Retail Health Insurance

General Terms

The forthcoming terms of retail health insurance of JSC "International Insurance Company IRAO" represent an integral part of the mutually signed insurance policy and its annexes.

1. Subject of the Agreement

1.1. The Agreement governs the relationship between the Insurer and the Policyholder when insuring the "Policyholder" and / or his/her family members (the "Insured").

1.2. The subject of insurance is the financial risk of the Insured related to the need to arrange medical services for the Insured and to reimburse the damage following an accident.

1.3. Insurance application form and any annexes thereto, duly signed by the parties, are attached to this document and form an integral part of the Agreement.

2. Definition of terms

2.1. Insurer	JSC „International Insurance Company IRAO" (ID code 205023856), operating on the basis of Law and entering in an agreement with the Policyholder.
2.2. Policyholder	a natural person who enters into an Insurance Agreement with the "Insurer" and pays the insurance premium in favor of himself or the "Insured
2.3. Insured (Beneficiary)	person from 0-66 years of age, who is the subject of the insurance and who receives Insurance Compensation. However, if the Insured was under in-patient treatment at the time of insurance such cases are not subject to reimbursement. This restriction does not apply to those who have benefited from JSC "International Insurance Company IRAO" insurance and the interval between insurance periods does not exceed 14 (fourteen) consecutive calendar days;
2.4. Family member	spouse, child / stepchild, parent, and / brother of the "Policyholder" (kinship is confirmed by a marriage or birth / adoption certificate)
2.5. Sum Insured	Maximum amount of insurance reimbursement – limit of Insurer's liability.
2.6. Insurance policy / card	an insurance document held by the "Insured" and issued in accordance with these terms.
2.7. Insurance reimbursement	Amount to be reimbursed by the Insurer to the Insured/Beneficiary in case of the insured event, in accordance with these terms and conditions
2.8. Premium	Amount to be paid by the Policyholder to the Insurer as the cost of insurance services. Amount of premium will be specified in the Insurance policy.

2.9. Copayment	Part of medical expenses that, according to the Agreement, shall not be reimbursed by the Insurer.
2.10. Cover	Part of medical services that, according to the Agreement, shall be reimbursed by the Insurer.
2.11. Limit	Maximum amount (limit) of reimbursement during the insurance period, as specified in the Insurance Policy.
2.12. Sublimit	Part of the limit corresponding to the maximum amount of reimbursement for a particular service.
2.13. Daily Limit for Cash Payment	the amount specified in Annex # 1, which is the maximum amount intended for cash payment within 24 hours.
2.14. Territory of cover	the geographical area of insurance; This insurance is valid only on the territory of Georgia within the scope of its jurisdiction.
2.15. Damage	damage caused by the risks specified in this Agreement to the "Insured" ("Beneficiary") as a result of the insured event.
2.16. Insured event	Event caused by the risks insured entailing the Insurer's liability to pay insurance reimbursement to the Insured/Beneficiary, in accordance with these terms and conditions.
2.17. Risk insured	Insured's need for medical services or services related to a personal accident.
2.18. Personal accident	Any sudden unexpected event beyond the Insured's control, caused by external forces and resulting in death or permanent and/or total disability of the Insured.
2.19. Death	(lethal event) – Irreversible interruption of functioning of the human brain.
2.20. Exclusion	An event, which, according to these terms and conditions is not regarded as insured event and is not subject to reimbursement.
2.21. Force Majeure	Natural disasters, strikes, lockouts, acts of terrorism, sabotage, war, military actions, civil unrest, revolution, epidemics, confiscation, nationalization, requisition and similar events beyond the control of and unavoidable by the parties.
2.22. Principle of short rate	Part of the total insurance premium added to the earned premium in case of premature termination of the Agreement.
2.23. Waiting period	A period during which no loss shall be reimbursed.
2.24. Standard ward	A ward properly equipped to provide full scope of medical services.
2.25. Non-standard ward	Standard ward improved for personal comfort.
2.26. Resuscitation ward	A ward properly equipped to provide full scope of resuscitation services.

2.27. In-patient day	The period of time that the Insured spends in a hospital (in-patient) medical facility during the day.
2.28. Provider	Medical facility contracted by the Insurer and providing medical services to the Insureds in case of an insured event, as provided by the Insurance Agreement.
2.29. ICD-10	Disease codes provided by the 10th revision of the International Classification of Diseases (http://classifications.moh.gov.ge/Classifications/Pages/ViewICD10.aspx).
2.30. Positive list	Full list of medical interventions, manipulations and/or services (as per ICD 10 codes) covered by the corresponding Article of Insurance Agreement.
2.31. Amount of Liability	Amount limit within which the "Insurance Company" reimburses the costs of services rendered in accordance with the "Insurance Terms."
2.32. Medical Evidence	Health condition that on the basis of corresponding specialist/subspecialist medical doctor's prescription (subject of independent medical practice) requires medical intervention (treatment or investigation) taking into account the existing protocols and guidelines in the country, in case of lack of relevant protocols and guidelines in the country in accordance with international protocols and guidelines.
2.33. Double insurance	Insurance of the same Insured with several Insurers.

3. Term of agreement and insurance period

3.1. **Term of Agreement** - the period during which the Insurance Agreement is valid.

3.2. **Insurance period** - the time interval in which the insurance is valid. Insured events incurred during this period will be reimbursed by the Insurer only before the expiration of the insurance period. The insurance period is indicated in the insurance policy.

3.3. The insurance is valid from 24:00 on the beginning of the insurance period specified in the insurance policy and ends at 24:00 on the last day of the insurance period specified in the insurance policy.

3.4. After the expiration of the period specified in the insurance policy, the validity period of the policy will be automatically extended each time with each subsequent year and under the same conditions until the "Policyholder" notifies the "Insurer" in writing of the change of terms or termination of insurance before the expiration of the insurance period. Upon renewal of the policy each subsequent year, the Insurer reserves the right to increase the insurance premium with the prior consent of the Policyholder. The Agreement will no longer be automatically renewed after the Policyholder refuses to insure.

4. Rights and obligations of the parties

4.1. Insurer is entitled:

4.1.1. To demand the due performance of their obligations from the Policyholder.

4.1.2. To demand full and timely payment of insurance premium, in accordance with the schedule stipulated in the Agreement.

4.1.3. To demand any information necessary to enter in an agreement, in the form agreed by the Insurer and the Policyholder.

4.1.4. Not to reimburse the loss not covered under the "Terms and Conditions of Insurance."

4.1.5. Not to reimburse the loss, if the Policyholder breaches the premium payment terms as indicated in the List of Insureds.

4.1.6. Not to reimburse the loss if the Policyholder or Insured prevents compensation of damages by the third parties.

4.1.7. To request from the Policyholder/Insured the document certifying that the information in the List of Insureds is correct.

4.1.8. To replace and/or add and/or remove one or more medical providers and/or family doctor's locations during the insurance period.

4.1.9. To process the personal data of the Insured, including special category data for the purposes of this Agreement and in accordance with the Georgian legislation.

4.1.10. To transfer the personal data of the Insured, including special category data, to the provider institution, if necessary.

4.1.11. To receive the personal data of the Insured, including special category data, from the provider institution, if necessary.

4.1.12. In the event of cancellation/introducing changes in any state/referral health care program, to change the insurance conditions subject to a one-month preliminary written notice sent to the Policyholder.

4.1.13. Refuse to provide insurance/conclude insurance agreement with the Policyholder / Insured or to offer amended terms of insurance under this Agreement. This condition applies to the Policyholder/Insured, who is insured under the corporate health insurance with the Insurer and is willing to purchase the present retail health insurance;

4.2. Insurer undertakes:

4.2.1. To provide insurance services in accordance with the Insurance Terms and Conditions.

4.2.2. Upon the receipt of all the necessary documents to fully and timely pay insurance reimbursement in accordance with the Insurance Terms and Conditions.

4.2.3. To duly perform their liabilities hereunder.

4.3. Policyholder is entitled:

4.3.1. To demand the provision of insurance services in accordance with the Insurance Terms and Conditions.

4.3.2. To receive Insurance Terms and Conditions from the Insurer.

4.3.3. In case of the insured event, to be reimbursed within the timeframe indicated in the Agreement and Insurance Terms and Conditions.

4.3.4. To demand the due performance of their obligations from the Insurer.

4.4. Policyholder undertakes:

4.4.1. To pay insurance premium in accordance with the schedule stipulated in this Agreement.

4.4.2. To provide all the information necessary to enter in an agreement, in the form established by the Insurer (List of Insureds), including an electronic version.

4.4.3. To assist the Insurer in investigation of the reasons and consequences of the insured event.

4.4.4. To duly perform their liabilities hereunder.

4.4.5. To inform the Insurer immediately in case of insurance of the same interest simultaneously with several insurance companies. The notice should include the names of all insurance companies and the corresponding Sums Insured.

4.5. Insured is entitled:

4.5.1. To be reimbursed in accordance with the Insurance Terms and Conditions.

5. Insurance reimbursement

5.1. Procedure of issuing insurance reimbursement is stipulated in the “Insurance Terms and Conditions” (Annex 1).

5.2. The "Insurer" is responsible for issuing the insurance indemnity to the insured person specified in the "terms of insurance" only in accordance with the insurance event that occurred and was declared during the insurance period.

5.3. Insured/Beneficiary shall be entitled to be reimbursed subject to the full performance of their liabilities under this Agreement and Annexes hereto.

5.4. Insured is entitled to receive medical services in the licensed medical facilities, as medically indicated, from a licensed physician, otherwise, no reimbursement shall be issued.

5.5. The Insurer will not reimburse any expenses beyond the established list of services and in excess of the agreed volumes.

5.6. The Insurer will not reimburse the expenses not listed either in the list of covered services in the Insurance Conditions or in the list of exclusions.

5.7. In case of double insurance, the liability of the Insurer is limited by their share in the total liability, within the limits specified in this Agreement. The Policyholder cannot be paid more than the actual loss.

5.8. In the event the Policyholder/Insured enters in double insurance agreements for the purpose of unlawufull income, all such agreements shall be deemed void.

6. Premium payment schedule

6.1. The individual insurance premium is calculated according to the chosen package and the age of the insured, and in the case of family insurance according to the chosen package, the age of the insured and the number of insured family members as follows:

6.1.1. If the number of insured persons is 4 in total, the discount of 3% will be applied to the total premium.

6.1.2. If the number of insured persons is 5-7 in total, the discount of 5% will be applied to the total premium.

6.1.3. If the number of insured persons is 8 and more in total, the discount of 8% will be applied to the total premium.

6.2. Under this Agreement, the premium is paid monthly or all at once by the "Insurer" in favor of the "Insured". The insurance premium payment schedule/payment dates are indicated in the policy. In case of one-time payment, the discount of 3% will be applied to the total premium.

6.3. When paying the insurance premium, the first payment of the insurance premium is made immediately after the conclusion of the Agreement/Policy, no later than 14 days prior the beginning of the insurance period, and subsequent payments are made every following month on the dates specified in the policy, according to the agreed payment schedule.

6.4. The amount of the insurance premium is indicated in the insurance policy.

6.5. The premium can be paid by non-cash payment through the bank details specified in this Agreement.

6.6. In case of breach of the payment schedule, or before payment of the first or single installment, the Insurer is free from their obligations hereunder, unless the parties agree on different conditions. In case of a delay in payment of the following installments, the Insurer will set an additional two-week period for payment of the due premium. If after expiry of this period the premium still remains overdue, the Insurer shall have a right not to reimburse any losses occurred after expiration of this period. At the same time, if the Policyholder fails to timely pay the due premium, the Insurer will have the right to unilaterally terminate the Insurance

Agreement subject to one-month preliminary written notice, if after expiry of this one-month period the premium still remains overdue.

6.7. When paying the insurance premium or a part of it, the “Policyholder” is obliged to indicate the insurance policy number in the purpose of the payment order. Failure to comply with this requirement by the "Policyholder" will be considered as non-fulfillment of the obligation to pay the insurance premium (or a part of it).

6.8. If within the period from the start of insurance period till the date of premium paymenr the annual inflation rate exceeds 10%, as per norms established by the National Statistics Service of Georgia, the Insurer will have the right to increase the remaining premium by no more than the same percentage. If the parties fail to agree on the changed insurance premium, the Agreement shall be terminated and the Policyholder will have to pay additional premium, as per Clause 6.9 below.

6.9. In addition to the premium for the past insurance period, the Policyholder must pay 20% of the total insurance premium, so that the total amount will not exceed the total insurance premium, if a) the Policyholder terminates the Insurance Agreement prematurely; b) the Insurer terminates the Insurance Agreement prematurely because of the failure of the Policyholder to pay insurance premium. In the event that the limit used by the "Policyholder" under the insurance policy exceeds the full premium, the „Policyholder” is obliged to pay the full premium.

6.10. If the Agreement is terminated pre term with the initiative of the “Policyholder” due to the reason, that he/she is insured under the corporate health insurance of the Insurer, the Policyholder shall pay the proportionate part of the Insurance Premium (Earned Premium in proportion of the Insurance Period) and 20% of the full Premium additionally (Short term principle), but not more than full Insurance Premium. In case the limit used by the Policyholder provided under the insurance policy is less than or equal to the earned premium, the insurance will be canceled without a penalty.

7. Right to be compensated by the third party

7.1. After paying the reimbursement, the Insurer will be granted the right of the Policyholder (Insured, Beneficiary) to claim against the person responsible for the loss.

7.2. The Policyholder (Insured, Beneficiary) will support the Insurer in this right and for this purpose, provide all the available documents, and do nothing to prevent the Insurer in excercising this right.

7.3. If the Policyholder (Insured, Beneficiary) breaches the obligations under this clause, the Insurer will have the right to decline reimbursement or request back already paid amounts.

8. List of Insureds and changes in it

8.1. Before entering in agreement, the Policyholder must present to the Insurer information about the Insured persons. The List of Insureds must contain the following information about each Insured: name and family name, personal number, date of birth, address, telephone number, insurance policy, insurance premium.

8.2. Changes in the List may be agreed in accordance with clause 8.1, based on the notice sent by the Policyholder to the Insurer by e-mail.

8.3. In case of changes in the List of Insureds (additions/removals), the Policyholder must submit to the Insurer the information about the planned changes via email: office@irao.ge once per month, 5 days prior to the end of the accounting month (except for the holidays provided for by the Labor Code of the Organic Law of Georgia). This information must include the following mandatory data: in case of addition of a family member – in addition to the above information, also marriage or birth certificate, as applicable, in case of removal of a family member – death certificate (if applicable). Information must be provided by the "Policyholder" to the "Insurer" through the e-mail specified in the policy.

8.4. The Insurer may also request: in case of a family member – a document certifying the kinship to the Policyholder (marriage or birth certificate, as applicable).

8.5. Provision of the data stipulated in Clause 8.1 does not release the Policyholder from the obligation to submit to the Insurer the documents requested by the latter in accordance with the Georgian law on Facilitating the Prevention of Money Laundering and the Financing of Terrorism and the Order #11 of the Head of Insurance State Supervision Service of Georgia of February 17, 2016, "On approving of internal accounting requirements for insurance organizations".

8.6. In case of change in the number of Insureds, the amount of monthly and annual insurance premium shall be calculated according to such changes, based on the number of Insureds.

8.7. In case of change in the number of Insureds, the Policyholder shall provide all the necessary information about the Insureds and pay corresponding insurance premium for the period.

8.8. It is not allowed to include any persons in the List of Insureds except for the Policyholder and their family members.

8.9. If persons who are not members of Policyholder's families are found in the List of Insureds, the Insurer has the right to demand a penalty in the amount of GEL 10,000 (ten thousand) for each such fact, and to terminate the insurance in respect of such persons.

9. Relationship between the "Policyholder" and the "Insurer" in the event of force majeure

9.1. In the case of force-majeure, the Parties shall be exempted from full or partial fulfillment of their obligations hereunder.

9.2. The party which became unable to perform their obligations due to force-majeure, must notify the other party no later than within two working days after the occurrence of or after becoming aware of force-majeure. Later this fact must be confirmed by the Georgian Chamber of Commerce and Industry or other competent state authority.

9.3. If force-majeure lasts for more than one month, or if due to the delay the parties have lost interest in insurance, the parties shall agree to terminate the insurance agreement.

10. Disputes resolution. Compensation of damages

10.1. In order to resolve any disputes/controversies arising from this Agreement, the parties, as well as the Insured and the Beneficiary, will apply to the "Insurance mediation" of the Non-Commercial Legal Entity "Georgian Insurance Association", phone number: 2555155, address: 24 Mosashvili st. Tbilisi, e-mail: mediacia@insurance.org.ge. The total costs related to the "Insurance Mediation" process of the "Georgian Insurance Association" shall be financed from the membership fee income of the "Georgian Insurance Association."

10.2. In case the parties fail to reach an agreement, the disputes will be reviewed and resolved in accordance with the procedure established by the legislation of Georgia, by applying to the court.

10.3. Each party is obliged, within their responsibility, to compensate the other party for the incurred damages and paid expenses (including the Insured's expenses) in the manner established by the legislation of Georgia.

11. Termination of Agreement

11.1. This Agreement may be terminated in the following cases:

11.1.1. At the initiave of one of the parties, if the other party breaches their liabilities hereunder. Before terminating the Agreement, the first party is entitled to give the second party an additional period (not less than 1 month) to fulfill their obligations. In certain cases, the first party may be entitled to claim damages.

11.1.2. Upon written agreement of the parties.

11.1.3. Fulfillment by the both parties of all their contractual obligations hereunder.

11.1.4. In other cases provided by the law.

11.2. The Policyholder/Insured has the right to cancel the insurance within 14 (fourteen) days from the signing of the insurance agreement, without specifying any reason, penalty or additional tax, in case of concluding the insurance agreement remotely or outside the location of the Insurer. In such a case, the insurance premium paid by the Policyholder will be returned to the Policyholder within 14 (fourteen) calendar days from the submission of the application.

11.3. The Policyholder/Insured does not have the right to cancel the insurance, if the Policyholder/Insured, before the expiration of the right to cancel the agreement, directly and clearly requested, taking into account the terms of the insurance agreement, to receive services and the Insurer provided information that by receiving the relevant services, he/she loses the right of cancellation.

12. Confidentiality

12.1. The parties agree that any confidential information that has become known to them from the Agreement, cannot be disclosed to third parties without a prior agreement of the other party.

13.Processing of personal data

13.1. The Insurer acts within the scope of the authority granted by Georgian law and the contract and processes the personal data, including special categories of data, of the Policyholder/Insured/Beneficiary/Director/Beneficial Owner for the purposes of concluding the Insurance Contract, fulfilling the obligations under the Contract, fulfilling the obligations imposed on the Insurer by Georgian law, and protecting the interests of the Insurer, including but not limited to the purposes of double insurance and/or other cases established by law;

13.2. In the event of purchasing an insurance policy from Insurer, the following data are processed by the Insurer: first name, last name, personal number, date of birth, nationality, phone number, email address, address, and bank account details;

13.3. The Insurer processes the data of the insured for the purposes of the insurance contract and in order to fulfill obligations imposed by Georgian law;

13.4. The Insurer processes the personal data of the insured based on subparagraphs “b” and “j” of paragraph 1 of Article 5 of the Law of Georgia on Personal Data Protection, which states that data processing is necessary for fulfilling obligations arising from a contract with the data subject or for entering into a contract at the request of the data subject; as well as for considering the data subject’s request (to provide services to them). Additionally, data processing is necessary for performing a duty imposed by Georgian law, as per subparagraph “d” of paragraph 1 of the same Article;

13.5. By signing the contract, the Policyholder confirms that the Insurer is authorized to request, receive, verify, and process the necessary personal data of the Policyholder/Insured/Beneficiary/Director/Beneficial Owner from the relevant administrative bodies, including the LEPL National Agency of Public Registry of the Ministry of Justice of Georgia, the LEPL Public Service Development Agency of the Ministry of Justice of Georgia, and the LEPL Service Agency of the Ministry of Internal Affairs of Georgia, according to the procedures established by law and for the purposes outlined in this contract;

13.6. The Policyholder, in turn, is authorized to store and transfer the personal data of the Policyholder/Insured/Beneficiary/Director/Beneficial Owner to state organizations, reinsurance/provider/partner companies, and/or other private or public organizations in accordance with the law and the contract;

13.7. The Policyholder consents that the Insurer is authorized to process the personal data of the Policyholder/Insured/Beneficiary for the purposes of insurance service quality and/or related research, including making this data available to the Insurer's partner organizations;

13.8. Data processing on behalf of the Policyholder may be carried out by an authorized person only if the Insurer has entered into a written agreement with the authorized person. Before signing the agreement, the Insurer shall always verify the trustworthiness of the party in advance and shall include in the agreement the obligation of the authorized person to take organizational and technical measures to ensure the protection of the data subject's personal data in accordance with legal requirements;

13.9. The insured has the right to request from the insurer information regarding the processing of their data, access to data and copies thereof, correction, update, completeness, suspension of processing, deletion or destruction, blocking, transfer, automated individual decision-making, consent withdrawal, and to exercise other rights provided by Georgian legislation. The insured has the right to receive the information no later than 10 working days from the date of their request. This period may be extended in exceptional cases with proper justification for no more than 10 additional working days, and the data subject must be immediately informed about such extension;

13.10. By signing the contract, the Policyholder grants the Insurer the right and undertakes the obligation, if necessary, to issue an additional written consent in accordance with Georgian law, to allow the Insurer to investigate/examine and obtain any documentation/information about the Policyholder/Insured/Beneficiary (if any) and/or the Insured event from state, private, or other organizations for risk control, verification of necessary information for insurance compensation, and confirmation of its authenticity;

13.11. The Policyholder has the right to revoke their consent at any time, without explanation or justification, by sending an electronic notification to the Insurer at the email address: office@irao.ge, or by registering a request with the Insurer's customer support service at: (+995 32) 2 949 949. Upon the Insured's request, data processing will cease or the processed data will be deleted or destroyed within no later than 10 (ten) business days, unless there is another basis for data processing/storage. Before revoking consent, the Insured has the right to request and receive information from the Insurer about the possible consequences of revoking consent;

13.12. By signing this contract, the Policyholder consents that they have received full information about the purposes and extent of data processing, as well as the rights of data subjects under the "Law of Georgia on Personal Data Protection", including the right to receive information about the processing of personal data from the Insurer, to fully or partially revoke consent for data processing, to correct, update, supplement, block, delete, and destroy data;

13.13. By signing this contract, the Policyholder confirms that the basis for providing the personal data of the Policyholder/Insured/Beneficiary to the Insurer is the informed and voluntary consent of the data subjects according to Georgian law, and the Insured is fully responsible for obtaining, processing, and transmitting these data to the Insurer.

13.14. The Insurer confirms that all necessary technical and organizational measures have been implemented and all necessary actions are taken to protect the personal data of the Policyholder/Insured/Beneficiary/Director/Beneficial Owner from unauthorized or illegal processing, loss, destruction, damage, unauthorized alteration, or disclosure;

13.15. Personal data of the Insured is stored for the period necessary for providing insurance services and/or fulfilling obligations imposed on the Insurer by Georgian legislation. Upon expiration of the storage period, all documents containing personal data are subject to destruction and/or deletion, according to format;

13.16. The Insured has the right, in case of violation of rights provided by law and established procedures, to appeal to the Personal Data Protection Service, court and/or superior administrative body in accordance with procedures established by law;

13.17. Regarding any issue related to personal data protection by the Insurer, the Insured can contact the Personal Data Protection Officer at LLC "Data Privacy" (ID: 400272469) at the following email address: info@dataprivacy.ge, and/or phone number: 511 24 94 58.

14. Final provisions

14.1. The place of execution of this Agreement is the legal address of the Insurer.

14.2. If any of the provisions of this Agreement become void this will not entail the voidance of the whole Agreement.

14.3. In case of the delay in submission of the invoice by the Insurer or in payment of premium by the Policyholder, the the corresponding notices shall be sent to or from the following e-mail: invoice@irao.ge

14.4. All notices and consents necessary for the execution of this Agreement shall be provided to the parties by e-mail or registered post. The notification must be sent to the addresses specified in this Agreement. In case of changes in the contact details, the parties must notify each other immediately, no later than within 3 days, otherwise, the notification sent to the address specified in the Agreement will be considered received. The party is responsible for the correctness, accuracy and legality of the information (documentation) provided to the other party. If the information (documentation) provided to the other party appears not to meet these requirements, it will be considered a violation of contractual obligations by the party, giving the other party a right not to fulfill their corresponding obligations.

14.5. This Agreement is construed in the English language, in two copies with equal legal power, one copy for each party.

15. Sanctions clause

15.1. No insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, Georgia, the United Kingdom or the United States of America (provided that this does not violate any regulation or specific national law applicable to the undersigned insurer).

With me signature hereby, I confirm, that I have read and agree to the terms of retail health insurance of JSC "International Insurance Company IRAO"

Policyholder: ----------

Signature of the Policyholder: ----------

Date: ----------

Annex #1

Part 1: Covers, services and reimbursement

Irao Assistance	**(032) 2 949 949**
Mobile application link	https://bit.ly/IRAOappIOS **(IOS)** https://bit.ly/IRAOappAndroid **(Android)**
Personal space address	https://online.irao.ge/ka/login

1. Irao Assistance

- 24-hours telephone consultation
- Providing information on insurance
- Making an appointment with personal doctor
- Calling an ambulance

2. Personal service manager

- Consulting on insurance conditions
- Within the scope of competence solving issues/concerns raised by the Insured
- In case of prescription, sending referrals to the provider network.

3. Personal doctor

- Consultations
- Prescribing treatment
- Sending referrals to the provider network, issuing of a hospital sheet ("Bulletin")

In order to receive services:

- Make an appointment with the help of **mobile application or personal space;**
- Call **IRAO ASSISTANCE** and make an appointment with a personal doctor at the desired time.

4. Ambulance services

- Ambulance services at place
- Transportation within the territory of Georgia as medically indicated

In order to receive services:

- Call **IRAO ASSISTANCE:** IRAO will call an ambulance for the Insured;

- Present your **ID card** to the ambulance and you will receive the services free;
- **Call a provider and/or non-provider ambulance directly:** you will pay the full cost of service and then request reimbursement from the Insurer.

5. Preventive care

- Personal doctor's consultation
- Complete blood count
- Common urine test
- Electrocardiogram
- Blood glucose level
- Prothrombin level in blood
- Ultrasound examination of one organ system

In order to receive services:

- Make an appointment with the help of **IRAO ASSISTANCE, mobile application or personal space.** Personal doctor will issue a referral to the tests covered by your policy. These services can be received in Tbilisi and in the regions where the personal doctor is placed.
- Referrals may be issued through **personal space and mobile application**.

6. Preventive vaccination (if covered)

- Flu vaccination

Note: *Revaccination shall be financed only if the card indicates preventive vaccination twice a year.*

In order to receive services:

- **You will pay the full cost of services and then request reimbursement from the Insurer.**

7. In-patient treatment

- Surgical, therapeutic and conservative treatment
- Drugs (other than post-surgical medicines)
- Parenteral and enteral nutrition
- Standard ward, resuscitation ward and/or intensive care unit
- Post-surgical diagnostic tests

7.1. In-patient treatment includes:

7.1.1. In-patient treatment due to personal accident

Includes:

- Treatment of health deterioration due to the effect of external forces (physical, mechanical, thermal or chemical), when the delay will inevitably cause the death or dramatic worsening of the patient's condition;
- Treatment of complications (both before and within 30 calendar days after discharge from the hospital).

Note: *Duration of hospital stay must exceed 24 hours.*

7.1.2. Urgent in-patient treatment (Waiting period 3 months)

Includes:

- Treatment of health deterioration, when the delay will inevitably cause the death or dramatic worsening of the patient's condition;
- More than 24 hours stay in the hospital;
- Treatment of complications (both before and within 30 calendar days after discharge from the hospital).

Note 1*: Cardiology, oncology (including Oncology Complications) and day hospital treatment is not covered.*

Note 2*: Duration of hospital stay must exceed 24 hours.*

7.1.3. Planned in-patient treatment (Waiting period 12 months)

Includes:

- More than 24 hours stay in the hospital;
- Treatment of complications (both before and within 30 calendar days after discharge from the hospital).

Note 1: *Cardiology, oncology (including Oncology Complications) and day hospital treatment is not covered.*
Note 2: *Duration of hospital stay must exceed 24 hours.*

7.1.4. Cardiology (Waiting period 12 months for planned treatment and 3 months for urgent treatment)

Includes:

- Planned and urgent cardiac surgery;
- Planned and urgent interventional cardiology;
- Planned and urgent cardiological interventions/manipulations;
- Coronary angiography;
- Treatment of complications (both before and within 30 calendar days after discharge from the hospital).

7.1.5. Day hospital treatment (Waiting period 12 months for planned treatment and 3 months for urgent treatment)

Includes:

- Planned and urgent interventions/manipulations/surgical operations stipulated in Part #4 (treatment of health deterioration, when the delay will inevitably cause death or dramatic worsening of the patient's health), despite the duration of hospital stay.
- Cases not stipulated in Part #4, when the duration of hospital stay does not exceed 24 hours.
- Treatment of complications (both before and within 30 calendar days after discharge from the hospital).

Note: *Cardiology and oncology (including Oncology Complications) is not covered.*

7.1.6. Indirect expenses (if covered)

Include:

- Any medical services not indicated in Clauses 6.1.1-6.1.5.

7.2. In order to receive urgent in-patient treatment (in-patient treatment due to personal accident, urgent in-patient treatment, urgent day hospital treatment, urgent cardiological treatment):

If you wish, you can call Irao Assistance within 48 hours and leave a notice (both in case of a provider or non-provider clinic).

In case of a provider clinics: We provide a letter of guarantee on the basis of which you can receive services in the respective hospital within the limits/co-payment specified in the insurance policy.

In case of a non-provider clinic, or if you do not leave a notice in case of either provider or non-provider clinic: You will pay the full cost of services and then request reimbursement from the Insurer. The Insurer will reimburse your expenses in accordance with the Insurance Agreement, subject to the submission of relevant documentation.

7.3. In order to receive planned in-patient treatment (planned in-patient treatment, planned day hospital treatment, planned cardiological treatment):

In case of a provider medical facility: you will receive hospital treatment within the limit/copayment specified in the insurance policy. All documents must be submitted to the Insurer 5 (five) working days prior to the commencement of treatment. Based on these documents, the Insurer will issue a letter of guarantee within 1 (one) working day, if the cost of treatment does not exceed GEL 1000 (one thousand), or within 2 (two) working days, if the cost of treatment equals to or exceeds GEL 1000 (one thousand).

In case of a non-provider medical facility, or if you do not submit preliminary documentation in case of a provider clinic: You will pay the full cost of services and then request reimbursement from the Insurer. The Insurer will reimburse your expenses in accordance with the Insurance Agreement, subject to the submission of relevant documentation.

In order to receive a letter of guarantee for in-patient treatment, the Insured or his/her representative must present:

- Form #IV-100/A;
- Detailed calculation of medical expenses.

8. Oncology (Waiting period 12 months)

(Benign and malignant oncological diseases stipulated in the 10th revision of the International Classification of Diseases (ICD-10))

Includes:

- Urgent (when a delay in treatment will inevitably cause death or dramatic health deterioration of the patient) and planned surgery
- Consultations
- Instrumental and lab tests
- Diagnostics
- Manipulations
- Chemotherapy, radiation treatment
- Drugs
- Hormone therapy
- Oncology Complications
- Treatment of complications (both before and within 30 calendar days after discharge from the hospital).

In order to receive services:

See the procedure of reimbursement designed for urgent and planned in-patient treatment, out-patient treatment and prescribed drugs.

In case of out-patient treatment additionaly Free choice – if you apply directly either to a provider or non-provider clinic without a referral, you will have to pay the full cost of services and then request reimbursement from the Insurer. The Insurer will reimburse your expenses in accordance with the Insurance Agreement, subject

to the submission of relevant documentation. Services received without a referral shall be reimbursed according to the copayment share established for the services received at free choice.

9. Pregnancy (Waiting period 12 months)

Includes:

- Urgent and planned medical treatment
- Consultations
- Instrumental and lab tests
- Termination of pregnancy, if medically indicated
- Diagnostics and treatment of any complications of pregnancy
- Manipulations
- Drugs prescribed for out-patient and in-patient treatment
- Biologically active supplements and homeopathic medicines prescribed by a doctor.

Note: *Full cover within the policy limit/copayment, no exclusions will apply, including state/referral program(s).*

In order to receive services:

See the procedure of reimbursement designed for out-patient treatment and prescribed drugs.

In case of out-patient treatment additionaly Free choice – if you apply directly either to a provider or non-provider clinic without a referral, you will have to pay the full cost of services and then request reimbursement from the Insurer. The Insurer will reimburse your expenses in accordance with the Insurance Agreement, subject to the submission of relevant documentation. Services received without a referral shall be reimbursed according to the copayment share established for the services received at free choice.

10. Childbirth (Waiting period 12 months)

Includes:

- Uncomplicated delivery
- Caesarean section whether medically indicated or not
- Complications during the postpartum period (40 calendar days after delivery), including any routine gynecological outpatient care and medication provided during this period.
- Drugs
- Manipulations
- Anesthesia
- Ward (standard/non-standard, resuscitation, intensive care ward)
- Meals
- Invited doctor's fees/salary
- Treatment of complications (both before and within 30 calendar days after discharge from the hospital), except for puerperal sepsis, atonic hemorrhage and ectopic pregnancy, which are covered under the urgent in-patient treatment limit.

Note: *Full cover within the policy limit/copayment, no exclusions will apply, including state/referral program(s).*

In order to receive services:

See the procedure of reimbursement designed for urgent and planned in-patient treatment.

11. Out-patient treatment

Includes:

- Specialist consultation
- Instrumental and lab tests
- Manipulations
- Prescribed drugs (only in case of urgent out-patient treatment)
- Planned out-patient treatment with referral only for concrete card

Note: *Duration of hospital stay must not exceed 24 hours.*

11.1. Out-patient treatment includes:

11.1.1. Urgent out-patient treatment

Includes:

- Treatment not later than within 24 hours after the event, the delay of which will inevitably cause death or dramatic health deterioration of the patient.
- Full course of anti-rabies, anti-tetanus, botulinum, anti-gyursine vaccination.

Note: *High-tech examinations (CT, MRI) that became necessary within the urgent out-patient services, shall be reimbursed under the planned out-patient limit and copayment.*

In order to receive urgent outpatient treatment:

If you wish, you can call Irao Assistance **within 24 hours** (both in case of a provider or non-provider clinic)

In case of provider clinic: you will have to pay only your share of cost (if any).

In case of a non-provider clinic, or if you apply directly to a provider clinic without a referral: You will pay the full cost of services and then request reimbursement from the Insurer. The Insurer will reimburse your expenses in accordance with the Insurance Agreement, subject to the submission of relevant documentation.

11.1.2. Planned outpatient treatment and planned outpatient treatment in the case of chronic disease (diabetes type 1 and type 2, kidney and/or liver failure) at Personal Doctors locations and Provider Clinics

In order to receive planned out-patient services:

With the help of personal doctor: you can apply to your personal doctor, who will identify your problem and refer you to the necessary examinations and consultations at the provider medical facility. In such case you will have to pay only your share of cost (if any).

You can also **consult your personal doctor remotely:** you can apply to your personal doctor, who will identify your problem and refer you to the necessary examinations and consultations at the location of the personal doctor or at the provider medical facility. In such case you will have to pay only your share of cost (if any).

You may choose to use electronic referral. In such case, you must send an application accompanied by the diagnose and prescription signed and stamped by an authorized person (on a doctor's title page) and/or Form No. IV-100 through your personal space or mobile application 1 business day prior to receiving the service. Based on confirmation in accordance with the terms of this Agreement, we will forward the electronic referral to a provider clinic. In the clinic you will have to pay only only your share of cost (if any).

Free choice (if such coverage is provided by the card) – if you apply directly either to a provider or non-provider clinic without a referral, you will have to pay the full cost of services and then request reimbursement from the Insurer. The Insurer will reimburse your expenses in accordance with the Insurance Agreement, subject to the submission of relevant documentation. Services received without a referral shall be reimbursed according to the copayment share established for the services received at free choice.

11.1.3. Gynecology / Reproductology / Andrology

Includes gynecology, reproductive medicine, and andrology services, encompassing consultations with relevant specialists, diagnostic evaluations, lab tests, imaging, medical procedures, and all related healthcare expenses, subject to the coverage limit specified in the policy.

11.1.4. Out-patient treatment without exclusions

Includes:

- Specialist consultations.
- Instrumental and lab tests.

Note: *limited to the treatment that can be received at provider clinics indicated in the policy.*

In order to receive services:

Services can be received only based on the personal doctor's referral, at the medical facility indicated in the policy.

11.1.5. Nurse's home visits

Include:

- Manipulatinos performed by a nurse at home, within 2 weeks after discharge from the hospital.

In order to receive services:

You must pay the full cost of services and then request reimbursement from the Insurer. The Insurer will reimburse your expenses in accordance with the Insurance Agreement, subject to the provision of relevant documentation.

12. Prescribed drugs

Include:

- Cost of drugs prescribed for out-patient (including for gynecology/reproductive medicine/andrology) or dental treatment.
- Reimbursement of medicines intended for the treatment of chronic diseases (diabetes type 1 and type 2, kidney and/or liver failure).
- Single reimbursement can be paid for a two-months treatment course.

In order to receive services:

Based on personal doctor's referral, you will present your insurance policy and ID card to the phatrmacy and pay only your share of cost (if any), as provided by your policy.

Medicines without personal doctor's referral are not subject to reimbursement

13. Dental treatment

Includes:

- Cost of dental treatment.
- Discounts at the provider dental clinics.

13.1. Dental services include:

13.1.1. Urgent dental treatment

Includes:

In case of acute pain:

- Diagnostics (dentogram/visio)
- Opening of tooth channel
- Tooth extraction
- Local anesthesia

13.1.2. Planned dental treatment

Includes:

- Dentist (therapeutic/surgeon) consultation
- Diagnostics (only dentogram/Visio)
- Tooth filling in case of caries, pulpitis, periodontitis
- Hygienic cleaning with ultrasonic method twice a year
- Hygienic cleaning with airflow method twice a year
- Planned dental surgery (tooth extraction, planned surgical manipulations)
- Local anesthesia
- Treatment of periodontal and mucous membrane diseases by application method

In order to receive services:

- **If you apply to a provider dental clinic,** you will present your insurance policy and ID card and pay only your share in the 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 drugs and then request reimbursement from the Insurer. The Insurer will reimburse your expenses in accordance with the Insurance Agreement, subject to the submission of relevant documentation.

13.1.3. Dental implantation, orthopedic/orthodontic dental services

Include:

- Discounts in the provider clinics

In order to receive services:

You must apply to any provider clinic listed in the Attachment, where you present a certifying document and pay the discounted price.

Services, for which a dental clinic does not provide a discount, as well as services received at non-provider clinics, shall not be reimbursed.

14. Testing of samples taken in Georgia and sent to a clinic abroad

Includes:

- Testing of samples of biological liquids and tissues taken in Georgia and sent to a clinic abroad

In order to receive services:

If the services are available in Georgia: expenses will be reimbursed according to the price of services in the same medical facility in Georgia, or if the services are not available in the same facility, in the amount of the highest price for the same/similar services at a provider clinics.

If the services are not available in Georgia: expenses will be reimbursed based on the detailed calculation, within the applicable limit and copayment.

For those cards that do not include outpatient services with free choice services are available only at provider medical facilities where you will pay the full cost of services and then request reimbursement from the Insurer. The Insurer will reimburse your expenses in accordance with the Insurance Agreement, subject to the submission of relevant documentation.

15. Travel insurance

Includes:

- When purchasing a single travel insurance policy, a discount is applied, in accordance with the discount percentage specified in the insurance policy

***Note**: The terms and conditions of travel insurance are given in the travel insurance policy.*

- A travel insurance policy can be purchased at https://online.irao.ge, where upon entering passport data, a discount will be automatically applied and an electronic travel insurance policy will be issued.

List of required documents and terms of reimbursement

In order to be reimbursed, you must present to the insurance company or upload to personal space **https://online.irao.ge/login** the **following documents** within 60 (sixty) calendar days after receiving the corresponding service:

- Medical documents certifying the treatment prescribed by a licensed physician: Form #IV-100/A or a title page completed as required by the law – **for all services (Including Testing of samples taken in Georgia and sent to a clinic abroad) except for preventive vaccination and planned outpatient treatment for those cards that do not included outpatient services with free choice**
- Original receipt or posterminal printout, or internet bank statement – **for all services (Including Testing of samples taken in Georgia and sent to a clinic abroad) except for ambulance services and nurse's home visits and planned outpatient treatment for those cards that do not included outpatient services with free choice**
- Detailed calculation – **only for in-patient treatment**

- X-ray images/visio before and after treatment; not applicable to children under 12, pregnant women and oncological patients – **only for dental treatment**
- Stamped statement about the purchased drugs – **only for prescribed drugs**
- Form #IV-100/A 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 in the form established by the Ministry of Finance 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 (five hundred), the payment will be made through bank transfer within 1 (one) working day after receiving of all the required documents stipulated in the Agreement. Reimbursement exceeding the above amount will be made through bank transfer within 2 (two) working days after the receipt of all the required documents. The documents can be provided by placing in the boxes located in the Company's offices and/or by uploading in the personal space - https://online.irao.ge/login. Insurance reimbursement shall not be paid in cash.

In case the documents are sent in electronic form, the Insured is obliged to keep the original documents for 6 months.

Part 2: Exclusions

1. According to the Health Insurance Conditions, Insurer will not reimburse the expenses related to any of the following:

1.1. Self inflicted injuries; exposure to unnecessary hazards, unless for the purpose of saving human life; self-treatment and/or any complications thereof.
1.2. 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.
1.3. 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;
1.4. Hepatitis B and C, HIV infection, AIDS and their complications (primary screening, in particular, doctor's consultation and rapid tests will be covered).
1.5. Epilepsy, multiple sclerosis and amyotrophic lateral sclerosis, sarcoidosis. Operative/surgical intervention for the treatment of Epilepsy and Parkinson's disease;
1.6. 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)
1.7. 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);
1.8. Mental and/or behavioral disorders (codes F00-F99, R45.0-R45.1 as per 10th revision of the International Classification of Diseases (ICD-10):).
1.9. 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 (except as provided for in the insurance policy).
1.10. 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).

1.11. 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);

1.12. 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);

1.13. Participation in any kind of professional sports or in sport competitions, training, demonstrations.

1.14. Alopecia (codes L63-L66 as per 10th revision of the International Classification of Diseases (ICD-10));

1.15. Alternative and experimental medicine, manual therapy, acupuncture, plasmapheresis, ozone therapy, mesotherapy, phototherapy, 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;

1.16. Any type of plastic surgery, cosmetic treatment (including reconstructive surgery performed for cosmetic purposes);

1.17. 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);

1.18. Immunization and vaccination (other than anti-tetanus, anti-rabies, botulinum, antigyursine and other vaccination covered by the insurance policy);

1.19. 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).

1.20. Costs related to the purchase of immunomodulators, immunostimulators, immunosuppressants (waiting period 14 months after pulse insurance);

1.21. Indirect expenses during hospital treatment (except for those covered by the insurance policy).

1.22. Costs of dialysis itself and costs related to dialysis;

1.23. Exoprosthetics (including dentistry), transplantation/autotransplantation (including transplants (both artificial and biological); post-transplantation conditions; refractive anomalies and correction of strabismus.

1.24. 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.

1.25. 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)

1.26. 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)

1.27. Cost of assistive devices shall be reimbursed within the fixed limit, if covered by the insurance policy.

1.28. Cost of corrective devices shall be reimbursed within the fixed limit, if covered by the insurance policy.

1.29. Costs of internal fixings (including metalwork, plate, bolt, etc.) shall be reimbursed within the fixed limit, if covered by the insurance policy.

1.30. Expenses related to inpatient service/treatment and its complications in case of infection (Covid-19) caused by the new coronavirus (SARS-CoV-2)

1.31. Expenses related to services/treatment received outside the "insurance territory" provided by the contract.

1.32. Expenses related to services/treatment received at American Hospital Tbilisi LLC (ID 402154342).

1.33. 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)

1.34. 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.

Note:

- *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 Agtreement.*
  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).

Part 3: Insurance Policies

		A		B		C		D	
Covers provided by Insurance Agreement		***Cover***	***Limit (GEL)***	***Cover***	***Limit (GEL)***	***Cover***	***Limit (GEL)***	***Cover***	***Limit (GEL)***
Irao Assistance		100%	Unlimited	100%	Unlimited	100%	Unlimited	100%	Unlimited
Personal doctor		100%	Unlimited	100%	Unlimited	100%	Unlimited	100%	Unlimited
Ambulance services		100%	Unlimited	100%	Unlimited	100%	Unlimited	100%	Unlimited
Preventive care		100%	Twice per Insurance Period	90%	Once per Insurance Period	80%	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%	17 000	100%	15 000
	Urgent in-patient treatment including cardiolofy (waiting period 3 months)	100%	10 000	100%	9 000	100%	8 000	100%	7 000
	Planned in-patient treatment including cardiolofy(waiting period 12 months)	100%	8 000	100%	7 000	90%	6 000	80%	5 000
	Day hospital treatment – Urgent (waiting period 3 months)	100%		90%		80%		70%	
	Day hospital treatment – Planned (waiting period 12 months)	90%		80%		70%		60%	
	Stent/endoprotheses (reimbursed from the third year of pulse insurance, waiting period 24 months)	100%	1 000	100%	800	100%	600	100%	400
	assisting devices/corrective devices/internal fixings	100%		100%		100%		100%	
	Indirect expenses	100%	300	-	-	-	-	-	-
Oncology (waiting period 12 months)		100%	8 000	100%	7 000	100%	6 000	100%	5 000
Pregnancy/delivery (waiting period 12 months)		100%	1 200	100%	1 000	100%	700	100%	500
Urgent out-patient treatment		100%	Unlimited	100%	Unlimited	100%	Unlimited	100%	Unlimited
Planned out-patient treatment	With referral at Curatio and Raymann	100%	3 000 / 3 000	90%	2 000 / 2 000	80%	1 500 / 1 500	70%	1 000 / 1 000
	Raymann, Curatio without exclusions	100%		90%		80%		70%	
	With referral at Personal Doctors locations and Provider Clinics (except Curatio and Raymann)	90%		75%		65%		50%	
	Gynecology/Reproductology/Andrology With referral at Personal Doctors locations and Provider Clinics	90%	1 500	75%	1 000	65%	800	50%	500
Prescribed drugs	With referral at Aversi Pharmacy	90%	3 000	75%	2 000	65%	1 500	55%	1 000
	Without Referral - Free choice	80%		65%		55%		45%	
	Biologically active supplements, vitamins and homeopathic medicines with reference at Aversi Pharmacy	25%	500	25%	400	25%	300	25%	200
Dental treatment	Urgent dental treatment	100%	Unlimited	100%	Unlimited	100%	Unlimited	100%	1 000
	Provider clinics	80%	3000	70%	2000	60%	1 500	50%	1 000
	Provider clinics - HBI dent implant, Dens and Albius	60%	800	50%	500	40%	300	20%	200
	Dental implantation, orthopedic/orthodontic dental services at provider clinics	10-40%	Unlimited	10-40%	Unlimited	10-40%	Unlimited	10-40%	Unlimited
Travel Insurance 60 000 (USD/EUR)		30%	Unlimited	30%	Unlimited	30%	Unlimited	30%	Unlimited
Monthly insurance premium on an individual card for 0-21 years		***135***		***100***		***80***		***65.***	
Monthly insurance premium on an individual card for 21-40 years		***145***		***115***		***90***		***80***	
Monthly insurance premium on an individual card for 40-60 years		***150***		***120***		***95***		***85***	
Monthly insurance premium on an individual card for 60-66 years		***170***		***145***		***110***		***95***	

			A+		B +		C+		D+	
Covers provided by Insurance Agreement			***Cover***	***Limit (GEL)***	***Cover***	***Limit (GEL)***	***Cover***	***Limit (GEL)***	***Cover***	***Limit (GEL)***
Irao Assistance			100%	Unlimited	100%	Unlimited	100%	Unlimited	100%	Unlimited
Personal doctor			100%	Unlimited	100%	Unlimited	100%	Unlimited	100%	Unlimited
Personal service manager			100%	Unlimited	100%	Unlimited	100%	Unlimited	100%	Unlimited
Ambulance services			100%	Unlimited	100%	Unlimited	100%	Unlimited	100%	Unlimited
Preventive care			100%	Twice per Insurance Period	90%	Once per Insurance Period	80%	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%	17 000	100%	15 000
	Urgent in-patient treatment including cardiolofy (waiting period 3 months)		100%	10 000	100%	9 000	100%	8 000	100%	7 000
	Planned in-patient treatment including cardiolofy(waiting period 12 months)		100%	8 000	100%	7 000	90%	6 000	80%	5 000
	Day hospital treatment	Urgent (waiting period 3 months)	100%		90%		80%		70%	
		Planned (waiting period 12 months)	90%		80%		70%		60%	
	Stent/endoprotheses (reimbursed from the third year of pulse insurance, waiting period 24 months)		100%	1 000	100%	800	100%	600	100%	400
	assisting devices/corrective devices/internal fixings		100%		100%		100%		100%	
	Indirect expenses		100%	300	-	-	-	-	-	-
Oncology (waiting period 12 months)			100%	8 000	100%	7 000	100%	6 000	100%	5 000
Pregnancy/delivery (waiting period 12 months)			100%	1 200	100%	1 000	100%	700	100%	500
Urgent out-patient treatment			100%	Unlimited	100%	Unlimited	100%	Unlimited	100%	Unlimited
Planned out-patient treatment	With referral at Curatio and Raymann		100%	3 000	90%	2 000	80%	1 500	70%	1 000
	Raymann, Curatio without exclusions		100%		90%		80%		70%	
	With referral at Personal Doctors locations and Provider Clinics (except Curatio and Raymann)		90%	3 000	75%	2 000	7065	1 500	50%	1 000
	Gynecology/Reproductology/Andrology With referral at Personal Doctors locations and Provider Clinics		90%	1 500	75%	1 000	65%	800	50%	500
	Gynecology/Reproductology/Andrology - Free choice		75%		60%		50%		40%	
	Planned out-patient treatment Without Referral - Free choice		75%	1 500	60%	1 200	50%	1 000	40%	800
Prescribed drugs	With referral at Aversi Pharmacy		90%	3 000	75%	2 000	65%	1 500	55%	1 000
	Without Referral - Free choice		80%		65%		55%		45%	
	Biologically active supplements, vitamins and homeopathic medicines with reference at Aversi Pharmacy		80%	350	70%	300	60%	250	50%	200
Dental treatment	Urgent dental treatment		100%	Unlimited	100%	Unlimited	100%	Unlimited	100%	1 000
	Provider clinics		80%	3000	70%	2000	60%	1 500	50%	1 000
	Provider clinics - HBI dent implant, Dens and Albius		60%	800	50%	500	40%	300	20%	200
	Dental implantation, orthopedic/orthodontic dental services at provider clinics		10-40%	Unlimited	10-40%	Unlimited	10-40%	Unlimited	10-40%	Unlimited
Travel Insurance 60 000 (USD/EUR)			30%	Unlimited	30%	Unlimited	30%	Unlimited	30%	Unlimited
Monthly insurance premium on an individual card for 0-21 years			***145***		***110***		***90***		***75***	
Monthly insurance premium on an individual card for 21-40 years			***155***		***125***		***100***		***90***	

Monthly insurance premium on an individual card for 40-60 years	*160*	*130*	*105*	*95*
Monthly insurance premium on an individual card for 60-66 years	*185*	*160*	*125*	*110*

A person is considered insured only within the scope of the insurance covers/services under the corresponding insurance policy. Definitions/procedures described in Part #1 are for information purposes only, if the particular cover/service is not provided by the corresponding Insurance Policy.

Covered expenses shall be reimbursed within the applicable limits/sublimits. In case of exhaustion of one limit/sublimit, it is not allowed to use the limit/sublimit of another service.

Part 4. List of day hospital services

1. **Gynecology**
   - 1.1. Polypectomy
   - 1.2. Operations/manipulations on the cervix
   - 1.3. Therapeutic hysteroscopy/hysteroresectoscopy
   - 1.4. Ablation
   - 1.5. Excision and drainage of the Bartholin's gland (operations/manipulations on the Bartholin's gland)
   - 1.6. Operations/manipulations on vaginal cysts
   - 1.7. Laparoscopic operations/manipulations on the uterine adnexa
   - 1.8. Operations/manipulations related to endometriosis and adenomyosis
2. **Otorhinolaryngology**
   - 2.1. Adenoidectomy
   - 2.2. Tonsillectomy
   - 2.3. Adenotonsillectomy
   - 2.4. Nasal polypectomy
   - 2.5. Resection of the nasal septum
   - 2.6. Turbinate disintegration (operations on the turbinates)
   - 2.7. Conchotomy
   - 2.8. Sinusitis – endoscopic surgery
   - 2.9. Myringotomy
   - 2.10. Maxillary sinusotomy (Highmorotomy)
   - 2.11. Septoplasty
3. **Ophthalmology (in full)**
4. **Gastroenterology**
   - 4.1. Fissurectomy
   - 4.2. Rectal polypectomy
   - 4.3. Papillotomy/sphincterotomy
   - 4.4. Ligation of varicose veins (gastric, esophageal)
   - 4.5. Gastrostomy
   - 4.6. Polypectomy
   - 4.7. Electrocoagulation
   - 4.8. Papillosphincterotomy
   - 4.9. Laparocentesis
   - 4.10. Laparoscopic cholecystectomy
   - 4.11. Drainage and/or excision of a dermoid/pilonidal cyst
5. **Genitourinary tract**
   - 5.1. Trocar epicystostomy
   - 5.2. Lithotripsy
   - 5.3. Operations/manipulations related to hydrocele/varicocele
   - 5.4. Surgery related to phimosis

5.5. Orchiectomy
5.6. Orchiopexy
5.7. Epididymectomy
5.8. Endoscopic stone removal
5.9. Cystolithotomy
5.10. Percutaneous litholapaxy and/or catheterization/stenting of the ureter and/or bladder
5.11. Laser and optical surgery

6. Mammology

6.1. Excision of cysts
6.2. Excision of a breast mass

7. Maxillofacial surgery

7.1. Excision of a cyst extending into the maxillary sinus
7.2. Excision of a cyst grown into the mandibular canal
7.3. Incision of a subperiosteal abscess
7.4. Surgical treatment of periostitis
7.5. Cystectomy
7.6. Incision of an inflammatory infiltrate or abscess
7.7. Treatment of alveolitis by curettage

8. Surgery – miscellaneous

8.1. Excision and/or drainage of skin and subcutaneous fat cysts
8.2. Stripping or ligation of lower-limb varicose veins, phlebectomy
8.3. Excision of lymph nodes
8.4. Ablation
8.5. Thoracentesis
8.6. Biliary drainage with intensive care monitoring
8.7. Operations/manipulations related to skin/soft-tissue abscesses, phlegmon, furuncles, and carbuncles

9. Orthopedics, Traumatology

9.1. Removal of metal implants (hardware)
9.2. Arthroscopy/arthroscopic meniscectomy

Part 5. List of providers
Personal Physicians Locations - Tbilisi

Name	Address
Med Investment (Vake Branch of David Tatishvili Medical Center)	Tbilisi, #7 Abuladze St. ; 0322913119
JSC "Curacio"	Tbilisi, #2 University St. ; 0322430101
TL Medical LLC (Isani Branch of Davit Tatishvili Medical Center)	Tbilisi, #55 Beri Gabriel Salos Ave.; 0322913119
Davit Tatishvili Health Center LLC (Pekini Branch of David Tatishvili Medical Center)	Tbilisi, #28 Pekini St.; 0322305305
Raymann. LLC	Tbilisi, #7 Sandro Euli St. 0322121122 Tbilisi, Artur Laisti St.1 Tbilisi, Marat Nozadze 12
"Inicio",	Tbilisi, 11b Miriam Mepe St

Personal Physician Locations - Tbilisi - Regions

Batumi	High-tech Multiprofile Hospital "Medcenter" Davit Tatishvili Medical Center-Batumi	Batumi, #118-120 Pushkin St. 0422226060; 596226060 Batumi, #129 Bagrationi 2 800 816
Kobuleti	Georgian Clinics- Kobuleti Hospital	Kobuleti, #18 Abashidze St. 0322600600
Kutaisi	Geohospitals LLC - Kutaisi Central Hospital	Kutaisi, #10 of Solomon the First; 577095417
Kutaisi	"Klinika-LJ", LLC	Kutaisi, #6a Chechelashvili St.; 0431243934
Marneuli	Marneuli Maternity and Outpatient Medical Center "Geo Hospital", LLC	Marneuli, #112 Rustaveli ; 0322505222
Gardabani	Geo Hospitals Marneuli Multiprofile Medical Center, LLC	Gardabani, #1 Leselidze St. 0322505222
Borjomi	Geo Hospitals Borjomi Multiprofile Medical Center, LLC	Borjomi, #3 Saakadze St.; 0322505222
Samtredia	Geo Hospitals Samtredia Multiprofile Medical Center, LLC	Samtredia, #2 Chanturia St. 0322505222
Zestaphoni	Geo Hospitals Zestaphoni Ambulatory Centre, LLC	Chiatura, #1 Agmashenebeli I lane; 0322505222
Khoni	Geo Hospitals Khoni Ambulatory Centre, LLC	Khoni, #12 Chanturia St. 0322505222
Gurjaani	Geo Hospitals Gurjaani Multiprofile Medical Center, LLC	Gurjaani, #35 Marjanishvili; 0322505222
Dusheti	Geo Hospitals Dusheti Multiprofile Medical Center, LLC	Dusheti, #71 N71 David Agmashenebeli; 0322505222
Chiatura	Geo Hospitals Chiatura Multiprofile Medical Center, LLC	Chiatura, #20 Chanturia St. 0322505222
Rustavi	JSC Rustavi Central Hospital	Rustavi, #3 Saint Nino; 0341255473
Tetritskharo	"Regional Health Center" LLC – Tetritskharo	Tetritskharo, #5 Rustaveli St.;
Tsalka	"Regional Health Center" LLC – Tsalka	Tsalka, #4 E.Takhaishvili St.
Dmanisi	"Regional Health Center" LLC –- Dmanisi	Dmanisi, #37 Saint Nino St.
Gori	Gormedi	Gori, Tskhinvali highway N14a; 0370224400
Kaspi	Medalfa	Kaspi, #27b Saakadze St.; 0322640011
Khashuri	"New Clinic" LLC - Khashuri Hospital	Khashuri, #40 Sh.Rustaveli; 0322600600
Poti	Ikamedi Poti Ltd	Poti, 40 Erekle II St. (493) 22 28 11
Senaki	Archimede Clinic	Senaki, #110 Rustaveli St. 577907068
Akhaltsikhe	Georgian Clinics- Akhaltsikhe Referral Hospital	Akhaltsikhe, #105a Rustaveli St. 0322600600
Kazbegi	Regional Health Center LLC	Stepantsminda townlet, #35 Kazbegi St.
Telavi	Georgian Clinics - Telavi Referral Hospital	Telavi, #1 Sekhniashvili St. 0322600600
Lagodekhi	Archimede Clinic	Lagodekhi, #4 9 April; 577907027
Sighnaghi	Archimede Clinic	Tsnori, #12 Bagrationi St. 577907028
Dedoplistskharo	"Regional Health Center" LLC - Dedoplistskharo	Dedoplistskharo, #2 Natroshvili St.
Kvareli	Georgian Clinics – Kvareli Clinic	Kvareli, Chavchavadze St.eet "Nabagrebi"; 0322550505
Ozurgeti	Medalfa	Ozurgeti, #3 Ninoshvili St. 0322640011
Chokhatauri	Health House in Guria, LLC	Chokhatauri, #1 Chavchavadze; 555000864
Lantckhuti	"Medalfa", LLC – Lantckhuti Clinic	Lantckhuti, #136 Jordania St.; 0322640011
Zugdidi	Georgian Clinics - Zugdidi Referral Hospital	Zugdidi, #206 K.Gamsakhurdia St. 0322600600

Oni	Oni Regional Health Center, LLC	Oni, #10 Vatkhtang VI St.
Ambrolauri	"Regional Health Center", LLC - Ambrolauri	Ambrolauri, #11 Bratislava-Racha St.;
Tsageri	"Regional Health Center" LLC - Tsageri	Tsageri, #31 Rustveli St.;
Sagarejo	Geo Hospitals Sagarejo Multiprofile Medical Centre, LLC	Sagarejo, 13 Kakheti highway; 0322505222
Vani	Geo Hospitals Vani Multiprofile Medical Centre, LLC	Vani, #84 Tavisuflebis St. 0322505222
Bagdati	Geo Hospitals Bagdati Multiprofile Medical Centre, LLC	Bagdati, Kakhiani St. N84; 0322505222
Mtskheta	Mtskheta Primary Health Center - Healthy Generation, LLC	Mtskheta, #28 Kostava St. 0322512305
Terjola	Imereti Regional Medical Center Imermedi (Terjolamedi)	Terjola, Rustaveli N82; 0431310303
Kharagauli	Regional Health Center LLC(Kharagauli)	Kharagauli, #41 Devdariani
Sackhere	JSC Sachkhere District Hospital - a polyclinic union	Sackhere, # 17 Iv.Gomarteli St. 591703090
Tianeti	Regional Health Center, LLC (Tianeti)	Tianeti. Rustaveli N75

List of Providers

Urgent/Scheduled Dental Services		
1	„Dental Clinic IE Tamar Dolidze Medi-Denti+"	Tbilisi, #5 Shoshitaishvili St.(Arakishvili blind alley); 0322914935;
2	IE Manana Sikharulidze - „Dental Clinic Denta Style'	Tbilisi, Bakhtrioni St. N20; 0322360128;
3	"Dental Center", LLC, 24/7	Tbilisi, #26 Bakhtrioni St; 0322309324 ;
4	"PS Dental", LLC	Tbilisi, #9 Kandelaki St. 0322390191;
5	Algani Dent, LLC	Tbilisi, Bagrationi St. N19; 0322353233;
6	Dental center „Dentistry"	Tbilisi, #17 Pekini St. 03222371001 / 598521001;
7	"Happy Smile", LLC	Tbilisi, #65 Mikheil Burdzgla 0322375525;
8	"Lifedent", LLC	Tbilisi, #24 Burdzgla / Taskhent St.eets crossing; 0322378090;
9	"Belladent", LLC	Tbilisi, Kostava St. N72; 0322212217;
10	Dental Clinic Happy Dent", LLC	Tbilisi, #2 Nutsubidze St. 0322395053;
11	"M. TATISHVILI DENTAL SPA CENTER", LLC	Tbilisi, #5 Sandro Euli St. 0322201320;
12	"Smile", LLC	Tbilisi, #12 Evdoshvili St. 0322350285;
13	"Appledent", LLC	Tbilisi, #118 Paliashvili St. 0322225617;
14	Clinic, ISO	Tbilisi, Ketevan Tsamebuli Ave 47/49; 574604040
15	Clinic, ISO	Tbilisi, #40 J. Shartava St. 591919292;
16	Zibeks, LLC	Tbilisi, #65 Vaja-Pshavela Ave; 0322323103 ;
17	"Dental-Art", LLC	Batumi, #94 Lermontov St. #33Selim Khimshiashvili St. 0 422 24 69 22
18	"Denta-Lux"	Batumi, №1 Akhmeteli, Javakhishvili; №80 Z.Gorgiladze 69. 0 422 27 37 45; 0 422 27 29 76; 0 422 27 19 73; 0 422 27 52 99;
19	Alternativa, LLC	Rustavi, Meskishvili St. N9 ; 0341 27 03 03

20	IE „Javakhishvili Julietta“	Telavi, #3 Akaki Cereteli St.; 593312400
21	IE „Natalia Klanina „Eurodent“	Gori, #48 Stalini St.; 597353553
22	Kutaisi Regional Dental center	Kutaisi, #6 Rustaveli; 0 431 24 19 88; 0 431 24 37 77
23	Dental Lux	Kutaisi, #42 King Tamar, 0 431 243560
24	Zugdidi Dental Polyclinic	Zugdidi, Z.Gamsakhurdia St. N30; 0 415 25 39 46;
25	DENTAL-CLASS	Poti, #4/16 May 26 St; 0 493 22 03 03
26	Smile Care, LLC	Tbilisi, #25b Mickiewicz St. 250 00 48, (574) 106 105 Tbilisi, S.Kandelaki St. N6a 571585555
27	New Smile, LLC	Akhaltsikhe, #18 Paata Natenadze St.; 571 50 77 20
28	Dentex-95, LLC	Tbilisi, #8 R.Lagidze St.; 032 298 39 90
29	Smile-Dent, LLC	Zugdidi, King Tamar N8; 577 99 08 04
30	HBI Dentimplant - Georgian-German Implantation Center	Tbilisi, #20 Mickiewicz St.; 032 237 96 70, 032237 96 50
31	“Densi”	Tbilisi, 2b Kipshidze St. 0322 599 599; 599 04 73 73 Tbilisi. #22 Panjikidze St. (Green Budapest) 0322 599 599; 0322 221 199
32	Elko luxe	Tbilisi, Mitskevichi St 18; 574 00 90 01
33	Gruniverse	Tbilisi, 1 Berbuki St, 032 200 87 00
34	"Yarali" (Dentinova), LLC	Tbilisi, #1 Kaloubani St. 032 2 766900
35	Shorena Miminoshvili’s Dental Clinic Ni Dent LLC	Tbilisi, Samtredia St., 2
36	Lazika Medi, LLC	Poti, #16 Chanturia St.
37	Ketevan Gogilashvili Dental Center Albius	Ltd. Tbilisi, Tabukashvili St. N27 0322400707
% of Discount on Orthopedic/Orthodontic Dental Services		
1	Dental Clinic IE Tamar Dolidze „Medi-Denti+“; Discount up to 20 %	Tbilisi, #5 Shoshitaishvili St.(Arakishvili blind alley) ; 032 2 91 49 35 ;
2	IE Manana Sikharulidze - Dental Clinic Denta Style; Discount up to 20 %	Tbilisi, #20 Bakhtrioni St. 0322 36 01 28;
3	"Dental Center", LLC, 24/7; Discount up to 20%	Tbilisi, #26 Bakhtrioni St. 0322 30 93 24;
4	PS Dental, LLC, Discount Orthodontics - up to 20%, Orthopedics- up to 40%	Tbilisi, #9 Kandelaki St. 0322 39 01 91;
5	Algani Dent, LLC ; Discount up to 10%	Tbilisi, #19 Bagrationi St. 0322 35 32 33;
6	Dental Center Dentistry ; Discount up to 10%	Tbilisi, #17 Pekini St; 2 37 10 01 / 598521001;
7	“LIFEDENT” LLC; Discount: Orthodontics - up to 20%, Orthopedics- up to 20%,	Tbilisi, Burdzgla 24 / Taskhent St.eets crossing; 2 37 80 90;
8	„Belladent”, LLC; Discount up to 20%	Tbilisi, #72 Kostava St.; 2 21 22 17;
9	"Dental Clinic Happy Dent", LLC , Discount: up to 20%	Tbilisi, #2 Nutsubidze; 2 39 50 53;
10	“M. TATISHVILI DENTAL SPA CENTER”, LLC; Discount on Orthodontics - up to 30%, Orthopedics- up to 30%.	Tbilisi, #5 Sandro Euli St. 2 20 13 20;
11	“Smile”, LLC; Discount up to 20 %	Tbilisi, #12 Evdoshvili St.; 2 35 02 85;
12	Appledent, LLC; Discount up to 20 %	Tbilisi, #118 Paliashvili St. 2 22 56 17;
13	Clinic ISO; Discount up to 30%	Tbilisi, #40 J. Shartava St; 591 91 92 92;
14	DENTAL-ART, LLC; Discount up to 20%	Batumi, #94/57 Lermontov St.; 0 422 24 69 22 -
15	Denta-Lux; Discount of 10%-up to 20%	Batumi, #1 Akhmeteli #76/78; 26 St., Javakhishvili St.; #40 May 26; 0 422 27 37 45; 0 422 27 29 76; 0 422 27 19 73; 0 422 27 52 99;
16	Alternativa, LLC; Discount up to 20%	Rustavi, #9 Meskishvili St. 0341 27 03 03
20	Kutaisi Regional Dental Center; Discount up to 20 %	Kutaisi, #6 Rustaveli; 0 431 24 19 88; 0 431 24 37 77

21	Zugdidi Dental Polyclinic; Discount of 10% -up to 20%	Zugdidi, #30 Z. Gamsakhurdia St.; 0 415 25 39 46;
Discount Rate for Dental Implants		
1	"PS DENTAL", LLC ; Discount up to 40% (depending on the type of implant)	Tbilisi, #9 Kandelaki St; 2 39 01 91;
2	M. Tatishvili Dental Spa Center, LLC; Discount up to 30%	Tbilisi, #5 Sandro Euli St. 2 20 13 20;
3	Clinic ISO; Discount up to 30%.	Tbilisi, #40 J. Shartava St. 591 91 92 92;
4	"Dental Center", LLC, 24/7; Discount up to 20 %.	Tbilisi, #26 Bakhtrioni St. 2 30 93 24 ;
5	Dental Clinic IE Tamar Dolidze „Medi-Denti+"; Discount up to 20 %.	Tbilisi, #5 Shoshitaishvili St. Arakishvili blind alley); Tel.: 2 91 49 35 ;
6	DENTAL-ART, LLC; Discount up to 15%.	Batumi, #94/57 Lermontov St; 0 422 24 69 22 -
Emergency Medical Care		
1	LLC "Emergency service"	Tbilisi, #2 Uznadze St.; 2 53 03 33;
2	„LLC Pediatri"	Tbilisi, #3 Kartvelishvili St; 2 53 06 06; 2 18 22 11;
3	Baby Express	Tbilisi, #3b N.Kipshidze St. 2 240303
Pharmacy Chain		
1	Pharmacy Chain „Aversi – Pharma"	Throughout Georgia; 0322250099;
2	Pharmacy Chain „PSP„	Throughout Georgia; 0322402020
3	Pharmacy Chain „GEFA»	Throughout Georgia; 0322400004
4	Pharmacy Chain „IMPEX»	Throughout Georgia: 0322313100
Tbilisi		
TL Medical (Tatishvili Isani), LLC		Tbilisi, # 55 Beri Gabriel Salosi Avenue; 2913 119
Med Investment (Vake Branch of Davit Tatishvili Medical Center)		Tbilisi, #7 Abuladze St. 0322913119
Davit Tatishvili Health Center (Tatishvili Pekini), LLC		Tbilisi, #28 Pekini Ave.; 0322305305
"Med Investment" (Vaja-Pshavela Branch), LLC		Tbilisi, # N7b Vaja-Pshavela Ave; 0322800819
Med Investment LLC – Sandro Euli branch		Tbilisi, Z. Anjaparidze II turn
Initio LLC		Didi Digomi, #11b King Mirian St; 0322800815
"Clinic of Academician Vakhtang Bochorishvili", LLC		Tbilisi, #16 Kazbegiს Ave.
David Tatishvili Sports Medicine and Rehabilitation Center, LLC		Tbilisi, #7 Sandro Euli St.
Raymann, LLC		Tbilisi, #7 Sandro Euli St. 0322121122 Tbilisi, Artur Laisti St.1 Tbilisi, Marat Nozadze 12
Curatio		Tbilisi, #2 University St.; Tel. : 2 43 01 01
"S. Khechinashvili University Hospital", LLC		Tbilisi, #33 Chavchavadze Ave. Tel.: 2 21 44 00
„Aversi Clinic", LLC Central Branch „Aversi Clinic"Isani Branch „Aversi Clinic " Bogdan Khmelnytskyi Branch „Aversi Clinic " Temka Branch		Tbilisi, #27/b Vaja-Pshavela Ave; Navtlughi Street 11/13 Monk Gabriel Salos Street №153/a Zghvis Ubani Settlement, 3rd Mcrd, 3rd Q., 43rd B.0322 500 700
Todua Clinic		Tbilisi, #10 Jakob Nikoladze St; 0322575757
Todua Clinic		Tbilisi, #13 Tevdore Mgvdlis St., 0322575757
Todua Clinic		Tbilisi, Lubliana St. N 21 0322575757
"Cito Medical Center" (all Branches), LLC "		Tbilisi, #40 Paliashvili St., 0322290671

Bacteriophage Analytical - Diagnostic Center Diagnosis 90, LLC	Tbilisi, #3 Gotua St.; 032 2 379405
National Center of Otorhinolaringology, Japaridze-Kevanishvili Clinic, LLC	Tbilisi, #13 Tevdore Mgvdlis St. 577 32 72 43
"National Center of Audiology",	Tbilisi, #13 Tevdore Mgvdlis St. 597 588 538
Geo Hospitals Tbilisi Multiprofile Medical Center	Tbilisi, #9 Tsinandali St.; 0322505222
"National Institute of Endocrinology", LLC	Tbilisi, Lubliana St. N2/6, 0322 30 63 97
"Interclinic", LLC	Tbilisi, #7 Bazaleti St., 0322 22 11 31
„Your Clinic", LLC	Tbilisi, #21a Kavtaradze St., 0322 37 44 01
Chapidze Heart Disease Center, LLC	Tbilisi, Lubliana St. N4, 0322 40 23 01
"Da Vinchi", LLC	Tbilisi, #56 S.Tsintsadze St., 2 90 35 03
"Akhali Mzera" (all branches), LLC	Tbilisi, Vake, #19 Mikeladze St.(former #32 Abuladze St.), 032 221 46 00
Javrishvili Eye Microsurgery Clinic Oftalmij, LLC	Tbilisi, #5 Lubliana St. Tel 2 13 31 33
"Chichua Medical Center MZERA", LLC	Tbilisi, #9 Tsinandali St.; 2 77 55 88
KUJADZE-GOGNIASHVILI OTORHINOLARYNGOLOGY CLINIC	Tbilisi, ORTACHALA, 9 Gorgasali St. 243 34 31, 243 34 32
JSC Evex - Mtatsminda Polyclinic	TBILISI, 8 R. Lagidze St.0322550505
JSC Evex - Guramishvili Polyclinic	Tbilisi, #64 Guramishvili Ave. N64 0322550505
JSC Evex – Tsintsadze Polyclinic	Tbilisi Sulkhan Tsintsadze St. 24 0322550505
JSC Evex - Vazisybani Polyclinic	Tbilisi, #36 Sandor Petefi St.. 0322550505
JSC Evex Didube Polyclinic	Tbilisi, #23 Tsereteli Ave, 0322550505
JSC Evex – Isani Polyclinic	Tbilisi, #1 Lane Kakulia St, 0322550505
JSC Evex - Varketili Polyclinic	Tbilisi, #30 Javakheti St.; 0322550505
JSC Evex - Gldani Polyclinic	Tbilisi, #8 Marat Nozadze St.; 0322550505
JSC Evex – Didi Digomi Polyclinic	Tbilisi, between #16 and #16a I.Petrici St. 0322550505
JSC "Viani" - Caraps Medline	Tbilisi, #48 Lubliana St.; 0322600600
Georgian Clinics - I. TSITSISHVILI CHILDREN'S NEW CLINIC	Tbilisi, Lubliana St. N25; 0322600600
JSC Evex - Saburtalo Polyclinic	Tbilisi, Vake-Saburtalo District, #40 Vaja-Pshavela Ave. 0322550505
Caucasus Medical Centre, LLC	Tbilisi, #23 Kavtaradze St.; 0322600600
High Medical Technologies Center - Ingoroqva University Clinic	Tbilisi, #9 Tsinandali St. N9, 2 05 05 00
JSC "Viani" - Iv. Bokeria University Hospitali. Bokeria University Hospital	Tbilisi, Kindzmarauli St. #1 Lane; 0322600600
JSC "Viani" - M. Iashvili Children's Central Hospital	Tbilisi, #13/6 Lubliana St.; 0322600600
"Gagua Clinic", LLC	Tbilisi, Digomi, #6a N.Javakhishvili St.. 2 53 22 21
"Synevo Georgia", LLC (All Branches)	Saburtalo, #25a Vaja-Pshavela Avenue (near the Republican Hospital); #46 V. Dolidze (Saburtalo); #9 Tsinandali St. (Isan-Samgori); #47 Ketevan Tsamuli Ave. (opposite 300 Aragveli metro station); #52 Khizanishvili St. (nearby metro Akhmeteli); #11 Chiaureli st. (Pharmadepo building, (Dighomi District) ; #13 Ljubljana St. (Dighomi district); #11

	Tsulukidze St. (Varketili); #10 Chichinadze St. (“Africa” settlement); Tsotne Dadiani st. II m/r, II build. (Nadzaladevi District); #31 Marjanishvili street; #27/29 Paliashvili St. (Vake District); Mukhiani, II m/r, 22nd building; Temqa, 10th quarter, 28th building; I. Petritsi Street, building №1 (Didi Digomi); 0322 39 38 33, 2 39 40 65.
Konstantine Eristavi National Center of Experimental and Clinical Surgery, New Life	Tbilisi, #29 Lubliana St.; 0322122525 032 2 12 25 25
Konstantine Eristavi National Center of Experimental and Clinical Surgery	Tbilisi, Digomi, #7 Chachava St.; 0322 02 25 25
L. MANAGADZE UROLOGY NATIONAL CENTER, LLC	Tbilisi, #27 Tsinandali St.; 0322 77 00 67
“Ak. V. Iverieli Endocrinology-Metabology-Dietology Center ENMEDIC, LLC	Tbilisi, #9 Tsinandali St.; 3th floor; #2 Arakishvili, 0322 77 03 16; 032 2 22 40 45; 0322 77 40 00
“Reproductive Medicine Center Universi”, LLC;	Tbilisi, #13 Lubliana St. / Chiaureli 6 592 99 70 32
G.Zhvania Pediatric Academic Clinic, LLC	Tbilisi, #21 Lubliana St.; 0322 52 87 16
NNLE "Joe Ann University Hospital"	Tbilisi, #21 Lubliana St.; 0322 22 22 11
“Globalmed Pediatric Clinic”, LLC	Tbilisi, #45 Cosmonauts Embankment; 2 001 101
“Imedi Clinic”, LLC	Tbilisi, #38 Vepkhistkaosani St. 2 29 56 50
"Cardiology Clinic Guli", LLC;	Tbilisi, #9 Tsinandali St.; 2 77 62 62
“Embrio”, LLC	Tbilisi, #2/6 Lubliana St. 2 51 86 23
HERBIONA - Davit Vashadze phyto-balneotherapy center, LLC	Tbilisi, #79 Sulkhan Tsintsadze St. 032 2 22 67 77
Multiprofile clinic Consilium Medulla, LLC	#6c Politkovskayia St. 2 12 20 02
LLC “Mrcheveli“ (laboratory)(all branches)	Tbilisi, #9 Al. Kazbegi Avenue, #49 Chavchavadze Ave. #7 Vasadze st., #7 Shindisi Hero St. 0322 931000
“GIDMEDI”, LLC	Tbilisi, #2/6 Ljubljana St./ #3 St. Larsi Lane; 2 20 25 15, 2 52 86 44
David Metreveli Medical Center, LLC	Tbilisi, #21 Tsinandali St., 2 19 02 19
"Georgian-American Clinic of Family Medicine", LLC	Tbilisi, #10 Berbukis; 2 33 08 33
Clinic STATUS(Outpatient care)	Tbilisi, #13d Lubliana St.; 032 211 40 40
Family Medical Center, LLC	Tbilisi, #23a David Guramishvili Ave.
Tbilisi State Medical University “The First University Clinic”	Tbilisi, #4 Gudamakari St. 2 61 01 01
“Tbilisi Heart and Vascular Clinic”, LLC	Tbilisi, #64 Lubliana St. 2 18 36 00
TBILISI HEART CENTRE	Tbilisi, 83/11 Vazha-Pshavela Ave 032 250 81 06
“Immunization Center”, LLC	Tbilisi, #10 Taskhent Streets crossing 2 31 22 78
"Health Center", LLC	Tbilisi, #14b Kazbegi Ave.; 2 14 44 05
Clinic “IN VITRO”	Tbilisi, Dighomi massive, #21 N. Bokhua St.
"First Medical Center", LLC	Tbilisi, # 255 Tsotne Ddaiani St.; 2 69 61 13
NNLE “New Vision University Hospital“,	Tbilisi, #2/6 Lubliana St.; 032 248 72 27
JSC UNIVERSITY CLINIC OF GLOBALMED	Tbilisi, #45 Cosmonauts Embankment; 2 001 101
JSC "Gerarsi"	Tbilisi, Temqa, #2a Mukhani St.

“Neolabi”, LLC	Tbilisi, #47 Taskhent St; 239 28 03
LLC Georgian-Dutch Hospital	Tbilisi, #27 Gobronidze St.
“Saint Joachim and Ann Medical Centre of Patriarchate of Georgia”, LLC	Tbilisi, #95 Gorgasali St.
Med Diagnostics, LLC	Tbilisi #4 Chachava St. #5A Asatiani St. 0322-800-200
Imuno	TBILISI. 5 VAZHA-PSHAVELA AVE. 210 91 08
Your Med Lab	TBILISI. 62 Marshal Archil Gelovani Ave
ZURICH MEDICAL RESEARCH CENTRE	Tbilisi 31 O. Lortkipanidze St.
T. Tsertsvadze Infectious Diseases, AIDS and Clinical Immunology Research Center	Tbilisi, 70 Ljubljana St. (595) 395566
JSC GR. Mukhadze Institute of Haematology and Transfuziology	Tbilisi Budapeshti St. 13-B; 211 42 11
Imereti	
Tskaltubo District Hospital, LLC	Tskhaltubo, #16 Eristavi St.; 0322550505
Georgian Clinics - Tkibuliს Clinic	Tkibuli, #10 Tabukashvili St.; 0322550505
Georgian Clinics - Terjola Clinic	Terjola, #69 Rustaveli St.; 0322550505
Georgian Clinics - Khoni Clinic	Khoni, #21 Solomon II; 0322550505
Imermedi-Imereti Regional Medical Center, LLC (Terjolamedi)	Terjola, #82 Rustaveli St; 0431310303
Geo Hospitals Baghdati Multifunctional Medical Center, LLC	Bagdati, #84 Kakhiani St.; 0322505222
"Geo Hospitals" Vani Medical Center, LLC	Vani, #84 Tavisufleba St.; 0322505222
"Geohospitals" Khoni Outpatient Center, LLC	Khoni, #12 Chanturia St.; 0322505222
Geo Hospitals Samtredia Multiprofile Medical Centre, LLC	Samtredia, #11 Kostava St.; 0322505222
"Geohospitals" Zestaphoni Outpatient Center, LLC	Zestaphoni,, D.Agmashenebeli I Lane #1; 0322505222
"Geohospitals" Chiatura Multiprofile Medical Centre, LLC	Chiatura, #20 Chanturia St.; 0322505222
Regional Health Center, LLC (Kharagauli)	Kharagauli, #41 Devdariani St.
JSC Sachkhere District Hospital - a polyclinic union	Sackhere, #17 Iv.Gomarteli St.; 591703090
"Geohospitals" Samtredia Outpatient Center, LLC	Samtredia, #2 Chanturia St.; 0322505222
Geo Hospitals Zestaphoni Multiprofile Medical Centre, LLC	Zestaphoni,, crossing of Kekelidze and Melkadze streets; 0322505222
Kutaisi	

Georgian Clinics - Kutaisis Referral Hospital	Kutaisi, #2 Otcheli St., section #2; 0322600600
West Georgia Medical Center, LLC	Kutaisi, #83a Javakhishvili St.
JSC Evex - St. Nicholas Medical Center	Kutaisi, #9 P.Iashvili St; section #3; 0322550505
JSC "Viani" - Krystyna Kiel Oncology Center	Kutaisi, #85 Javakhishvili St.; 0322600600
“Geohospitals”-Kutaisi Central Hospital, LLC	Kutaisi, #10 Solomon the First St.; 0322505222
Regional Health Center Kutaisi	Kutaisi, #20 Petre Ckhobadze St.
“Kutaisi #3 maternity home”	Kutaisi, #5 Javakhishvili St.
“Khonelidze Clinic”, LLC	Kutaisi, #11 N.Lortkipanidze St.
“Synevo Georgia “, LLC	Kutaisi, #14 I.Abashidze St; #2 Gelati St. 0322800111
"Cito Medical Center", LLC	Kutaisi, #27 Shota Rustaveli Ave.
LG And Company - Tuberculosis And Infectious Diseases Center of Western Georgia, LLC	Kutaisi, #20 Ckhobadze St. 0431 270421
Clinic-LG, LLC	Kutaisi, #6a Chechelashvili St.
“Mrcheveli“ , (laboratory) LLC	Kutaisi, #113 Rustaveli Ave. 293 10 00
MED DIAGNOSTICS, LLC	Kutaisi, Lagidze St. 3; 0322-800-200
WEST REGIONAL CENTER OF MODERN MEDICAL TECHNOLOGIES	Kutaisi, Poti St: 40 0431237878
LLC “National Institute of Endocrinology”, LLC - Kutaisi	Kutaisi, #12 Khakhanashvili St.
Medical Center Biomed, LLC	Kutaisi, #2 Javakhishvili St.
Ajara	
Georgian Clinics - Kobuleti Hospital	Kobuleti. #18 M.Abashidze St; 0322600600
Georgian Clinics – Keda Clinic	Township Keda, Rustaveli N14; 0322550505
Georgian Clinics - Shuakhevis Clinic	Township Shuakhevi, #32 Rustaveli; 0322550505
Georgian Clinics - Khulos Clinic	Township Khulo, #1 Agmashenebeli; 0322550505
JSC Evex - Chakvi Medical Center	Kobuleti, township Chakvi, #40 King Tamar St.; 0322550505
Synevo	Kobuleti, #5 Tavisufleba St.; 0322550505
Batumi	
JSC “Viani” - M.Iashvili Batumi Maternal and Child Central Hospital	Batumi, #64 Airport Highway; 0322600600
Medcenter - Batumi Referral Hospital	Batumi, #125 Bagrationi; 0322600600
JSC Evex - Batumi Polyclinic	Batumi, #20 S. Khimshiashvili St.; 0322550505
JSC “Sailors’ Medical Center-2010”	Batumi, #2/a Tabidze St.; 0 422 24 20 33
Sagittarius Sailors Medical Center, Ltd	Batumi, #91 Era St., 0 422 27 95 53
“High-Tech Hospital Medcenter”, LLC	Batumi, #118 Pushkin St.; 422 22 60 60

“Synevo Georgia“, LLC	Batumi, #41 Rustaveli; 0322800111
"Cito Medical Center", LLC	Batumi, #107 King Pharnavaz
LLC “Mrcheveli“ (laboratory)	Batumi, #190/192 P.Bagrationi; 032 293 10 00
Davit Tatishvili Medical Center-Batumi	Batumi, #129 Bagrationi 2 800 816,
”National Institute of Endocrinology”, LLC - Batumi	Batumi, #4 Sh.Khimshiashvili
“Med Diagnostics”, LLC	Batumi, Selim Khimshiashvili St. 33; 0322-800-200
Your Med Lab	Batumi, Aleksandre Griboedov St. 43
Kvemo Kartli	
JSC Rustavi Central Hospital	Rustavi, #3 Saint Nino St.
"Geo Hospitals" Marneuli Multiprofile Medical center, LLC	Marneuli, the former Military City territory; 0322505222
"Geo Hospitals" Gardaban Multiprofile Medical center, LLC	Gardabani, #1 Leselidze St.; 0322505222
“Geo Hospital” Marneuli maternity and outpatient medical center, LLC	Marneuli, #112 Rustaveli ;0322505222
“Regional Health Center”, LLC - Tetritskharo	Tetritskharo, Rustaveli st
“Regional Health Center”, LLC - Tsalka	Tsalka, #4 E.Takhaishvili St.
“Regional Health Center”, LLC - Dmanisi	Dmanisi, #37 Saint Nino St.
MED DIAGNOSTICS, LLC	Marneuli, #26 May 26 St.; 0322-800-200
Your Med Lab	Rustavi, #4/46 Meskhishvili St
Your Med Lab	Gardabani, # 1 Sadguri St
Your Med Lab	Marneuli,#3 Rustavi St
Shida Kartli	
Alliance Medi, LLC - Kareli Hospital	Kareli, #30 Panaskerteli St.
“New Clinic” LLC - Khashuri Hospital	Khashuri, #40 Rustaveli St.
Medalfa	Kaspi, #27b Saakadze St.
Synevo	Gori, #52 Chavchavadze St.
Gormedi	Gori, #14a Tskhinvali Highway
Mtskheta-Tianeti	
“Regional Health Center”, LLC - Stepantsminda	Stepantsminda townlet, #35 A. Kazbegi
Regional Health Center, LLC (Tianeti)	Tianeti, #75 Rustaveli St.
Mtskheta Primary Health Center - Healthy Generation, LLC	Mtskheta, #28 Kostava St.
"Geo Hospitals" Mtskheti Multifunctional Medical center, LLC	Mtskheta, #5 Gvinjilia St.; 0322505222
"Geo Hospitals" Dusheti Multifunctional Medical center, LLC	Dusheti, #71 David Agmashenebeli St; 0322505222

Racha-Lechkhumi	
Regional Health Center LLC Oni	Oni, #10 Vakhtang VI St. N10
“Regional Health Center”, LLC - Ambrolauri	Ambrolauri, #10 Bratislava-Racha St.
“Regional Health Center” LLC - Tsageri	Tsageri, #31 Rustveli St.
Samtskhe-Javakheti	
Georgian Clinics - Akhaltsikhe Referral Hospital	Akhaltsikhe, #105a Shota Rustaveli; 0322600600
Georgian Clinics - Adigeni Clinic	Adigeni township, #11 Balakhashvili St.; 0322550505
Georgian Clinics - Akhalkalaki Hospital	Akhalkalaki, #31 D.Agmashenebeli; 0322600600
Synevo	Akhaltsikhe: #1 Natenadze St.
Georgian Clinics - Ninotsminda Clinic	Ninotsminda, #48 Tavisufleba St; 0322550505
Georgian Clinics - Aspindza Clinic	Aspindza township, #1a Shalva Akhaltsikheli; 0322550505
"Geo Hospital" Borjomi Multiprofile Medical Center, LLC	Borjomi, #3 Saakadze St. 0322505222
Synevo	Borjomi: #3 Meskheti St.
Samegrelo	
Georgian Clinics - Zugdidi Referral Hospital	Zugdidi, K.Gamsakhurdia St. N206; 0322600600
Georgian Clinics - Khobi Clinic	Khobi, #2 Ckhondideli St. 0322550505
Georgian Clinics - Tsalenjikha Clinic	Tsalenjikha, #6 Churgulia St. 0322550505
Georgian Clinics - Chkhorotsku Clinic	Chkhorotsku, #9 Agmashenebeli St. 0322550505
Georgian Clinics - Martvili Clinic	Martvili, #111 Mshvidobis St. 0322550505
Georgian Clinics – Abasha Clinic	Abasha, #143 Tavisufleba St. 0322550505
JSC Evex - Zugdidi Polyclinic	Zugdidi, #1 Kostava St. 0322550505
Georgian Clinics - Poti Hospital	Poti, #171 Guria St. 0322600600
Lazika Medi, LLC	Poti, #16 Chanturia St.
Ikamedi Poti Ltd	Poti, 40 Erekle II St. (493) 22 28 11
Archimede Clinic Senaki, LLC	Senaki, 110 Rustaveli St.
GURIA	
Medalfa-Ozurgetiს Clinic	Ozurgeti, Ninoshvili N3;
Health House in Guria, LLC	Chokhatauri, Chavchavadze 1
“Medalfa”, LLC - Lantckhuti Clinic	Lantckhuti, Jordania St. ჯ. 136
Regional Health Center LLC–Lantckhuti	Lantckhuti, Chanturia St. N21;
Synevo Georgia	Ozurgeti: Chavchavadze N2;
Kakheti	
Georgian Clinics - Telavi Referral Hospital	Telavi, #1 Sekhniashvili St. 0322600600

Geo Hospitals Sagarejo Multiprofile Medical Centre, LLC	Sagarejo, №13 Kakheti Highway; 0322505222
Synevo Georgia	Lagodekhi: Kabali village; #25 Zakatali St.eet
Synevo Georgia	Akhmeta: #55 Rustaveli St.
Regional Health Center LLC (Dedoplistskharo)	Dedoplistskharo, Anton Natroshvili St.eet
LLC Archimede Clinic Tsnori,	Tsnori, #12 Bagrationi St. 577907028
LLC Archimede Clinic Lagodekhi	Lagodekhi, #1 Janelidze St.
Synevo Georgia	Telavi, #5 King Erekle;
Synevo Georgia	Gurjaani, #1 Saint Nino;
Geo Hospitals Gurjaani Multiprofile Medical Centre, LLC	Gurjaani, #35 Marjanishvili; 0322505222
Georgian Clinics - Kvareli Clinic	Kvareli, #3a Chavchavadze; 0322550505
Georgian Clinics - Akhmeta Clinic	Akhmeta, #78 Rustaveli; 0322550505