UNIQA Life Insurance plc
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SPECIAL TERMS AND CONDITIONS

EXCLUSIVE

SPECIAL TERMS AND CONDITIONS „HEALTH AND VALUE SELECT“ TREATMENT OF CRITICAL DISEASES DURING HOSPITALIZATION – PLAN WORLD

These Special Terms and Conditions shall be only applicable in combination with the General Terms and Conditions for the „Health and Value“, General Terms and Conditions health (medical) insurance and as a part of a valid insurance policy.

The territorial scope of the insurance coverage shall comprise insurance events occurred on the territory of any country worldwide.

The insurance shall be contracted in EUR.

I.DISEASES AND MEDICAL PROCEDURES COVERED

(inmodification of Art. 14 of the General Terms and Conditions)

1.The subject of this insurance shall be providing of insurancecoverage for health services and medical expenses incurred inrelation to treatment of critical diseases, operations and tests,of the insured in a hospital (stationary) environment and/or in adaily stationary environment.

2.According to these Special Terms and Conditions theInsurer shall reimburse expenses incurred for treatment onlyand exclusively for the following diseases, operations andmedical procedures:

2.1. Treatment of malignant new formations (carcinoma - CA):

Operative and/or conservative treatment, including medicated, chemotherapy and radiation therapy, of any malignant tumour, featuring uncontrolled growth and propagation of malignant cells with invasion of normal tissues. The diagnosis of a malignant tumour (cancer) must be confirmed both clinically and histopathologically. Cancer shall also mean: malignant blood diseases, blood creating organs and the lymph system, (including leukemia, malignant lymphoma Hodgkin's disease (lymph glands cancer), malignant disease of bones and sarcoma;

2.2. Open and laparoscopic operations for removal of histhologyclally non-proven tumours:

Operation for removal of tumors, which shall be classified benign or malignant after histhological diagnosis during the operative treatment, and which cannot be diagnosed in an outpatient environment;

In the event that after the histhological test performed the tumour formation is proved to be malignant, the insurer shall also cover the subsequent treatment of the disease – chemotherapy, radiotherapy, etc.;

In the event that after the histhological test performed the tumour formation has been proved to be benign, the insurer shall only reimburse the expenses for the operational removal and histhological diagnosing.

2.3. Treatment of benign tumour formation in the head:

Operative and/or conservative treatment, incl. medicated, chemotherapy and radio therapy, of intra-scull benign tumor formations in the head, causing life-threatening damages, such as, but not limited to: gliomas meninginomas, schwanommas or neurinomas, hypophysis tumors, adenomas, angiomas, craniopharyngiomas;

2.4. Operations of the carotid artery;

2.5. Bypass operations of coronary arteries:

Operation for correction of a constriction or blockage of one or more coronary arteries (coronary disease of a blood vessel) by bypass transplantation;

2.6. Operation of a hearth valve;

Operation for replacement or reconstruction of one or more heart valves.

2.7. Intracardiac/ transcardiac catheterization:

Intracardial test and transcatheter intervention procedures for diagnostics and treatment of coronary arteries and heart.

2.8. Implantation of stents in the coronary vessels:

Medical procedures for implantation of stents in the coronary vessels.

2.9. Operations of the aorta;

2.10. Transplantation of heart, lungs, liver, bone marrow for treatment of leukemia and kidneys.

3.The maximum amount to be reimbursed per calendar yearshall be up to EUR 2 802 630.00 per insured person.

II.REIMBURSED EXPENSES

1.Hospital (stationary) treatment (In addition to Art. 20 andArt. 22, Par. 1, 2 and 3 of the General Terms and Conditionsof the insurance; Point A. Additional insurance terms andconditions hereof.

1.1. The insurance coverage shall include reimbursement of costs incurred for health services provided during hospital (stationary) treatment, on medical prescription, to an insured in relation to diseases or health conditions covered under Section I, including:

a) Costs for accommodation in a room with one or more beds, meals, nursing care, provided to the insured during the hospitalization in a department of the hospital for treatment or in a department for intense treatment or monitoring;

b) Costs for the necessary medical activities, therapies, surgical operations, medical consumables, implants, blood plasma, anaesthesia, oxygen and other hospital services related to the diagnosis and/or therapy grounding the hospital (stationary) treatment;

c) Costs for laboratory analysis and pathology, radiography, radiotherapy, radioactive isotopes, chemotherapy, electrocardiograms, echocardiography, myelograms, electroencephalograms, angiograms, computer tomography and other similar tests and treatments, necessary for the treatment of a disease or medical procedure covered;

d) Costs for medicines granted under medical prescription while the Insured is hospitalized for treatment of a disease or medical procedure covered.

1.2. Guaranty for reimbursement

1.2.1. In case of hospital (stationary) treatment the insurer shall fully reimburse the costs via a direct statement with the hospital, according to the limit agreed in the insurance policy, after the MedUNIQA SOS center has been notified before the patient's hospitalization for stationary treatment and has confirmed the undertaking of the insurance case.

1.2.2. Should the hospital treatment be performed without notifying the MedUNIQA SOS center prior to the hospitalization and without having the case undertaken by it, the hospitalization costs shall be reimbursed upon presentation of paid original invoices and copies of medical documents for the conducted treatment, reduced by 20% of self-participation. The maximum amount of the self-participation per hospitalization shall be up to EUR 3 370.00 within Europe, and up to EUR 6 730.00 outside Europe.

No self-participation shall be applied, should the urgency of the hospital treatment not allow contacting the MedUNIQA SOS center prior to the hospitalization and undertaking the insurance case by the center.

1.3. Accompanying person

1.3.1. For hospitalization of children below 18 years of age insured hereunder, the expenses for an accompanying person shall be fully reimbursed, provided that the hospitalization has been reimbursed under 1.2.1.

1.3.2. Should the hospitalization fall within the provisions of 1.2.2, the costs shall be reimbursed upon presenting medical documents for the treatment performed and original invoices paid, minus 20% of self-participation. The maximum amount of the self-participation within Europe shall amount to maximum EUR 337.00, while outside Europe shall amount to maximum EUR 670.00 per hospitalization.

1.3.3. The self-participation shall not be applied should self-participation be not applicable for hospitalization of an insured child.

1.4. Daily allowances for hospitalization

In the event of hospital (stationary) treatment of an insured person, the insurer shall not reimburse any costs, and daily allowances shall be paid to the insured person to the amount of EUR 135.00 per hospitalization day.

2. Daily stationary treatment (in addition to Art. 20 (1) and Art.22, Par. 1, 2 and 3 of the General Terms and Conditions of the insurance; point A. Additional insurance terms and conditions hereof).

Under these terms and conditions 'medical treatment' shall mean treatment of diseases or conditions covered under Section I also in the cases where the treatment on medical prescription has been performed in a daily stationary environment and requiring hospitalization for a period less than 24 hours, with no overnight stay necessary from a medical point of view. In such cases the insurance coverage shall comprise reimbursement of costs for health services in the scope specified in 1.1.

2.1. In case of daily stationary treatment the insurer shall fully pay the expenses via direct a statement with the hospital, according to the limit agreed in the insurance policy, after the MedUNIQA SOS center has been notified before the patient's hospitalization for stationary treatment and has confirmed the undertaking of the insurance case.

2.2. In the event that the MedUNIQA SOS center has been notified on the imminent treatment, but direct settlement of the payment is not possible, the costs shall be fully reimbursed to the insured upon presenting of a paid original invoice and copies of the medical document for the performed treatment.

2.3. Should the hospital treatment be performed without notifying the MedUNIQA SOS center prior to the hospitalization and without having the case undertaken by it, the hospitalization costs shall be reimbursed upon presentation of paid original invoices and copies of medical documents for the conducted treatment, reduced by 20% of self-participation. The maximum amount of the self-participation per hospitalization shall be up to EUR 3 370.00 within Europe, and up to EUR 6 730.00 outside Europe.

2.4. No self-participation shall be applied, should the urgency of the hospital treatment not allow contacting the MedUNIQA SOS center prior to hospitalization and the undertaking the insurance case by the center.

3. Transportation of an insured person (in addition to Art. 21 of the General Terms and Conditions; point A. Additional insurance terms and conditions hereof).

3.1. Subject to reimbursement shall be costs for medical transportation of an incurred person upon medcial prescription for treatment under Section I, point 1 or point 2, with maximum limit of EUR 2 250.00 per calendar year.

3.2. Should, for medical reasons, transportation be only possible by helicopter, the maximum annual amount specified in point 1 shall be increased to EUR 4 480.00.

4. Transportation of corpses

4.1. In case of Insured's death during the treatment performed in compliance with the insurance provisions, the Insurer shall fully reimburse the costs for preparation and transportation of the corpses from the country where the person has died, either to the Republic of Bulgaria or to the former country of residence. Subject to reimbursement shall be costs for:

a) The services provided by the funeral agency/company offering international repatriation, including embalming and all administrative formalities;

b) A standard coffin enabling transportation of the corpses in compliance with the effective sanitary requirements of the country where death has occurred;

c) Transportation of corpses by the most economical transport from the place of person's death to the place specified for the funeral in the Republic of Bulgaria or the former country of residence;

d) Any costs related to the mourning funeral shall not be reimbursed.

4.2. The transportation shall be organized by the MedUNIQA SOS center, otherwise costs for maximum EUR 900.00 shall be reimbursed.

III. DISEASES AND MEDICAL PROCEDURES EXCLUDED FROM COVERAGE

(in addition to Art. 16 of the General Terms and Conditions):

The insurance placed under these Special Terms and Conditions shall not cover and the Insurer shall not reimburse:

1. Costs related to diseases or medical procedures which have not been explicitly specified in Section I herein;

2. Diagnostic or research medical procedures (examinations and tests) for diagnosing any malignant new formations, including conformation diagnostics, biopsy probes, radiographic image, laboratory tests, Nuclear Magnetic Resonance (NMR), etc.;

3. Endoscopic polypectomy of polyps in the colon / rectum;

4. Removal of „in situ" (non-invasive) carcinoma – a malignant tumour in a pre-invasive stage, which is limited to the epithel of arising, and which does not enter into the stroma of the surrounding tissues;

5. Removal of a malignant new formation of the skin, in case of diagnosis other than malignant skin melanoma stage IA.;

7. Any subsequent examinations and tests for tracking the insured's condition after the end of the stationary treatment.

A. ADDITIONAL PROVISIONS

1. Insurance contracting (In addition to Art. 8 of the General provisions of the insurance).

Subject to insurance shall be persons of up to 64 years of age as of the date of insurance placement.

2. Periods of delay (Art. 11. of the general terms and conditions of the insurance).

The total period of delay shall be two months.

3. Payment of insurance indemnity

In addition to Art. 23 of the General Terms and Conditions of the insurance, all invoices shall be presented in Bulgarian, German, French or English.

B. UPDATE OF INDEMNITIES AND PREMIUMS

1. a) The insurer shall undertake to preserve the value of the insurance coverage or to adapt his indemnities in case of change in the prices of healthcare services, so that the guarantee for reimbursement shall remain in all positions where explicitly submitted.

b) Adapting shall be also undertaken upon change in frequency of reimbursement claims.

2. The indemnities due under Section.I, Section II point 1, Section II point 2 and Section II point 4 shall be adapted in compliance with the changes in the prices of the services in the healthcare sector, and according to the contract partners.

The indemnities in cases under Section II point 3 shall be adapted on the basis of comparison of the actual European Consumer Price Index (ECPI) with the preceding year or with the index on which the last adaptation was based. Fixed self-participations shall also be adapted pursuant to this index.

Every change in the healthcare sector or in the applicable legal regulations, imposing a change in indemnities, shall also be reported upon adapting these indemnities.

3. The indemnities shall be adapted regardless of age, without any period of delay for additional indemnities and regardless of a possible health condition worsening.

4. The premium update shall be based on the indemnities adapted according points 1 and 2, by considering the changes of reimbursement and the costs related thereto, any changes in healthcare system or in the applicable legal provisions, and the age of the insured person as of the date of update.

5. The new indemnities and premiums shall become effective on the first day of the month, after notifying the Contractor in writing.

6. Within one month following the month of submitting the written notification, the insured person shall be entitled to reject in writing an adaptation of the insurance services and premiums. In such a case the insurance shall be deemed terminated as of the date of the update.

C. MISCELLANEOUS

MedUNIQA SOS card

In case of stationary hospital treatment or clinical treatment, patient repatriation (including transportation of a patient) and transportation of a deceased person, please contact the UNIQA SOS center by the number on the SOS card.

D. FINAL PROVISIONS

1. In case of contradiction between these Special Terms and Conditions and the General Terms and Conditions, the provisions of these terms and conditions shall prevail.

2. In case of contradiction between these Special Terms and Conditions and/or the General Terms and Conditions with the insurance policy provisions, the insurance policy provisions shall prevail.

These Special Terms and Conditions have been adopted by a decision of the MB of UNIQA Life Insurance plc on 23.06.2022 and shall enter into force on 05.07.2022, when the validity of the Tariff „Treatment of Critical diseases in case of hospitalization" - „Plan World" effective since 04.04.2016, shall be terminated.

The undersigned, _____, hereby declare, that I have been provided with a copy of these Special Terms and Conditions, containing 3 (three) pages, I am aware of the content hereof, and I accept them.

Date: _____ Signature: _____

EUROPEAN CONUNTRIES (ZONE EUROPE)

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Belgium
Bosnia and Herzegovina
Bulgaria
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Germany
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Denmark
Estonia
Ireland
Iceland
Spain
Italy
Cyprus
Latvia
Lithuania
Lichtenstein
Luxembourg
Macedonia
Malta
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