



Health, Life, PA, and Travel insurance

Mandatory requirements:

- ✓ Chronic and pre-existing conditions should be covered;
- ✓ No waiting period;
- ✓ Free choice of insurance packages for all the employees;
- ✓ Possibility to change (upgrade) insurance package within the first 2 months after entering an insurance agreement;
- ✓ Free choice of medical providers (including in-patient, out-patient and dental services, and prescribed drugs);
- ✓ On-line services (arranging of doctor's consultations, referral letters, letter of guarantee, reimbursement [up to a fixed limit] within 1 working day);
- ✓ Treatment abroad (including sending samples abroad for laboratory tests) should be reimbursed according to the highest prices of the Insurers Preferred Providers clinics;
- ✓ Policy limits must remain the same for any new employees or family members if enrolled within the first 9 months of entering an insurance agreement;
- ✓ Family doctors' services in Tbilisi (preferably 30), Batumi (preferably min 3), and all regional centers; family doctor close to SOCAR head office (for example, Ingorokva clinic) must provide medical services exclusively to SOCAR); family doctor visit should be arranged within 12 hours after telephone notification; home visits should be arranged no later than on the following day after the telephone notification; working hours of family doctors – 6 days per week, from 9 a.m. till 6 p.m.
- ✓ A special separate hotline to be provided exclusively for SOCAR;
- ✓ In-patient treatment to be defined as min 12-hour stay in the medical establishment
- ✓ Insureds should be able to apply to any medical provider (preferred or non-preferred) directly, no referral or letters of guarantee should be needed; prescription issued by any licensed doctor should be the basis of reimbursement;
- ✓ Preferred medical providers (as per the attached list) must bill the Insureds only within their co-payment; all the claim related documents from preferred medical providers should be collected by the Insurer;
- ✓ In case of urgent in-patient or out-patient treatment the Insured must be able to pay the cost of services within his/her copayment only, whether at the preferred medical provider or other medical establishments;
- ✓ The Insurer should appoint a special person to arrange the collection of necessary documents and issuing of the letter of guarantee for the medical establishments, as needed;

- ✓ Letter of guarantee should be issued within 3 (three) calendar days after presenting the pre-defined claim documents and within the same timeframe submitted to the medical establishment;
- ✓ In-patient treatment/delivery should include specially invited doctor's fees;
- ✓ List of exclusions no wider than in the "list of exclusions" attached herewith
- ✓ List of preferred medical providers should correspond to the "list of preferred medical providers" attached herewith

Cover	OPTION I		OPTION II		OPTION III		OPTION IV	
24 hour Call Center	100%	Unlimited	100%	Unlimited	100%	Unlimited	100%	Unlimited
Family /personal doctor, pediatrician, including home visits	100%	Unlimited	100%	Unlimited	100%	Unlimited	100%	Unlimited
Nurse's home visits	100%	Unlimited	100%	Unlimited	100%	Unlimited	100%	Unlimited
In-patient treatment following an accident	100%	15,000	100%	16,000	100%	20,000		25,000
Urgent in-patient treatment	100%		100%		100%		100%	
Planned in-patient treatment	100%	12,000	100%	13,000	100%	15,000	100%	20,000
Cardiac surgery	100%	12,000	100%	13,000	100%	15,000	100%	20,000
Oncology	100%	12,000	100%	13,000	100%	15,000	100%	20,000
Endoprosthetics treatment	100%		100%		100%		100%	
Pregnancy monitoring	100%	1,500	100%	2,000	100%	2,500	100%	3,000
Delivery	100%		100%		100%		100%	
Urgent out-patient treatment	100%	Unlimited	100%	Unlimited	100%	Unlimited	100%	Unlimited
Urgent vaccination	100%	Unlimited	100%	Unlimited	100%	Unlimited	100%	Unlimited
Planned out-patient treatment, free choice	80%	3,500	80%	4,000	85%	4,000	100%	4,500

Planned out-patient treatment, only with preferred providers			85%					
Prescribed drugs	70%	2,000	70%	2,200	75%	2,500	85%	3,500
Over-the-counter drugs	50%	30	50%	30	60%	50	100%	100
Ambulance services	100%	Unlimited	100%	Unlimited	100%	Unlimited	100%	Unlimited
Preventive check-up, free choice	100%	Twice	100%	Twice	100%	Twice	100%	Twice
Urgent dental care	100%	Unlimited	100%	Unlimited	100%	Unlimited	100%	Unlimited
Planned dental treatment, only with preferred providers	60%	1,500	65%	1,700	70%	2,000	80%	2,500
Planned dental treatment, free choice	30%		30%		40%		50%	
Orthodontics, orthopedics, implants with preferred providers	30%	Unlimited	30%	Unlimited	30%	Unlimited	30%	Unlimited
Management of complicated cases	100%	Unlimited	100%	Unlimited	100%	Unlimited	100%	Unlimited
Travel insurance (USD 50,000) for employees only	1 month		1 month		3 months		Annual multi	
PA insurance for employees only	4,000		4,000		6,000		10,000	
Term life insurance for employees only	5,000		5,000		6,000		8,000	

Please, indicate the monthly premiums per person, two persons, and a family unit, as well as for additional family members.

- ✓ Family members include spouses and children under 19, however, children between 19 – 26 may be enrolled under the same scheme as employees, subject to individual insurance premium per person
- ✓ Age of employees and their spouses - unlimited

- ✓ Additional family members include parents and siblings (upper age limit – 75 years inclusive), and children aged 26 and above
- ✓ No additional exclusions/restrictions for family members

Please, also provide:

- Travel, PA, and Life policy wordings
- Detailed reimbursement scheme (both in the cities and regions)
- Full list of preferred medical providers

Alternate proposal

Please, provide an alternate option for OPTION IV with consideration of the following additional conditions:

- 1) Diabetes covered;
- 2) Chemotherapy, even if out-patient, to be covered under the Oncology limit
- 3) Orthodontics, orthopedics, implants – free choice option