დ.გამრეკელის ქუჩა №19
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Information sheet

The information sheet represents general, non-exhaustive information about the terms and conditions of the insurance and should not be considered as an integral part of the insurance contract or its conditions. Familiarization with the information sheet, as well as the explanations made by the insurer in relation to the said sheet, does not entail legal consequences and does not create any rights or obligations between the parties. The legal relations between the insured and the insurer are regulated only by the relevant insurance contract and its terms.

Insurer:	JSC "Insurance Company Unison"
Identification code:	404393152
Legal/Actual Address:	Tbilisi, D. Gamrekeli St. №19
Phone:	+995 32 2 991 991
Email:	unison@unison.ge
Type and description of the insurance contract:	Health insurance
Insurance is provided against the following insurance risks:	For a description of the insured risk and insurance coverage conditions, see Article 5 of the Health Insurance Terms and Conditions.
Additional coverages:	Additional coverages (in the form of a travel insurance product), if any, must be specified in the insurance policy.
Prerequisites, amount and procedure for incurring any other financial expenses by the consumer in addition to the insurance premium	For penalties/sanctions arising from contract termination, see Article 13 of the health insurance terms and conditions.

Deductible	No deductible is considered under the present insurance.
A complete list of insurance exclusions	For the complete list, please refer to Clause 9 of the Health Insurance Terms and Conditions. For persons insured for the first time, as well as for persons whose last continuous insurance period ended one (1) month or more ago, a waiting period of 15 (fifteen) days shall apply to emergency inpatient and outpatient services. For persons insured for the first time, as well as for persons whose last continuous insurance period ended one (1) month or more ago, a waiting period of 12 (twelve) months shall apply to planned/urgent deferrable inpatient services. For persons insured for the first time, as well as for persons whose last continuous insurance period ended one (1) month or more ago, a waiting period shall apply to cardiology/cardiac surgery services as follows: 24 (twenty-four) months for the "Start" and "Classic" packages, and 12 (twelve) months for the "Advance," "Premium," and "UNIQUE" packages. For persons insured for the first time, as well as for persons whose last continuous insurance period ended one (1) month or more ago, a waiting period of 12 (twelve) months shall apply to oncology services. For persons insured for the first time under any package, as well as for persons whose last continuous insurance period ended one (1) month or more ago, a waiting period of 12 (twelve) months shall apply to planned day hospitalization/one-bed-day hospitalization services, while a waiting period of 15 (fifteen) days shall apply to emergency day hospitalization/one-bed-day hospitalization services. For persons insured for the first time under any package, as well as for persons whose last continuous insurance period ended one (1) month or more ago, a waiting period of 9 (nine) months shall apply to planned high-tech diagnostic examinations (computed tomography, magnetic resonance imaging, PET-CT). For persons insured for the first time under any package, as well as for persons whose last continuous insurance period ended one (1) month or more ago, a waiting period of 24 (twenty-four) months shall apply to pregnancy and childbirth services.

The form and deadlines for sending a notification to the insurer in the event of an insured event, submitting a claim, regulating the insured event, and issuing insurance compensation:	See Article 8 of the Health Insurance Terms and Conditions. The insured is obliged to submit to the insurer, within 30 (thirty) calendar days, an identity card and reimbursement documents, which must reflect the referral to a specialist doctor for the need for specific medical services, the diagnosis, the type and cost of the service, as well as the document(s) confirming payment of the cost of the service.