

Group Medical Insurance “Allianz Health”

Insurance Product Information Document



Company: ZAD Allianz Bulgaria, registered in the Republic of Bulgaria

Product: “Allianz Health” Insurance

This Information Document is intended to provide summarized information about the insurance product and does not reflect the individual terms and conditions of the insurance contract. Complete pre-contractual and contractual information about the product can be found in the insurance contract documentation.

What is this type of insurance?

This insurance product is a group medical insurance, under which the Insurer assumes certain insurance risks related to the health and physical integrity of the Insured Persons.



What is insured?

The Insurance provides coverage under Insurance Packages, which the Policyholder chooses upon its conclusion from the following options:

- ✓ Insurance Package “MAX” includes Healthcare Modules Outpatient Medical Care, Inpatient Medical Care, Critical Conditions and Second Medical Opinion, Health Goods and Dental Care;
- ✓ Insurance Package “EXTRA” includes the coverage under package “MAX” without Healthcare Module Dental Care;
- ✓ Insurance package “COMFORT” includes the coverage under package “EXTRA” without Healthcare Module Health Goods.

With each Insurance Package can be purchased an additional Healthcare Module Prophylaxis.

The Healthcare Modules include health goods and services regulated by type, volume and scope.

Depending on the agreed Insurance Package, the Insurer covers the expenses of the Insured Person for:

- health goods and services resulting from a Disease or as a consequence of an Accident and/or
- ✓ other agreed-upon health goods and services, including those related to prophylaxis, Pregnancy and Childbirth, and/or
- ✓ goods and services related to their health care resulting from a Disease or as a consequence of an Accident, including Specialized Medical/Sanitary Transport and Specialized Care.

In case of a diagnosed Critical Condition, the Insured Person has the right to use the Second Medical Opinion service regarding this condition.

The Insurance Sum is the amount of money agreed upon between the Policyholder and the Insurer and specified in the insurance policy, representing the upper limit of the Insurer's liability.



What is not insured?

✗ The Insurer does not cover the costs for health goods and services resulting from a Disease or as a consequence of an Accident of the Insured Person, which have arisen as a result of:

- war or military action, terrorism and the like;
- use of nuclear/biological/chemical weapons or substances;
- gas, chemical and other industrial accidents and hazards;
- pandemic recognized by the World Health Organization, incl. prophylactic examinations and tests in this regard;
- use of narcotic substances;
- alcohol use;
- committing a crime or administrative violation or attempted crime;
- detention of the Insured Person by the law enforcement authorities in pre-trial detention or imprisonment;
- intentional self-injury/self-harm of the Insured Person;
- burn/frostbite due to exposure to sun/tanning beds, heat, cold or other environmental factors;
- participation of the Insured Person in dangerous (extreme) sports or activities;
- participation of the Insured Person in events with experimental, scientific and/or research purposes;
- failure of the Insured Person to observe a regimen or treatment prescribed by a physician, use by the Insured Person of Medicinal products without a physician's prescription,
- catastrophic earthquakes, floods and other natural disasters
- and others, listed in detail in the General Terms and Conditions.

✗ For certain costs for health goods and services, as well as for the Healthcare Module Critical Conditions and Second Medical Opinion, there are additional special exclusions, which are listed in detail in the General Terms and Conditions.

The Insurance Sum per Insured Person is the maximum limit of the Insurer's liability per Insured Person for the term of the Insurance according to their Insurance Package. Some of the coverage under the Insurance Package has limits that are determined on the basis of a period of time (e.g. term of the Insurance), and other limits are determined on the basis of an event (e.g. travel, visit).



Are there any restrictions on cover?

Provided that the Insured Person is not placed under full interdiction:

- they may be aged from 18 to 65 years when they are a member of the Insured Group;
- when they are a Family Member, they may be aged from 0 (newborn child) to 65 years.

Upon additional agreement between the Insurer and the Policyholder and against paid additional premium, under the conditions of increased risk, persons who do not meet the age requirements may be insured.

A Limitation Clause for Economic Sanctions applies to the Insurance.



Where am I covered?

- ✓ The Insurer provides Insurance coverage for expenses from the use of health goods and services, occurred on the territory of the Republic of Bulgaria.



What are my obligations?

Before concluding the insurance contract, the Policyholder/Insured Person should present to the Insurer all necessary data and information and essential circumstances, which are important for the risk assessment at the conclusion of the insurance contract.

Before concluding the insurance contract, the Insured Person should present to the Insurer their contact details - mobile phone number and e-mail address.

During the validity of the insurance contract the Policyholder is obliged to:

- notify the Insurer of all changes in the circumstances it has declared, as well as of any new circumstances that would be significant for the risk assessment;
- notify the Insurer of a change in the correspondence address and contact details;
- pay the insurance premium under the contract within the agreed terms.

During the validity of the insurance contract the Insured Person is obliged to:

- provide the Insurer with information in connection with their health condition;
- notify the Insurer of a change in their contact details;
- observe the procedure and the manner of using the health goods and services;
- personally use the health goods and services and not to allow their rights under the contract for use of health goods and services to be exercised by third parties.

In the occurrence of an insured event the Insured Person is obliged to:

- submit all documents required by the Insurer, related to an insurance claim, in the manner specified by the Insurer;
- provide a bank account to which the payments on the insurance claims are made.



When and how do I pay?

The insurance premium is paid in the manner agreed in the insurance contract - one-time or in installments. The insurance premium is paid in BGN via bank.



When does the coverage start and end?

Under the terms of the insurance contract, the Insurance Coverage Period starts at 00.00 on the specified day and is valid until 24.00 on the specified day. In case of non-payment or partial payment of an installment by the due date specified in the insurance contract, the coverage under it shall be terminated at 24.00 on the 30th day from the due date.

The Coverage period of the Insured Person may be shorter than the Coverage Period of the Insured Group, when this Insured Person is included in the List of Insured Persons (List of Family Members, when applicable) after the beginning of the Insurance Coverage Period or if excluded from the relevant list before the end of the Insurance Coverage Period.



How can I cancel the contract?

The Policyholder may terminate the insurance contract at any time with 1-month written notice.