



INFORMATION LEAFLET

The document was compiled by the Order N318 of April 3, 2017 of the Head of the LEPL Insurance Supervision Service of Georgia "On Approval of the Instruction on Protection of Consumers Rights during Providing Insurance Services by the Insurer"

JUST THINK OF BEST



* For up to 70 Years Georgian Citizens

SERVICE TYPES		VITAMIN C	
		INSURANCE LIMITS 30,000 ₺	
MEDICAL ASSISTANCE			
Medical Service – “ARDIMEDI”		100%	Unlimited
Private/Family Doctor’s Service		100%	Unlimited
Family Doctor’s/Pediatrician at Home		100%	5 Times
Nursing at Home		100%	Unlimited
IN-PATIENT SERVICES			
Hospitalization due to an Accident		100%	7000
Emergency Hospitalization		100%	6000
Planned Hospitalization	Waiting Periods 12 months	100%	3000
Cardio-Surgery		100%	
Oncology		100%	
Pregnancy Monitoring		100%	1000
Childbirth		100%	
OUT-PATIENT SERVICES			
Emergency Out-Patient Service		100%	Unlimited
Emergency Vaccination – Immunization		100%	Unlimited
Planned Out-Patient Service		60%	2000
Planned Out-Patient Service Chronic Diseases	Waiting Periods 6 months		
Medicines Prescribed by Doctor		60%	2000
Medicines Prescribed by Doctor Chronic Diseases	Waiting Periods 6 months		
Preventive Medical Check-Up		70%	1 Time
Private Ambulance Service		100%	Unlimited
DENTAL SERVICES			
Emergency Dental Service		100%	Unlimited
Planned Dental Service In Provider Dental Clinics	Waiting Periods 3 months	60%	1000
Orthodontic and Orthopedic (Discount) In Provider Clinics		10-30%	Unlimited
Monthly Insurance Premium By Family Doctor Managed Network		85 ₺	
Monthly Insurance Premium By Free Choice		95 ₺	

WHAT IS NOT COVERED UNDER THIS POLICY?

DISEASES

- Diabetes mellitus and diabetes insipidus, chronic and viral hepatitis (except "A" hepatitis), renal chronic insufficiency and costs of medical service for the complications, except emergency/life-threatening conditions;
- Costs, related to the congenital diseases and diseases, conditioned by genetic mutation and their complications. Genetic studies (except the costs for triple testing during pregnancy and genetic tests in case of oncological disease);
- Costs for STD sexually transmitted (venereal) diseases, in particular and only: syphilis, gonococcal infection, chlamydial lymphogranuloma, chancroid (mild Chancre), lymphogranuloma inguinale (donovanosis), chlamydia, candidiasis and costs for AIDS medical service;
- Costs for medical services related to the metabolic syndrome, obesity and overweight;
- Costs for Medical service for acne, rosacea, folliculitis, alopecia and nail fungus (onychomycosis, onychodystrophy).
- Costs of medical care for mental illness and its complications;
- Climacteric syndrome, infertility, diagnosis of potency disorders and treatment costs;
- Costs related to alcoholism, drug addiction and toxic substance abuse.

SERVICES

- Costs related to exoprosthesis, endoprotheses, implants and medical devices for corrective purposes (including soft tissue implantation) and complications during any medical intervention;
- Costs for vision correction, for purchase of glasses, lenses and hearing devices;
- Planned vaccinations and immunization;
- Physio-procedures, plasmapheresis; laser therapy, Kinesiotherapy;
- Costs related to cosmetic/aesthetic treatment, plastic surgery, weight correction;
- Costs related to abortion of non-medical indication, contraception, artificial insemination, reproductive medicine, due to change of a sex;
- Costs related to rehabilitation treatment, massage, podologist, expenses for psychotherapist, psychiatrist, psychologist and logopedist's services;
- Costs related to reception of any kind of medical certificates (except a certificate issued by a Family Doctor).
- Costs for non-traditional medical care (ozone therapy, acupuncture/biopuncture, manual therapy, homeopathy, Sujok therapy, physical exercises and others).

WHAT IS NOT COVERED UNDER THIS POLICY?

SITUATIONS

- Costs for medical services for diseases caused by intentional self-harm/rough negligence of the body and similar cases;
- Costs for treatment of diseases incurred by the insured person by his/her own intention rough negligence, except of such cases, when he/she acts for the purpose of saving someone else's life.
- Costs for medical services as a result of car accident incurred while driving the car under effect of alcoholic, narcotic or toxic or psychotropic substance.
- Costs for medical services caused as a result of the insured person's participation in a criminal act, as well as medical expenses incurred during the period of imprisonment;
- Costs of medical care for diseases and cases, caused the insured person's participation in professional and risky sports (rock climbing, mountaineering, speleology, aeronautics, parachuting, hang gliding, paragliding, rafting, scuba diving or swimming under water using respiratory devices, horse racing, speed racing on motorboats, auto vehicles or other motor vehicles, military martial arts);
- Costs of treatment conditioned by non-medical indications including non-standard ward and recruited staff and self-treatment;
- Costs of service for preparations of dentures, orthopedics and orthodontics services.
- Costs related to purchase of non-registered, according to the legislation of Georgia, medications and remedies, biologically active or/and food supplements, phyto-medicines, paramedics, immunomodulators, immunostimulants, monoclonal antibodies, personal hygienic and /or other body care products, medical devices and aids (corsets, clamps, bandages, soft bands, silicone tampons, saturators etc.);
- Costs for services rendered before the entry of the Contract into force or after the expiration of the Contract term.



SERVICE GUIDE OF THE VITAMINS

- ❑ When applied to those medical institutions where the Insurer's medical service is not being implemented, the Insurer provides issuance of insurance sum during 10(ten) working days after submission of the full medical and financial documentations by the Insured person in case of appropriate insurance program. The documents to be submitted are as follows:
 - **Payment receipt and check;**
 - **Form # IV-100 / a;**
 - **Doctor's prescription;**
 - **Medical conclusions;**
 - **Identity document;**
 - **Bank details.**
- ❑ When applied to those medical institutions where the Insurer's medical service is being implemented, the Insurer provides medical service organization and the Insured person submits medical and financial documents, including:
 - **Form # IV-100 / a;**
 - **Invoice/calculation, issued by the clinic;**
 - **Medical conclusions, in case of need;**
 - **Identity Document.**
- ❑ In order to receive doctor's electronic guarantee letter, delivery of the requested documentation is implemented through the relevant module of our website as follows:
 - You must click on the button **"My Room"** in the upper right corner of the website www.ardi.ge .
 - You choose to **register** (if you do not already have an account) or **authorization** to log in (if you already have an account).
 - On the left side of the menu list you will find the button **"Referrals" > "New application" >** then send the required documentation for the referral;
- ❑ The Insured person is responsible for submitting complete medical and financial documentation to the Insurer. In case of submission an Incomplete documentation, the insurer is entitled not to issue insurance reimbursement until the existing deficiencies are eliminated. In case of compliance with the terms of the current insurance program and the requirements of the insurer, the referral / letter of guarantee is issued within **10 (ten) working days**.

In order to receive electronic reimbursement, delivery of the requested documentation is implemented through the relevant module of our website as follows:

- You must click on the button **"My Room"** in the upper right corner of the website www.ardi.ge.
- You choose to register (if you do not already have an account) or authorization to log in (if you already have an account).
- On the left side of the menu list you will find the button **"Reimbursements" > "New Reimbursement" >** then send the required documentation for the Reimbursement.

Documents what will be sent electronically will be reviewed no later than **3 business days**;

Wherein, the originals of the documents sent through the electronic portal should be delivered through a special mailbox located at the insurance head office (3, Vazha-Pshavela Avenue, Tbilisi, Georgia) or at the nearest ARDI service center within 6 months after receiving the electronic payment, but no later than the expiration of the insurance term. In other cases, the insurer reserves the right to demand a refund of the reimbursed sum

THE INSURER IS ENTITLED NOT TO ISSUE REIMBURSEMENT IN CASE OF FOLLOWING:

- During Force-Majeure situations;
- If the POLICYHOLDER violates any of the terms of this Agreement;
- in case of violation of the premium payment schedule;
- In case of submission of documentation 30 days after the insured case;
- If the Insurance Company is not informed of the existence of other medical policy, or reimbursement of costs in any other way;
- In case of Guided Scheme, it is not covered if INSURED gets planned out-patient service and medicines without family doctor.

ADDITIONAL TERMS/ DEFINITIONS:

- **CHRONIC DISEASE** - A disease, characterized by a long course duration (3 months or more) and periods of remission and relapse/exacerbation;
- **ACUTE CASE** - Disease and state of a person, that occurs as soon as a disease-causing factor appears and is rather an active, acute process. In case of timely and proper treatment the case will end with full recovery;
- **GUIDED SCHEME** – Insurance/medical service, which is guided by the Family Doctor (GP) in the medical Institution determined by the Insurer;
- **CONTINUOUS INSURANCE** – The interim (interval) which is calculated by countdown from the beginning of the insurance period and during which the person held the insurance within the current Insurer so, that the interval between each previous and subsequent insurance periods does not exceed 14 (fourteen) consecutive calendar days.
- In the event of an insured event, if the cost of the service exceeds the annual insurance premium, the insurer is entitled to deduct the remaining (payable) annual premium from the total reimbursement amount and pay back the remaining difference.

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