



ARDI

B

A

C

INDIVIDUAL HEALTH INSURANCE AGREEMENT VITAMINS BY ARDI

E

D



INDIVIDUAL HEALTH INSURANCE AGREEMENT VITAMINS BY ARDI

T: +995 032 2 10 10 10 10

WWW.ARDIG.E

INFO@ARDIG.E

HELPFUL RULES THANKS FOR BEING OUR INSURED!



TO ENSURE THAT VITAMINS BY ARDI ARE AS COMFORTABLE AND BENEFICIAL AS POSSIBLE FOR YOU, WE OFFER THE FOLLOWING USEFUL RULES:

RULE №1

Before intake of these Vitamins, please read this document carefully and in detail.

Result: You will already know all the details of the particular insurance program, of which you are a beneficiary.

RULE №2

To access your personal account, please register via our website (<https://ardi.ge/ge/account/auth>) or through our mobile application (<https://onelink.to/ardiapp>).

Result: You will have full access to all services and conditions provided under your insurance coverage, as well as up-to-date information on the latest news and additional benefits.

RULE №3

If you require Family Doctor (GP) services, please make an appointment in advance at a time and location of your preference within the "ARDIMEDI" network.

Result: You will receive prompt and highly qualified medical consultation exactly at the time you have scheduled.

RULE №4

Before purchasing any medication prescribed by a specialist, please verify whether it is registered in Georgia by the LEPL "Drug Agency". In case the medication does not have a registration number, contact your physician with a request to replace the prescription with a registered medication. You may check the registration status of any medication via the following official website: <https://pharmacy.moh.gov.ge/>

Result: This will help you save your budget and time and avoid purchasing medications that are not subject to insurance reimbursement and may pose a risk to your health.

RULE №5

If you cannot find a satisfactory answer to your question in this guide, before taking any independent action, please contact our Call Center at 2101010 (from a mobile phone or from regions – 0322101010). At the first stage, our AI-powered virtual assistant **ARDIANA** will be ready to assist you, and if you require direct communication with an operator, simply say "Please transfer me to an operator" and you will be connected instantly. Our operators are available 24 hours a day, 7 days a week, including public holidays.

Result: You will receive accurate information on how to proceed without any delay in your medical service, as well as a comprehensive answer to any question you may have. We recommend using ARDIANA's services to book an appointment with your Family Doctor at the clinic, as she is specifically trained to handle this service swiftly and without waiting in a live queue with an operator.

EXPLANATION OF THE TERMS:



INSURER	JSC "ARDI INSURANCE" (Tax ID: 405662242)
POLICYHOLDER	A person who concludes an agreement with the Insurer and pays the insurance premium.
INSURED PERSON	A person in whose favour the insurance provided under this Agreement is effected.
BENEFICIARY	A person who is entitled to receive insurance compensation in accordance with the legislation of Georgia and the terms of this Agreement.
INSURED EVENT	An event occurring during the validity period of this Agreement, as defined herein, upon the occurrence of which the Insurer's obligation to pay insurance compensation arises in accordance with the conditions and programs set forth herein.
REIMBURSEMENT LIMIT	The amount determined under this Agreement and indicated in the insurance card, representing the maximum total insurance compensation payable for a specific insurance service during the insurance period.
TERRITORIAL LIMIT	The geographic area within which this Insurance Agreement operates, specifically Georgia, excluding the occupied territories.
INSURANCE PREMIUM	The annual insurance fee payable by the Policyholder, the amount and payment procedure of which are determined by this Agreement, and which constitutes the consideration for the insurance services provided by the Insurer.
MEDICAL INDICATION	A set of medical interventions (examination and/or treatment) prescribed by a licensed physician based on the insured person's health condition, founded on established medical practice and applicable guidelines/protocols both within Georgia and internationally.
ACUTE CASE	A disease or health condition that arises suddenly upon exposure to a disease-causing factor, characterized by pronounced clinical symptoms and an acute pathological course, which, if treated in a timely and appropriate manner, is expected to result in full recovery.
MEDICAL FACILITY	An institution operating on the territory of Georgia that is duly licensed to carry out medical activities in accordance with the requirements of the legislation of Georgia.
DOCTOR	A physician certified in accordance with the legislation of Georgia who is authorized to practice medicine.
MEDICAL CONTRACTOR	A medical facility and/or certified physician in a contractual relationship with the Insurer, which, upon the occurrence of an insured event, provides the insured person with the medical services specified under this Insurance Agreement on the basis of such contract.

EXPLANATION OF THE TERMS:



WAITING PERIOD

The period during which the Insurer shall not reimburse the costs of a specific medical service to the Insured, calculated from the date of the Insured's initial enrollment under the individual insurance terms ("Vitamins") with the Insurer.

REFERRAL / LETTER OF GUARANTEE

A time-limited written or electronic document issued by the Insurer on the basis of the Insured's request and supported by appropriate documentation, which defines the scope of medical services to be rendered, is certified by an authorized person, and shall be submitted to the Contractor Medical Institution.

CHRONIC DISEASE

A disease that develops gradually, potentially without symptoms, lasting no less than three (3) months and frequently persisting for years, characterized by alternating periods of remission and relapse/exacerbation, and requiring prolonged medical supervision and/or treatment.

GUIDED SCHEME

An insurance/medical service managed by the Insurer's Family Doctor within designated Medical Contractor facilities.

HEALTH INSURANCE ELECTRONIC CARD (E-CARD)

A card uploaded by the Insurer to the portal <http://ecard.ardi.ge/>, accessible via the registered "My Room" menu on ARDI's official website www.ardi.ge or through the ARDI mobile application ("ARDI App"), which may be viewed and downloaded by the Insured as confirmation of the insurance effected in their favour under this Agreement.

CONTINUOUS INSURANCE

The period calculated by countdown from the commencement date of the insurance period, during which the person has held insurance with the Insurer, provided that the interval between each preceding and subsequent insurance period does not exceed fourteen (14) consecutive calendar days.

USEFUL SERVICES OF VITAMINS



1.1 COSTS OF THE INSURER'S MEDICAL ASSISTANCE (HOTLINE/CALL-CENTER):

Shall be reimbursed within the limit and co-payment of the chosen insurance program and provides for 24-hour qualified, unlimited telephone, informational and organizational consulting services, ensuring the delivery of complete and timely information regarding insurance programs, medications, and the organization and coordination of medical services. The foregoing shall include, in the event that the Insured Person requires medical treatment, the supervision of the treatment process and quality thereof, as well as the monitoring of medical and financial documentation.

1.2 SERVICE COSTS OF PRIVATE/FAMILY DOCTOR:

Shall be reimbursed within the limit and co-payment of the chosen insurance program and provides for:

- The Insurer's Private/Family Doctor's services within the scope of their competence.
- Monitoring of the Insured Person's health status and creation of a medical history record for each Insured Person.
- Invitation of additional specialists and organization of medical consultations, where necessary.
- Issuance of a Referral/Letter of Guarantee to the Contractor Medical Institution, based on medical indication and necessity.
- Medical recommendations for the promotion of a healthy lifestyle.
- Issuance of a sick leave certificate, where necessary.

Private/Family Doctor services are provided by the Insurer exclusively within the designated medical centers of "ARDIMEDI".

1.3 PRIVATE/FAMILY DOCTOR'S HOME CALL SERVICE COSTS:

Provides for the Insurer's Private/Family Doctor's home visit services in the event of acute and urgent cases (available within the cities of Tbilisi and Batumi), and, where necessary, the issuance of a Referral/Letter of Guarantee for laboratory/instrumental examinations and medications.

1.4 NURSING HOME CARE SERVICE COSTS:

Provides for nursing home care services rendered by a nurse dispatched by the Insurer, subject to medical indication, during the postoperative (post-hospitalization) period, for a duration not exceeding two (2) calendar weeks per insured event.

1.5 COSTS OF INPATIENT (HOSPITAL) MEDICAL SERVICE DUE TO ACCIDENT:

Shall be reimbursed within the limit and co-payment of the chosen insurance program and provides, in accordance with the principle of free choice, for a combination of immediate medical measures related to the deterioration of the Insured Person's health condition caused by an accident (an external, unexpected/sudden event) occurring during the insurance period, the delayed implementation of which would inevitably result in the death, limitation of legal capacity, or significant deterioration of the health condition of the Insured Person, and in the course of which the Insured Person is required to be hospitalized for a period of twenty-four (24) hours or more.

1.6 COSTS OF EMERGENCY (URGENT) INPATIENT (HOSPITAL) MEDICAL SERVICE DUE TO ILLNESS:

Provides, in accordance with the principle of free choice, for a combination of immediate medical measures related to the deterioration of the Insured Person's health condition caused by illness occurring during the insurance period, the delayed implementation of which would inevitably result in the death, limitation of legal capacity, or significant deterioration of the health condition of the Insured Person, and in the course of which the Insured Person is required to be hospitalized for a period of twenty-four (24) hours or more.

1.7 PLANNED INPATIENT (HOSPITAL) MEDICAL SERVICE COSTS:

Provides, in accordance with the principle of free choice and/or on the basis of a referral, upon the placement of the Insured Person in a licensed medical facility for a period of twenty-four (24) hours or more, and subject to relevant medical indication, for the delivery of diagnostic, laboratory and instrumental examinations and treatment within the scope stipulated under this Agreement, including reimbursement of the costs of:

- Surgical and conservative treatment.
- Care and patronage.
- Medical manipulations.
- Prescribed medications.
- All other necessary medical measures.

1.8 PREGNANCY MONITORING AND CHILDBIRTH COSTS:

Shall be reimbursed subject to the limit, co-payment and waiting period of the chosen insurance program and provides, in accordance with the principle of free choice, for pregnancy monitoring, management of pathological pregnancy, and pregnancy maintenance (including, subject to relevant medical indication, all laboratory and instrumental examinations, including triple testing as part of genetic screening, amniotic fluid diagnostics, gynecologist consultations and medication treatment throughout the entire period of pregnancy), as well as childbirth (physiological delivery, caesarean section subject to medical indication, complicated delivery, including termination of pregnancy) at any licensed maternity facility.

1.9 AMBULANCE SERVICE COSTS:

Provides for the services of any licensed ambulance brigade operating on the territory of Georgia, subject to relevant medical indication.

1.10 COSTS OF EMERGENCY (URGENT) OUTPATIENT MEDICAL CARE:

Shall be reimbursed within the limit and co-payment specified in the chosen insurance program and provides for a combination of immediate medical measures related to the deterioration of the Insured Person's health condition occurring during the insurance period, the delayed implementation of which would inevitably result in the death, limitation of legal capacity, or significant deterioration of the health condition of the Insured Person, and which does not require the Insured Person to remain in a medical facility for a period of twenty-four (24) hours or more.

The following shall be subject to reimbursement:

- In the event of trauma: physician's consultation, radiological or ultrasonographic examination, repositioning, fixation as required, immobilization with plaster cast, wound treatment, medication assistance.
- In the event of severe trauma, assessed in accordance with neurological status and the Glasgow Coma Scale, computed tomography where necessary.
- In the event of hypertensive crisis: physician's consultation, medication assistance, infusion.
- In the event of hyperthermia or hypothermia: physician's consultation, medication assistance, infusion.
- In the event of chest pain or acute cardiac rhythm disorders: physician's consultation, ECG, cardiac ultrasonography or chest radiography, complete blood count, electrolytes, medication assistance, troponin where necessary.
- In the event of bodily injury caused by thermal or chemical exposure: physician's consultation, surgical wound treatment/dressing/suturing, medication assistance.
- In the event of nasal bleeding: physician's consultation, anterior and posterior tamponade, hemostasis.
- In the event of renal, abdominal or biliary colic: physician's consultation, complete blood and urine count, ultrasonography, infusion, analgesic and spasmolytic agents.
- In the event of bronchial or cardiac asthmatic attack: physician's consultation, ECG, medication treatment, attack suppression.
- In the event of intoxication (excluding narcotic substance intake): physician's consultation, infusion, complete blood count, laboratory examinations, electrolytes, medications.

- In the event of allergic reactions (anaphylaxis, urticaria, Quincke's oedema): physician's consultation, infusion, anti-allergic treatment.
- In the event of acute obstructive laryngitis or bronchospasm (croup/false croup): physician's consultation, attack suppression, infusion.
- In the event of abscess or phlegmon: physician's consultation, surgical treatment, medication treatment.
- In the event of a foreign body entering the respiratory tract, auditory canal or digestive system: physician's consultation, removal of the foreign body.

Note: Other specific interventions not listed above may also be performed where deemed necessary by the attending physician. The costs of such cases shall be reimbursed within the limit and co-payment of the planned outpatient service stipulated under the chosen insurance package.

1.11 URGENT VACCINATION:

Provides physician's consultation and the administration of anti-rabies and anti-tetanus vaccinations, anti-botulism serum, and anti-venom anatoxin.

1.12 PLANNED OUTPATIENT MEDICAL SERVICE COSTS:

Shall be reimbursed within the limit and co-payment of the chosen insurance program and provides, subject to relevant medical indication, for consultations with specialist physicians of various profiles, instrumental and laboratory examinations, and diagnostic and therapeutic manipulations, including outpatient surgical services (among others: hysteroscopy/hysteroresectoscopy; operations for phimosis; angiology – radiofrequency ablation; tonsillectomy; nasal septum resection/turbinate disintegration; antrostomy; endoscopic sinus surgery; excision/dissection of soft tissue and neoplastic formations from the skin (lipomas, papillomas, benign tumors, fistulas)), where the Insured Person's stay at the medical facility is required for a period of less than twenty-four (24) hours. Planned outpatient services may be obtained both in accordance with the principle of free choice and on the basis of a referral issued by the Insurer's Family Doctor. Expenses related to pregnancy shall be reimbursed within the limit and co-payment of the relevant service.

Note: The costs of complications arising following outpatient interventions/manipulations/surgical procedures shall, where the medical care necessitated by such complications requires hospitalization, be covered within the limit and co-payment of the relevant service stipulated under the insurance card.

1.13 COSTS OF PRESCRIBED MEDICATIONS:

Shall be reimbursed within the limit and co-payment of the chosen insurance program (as annexed to this Agreement) and provides, subject to relevant medical indication, for the reimbursement of the costs of medications prescribed by a physician. Where the Insured Person receives inpatient medical services, the costs of medication treatment shall be reimbursed within the limit and co-payment of the inpatient service. Medications may be purchased either in accordance with the principle of free choice at any licensed pharmacy operating on the territory of Georgia, and/or on the basis of a referral issued by the Insurer's Family Doctor. Medications purchased on the basis of a referral issued by the Family Doctor shall be reimbursed with an additional coverage of five percent (+5%) at the following pharmacy networks: PSP, Aversi, Pharmadepo and GPC.

1.14 PREVENTIVE MEDICAL CHECK-UP COSTS:

Provides for the following package of examinations exclusively on the basis of a referral issued by the Family Doctor at a provider medical center:

- Specialist physician's consultation;
- Complete blood count;
- General urine analysis;
- Blood glucose level determination;
- Ultrasonography of one organ system.

Note: Specialist physician's consultation shall comprise:

- For women – gynecologist's or mammologist's consultation;
- For men – urologist's or cardiologist's consultation;
- For children – pediatrician's, orthopedist's or ophthalmologist's consultation.

1.15 URGENT DENTAL SERVICE COSTS:

Shall be reimbursed in accordance with the principle of free choice at any licensed medical facility on the territory of Georgia and provides for:

- Acute pain relief (anesthesia, depulpation, root canal filling);
- Tooth extraction in the event of acute pain.

1.16 PLANNED (THERAPEUTIC) DENTAL SERVICE COSTS:

Shall be reimbursed at the Insurer's provider dental clinics within the limit and co-payment of the chosen insurance program and provides for therapeutic and surgical dental treatment.

Note #1: Treatment with a microscope shall be covered exclusively subject to relevant medical indication.

Note #2: Prophylactic cleaning shall be reimbursed twice per year, including by the Air Flow method, whilst therapeutic cleaning shall be reimbursed subject to medical indication.

1.17 DISCOUNTS ON ORTHODONTIC, ORTHOPAEDIC AND IMPLANTOLOGY SERVICES AT PROVIDER DENTAL CLINICS:

Provides for discounts on orthopedic, orthodontic and implantology services at provider dental clinics designated by the Insurer. The applicable discount rate shall vary depending on the provider dental clinic. Both the scope of discounts and the number of provider clinics shall be subject to change during the insurance period.

1.18 TREATMENT ABROAD (PLANNED INPATIENT AND/OR PLANNED OUTPATIENT TREATMENT):

Provides for the reimbursement of medical services rendered at ARDI's exclusive providers outside Georgia, specifically at leading medical centers in Turkey, at Georgian average market prices and in accordance with the terms of this Agreement. Such exclusive providers are as follows:

In Turkey:

- Anadolu Medical Center (affiliated with Johns Hopkins Medicine)
- ACIBADEM Health Group
- Memorial
- Liv Hospitals Group (Liv Hospital Ulus, Liv Hospital Vadistanbul, Liv Hospital Bona Dea)
- Central Hospital Group
- Güven Hospital

Note #1: In respect of those medical facilities where the costs of medical services are covered under a state program, the Insurer undertakes to reimburse the amounts payable by the Insured Person on a co-payment basis, in accordance with the terms and conditions set forth under this Agreement.

2 The Insurer shall be entitled to decline reimbursement of the following under this Agreement:

Diseases:

- 2.1** Costs of medical services related to diabetes mellitus and diabetes insipidus, chronic and viral hepatitis (excluding hepatitis A), chronic renal insufficiency, and complications thereof, except in emergency/life-threatening conditions;
- 2.2** Costs of medical services related to congenital and genetic diseases, diseases caused by genetic mutation, and complications thereof. Genetic studies (excluding triple testing during pregnancy and genetic studies required in the event of oncological disease);
- 2.3** Costs of medical services related to sexually transmitted (venereal) diseases, specifically and exclusively: syphilis, gonococcal infection, chlamydial lymphogranuloma, chancroid (soft chancre), lymphogranuloma inguinale (donovanosis), chlamydiosis, candidiasis, and costs of medical services related to AIDS;
- 2.4** Costs of medical services related to metabolic syndrome, obesity and excess body weight;
- 2.5** Costs of medical services related to acne, rosacea, folliculitis, alopecia and nail fungus (onychomycosis, onychodystrophy);
- 2.6** Costs of medical services related to mental illness and complications thereof;
- 2.7** Costs of diagnosis and treatment of climacteric syndrome, infertility and potency disorders;
- 2.8** Costs related to alcoholism, drug addiction and toxic substance abuse.

Services:

- 2.9** Costs related to exoprostheses, endoprostheses, implants and medical devices for corrective purposes, organ and tissue transplantation (including autologous tissue transplantation), and complications arising therefrom in the course of any medical intervention;
- 2.10** Costs related to vision correction and the purchase of spectacles, contact lenses and hearing aids;
- 2.11** Planned vaccination and immunization;
- 2.12** Physiotherapy procedures, plasmapheresis, laser therapy and kinesiotherapy;
- 2.13** Costs related to cosmetic/aesthetic treatment, plastic surgery and weight correction;
- 2.14** Costs related to abortion without medical indication, contraception, artificial insemination, reproductive medicine and sex reassignment;
- 2.15** Costs of rehabilitation treatment, massage, podology, and services of a psychotherapist, psychiatrist, psychologist and speech therapist;
- 2.16** Costs related to the obtaining of any kind of medical certificate (excluding certificates issued by the Family Doctor);
- 2.17** Costs of non-traditional medicine (ozone therapy, acupuncture/biopuncture, manual therapy, homeopathy, Sujok therapy, physical exercise, and similar).

Situations:

- 2.18** Costs of medical services related to diseases and cases caused by intentional self-harm or gross negligence;
- 2.19** Costs of treatment arising from the Insured Person's willful exposure of themselves to danger or gross negligence, except in cases where the Insured Person acts for the purpose of saving another person's life;
- 2.20** Costs of medical services arising from a road traffic accident occurring whilst the Insured Person is operating any vehicle under the influence of alcohol, narcotic, toxic or psychotropic substances;
- 2.21** Costs of medical services arising from the Insured Person's participation in a criminal act, as well as costs of medical services rendered during the period of imprisonment;
- 2.22** Costs of medical services related to diseases and cases arising from the Insured Person's participation in professional and high-risk sports (rock climbing, mountaineering, speleology, aeronautics, parachuting, hang gliding, paragliding, rafting, cliff diving or underwater swimming using respiratory devices, horse racing, speed racing on motorboats, motor vehicles or other motorized vehicles, military martial arts);

2.23 Costs of treatment without medical indication, including non-standard ward accommodation, recruited personnel and self-treatment;

2.24 Costs of preparation for dental prosthetics, orthopedic and orthodontic services;

2.25 Costs related to the purchase of medications not registered in accordance with the legislation of Georgia, biologically active and/or food supplements, phytomedicines, paramedical remedies, immunomodulators, immunostimulants, monoclonal antibodies, personal hygiene and/or body care products, medical devices and aids (corsets, fixators, bandages, soft dressings, silicone tampons, saturators, etc.);

2.26 Costs of services rendered prior to the entry into force or following the expiration of this Agreement.

3. SERVICE GUIDE OF VITAMINS

3.1 Where the Insured Person applies to a medical facility at which medical services are not organized by the Insurer's medical service, the Insurer shall ensure the issuance of insurance reimbursement within ten (10) working days following the submission of complete medical and financial documentation by the Insured Person, provided that the conditions of the applicable insurance program are complied with. The following documents shall be submitted:

- Payment receipt and invoice;
- Form No. IV-100/a;
- Physician's prescription;
- Calculations;
- Medical conclusions;
- Identity document;
- Bank details.

3.2 Where the Insured Person applies to a medical facility at which medical services are organized by the Insurer, the Policyholder shall submit the following medical and financial documentation to the Insurer:

- Form No. IV-100/a;
- Invoice/calculation issued by the clinic;
- Medical conclusions, where necessary;
- Identity document.

3.3 Where insurance is effected under a managed program, outpatient, medication, pregnancy monitoring and preventive services may be obtained exclusively on the basis of a referral issued by the Family Doctor. In order to receive planned inpatient services, the Insured Person shall submit the documentation referred to in Clause 3.2 in advance and obtain a referral/letter of guarantee within the specified timeframe. The services enumerated under this Clause shall not be reimbursed to the Insured Person in cash. In respect of emergency services, the Insured Person shall benefit from the principle of free choice.

3.4 The Insured Person shall be responsible for submitting complete medical and financial documentation to the Insurer. In the event of submission of incomplete documentation, the Insurer shall be entitled to withhold insurance reimbursement until the existing deficiencies have been remedied. Where the conditions of the applicable insurance program and the requirements of the Insurer are complied with, the referral/letter of guarantee shall be issued within ten (10) working days.

3.5 In order to obtain an electronic referral, documentation shall be submitted through the relevant module of our website as follows:

- Access the website www.ardi.ge and click the "My Room" button in the upper right corner;
- Select registration (if you do not yet have an account) or log in (if you already have an account);
- In the menu list on the left-hand side, locate the "Referrals" button, select "New Referral" and submit the required documentation.

3.6 In order to obtain electronic reimbursement, documentation shall be submitted through the relevant module of our website as follows:

- Access the website www.ardi.ge and click the "My Room" button in the upper right corner;
- Select registration (if you do not yet have an account) or log in (if you already have an account);
- In the menu list on the left-hand side, locate the "Reimbursements" button, select "New Reimbursement" and submit the required documentation.

Electronically submitted documentation shall be reviewed within no later than three (3) working days.

Furthermore, the originals of the documentation submitted via the electronic portal shall be delivered through the special mailbox located at the insurance company's head office or at the nearest ARDI service center within six (6) months of receiving the electronic reimbursement, but no later than the expiration of the insurance term. In all other cases, the Insurer reserves the right to demand the refund of the reimbursed amount.

4. RIGHTS AND OBLIGATIONS OF THE PARTIES

The Insurer shall be entitled to:

- 4.1** Verify the designated purpose and accuracy of the insured event and expenses prior to the issuance of reimbursement;
- 4.2** Suspend the issuance of insurance reimbursement in the event that the Policyholder breaches any of the conditions set forth under this Agreement;
- 4.3** Suspend services without additional notice in the event of a breach of the premium payment schedule, and, where the outstanding debt has not been settled by the next payment date, unilaterally terminate the insurance agreement with immediate effect.
- 4.4** Review and revise the terms and conditions of the Agreement and the tariffs set forth therein in the event that the national currency depreciates by twenty-five percent (25%) following the conclusion of this Agreement;
- 4.5** In the case of an insured event, where the cost of the service exceeds the outstanding annual insurance premium, deduct the remaining (payable) annual premium from the reimbursement amount and reimburse the remaining difference;
- 4.6** In the event of dual insurance, apportion the costs of the insured event with the other insurer in accordance with the principle of solidarity;
- 4.7** In the event that damage is caused to the health of the Insured Person through the fault of a third party, seek reimbursement of the costs of medical services rendered from such third party;
- 4.8** In the event of a change or clarification of the preliminary diagnosis, re-examine the insured event and reimburse the insurance services rendered or to be rendered within the co-payment and limit of the relevant service in accordance with the terms and conditions of this Agreement;

5. THE POLICYHOLDER/INSURED PERSON SHALL BE ENTITLED TO:

- 5.1** Receive reimbursement of the insurance amount in accordance with the terms and conditions of this Agreement;
- 5.2** Upon renewal of the Agreement for the subsequent insurance year, improve the insurance program by one level only.

6. THE POLICYHOLDER SHALL BE OBLIGED TO:

6.1 Pay the insurance premium in the prescribed manner;

6.2 In the event of cancellation of insurance for any reason: where the Policyholder, or a member of their family (if any), has utilized the insurance service at least once and the amount reimbursed by the Insurer exceeds the insurance premium paid (generated) by the Insured Person, pay the remaining part of the annual premium in full, in the form of cash or non-cash payment, in accordance with the procedure set forth under this Agreement. Where the Policyholder, or a member of their family (if any), has not utilized the insurance service, the Policyholder shall be entitled to terminate this Agreement on the basis of a written application;

6.3 Inform the persons insured by them (if any) of the terms governing the review of insured events, reimbursement of expenses and other conditions of this Agreement, as well as the circumstances under which expenses shall not be reimbursed.

7. PROCEDURE FOR REVIEWING INSURANCE PREMIUM AND MODIFYING CONTRACTUAL TERMS

7.1 The Parties agree that the amount of the insurance premium is determined based on the economic/legal circumstances and the volume of insurance risk existing at the time of concluding the contract. In the event that during the validity period of the contract, as a result of objective circumstances independent of the Insurer, the economic basis for determining the insurance premium changes significantly (e.g., medical services/medicines become significantly more expensive, thereby increasing the overall loss ratio, or the volume of insurance risk increases, which can be verified by research conducted by a competent body/market (including research commissioned by the Insurer), statistical data, market analysis, or other objective and verifiable information), the Insurer is authorized to review the amount of the insurance premium and notify the Insured in writing at least 30 (thirty) calendar days prior to such change.

7.2 Review of the insurance premium is permissible once per calendar year, and the premium increase shall not exceed 50% of the currently applicable insurance premium.

7.3 The Insurer is obliged to clearly indicate the reason for the change, the amount of the new premium, and its effective date in the notification, ensuring that the Insured is able to make an informed decision.

7.4. In the event that the Insured does not agree to the change, they are authorized to notify the Insurer prior to the implementation of the change, and also submit a reasoned written protest regarding the modification via the corresponding email: office@ardi.ge. In case of non-acceptance of the change, the contract shall be terminated unilaterally, without imposing any additional liability on the party.

7.5. In the event that the Insured does not refuse the extension of the contract within the period specified in this Article, or expresses the will to extend the contract through any other action, including the payment of the modified insurance premium, it shall be deemed that they have agreed to the change, and the contract will be automatically extended under the modified terms.

7.6. Based on the contract between the Insurer and the Insured and in accordance with the legislation, if the terms of the insurance contract are modified in favor of the consumer, the Insurer is exempted from the obligation of prior notification.

8. FORCE MAJEURE AND FINAL PROVISIONS

FORCE MAJEURE:

8.1 The Parties shall be released from liability for non-performance of the obligations set forth under this Agreement where such non-performance is caused by force majeure circumstances, including flood, earthquake, fire, strike, military action, blockade, or acts and/or actions of state authorities, which shall be confirmed in writing by the competent authorities;

8.2 In the event of force majeure circumstances, the Parties shall be obliged to immediately notify the other Party thereof in writing;

8.3 Performance of the obligations set forth under this Agreement shall be suspended until the elimination of the force majeure circumstances.

9. FINAL PROVISIONS:

- 9.1** All actions, conditions and requirements enabling the Parties to lawfully execute this Agreement, exercise the rights conferred thereby and fulfil the obligations assumed in relation to each other, shall be duly observed and performed;
- 9.2** Upon conclusion of this Agreement, the Parties shall provide each other with all documents required for the due execution of this Agreement as prescribed by the legislation of Georgia;
- 9.3** The obligations assumed by the Parties in relation to each other under this Agreement shall be lawful and shall be binding upon the Parties;
- 9.4** The Parties shall not refuse to perform the obligations assumed under this Agreement;
- 9.5** The Parties warrant that all statements and certifications set forth herein have been executed as of the date of signing of this Agreement and shall be observed by the Parties fully and unconditionally;
- 9.6** When fulfilling their obligations, the Parties shall be guided by the legislation of Georgia and the provisions of this Agreement;
- 9.7** Neither Party shall be entitled to transfer, whether in whole or in part, their rights and obligations under this Agreement to any third party without the prior written consent of the other Party;
- 9.8** Any dispute arising between the Parties shall be resolved by mutual agreement. In the event that a settlement cannot be reached, the dispute shall be resolved through litigation in accordance with the rules established by the legislation of Georgia;
- 9.9** All notices and consents necessary for the performance of this Agreement shall be communicated to the Parties by way of a letter signed by an authorized person, in electronic form, by facsimile or by registered mail. Each Party shall, within the limits of its fault, be liable for the accuracy, correctness and legality of the information (documentation) submitted to the other Party. Where the information (documentation) submitted by a Party to the other Party proves not to be such, this shall unconditionally be deemed a breach of the relevant obligation by the submitting Party, and the other Party shall be entitled to refuse performance of its reciprocal obligation;
- 9.10** In the event that the Policyholder breaches the premium payment schedule (or, in the case of instalment payments, the due instalment) as defined in the policy, including incomplete payment of the premium, the issuance of reimbursement shall be suspended until the outstanding debt has been fully settled. In the event of a delay exceeding one (1) month, the insurance (Insurance Agreement) shall be automatically cancelled (terminated). Any event (loss) occurring after such cancellation shall not be subject to insurance reimbursement;
- 9.11** For the purpose of quality control, the Policyholder (Insured Person) shall be entitled to use the dedicated email address sos@ardi.ge to submit any claims or complaints for further action;
- 9.12** The Parties shall be obliged to strictly maintain the confidentiality of any financial, commercial or other information received from the other Party in connection with the performance of this Agreement. Disclosure of any such information to third parties shall be permissible only with the prior written consent of the other Party or in cases provided for by the legislation of Georgia;
- 9.13** By signing this Agreement, the Policyholder declares their consent to the Insurer's right, where necessary, to verify and request the Policyholder's personal information from public authorities, as well as medical documentation directly or indirectly related to insured events from medical and other institutions, and a copy of the employment contract from the employer.

10. ANNOTATION OF VITAMINS

ANNOTATION OF VITAMINS:

10.1 The subject matter of this Agreement under the insurance program "Vitamins" is the insurance of the Policyholder's health with the Insurer in accordance with the chosen "Vitamins" program and the conditions set forth herein;

10.2 The Policyholder undertakes to pay the Insurer the insurance premium (hereinafter the "Premium") in exchange for "Vitamins", in the amount and manner specified in the policy; the Parties further agree that the insurance premium for the first two (2) months shall be paid by the Parties upon signing of this Agreement, prior to the entry into force of the insurance;

10.3 Where the monthly premium payment schedule is selected, the Policyholder shall pay the Insurer the monthly insurance premium in the applicable amount on the dates specified in the policy. In the event of a breach of the aforementioned schedule, the Insurer shall be entitled to withhold insurance reimbursement until the outstanding debt has been fully settled and/or to unilaterally terminate this Agreement;

10.4 An insured event shall be reviewed provided that the Insured Person (or, where this is not possible due to medical indication, their representative) provides the Insurer with detailed information regarding the insured event and submits the relevant documentation in full, no later than thirty (30) days following the occurrence of the insured event;

10.5 Insurance reimbursement shall be issued:

- In the case of a minor – to the parent;
- In the case of a third party – on the basis of a notarially certified power of attorney;

10.6 The Insurer reserves the right to obtain the necessary documentation from other organizations for the purposes of regulating the insured event and identifying the Insured Person;

10.7 The Insurer shall be informed of the existence of any other medical insurance policy or any other means of reimbursement of expenses;

10.8 The grounds for termination of insurance under this Agreement may include:

- Prior written agreement;
- Notice sent by the Insurer to the Policyholder;
- Notice sent by the Policyholder to the Insurer, within thirty (30) days of delivery of such notice;
- Non-performance of obligations by the other Party;
- Other cases provided for by the legislation of Georgia.

