SOLO

IRAO
VIENNA INSURANCE GROUP

INDIVIDUAL HEALTH INSURANCE **PULSE**



ABOUT COMPANY

62 M GEL — **ASSETS**

91 M GEL — **GWP**

5.4 M — **NUMBER OF POLICIES**



40.5 M GEL
CLAIMS PAID

6%
MARKET SHARE

22
YEARS OF EXPERIENCE

INSURANCE DETAILS

PACKAGES - WITH FAMILY DOCTORS' REFERRAL

INSURANCE COVERAGE			A		B		C	
Irao Assistance			100%	Unlimited	100%	Unlimited	100%	Unlimited
Personal service manager			100%	Unlimited	100%	Unlimited	100%	Unlimited
Personal doctor			100%	Unlimited	100%	Unlimited	100%	Unlimited
Ambulance services			100%	Unlimited	100%	Unlimited	100%	Unlimited
Preventive care			100%	Twice per Insurance Period	90%	Once per Insurance Period	70%	Once per Insurance Period
Vaccination			100%	Once per Insurance Period	-	-	-	-
In-patient treatment	Urgent in-patient treatment due to a personal accident		100%	25 000	100%	20 000	100%	15 000
	Urgent in-patient treatment including cardiology (waiting period 3 months)		100%	12 000	100%	9 000	100%	7 000
	Planned in-patient treatment including cardiology (waiting period 12 months)		100%	10 000	100%	7 000	80%	5 000
	Day hospital treatment	Urgent (waiting period 3 months)	100%		90%		70%	
		Planned (waiting period 12 months)	90%		80%		60%	
	Stent/endoprotheses (reimbursed from the third year of pulse insurance, waiting period 24 months)		100%	1 000	100%	800	100%	400
	assisting devices/corrective devices/internal fixings		100%		100%		100%	
	Indirect expenses		100%	300	-	-	-	-
Oncology (waiting period 12 months)			100%	10 000	100%	7 000	100%	5 000
Pregnancy/delivery (waiting period 12 months)			100%	1 400	100%	1 000	100%	500
Urgent out-patient treatment			100%	Unlimited	100%	Unlimited	100%	Unlimited
Planned out-patient treatment (chronic diseases waiting period 6 months)	With referral at Curatio and Raymann		100%	4 000	90%	2 000	70%	1 000
	Raymann, Curatio without exclusions		100%		90%		70%	
	With referral at Personal Doctors locations and Provider Clinics (except Curatio and Raymann)		100%		75%		50%	
Prescribed drugs (chronic diseases waiting period 6 months)	With referral at Aversi Pharmacy		100%	3 000	75%	2 000	55%	1 000
	Without Referral - Free choice		90%		65%		45%	
	Biologically active supplements, vitamins and homeopathic medicines with reference at Aversi Pharmacy		25%	500	25%	400	25%	300
Dental treatment	Urgent dental treatment		100%	Unlimited	100%	Unlimited	100%	1 000
	Provider clinics		80%	3000	70%	2000	50%	1 000
	Provider clinics - HBI dent implant, Dens and Albius		60%	800	50%	500	20%	200
	Dental implantation, orthopedic/orthodontic dental services at provider clinics		10-40%	Unlimited	10-40%	Unlimited	10-40%	Unlimited
Monthly insurance premium on an individual card for 0-20 years				**160**		**75**		**60**
Monthly insurance premium on an individual card for 21-39 years				**170**		**85**		**75**
Monthly insurance premium on an individual card for 40-59 years				**175**		**90**		**80**
Monthly insurance premium on an individual card for 60-66 years				**195**		**105**		**90**

PACKAGES - WITH FREE CHOICE

INSURANCE COVERAGE			A+		B+		C+	
Covers provided by Insurance Agreement			Cover	Limit (GEL)	Cover	Limit (GEL)	Cover	Limit (GEL)
Irao Assistance			100%	Unlimited	100%	Unlimited	100%	Unlimited
Personal service manager			100%	Unlimited	100%	Unlimited	100%	Unlimited
Personal doctor			100%	Unlimited	100%	Unlimited	100%	Unlimited
Ambulance services			100%	Unlimited	100%	Unlimited	100%	Unlimited
Preventive care			100%	Twice per Insurance Period	90%	Once per Insurance Period	70%	Once per Insurance Period
Vaccination			100%	Once per Insurance Period	-	-	-	-
In-patient treatment	Urgent in-patient treatment due to a personal accident		100%	25 000	100%	20 000	100%	15 000
	Urgent in-patient treatment including cardiology (waiting period 3 months)		100%	12 000	100%	9 000	100%	7 000
	Planned in-patient treatment including cardiology (waiting period 12 months)		100%	10 000	100%	7 000	80%	5 000
	Day hospital treatment	Urgent (waiting period 3 months)	100%		90%		70%	
		Planned (waiting period 12 months)	90%		80%		60%	
	Stent/endoprotheses (reimbursed from the third year of pulse insurance, waiting period 24 months)		100%	1 000	100%	800	100%	400
	assisting devices/corrective devices/internal fixings		100%		100%		100%	
	Indirect expenses		100%	300	-	-	-	-
Oncology (waiting period 12 months)			100%	10 000	100%	7 000	100%	5 000
Pregnancy/delivery (waiting period 12 months)			100%	1 400	100%	1 000	100%	500
Urgent out-patient treatment			100%	Unlimited	100%	Unlimited	100%	Unlimited
Planned out-patient treatment (chronic diseases waiting period 6 months)	With referral at Curatio and Raymann		100%	4 000	90%	2 000	70%	1 000
	Raymann, Curatio without exclusions		100%		90%		70%	
	With referral at Personal Doctors locations and Provider Clinics (except Curatio and Raymann)		100%		75%		50%	
	Planned out-patient treatment Without Referral - Free choice		75%	1 500	60%	1 200	50%	1 000
Prescribed drugs (chronic diseases waiting period 6 months)	With referral at Aversi Pharmacy		100%	3 000	75%	2 000	55%	1 000
	Without Referral - Free choice		90%		65%		45%	
	Biologically active supplements, vitamins and homeopathic medicines with reference at Aversi Pharmacy		80%	350	70%	300	60%	250
Dental treatment	Urgent dental treatment		100%	Unlimited	100%	Unlimited	100%	1 000
	Provider clinics		80%	3000	70%	2000	50%	1 000
	Provider clinics - HBI dent implant, Dens and Albius		60%	800	50%	500	20%	200
	Dental implantation, orthopedic/orthodontic dental services at provider clinics		10-40%	Unlimited	10-40%	Unlimited	10-40%	Unlimited
Monthly insurance premium on an individual card for 0-20 years				**170**		**85**		**70**
Monthly insurance premium on an individual card for 21-39 years				**180**		**95**		**85**
Monthly insurance premium on an individual card for 40-59 years				**185**		**100**		**90**
Monthly insurance premium on an individual card for 60-66 years				**210**		**120**		**105**

COMPANY BENEFITS

01.

A WIDE SELECTION OF PROVIDER CLINICS

02.

FINANCING OF CHRONIC ILLNESSES (INCLUDING DIABETES, CHRONIC RENAL AND/OR HEPATIC INSUFFICIENCY)

03.

FINANCING OF PROPHYLACTIC INSPECTIONS FOR ANY GENDER AND AGE

04.

100% FINANCING OF PREGNANCY AND CHILDBIRTH, WITH SEPARATED LIMIT

05.

FUNDING FOR HYGIENIC TEETH CLEANING AND PERIODONTAL TREATMENT BY APPLICATION METHOD

06.

FUNDING FOR IMMUNOMODULATORS, IMMUNOSTIMULANTS, IMMUNOSUPPRESSANTS AND SYSTEMIC ENZYME THERAPY

07.

FUNDING BIOLOGICALLY ACTIVE SUPPLEMENTS, VITAMINS AND HOMEOPATHIC MEDICINES

GENERAL MEDICAL EXCLUSIONS

- Self inflicted injuries; exposure to unnecessary hazards, unless for the purpose of saving human life; self-treatment and/or any complications thereof.
- Exposure to narcotic, toxic, psychotropic substances; injuries inflicted whilst driving a vehicle under the influence of narcotic, toxic, psychotropic, alcoholic substances (regardless of the amount of these substances); costs related to alcoholism or drug addiction.
- Injuries inflicted whilst committing any illegal actions, or participating in civil war, military actions, protests/demonstrations, armed conflicts, acts of terrorism, and any complications thereof;
- Hepatitis B and C, HIV infection, AIDS and their complications (primary screening, in particular, doctor's consultation and rapid tests will be covered).
- Chronic illnesses (which includes only Diabetes type 1 and type 2, renal and/or liver chronic failure); (in addition, during the waiting period (waiting period 6 months after pulse insurance) only doctor's consultation is covered, after waiting period the costs of both examinations and treatment is covered);
- Epilepsy, multiple sclerosis and amyotrophic lateral sclerosis, sarcoidosis. Operative/surgical intervention for the treatment of Epilepsy and Parkinson's disease;
- Systemic connective tissue disorders (codes M30-M36 as per 10th revision of the International Classification of Diseases (ICD-10) and Inflammatory polyarthropathies (codes M05-M14 as per 10th revision of the International Classification of Diseases (ICD-10)
- Congenital defects, deformities and chromosomal disorders (Code Q00-Q99the as per 10th revision of the International Classification of Diseases (ICD-10)); (Herewith, will be reimbursed only doctors primary consultation);
- Mental and/or behavioral disorders (codes F00-F99, R45.0-R45.1 as per 10th revision of the International Classification of Diseases (ICD-10):).
- Oral contraception (except when the oral contraceptive is prescribed for treatment of a specific covered disease), intrauterine contraception (including if prescribed for medical treatment), abortion performed without medical indication, sterilization (or its termination), vasectomy, change of sex; cost of medical services related to reproductive function, sexual dysfunction/imbalance, artificial insemination.
- Predominantly sexually transmitted diseases (codes A50-A64 as per 10th revision of the International Classification of Diseases (ICD-10)); (primary screening, including a doctor's consultation and bacterioscopy of a smear, will be covered).
- Candidiasis of vulva and vagina (codes B37.3 as per 10th revision of the International Classification of Diseases (ICD-10)), Urethritis and urethral syndrome (codes N34 as per 10th revision of the International Classification of Diseases (ICD-10)), Trichomoniasis (codes A59 as per 10th revision of the International Classification of Diseases (ICD-10)); (in addition, during the waiting period (waiting period 24 months after pulse insurance) only primary screening, including a doctor's consultation and bacterioscopy of a smear will be covered, after waiting period the costs of both examinations and treatment is covered);

GENERAL MEDICAL EXCLUSIONS

- Costs for any type of oncological problems (both benign and malignant) existed before the insurance by Pulse (At the same time, even after the waiting period is over, the costs of oncological problems that existed before the pulse insurance are not reimbursed);
- Participation in any kind of professional sports or in sport competitions, training, demonstrations.
- Alopecia (codes L63-L66 as per 10th revision of the International Classification of Diseases (ICD-10));
- Alternative and experimental medicine, manual therapy, acupuncture, plasmapheresis, ozone therapy, mesotherapy, speech therapy, homeopathy, therapeutic exercise and massage, physiotherapy, rehabilitation and spa treatment, genotyping, hyposensitization, computer diagnostics with FotoFinder, laser therapy with MonaLisa Touch device, sclerotherapy, palliative treatment;
- Any type of plastic surgery, cosmetic treatment (including reconstructive surgery performed for cosmetic purposes);
- Metabolic Disorders (codes E70-E90 (except E89) as per 10th revision of the International Classification of Diseases (ICD-10)), weight correction (including post-operative complications and gastrointestinal lipase inhibitors, anti-overweight drugs); Operative/surgical intervention for the treatment of diabetes (diabetes surgery);
- Immunization and vaccination (other than anti-tetanus, anti-rabies, botulinum, antigyursine and other vaccination covered by the insurance policy);
- Therapeutic and surgical dental care necessary to prepare for orthopedic, orthodontic and / or implantological treatment (except for discounts provided for by the insurance policy).
- Paramedical remedies, enzyme therapy (however, gastrointestinal enzymes are covered), psychotropic medicines, unregistered medicines, monoclonal antibodies, vitamins (except for defined in card), agents affecting metabolism in tissues, growth factor injections (PRP), drugs against alcohol dependence/alcoholism, dietary supplements (except for defined in card) and homeopathic drugs (except for defined in card); non-medicinal (bandage, corset, supinator, medical device, dental aids, etc.), hygienic, cosmetic and auxiliary products (including toothpaste, mouthwash, shampoo, soap).
- Costs related to the purchase of immunomodulators, immunostimulators, immunosuppressants (waiting period 14 months after pulse insurance);
- Indirect expenses during hospital treatment (except for those covered by the insurance policy).
- Costs of dialysis itself and costs related to dialysis;
- Exoprosthetics (including dentistry), transplantation/autotransplantation (including transplants (both artificial and biological); post-transplantation conditions; refractive anomalies and correction of strabismus.

GENERAL MEDICAL EXCLUSIONS

- Cost of medical devices (including hearing aids, oximeters, glucometers), eyeglasses, frames, contact lenses (including intraocular lenses), pacemakers; cost of osteoplastic material and APRF (Advanced Platelet Rich Fibrin) membrane.
- Cost of prostheses (endoprostheses (including medical "mesh") shall be reimbursed within the fixed limit, if covered by the insurance policy). (waiting period 24 months after pulse insurance)
- Cost of implants (cost of stent shall be reimbursed within the fixed limit, if covered by the insurance policy). (waiting period 24 months after pulse insurance)
- Cost of assistive devices shall be reimbursed within the fixed limit, if covered by the insurance policy.
- Cost of corrective devices shall be reimbursed within the fixed limit, if covered by the insurance policy.
- Costs of internal fixings (including metalwork, plate, bolt, etc.) shall be reimbursed within the fixed limit, if covered by the insurance policy.
- Expenses related to inpatient service/treatment and its complications in case of infection (Covid-19) caused by the new coronavirus (SARS-CoV-2)
- Expenses related to services/treatment received outside the "insurance territory" provided by the contract.
- Expenses related to services/treatment received at American Hospital Tbilisi LLC (ID 402154342).
- Planned outpatient services without a referral (Except for testing of samples taken in Georgia and sent to a clinic abroad, which can be received without a referral only at provider clinics and except for free choice defined in card)
- Robotic-Assisted Surgical Interventions (Robotic Surgery): In the event that the cost of robotic technology is not itemized separately within the provided cost estimate, reimbursement shall be determined based on the maximum prevailing rate among provider medical institutions in Georgia, subject to the limits and co-payment terms defined by the insurance policy.

In the event the medical services are financed by any state / referral program or screening program, the Insurer undertakes to reimburse only the amounts payable by the Insured under the co-payment principle of such program, in accordance with the Insurance Agreement.
In addition, if the Insured receives medical services at a medical facility where the corresponding program does not operate, or if a particular doctor does not participate in the program, or if the Insured refuses to be financed by the program(s), the Insurer will not reimburse the costs of such medical services, with the exception of those cost that the Insurer would have to reimburse if the Insured received services from a medical facility or a doctor participating in the relevant program, or if the Insured did not refuse to be financed by such program(s).
In case of Covid-19 infection caused by the novel coronavirus (SARS-CoV-2) and its complications, both in emergency and planned cases, the Insurer undertakes to reimburse only those services/interventions that are not financed by the state/referral programs and are in compliance with state standards/protocols (reimbursement will be paid within the corresponding limits and co-payments).

IRAO

VIENNA INSURANCE GROUP

STEPS TO TAKE WHEN USING INSURANCE SERVICES

IF AMBULANCE SERVICE IS NEEDED

A.

CALL CALL US ON HOTLINE:
032 2 949 949

THE OPERATOR CALLS AN
EMERGENCY MEDICAL TEAM

YOU WILL RECEIVE SERVICE **FREE OF CHARGE** BASED ON ID CARD

B.

CONTACT THE PROVIDER
AMBULANCE BRIGADE YOURSELF

PAY FOR THE SERVICE YOURSELF

SUBMIT THE DOCUMENTS TO
REIMBURSE THE AMOUNT

NOTE: WHEN SETTLING AN INSURANCE CASE, THE COMPANY IS GUIDED BY THE CONTRACT AND THIS PRESENTATION IS FOR INTRODUCTORY PURPOSES ONLY.

FOR PLANNED OUTPATIENT SERVICES

A.

YOU CAN MAKE AN APPOINTMENT WITH YOUR PERSONAL DOCTOR BY CALLING THE IRAO ASSISTANCE HOTLINE AT **0322 949 949**, USING THE **IRAO APP**, OR ACCESSING THE PERSONAL SPACE AT **ONLINE.IRAO.GE**

THE DOCTOR WILL PROVIDE THE NECESSARY **EXAMINATIONS AND REFERRALS** TO BE SUBMITTED TO THE PROVIDER CLINICS

YOU CAN ALSO GET THE REFERRALS ONLINE BY **APPLICATION / PERSONAL SPACE**

PAY ONLY THE PART OF THE NON-REIMBURSED AMOUNT (IF APPLICABLE)

B.

ADDRESS ANY **LICENSED HOSPITAL** ACCORDING TO YOUR PREFERENCES

PAY THE FULL COST OF THE SERVICE

SUBMIT THE DOCUMENTS. BASED ON THE SUBMITTED DOCUMENTS, YOU WILL RECEIVE **REIMBURSEMENT** FROM US

NOTE: WHEN SETTLING AN INSURANCE CASE, THE COMPANY IS GUIDED BY THE CONTRACT AND THIS PRESENTATION IS FOR INTRODUCTORY PURPOSES ONLY.

IF PRESCRIBING OR PURCHASING MEDICINES ARE NEEDED

YOU CAN GET A REFERRAL BY:

- MAKING AN APPOINTMENT WITH OUR PERSONAL DOCTOR
- USING THE IRAO APP OR ACCESSING PERSONAL SPACE ONLINE.IRAO.GE

PURCHASING PRESCRIBED MEDICATIONS WITH REFERRAL: YOU CAN PURCHASE PRESCRIBED MEDICATIONS AT THE PROVIDER PHARMACY CHAIN WITH CO-FINANCING BY USING YOUR INSURANCE CARD AND ID CARD

WITHOUT REFERRAL:
YOU WILL HAVE TO PAY THE FULL COST OF THE MEDICINES AND THEN REQUEST REIMBURSEMENT

NOTE: WHEN SETTLING AN INSURANCE CASE, THE COMPANY IS GUIDED BY THE CONTRACT AND THIS PRESENTATION IS FOR INTRODUCTORY PURPOSES ONLY.

IF PREVENTIVE CARE / VACCINATION SERVICES ARE NEEDED

YOU CAN GET A REFERRAL FOR PREVENTIVE TESTS BY:

- MAKING AN APPOINTMENT WITH YOUR PERSONAL DOCTOR
- USING THE IRAO APP OR ACCESSING PERSONAL SPACE ONLINE.IRAO.GE

PREVENTIVE CARE SERVICES ARE AVAILABLE IN TBILISI AND IN REGIONS WHERE PERSONAL DOCTORS ARE LOCATED

PREVENTIVE VACCINATION:
(IF COVERED ACCORDING TO YOUR POLICY) YOU HAVE TO PAY THE FULL COST OF SERVICES AND THEN REQUEST THE REIMBURSEMENT

NOTE: WHEN SETTLING AN INSURANCE CASE, THE COMPANY IS GUIDED BY THE CONTRACT AND THIS PRESENTATION IS FOR INTRODUCTORY PURPOSES ONLY.

IF IN-PATIENT SERVICES ARE NEEDED

URGENT

YOU CAN CALL **IRAO ASSISTANCE** WITHIN 48 HOURS AND LEAVE A NOTICE (BOTH IN CASE OF PROVIDER OR NON-PROVIDER CLINIC)

IF THE HOSPITAL IS ONE OF OUR **PROVIDERS**, YOU WILL RECIEVE SERVICES WITHIN THE LIMITS/ CO-PAYMENT ACCORDING TO THE POLICY.

IN CASE OF A **NON-PROVIDER** CLINIC, OR IF YOU DO NOT LEAVE A NOTICE (BOTH IN CASE OF PROVIDER OR NON-PROVIDER CLINIC) YOU PAY THE FULL COST OF SERVICES AND THEN REQUEST **REIMBURSEMENT.**

PLANNED

IN ORDER TO RECEIVE SERVICES AT **PROVIDER** CLINIC, ALL DOCUMENTS MUST BE SUBMITTED 5 WORKING DAYS IN ADVANCE, BASED ON WHICH WE WILL ISSUE A GUARANTEE LETTER AND PROVIDE THE CORRESPONDING SERVICE WITHIN THE LIMITS/CO-PAYMENT OF THE POLICY

IN CASE YOU OF A **NON-PROVIDER** CLINIC, OR IF YOU DO NOT SUBMIT PRELIMINARY DOCUMENTATION TO A PROVIDER CLINIC, YOU WILL PAY THE FULL COST OF THE SERVICES AND THEN SUBMIT THE DOCUMENTS TO RECEIVE **REIMBURSEMENT.**

NOTE: WHEN SETTLING AN INSURANCE CASE, THE COMPANY IS GUIDED BY THE CONTRACT AND THIS PRESENTATION IS FOR INTRODUCTORY PURPOSES ONLY.

IF PREGNANCY / CHILDBIRTH SERVICES ARE NEEDED

PREGNANCY

DURING **PREGNANCY**, OUTPATIENT SERCICES ARE PROVIDED ACCRODING TO THE OUTPATIENT SERVICE SCHEME, AND FOR MEDICATION REIMBURSEMENT ACCORDING TO THE MEDICATION REIMBURSEMENT SCHEME.

CHILDBIRTH

DURING **CHILDBIRTH**, SERVICES ARE PROVIDED ACCORDING TO THE SCHEME FOR PLANNED AND EMERGENCY HOSPITAL SERVICES.

NOTE: WHEN SETTLING AN INSURANCE CASE, THE COMPANY IS GUIDED BY THE CONTRACT AND THIS PRESENTATION IS FOR INTRODUCTORY PURPOSES ONLY.

IF DENTAL SERVICES ARE NEEDED

PLANNED

VISIT THE **PROVIDER** DENTAL CLINIC

RECEIVE THE SERVICE WITH **CO-FINANCING** ACCORDING TO THE POLICY

DENTAL IMPLANTATION, ORTHOPEDIC/ ORTHODONTIC DENTAL SERVICES ARE ALSO AVAILABLE ONLY AT PROVIDER DENTAL CLINICS

URGENT

VISIT **PROVIDER** OR **NON- PROVIDER** DENTAL CLINIC

IF YOU APPLY TO A **PROVIDER DENTAL** CLINIC, PRESENT YOUR INSURANCE POLICY AND ID CARD AND PAY ONLY YOUR SHARE OF COST (IF ANY), AS PROVIDED BY YOUR POLICY

IF YOU APPLY TO A NON-PROVIDER DENTAL CLINIC, YOU WILL HAVE TO PAY THE FULL COST OF SERVICES AND THEN REQUEST REIMBURSEMENT

NOTE: WHEN SETTLING AN INSURANCE CASE, THE COMPANY IS GUIDED BY THE CONTRACT AND THIS PRESENTATION IS FOR INTRODUCTORY PURPOSES ONLY.

IN CASE OF THE NEED FOR TESTING OF MATERIALS COLLECTED IN GEORGIA ABROAD

IN CASE OF TESTING OF SAMPLES OF BIOLOGICAL LIQUIDS AND TISSUES TAKEN IN GEROGIA AND SENT TO A CLINIC ABROAD, YOU PAY THE FULL COST OF SERVICES AND THEN REQUEST REIMBURSEMENT.

IF THE SERVICES ARE AVAILABLE IN GEORGIA:
EXPENSES WILL BE REIMBURSED ACCRODING TO THE PRICE OF THE SERVICES IN THE SAME MEDICAL FACILITY IN GEORGIA, OR IF THE SERVICES AR NOT AVAILABLE IN THE SAME FACILITY, IN THE AMOUNT OF THE HIGHEST PRICE FOR THE SAME/SIMILAR SERVICES AT A LICENSED GEORGIAN MEDICAL FACILITY.

IF THE SERVICES ARE NOT AVAILABLE IN GEORGIA:
EXPENSES WILL BE REIMBURSED ON THE DETAILED CALCULATION, WITHIN THE APPLICABLE LIMIT AND COPAYMENT.

NOTE: WHEN SETTLING AN INSURANCE CASE, THE COMPANY IS GUIDED BY THE CONTRACT AND THIS PRESENTATION IS FOR INTRODUCTORY PURPOSES ONLY.

LIST OF REQUIRED DOCUMENTS AND TERMS OF REIMBURSEMENT

IN ORDER TO BE REIMBURSED, YOU MUST PRESENT:

FORM #100/ OR A TITLE PAGE – FOR ALL SERVICES EXCEPT FOR PREVENTIVE VACCINATION;

RECEIPT OR POS TERMINAL PRINTOUT, OR INTERNET BANK STATEMENT – FOR ALL SERVICES EXCEPT FOR AMBULANCE SERVICES AND NURSE'S HOME VISITS;

DETAILED CALCULATION – ONLY FOR IN-PATIENT TREATMENT;

X-RAY IMAGES/ VISIO BEFORE AND AFTER TREATMENT – ONLY FOR DENTAL TREATMENT (NOT APPLICABLE TO CHILDREN UNDER 12, PREGNANT WOMEN AND ONCOLOGICAL PATIENTS);

STAMPED STATEMENT ABOUT THE PURCHASED MEDICINES – ONLY FOR PRESCRIBED DRUGS;

FORM #100 WITH INDICATION OF TYPE OF HOSPITAL TREATMENT, INCLUDING MANIPULATIONS TO BE MADE AT HOME, CERTIFIED BY THE DOCTOR'S SIGNATURE AND STAMP OF THE CLINIC – ONLY FOR NURSE'S HOME VISITS;

PAYMENT DOCUMENT, EQUIVALENT TO THE CHECK OR A DOCUMENT SHOWING DETAILED CALCULATION OF THE PROVIDED SERVICES – ONLY FOR AMBULANCE SERVICES AND NURSE'S HOME VISITS.

If the estimated amount of reimbursement does not exceed GEL 500, the payment will be made through bank transfer within 1 business day after receiving of all the required, and within 2 working days above 500 GEL.

The documents can be provided within 60 calendar days after receiving the corresponding service, by placing in the boxes located in the Company's offices and/or by uploading in the personal space - online.irao.ge/login .

Insurance reimbursement shall not be paid in cash.

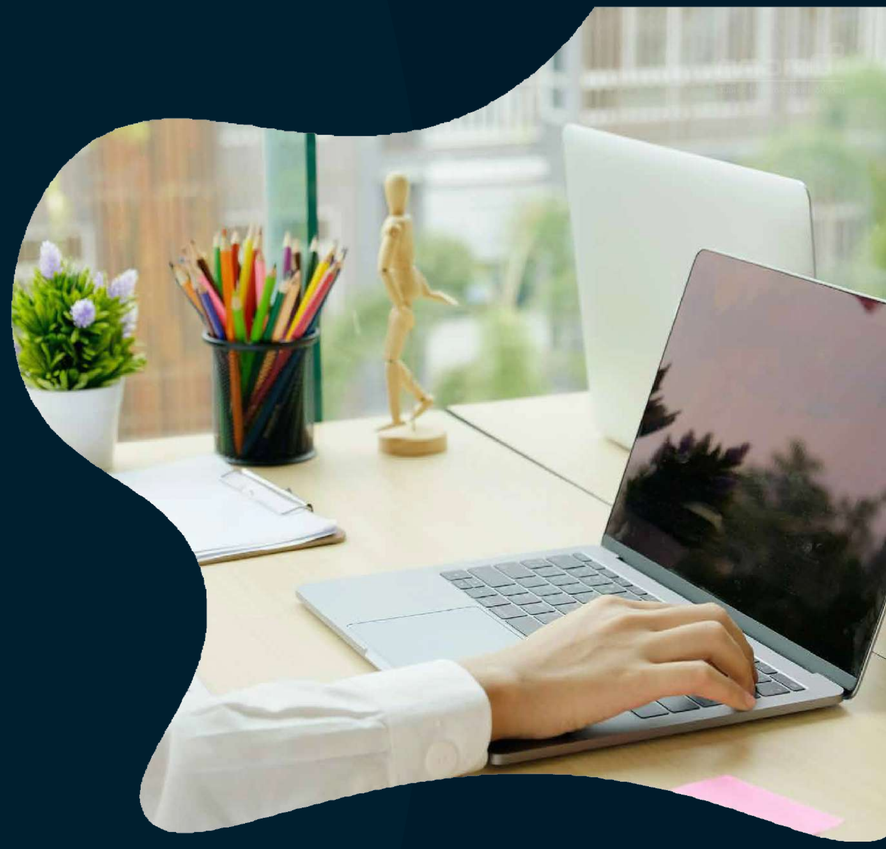
NOTE: WHEN SETTLING AN INSURANCE CASE, THE COMPANY IS GUIDED BY THE CONTRACT AND THIS PRESENTATION IS FOR INTRODUCTORY PURPOSES ONLY.

ADDITIONAL SERVICES

PERSONAL SERVICE MANAGER

One of our main advantages is the service of a personal service manager.

Personal service manager will help you quickly and easily receive support on insurance-related matters



01. Consultation regarding the terms of the insurance agreement

02. Resolution of insurance-related issues/problems

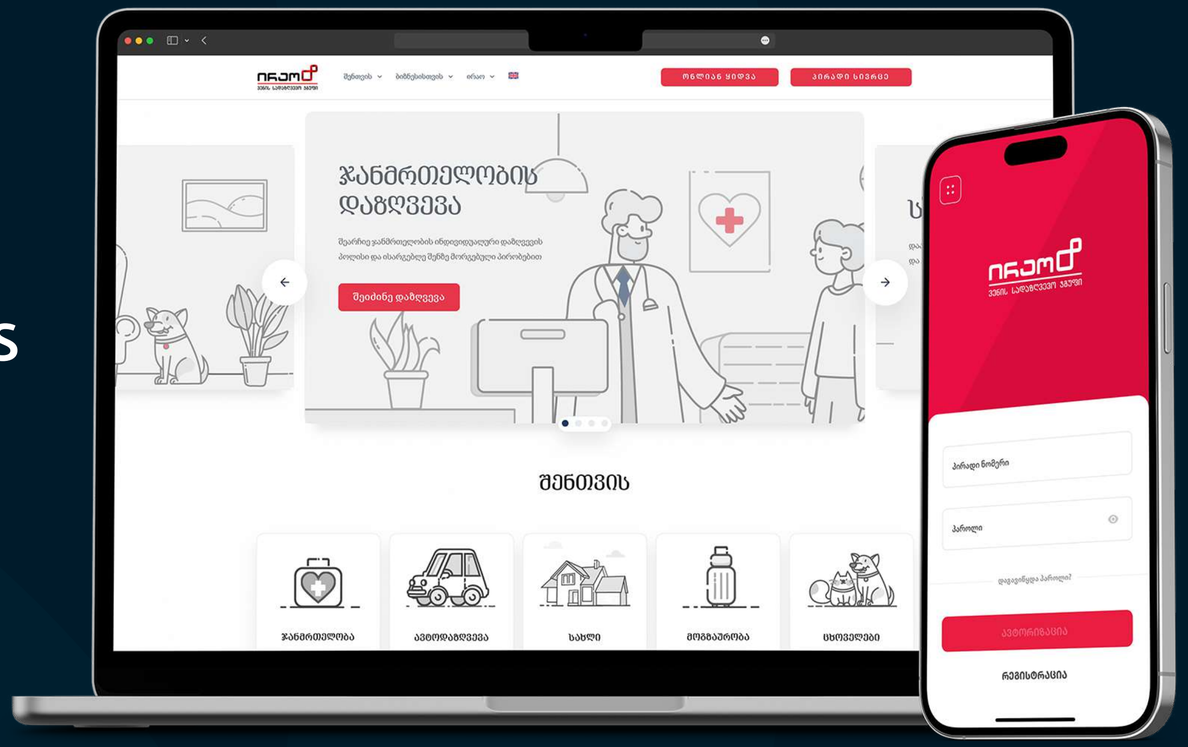
03. If a prescription/referral is available, assistance with arranging referrals within the provider network

QUALITY@IRAO.GE **Quality Service**

For submitting recommendations, feedback, and complaints

TRY ONLINE SERVICES

- VIEW ACTIVE POLICIES
- REQUEST FOR MEDICAL REIMBURSEMENT AND GUARANTEE LETTER
- BOOK APPOINTMENT WITH FAMILY DOCTORS
- REQUEST A REFERRAL
- PAY THE AMOUNT
- VIEW YOUR APPLICATIONS, REFERRALS AND BOOKING HISTORY
- VIEW YOUR POLICY LIMITS AND SPENDINGS



ONLINE.IRAO.GE web-portal

FAMILY DOCTORS LOCATIONS

CITY	CLINIC NAME	ADDRESS	TEL
Tbilisi	Med Investment (Vake Branch of David Tatishvili Medical Center)	7 Abuladze St.	322913119
Tbilisi	JSC "Curacio"	2 University St.	322430101
Tbilisi	TL Medical LLC (Isani Branch of David Tatishvili Medical Center)	55 Beri Gabriel Salos Ave.	322913119
Tbilisi	Davit Tatishvili Health Center LLC (Pekini Branch of David Tatishvili Medical Center)	28 Pekini St.	322305305
Tbilisi	“S. Khechinashvili University Hospital” LLC	33 Chavchavadze Ave.	322214400
Tbilisi	Raymann. LLC	7 Sandro Euli St.	322121122
Tbilisi	Raymann. LLC (Isani Branch)	Arthur Laist №1	322121122
Batumi	High-tech Multiprofile Hospital “Medcenter”.	118-120 Pushkin St.	322226060
Kobuleti	Georgian Clinics- Kobuleti Hospital	18 Abashidze St.	322600600
Kutaisi	Geo Hospitals LLC - Kutaisi Central Hospital	10 of Solomon the First	577095417
Kutaisi	“Klinika-LJ”, LLC	6a Chechelashvili St.	431243934
Marneuli	Marneuli Maternity and Outpatient Medical Center "Geo Hospitals", LLC	112 Rustaveli	322505222
Gardabani	Geo Hospitals Marneuli Multiprofile Medical Center, LLC	1 Leselidze St.	322505222
Borjomi	Geo Hospitals Borjomi Multiprofile Medical Center, LLC	3 Saakadze St.	322505222
Samtredia	Geo Hospitals Samtredia Multiprofile Medical Center, LLC	2 Chanturia St.	322505222
Zestaphoni	Geo Hospitals Zestaphoni Ambulatory Centre, LLC	1 Agmashenebeli I lane	322505222
Khoni	Geo Hospitals Khoni Ambulatory Centre, LLC	12 Chanturia St.	322505222
Gurjaani	Geo Hospitals Gurjaani Multiprofile Medical Center, LLC	35 Marjanishvili	322505222
Dusheti	Geo Hospitals Dusheti Multiprofile Medical Center, LLC	71 N71 David Agmashenebeli	322505222
Chiatura	Geo Hospitals Chiatura Multiprofile Medical Center, LLC	20 Chanturia St.	322505222
Rustavi	JSC Rustavi Central Hospital	3 Saint Nino	341255473
Tetritskharo	"Regional Health Center" LLC – Tetritskharo	5 Rustaveli St.	322951590
Tsalka	"Regional Health Center" LLC – Tsalka	4 E.Takhaishvili St.	322951590
Dmanisi	"Regional Health Center" LLC –- Dmanisi	37 Saint Nino St.	322951590

FAMILY DOCTORS LOCATIONS

CITY	CLINIC NAME	ADDRESS	TEL
Gori	Gormedi	Tskhinvali highway N14a	370224400
Kaspi	Medalfa	27b Saakadze St.	322640011
Khashuri	“New Clinic” LLC - Khashuri Hospital	40 Sh.Rustaveli	322600600
Poti	Ikamedi Poti Ltd	Poti, 40 Erekle II St	(493) 22 28 11
Senaki	Archimede Clinic	110 Rustaveli St.	577907068
Akhaltsikhe	Georgian Clinics - Akhaltsikhe Referral Hospital	105a Rustaveli St.	322600600
Kazbegi	Regional Health Center LLC	Stepantsminda townlet, 35 Kazbegi St.	
Telavi	Georgian Clinics - Telavi Referral Hospital	1 Sekhniashvili St.	322600600
Lagodekhi	Archimede Clinic	4 9 April st.	577907027
Sighnaghi	Archimede Clinic	1 Mshvidobis St.	577907028
Dedoplistskhar	“Regional Health Center” LLC - Dedoplistskharo	2 Natroshvili St.	
Kvareli	Georgian Clinics – Kvareli Clinic	Chavchavadze St.eet “Nabagrebi”	322550505
Ozurgeti	Medalfa	3 Ninoshvili St.	322640011
Chokhatauri	Health House in Guria, LLC	1 Chavchavadze	555000864
Lantckhuti	“Medalfa”, LLC – Lantckhuti Clinic	136 Jordania St.	322640011
Zugdidi	Georgian Clinics - Zugdidi Referral Hospital	206 K.Gamsakhurdia St.	322600600
Oni	Oni Regional Health Center, LLC	10 Vatkhtang VI St.	
Ambrolauri	“Regional Health Center”, LLC - Ambrolauri	11 Bratislava-Racha St.	
Tsageri	“Regional Health Center” LLC - Tsageri	31 Rustveli St.	
Sagarejo	Geo Hospitals Sagarejo Multiprofile Medical Centre, LLC	13 Kakheti highway	322505222
Vani	Geo Hospitals Vani Multiprofile Medical Centre, LLC	84 Tavisuflebis St.	322505222
Bagdati	Geo Hospitals Bagdati Multiprofile Medical Centre, LLC	84 Kakhiani st.	322505222
Mtskheta	Mtskheta Primary Health Center - Healthy Generation, LLC	28 Kostava St.	322512305
Terjola	Imereti Regional Medical Center Imermedi (Terjolamedi)	82 Rustaveli st.	431310303
Kharagauli	Regional Health Center LLC (Kharagauli)	41 Devdariani st.	591703090
Sackhere	JSC Sachkhere District Hospital - a polyclinic union	17 Iv.Gomarteli St.	
Tianeti	Regional Health Center, LLC (Tianeti)	75 Rustaveli st.	

SERVICE CENTERS

Tbilisi (head office)**:**
88/15 V.BOCHORISHVILI STR.

Kutaisi:
1/38 ST. NINO STR.

Rustavi:
4 KOSTAVA AVE

Batumi:
31 ZUBALASHVILEBI STR.

Akhaltsikhe:
15 TABUKASHVILI STR.

Gori:
2 GOGEBASHVILI STR.

Zugdidi:
64 MERAB KOSTAVA STR.

Telavi:
22 A.VARDOSHVILI STR.



ONLINE SERVICES

INFORMATION ABOUT POLICY: MEDSERVICE@IRAO.GE
CONTACT US VIA EMAIL FOR QUESTIONS ABOUT REIMBURSEMENT

QUALITY MANAGEMENT DEPARTMENT: QUALITY@IRAO.GE
SUBMIT YOUR RECOMMENDATIONS OR COMMENTS REGARDING OUR SERVICES



IRAO

VIENNA INSURANCE GROUP

IF INTERESTED,
CONTACT YOUR SOLO BANKER

TBILISI, 88/15 BOCHORISHVILI STR.
(+995 32) 2 949 949
office@irao.ge
www.irao.ge/

SOLO