

## GENERAL CONDITION OF TRAVEL HEALTH INSURANCE ALBSIG SH.A.,

### 1. The object of contract, insurance coverage and limits

The object of the travel health contract is the contractual relationship in which insurer provides coverage for: Section of Emergency Medical Expenditure; Section of accidents payments; Section of repatriation cost; based on payment of premium and the fulfillment of obligations under this contract by the Insured.

### 2. Territory

Territory coverage of this insurance contract, is determined by the territory of the country of travel destination to the insured and is divided into:

**Zone A**, entire World;

**Zone B**, entire World, excluding USA and Canada;

**Zone C**, only Europe.

### 3. Coverage limits

The maximum amount of all payable benefits under these sections for one or more damages sustained by the Insured, occurred during the insurance period does not exceed the limit of 10,000 Euro and is equal for all coverage areas, respectively **Zones A, B and C**.

The contract of travel health insurance covers emergency medical expenses and Repatriation by percentages set out below:

Medical expenses in insurance coverage	Percentage
<i>Until 190 euro</i>	<i>100%</i>
<i>190-900 euro</i>	<i>90%</i>
<i>900-1900 euro</i>	<i>80%</i>
<i>Over 1900 euro</i>	<i>70%</i>

### 4. Section of emergency medical expenses

**4.1** The insurer covers acute medical expenses due to injury or illness that the insured had not had before, up to 8,000 euro limit, regarding:

emergency medical visits, medical treatment from emergency medical services, emergency hospital treatment.

**4.2 Coverage of the medical expenses does not include:**

- medical examination and non-emergency medical treatment, vaccinations, tests and routine checks, common sight visits and the number of glasses, hearing and hearing aids, etc. of this nature;
- every medical assistance and / or purchase of drugs associated with earlier disease, with physical defects, chronic illness, disease or congenital or hereditary related causes.
- Additional costs for medical services, which exceed the normal costs based on prices at the place where these services are offered;
- Costs for treatment in a foreign country voluntarily insured, the doctor's diagnosis and the insurer estimated that the health condition of the insured waits until his return to the RA and services provided by institutions such Albanian hospital;

- All medical expenses (including diagnostic tests), to one or several other diseases, not directly related to the illness or injury for which the insured is initially hospitalized in Hospital;
- Medical expenditures from assured whom you been disclosed before the signing of the police, the diagnosis of an incurable disease;
- Any costs associated with treatment or tumor diseases or cancer, heart disease, hypertension and diabetes;
- Plastic surgery;
- common medical treatment before birth, prenatal assistance after the 28th week of pregnancy;
- expenditures for medical treatment caused by the commission of physical works of the insured with status of an employees;
- For people over 65 years are excluded any medical expenses that exceed the limit specified under point 5.2 Coverage referred to in point 5.2 will be obtained only after payment of the premium calculated at 1 Euro for each day stay abroad.

### 5. Determinations and payments for accidents section

**5.1 Accident** shall mean any event that occurs due to random, violent, immediate, unforeseen and external, who regardless of any other cause resulting in physical injuries objectively verifiable results in death or permanent disability complete the Insured.

**Death** is considered to be caused by accident when confirmed as such by authorized medical authority, within 12 months from the date of the accident.

Payment for death by accident, minors under the age of 16 years is 1,000 Euro.

**Full permanent disability** means a physical condition that makes it impossible to fully insured in performing the duties of his profession or in any other profession, caused by the accident. The inability or physical condition without the full capacity for work will be called:

- Full loss of both eyes visibility and irreparable;
- Permanent loss of two or more limbs together, that means physical separation limb from or above the wrist or ankle;
- Complete loss of sight of one eye and one limb together;
- Complete paralysis or complete disability (other than those mentioned above), which prevents the insured in the performance.

**5.2.** Payments coverage under this section (for death and total disability), **for people over 65 is 1,000. Euro.** While for other sections not more than **3,000 Euro.**

### 6. Section of the cost of repatriation, limits of coverage zones, funeral expenses.

**6.1** The Insurer covers the repatriation expenses of the Insured as a patient for his repatriation to his homecountry which implies his transportation costs by whatever means of transport, including rental of an aerial ambulance with the cost up to the amount noted down on this contract.

**6.2** The insurer covers funeral expenses outside the territory of the RA and / or the cost of the body or ashly transportation of the insured person to the home, up to **5,000 Euro**;

**7. Risks and costs excluded, applicable conditions to all sections.**

The following risks and costs are excluded from insurance coverage:

- Medical expenses carried in Albania;
- Non-property damage, dealing with monetary compensation in the amount of moral and spiritual suffering of the insured and / or his relatives on the occurrence of the insurance case;
- Damage caused by the insured to third parties;
- Costs incurred one month after the date of diagnosis or starting treatment or medical, and in any case not later than one month after the expiration date of completion recorded in the policy;
- Medical expenses for treatment of the consequences of the impact of drugs and poisoning of any kind either;
- Suicide, attempt to commit it and / or expenditures arising from an intentional criminal act of the insured, as the infection itself, risk exposure ahead of willful evident, except in the case of intervention for saving human lives;
- Sexually transmitted diseases (venereal) immunodeficiency syndrome (AIDS) and related diseases;
- Treatment of psychological and psychiatric diseases, psychotherapy and agopuntura, popular medication or treatment from alternative;
- Ambulatory or hospital treatment as a result of consuming alcohol or drugs or consequences associated with their consumption;
- Costs and expenses paid by other insurance policies, private or state medical programs;
- damages caused to the Insured / s from their involvement in road accidents with vehicles, maritime, air and damage covered by other police, special security.
- - Damage occurred along the dangerous practice of sports.
- damages associated directly or indirectly with ionization, radiation, radioactive contamination caused by fuel or radioactive waste, including accidental nuclear explosion and the consequences of any weapon or nuclear warheads;
- damages associated directly or indirectly with war, civil war, acts luftareke whether war is declared or not, rebellion, insurrection, terrorism, social unrest, revolutions or other events of this nature;
- - Damage caused by incorrect treatment performed, even by the doctor appointed by the insurer;
- Medical costs for persons traveling contrary to the advice of the doctor, or expense to ensure that deliberately traveling to treatment;
- Insurer restricts the maximum responsibility to him to the highest amount of coverage indicated in this contract, depending on the coverage area, even if the

costs and fees prescribed by sections of this insurance contract, allow the insured, a gain high;

- Limit the liability insurer related injuries and health deterioration suffered by a group of persons insured in an insurance event, up to an amount of 60,000 Euro. If benefits were to be paid to policyholders in accordance with the limits of the respective sections of this contract exceed the amount of 60,000 Euro, then this amount (60,000 Euro) will be allocated proportionally to all the insured, the beneficiary.

**8. Contractual rights and obligations of the parties.**

Under this insurance policy, the insurer covers costs which by their nature are generally common and justifiable.

**8.1** The insurer covers the expenses of the insured under the provisions of this contract and limitive

The insurer is absolved from medical expense reimbursement provided when the Insured:

- Not makes known and noy declares the case of insurance in accordance with the terms of the insurance contract;
- Does not respect the trip specified in the insurance policy (to avoid higher payments premium);
- It does not notify the insurer within 24 hours for services in hospital institutions.
- Insurer hides important facts before linking this insurance contract dealing with non-declaration of the pre existing disease/s
- Causing self-harm his health, with deliberate action, illegal or recklessly;
- Giving false information fraudulently and higher benefit, in the case of insurance, the insurer is entitled to apply the provisions of the civil code.

The insurer shall maintain the confidentiality of data of this contractual relationship, unless such information is required by the state public prosecutor's office, courts, tax authorities, law enforcement and public bodies state intelligence service, health institutions and society other insurance in cases stipulated in the contract or by law.

**8.2 The insured person or his legal representative, for realization of compensation of expenses provided by this contract (police) security must:**

- submit application for compensation and to fulfill all its obligations in accordance with this contract (police) security;
- take all necessary measures necessary to avoid or reduce the consequences of events that cause damage;
- home explaining all the circumstances, facts and other data related to the occurrence of the insured event;
- to give if required written authorization to obtain information from personal health card of the insured, archived or stored in entities incurred anywhere in the Hospital of the RA, or abroad;

**9. The claim for compensation, standard documentation for confirmation of the insured event, payment**

The insurer reimburses the insured only after the insured has previously paid foreign hospital Institute for services received.

**9. For Emergency Medical Expenses (valid documentation for other coverage):**

- A copy of the insurance policy;
- Full medical documentation confirming the urgency of treatment
- Report of diagnosed, describing the treatment and condition of the patient during hospitalization and inpatient final report;
- Original receipts (photocopies not accepted) for medical expenses provided by foreign entities medical and treatment costs;
- Documentation from the family doctor and / or hospital for disease entity found and treated before the trip;
- All other necessary documents required by the insurer for the treatment of damage;
- Certificate of death;
- Valid decision on inheritance;
- Demand for reparations in the form specified by the insurer fulfilled by the insured, his heir or beneficiary of the insurance

**9.2 Including personal accident and death by accident:**

- Official notification or certificate issued by foreign authorities for the accident, the circumstances, damages and consequences;
- In the case of accidental death of the Insured its forensic authentication and / oseraporti autopsy.
- Certificate of death;
- Valid decision on inheritance;

**In case of permanent disability Pa:**

- Medical certificate for determining Without permanent disability, as defined by authorized medical legal authority, no earlier than 12 months from the date of the accident..

**10. Other provisions**

**10.1** In case of disagreement, when they are not settled by agreement between the parties, the court of the place where the insurance policy is issued.

**10.2** The insured consents to the processing of personal data by the insurer in order to meet contractual rights and obligations and transfer to third parties, based on Law No. 9887, dated 10/03/2008 of change "for data protection personal"