ДЗИ

„ДЗИ – Животозастраховане“ ЕАД
Република България
гр. София 1463
бул. „Витоша“ № 89Б

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MEDICAL (HEALTH) INSURANCE
"DZI BEST DOCTORS"

Medical Insurance „DZI Best Doctors“ gives you the peace of mind that you will receive the best treatment and quality medical care.
The insurance is offered by DZI, together with the international medical organization BDU, the company that arranges the following medical services associated with the Policy:

The Policy will assume the necessary costs for the provision of a second medical opinion and arrangement of treatment abroad when diagnosing Cancer if necessary by any of the following medical procedures: Coronary Artery Bypass, Cardiac Valve Replacement or Reconstruction, Inter-cranial and specific spinal cord surgery, Live-donor organ Transplant and Bone Marrow Transplant**.**

The costs that this insurance Policy will cover are: Medical Expenses, Travel Costs, Accommodation Costs, Repatriation Expenses, Medication Expenses, Daily Hospitalization Indemnity and Follow Up Care.
The maximum limit of covered costs under the insurance is EUR 1 000 000 per one year of insurance and EUR 2 000 000 for the entire period of validity of the insurance..

Subject to insurance are healthy individuals – Bulgarian citizens and foreigners, prolonged or permanent residents in the Republic of Bulgaria, aged 0 to 64 years.
- Individual contracts are concluded for insurance of persons from 18 to 64 years of age.
- Family contracts are concluded for insurance of spouses aged from 18 to 64 years and/or their children from 0 to 18 years of age who are not married.
- Group contracts are concluded for insurance of persons aged from 0 to 64 years. The group is a community of 10 or more persons and cannot be formed on a voluntary basis.

The end of the insurance contract is the age of 85 at the age of the insured.

The amount payable (insurance premium) may be paid once or in installments.
The General Conditions are an integral part of the insurance policy. They define the insurance cover, the exceptions, the conditions for the conclusion, modification and termination, the rights and obligations of the parties to the contract, as well as the rules for accepting claims, paying with clients and handling complaints.

Upon establishment of a disease or need for a procedure that falls within the scope of the insurance „DZI Best Doctors“, you can contact DZI to carry out the initial actions to notify Best Doctors of the potential claim and to start the procedure for obtaining a second medical opinion.
The notification can be made by telephone at the Contact Center of DZI 0700 16 166.

The medical expert of DZI obtains the necessary information from the insured person or his/her representative, which is necessary for the subsequent notification of BDU.
The expert doctor of DZI fills in all available details in the notification form of BDU.
After having received notification from DZI, the employees of BDU register the case and take over the subsequent overall and direct customer service.

Pre-contractual information in accordance with the requirements of the Insurance Code

DZI – Life Insurance Insurance JSC is an insurer established in the Republic of Bulgaria, with registered office at: 1463 Sofia, 89B Vitosha Blvd.
Users of insurance services may file complaints in relation to claims for payment of insurance indemnities at any territorial unit of the insurer (Head Office, head agency, agency, office) in writing or by e-mail to: clients@dzi.bg. The rules of DZI – Life Insurance JSC for settlement of claims under Article 104, paragraph 1 of the Insurance Code are published on the website of the company: www.dzi.bg, in section “Help in case of a claim”.
Users of insurance services may file complaints in relation to insurance activities to the Financial Supervision Commission and/or other competent state authorities.
On the territory of the Republic of Bulgaria, disputes relating to the provision of insurance services may be considered extrajudicially in alternative dispute resolution /ADR/ proceedings before the Conciliation Committee for disputes in the sector of insurance within the Commission for Concumer Protection or through mediation.
The Solvency and Financial Condition Report /SFCR/ of DZI – Life Insurance JSC is published on the website of the insurer: www.dzi.bg, in section “Corporate Sustainability”.
In the sales of insurance products the remuneration for the distributors is paid by DZI – Life Insurance JSC as follows:
- Labour employment remuneration under the Labour Code for employees of the insurer carrying out direct sales;
- Commission remuneration for insurance intermediaries.

Regardless of the nature of the remuneration, the same does not change the amount of the insurance premium payable by the user.
The law applicable to insurance contracts Prior to purchasing an insurance product from the insurer or from an intermediary acting on the assignment of the insurer, the user may request an individual offer whereby to be provided with advice within the meaning of Article 324, paragraph 1, item 7 of the Insurance Code.concluded under these General Terms and Conditions, is the Bulgarian law

GENERAL TERMS
ON
MEDICAL (HEALTH) INSURANCE "DZI BEST DOCTORS"
Revision 4 of 21.01.2019, in force since 01.02.2019

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I. OBJECT OF THE INSURANCE

1. The Object of the Medical insurance "DZI BEST DOCTORS" is to provide the Insured with cover for the services and medical expenses in respect of treatment for Covered Diseases and Medical Procedures, when all the following conditions are met:

- The procedure is performed during the period of cover;
- The Disease is not a Pre-Existing Disease or condition.
- The Disease is not reported, diagnosed or treated, and no related symptoms or findings (signs) are medically documented during the Exclusion Period.
- The treatment is Medically Necessary;
- The expenses and monetary Benefits are within the Sum Insured and limits stated in the insurance Policy;
- The treatment is arranged by BDU in accordance with the Claims Procedure set out in Clause VIII-3);
- The medical expenses arise outside the Republic of Bulgaria with the exception of the Medication expenses covered in Clause VIII-2-E1.
- The expenses for any medical diagnostic procedures, treatment, services, supplies or prescriptions are covered by the Policy as stated in Clause VIII-2.

II. INSURED PERSONS

2. Insured shall be healthy people - Bulgarian citizens and foreigners, continuously or permanently residing in the Republic of Bulgaria.
3. As having permanent address are considered people, who have been present within the territory of the Republic of Bulgaria more than 6 months for the last year.
4. The minimum and maximum insurance age of the persons shall depend on the type of the medical insurance contract:

- Persons aged 18 to 64 years shall be insured with individual contracts;
- Spouses aged 18 to 64 years and/or their children from 0 to 18 completed years of age who are not married shall be insured with family contracts; See definition of Dependents.
- Persons aged 0 to 64 years shall be insured with group contracts. Group within the meaning of General Terms and Conditions shall be a community of 10 and more persons.

5. The age of the Insured Persons shall be determined in whole years at the beginning of the contract for medical insurance.

III. INSURANCE COVERS

6. COVERED DISEASES AND MEDICAL PROCEDURES

6.1. Treatment of Cancer
6.2. Bypass of the coronary artery (myocardial revascularization)
6.3. Replacement or reconstruction of a heart valve
6.4. Inter-cranial and specific spinal cord surgery
6.5. Live-donor organ Transplant
6.6. Bone marrow transplantation

7. SERVICES, EXPENSES AND MONETARY BENEFITS COVERED

7.1. Services covered prior to receiving Treatment Abroad
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7.4. Monetary benefits covered during Treatment Abroad
7.4.1 Daily hospitalization indemnity
7.5. Medical expenses covered after returning from Treatment Abroad
7.5.1 Medication expenses after returning from Treatment Abroad
7.5.2 Follow up care after returning from Treatment Abroad

IV. EXCLUSIONS

8. General exclusions

8.1. Expenses derived from all Diseases or Medical Procedures not specifically contemplated under Clause III.
8.2. All costs associated with Diseases or Injuries resulting from war, terrorist acts, seismic movements, riots, civil unrest, volcanic eruptions, as well as direct or indirect consequences of a nuclear reaction and any other extraordinary or catastrophic events; as well as officially declared epidemics;
8.3. Expenditure incurred for the treatment of alcoholism, drug addiction and / or drug addiction and intoxications caused by alcohol use and / or use of psychotropic, narcotic or hallucinogenic substances. Also excluded are the consequences and disease as a result of attempted suicide and self-harm;
8.4. Costs arising from all Diseases or conditions: caused intentionally or with fraudulent intent; resulting from actions or criminal negligence of the Insured as a result of the commission or attempt to commit a crime by the Insured.
8.5 A Claim where the Insured, prior to, during or after the Claim assessment process established by BDU:

- has not followed the advice, prescriptions or established treatment plan of the treating Doctor or
- refuses to receive any medical treatment or be subject to additional diagnostic analysis or tests necessary to establish a definitive diagnosis or treatment plan.

9. Medical Exclusions

9.1. Treatment for Pre-Existing Diseases.
9.2 Treatment for Diseases which were diagnosed treated or which showed related medically documented symptoms or findings (signs) during the Exclusion Period.
9.3. Experimental Treatment, as well as diagnostic, therapeutic and / or surgical procedures, the safety and reliability of which have not been widely recognized by the international science community
9.4. Medical procedures required due to the presence of AIDS (Human Immunodeficiency Syndrome), HIV (Human Immunodeficiency Virus) or any condition arising from them (including Kaposi's sarcoma), or any treatment for AIDS or HIV.
9.5. Any service that is not Medically Necessary for the treatment of the underlying Disease or medical procedure described in Clause VIII-1 of these Terms and Conditions.
9.6. Any health care service or supply that is not Medically Necessary for the treatment of a Covered Disease or Medical Procedure.
9.7. Any alternative treatment, service, supply or medical prescription for a Disease or Medical Condition for which the best treatment is a transplant covered by the Policy (Clause VIII –1, points 46 & 47.)
9.8. Any Disease or Medical Condition which has been caused by the medical procedures arranged and paid for by this Policy save where the Disease or Medical

Condition in question is a Covered Disease or requires a Covered Medical Procedure contemplated under Clause VIII-1)
9.9. Treatment for long-term side effects, relief of chronic symptoms, or rehabilitation (including but not limited to physiotherapy, mobility rehabilitation, and language and speech therapy).
9.10. In relation to the Medication expenses covered after returning from Treatment Abroad (Clause VIII- 2-E1), the following exclusions apply:

- Any cost of Medication which is totally funded by the Public Health Service of the Republic of Bulgaria or that is covered by any other insurance policy held by the Insured.
- The cost of the administration of the Medication.
- Any purchase of Medication incurred outside the Republic of Bulgaria.
- Invoices submitted to the Insurance Company more than 180 days after purchase of the Medication.

10. Excluded expenses
10.1. All costs incurred in connection with or arising out of a diagnostic procedures, treatment, service, supply or medical prescription of any kind committed in the Republic of Bulgaria, with the exception of the Medication expenses covered in Clause VIII- 2-E1)
10.2. All costs incurred in connection with, or resulting from, a diagnostic procedures, treatment, service, supply or medical prescription of any nature occurring anywhere in the world when the Insured cannot be considered as a resident in the Republic of Bulgaria and has no permanent address in the Republic of Bulgaria.
10.3. All expenses incurred prior to the issue of the Preliminary Medical Certificate.
10.4. All expenses incurred in a hospital other than the authorized and specified in the Preliminary Medical Certificate.
10.5. All expenses incurred without following Clause VIII-3 Claims Procedure.
10.6. Expenses incurred in connection with confinement services, home health care, health resorts, nature cure clinics or services provided in rehabilitation centers and the like, hospice or home for elderly people, even when such services are required or necessary as a result of a Covered Disease or Medical Procedure.
10.7. Costs incurred for the purchase or hire of any kind of Prosthesis or orthopedic appliance, corset, dressing, crutches, artificial limbs or organs, wigs (even when their use is considered necessary for chemotherapy treatment), orthopedic footwear, dentures, bandages and the like equipment or materials with the exception of breast prostheses -after mastectomy Surgery- and prosthetic heart valves needed as a result of Surgery arranged and paid for by this Policy.
10.8. Expenses incurred for the purchase or rental of wheel chairs, special beds, air conditioners, air cleaners or other similar equipment.
10.9. All Medication that is not dispensed by a licensed pharmacist or can be obtained without a prescription.
10.10. Charges made for Alternative Medicine, such as homeopathic medicines, which are appropriately approved by a competent regulatory authority, even when specifically prescribed by a Doctor.
10.11. Any charges for medical attention or confinement in case of Cognitive Disorders, senility or cerebral impairment, regardless of the degree of disability.
10.12. Fees for interpreters, telephone and other expenses in respect of personal effects or not of a medical nature or for other services rendered to relatives or escorts.
10.13. Expenses incurred by the Insured or his / her relatives or companions except those explicitly covered.
10.14. Any medical expense that is not a customary and reasonable charge.
10.15. Any expenses associated with accommodation or transportation organized by the Insured, Companion or living donor.
11. Excluded diseases and medical procedures:
11.1. In the case of Cancer Treatment (Clause VIII –1, point 42)
a) Any tumor in the presence of acquired immune deficiency syndrome (AIDS);
b) Any non-melanoma skin cancer that has not been histologically classified as having caused invasion beyond the epidermis (the outer layer of the skin).
11.2. In the case of a coronary artery bypass: (Clause VIII –1, point 43)
a) Any coronary disease which is treated by techniques other than of bypass coronary arteries, such as all types of angioplasty Surgery, stents.
11.3. In the case of live donor transplantation: (Clause VIII –1, point 46)
a) Any transplantation when required by alcoholic liver disease;
b) Transplantation is excluded when it is performed as autotransplantation;
c) Any transplant where the Insured is a donor for a third-party (not covered by the Policy)
d) All transplants from a dead donor
e) Any organ transplantation that involves treatment associated with stem cell treatment.
f) When transplantation has become possible by buying organs from donors.
11.4 In the case of Bone Marrow Transplant (Clause VIII –1, point 47)
a) Haemopoietic Stem Cell transplantation (HCT) using the umbilical cord blood will be excluded.

V. CONCLUSION OF INSURANCE

12. The insurance contract shall be concluded with a written and signed by the Insurer proposal, as per the model of the Insurer.
12.1. In the case of individual and family insurance, the applicants for insurance also complete and sign a personal health declaration.
12.2. Insured persons responding with NO to all questions on the health declaration.
13. In case of renewal of the policy the limitation for maximum age of 64 years is not applied.
14. Children are insured together with their parents or with group contract..
15. Group contracts are concluded on a group of people at the account of the Employer with a written and signed by the Insurer proposal, as per the model of the Insurer.
16. Group in the sense of these General Conditions is an alliance, set up in advance for purposes other than insurance ones, consisting of 10 (ten) or more persons, whose number is fixed or fixable..
17. In the cases of groups up to 30 people, the insurance applicants shall fill-in personal declarations of health status.
18. The Insurer shall be obliged to notify the Insurer of any change in his name, firm or name or address for correspondence specified in the insurance contract or other documents provided to the Insurer. In the event that he fails to fulfill this obligation or gives false information, any written statement by the Insurer sent by him to the Insurer's address last announced to the Insurer shall be considered to be served and received by the Insurer with all provided by law or the contract has legal consequences.

VI. START, TERM OF THE INSURANCE CONTRACT, PERIOD OF THE INSURANCE COVER, INSURANCE PERIOD ALTERATION AND TERMINATION OF THE INSURANCE

19. The insurance contract is concluded for a fixed term. The term of the contract may be longer than the period of the insurance cover.
19.1. The start and the end of the term are specified in the insurance contract.
20. The start of the insurance is 00:00 on the date indicated for start and provided that the insurance premium is paid and the requirements of BDU for signing procedures, in accordance with paragraph 3 of these General Terms and Conditions, have been met.
21. Period of the insurance cover is the period during which the insurer bears the insurance risk.
21.1. Insurer's liability is effective as of 00.00 h. on the date following the day of expiration of:
21.1.1. 6 months from the date specified as start of the insurance for individual and family contracts;
21.1.2. 3 months from the date specified as start of the insurance for group contracts.
21.1.3. For new persons included in a group contract, the liability of the Insurer begins after 3 months from the date indicated for the start of the next insurance month.
21.1.4. For those who have left the group of insured persons, the liability of the Insurer for Group Insurance for Medical Insurance at the expense of the Employer shall be terminated from 24:00 on the day of leaving the Group according to the updated list, unless otherwise agreed.
21.1.5. In the event that an insured person leaves the group:

- While the insurer is in the middle of the treatment being provided out of Bulgaria or
- when the Insurer had already issued a Preliminary Medical Certificate to the Insured.

The Insurer will guarantee the benefits of the Policy available to the insured to the extent and limitations detailed in the valid Preliminary Medical Certificate and subject to a maximum period of 6 months from the date cover ended.
22. The Insurance period is the period for which the insurance premium is determined.
22.1. The Insurance period is one year, unless the premium is calculated for a shorter period.
23. The medical insurance "DZI BEST DOCTORS" is concluded for a period of up to 85 years of age:
24. The health insurance contract shall be concluded for a period in accordance with the age of the insured Person so that by its expiration the Insured Person must not be older than 85 years.
25. Upon renewal of the contract, no Exclusion Period is applied and no personal health declaration is replenished in cases where there is no break in cover and the new policy becomes effective within 15 days of expiry of the old policy.
26. Termination of insurance

26.1. The insurance policy is terminated at 24:00 on the day specified as the term of the insurance.
27. An existing insurance policy may be terminated in one of the following cases:
27.1. By mutual consent of the parties expressed in writing;
27. 2. Unilaterally by the insured, in the event that the insurance interest removed - by submission of written application to the insurer. In this case, the insurance premium is recalculated and the difference is returned to the Insurer;
27.3. From the Insurer when, when insuring the Insurance, the Insurer has stated inaccurately or by a silent circumstance for which the Insurer has asked a written question and in the presence of which he would not have concluded the contract if he knew of this circumstance. The insurer may exercise this right within one month of becoming aware of the fact by detaining and paid part of the premium and is entitled to demand its payment for the period until the termination of the contract.
27.4. In the event of non-payment or incorrect payment by the Insured of a consecutive annual premium or the corresponding installment, the Insurer shall terminate the insurance coverage 30 days after the due date.

VII. LIMITATION OF LIABILITY AND INSURANCE PREMIUMS
28. The Sum Insured (maximum amount of insurance payments) is EUR 1 000 000 for one insurance year and EUR 2 000 000 for the whole duration of the insurance.
29. The value of Medication purchased on the territory of the Republic of Bulgaria detailed in Article VIII 2-Д1, after treatment of a Covered Disease or Medical Procedure approved by the BDU in the Preliminary Medical Certificate, shall be reimbursed up to EUR 50,000 for the entire duration of the insurance.
30. For each full 24-hour stay in the hospital approved by BDU in the Preliminary Medical Certificate for treatment of a Covered Disease or Medical Procedure of the Insured shall be paid 100 euros for a maximum of 60 days per Claim..
31. The limits on the value of Medication purchased on the territory of the Republic of Bulgaria and Daily Hospitalization Indemnity, travel allowances, accommodation and repatriation of mortal remains are part of the total insured Sum Insured limits indicated in point 28.
32. Insurance cover ceases if the policy is not regularly maintained.
33. The insurance premium for individual and family insurance is calculated for evry year according to the age of the insured person.
34. The insurance premium for group insurances is calculated depending on the age of the Insured persons.
35. For group medical insurance contracts, the insurance premium shall be adjusted in line with the actual change in the staff during the period of insurance cover, as a result of which bonuses are reimbursed or reimbursed.
36. The Insurer shall reserve its right to change the tariffs in case of necessity, informing the Insured/Insuring Party about the change at the latest one month before the entry into force of the change.
36.1. Pursuant to the Insurance Code, in the event of a premium increase without any change in the insurance coverage, the Insuring Party shall have the right to unilaterally terminate the contract within one month of receipt of the notification by the Insurer but not later than the entry into force of the increase.
36.2. For the described changes, given the explicit possibility given in the Insurance Code to both the insurer and the insuring/insured party, it is not necessary to sign an additional agreement or annexes.
37. The insurance premiums are calculated in EUR. The Insurer/Policyholder pays its equivalence in BGN according to the rate of exchange of Bulgarian National Bank by the date of payment.
38. The insurance premium can be paid in annual, half-year, quarterly or monthly instalments.The instalments are pre-paid in the beginning of every period.
38.1. The Insuring Party may make a change in the periodicity of contributions by a written request to the Insurer.
39. The Policyholder is obliged to take care for the regular payment of the insurance premiums. In order to be covered under the conditions of the policy, the Policyholder is obliged to pay regularly the premium due after occurrence of an insurance event as well.
40. Non-regularly paid policies can be restored by means of a payment of the premiums due for the missed payments. In this case the validity of the insurance contract regarding the coverages is restored from 00:00 a.m. on the day after the date of payment of all missed premiums (instalments).
41. When a non-regularly paid policy is not restored in a two-month term after the maturity date, the policy is definitely terminated. The paid premiums shall not be paid back and no amounts are due or paid under the policy. A terminated policy cannot be restored.

VIII. RELATIONSIP BETWEEN THE PARTIES
1) COVERED DISEASES AND MEDICAL PROCEDURES.
42. **Cancer treatment.** The treatment of:
42.1. Any malignant tumour including leukaemia, sarcoma and lymphoma characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissues;
42.2. Any In-situ Cancer which is limited to the epithelium where it originated and did not invade the stroma or the surrounding tissues.
42.3. Any precancerous changes in cells that are histologically or cytologically classified as high grade dysplasia or severe dysplasia.
43. **Coronary artery bypass (myocardial revascularisation)**
The undergoing of Surgery on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.
44. **Replacement or reconstruction of a heart valve**
The invasive replacement or repair of one or more heart valves, independent whether this is performed with open chest surgery, minimally invasive or by means of cardiac catheter treatment on the advice of a Consultant Cardiologist.
45. **Inter-cranial and specific spinal cord surgery**
45.1. Any surgical intervention of the brain and / or other intracranial structures.
45.2. Treatment of benign tumors located in the spinal cord (Medulla spinallis).
46. **Live-donor organ Transplant**
Surgical transplant in which the Insured receives a kidney, a segment of liver, a pulmonary lobe or a section of pancreas from another living compatible donor.
47. **Bone marrow transplantation**
Bone marrow transplantation (BMT) or peripheral blood stem cell transplantation (PBSCT) of bone marrow cells of the insured whose origin is from:
• Insured (autologous bone marrow transplant);
• or from a compatible living donor (allogeneic bone marrow transplantation)

2) SERVICES, EXPENSES AND MONETARY BENEFITS COVERED
A) SERVICES COVERED prior to receiving Treatment Abroad
Second Medical Opinion Service: The Insured will be entitled to request to BDU, at the point of Claim notification, a **Second Medical Opinion service** for confirmation of the diagnosis of a Covered Disease or Medical Procedure and the assessment of the optimal treatment plan.
The **Second Medical Opinion service** can only be requested once per Claim.
B) MEDICAL EXPENSES COVERED DURING TREATMENT ABROAD
The Policy will pay the following medical expenses for Treatment Abroad (up to the limits shown in the insurance Policy) arising in connection with the Medically Necessary treatment of Covered Diseases and Medical Procedures as per the terms set in the Preliminary Medical Certificate.
48. From a hospital in relation to:
48.1. Accommodation, meals and general nursing care provided during the Insured's stay in a room, ward or section of the hospital, or in an intensive care or monitoring unit;
48.2. Other Hospital services, including those provided by the outpatient department of the Hospital, as well as expenis relation to the cost of an extra or companion`s bed if the hospital provides this service;
48.3. The using of an operating room and all related services included in it.
49. By a day clinic or independent welfare centre, but only if the treatment, surgery or procedure covered under this insurance is provided in a Hospital.
50. By a Doctor, in respect of examination, treatment, medical care or Surgery
51. Doctor consultations during hospitalization.
52. For the following medical and surgical services, treatments or prescriptions:
52.1. For anesthesia and administration of anesthetics, provided there are performed by a qualified anesthetist;
52.2. Laboratory analysis and pathology, x-rays for treatment preparation purposes, radiotherapy, radioactive isotopes, chemotherapy, electrocardiograms, echocardiography, myelograms, electroencephalograms, angiograms, computerized tomography and other similar tests and treatments required for the diagnosis and treatment of a Covered Illness or Medical Procedure, when performed by a Doctor or under medical supervision;
52.3. Blood transfusion, plasma transfusion and serum;
52.4. Expenses relating to the use of oxygen, application of intravenous solutions and injections.
52.5 Radiation therapy: high-energy radiation to shrink tumours and kill cancer cells by X-rays, gamma rays, and charged particles. These are types of radiation used for cancer treatment either delivered by a device outside the body (external-beam radiation therapy), or by radioactive material placed in the body near cancer cells (internal radiation therapy, brachytherapy).
52.6 Reconstructive Surgery to repair or rebuild a structure damaged or removed by the medical procedures arranged and paid for by this Policy.
52.7 Treatment for complications or side-effects directly associated with the medical procedures arranged and paid for by this Policy that:
1. demand immediate medical attention in a Hospital or clinical setting and
2. require to be addressed prior to the Insured being declared medically fit to travel to return to the Republic of Bulgaria after the completion of the stage of Treatment Abroad.
53. For Medication applied by medical prescription while the Insured is hospitalized for treatment of a Covered Illness or Medical Procedure. Medication prescribed for post-operative treatment are covered for 30 days from the date the Insured has

completed the stage of the treatment received out of Bulgaria and only when these are purchased prior to returning to Bulgaria.
54. For transfers or transportation by ground or air ambulances when their use is prescribed and prescribed by a Doctor and is pre-approved by BDU.
55. For services rendered to a living donor during the removal process of an organ to be transplanted to the Insured in relation to:
55.1. The cost of the analysis and test performed to identify the suitable donor within the family members of the Insured;
55.2. Hospital services provided to the donor, including accommodation in a hospital room, ward or section, nutrition, nursing, regular care provided by hospital personnel, laboratory testing and use of equipment and other hospital facilities (excluding personal effects, which are not required in the process of removal of the organ or tissue to be transplanted);
55.3. For surgical and medical services for the removal of donor organs or tissues to be transplanted to the Insured.
56. For services and materials supplied for bone marrow cultures in connection with a tissue transplant to be applied to the Insured. Compensation is granted only for expenses incurred after the date of issue of the Preliminary Medical Certificate.

C) NON-MEDICAL EXPENSES COVERED DURING TREATMENT ABROAD

The Policy will pay cover the following non-medical expenses (up to the limits shown in this contract) arising in connection with the travel, accommodation arrangements made by BDU in order to provide the Insured with access to the medical treatment as per the terms set in the Preliminary Medical Certificate.

C1 TRAVEL EXPENSES FOR TREATMENT ABROAD

57. For travel outside the Republic of Bulgaria of the Insured, travelling companion (or two companions, when the Insured receiving treatment is a minor) and where applicable the living donor in the case of transplant with the sole purpose of receiving Treatment Abroad as approved by BDU/Insurer in the Preliminary Medical Certificate. All travel arrangements must be made by BDU and the Insurer will not pay for any travel arrangements made by the Insured or any third party on the Insured´s behalf.
57.1. BDU is responsible for deciding on travel dates based on an approved treatment plan. These dates are communicated to the Insured in a timely manner in order to have sufficient time to settle all his / her personal commitments.
57.2. In the event that the Insured changes the travel dates defined and communicated to him by BDU/Insurer, the Insured is obliged to compensate the Insurer and / or BDU for all expenses associated with the organization and execution of a new trip unless the changes have been confirmed by BDU as needed from a medical point of view.
58. Travel expenses covered include:
58.1. Transport from the permanent address of the Insured person to the designated airport or international railway station;
58.2. An economy class rail or airplane ticket to the city where the Insured will be treated as well as a transport to the designated hotel.
58.3. Transport from the designated hotel or hospital to the designated airport or international railway station;
58.4. Economy class rail or air ticket and subsequent transportation to the city of the Insured's permanent address.
The travel expenses covered will not include regular transfers from the Hotel to the Hospital or treating Doctor during the duration of the Treatment Abroad.

C2 ACCOMMODATION EXPENSES DURING TREATMENT ABROAD

59. For the accommodation, outside the Republic of Bulgaria, of the Insured, travelling companion (or two companions, when the Insured receiving treatment is a minor) and the living donor in the case of transplant, with the sole purpose of receiving Treatment Abroad as approved by BDU/Insurance Company in the Preliminary Medical Certificate. All accommodation arrangements must be made by BDU and the BDU/ Insurance Company will not pay for any accommodation arrangements made by the Insured or any third party on the Insured´s behalf.
59.1. BDU is responsible for reserving the dates for accommodation based on the approved treatment plan. These dates are communicated to the Insured in a timely manner in order to have enough time to make all of his personal preparations necessary.
59.2. BDU booked a return date based on completion of the treatment and confirmation from the attending Doctor that the Insured is fit to travel.
59.3. If the Insured changes the travel dates defined and communicated by BDU/Insurer , the Insured is required to compensate the Insurer and / or BDU for all costs associated with organizing and implementing the new accommodation unless the changes are confirmed by BDU , as medical imperatives.
60. Coverage includes:
60.1. Reservations for a double room or twin room in a three or four-star hotel, including breakfast. (The choice of a hotel is based on the availability of one near the Hospital or the treating Doctor within a radius of 10 kilometers).
60.2. Meals (excluding breakfast) and unforeseen costs at the hotel are not covered by the insurance. Changes in accommodation at the hotel cannot be funded by the Insured.

C3 REPATRIATION EXPENSES

61. If the event the Insured (and / or living donor in case of transplantation) dies outside the territory of the Republic of Bulgaria while receiving Treatment Abroad, the Insurer shall pay for the repatriation of the deceased's deceased to death Republic of Bulgaria.
62. This coverage is limited only to those services and means necessary to prepare the deceased's body and transport it to the Republic of Bulgaria, including ding:
62.1. Services provided by the funeral agency providing international repatriation, including embalming and all administrative formalities;
62.2. The minimum obligatory coffin;
62.3. Transport of the body remains from the airport to a place designated for funeral in the Republic of Bulgaria.

D) MONETARY BENEFITS COVERED DURING TREATMENT ABROAD

D1 DAILY HOSPITALIZATION INDEMNITY

Up to the limits shown in this insurance Policy for each full 24-hour period of confinement to the Hospital approved by BDU/Insurer in the Preliminary Medical Certificate and paid for under the Policy for Treatment Abroad of a Covered Disease or Medical Procedure.

E) MEDICAL EXPENSES COVERED AFTER RETURNING FROM TREATMENT ABROAD

E1 MEDICATION EXPENSES AFTER RETURNING FROM TREATMENT ABROAD

63. For the cost of Medication purchased in the Republic of Bulgaria, following Treatment Abroad with a duration of more than 3 nights of Hospitalization approved by BDU/Insurer in the Preliminary Medical Certification and paid for under the Policy.
64. The amount of this covered insurance risk shall be reimbursed only under the following conditions:
64.1. The Medication has been recommended through BDU by the international Doctor that treated the Insured, as necessary to continue the treatment.
64.2. The Medication has been licensed and approved by the relevant medical authorities in the Republic of Bulgaria and its prescribing and admission is legal;
64.3. The Medication requires a prescription from a doctor in the Republic of Bulgaria;
64.4. The Medication can be purchased in the Republic of Bulgaria;
64.5. That no prescription exceeds a dose for consumption longer than 2 months.
65. Financing and reimbursement:
65.1. Purchase of the medication needs to be settled and paid by the Insured person. The insurer shall reimburse the insured person the sum upon presentation of the relevant recipe, original invoice and proof of payment.
65.2. When the value of the medicine is partially covered by the National Health Insurance Fund or other insurance, the refund document must clearly distinguish between the amount partially paid by the insured person and the part which is partially funded.

E2 FOLLOW UP CARE AFTER RETURNING FROM TREATMENT ABROAD

66. Follow Up Care can be arranged by BDU at the request of the Insured to be performed by the international Doctor(s) that treated the Insured or their medical team.
67 Follow-up Care is covered for 180 days from the date the Insured returns to the Republic of Bulgaria after having completed the stage of Treatment Abroad and only when the treatment is prescribed or recommended through BDU and by the international Doctor(s) that treated the Insured.
Should the Insured make this request, BDU will also arrange the necessary travel and accommodation arrangements on the terms described in Clause VIII-2- C1 & C2 for the Insured and designated companion(s).

3) CLAIMS PROCEDURE / WAY OF USAGE OF THE MEDICAL SERVICES/

68. Prior to receiving any treatment, service, supply or medical prescription in relation to a Covered Disease or Medical Procedure, as defined in Clause VIII-1, the Insured, or any person acting legally on his/her behalf, must comply with the following procedure:
69. Notification.
Contact DZI/BDU as soon as possible to notify a potential Claim.
69.1 The notification is made on the telephone of DZI Contact Center.
The Insured will be informed of the steps required to provide BDU with all the relevant diagnostic tests and medical documents necessary to evaluate the validity of the Claim.
70. Obligation of the Insured.

The Insured is obliged to cooperate with BDU providing free access to medical documents in the possession of the Insured or the Doctors, Hospitals or other medical facilities responsible for treatment up to the date the potential Claim was notified.
Any Claim request will only be evaluated for cover under the Policy when all the necessary information has been received from the Insured and respective Doctors, Hospitals or other medical facilities.
71. Claim Assessment and Proposal of Hospital For Treatment
Upon receipt of all the relevant diagnostic tests and medical history as requested by BDU, the Insured will be notified if the Claim is covered under the Policy.
In the event that the Insured wishes to consider Treatment Abroad, the Insured will be provided with a list of recommended Hospitals.
72. Treatment Abroad: The Preliminary Medical Certificate
Upon receipt of the Insured´s confirmation of his/her decision to receive treatment abroad at a Hospital selected from the list of recommended Hospitals for treatment, BDU will arrange through the Medical Concierge service the necessary logistical and medical arrangements for the correct admission of the Insured and a Preliminary Medical Certificate will be issued valid only for that Hospital.
72.1 The list of recommended Hospitals and the Preliminary Medical Certificate are issued on the basis of the medical condition of the Insured at the time of issue. Since the health condition of the Insured may change over time, both documents will have a validity of three months.
72.2 In the event that the Insured does not select a Hospital from the list of recommended Hospital or does not initiate treatment at the approved Hospital stated in the Preliminary Medical Certificate within three months of issue, new versions of these documents may be reissued based on the health condition of the Insured at that time.
72.3 As long as the terms of the Preliminary Medical Certificate are met, the Insurance Company, under the Benefits of the Policy, will directly assume the medical expenses covered in Clause VIII-2-B and the necessary travel and accommodation arrangements detailed in Clause VIII-2-C1 &C2 subject to the limitations, exclusions and conditions detailed in the Policy.
73. Return from Treatment Abroad
The Treatment Abroad stage of treatment will end on the confirmation by BDU that no further Medically Necessary treatment is prescribed by the international Doctor(s).
73.1 Following the completion of the Treatment Abroad stage of the treatment BDU will arrange for the final return of the Insured and companion(s) to the Republic of Bulgaria, and will present the Insured with the guidelines to benefit from the covered medical expenses after returning from Treatment Abroad detailed in Clause VIII-2-E. These guidelines will be based on the recommendations from the international Doctor(s).
73.2 Upon arrival of the Insured to the Republic of Bulgaria, the Insured will be entitled to:

- be refunded for the Medication expenses detailed in Clause VIII-2-E1 and
- request BDU to arrange for Follow Up Care as detailed in Clause VIII-2-E2 during the following 180 days.

74. Assessment Of Claims After Return From Treatment Abroad
Upon the final return of the Insured to the Republic of Bulgaria after receiving Treatment Abroad as detailed in point 72, the evolution of the Insured´s health state may determine that a new assessment for further Medically Necessary treatment may be required. Provided the Insured's Policy is still active at this time, the Insured will be entitled to contact BDU to complete this assessment.
BDU will then confirm again to the Insured of the steps required to provide BDU with all the relevant diagnostic tests and medical documents necessary to complete this assessment.

- In the event that the assessment by BDU confirms that further Medically Necessary treatment is required due to the same Disease or Covered Medical Procedure previously treated by the Policy, this will be assessed by BDU (as detailed in point 71), confirmed to the Insured by issuing a new Preliminary Medical Certificate, with the resulting list of recommended Hospitals and potential Treatment Abroad (as detailed in points 71 & 72), being considered as a continuation of the same Claim.

The assessment may require, when medically justified in the view of BDU, the completion of a new Second Medical Opinion service.
After the final return of the Insured to the Republic of Bulgaria, after receiving this new episode of Treatment Abroad, a new period of 180 days will be established for Follow Up Care as detailed in Clause VIII-2-E2.

- In the event that the assessment by BDU establishes that this new request is related to a different Disease or medical procedure and therefore unrelated to the previous Claim, this scenario will be considered as a new and separate potential Claim, and the entire process detailed in this Clause VIII-3 will need to be followed.

75 Collaboration
The Insured and his/her relatives must allow visits by Doctors working for BDU and/or the Insurer and any enquiries considered necessary by the Insurer, for which purpose the Doctors who have visited and attended the Insured shall be released from the obligation to maintain professional secrecy.
Failure to allow these visits will be considered by the Insurance Company as an express waiver of the right to provide the Benefits on the relevant Claim covered by the Policy.

IX . COMPLAINTS
76. The policy of "DZI – Life Insurance" JSC on complaints management is defined by the „Rules for processing complaints received from clients", verified by the Management Board of the company and published on www.dzi.bg.
77. The users of the insurance services of DZI - Life Insurance EAD have the opportunity to file complaints at each stage of their servicing:
-of the national telephone number of DZI - Life Insurance EAD: 0700 16 166.
-on the official email of DZI - Life Insurance EAD: clients@ dzi.bg.
-in each structural unit "DZI - Life Insurance" EAD (head office, agency, agency and / or office) in writing.
78. In the case of submitting a complaint the client is assigned with incoming number that is provided to the client in a convenient manner. The client is required to provide current address (and/or e-mail) for the purposes of feedback where to receive answer in writing from the Insurer., as well as a contact telephone if any further questions are needed.
79. A written reply shall be sent to the user of the insurance services within 1 month from the date of filing the complaint.
80. In the event of refusal to accept the appeal, the Insurer shall state its reasons for refusal, indicating the applicant's ability to seek protection of his/her rights before the Financial Supervision Commission and other competent institutions.

X. ADDITIONAL CONDITIONS, JURISDICTION AND LIMITATION
81. Contractual relations between the insured persons and the insurer shall be governed by the conditions of the insurance contract, these General Terms and Conditions, the Insurance Code, the Obligations and Contracts Act, the Commercial Act.
82. Disputes arising between the Insurer and the Insured shall be resolved in a willing way, if a settlement is not effected - by the competent Bulgarian court.
83. The rights under the insurance policy are lost by limitation upon expiry of three years after the occurrence of the insurance event.

XI . DEFINITIONS:
GENERAL DEFINITIONS
BDU: BDUI Underwriting International SLU ("BDU"), a company that arranges the following medical services associated with the Policy: **Second Medical Opinion** service and **Medical Concierge** service.

- **Second Medical Opinion** service: A second medical opinion in respect of covered conditions. This involves the provision of a second medical opinion report, following the collection and a detailed review of a patient's medical records, by an expert medical specialist. (The Second Medical Opinion service is provided by Best Doctors)
- **Medical Concierge** service: A service whereby BDU, in respect of an approved claim arranges all details relating to the medical treatment of an individual. This includes oversight of the case and assistance with travel and accommodation arrangements for the individual and any eligible companion.

BENEFITS: The extent or degree of service and coverage the Insured is entitled to receive under the Policy.
CLAIM: The notification by the Insured to BDU of a Disease confirmed under the process stated in Clause VIII-3 as a Covered Disease or requiring a Covered Medical Procedure, allowing the Insured access to the Benefits of the Policy.
DEPENDENTS:
Dependent: The definition of "dependent" is subject to the following conditions and limitations: (1) The Policyholder´s Partner or (2) an unmarried dependent child of the Policyholder or the Policyholder's spouse (including a natural child, stepchild or a legally adopted child). The principal place of residence of the spouse or unmarried dependent child must be with the Policyholder unless the Insurer approves other arrangements.
PARTNER: The legal spouse, civil partner or, if unmarried, someone over 18 who lives with the Policyholder and is financially dependent on the Policyholder (or both are financially dependent on each other). The Partner cannot be a relative of the Policyholder, other than the legal spouse or civil partner, and the Policyholder can only name one person as Partner. They can be the same or opposite sex.
EXCLUSION PERIOD is a period of time starting from the beginning of the insurance or the date of entry into effect of the insurance for a new insured person during which, as well as throughout the lifetime of the insurance, the insurance coverage will

not apply in respect of of a Disease reported, diagnosed, treated or exhibited its first related medically documented symptoms during this exclusion period.
INSURER - "DZI - Life Insurance" EAD
INSURANCE is the person who is a party to the insurance contract
INSURED is the person whose non-material goods are subject to insurance protection under the insurance contract. An insured person is always an individual.
The Insured and the Insured may be the same person or different persons.
PRELIMINARY MEDICAL CERTIFICATE is a written approval issued by the Insurer or BDU which includes confirmation of insurance coverage prior to the performance of services in a particular Hospital outside of the Republic of Bulgaria for treatment, health services, goods or prescriptions related to the Claim.
PRE-EXISTING DISEASES: Any Diseases or medical conditions of the Insured which were reported, diagnosed, treated or which showed related medically documented symptoms or findings (signs) within the 10 years prior to the beginning of the insurance or the date of entry into effect of the insurance for a new insured person
POLICY: The written documentation which details the conditions of the insurance contract, including these GENERAL TERMSON MEDICAL (HEALTH) INSURANCE "DZI BEST DOCTORS", the application form, health questionnaire, as well as any appendix or addendum that may be included, if necessary, to modify or alter these documents.
SUM INSURED: The maximum amount payable as defined in the insurance contract in the event of a Covered Diseases or Medical Procedures stated under Clause VIII-1 of this Policy.

MEDICAL DEFINITIONS
ALTERNATIVE MEDICINE: Medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine or the standard treatments, including but not limited to: acupuncture, aromatherapy, chiropractic medicine, homeopathic medicine, naturopathic medicine, Ayurveda, traditional Chinese medicine and osteopathic medicine.
COGNITIVE DISORDERS: Disorders that significantly impairs the cognitive function of an individual to the point where normal functioning in society is impossible without treatment, as defined by the latest version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V).
CONSULTANT CARDIOLOGIST: A Doctor is specialized and who is officially recognized as cardiologist by the local medical board in diagnosing and treating diseases or conditions of the heart and blood vessels.
DISEASE: Any disorder of the body, system, or organ structure or function with identifiable and characteristic set of signs and symptoms, or consistent anatomic alterations. Additionally a diagnosis has to be made by a Doctor legally registered in his practice.
A Disease will be considered to be all the Injuries and effects arising from the same diagnosis, as well as all the ailments due to the same cause or related causes. If an ailment is due to the same cause that produced a previous Disease or a related cause, the Disease shall be considered as a continuation of the previous one and not as a separate Disease.
DOCTOR: Professional who is legally authorized to practice medicine.
EXPERIMENTAL TREATMENT: A treatment, procedure, course of treatment, equipment, medicine or pharmaceutical product, intended for medical or surgical use, which:

- has not been universally accepted as safe, effective and appropriate for the treatment of Diseases, or Injuries by the various scientific organizations recognized by the international medical community, or
- which is undergoing study, research, testing or is at any stage of clinical experimentation.

FOLLOW-UP CARE: Any medical care, treatment, Medication or screening service post Treatment Abroad used to:

- identify whether the Insured is likely to suffer from a Disease or Medical Condition in the future or
- prevent the Disease or Medical Condition from occurring or reoccurring in the future

but where no clinical and/or apparent symptoms and/or findings (signs) are currently present.
HOSPITAL - a private or state-owned medical establishment with a statutory permit for carrying out medical treatment of diseases or traumas, equipped with material / technological means and appropriate staff for diagnosis and surgical interventions in which there is a constant presence of doctors and other medical and non-medical staff for 24 hours a day.
HOSPITALIZATION - stay overnight in a hospital.
INJURY: Physical damage inflicted to the body of the Insured.
MEDICALLY NECESSARY: healthcare services or supplies which are:

- prescribed to the Insured for the purpose of curing a Covered Disease or arranging a Covered Medical Procedure with the aim to improve the Insured´s medical conditi, and
- recognized as effective in improving health outcomes following treatment plans that are consistent in type, frequency and duration with the diagnosis according to published medical literature and investigations or scientifically based US, UK and or European guidelines (specifically, NCCN Clinical Practice Guidelines in Oncology will be applied with respect to Cancer Treatment: Clause VIII-1-point 42) and
- cost-effective compared to alternative treatments that result in similar outcomes, including no treatment and
- required for reasons other than the convenience of the Insured or his/her Doctor.

The fact that a Doctor may recommend, prescribe, order or approve, a service or supply does not, in and of itself, necessarily establish that such service or supply is Medically Necessary under this Policy
Medication: Any substance or combination of substances which may be used in, or administered to the Insured either with a view to restoring, correcting or improving physiological functions, or with the purpose of contributing to establishing a medical diagnosis. The medication must be only obtainable with a medical prescription given by a Doctor and dispensed by a licensed pharmacist.
A prescription made for a brand-name Medication is valid for a generic Medication with the same active
Ingredients, strength and dosage form as the brand-name version.
Non-invasive or "in situ" Cancer: Malignant tumour which is limited to the epithelium where it originated and did not invade the stroma or the surrounding tissues.
PROSTHESIS: a device that replaces wholly or partly an organ or replaces totally or partially the function of an inoperative or non-functioning part of the body.
RECONSTRUCTIVE SURGERY: Procedures that are intended to rebuild a structure in order to correct its loss of function.
SURGERY - all activities with a diagnostic or therapeutic purpose, performed by incision or by other means of intrusion by a surgeon in a Hospital and which normally require the use of an operating room.
TREATMENT ABROAD: Medically Necessary treatment arranged by BDU out of the Republic of Bulgaria and paid for by this Policy.

These General Terms and Conditions have been adopted by decision of the Management Board of DZI - Life Insurance EAD on 14.09.2015, in force since 01.10.2015, amended and supplemented on 17.07 2016 in effect as of 01.08.2016, amended and supplemented on 01.10 2018 in effect as of 17.12.2018, amended and supplemented on 21.01.2019 in effect as of 01.02.2019

Date:…………………………………….

For DZI - Life Insurance JSC……………………………………………………...…………
(Full name, Signature)

I declare I received these General Terms and conditions signed by „DZI - Life Insurance JSC", I am familiar with their content and I accept them.

Insured/Policyholder…………………………………………………………………………

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(Full name, Signature)