

HEALTH INSURANCE PROGRAM

"LUXE"

1. General terms

- 1.1 Insurance is effective within the territorial limits of the Republic of Armenia and Republic of Artsakh, unless otherwise mentioned in the Contract.
- 1.2 This health insurance program (hereinafter Program) defines the types of reimbursed medical care and services, the maximum limits of reimbursements for the relevant services, the number of those services provided during the Contract period and other mandatory provisions.
- 1.3 The services provided by the Program are fully provided by medical institutions, except for the cases under the heading "General Exceptions" of the Terms.
- 1.4 The Insurer makes reimbursement only for the medical care and service, which has been or will be provided to the Insured person as per the scientifically substantiated, reasoned instruction of the treating physician.
- 1.5 In case the Insured person makes the payment at his/her own expense and submits the necessary documents stipulated by the Terms to the Insurer, the latter examines and evaluates the compliance between the diagnosis and the costs, necessity and expediency, as well as their justification and reasonableness (reasonable price) and makes a relevant decision on the settlement of the claim in accordance with the procedure and within the timeframe as per Contract, Program and Terms.
- 1.6 The reasonableness of costs (reasonable price) as per this Program is determined by comparison with the prices stipulated in the current contracts concluded with the partner medical institutions selected by the Insurer.
If the expenses are above the average price of the mentioned prices, the Insurer chooses the average of the mentioned price.
- 1.7 Expenses incurred or to be incurred for the medical care and services provided by the Program are reimbursed by the Insurer if that services are not included in the list of state targeted health programs financed from the state budget, regardless of the following circumstances:
 - Whether the medical institution has a service contract with the authorized state body in the field of healthcare within the framework of the mentioned target programs or not,
 - Whether the funds provided by the state budget have been used up or not.
- 1.8 The Insurance compensation is paid within the sum insured, taking into account the relevant provisions of the Contract, the Terms and Program.
- 1.9 Deductible is not applied.

2. Types of medical care and services

- Annual preventive medical check up
- Urgent and emergency medical assistance
- Call Center Service
- Doctor-specialist's house call
- Outpatient medical assistance
- Inpatient medical assistance
- Cardiology
- Angiosurgery
- Endovascular neurosurgery
- Vertebrology
- Oncology
- Hospital room expenses reimbursement
- Medicines licensed by the RA Ministry of Health
- Pregnancy and childbirth
- Ophthalmology and optics

- Dental service
- Other services

3. Annual preventive medical check up*

- 3.1 Consultation of a general practitioner,
- 3.2 Consultation of an ophthalmologist, visual acuity tests,
- 3.3 Consultation of a gynecologist,
- 3.4 Electrocardiogram with doctor-cardiologist interpretation,
- 3.5 Ultrasound examination of abdominal cavity, pelvis organs and parathyroid gland,
- 3.6 General blood test,
- 3.7 General urine test,
- 3.8 Test of glucoses in blood,
- 3.9 Ultrasound examination of mammary gland, in case of doctor's reasonable prescription,
- 3.10 Echodiagram with doctor-cardiologist interpretation,
- 3.11 PAP test for women,
- 3.12 PSA test for men over the age of 45,
- 3.13 Cholesterol.

* Annual preventive medical check up is held by partner medical center, nominated by the Insurer one time annually during the Contract period.

4. Urgent and emergency medical assistance

- 4.1 24 hour visits of an ambulance group, including specialized visits,
- 4.2 Doctor's primary examination, initial diagnosis,
- 4.3 Provision of onsite emergency treatment-diagnostic activities at the place of accident,
- 4.4 Drug provision for urgent treatment,
- 4.5 Transportation of the patient to a medical Institution in specific cases when specially equipped medical transport and an accompanishment of specialized medical personnel is needed.

5. Call Center Service

- 5.1 24/7 call center service,
- 5.2 Phone calls answers, registration of the claims,
- 5.3 Doctor appointments and consultation,
- 5.4 Recommendation regarding hospital /doctor selection,
- 5.5 Information on Claims reimbursement periods.

6. Doctor-specialist's house call

- 6.1 Calling a doctor-therapist in case of physical impossibility to go to a medical Institution (due to reasonable health complaints of the Insured person),
- 6.2 Doctor's preliminary examination,
- 6.3 Diagnosis,
- 6.4 Assignment of treatment course.

7. Outpatient medical assistance

- 7.1 Consultations by physicians, including narrow specialists,
- 7.2 Implementation of outpatient emergency and routine medical manipulation,
- 7.3 Emergency and scheduled small surgeries,
- 7.4 Doctor specialists' second opinion (with Insurer's agreement)
- 7.5 Outpatient treatment of therapeutic diseases,
- 7.6 Outpatient treatment of surgical diseases,
- 7.7 Outpatient treatment of bodily injuries caused by accidents,

- 7.8 Outpatient treatment of injuries (fractures, dislocations, soft tissue bruises, wounds or their combination),
- 7.9 Outpatient treatment of burns, frostbites and electrical shocks,
- 7.10 Outpatient treatment of infection diseases,
- 7.11 Outpatient treatment of mild forms of acute poisoning (cases of poisoning, when hospitalization is not assigned by the doctor),
- 7.12 Laboratory diagnosis, including:
 - paraclinical,
 - biochemical,
 - bacterial,
 - hormonal,
 - serological,
 - cytological and immunologic,
 - Histological
 - A general clinical examination, etc.
- 7.13 Instrumental diagnosis, including:
 - X-ray examination,
 - ultrasound examination,
 - functional,
 - endoscopic examination,
 - computer tomography, including the value of the contrast material (except for PET/CT)
 - Magnetic resonance imaging, including the value of the contrast material,
 - Mammography,
 - Angiography,
 - Duplex,
 - Doppler,
 - Holter monitoring
 - Neurophysiological research, etc.

Laboratory and instrumental research and additional anesthesia service performed during them must have scientifically based instruction prescription by the treating doctor.

- 7.14 Outpatient treatment of acute conditions of chronic diseases,
- 7.15 Consultations and laboratory-instrumental researches for dynamic control of chronic diseases and conditions, as well as diseases requiring continuous conservative treatment,
- 7.16 Endocrinopathies consulting, research (including laboratory/instrumental diagnosis) costs.

8. Inpatient medical assistance

- 8.1 Hospitalization and treatment as a result of an accident,
- 8.2 Inpatient treatment of therapeutic diseases in acute conditions,
- 8.3 Inpatient treatment of surgical diseases (general and narrow professional) in acute conditions,
- 8.4 Inpatient treatment of infection diseases in acute conditions,
- 8.5 Inpatient treatment of injuries (fractures, dislocations, soft tissue bruise, polytraumas, wounds),
- 8.6 Inpatient treatment of acute internal and external bleeding,
- 8.7 Inpatient treatment of scalds, frostbites and electrical shocks,
- 8.8 Inpatient treatment of acute poisoning,
- 8.9 Inpatient treatment of urgent conditions requiring intensive therapy and out of state order reanimation measures,
- 8.10 Surgery of the cronic diseases in acute conditions,
- 8.11 Laboratory diagnosis, including:
 - paraclinical,
 - biochemical,
 - bacterial,

- hormonal,
- serological,
- cytological and immunologic,
- Histological
- A general clinical examination, etc.

8.12 Instrumental diagnosis, including:

- X-ray examination,
- ultrasound examination,
- functional,
- endoscopic examination,
- computer tomography, including the value of the contrast material (except for PET/CT)Magnetic resonance imaging, including the value of the contrast material,
- Mammography,
- Angiography,
- Duplex,
- Doppler,
- Holter monitoring
- Neurophysiological research, etc.

Laboratory and instrumental research and additional anesthesia service performed during them must have scientifically based instruction prescription by the treating doctor.

8.13 Acute conditions of chronic diseases requiring inpatient treatment,

8.14 Surgical treatment of nasal septum (except for cosmetic or aesthetic character of a complete and/or partial (psychological conditions improvement) nose surgeries of soft tissue and bone) up to AMD 200,000 per each insured person annually,

8.15 Elective surgery if it is justified by the treating doctor,

8.16 Removal and installation of metal structures (surgical method) reimbursement of expenses only in case of personal accident during the Contract period.

9. Cardiology

9.1 Intensive therapeutic cardiology,

9.2 Invasive studies, including coronary angiography, myocardial biopsy, intracoronar Doppler, etc.,

9.3 Invasive treatments, including (endovascular drug-eluting and / or non drug-eluting stent placement, balloon angioplasty),

9.4 Surgical treatment (aorto-coronary bypass grafting).

9.5 Prosthetic aorta (aortic aneurysm exfoliations are compensated exclusively for emergency operations),

9.6 Cardiac rhythm recovery including**:

9.6.1 Cardiac pacemakers (cardioverter and pacemaker) implantation,

9.6.2 high frequency elektroablyatsia,

9.6.3 electrophysiological research,

**Except in cases when a heart rhythm disorder stands insurance contract during the acute myocardial infarction, as permanent complication).

10. Angiosurgery

10.1 Surgery at venous thrombosis,

10.2 Operations during venous pathology, particularly a subject to reimbursement are only planned classic, open-type surgical treatment of lower limb varicose disease at stages of CEAP 3 and CEAP4.

11. Endovascular neurosurgery

11.1 Thrombolytic therapy,

- 11.2 Threaded embolization,
- 11.3 Sleep vein angioplasty stenting, onyx.

12. Vertebrology

- 12.1 Drug treatment of spinal intervertebral disc disorders, including spinal degenerative - dystrophic changes (osteochondrosis),
- 12.2 Physiotherapy: electrophoresis, fonoforez, the channel frequency ultrasound therapy, ultraviolet radiation, therapeutic massage, after degenerative dystrophic spinal osteochondrosis medication treatment,
- 12.3 Spinal hernia surgical treatment (except Laser surgeries).

13. Oncology

- 13.1 Surgical treatment,
- 13.2 Chemotherapy – 1 time annually per each Insured person,
- 13.3 Radiation treatment (except for radioiodine therapy) – 1 time annually per each Insured person.

14. Hospital room expenses reimbursement

- 14.1 Reimbursement of private single or Luxe room's expenses: within AMD 20,000 daily per each Insured person.

15. Medicines licensed by the RA Ministry of Health

- 15.1 Compensation of the costs of medication assigned by the treating doctor for inpatient and outpatient treatment,
- 15.2 Chance to get medication assigned by the treating doctor free of charge from "Alpha Pharm" and "Gedeon Richter" pharmaceutical network.

16. Pregnancy and childbirth

- 16.1 Pregnancy care up to AMD 90,000 annually per each Insured person, including:
 - Pathological pregnancy preservation in inpatient conditions (in case, when pathology is not a result of a sexually transmitted infection or a chronic disease existent before the insurance inception),
 - Termination of pregnancy by medical indication.
- 16.2 Compensation of post-natal expenses*** up to AMD 120,000 annually per each insured person including:
 - hospital room with additional sanitary accommodations,
 - paid visits,
 - nourishment,
 - child care accessories.

***Note:

- the above mentioned service costs are subject to compensation only when provided by the medical centre,
- Waiting period is not applied.

17. Ophthalmology and optics

- 17.1 Diagnosis,
- 17.2 Therapeutic and surgical treatment of various eye injuries and diseases,
- 17.3 Expenses incurred in connection with optical eye glasses/lenses and frames in case of dioptric change up to AMD 25,000 per each insured person during the Contract period,
- 17.4 As per this Program the Insured person for the first time may purchase optical glasses, optical frames and contact lenses without prior fixation of visual acuity.
However, in case of further claims for the mentioned services, the compensation is possible only in case of change of visual acuity as per the limit mentioned in point 17.3. of the Program.

18. Dental service

- 18.1 **Diagnosis and Therapy**
 - 18.1.1 X-ray,

- 18.1.2 Caries treatment (Surface, medium, deep),
- 18.1.3 Endodontic,
- 18.1.4 Filling light-curing filling materials.
- 18.2 **Surgery**
 - 18.2.1 Simple tooth extraction,
 - 18.2.2 Complex tooth removal,
 - 18.2.3 Retented tooth extraction,
 - 18.2.4 Apicoectomy.
- 18.3 **Periodontology** (up to AMD 20,000 annually per each Insured person):
 - 18.3.1 Therapeutic treatment of periodontitis,
 - 18.3.2 Gingivitis Treatment.
- 18.4 Removal of dental tartar and teeth polishing – 2 times annually per each insured person,
- 18.5 Maximum reimbursements limits for all services under this Chapter are determined in accordance with Appendix of the Contract,
- 18.6 In order to get services mentioned in 18.2 and 18.3 points Insured persons, who previously did not pass medical check-up, should pass pre-existing dental check-up (hereinafter Pre-existing check-up) in order to record the pre-existing condition within 30 days after the Contract inception date at the Insurer's cost and in the medical centers defined by the at Insurer. All the diseases, conditions and consequences of the Pre-existing check-up are not subject to reimbursement.
- 18.7 For services mentioned in 18.2 and 18.3 points the Contract coverage will be in force on the next day of the Pre-existing check-up.

19. **Other services**

19.1 **Treatment abroad**

Expenses for examination and treatment of the Insured person outside the territory of the Republic of Armenia (abroad) shall be reimbursed only for the services provided in the Republic of Armenia, except for those examinations results of which match with the results of previous examinations implemented in the Republic of Armenia.

Expenses mentioned in this clause are reimbursed at reasonable prices determined by the Insurer (Clause 1.7 of the Program).

19.2 **Physiotherapy** (electrophoresis, phonophoresis, Ultrasound frequency therapy, UV radiation therapy) - 2 courses are reimbursed annually (each course 10 sessions) per each Insured person,

19.3 **Alternative medical treatment******: Acupuncture and therapeutic massages only - 1 course is reimbursed annually (each course 10 sessions) per each Insured person,

**** Alternative medical methods are applicable in the case the scientific medical methods can not be applied to any valid reason for the Insured person,

19.4 **Medical accessories**: syringe, cotton, bandage, corset, elastic socks, venous catheter, venous infusion system, fixing means, plastic mesh of hernia, etc. - up to AMD 50,000 annually per each insured person.

Dental Reimbursement limits

DENTAL SERVICES	Maximal limit of reimbursement in AMD
Consultation	3,000
OPG	5,000
R-graph	1,000
THERAPY	
Caries treatment (superficial)	10,000
Caries treatment (moderate)	12,000
Caries treatment (deep)	18,000
ROOT CANAL TREATMENT	
One root tooth	10,000
Two roots tooth	12,000
Three roots tooth	18,000
Four root tooth	20,000
PROPHYLACTIC PROCEDURES	
Scaling (including teeth polish)	4,000
Removal of dental tartar	10,000
SURGERY	
Tooth extraction (simple)	5,000
Tooth extraction (complicated)	6,000
Eighth (wisdom) tooth extraction	8,000
Abscess incision and drainage	4,000
Replantation	7,000
Apicoectomy	7,000