIONS, MANIPULATIONS, ANESTHESIA, WARD (STANDARD, RESUSCITATION, INTENSIVE WARD). **5.17.2. Additional services** - include the fees of the hired doctor, the cost of a suite ward and meals; **Note: Primary** insured persons as well as persons whose 1 (one) month or more has passed since the last continuous insurance period, a waiting period of 24 (twenty-four) months applies to pregnancy and maternity services.
6	**Additional coverage (with an insurance policy, if any)**	ADDITIONAL COVERAGES (IN THE FORM OF A TRAVEL INSURANCE PRODUCT) MUST BE SPECIFIED IN THE INSURANCE POLICY, IF ANY.
7	**Signing an insurance contract**	**7.1.** An insurance contract shall be concluded between the Insurer and the Insurer materially or remotely using one or more remote means of communication organized by the Insurer; **7.2.** The parties agree that the contract can be signed electronically, by confirming at the appropriate link, as well as through the platform Signify (https://signifyapp.com/ka-GE/ . Agreements concluded in this manner have the same legal force as the signature in case of manual execution on a paper carrier; **7.3.** The parties agree that the terms of the insurance provided for in the contract are valid for the term of validity of the policy.

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8	**Procedure for receiving insurance services and issuing reimbursement**	**8.** To receive any service, it is advisable for the insured to contact the insurer's information service at 032 299 19 91, which will provide complete information about receiving services, and if necessary, schedule a visit to the family doctor. **8.1.** To receive family doctor services, as well as an application for planned services/letter of guarantee **8.1.1.** The insured is obliged to make a notification to the insurer's information service number 032 299 19 91, which organizes further medical services; The service can also be obtained through the application, or through a personal manager if such a service is provided for by insurance conditions. **8.1.2.** An application for preventive studies will be issued only after consulting a family doctor. **8.1.3.** In order to receive an electronic application/guarantee sheet for a planned outpatient service or medicines prescribed by a doctor, the insured sends form #100 to the electronic address: el.mimartva@unison.ge, or through the application, on the basis of which an application/letter of guarantee is issued to the provider medical institution within 1 (one) working day. To use planned hospital, as well as day hospital/one-bed hospital and maternity services, an additional form #100/a must be submitted along with a preliminary calculation. **8.2.** Emergency outpatient clinic / emergency hospitalization / hospitalization when receiving services due to an accident - the insured or a third party is obliged to notify the insurer's information service at 032 2 991 991 immediately after being admitted to the hospital, and immediately after the accident occurs, and agree on further actions; **8.2.1.** In the event of an accident - the user/third party is obliged to contact the Insurer's Information Service at 032 2 991 991 no more than 48 hours after the occurrence of

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8	**Procedure for receiving insurance services and issuing reimbursement**	the accident and also notify the insured event in writing within no more than 14 fourteen days. **8.2.2.** The notification should include the following types of information - the name and surname of the insured, personal number, name of the medical institution, time of hospitalization; If the notice cannot be made prior to the treatment agreement for objective reasons, these circumstances must be supported by relevant documentary evidence; In the provider institution - after leaving the notification, the insured pays only the amount to be paid in his share, if any, and in the case of a non-provider - the insured pays the cost of the service himself, after submitting complete documentation to the insurer, the amount will be reimbursed by non-cash payment within the relevant limit and co-payment. **8.3. In any licensed medical facility - The Insured shall submit his/her identity card and reimbursement documents within 30 (thirty) calendar days to the Insurer, which should include the referral of a specialist conducting medical treatment, diagnosis, type and cost of the service, as well as the document (s) confirming the cost of the service.** **8.4. If the insured pays the cost of medical services himself/herself, in order to receive reimbursement, the insured must submit to the insurer along with the identity document:** **8.4.1.** When calling an ambulance brigade - a record of the doctor of the ambulance brigade on the state of health; Payment confirmation check and receipt. **8.4.2.** In case of planned or emergency outpatient services - documentation of medical services performed, diagnosis and prescription certified by signature and seal on the title page, diagnosis and prescription or form 100/a, research report, cash receipt order of the appropriate person receiving the money, and cash

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8	**Procedure for receiving insurance services and issuing reimbursement**	register/terminal check; **8.4.3.** In case of purchasing medicines without a subscription to the letter of guarantee - receipt - a detailed list of purchased medicines, a check, a doctor's prescription. **8.4.4.** In case of emergency and planned dental services - medical documentation of the service performed, diagnosis certified by signature and seal on the title page, or form No. 100/a; and the destination, the conclusion of the examination, X-ray images taken before and after the service (the said image is not required in the case of treatment for simple caries), the cash receipt order of the relevant recipient and the cash register/terminal cheque; **8.4.5.** In case of planned or emergency hospital services and childbirth, a third party representing the insured must submit form No. 100/a together with the identity document of the insured; Detailed calculation of the cost of medical services; Invoice/invoice, documents confirming payment; **8.5. Treatment abroad** - In case of need for treatment abroad, the amount to be reimbursed by the insurer is determined by the following method - **8.5.1. Planned Hospital Services-** • If proper treatment cannot be carried out in Georgia, due to the lack of material and technical base, the costs of treatment abroad will be reimbursed in the amount of no more than 50% of the planned hospital limit, taking into account the limit established by the insurance conditions and co-payment. • If appropriate treatment is performed in Georgia, but the insured still wants to receive services abroad, the costs of treatment will be reimbursed according to the prices provided by the same service providers in Georgia – taking into account the established limit

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8	**Procedure for receiving insurance services and issuing reimbursement**	and co-payment. **8.5.2. Planned outpatient services / reimbursement of the cost of the examination material to be sent abroad** • If proper planned outpatient services cannot be provided in Georgia, due to the lack of material and technical base, the costs of services abroad will be reimbursed in the amount of 50% of the cost of the service, taking into account the limit of planned outpatient services and co-payment; • If a proper scheduled outpatient service is provided in Georgia, but the insured still wants to receive services abroad, the cost of the service will be reimbursed according to the prices provided by the provider, which is determined by the insurer, taking into account the established limit and co-payment. **Note:** • The insurer shall be entitled not to reimburse the costs related to hospital treatment if he/she is not informed about the hospitalization of the insured in accordance with the procedure determined by these terms/agreement. • A maximum of 1 month's supply of medicines will be subscribed to the letter of guarantee once. In case of medicines purchased without a letter of guarantee, a maximum of 1 month's cost of treatment medicines will be reimbursed at one time. • If the insured does not undergo the planned treatment for which the application/guarantee letter was issued within the validity period of the letter of guarantee, then the application/letter of guarantee will be considered invalid and will not be reimbursed by the insurer.

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9	Exceptions	**Under the terms of insurance, the following are not reimbursed:** **9.1.The following cases and/or the costs of services related to their complications are not subject to reimbursement:** 9.1.1. Expenses for the treatment of diseases caused by accidents, when the insured intentionally puts himself in danger, except when he acts to save the life of another; self-medication costs; 9.1.2. Deterioration of health condition caused by suicide attempt (unless it concerns saving the life of another), participation in (illegal) action; Military service, an insured event occurring during the period of imprisonment, medical care related to addiction to alcohol, narcotic and toxic substances, as well as deterioration of the state of health caused by exposure to these substances, including the deterioration of the health condition caused by a traffic accident while driving motor vehicles while under the influence of these substances; 9.1.3. Participation in any kind of professional sports. 9.1.4. Medical services caused by epidemic/pandemic; 9.1.5. The part of the costs of services financed by any state, municipal, social programs, the budget of a local self-governing unit and/or financed by a third party, which is reimbursed by the relevant program/insurance (in medical institutions where the programs do not operate, the company will reimburse you for the costs to the extent provided for by these terms). If the insured exceeds the limit of a specific event established by the state programme, the insurer undertakes to reimburse the costs remaining in this case beyond the limit of the state programme. Also, if the insured, who is a beneficiary of the state program, voluntarily refuses to use the benefit of this program, either one-time or permanently, the insurance company will not reimburse the

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9	**Exceptions**	additional costs caused by this change (except for the cost of childbirth); If the insured exceeds the limit of a specific event established by the state programme, the insurer undertakes to reimburse the costs remaining in this case beyond the limit of the state programme. **9.2. The following medical expenses related to diseases and/or their complications:** 9.2.1. systemic diseases, congenital and/or genetic diseases and anomalies, chronic kidney and/or liver failure, amyotrophic sclerosis, obesity, AIDS, hepatitis (of any form and stage), diabetes mellitus and diabetes insipidus, mental illnesses, epilepsy; 9.2.2. disorders of the reproductive system, predominantly sexually transmitted diseases (except for vulvovaginal candidiasis, bacterial vaginosis and urethritis) diseases (except for primary screening diagnostics, which include: consultation with a doctor and smear bacterioscopy), as well as the costs of artificial insemination, infertility, treatment of sexual disorders and contraception, abortion performed with artificial and non-medical indications; 9.2.3. Expenses for inpatient, daytime inpatient treatment of pre-insurance diseases, except for urgent (emergency) cases; **9.3. The following medical expenses related to diseases and/or their complications:** 9.3.1.Experimental and non-traditional medicine (acupuncture, homeopathy, manual therapy), the costs of laser therapy, ultrasound therapy, cryotherapy, plasmapheresis, therapeutic massage and physiotherapy, cosmetic and reconstructive treatment (including dentistry: in particular: veneers, tooth restoration, tooth depulpation for further prosthetics); 9.3.2. Any type of exoprosthetics, organ and tissue transplantation, dialysis session costs,

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9	**Exceptions**	fetal fluid diagnostics and any kind of genetic research; Artificial insemination, sterilization, services of a psychotherapist, psychoanalyst and speech therapist; 9.3.3. Implantation of defibrillators, pacemakers, medicinal drug depot and artificial larynx. Medical services that are not medically appropriate or performed without medical indications, additional and exclusive services, royalties of a hired/invited doctor/non-standard ward; 9.3.4. Sending the research material taken in Georgia abroad and examinations; 9.3.5. Vaccination/immunization (calendar and seasonal vaccinations); 9.3.6. Costs of anesthesia during physiological childbirth; 9.3.7. Costs of PET studies, ablation costs. 9.3.8. Examinations and expenses related to obtaining any kind of medical certificate; 9.3.9. Medical services related to weight correction, vision correction (including excimer laser treatment); 9.4. Costs associated with the purchase, consumption and/or complication of the following means: 9.4.1. Unregistered medicines, biologically active food supplements, homeopathic remedies, hygiene and care products, wrappers and sugar substitutes, immunomodulators, metabolic agents, vitamins, paramedicinal agents, protectors, psychotropic drugs, systemic enzyme therapy, implants. 9.4.2. Assistive devices and corrective agents/devices (including glasses, lenses, hearing aids, endoprostheses, etc.), prostheses. 9.4.3. The part of the costs of services financed by any state, municipal, social programs, the budget of a local self-governing unit and/or financed by a third party, which is reimbursed by the relevant program/insurance

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9	**Exceptions**	(in medical institutions where the programs are not operating, the company will reimburse you for the costs in the amount provided for by these conditions); **Note:** The cost of any medical services for a foreigner/stateless person will be reimbursed in accordance with the prices available to a citizen of Georgia.
10	**Rights, Duties and Responsibilities of the Parties**	**10.1. The Insurer is obliged to:** 10.1.1. To carry out insurance in accordance with the terms and conditions specified in this Agreement and the annexes to this Agreement: 10.1.2. To fulfill the obligations assumed under this Agreement without delay and in due course. 10.1.3. In the event of an insured event, the insured/insured shall fulfil the obligation assumed by the insurance in a timely and proper manner after submitting all the necessary documents for the determination of the insured event and the determination of the amount of insurance indemnity. **10.2. The insurer is entitled to:** 10.2.1. Require the insured/insured to properly and impartially fulfill the obligations assumed under this Agreement and the relevant annexes; 10.2.2. Require the Insurer to pay the premium in accordance with the procedure and within the terms established by this Agreement: 10.2.3. Require the insured/insured to submit all the necessary information necessary for concluding an insurance contract in the form established by the insurer; 10.2.4. Request from the insured/insured the documentation necessary for the conclusion of the insurance contract and the receipt of further

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10	**Rights, Duties and Responsibilities of the Parties**	10.2.5. services, including the submission of the following information necessary for the conclusion of the insurance contract - name, surname, personal number, date of birth, place of work and position of the insured persons, in the case of family members, additionally: status in relation to the insured, date of birth, personal number, application established by the insurer in the form of filling; 10.2.6. refuse to pay insurance compensation in case of non-fulfillment or improper fulfillment of obligations undertaken by the policyholder (insured) under this Agreement and the relevant annexes; 10.2.7. refuse to pay insurance compensation by the insured (insured) in case of incomplete submission of the documentation related to the accident within the time limits and or incomplete 10.2.8. Request information / additional documentation related to the settlement of the accident from the insured/insured; 10.2.9. To obtain the necessary documentation for the regulation of the insured event and the identification of the insured from other organizations. 10.2.10. At its own discretion, at any time, remove the provider agreed with the insured/insured from the list of providers (if it does not meet the criteria and standards of service established by the insurer) and replace it with another provider acceptable to him/her, of which the insured/insured must be notified immediately. 10.2.11. In case of detection of falsification or attempted falsification of information/documents defined by this Agreement by the Insured/Insured, the Insured shall be charged to pay GEL 5,000 (five thousand) upon detection of each such case, and in case of detection of such cases, the Insurer shall be entitled to unilaterally terminate the validity of this Agreement;

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10	**Rights, Duties and Responsibilities of the Parties**	10.2.12. Not to pay insurance compensation in case of the occurrence of an insured event and/or the falsification of documents necessary for receiving compensation, as well as the fact of submitting false information, and in case of payment of compensation, request a refund of the compensated loss. 10.2.13. Instead of the insured/insured, apply to the Polypharmacy Study Group of the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia for the detection and further re-registration of polypharmacy cases. In addition, each insured person agrees to receive insurance services to make his/her medical documentation and/or relevant information related to the patient's health available to be included in the polypharmacy process For persons; 10.2.14. After reimbursing the costs of medical services for the insured, demand compensation for the relevant expenses from the persons who are responsible for the damage caused to the health of the insured. 10.2.15. unilaterally change the terms of this agreement, and if the Insurer does not agree to the proposed proposal in writing within 2 (two) working days after receiving the notification from the Insurer about the implementation of such changes, the Insurer is entitled to terminate the contract within 1 (one) month; 10.2.16. Increase the insurance premium and/or leave it unchanged, however, the agreement applies to the changed circumstances that have arisen in the event of a change in any of the components carried out on the basis for determining the premium during the insurance period. However, such authority of the insurer arises only after the above amendment worsens the grounds for determining the pricing

N	Title	Health Insurance Terms
10	**Rights, Duties and Responsibilities of the Parties**	10.2.17. During the period of validity of the agreement, in case of cancellation/change of any state/referral program(s) of health care by the state, change the terms and conditions specified in the contract. The insured/insured shall be notified of this in writing one month before the entry into force of the amendments. 10.2.18. shall not compensate for damage if the insured or the insured prevents the fulfilment of the claim for compensation from a third party by his/her actions. 10.2.19. Request from the policyholder/insured the documentation necessary for the conclusion of the insurance contract and the receipt of further services; 10.2.20. In case of double insurance, share the costs of the insured event with another insurer; 10.2.21. In case of detection of dishonest action on the part of the insured/insured, demand a refund of the reimbursement amount; **10.3. The insured/insured is obliged to:** 10.3.1. Ensure the payment of the bonus in accordance with the procedure and time limits established by this Agreement; 10.3.2. To ensure the submission of the insurer necessary and truthful information for the conclusion of the contract in the form established by the insurer; 10.3.3. notify the Insurer of the occurrence of the occurrence of the accident in accordance with the procedure and time limits established by this Agreement, **At the same time, the parties take into account that the delayed notification by the insurer will have a critical impact on the interests of the insurer due to the following circumstances:**

N	Title	Health Insurance Terms
10	**Rights, Duties and Responsibilities of the Parties**	- Evidence becomes impossible to obtain; - The insurer is not allowed to assess the health condition of the insured on the spot - The right of subrogation granted to the insurer by law/contract is restricted - The insurer will be given the opportunity to take timely measures to reduce the amount of losses; - The timely identification of the exceptions established by the contract is hindered; 10.3.4. To familiarize the insured persons with the insurance conditions defined in this Agreement and the obligations that they have assumed in accordance with the requirements of this Agreement; 10.3.5. To perform the duties assumed under this Agreement without delay and duty. 10.3.6. If the insured has insured the same interest with several insurers at the same time, the insured shall immediately notify the insurer thereof, as well as indicate the identity of all insurers and the amount of the insured amount. 10.3.7. Upon request, transfer the right to the insurer and promote, after compensation of losses, to check the quality of medical services provided, and in case a deficiency in medical services is detected , which led to an increase in losses, to apply to a medical institution and request a refund of the overpaid amount. 10.3.8. Grant the insurer the right to apply instead of the insured to the Polypharmacy Study Group of the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia; 10.3.9. If the insurer discovers that the services received by the insured exceed the insurance limit of a specific coverage, the insured is obliged to return to the insurer the benefits received above the insurance limit within 5 (five) working days from the discovery and application of the insurer.

N	Title	Health Insurance Terms
10	**Rights, Duties and Responsibilities of the Parties**	**10.4. The insured/insured is entitled to:** 10.4.1. Require the Insurer to carry out insurance in accordance with the terms and conditions defined in this Agreement; 10.4.2. In the event of an insured event, request the payment of insurance compensation from the insurer in accordance with the conditions determined by this Agreement; 10.4.3. Require the Insurer to properly fulfill its obligations; 10.4.4. terminate this Agreement in full compliance with the requirements of this Agreement;
11	**Subrogation Rule**	**10.4.1**. If the insured/insured can make a claim for compensation for damage to a third party, then this claim shall be transferred to the insurer if he/she reimburses the insurer for the damage. If the insurer waives its claim against a third party or the right to secure its claim, then the insurer is exempt from the obligation to compensate for losses in the amount that it could have received in connection with the exercise of the right or the making of a claim, and if such compensation has been issued, the insurer is entitled to request a refund
12	**Validity of the Agreement and Conditions of Termination (Termination)**	**12.1.** The term of insurance starts from the 24 hours of the day specified in the insurance policy and ends at 24 hours of the day specified in the policy. The policy is valid in case of a one-time premium or in case of redistribution of the insurance premium, 24 hours after the first installment, payment day unless another period is established by the insurance policy. **12.2.** The contract can be terminated early at the initiative of both the insurer and the insurer **12.3.** On the initiative of the policyholder, in case of early termination of the insurance period, he/she is obliged to inform the insurer in writing in all cases, the desire expressed orally or by telephone notification is not the basis for the cancellation of the insurance; **12.4.** Insurance may be terminated at the initiative of the insurer due to the violation of the obligation to pay the premium **12.5.** The insurer is entitled to unilaterally terminate the insurance immediately if:

N	Title	Health Insurance Terms
12	**Validity of the Agreement and Conditions of Termination (Termination)**	- The insurer/insured/user will provide incorrect information to the insurer in any way, falsify it and mislead/attempt to mislead the insurer; - The insurance will be cancelled on the working day following the receipt of the relevant notification by the insurer. **12.6.** The withdrawal of a family member from the family package is considered as the termination of insurance against a specific insured and will be regulated by the terms of early termination of the contract. **12.7.** In the event that a family member's withdrawal from the family package leads to a reduction in the number of family members to 2 people, then the family package will be canceled by the insurer and each insured person will continue the insurance package under the terms of the individual retail package and the corresponding premium, while the limits spent will be transferred to a new individual package.
13	**Sanctions arising from the termination of the contract**	**13.1.** This Agreement may be terminated prematurely: **13.1.1.** Based on the notification sent by the "Insurer" to the "Insured" (both written and SMS notification), within 30 (thirty) days from the receipt/receipt of this notification; **13.1.2.** In case of full fulfillment of the obligations assumed by the insurer, i.e. the complete exhaustion of the relevant liability/reimbursement limit, the specific coverage limit is specified in the insurance policy. **13.1.3.** In case of non-fulfillment or improper fulfillment of obligations undertaken by the parties; **13.1.4.** Other cases provided for by this Agreement and the legislation of Georgia. **13.2.** In case of early termination of the contract: **13.2.1.** The insurer shall be authorised to terminate the contract prematurely without any warning in case of non-fulfillment of the obligations assumed by the insured,

N	Title	Health Insurance Terms
13	**Sanctions arising from the termination of the contract**	improper performance, as well as in case of dishonest action on the part of the insured, and recover the benefits received from the insured as a result of the above-mentioned action; **13.2.2.** In case of cancellation of insurance at the request of the insured/insured: a. The bonus earned is not refundable. b. If an insured person has received insurance reimbursement at least once (except for the services of a family doctor), he/she shall be obliged to pay the remaining part of the unearned premium in the form of a penalty.c. If the insured person has not received any remuneration at all, he/she is obliged to pay 20% of the unearned premium as a penalty.Except if the insured died during the period of validity of the policy. d. In addition, in order to exclude any doubt, the insurance premium earned before the termination of the insurance shall be subject to payment by the policyholder/insured in any case. **13.3.** Notwithstanding the premature termination of this Agreement, each party shall fulfil the obligation that arose prior to the termination of this Agreement; **13.4.** Any changes and/or additions related to this Agreement shall enter into force by written agreement, including by sending an e-mail and receiving a confirmation, the Insurer shall be entitled to consider the confirmation received by the Insured within 2 working days if the confirmation is not received by the Insured within 2 working days; **13.5.** The Insurer is entitled to unilaterally amend the terms of this Agreement, based on the percentage change in the Consumer Price Index in the field of health care published by the National Bureau of Statistics of Georgia, in accordance with the amount of "%" increased according to the service, in proportion to the share in the total loss of the company on this service(s), which the parties agree upon by

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13	**Sanctions arising from the termination of the contract**	concluding an additional agreement; And if the Insurer does not agree to the proposed proposal within 2 (two) working days after receiving the notification from the Insurer about the implementation of such changes, the Insurer is entitled to terminate the contract without any additional period, and the notification can be made 13.4. In accordance with the paragraph.
14	**Insurance premium and payment terms**	**14.1.** The full insurance premium to be paid by the "Insured" to the "Insured" is indicated in the insurance policy according to the relevant insurance period and the insurance package selected by the "Insured"; **14.2.** In case of the first violation of the procedure for payment of the premium established by this agreement by the policyholder (the premium and/or part thereof was not paid on time or in the established amount), the insurer shall be exempt from fulfilling the obligations assumed under the contract. The Insurer has the right to suspend the validity of the contract and not to reimburse the insured events after 14 calendar days from the date of violation of the schedule, without any notice, until the insurer fully fulfills the financial obligation. The insurance contract will be renewed only after the insurer pays the premium. After the debt is recovered, the insurer will no longer consider the cases that occurred during the debt period as an insured event and the services incurred during this period will not be subject to reimbursement by the insurer. In addition, the parties agree that if the Insured/Insured fails to cover the premium payable according to the schedule within 30 (thirty) days, then, after the expiration of this period, the Insurer is entitled to terminate this Agreement and demand the Insured to pay the insurance premium debt; **14.3.** The individual insurance premium is paid by the "Insured" in installments every month for 11 months, the payment and payment schedule of the first month is determined in accordance with the important terms of the contract; The insurance premium of the first and last month (the first part of the insurance premium) must be paid within 4 calendar days after the signing of this agreement

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14	**Insurance premium and payment terms**	and the important terms of the agreement, and the amount of the remaining premium will be distributed proportionally over the next 10 months, according to the result obtained by dividing the remaining premium by 10 months, in the amount of equal tranches; In addition, in order to avoid any misunderstanding, before the payment of the first or one-time insurance premium, the insurer is exempt from his/her obligation and the policy is canceled, and in order for the payment to be considered made and the payment is identified, the number of the insurance policy/card must be mandatory indicated in the payment document;
15	**Dispute Resolution Rules**	Any dispute arising around the contract (including those related to the existence, interpretation, performance and enforcement of the contract) shall be resolved through negotiations. In case of failure to resolve the dispute, the parties shall apply to the court.
16	**Communication between the parties**	**16.1.** The insurer shall notify the insurer (insured / beneficiary) by means of a short text message, by e-mail, or photo message, and/or by the requisites specified by the policyholder in the application/insurance policy, the location. However, the insurer is not responsible if the specified requisite is incorrect or has been changed and it is not notified that the notification was not sent incorrectly or unintendedly. The notification will be considered delivered from the moment it is sent; **16.2.** In the event that the notification was sent by the insurer to the insurer to an e-mail address other than the one specified in the insurance application/policy, the notification is considered to have been delivered on the day of its receipt by the insured/insured if the receipt of the notification is confirmed by the insured/insured; 16.3. The insurance policy certified and issued by the insurer with an electronic signature or electronic seal is equal to the original, as well as the consent made by the insurer with the insurer by electronic communication is equivalent to the insurer's signature on the insurance

N	Title	Health Insurance Terms
16	**Communication between the parties**	terms. The insurance policy and the relevant agreement can be concluded in material written form, as well as in any corporate e-mail completed with the insurer's unison.ge - the confirmation is equivalent to a signature.
17	**Processing of personal data**	17.1 The Insurer is authorised to ensure the processing of personal data (including special categories of personal data) received within the scope of insurance in accordance with the requirements of the Law of Georgia on Personal Data Protection. 17.2. The Policyholder agrees that the Insurer is authorised to process the personal data of the Insured/Insured in accordance with the legislation of Georgia, including special categories of data, within the framework of and to the extent of this Agreement, for the purposes of the Agreement and, if necessary, to transfer it to third parties. The Insurer is also entitled to process the personal data of the Insured/Insured for marketing purposes, including for direct marketing purposes. 17.3. When concluding this contract/policy, the insured authorizes the insurer to obtain the necessary information from third parties (doctors, any medical institution, transport service, etc.) and releases the latter persons from the obligation to keep the information confidential. 17.4. The data subject has the right to request the insurer at any time to terminate the use of data about him/her for direct marketing purposes, in the same form in which the said communication is carried out - by written or telecommunication means.
18	**Final Provisions**	18.1. A claim can be made to the following e-mail address to the insurer: complaint@unison.ge or by leaving a message in the information service of the insurer 0 32 2 991 991; 18.2. Any amendment or addition to these Terms is provided for (specified) in the insurance policy or in the relevant agreement concluded between the parties. The agreement of the parties is not required to make changes/additions to these Terms and Conditions, if it arises from the current legislation of Georgia;

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18	**Final Provisions**	**18.3. The relevant annexes to this Agreement/Terms are:** Appendix #1 - Insurance Packages; Appendix #2 - List of Providers;