Insured by

Re-insured by

Handbook & Membership Agreement

Bulgaria Insurance

HEALTH WITHOUT BORDERS

International Healthcare Plans

1st November 2020

For information on claims/questions or evacuation/repatriation requests
please contact our Customer service center at
+ 359 (0) 700 13 555
or via email: claims.health@bulgariainsurance.bg
Opening hours
Monday – Friday from 9:00 till 17:30

24/7 Health information helpline
Please call +44 (0) 1892 556 753
for more information on this service, go to p. 21

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HEALTH WITHOUT BORDERS

Superior medical protection and services for you

Dear Members,

This handbook has been produced to set out all the features and benefits of the Bulgaria Insurance Health Without Borders Plans reinsured by AXA PPP healthcare Limited, designed for residents of Bulgaria. Bulgaria Insurance and AXA PPP healthcare Limited have a reinsurance treaty to provide these plans. Your certificate of insurance will show the name of the plan which applies to you. The certificate of insurance, the benefits table in this handbook relating to your plan and the handbook itself should be read together. This handbook also contains the membership agreement including definitions relevant to your plan. If there is anything you do not under- stand do not hesitate to call the Health Insurance Department of Bulgaria Insurance.

Take a few moments to refresh your memory about your Bulgaria Insurance International Healthcare Plan, then relax and look forward to the highest standards of service from Bulgaria Insurance. You can rest assured that we'll be there to support you.

Thank you for choosing Health Without Borders by Bulgaria Insurance, reinsured by AXA PPP healthcare Limited.

Signed for and on behalf of Bulgaria Insurance.

Nikolai Logofetov
CEO

Svetla Saveva-Koleva
CEO

WHAT YOU NEED TO DO BEFORE YOU HAVE TREATMENT

Call **us** before having **treatment** on +359 (0)700 13 555

You must telephone our Health Insurance Department when planning any of the following:

- In-patient or daycare **treatment** in **Bulgaria** or abroad (this is **treatment** for which **you** are admitted to a **hospital** or clinic even if only for a few hours) or if you need emergency evacuation and repatriation services;
- The following diagnostic tests must be pre-approved by **us** whether taken on an in-patient, daycare or out-patient basis:
    - An MRI scan
    - A CT scan
    - PET scans
    - Gastroscopy
    - Colonoscopy
    - Angiography.

We will confirm **your** level of cover and how it applies to the **hospital** in which **you** are to receive **treatment**. If the **treatment** is given as an emergency, then **you** may not be able to contact **us** beforehand. Do, however, ask somebody to contact **us** as soon as possible and make sure that, when **you** are admitted to hospital, the **hospital** is given **your** membership details and proof of identity so that they can contact **us** straight away.

Please note that failure to identify yourself to a hospital may result in a higher than expected charge for your treatment which we may not be able to settle in full. In such a case you will have to pay the difference.

Other than for the diagnostic procedures indicated above, **you** do not need to contact **us** before receiving out-patient **treatment**, but **we** encourage **you** to do so. **We**'ll be able to explain **your** cover, so **you** don't end up having to pay for **treatment** you're not covered for.

The advantages of using our networks

Inside our network
We have negotiated, on **your** behalf, significant discounts with key providers and practitioners. This means that by using our networks, **your benefits** will go further. In addition, **you** will not face shortfalls for eligible **treatment** received from our network providers. Inside our network eligible in-patient **treatment**, MRI, Gastroscopy, Colonoscopy, Angiography, CT and PET scans will be settled directly with the provider. You must tell the place where **you** have **your treatment** that **you** benefit from the AXA Global Healthcare's network when outside of Bulgaria.

You can see our **Bulgaria Insurance** and **AXA Global Healthcare's networks** by visiting our website www.bulgariainsurance.bg. The **hospitals** in the network of **hospitals** are continuously reviewed, so **you** should always check with **us** before arranging any **treatment**.

Outside our network
This facility is not available outside our network and **you** will be required to pay for **your treatment** and reclaim eligible costs from **us** on a reimbursement basis. Please note this does not prevent **you** from receiving **treatment** wherever **you** choose. However, if **you** use providers outside our network, **you** must complete a standard **claim** form. **We** base all our **claims** assessment on reasonable and customary charges for the **treatment** as if it had been received inside our network. Therefore, if **you** do not use our network, **you** may face significant shortfalls in **your** claim. This means that **you** will have to pay **your** chosen non-network provider the difference between our negotiated network cost and the price charged by **your** chosen provider out of **your** own pocket.

MAKING A CLAIM

Direct settlement of bills for in-patient and daycare **treatment**

When **you** become a **Bulgaria** Insurance's Health Without Borders Plan **member you** will have access to a list of network providers on our website www.bulgariainsurance.bg or, if **you** request it, from **us**. These are providers with which **we** have negotiated special rates and payment facilities, and with which, depending on the type of **treatment you** need, **we** can arrange direct settlement. This means that if **you** require in-patient or daycare **treatment** and it is received at one of these listed network providers, **we** will be able to make payment directly to the network provider on **your** behalf subject to the terms of **your plan** and provid- ing that **treatment** has been pre-authorised by **Bulgaria Insurance**.

In the case of out-patient bills, providers will ask **you** to pay when **you** attend and give **you** a receipted bill to send to **Bulgaria Insurance** for a reimbursement.

Please note: We will not make or confirm direct settlement arrangements for treatment which is not eligible under your plan. We reserve the right to delay any such confirmation until we have established the eligibility of the condition that needs treatment.

Outside **Bulgaria we** may be able to arrange direct settlement with **hospitals** outside our network if **you** ask **us** before receiving **treatment**. You must contact **us** at least 10 days before admission and tell the **hospital** that **you** benefit from the **AXA Global Healthcare's** network. **Failure to advise us at least 10 days in advance of any daycare or in- patient treatment may mean we are unable to make any direct settlement arrangements on your behalf.** **We** will advise **you** of whether direct settlement is possible and how much and for how long **we** will be able to pay for **treatment**. It is **your** responsibility to ensure that pre-approval has been received before undergoing planned **treatment**.

Claim forms

When **you** want to make a **claim** let **us** know and **we** will send **you** a **claim** form, or **you** can download this from www.bulgariainsurance.bg. You must make sure it is filled in, signed by **yourself**, the **medical practitioner** or **specialist** treating **you** and sent back to **us** as quickly as possible, giving **us** all the information, **we** request and accompanied by detailed invoices and proof of payment. This will ensure that **your claim** will be processed promptly. Please note that **we** will only consider **claims** made within 90 days of **treatment** being received at our office: Bulgaria, 1404 Sofia, 83A **Bulgaria** Blvd., **Bulgaria Insurance** AD.

OTHER KEY INFORMATION

Reasonable & customary charges

In **your** membership agreement **we** explain that **we** will not pay charges which are not fair and reasonable or that are higher than those customarily made. It is obviously important that **we** should only pay fees that are at the level normally charged. 'Reasonable and customary' is based on the average of the negotiated, discounted costs within our network in the area in which **treatment** is received. Where no network exists or in respect of independent **medical practitioners** and other healthcare professionals 'reasonable and customary' is defined as the average cost of the **treatment** for that country or region according to our records.

Our position on pre-existing medical conditions

As **you** would expect private healthcare insurance is designed primarily to provide cover for new medical problems arising after joining. However certain conditions, which are unlikely to recur, may be covered.

If **you** have completed a medical history declaration, **your** certificate of insurance of Insurance will indicate the specific **medical conditions** for which **you** are not covered.

Please contact our Health Insurance Department at +359 (0) 700 13 555, in the first instance regarding any questions **you** may have about an existing medical condition.

What if **you** *didn't tell* **us** *about a condition, symptom or a* **treatment** **you** *knew about when* **we** *asked?*

Whichever form of underwriting **you** joined on, **we** may have asked **you** some medical questions before agreeing **your** cover. **We** worked out **your** terms or **your** premium based on **your** answers. If **you** did not answer fully or accurately, even if this was by accident, **we** will not cover **treatment** for the condition. This means **we** will not cover **treatment** for any conditions that **you** should have told **us** about when **we** asked, but that **you** either did not tell **us** about at all, or that **you** did not tell **us** the full extent of.
This includes:

- any pre-existing or previous condition, whether **you** had **treatment** for them or not; or
- any previous **medical condition** that recurs; or
- any previous **medical condition** that **you** should reasonably have known about, even if **you** did not speak to a doctor.

Whenever **you** claim, **we** may ask **your medical practitioner** for more information to confirm whether **you** had any symptoms before **you** joined. If **we** need to look at **your** medical history, **we** will need some time to do this before **we** can confirm whether **we** can cover **your** claim.

Our position on routine treatment

Health insurance is designed to cover problems that you're experiencing at the moment, so it generally doesn't cover preventative **treatment**, genetic tests or screening tests.

What is not covered:

- preventative **treatment**, such as preventative mastectomy; or
- routine preventative examinations and check-ups; or
- genetic screening tests to check whether:
- you have a **medical condition** when **you** have no symptoms; or
- you have a genetic risk of developing a **medical condition** in the future; or
- there is a genetic risk of **you** passing on a medical condition.
- genetic tests to identify a **medical condition** where the result of the test isn't proven to change the course of **treatment**. This might be because the course of **treatment** for **your** symptoms will be the same regardless of what **medical condition** has caused them; or
- any other preventative **treatment** to see whether **you** have a **medical condition** if **you** do not have any symptoms.

If **you** are unsure whether **your treatment** is preventative or not, please call **us** before going ahead with the **treatment**. However, as **your** healthcare provider **we** wish to encourage **you** to be aware of **your** own health and wellbeing. Therefore, plans A, B and C include cover for routine dental care.

If **you** *have bought our additional screening benefit this will be available as shown in the* **benefits** *table applicable to* **your plan**.

Our position on continuing illness

In the membership agreement **we** explain that **we** do not pay benefit for **medical conditions** which are likely to continue or keep recurring; **we** pay only for the initial programme of diagnosis and **treatment** intended to improve or stabilise such conditions. **We** pay for unexpected illnesses that respond quickly to **treatment** in the short term (acute conditions). Long term control of illness is outside the scope of our agreement with you.

Where ongoing conditions are concerned, **we** do, of course, try to be as helpful as **we** can. However, **we** have to bear in mind that what **we** charge our members has to cover the cost of **claims** and **we** cannot, if **we** are to treat our members equally, go on paying benefit for conditions which are likely to continue indefinitely or keep coming back. **We** therefore stop paying benefit as soon as it becomes apparent that the **medical condition** or episode of ill health is long term or recurrent in nature.

Because of this **we** do not pay for routine follow-up consultations for the monitoring of medical conditions, such as but not limited to, diabetes mellitus, multiple sclerosis or hypertension. However, if such a condition should flare up and **you** require admission to **hospital** for **treatment** to bring it under control then benefit will be paid for the short period necessary to re-stabilise the condition. In general terms, therefore, **we** pay only for diagnosis and **treatment** of conditions that respond quickly. In such a case underwriting terms related to the condition and those associated with it may be added to **your policy** immediately. **We** reserve the right to determine when a **medical condition** has become chronic in nature. **We** will base that decision on a review of medical reports related to that medical condition.

The decision of our medical team will prevail in any event.

Our position on repeated consultations

As **you** would expect private healthcare insurance is designed to provide for the necessary and appropriate **treatment** of new medical problems arising from time to time. **We** reserve the right to determine whether the frequency of consultations with any **medical practitioner** is appropriate to the **medical condition** being treated. For example, **we** expect a reasonable time to be allowed for **treatment** to take effect between consultations and **we** reserve the right to reject **claims** for repeated consultations that are, in the opinion of our medical team, inappropriate.

Under the 'chronic cover benefit' which is available to all **plan** members, after 12 months of continued membership, chronic conditions will be covered up to defined limits. The limit is detailed in the benefit table - see benefit 10.

MAKING CHANGES

If any of **your** personal details change, it's important that **you** let **us** know as soon as possible. If you're unsure whether the change is important, it's best to tell **us** and **we** can explain if it affects **your** policy.
Changes to any details **you** give **us** when **you** join.
If **you** send **us** any form, and anything changes between the time **you** send the form and the time **we** confirm that **we** have made the change shown in the form, **you** must tell **us**.

Adding other members or transferring to another plan

If **you** want to add someone else to an existing **policy** or to change to a different **plan we** will send **you** an application form to complete or **you** can download it from our website at www.bulgariainsurance.bg. You must give all the information **we** request and keep **us** fully informed of any changes which have taken place. You can ask to add new **family members** to **your policy** at any time. You can also ask to transfer to another type of **plan** at each **policy** anniversary although **we** may refuse to grant such a request.

Who **you** can add
You can apply to add the following **family members** to **your** policy:

- Your partner in marriage, in a civil partnership, or when living together permanently in a similar relationship. (There may be certain circumstances where **we** cannot add a partner.)
- Any of **your** children or **your** partner's children.
- A new baby.

Leaving a group

If **you** are leaving a group **policy** and wish to transfer to an individual policy, **we** may offer two options:

i) **you** may request **us** to exclude all **medical conditions** existing or known about at the time of transfer. In this event **you** will pay the published premium for **your** age and plan.

ii) **you** may request **us** to continue **your** cover without any restriction based upon **your** medical history. In this event, **we** may offer a higher premium than that published. The 'loading' thus applied, which is a percentage of the published premium for **your** age and plan, will apply throughout the life of **your** policy.

Upgrading your cover

You may apply to upgrade **your plan** at **your policy** anniversary. **We** reserve the right to apply medical underwriting exclusions to the new **plan you** have chosen based upon **your** medical history at the time of upgrade. **We** reserve the right to refuse to upgrade **your plan**. Please call **us** so **we** can talk about the changes.

Adding a new baby

If **you** would like to add a new baby to **your** cover, **you** can do this from their date of birth so long as **you** call **us** within three months of their birth. **We** will not normally need details of their medical history.
There may be some limits to our cover if any of the following apply:

- either parent has had any kind of fertility **treatment** and the babies are a multiple birth; or
- the babies are a multiple birth and were born after assisted reproduction; or
- you have adopted the baby.

We do not provide cover in respect to any congenital deformity or condition for adopted children or children who were born as a result of any method of assisted conception (except artificial insemination).

Changing the terms of your policy

We have the right to change all or any part of **your policy** from any renewal date. Your premium will only change at renewal or if something changes, such as adding a new baby, during the year. **We** will tell **you** about any changes to **your** premium in plenty of time. However, **we** will make changes only to reflect any past or foreseeable changes in medical practice and procedures and the nature and extent of **claims** made or likely to be made generally under the plan. The purpose of such changes will be to seek, so far as possible, to maintain substantially the same level and type of cover in place while ensuring that the **plan** remains affordable. **We** may also increase the premium if costs, taxation or regulations require **us** to do so. In the case of changes in taxation or legislation **we** may increase premiums or make other changes with immediate effect, if required by law to do so.

Why does my premium increase every year?
There are a number of reasons why the cost of **your** healthcare insurance could increase. **We** review premiums each year and make calculations based on a number of factors. Two of the more common reasons are because:

- Your premium will tend to rise as **you** get older. This is because, unfortunately, as **we** get older, **we** all tend to suffer more health issues
- The cost of medical **treatment** tends to rise too as new and better ways of diagnosing and treating diseases are developed. **We** regularly review our plans to keep them up to date and to include new tests and **treatments** where **we** can.

Changing the country where you normally live

You must tell **us** if there's a change of **country where you normally live**. If **you** move away from **Bulgaria** and would like to be covered by AXA PPP healthcare Limited, please contact the **Bulgaria Insurance** Health Insurance Department at +359 (0) 700 13 555, who will discuss the options available to you.

Changing your method of payment

If **you** wish to change the way **you** pay for **your** policy, please contact **us**. Such changes can only be effected at **your policy** anniversary.

Charging for administration

If **we** incur a cost, **we** reserve the right to levy a charge for the administration of any **policy** change **you** ask **us** to make following inception of **your** policy. **We** will advise **you** of any fee if **you** ask **us**.

Replacing your card

Lost or damaged membership cards can be replaced at a cost, per card, of 5 EURO. You must report any loss, theft or damage of **your** card to **us** immediately upon discovery.
Subsequently found or recovered cards must be returned to **us** immediately. Cards held when the **policy** is cancelled for any reason must also be returned.

INTERNATIONAL EMERGENCY MEDICAL ASSISTANCE

In addition to the private healthcare aspect of **your plan**, **you** may, depending on the **benefits** included, have access to International Emergency Medical Assistance. This is a worldwide, 24 hours a day, 365 days a year **emergency** service providing evacuation and repatriation services. If **you** need immediate in-patient **treatment**, where local facilities are unavailable or inadequate, please call our Customer Service Center on +359 (0) 700 13 555.

Please note that: for **your** *own protection, calls may be recorded in case of subsequent query. Entitlement to the evacuation service does not mean that* **your treatment** *following evacuation or repatriation will be eligible for benefit. Any such* **treatment** *will be subject to the terms of* **your plan**.

We will cover the costs of **emergency** evacuation if:
i) **you** are, or need to be, admitted as an **emergency** in-patient, and
ii) our appointed doctor and the treating doctor believe **your** current or nearest medical facilities are not able to provide the **treatment you** need.

We will cover the costs of repatriating **you** if **we** have agreed to cover **your emergency** evacuation. **We** will not cover the cost of evacuating or repatriating **you** if **you** decide to travel elsewhere for **treatment** and **we** believe the nearest facilities are adequate for **your treatment**. This includes if **you** decide **you** want to travel back to the **country where you normally live** for **your treatment**.

International Emergency Medical Assistance

How **emergency** *evacuation and repatriation cover works*
If **you** are admitted as an **emergency** in-patient and **you** or the treating doctor believes that the local medical facilities are not adequate to treat you, ask somebody to call our **emergency** number.
We will appoint a doctor who will be able to assess the facilities and the evacuation or repatriation service detailed at the beginning of this section will apply.

What costs are covered?
If the doctor **we** appoint decides that the facilities are not adequate to treat you, **we** will cover the reasonable costs of either:
i) evacuating **you** to a suitable medical facilities for **treatment** in the country **you** are in; or
ii) evacuating **you** to a suitable medical facility in a different country for **treatment**.

When **you** are discharged from the facilities **you** were evacuated to, **we** will cover the costs of repatriating **you** to one of the following:
i) the place or **country where you normally live**
ii) a country that **you** hold a passport for.

We will cover these costs so long as **we** have agreed the method of transport to be used, and date and time of **your** evacuation or repatriation before it takes place.
We will also cover the cost of any necessary **treatment** given to **you** by our chosen evacuation agency while they are moving you.

Repatriation following death
If **you** die outside a country that **you** hold a passport for, **we** will cover the cost of transporting **your** body back to a port or airport in:
i) the place or country where **you** normally live, or
ii) a country **you** hold a passport for.

The relevant exclusions for **emergency** evacuation and repatriation also apply to repatriation following death.

Will other **family members** be able to travel with you?
If the **member** who needs to be evacuated or repatriated is under 18, **we** will cover the additional reasonable and necessary transport and accommodation costs for someone, aged 18 or over, to accompany them on their journey. If the **member** who needs to be evacuated or repatriated is over 18, **we** may agree to cover these costs if **we** believe it is medically appropriate.
Once our **member** reaches their evacuation destination, **we** will not cover the accompanying person's further costs.

Your cover if an insured **family member** is evacuated or repatriated
Your cover depends on whether the **family member** is evacuated or repatriated either from the location where **you** both normally live or whether **you** are travelling together at the time.

If **you** are travelling away from home with a **family member** who is covered by a Health Without Borders **policy** and they are evacuated or repatriated, **we** will pay for **your** additional reasonable and necessary transport and accommodation costs that result from the evacuation or repatriation. **We** will do this if it is medically appropriate for **you** to travel with the family member.

If **you** are both at the location where **you** normally live and they have to be evacuated or repatriated from that location, **we** will pay for **your** additional reasonable and necessary transport costs that result from the evacuation or repatriation. **We** will do this if it is medically appropriate for **you** to travel with the family member. **We** will not cover **your** accommodation costs.

What happens to your travel ticket
Any unused portion of the travel tickets belonging to **you** or anyone that **we** evacuate with **you** will immediately become our property. You must give the tickets to **us**.
Choosing to travel to a particular country for **treatment**
You can choose to go to a particular country for **treatment**, but **we** will not cover the cost of travelling to that country. Once **you** are in that country, the terms of **your policy** apply as normal.

Exclusions that apply to **your** cover for **emergency** evacuation and repatriation
You are not covered for **emergency** evacuation or repatriation if any of the following apply:
i) the **medical condition** does not need immediate **emergency** in-patient **treatment**
ii) the **medical condition** does not prevent **you** from travelling or working
iii) the **medical condition** is directly or indirectly caused by a deliberately self-inflicted injury, suicide or an attempt at suicide
iv) the **medical condition** is in any way connected with alcohol abuse, drug abuse or substance abuse

v) the **medical condition** is a result of engaging in or training for any sport for which **you** receive a salary or monetary reimbursement, including grants or sponsorship (unless **you** only receive travel costs)
vi) the **medical condition** is a result of base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, mountaineering with or without ropes, scuba diving to a depth of more than 10 metres, trekking to a height of over 2,500 metres, bungee jumping, canyoning, hang-gliding, paragliding or microlighting, parachuting, potholing, skiing off-piste or any other winter sports activity carried out off-piste
vii) the evacuation would involve moving **you** from a ship, oil-rig platform or similar off-shore location
viii) **we** have not approved the evacuation or repatriation first
ix) **we** have not been told about the **medical condition** within 30 days of the condition becoming an **emergency** (unless this was not reasonably possible)
x) the **medical condition** is a result of nuclear, biological or chemical contamination, war (whether declared or not), act of foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons or any event similar to one of those listed
xi) the **emergency** occurs when **you** are on a leisure trip to a destination to which the **UK** Foreign and Commonwealth Office either advises against all travel or advises against all travel on holiday or non-essential business.

Limits on our liability under **your** cover for **emergency** evacuation and repatriation **We** will not be liable for:
i) any failure or delay in providing **emergency** evacuation or repatriation
ii) injury or death while **you** are being moved.
These limits do not apply if the failure or delay is caused by our negligence or the negligence of someone, **we** have appointed to act for **us**.

MEMBERSHIP OF THE HEALTH WITHOUT BORDERS PLANS

The terms of **your** membership are set out in the following membership agreement. While **Bulgaria Insurance** believes in keeping everything as simple as possible, if there is something **you** do not understand or would like to discuss further, please do not hesitate to contact the Health Insurance Department on +359 (0) 700 13 555, this number is also shown on the reverse of this handbook and on **your** membership card.

WHAT YOU'RE COVERED FOR - BULGARIA INSURANCE HEALTH WITHOUT BORDERS PLANS

Please refer to the column showing the benefits table applicable to your plan. Your latest certificate of insurance will show which plan is applicable to you and give other details which are relevant to you.

Benefits		Plan A	Plan B	Plan C
		all prices/limits in EURO	all prices/limits in EURO	all prices/limits in EURO
Area of cover	Indicates where you can receive **treatment**	Option 1 - incl. U.S.A. and Canada Option 2 - excl. U.S.A. and Canada	Europe all prices/limits in EURO	Bulgaria all prices/limits in EURO
Level of cover	Benefits applicable to **your plan**	In-patient only: Benefits 1-14 In & Out-Patient: Benefits 1-22	In-patient only: Benefits 1-14 In & Out-Patient: Benefits 1-22	In-patient only: Benefits 1-14 In & Out-Patient: Benefits 1-22
Yearly maximum up to	**We** will pay up to the maximum shown each **year** for each **member**.	2,500,000	2,000,000	500,000
Co-payment payable	The **co-payment** payable for each member.	**Co-payment** is applicable to benefit 22 under this plan	**Co-payment** is applicable to benefit 22 under this plan	**Co-payment** is applicable to benefit 22 under this plan
In-patient and daycare **treatment**				
1 **Hospital** charges	a) Standard accommodation charges inclusive of: routine nursing and special nursing when approved; drugs and dressings used for in-patient or daycare **treatment** for surgical or non-surgical related admissions. b) Operating theatre fees (including eligible appliances), recovery room fees, surgical drugs and dressings used for in-patient or daycare **treatment**.	Paid in full up to the limit shown in your **plan**	Paid in full up to the limit shown in your **plan**	Paid in full up to the limit shown in your **plan**
2 Surgeons' and Anaesthetists' charges	For each operation this includes pre and post-operative consultations while an in-patient or daycare patient. Related out-patient consultations are payable under benefit 15.			
3 Physicians' charges	Physicians' charges for in-patient and daycare **treatment**. This includes intensive care.	Paid in full up to the limit shown in your **plan**	Paid in full up to the limit shown in your **plan** (see also benefit 13)	Paid in full up to the limit shown in your **plan** (see also benefit 13)
4 Consultations, diagnostic procedures and physiotherapy	Out-patient consultations, diagnostic procedures and physiotherapy are payable under benefits 15 and/or 16 even if they are related to **in-patient** or daycare **treatment** either before admission or after discharge.			
5 Additional accommodation	a) Charges for one parent staying in the same hospital as a child member who is under 18 years of age. This is paid from the child's benefit. b) Benefit is also payable for charges for a child being breast fed to stay in the same hospital with his or her nursing mother who is herself a member. This is payable from the mother's benefit.			
6 Cash benefit	**We** pay this when: ◦ **you** are admitted for **in-patient treatment** before midnight; and ◦ **we** would have covered your **treatment** if you had had it privately. If your **policy** has an excess, **We** will not take this off this cash payment. This benefit is not available if the cost of **treatment** was funded by another party, such as another insurer.	150 per night	120 per night	15 per night
Other **treatment**				
7 Out-patient **surgery**	**Surgery** received as an out-patient. Pre and post-operative out-patient consultations and diagnostics are payable out of benefits 15 and/or 16. Please note, there is no out-patient benefit on 'In-Patient only' plans.	Paid in full up to the limit shown in your **plan**	Paid in full up to the limit shown in your **plan**	Paid in full up to the limit shown in your **plan**
8 In-patient CT, PET and MRI Scanning	CT = Computerised Tomography, MRI = Magnetic Resonance Imaging, PET = Positron Emission Tomography received as an in-patient or daycare patient only when referred by a **medical practitioner**.			
9 Oncology regular/Radiotherapy/ Chemotherapy	Radiotherapy, chemotherapy and oncology related tests, drugs and **specialist** fees for **treatment** received as an in-patient, out-patient or daycare patient during a course of oncology **treatment**. By course **we** mean a course of six cycles of chemotherapy or six weeks of radiotherapy. Up to a maximum of two courses in a **year**. A 'cycle' of chemotherapy is determined by the number of sessions for which the drug user is licensed.	Paid in full up to the limit shown in your **plan**	Paid in full up to the limit shown in your **plan**	Paid in full up to the limit shown in your **plan**
10 Chronic Illnesses	Available after 12 months of membership but will not cover any pre-existing illnesses. Consultations, **treatment**, drugs and medications up to the limit of the benefit. The illnesses covered under this benefit are: asthma, cardiomyopathy, chronic obstructive pulmonary disorder, diabetes mellitus types 1 & 2, hypertension, ulcerative colitis and hashimoto.	Up to 3,000	Up to 2,000	Up to 1,000

All benefits are subject to assessment on the basis of what is reasonable and customary (R&C) within our network providers. Our network R&C assessment will apply even when the treating medical practitioner refers you for **treatment** outside our network if that **treatment** would have been available within our network. Reasonable and customary will apply in any event. If in doubt please contact **us** before receiving **treatment**. The table in this section only gives you an outline of your cover. For full details, please read the rest of your handbook too.

Benefits		Plan A	Plan B	Plan C
Other benefits (continued)		all prices/limits in EURO	all prices/limits in EURO	all prices/limits in EURO
11 Pregnancy and delivery	Benefits only become available and eligible **claims** payable for expenses incurred after the **member** (the mother) has been continuously covered under the **plan** for 12 consecutive months for Plan A or Plan B and 24 consecutive months for Plan C and has effected the annual renewal of that plan for the coming **policy year.** a) **Your** normal pregnancy and childbirth including in-patient or out-patient antenatal and postnatal consultations and delivery. b) Charges for **your treatment** related to complications incurred during **your** pregnancy including caesarean section.	Up to 3,000 for each female **member** after 12 months membership	Up to 2,500 for each female **member** after 12 months membership	Up to 2,000 for each female **member** after 24 months membership
12 Ambulance transport (when medically essential)	This is to pay for a road ambulance or air ambulance if appropriate for **emergency** transportation to or between hospitals or when the **medical practitioner** determines it as medically essential. Benefit includes any medical attendant travelling with the patient.	Up to 450 for each **member** each **year**	Up to 350 for each **member** each **year**	Up to 350 for each **member** each **year**
13 Outside area of cover (This benefit is payable when members are travelling for business or pleasure only, not if the member travels for medical reasons).	This is to cover **emergency treatment**, or **treatment** of a medical condition which arises suddenly whilst outside **the member's area of cover**.	Option 1 Not required for this Plan option Option 2 Benefit is payable in respect of six weeks travel in USA & Canada each year and is limited to a maximum of 50,000 EURO each **year**	Benefit is payable in respect of six weeks travel outside Europe each year and is limited to a maximum of 50,000 EURO each **year**	Benefit is payable in respect of six weeks travel outside Bulgaria but within Europe, each year and is limited to a maximum of 50,000 EURO each **year**
14 International Emergency Medical Assistance	Worldwide, 24 hours a day, 365 days a year **emergency** service providing evacuation and repatriation. For more information, refer to pages 12-14 of this Handbook.	Paid in full up to the limit shown in your plan	Paid in full up to the limit shown in your plan	Paid in full up to the limit shown in your plan
Out-patient **treatment**				
15 Medical practitioner charges and prescription drugs & dressings	a) **Medical practitioner** charges b) **Prescription** drugs & dressings (the drugs and dressings must be for **treatment** of a medical condition that **we** cover and must be prescribed by a **medical practitioner**).	The overall limit for benefits 15-22 is 8,000 **each year** Additionally, benefit 15 b), 'Prescription drugs', is limited to 800 and this counts against the overall limit for this benefit.	The overall limit for benefits 15-22 is 4,000 **each year** Additionally, benefit 15 b), 'Prescription drugs', is limited to 400 and this counts against the overall limit for this benefit.	The overall limit for benefits 15-22 is 2,500 **each year** Additionally, benefit 15 b), 'Prescription drugs', is limited to 250 and this counts against the overall limit for this benefit.
16 Medical practitioner consultations, diagnostic procedures and physiotherapy	**Medical practitioner** charges for consultations and **treatment**, diagnostic procedures (even if they are related to in-patient daycare or physiotherapy **treatment**). Please note that all physiotherapy must follow referral by a **medical practitioner**. Additionally, physiotherapy is limited to 12 visits in a 6 week period. If further physiotherapy is needed, a new **medical practitioner** referral will be required.			
17 Out-patient MRI, CT, and PET scanning, gastroscopies and colonoscopies	CT = Computerised Tomography, MRI = Magnetic Resonance Imaging, PET = Positron Emission Tomography received as an out-patient only when referred by a **medical practitioner**.			
18 Alternative **treatment**	Out-patient chiropractic **treatment**, homeopathy, acupuncture and osteopathy given by a **specialist** who is registered to practice as a **chiropractor, acupuncturist, homeopath** or **osteopath** where the **treatment** is given. In the case of podiatric conditions benefit is payable for consultations only, not for other **treatment**.	Additionally, benefit 18, 'Alternative **treatment**', is limited to 500 and this counts against the overall limit for this benefit.	Additionally, benefit 18, 'Alternative **treatment**', is limited to 500 and this counts against the overall limit for this benefit.	Additionally, benefit 18, 'Alternative **treatment**', is limited to 500 and this counts against the overall limit for this benefit.
19 Accidental damage to teeth	Initial **treatment** required immediately following external impact/trauma/ accidental damage to natural teeth and given by a **medical practitioner** within 48 hours of the incident.			
20 Psychiatry	Out-patient **treatment** of psychiatric illness. Benefit is payable for **treatment** given by a psychiatrist or by a psychotherapist or psychologist when under the control of a psychiatrist. Clause 3 (aa) of the membership agreement applies to this benefit.	**We** will pay up to 90 days a **year**	**We** will pay up to 90 days a **year**	**We** will pay up to 90 days a **year**
21 Nursing-at-home	Nursing at home when arranged by a **medical practitioner** (with our prior approval) out of medical necessity for a member who needs a registered nurse immediately following in-patient or daycare **treatment**.	**We** will pay up to 21 days a year	**We** will pay up to 21 days a year	**We** will pay up to 21 days a year
22 Routine Dental Care	Routine dental cover includes extraction, gum **treatment**, photopolymer filling, root canal **treatment**, bridges and crowns only.	**We** will pay up to 400 a year. A 30% **co-payment** is applicable to this benefit.	**We** will pay up to 200 a year. A 30% **co-payment** is applicable to this benefit.	**We** will pay up to 125 a year. A 30% **co-payment** is applicable to this benefit.

All benefits are subject to assessment on the basis of what is reasonable and customary (R&C) within our network providers.
Our network R&C assessment will apply even when the treating medical practitioner refers you for **treatment** outside our network if that **treatment** would have been available within our network. Reasonable and customary will apply in any event. If in doubt please contact **us** before receiving **treatment**. The table in this section only gives you an outline of your cover. For full details, please read the rest of your handbook too.

All benefits are subject to assessment on the basis of what is reasonable and customary (R&C) within our network providers. Our network R&C assessment will apply even when the treating medical practitioner refers you for treatment outside our network if that treatment would have been available within our network. Reasonable and customary will apply in any event. If in doubt, please contact us before receiving treatment.

These benefits are available to each **member** each **year**. This benefits table must be read in conjunction with the terms of your membership agreement.

This **policy** is written on an annual basis and renewed each **policy year** at the **policy** anniversary, unless notified in writing 14 days prior to the renewal date.

As a **member** of the Bulgaria Insurance's Health Without Borders Plans, if you have bought our 'Health Screen' option after the first year of membership, you will have access to the following additional benefit which will give you peace of mind when it comes to you and your family's health.

This benefit covers health screening services such as but not limited to: stress ECG, mammogram, prostate and lipid tests, cervical smear test, general health checks and vaccinations. Please call **us** before screening to confirm that your proposed tests are covered by this benefit.

Optional Additional Benefit - Health screening (available on all plans)

	Area of cover	Benefit Limit all limits in EURO	Premiums all prices in EURO	
			Monthly	Annual
Plan A	Worldwide, including U.S.A. and Canada Worldwide, excluding U.S.A. and Canada	350 once every year*	20.82 16.70	237.00 190.00
Plan B	Europe	250 once every year*	10.30	117.00
Plan C	Bulgaria	150 once every year*	7.48	85.00

** after the first year of membership provided, we have received the premiums due at your first renewal, including those for this benefit*

This benefit is available to members every year. By this **we** mean that the benefit may be claimed in each **policy** year following our receipt and acceptance of the consecutive annual premiums since **policy** inception and each **policy year** thereafter. Those paying premiums monthly must have made 12 consecutive payments between **claims** for this benefit.

Please refer to the column showing the **benefits table** applicable benefits table to your plan. Your latest certificate of insurance will show which plan is applicable to you and give other details which are relevant to you.

24/7 HEALTH INFORMATION HELPLINE - +44 (0) 1892 556 753

As a **member you** will have access to AXA PPP healthcare Limited's, medical information telephone helpline - available 24 hours a day, 365 days a year.

When **you** have a health concern, it's good to be able to speak to someone as soon as **you** can. With 24/7 Health information helpline, **you** have access to nurses, counsellors, midwives* and pharmacists* - and it's included on all of our plans.

AXA PPP healthcare Limited's, medical experts are available at the end of the phone ready to offer confidential information on any health queries - whether you're worrying about vaccinations and other health precautions before travelling, general health, family health or simply need support and reassurance. They can also send free fact sheets and leaflets on a wide range of medical issues, conditions and **treatments**.

To make things easier when **you** call the 24/7 Health information helpline is split into the following 'clinics':

- Family Clinic – babies, toddlers, teenage trouble, pregnancy or retirement.
- Care and Counselling Clinic – stress, addiction, depression or bereavement.
- Pills and Prescriptions Clinic – medicines, side effects and pain relief.
- Travel Clinic – inoculations, taking children abroad and medical advice by country.
- Healthy Living Clinic – exercise, diet, drinking, smoking and cholesterol control.
- Men's Health Clinic – prostate issues, testicular cancer, impotence and fertility.
- Women's Health Clinic – fertility, screenings, menopause and osteoporosis.

The 24/7 helpline does not take the place of **your medical practitioner**, nor does it diagnose or prescribe.

Please note: pharmacists and midwives are available from 8am to 8pm **UK** time Monday to Friday, until 4pm **UK** time on Saturday, and until 12pm **UK** time on Sunday and **UK** public holidays. All calls are made in complete confidence. Calls maybe recorded and/or monitored for quality assurance, training and as a record of our conversation.

You can choose to remain anonymous with no record of **your** call, or **you** can ask the helpline to make a note of **your** call in case **you** want to call again.
They can't diagnose medical conditions or prescribe medicine, but **we** can give the latest information about specific illnesses and conditions, **treatments** and medicine, as well as provide guidance and support.

MEMBERSHIP AGREEMENT

Please read the following terms carefully.

1.Definitions

Some words and phrases have special meanings. These meanings are set out below. When **we** use these terms, they are in bold print. The headings used in the following sections of the membership agreement are for convenience of reference only and do not affect its construction.

1.1.	**AXA Global Healthcare's network**	AXA Global Healthcare (UK) Limited's global medical provider network
1. 2	**acupuncturist**	a **practitioner** who is qualified, licensed and registered by a recognised, relevant authority to practice as an **acupuncturist** where **treatment** is given and is recognised by **us. We** will advise **you** as to whether **we** recognise the **acupuncturist you** intend to use if **you** ask **us.**
1.3	**acute condition**	a disease, illness or injury that is likely to respond quickly to **treatment** which aims to return **you** to the state of health **you** were in immediately before suffering the disease, illness or injury, or which leads to **your** full recovery.
1.4	**area/area of cover**	one of the following: **Worldwide**: worldwide **Worldwide excluding U.S.A. & Canada**: worldwide excluding the United States of America, U.S. minor outlying islands and Canada Europe: Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Gibraltar, Greece, Hungary, Iceland, Ireland, Italy, Kazakhstan, Kosovo, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Malta, Moldova, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Russia, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, United Kingdom, Vatican City Bulgaria: the country of **Bulgaria** only.
1.5	**benefits table**	the table applicable to **your plan** showing the maximum **benefits we** will pay for each **member**.
1.6	**Bulgaria**	the Republic of **Bulgaria.**
1.7	**chiropractor**	a **practitioner** who is qualified, licensed and registered by a recognised, relevant authority to practice as a **chiropractor** where **treatment** is given and is recognised by **us. We** will advise **you** as to whether **we** recognise the **chiropractor you** intend to use if **you** ask **us.**
1.8	**chronic condition**	a disease, illness or injury that has one or more of the following characteristics: ◦ it needs ongoing or long-term monitoring through consultations, examinations, check- ups and/or tests ◦ it needs ongoing or long-term control or relief of symptoms ◦ it requires **your** rehabilitation or for **you** to be specially trained to cope with it ◦ it continues indefinitely ◦ it has no known cure ◦ it comes back or is likely to come back. Under this **policy we** will pay for consultations, **treatment**, drugs and medications up to the limit of the **benefits** that apply. The illnesses covered are: asthma, cardiomyopathy, chronic obstructive pulmonary disorder, diabetes mellitus types 1 & 2, hypertension, ulcerative colitis and hashimoto. This benefit will be available after 12 months of membership but will not cover any pre-existing illnesses.
1.9	**Claim**	the **benefits you** ask **us** to pay in respect of an episode of **treatment**.
1.10	**country where you normally live**	the country where the **policyholder** lives or intends to live for most of the year. It will be shown as **your** address on **your** healthcare insurance statement.
1.11	**dependant/ family member**	the subscriber's partner and unmarried children (or those of the subscriber's partner) up to the age of 21, living with the **subscriber** or their other parent when the **policy** is taken out or it is renewed. By partner **we** mean the husband or wife or the person with whom the **subscriber** lives permanently in a similar relationship. Please also see 6.2 in respect of students.
1.12	**emergency**	**we** reserve the right to determine whether **treatment** given is a result of an emergency. Normally this will be **treatment** received in the accident and emergency department of a **hospital** or requiring immediate **hospital** admission.

1.13	**excess/co-payment**	the amount **you** must pay, as shown in the **benefits** table for **your plan**, which will be deducted from the amount payable for eligible **treatment** under **your plan**. Any annual excess payable is applied each **policy** year even if **treatment** is continuous from one year to the next.
1.14	**facility**	a **hospital** or a centre with which **we** have an agreement to provide a specific range of medical services and which is listed in our provider network. In some circumstances **treatment** may be carried out at an establishment that provides **treatment** under an arrangement with a facility listed in our provider network.
1.15	**group**	when the person or entity paying the premium for the **policy** is not a **member** benefiting from cover under the **plan** and is not a family member. Normally this will be the subscriber's employer or sponsor.
1.16	**homeopath**	a **practitioner** who is qualified, licensed and registered by a recognised, relevant authority to practice as a **homeopath** where **treatment** is given and is recognised by **us. We** will advise **you** as to whether **we** recognise the **homeopath you** intend to use if **you** ask **us.**
1.17	**hospital**	a state or private **hospital** or a daycare medical clinic licensed or registered to provide medical, surgical or psychiatric **treatment** under the laws of **Bulgaria** or the equivalent duly licensed or registered in the country, state or other government jurisdiction in which it is situated and where there is constant support by a specialist. In the United Kingdom the **hospital** must be an establishment listed in **AXA Global Healthcare's network**. In **Bulgaria** and elsewhere this must be an establishment recognised by **us.**
1.18	**lifetime**	the period in which the **member** is alive. This does not refer to the life of the policy.
1.19	**living abroad**	remaining outside **Bulgaria** for 180 days or more in a year.
1.20	**medical condition**	any disease, illness or injury, including psychiatric illness not excluded under the terms of **your** policy.
1.21	**medical practitioner**	a person who has primary degrees in the practice of medicine and surgery from a medical school that is listed in the World Health Organisation's World Directory of Medical Schools and who is licensed to practice medicine by the relevant licensing authority where **treatment** is given and properly licensed and qualified to provide the **treatment** given. By "recognised medical school" **we** mean "a medical school which is listed in the current World Directory of Medical Schools published by the World Health Organisation". This **policy** does not cover **treatment** by any **medical practitioner** if he or she is not recognised by **us** whether or not **we** have advised that **practitioner** that he or she is not recognised by **us. We** will advise **you** as to whether **we** recognise the medical practitioners **you** intend to see if **you** ask **us.**
1.22	**member**	you as the **policyholder** and any dependant/family **member** included in **your** policy
1.23	**multiple birth**	the birth of more than one baby from a single pregnancy.
1.24	**network of hospitals/providers**	a document **we** update regularly which is available on our website www.bulgariainsurance.bg and which lists the **hospitals/providers** with which **we** have direct settlement and discount arrangements. Please also see page 6. a) In **Bulgaria you** may use any **hospital/provider** however, if a **hospital/ provider** outside our network is used, benefit will be payable up to the level that would have been charged for the **treatment** within our local network. b) outside **Bulgaria you** should use a **hospital** listed on our website www.bulgariainsurance.bg, except in the case of an emergency where this may not be possible. c) in the **UK you** may use any **hospital/provider** however, if a **hospital/ provider** outside our network is used, benefit will be payable up to a level that would have been charged for the **treatment** within our local network.

1.25	**nurse/registered nurse**	a qualified **nurse** who is registered to practice as such where the **treatment** is given and is recognised by **us.**
1.26	**osteopath**	a **practitioner** who is qualified, licensed and registered by a recognised, relevant authority to practice as an osteopath where **treatment** is given and is recognised by **us. We** will advise **you** as to whether **we** recognise the **osteopath you** intend to use if **you** ask **us.**
1.27	**physiotherapist**	a **practitioner** who is qualified, licensed and registered by a recognised, relevant, authority to practice as a physiotherapist where **treatment** is given and is recognised by **us. We** will advise **you** as to whether **we** recognise the **physiotherapist you** intend to use if **you** ask **us.**
1.28	**plan**	**your plan** the name of which is shown on **your** latest certificate of insurance.
1.29	**podiatrist**	a **practitioner** who is qualified, licensed and registered by a recognised, relevant authority to practice as a podiatrist where **treatment** is given and is recognised by **us. We** will advise **you** as to whether **we** recognise the **podiatrist you** intend to use if **you** ask **us. We** will not cover any general chiropody or foot care, even if a surgical podiatrist provides it. This includes things like gait analysis and orthotics.
1.30	**policy**	the insurance contract between **you** and **us.** The full terms of **your policy** are set out in the latest versions of the following documents as sent to you from time to time: ◦ any application form **we** ask **you** to fill in ◦ any statement of fact **we** send you ◦ this handbook ◦ **your** healthcare insurance statement and our letter of acceptance ◦ these terms and the **benefits** table setting out the cover under **your plan** and this handbook ◦ **your** certificate of insurance ◦ any additional terms applied to **your plan** such as but not limited to additional terms applied to chronic or pre-existing conditions. Changes to these terms must be confirmed in writing and **we** will write to **you** to confirm any changes, undertakings or promises that **we** make.
1.31	**policy holder**	the first person named on **your** healthcare insurance statement, for group schemes, the employee. If the first person named on **your** healthcare insurance statement is under 18 then **we** will treat the person who pays the premium as the policyholder. In this case, the **policyholder** will not be entitled to cover under this policy.
1.32	**prescription**	out-patient **drugs** and diagnostics as prescribed by a **medical practitioner** for the **treatment** of a medical condition which are relevant to that medical condition and are covered by the member's policy.
1.33	**pre-existing condition**	a pre-existing condition is any disease, illness or injury that: ◦ **you** have received medication, advice or **treatment** for in the five years before the start of **your** cover, or ◦ **you** have experienced symptoms of in the five years before the start of **your** cover, whether or not the condition was diagnosed.
1.34	**scanning centre**	a centre in the **UK** where **out-patient** CT (computerised tomography), MRI (magnetic resonance imaging) and PET (positron emission tomography) is carried out. The centres **we** recognise are listed in our **provider network under United Kingdom**

1.35	**schedule of procedures**	a list of **surgical** procedures **we** maintain and regularly update which classifies **surgical** procedures according to their complexity. It is recommended that **you** contact **us** before undergoing any surgical procedure to ensure that it is recognised by **us** (link to Schedule of procedures), not experimental in nature and is covered under **your plan**.
1.36	**specialist**	a **medical practitioner** who holds or has held a substantive consultant post in a **hospital** or who holds a certificate of **specialist** accreditation that is recognised by **us** or who holds alternative qualifications that are accepted by **us** and is personally approved by **us** for the medical **treatment** involved. This means that the **specialist** must be specifically qualified for the **treatment** administered. For out-patient **treatment** only the following will also be regarded as **treatment** by a specialist: **treatment** by a **medical practitioner** with qualifications accepted by **us** who specialises in homeopathy, acupuncture, chiropractic, osteopathy and podiatry and who meets our criteria for limited specialist recognition for benefit purposes in his/her field of practice.
1.37	**surgery/surgical procedure**	an operation or other invasive surgical intervention listed in the schedule of procedures.
1.38	**treatment**	surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure a disease, illness or injury. This includes: ◦ diagnostic tests – investigations, such as x-rays or blood tests, to find or to help to find the cause of **your** symptoms. ◦ in-patient **treatment** – **treatment** received as a patient who is admitted to **hospital** and who occupies a bed overnight or longer, for medical reasons. ◦ daycare **treatment** – **treatment** received as a patient who is admitted to a **hospital** or **day-patient** unit because they need a period of medically supervised recovery but does not occupy a bed overnight. ◦ out-patient **treatment** –**treatment** received as a patient who attends a hospital, consulting room, or out-patient clinic and is not admitted as a day-patient or in-patient
1.39	**United Kingdom/UK**	Great Britain and Northern Ireland including the Channel Islands and the Isle of Man.
1.40	**visit**	each separate occasion that the **member** meets with a **medical practitioner** and receives a consultation and/or **treatment** for a medical condition.
1.41	**we/us/our**	Bulgaria Insurance AD.
1.42	**year**	twelve Gregorian calendar months from when **your policy** began or was last renewed.
1.43	**you/your**	the **policyholder** and/or the **member** named on **your** certificate of insurance.

2. Benefits we pay for

2.1 This **policy** insures the members against the reasonable and customary cost of necessary **treatment** and diagnostics carried out by a medical practitioner.

We will pay:

i) for charges actually incurred for items listed in **your benefits table**. These are subject to the limits shown there. Note: if **you** incur costs in excess of the limits **you** will have to pay the difference;

ii) for **treatment** of unexpected illnesses and conditions that respond quickly to **treatment** (acute conditions) and for an initial period of **treatment** that allows the **medical practitioner** to establish their ongoing approach to **treatment**. It also covers **you** for flare ups, exacerbations of illnesses that recur, continue or require longer term **treatment** (chronic conditions) to return the chronic condition to its controlled state. See clause 3(d). When the **medical condition** has been stabilised **we** will stop making payments. Additionally, for asthma, cardiomyopathy, chronic obstructive pulmonary disorder, diabetes mellitus types 1 & 2, hypertension, ulcerative colitis and hashimoto **we** will pay for ongoing management and medication, after 12 months of membership but will not cover any pre-existing illnesses.
We will never pay for more than 180 days **treatment** for any **medical condition** in a year in accordance with clause 3 (oo) "Time Limit" shown on page 32.
Once the chronic cover is available: Your cover for out-patient monitoring and **treatment** of **chronic conditions** are subject to the **outpatient** limit shown in the table;

iii) if the charges made by the **medical practitioner** are fair and reasonable and/or at the level customarily charged by medical practitioners in accordance with our definitions of reasonable and customary charges on page 7 in this handbook and on each page of the **benefits** table. If necessary, **we** can delay paying the **claim** until **we** are satisfied that the charges are appropriate. If the charges made by the **medical practitioner** are not reason- able and customary and/or are higher **we** will only pay the amount which is customarily charged, and the **member** will have to pay the rest. **We** will pay for their normal charges for the **treatment**. **We** will not pay if the charges for **your treatment** are higher than they would normally charge for that **treatment**. **We** will pay for one surgeon and one anesthetist for each operation unless **we** have agreed a different arrangement with **you** before **your** operation.

iv) for **treatment** by a **medical practitioner** or **acupuncturist**, **chiropractor**, **homeopath, osteopath**, **physiotherapist** and **podiatrist** or for the services of a **nurse** or any other **treatment** or additional **benefit** if the **plan** covers it and then only as allowed by the **benefits table**; provided the costs are not for something excluded by the terms of the **member's policy;**

v) for costs incurred during a period for which the premium has been paid.

3. What we do not pay for

Exclusions and Limitations (Please note titles are for ease of use only)

Please note all exclusions are shown in red and where possible positive amendments are shown in black.

We do not pay benefit for the following (subject to some limited cover being available as shown):

(a)	AIDS/HIV	**treatment** of any medical condition which arises in any way from HIV infection;
(b)	appliances	the costs of providing or fitting any external prosthesis or appliance such as, but not limited to, spectacles, contact lenses, hearing aids, dentures and scoliosis brace;
(c)	artificial life maintenance	**we** do not cover artificial life maintenance for more than 60 continuous days if **you** are in a persistent vegetative state and only being kept alive by medical intervention such as mechanical ventilation;
(d)	chronic conditions	please note exclusion does not apply to those conditions listed in 1.8 (page 22) and 2.1 (ii) i) non-surgical **treatment** of a medical condition or episode of ill health which persists for a long period or is recurrent (please also see p.8); ii) the monitoring of a medical condition once it has been stabilised; iii) any **treatment** which offers only temporary relief of symptoms rather than dealing with the underlying medical condition;
(e)	consequences of previous treatment, medical intervention or body modification	If **you** had **treatment**, medical intervention or body modification previously that would not be covered by **your** policy, **we** do not cover further **treatment** or increased **treatment** costs that are: i) a result of the **treatment**, medical intervention or body modification **you** had previously; or ii) connected with the **treatment**, medical intervention or body modification **you** had previously.
(f)	contraception	**we** do not cover contraception or any consequence of using contraception.
(g)	congenital deformities and/ or conditions	any charges related to the **treatment** and/or correction of congenital deformities and/or conditions. However, in the case of new born children added to a **policy** under the terms of clause 5.5 and where the parent's **policy** (either parent) to which the child is being added has been in force for at least 12 months prior to birth, **we** will pay up to €200,000 in the child member's lifetime. Congenital deformities and/or conditions in the case of children resulting from any method of assisted conception (except artificial insemination) or if adopted will not be covered under any circumstances;
(h)	cosmetic treatment	i) cosmetic (aesthetic) surgery or **treatment**, whether or not for medical or psychological reason. **We** will cover **your** first reconstructive surgery following an accident or surgery for a medical condition that was covered by **your** policy. **We** will do this so long as: ◦ you had continuous cover with **us** before the accident or surgery happened; and ◦ **we** agree the cost of the **treatment** in writing beforehand. ◦ In the case of breast cancer, the first reconstructive surgery means: ◦ one planned surgery to reconstruct the diseased breast ◦ one further planned surgery to the other breast, when it has not been operated on, to improve symmetry ◦ nipple tattooing, up to 2 sessions. What is not covered? **We** do not cover **treatment** that is connected to previous reconstructive **surgery** or any cosmetic operation to a reconstructed breast whether or not it is needed for medical or psychological reasons ii) **we** do not cover the removal of fat or surplus tissue, such as abdominoplasty (tummy tuck), whether the removal is needed for medical or psychological reasons. Also see (n) fat removal; iii) the **treatment** of conditions related to the control of body weight such as but not limited to obesity and anorexia.

(i)	dentistry	i) orthodontics, periodontics, endodontics, preventative dentistry and general dental care including fillings no matter who gives the **treatment**, except as indicated by **your benefits** table; ii) any dental procedure except as indicated by **your benefits** table. Please note that no surgical procedures for dental purposes are covered under **your plan** unless under the terms applicable to Benefit 19 accidental damage to teeth. iii) accidental damage to teeth except as indicated by your benefits table We do not pay for **treatment** needed following damage caused by any of the following: ◦ eating or drinking something, even if it contains a foreign body ◦ boxing or playing rugby (except tag rugby) without wearing suitable mouth protection ◦ brushing your teeth or any other oral hygiene procedure.
(j)	donor organs	if **you plan** to donate an organ or tissue as a live donor or receive an organ or tissue from a live donor, please call **us** so that **we** can tell **you** what support **we** offer. **We** do not pay for: i) the cost of collecting donor organs or tissue; or ii) any related administration costs - for example, the cost of searching for a donor; or iii) any costs towards organ or tissue donation that is not done in line with appropriate regulatory guidelines.
(k)	drugs & dressings	where benefit is payable, drugs and dressings will be pharmaceutical products which are prescribed by a **medical practitioner** and are absolutely necessary and directly related to the **treatment** of a specific medical condition or accident covered by the **plan** and are recognised as medicines by the Bulgarian Drug Agency and EMA - European Medicine Agency. Please note that **we** do not pay for standard toiletries such as, but not limited to, shampoos, soaps, toothpastes, contraceptives, proprietary headache and cold cures, vitamins (even if prescribed supplements), dietary medicines, herbal products, cosmetic creams, weight control medicines etc. which may be bought over the counter, with or without prescription, at a local pharmacy nor do **we** pay for telephone calls.
(l)	excess/co-payment	any claim or part of a claim in respect of which **you** have to pay an excess or co-payment. In this case **we** will only pay the balance of the claim after **we** have deducted the excess or co-payment amount. Any excess or co-payment that applies will be shown in **your benefits** table.
(m)	experimental treatment	**your policy** covers **you** for established medical treatments. There is no cover for any **treatment** or procedure that is experimental or that has not been established as being effective. The drugs, **treatments** and surgery **we** cover: **We** will pay for the use of drugs that have been established as being effective. This means the drug must be licensed for use by either: i) the Bulgarian Drug Agency and the European Medicines Agency (EMA), or ii) the US Food and Drug Administration (FDA) if the **treatment** is to be provided outside Europe. The drug must be used within the terms of its license. For a surgical procedure to be covered it must be listed in our Schedule of Procedures and Fees. **We** will also pay for **treatment** not listed in our Schedule of Procedures and Fees if, before the **treatment** begins, it is established that the **treatment** is recognised as appropriate by an authoritative medical body. This means procedures and practices must have undergone appropriate clinical trial and assessment and be sufficiently evidenced in published medical journals. What is not covered? **We** will not pay for **treatment** that has not been established as being effective or which is experimental. You are not covered for complications that arise as a result of authorised or unauthorised unproven or experimental **treatment**

(n)	fat removal	**we** do not cover the removal of fat or surplus tissue, such as abdominoplasty (tummy tuck), whether the removal is needed for medical or psychological reasons. Also see (h) cosmetic **treatment**.
(o)	gender re-assignment or gender confirmation	**we** do not cover gender re-assignment or gender confirmation **treatment**. **We** will not cover any of the following when they are connected to gender reassignment or gender confirmation in any way: ◦ gender reassignment operations or other surgical **treatment**; or ◦ psychotherapy or similar services; or ◦ any other **treatment**.
(p)	health spas/hydros	any charges for health hydros, spas, nature cure clinics or any similar place, even if it registered as a hospital;
(q)	hernia	any **treatment** or surgical procedure for hernia of any kind including but not limited to intervertebral disc herniation, unless the **member** has been insured by **us** under this **policy** for a continuous period of six months prior to symptoms, that lead to the **treatment** or surgical procedure, becoming apparent. All such **treatment** or surgical procedures must be preauthorised by **us**.
(r)	Hormone replacement therapy (HRT)	hormone replacement therapy except when implants are required following a medical intervention. If you have out-patient cover, **we** will pay for the associated **medical practitioner's** consultations up to the limits shown in the **benefits table**. **We** will also cover the cost of HRT patches or tablets that are required following a medical intervention, up to the limits shown in the benefits table.
(s)	illegal and criminal activity	**we** do not cover **treatment you** need as a result of **your** active involvement in illegal or criminal activity.
(t)	kidney failure	regular or long term kidney dialysis in the case of chronic kidney failure. **We** do pay for dialysis for up to six weeks during preparation for a kidney transplant.
(u)	learning and developmental disorders	**treatment** directed towards developmental delay in children (whether physical or psychological or learning difficulties) for more than the first 3 months following diagnosis and only once in the child member's lifetime;
(v)	medical reports	**we** will not pay for medical reports or for the completion of claim or application forms or any part of them.
(w)	meniscus	any **treatment** or surgical procedure for meniscus of any kind, unless the **member** has been insured by **us** under this **policy** for a continuous period of six months prior to symptoms, that lead to the **treatment** or surgical procedure, becoming apparent. All such **treatment** or surgical procedure must be preauthorised by **us**.
(x)	natural ageing	**we** do not pay for **treatment** of symptoms generally associated with the natural process of ageing. This includes **treatment** for the symptoms of puberty and menopause which are not caused by another disease, illness or injury.
(y)	pre-existing conditions	**treatment** of any **medical condition** which the **member** already had when he or she joined and which the **policyholder** should have told **us** about but did not tell **us** at all or did not tell **us** everything unless **we** had agreed otherwise in writing that there was no need for **you** to tell **us**. This includes any physical defect or medical condition or symptoms whether or not being treated and any previous **medical condition** which recurs or which the **member** should reasonably have known about even if he or she has not consulted a **medical practitioner**;

(z)	pregnancy, childbirth and infertility	i) **treatment** for **your** pregnancy or childbirth unless: ◦ It is allowed for by **your plan**; and ◦ The pregnant member has been insured by **us** under this policy for a continuous period as shown on your benefits table and certificate of insurance. ii) termination of pregnancy or any consequences of it; iii) foetal surgery which is surgery performed on an unborn child or medical **treatment** in connection with such surgery whether undergone by the mother or the unborn child; iv) investigations into and complications arising from the **treatment** of infertility, contraception, assisted reproduction, sterilisation (or its reversal) or of any **treatment** for them (except **treatment** for complications of a pregnancy resulting from artificial insemination) or of any **treatment** for them including post-natal care of the mother, child or children. However, **we** will pay for initial investigations into the cause of infertility provided that **you** and **your** partner have been insured by **us** under this **policy** for a continuous period of two years at the start of these investigations and were unaware of **your** infertility or inability to conceive before **your** insurance under this **policy** began.
(aa)	psychiatric illness	the **treatment** of psychiatric illness except for out-patient **treatment** as allowed for by **your benefits** table nor will **we** pay for psychiatric home nursing.
(bb)	rehabilitation	**we** do cover in-patient rehabilitation for a short period, but there are some limits to our cover. **We** will cover in-patient rehabilitation for up to 28 days, so long as: ◦ if follows an acute brain injury, such as a stroke; and ◦ it is a part of **treatment** that is covered by the plan; and ◦ it takes place in a **hospital** or unit that specialises in rehabilitation; and ◦ a **medical practitioner** who specialises in rehabilitation is overseeing **your treatment**; and ◦ **we** have agreed the costs before **you** start rehabilitation; and ◦ the **treatment** could not be carried out on an out-patient basis. ◦ If **you** have severe central nervous system damage following external trauma or accident, **we** will extend this cover to up to 180 days of in-patient rehabilitation. What is not covered for rehabilitation? ◦ **we** do not cover day-patient rehabilitation. ◦ **we** do not cover **treatment** as an in-patient that **you** could have as an out-patient. This includes rehabilitation. If **you** need rehabilitation, please call **us** so **we** can tell **you** if **you** are covered.
(cc)	routine & preventative care	preventative (i.e. prophylactic) **treatment** and tests including, but not restricted to, eye tests, hearing tests, genetic testing, vaccinations and routine and preventative medical examinations including routine follow-up consultations except as allowed by **your plan**; **We** do not pay for: ◦ preventative **treatment**, such as preventative mastectomy; or ◦ routine preventative examinations and check-ups; or ◦ genetic screening tests to check whether: ◦ you have a medical condition when **you** have no symptoms; or ◦ you have a genetic risk of developing a medical condition in the future; or ◦ there is a genetic risk of **you** passing on a medical condition. ◦ genetic tests to identify a medical condition where the result of the test isn't proven to change the course of **treatment**. This might be because the course of **treatment** for **your** symptoms will be the ◦ same regardless of what medical condition has caused them; or ◦ any other preventative **treatment** to see whether **you** have a medical condition if **you** do not have any symptoms. What is covered for genetic tests? **We** will pay for genetic testing when it is proven to help choose the best course of drug **treatment** for **your** medical condition. This means that it must be recommended in the drug license for a specific targeted therapy, such as HER2 testing for the use of Herceptin for breast cancer. Please call **us** before **you** have any genetic tests to confirm that **we** will cover them. Your **medical practitioner** may want to do a variety of tests and they might not all be covered. The cost to **you** could be significant if the tests aren't covered under **your** policy.
(dd)	self-inflicted injury and suicide	**we** do not cover **treatment you** need as a direct or indirect result of a deliberately self-inflicted injury or a suicide attempt
(ee)	sexual dysfunction	**treatment** of impotence or sexual dysfunction or any consequence of them. **We** do not cover **treatment** for sexual dysfunction, or anything related to sexual dysfunction.
(ff)	sexually transmitted diseases	**treatment** of sexually transmitted diseases/infections, such as but not limited to chlamydia, genital herpes, HPV, syphilis, gonorrhoea or any consequences thereof;
(gg)	short/longsightedness and causes	**we** do not cover any **treatment** to correct long sightedness, short sightedness or astigmatism. However, **we** do cover **treatment** to correct astigmatism if the astigmatism is due to surgical replacement of the lens of the eye.
(hh)	social, domestic and other costs unrelated to treatment	**we** do not cover the costs that **you** pay for social or domestic reasons, such as but not limited to travel or home help costs. This includes if **your** in-patient stay is extended for a reason not related to **your treatment**, and **you** could have that **treatment** as an out-patient. **We** do not cover the costs of home visits unless a home visit is necessary because of the sudden onset of an **acute condition** that means you're not able to have **your treatment**, or consultation in a medical clinic or consulting room.
(ii)	special nursing	special nursing in **hospital** unless **we** have agreed beforehand, in writing, that it is necessary and appropriate;
(jj)	special terms	any **treatment** specifically excluded by the terms shown on **your** Certificate of Insurance or any terms added to **your policy** in respect of pre-existing or chronic conditions or similar;
(kk)	sports and activity related treatment	**we** do not cover **treatment** of injuries that are as a result of training for or taking part in any sport for which you: i) are paid; or ii) receive a grant or sponsorship (**we** do not count travel costs in this) or are competing for prize money.

		we do not cover **treatment** of injuries that are sustained when taking part in the following sports and activities: i) base jumping ii) cliff diving iii) flying in an unlicensed aircraft iv) free climbing v) scuba diving to a depth of more than 10 metres, or to a depth of more than 30 metres if **you** hold an appropriate diving qualification or **you** are being instructed by an appropriately qualified diving instructor, for example an instructor recognised by PADI (Professional Association of Diving Instructors) vi) any activity at a height of over 5,000 metres above sea level vii) canyoning viii) skiing off piste, or any other winter sports activity carried out off piste without an instructor with the appropriate qualifications
(ll)	sterilisation	**we** do not cover: ◦ sterilisation, or any consequence of being sterilised; or ◦ reversal of sterilisation, or any consequence of a reversal of sterilisation;
(mm)	substance abuse	**treatment** which arises from or is in any way connected with alcohol abuse or drug or substance abuse whether or not relating to psychiatric disorders;
(nn)	terrorist act	any act of violence by an individual terrorist or a terrorist group to coerce or intimidate the civilian population to achieve a political, military, social or religious goal.
(oo)	time limit	**treatment** for any **member** for a total of more than 180 days in any year whether for out-patient **treatment**, in-patient **treatment**, daycare **treatment** or home nursing or any combination of them;
(pp)	traveling abroad	if the **member** leaves the country where he/she normally lives for more than 180 days in any year. **We** will not pay **benefits** and reserve the right to cancel the member's policy;
(qq)	treatment abroad	in respect of a **member** who has travelled outside the area of cover to get **treatment** (whether or not that was the only reason) or travelled against medical advice. Emergency **treatment** or **treatment** of a medical condition which arises suddenly while outside the member's area of cover is limited as shown on **your benefits** table.
(rr	treatment that is not medically necessary	like most health insurers, **we** only cover **treatment** that is medically necessary. **We** do not cover **treatment** that is not medically necessary, or that can be considered a personal choice;
(ss)	TVT	any **treatment** or surgical procedure in respect of Tension Free Vaginal Taping (TVT) or stress incontinence of any kind, unless the **member** has been insured by **us** under this **policy** for a continuous period of six months prior to symptoms, that lead to the **treatment** or surgical procedure, becoming apparent. All such **treatment** or surgical procedure must be preauthorised by **us**;
(tt)	UK treatment and limitations	in-patient or daycare **treatment** or **treatment** by a specialist in the United Kingdom unless it is received in a **hospital** listed in **AXA Global Healthcare's network** and/or the **medical practitioner** giving the **treatment** is recognised by **us** before **treatment** has commenced and/or **we** have agreed to the use of the **hospital** and/or **medical practitioner** and **you** have notified **us** before **treatment** commences and **we** have agreed to use the **hospital** and/or the **medical practitioner** in writing;
(uu)	unlisted procedures	any surgical procedure which is not listed in the **schedule of procedures** unless **we** have agreed, in writing, beforehand;

(vv)	unreasonable charges	charges which are unreasonable or excessive. If **your treatment** is covered by **your** policy, **we** will pay reasonable charges for a standard, single room with bath or shower. **We** will also pay for **your** standard menu choices. Please see our definition of reasonable and customary charges on page 7 and under each page of the **benefits** table; What is not covered at the hospital? **We** will not pay for: ◦ upgrades to **your** room; or ◦ food or drink choices that are not on the standard menu; or ◦ costs that would not normally be charged to a person staying in a standard, single room with bath or shower; ◦ visitors' accommodation or meals; or ◦ special nursing unless **we** have agreed that it is necessary first.
(ww)	varicose veins	**we** do cover **treatment** of varicose veins, but only in certain circumstances. What is covered? **We** will cover one surgical procedure per leg to treat varicose veins, for the lifetime of **your** membership with **us**. This may be foam injection (sclerotherapy), ablation or other surgery. **We** will cover one follow up consultation with **your medical practitioner** and one simple injection sclerotherapy per leg to treat residual or remaining veins when it is carried out in the 6 months after you've had the main surgical procedure. What's not covered? **We** do not cover more than one surgical procedure per leg, regardless of how long **you** stay a **member** with **us**. There is no cover for the **treatment** of recurrent varicose veins under **your** policy. There is no cover for the **treatment** of thread veins or superficial veins;
(xx)	vegetative state treatment	**treatment** whilst staying in a **hospital** for more than ninety (90) continuous days for permanent neurological damage or if **you** are in a persistent vegetative state. If a **member** is in a vegetative state for a continuous period of four (4) weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition or there could be no recovery, they will be considered to be in a persistent vegetative state. Vegetative state is a state or condition of profound non-responsiveness with no signs of awareness or consciousness or a functioning mind even if the person can open their eyes and breathe unaided, or the person does not respond to stimuli such as calling their name or touching.
(yy)	nuclear, biological or chemical contamination and war risk	**we** do not cover **treatment you** need as a result of nuclear, biological or chemical contamination. **we** do not cover **treatment you** need as a result of **your** active involvement in war (declared or not), an act of a foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons, or any similar event. **we** do not cover **treatment you** need because **you** have put **yourself** in needless peril, such as going to a place of unrest as an onlooker. **we** do cover **treatment** due to a terrorist act so long as the act does not cause nuclear, biological or chemical contamination.
(zz)	weight loss treatment	**we** do not cover **treatment** for weight loss surgery. What is not covered? **We** do not cover any fees for any kind of bariatric (weight loss) surgery, regardless of why the surgery is needed. This includes fitting a gastric band, creating a gastric sleeve, or other similar **treatment**.

4. Making claims

We will assess all **claims** for eligibility against the **benefits** of **your plan**. In respect of **claims** for **medical conditions** for which symptoms might reasonably have become apparent prior to inception of **your policy, we** may require **you** to provide additional medical information, at **your** cost, in such cases. Please refer to page 7 for details of how to make a **claim**

4.1	**Pre-authorisation**	The **member** must tell **us** before he or she undergoes in-patient, or daycare **treatment** or the scans shown on page 6. You must pre-authorise any **treatment** shown in the **benefits** table as being subject to pre-authorisation and benefit will only be paid if such **treatment** has been pre-authorised by **us**. In cases of medical emergency special arrangements will apply. See page 6.
4.2	**Supplying full information**	Before **we** can consider a claim, **you** must ensure that: ◦ the **member** sends **us** a completed claim form as soon as they can and no later than 90 days from the date the **treatment** starts; and ◦ **we** receive original numbered invoices, accompanied by any appropriate numbered fiscal receipt where applicable, for **treatment** costs; and ◦ the **member** promptly gives **us** all the information **we** may request including: ◦ diagnostic test results; and ◦ any reports **we** may ask for from any third party including any information from a medical practitioner. This is provided at the member's expense. **We** may ask **you** to provide more information, for example from **your** medical practitioner. You or **your medical practitioner** must provide **us** with the information **we** ask for as soon as reasonably possible so that **we** can assess **your** claim. **We** will pay **you** the cost of the **treatment we** cover. If it turns out that **your treatment** or part of it is not covered, **we** will not reimburse **you** for the cost of the **treatment** that is not covered.
4.3	**Other insurance and our right of recovery**	What to do if **your** claim relates to an injury or medical condition that was caused by another person If **your claim** relates to an injury or medical condition that was caused by another person, they may be liable to pay some of the costs of **your** claim. This means **you** must tell **us** as quickly as possible if **you** believe a third party caused the injury or medical condition, or if **you** believe they were at fault. If **we** need further information, **we** may contact **you** or the third party. **We** will pay our proper share of the claim and recover what **we** pay from the third party. **We** do this so **we** can keep the cost of premiums down. It also means that **you** can be repaid for any costs **you** paid **yourself**, or if **you** paid for private **treatment** that wasn't covered by **your** policy. **You** must include all amounts (including interest) paid by **us** in respect of the injuries in **your** claim against the third party. **You** (or **your** solicitors) must keep **us** informed: ◦ on the progress of **your claim** and any action against the third party or any pre-action matters ◦ on the progress of and outcome of any action or settlement discussions, including providing **us** with access to the details of any settlement reached. Repaying **us** if the third party pays **you** If **we** have paid **you** for **your** claim and **you** are subsequently paid by the third party, **you** must repay **us** within 21 days of being paid by the third party. The amount **you** must repay depends on what **you** are paid: ◦ if the third party settles in full, **you** must repay our payment to **you** in full; or ◦ if the third party pays **you** a percentage of **your** claim for damages, **you** must repay **us** the same percentage of our payment to you; or ◦ if **your** claim is paid as part of a global settlement and our payment to **you** is not individually identified, **you** must repay **us** the same proportion that the global settlement is of **your** total claim for damages against the third party. ◦ if **you** are paid interest by the third party, **you** must include that when working out what to pay **us**. ◦ if **you** do not repay **us**, **we** will be entitled to recover what **you** owe **us** from **you** and **your policy** may be cancelled in accordance with section 4.6. The rights and remedies in this section are in addition to and not instead of rights or remedies provided by law. ◦ if **benefits** are claimed for **treatment** to a **member** whose injury or medical condition was caused by some other person (the "third party"), **we** will pay those **benefits** the **member** can claim under the **policy** (unless they are covered by another insurance policy, when **we** will only pay our proper

		share of the benefits) however in paying those **benefits we** obtain both through the terms of the **policy** and by law a right to recover the amount of those **benefits** from the third party. In this case the following shall apply: a) **you** must tell **us** as quickly as possible that the injury or medical condition was caused by, or was the fault of, a third party. **We** will then send **you** a form on which the **member** can give **us** full written details; b) if **you** or the **member** is making a **claim**, or has not made (or refuses to make) a **claim** against the third party, **you** or the **member** must act in good faith and do all the things **we** shall require to ensure that monies are recovered from the third party and are repaid to **us** up to the amount of the **benefits we** have paid (and any interest). **You** will be asked to sign a written undertaking to this effect; and c) if **you** or the **member** do not repay to **us** monies recovered from the third party up to the amount of **benefits** (and any interest), **we** shall be entitled to recover the same from **you** or the member.
4.4	**Subrogated rights**	**We**, or any person or company that **we** nominate, have subrogated rights of recovery of the **policyholder** or any family **members** in the event of a claim. This means that **we** will assume the rights of the **policyholder** or any family **member** to recover any amount they are entitled to that **we** have already covered under this **policy**. For example, **we** may recover amounts from someone who caused injury or illness, or from another insurer or a state healthcare provider. The **policyholder** must provide **us** with all documents, including medical records, and any reasonable assistance **we** may need to exercise these subrogated rights. The **policyholder** must not do anything to prejudice these subrogated rights. **We** reserve the right to deduct from any **claims** payment otherwise due to **you** an amount that will be recovered from a third party or state healthcare provider.
4.5	**Appointment of independent medical practitioners**	**We** can appoint and pay for an independent **medical practitioner** to advise **us** on the medical issues relating to any **claim**. If required by **us** the independent **medical practitioner** will also medically examine the **member** making the **claim** and provide **us** with a report. The **member** must co-operate with the independent **medical practitioner** otherwise **we** will not pay the claim.
4.6	**Dishonesty/false claims**	What happens if **you** break the terms of **your** policy If **you** break any terms of **your policy** that **we** reasonably consider to be fundamental, **we** may do one or more of the following: ◦ refuse to pay any **claims**; ◦ recover from **you** any loss caused by the break; ◦ refuse to renew **your** policy; ◦ impose different terms to **your** cover; ◦ end **your policy** and all cover immediately. If **you** (or anyone acting on **your** behalf) claim knowing that the **claim** is false or fraudulent, **we** can refuse to pay that **claim** and may declare **your policy** void, as if it never existed. If **we** have already paid the **claim**, **we** can recover what **we** have paid from **you**. If **we** pay a **claim** and the **claim** is later found to be wholly or partly false or fraudulent, **we** will recover what **we** have paid from you.
4.7	**Paying claims in currencies other than the BGN**	If **we** agree to pay **benefits** in a local currency other than the BGN the currency will be converted using the closing mid-point exchange rate published in the Financial Times Guide to World Currencies current when **we** assess the **claim**. All payments will be subject to any exchange control regulations that may be in force at the time of payment. Charges from **your** bank **You** should contact **your** own bank to find out if they will make any charges for **you** to send or receive money, or to exchange currency. Any charges from **your** bank are not covered by **your** policy. Please note: **We** reserve the right to amend **our** currency conversion arrangements if required to do so by any change emanating from the Bulgarian National Bank. Please refer to clause 7.1.
4.8	**Ex-gratia payments**	Any **benefit** payments made by **us** which are made on an "ex-gratia" basis and to which, therefore, **you** are not entitled shall count against any maximum annual limits applicable in respect of any benefit. Any ex-gratia payment that **we** make does not, in any event, establish a precedent for the payment of future **claims** even if such claims are for **treatment** of any of the original conditions for which the ex-gratia payment was made.
4.9	**To whom we pay**	**We** will pay **benefits** to **you** unless **you** have notified **us** otherwise in writing.

5. Joining, renewing and adding children

5.1	When cover starts	**We** will tell **you** in writing the date **your policy** starts and any special terms which apply to it. Please note that this is subject to our receiving and accepting **your** premium. However, **policy** inception may occur after **we** have accepted **your** premium. **You** will only be able to claim **benefits** for **treatment** received after the inception date shown on **your** Certificate of Insurance whether or not **your** premium has been paid in advance. **We** can refuse to give cover and will tell **you** if **we** do.
5.2	Policy period	Your **policy** is for one year. At the end of that time, provided the **plan you** are on is still available, **you** can renew it on the terms and conditions applicable at that time which **we** will notify to you. However, **we** reserve the right to refuse to accept **you** as a customer or to renew **your policy** at any **policy** anniversary. **We** will not exercise this right as the result of a **member's** claims experience or altered state of health.
5.3	Policy period for additions and deletions	Benefits for any **member** who is added to a **policy** during the year will cease at the next renewal and a new **policy** year will begin for that **member** at the next renewal. Benefits for any **member** whose membership is terminated for any reason during the year will cease with effect from the date of termination (please also see clause 7.2).
5.4	Notice of cancellation at anniversary date	Unless **we** and **you** have agreed before the end of the year to renew the **policy**, cover will cease on the anniversary date. This will happen whether or not written notice of cancellation has been given by **us** to **you**.
5.5	Addition of children	If a child is born during a **policy** year and **you** wish that child to qualify as a **member**, without providing evidence of health, **you** must ask **us** for this in writing within 90 days of the birth. Children born as the result of any method of assisted conception (except artificial insemination) or adopted children will have to provide evidence of health. Please also see page 10. **We** have explained these limits in the following paragraphs. Babies born after fertility **treatment**, or following assisted reproduction, or who **you** have adopted **You** can add a baby born after fertility **treatment**, or following assisted reproduction (such as IVF), or who you've adopted, to **your** policy. As with most health insurance, our cover for **treatment** has a few limits in these situations. If **you** have adopted a baby, or if **you** have a multiple birth after fertility **treatment** or following assisted reproduction: ◦ **we** may ask for more details of the baby's medical history ◦ **we** will not cover **treatment** in a Special Care Baby Unit or pediatric intensive care immediately after the birth ◦ **we** may add other conditions to the baby's cover. For example, **we** may limit their cover for pre-existing conditions. **We** count fertility **treatment** as either parent taking any prescription or non-prescription drug or other **treatment** to increase fertility.
5.6	Termination of cover for children on a parent's policy	Cover for a dependant child will stop at the end of the year following that child's marriage or the child's moving out of **your** home or that of the child's other parent. Once a dependant child reaches the age of 21 years he/she will no longer be eligible for cover under a parent's policy. Thus, cover under the parent's **policy** will cease for that child at the **policy** anniversary immediately following the child's 21st birthday. The child may apply, at that time, for a **policy** of his/her own on the basis of continuing personal medical exclusions. This means that the medical exclusions (special terms) applying to that child will be transferred to his/her new **policy** and will apply as they did under the parent's policy. Please refer to page 9 for our rules on upgrading cover.

6. What we expect from you

6.1	Giving full information	Whenever **we** ask **you** to give **us** information, **you** will make sure that all the information **you** give **us** is sufficiently true, accurate and complete for **us** to be able to work out the risk **we** are considering. If **we** later discover that it is not, **we** can cancel **your policy** or apply different terms of cover in line with the terms **we** would have applied if the information had been presented to **us** fairly. If it is not, then **we** can cancel the **policy** or apply different terms of cover or any of the terms of clause 7.2.
6.2	Notifying us of a change of residence	This **policy** is available to persons for whom the country where they normally live is Bulgaria. **You** must tell **us** if a **member** will be outside the country where they normally live for more than 180 days in a year or if they intend to change the country where they normally live even if they are staying in the same area. If **you** don't tell **us, we** can refuse to pay benefits. **We** are not able to provide insurance in some countries, so it's **your** responsibility to check that **your** cover is still valid if **you** move. Students (up to the age of 28) normally resident in Bulgaria, but who are in full-time education abroad, may reside outside **Bulgaria** for more than 180 days in a year. However, proof of full-time education must be provided on application and at each subsequent renewal. Students intending to reside outside **Bulgaria** for more than 180 days in a year will be required to contact **us** to discuss the options available.
6.3	Payment of the premiums	You must pay **your** premium when it is due. **We** will decide the amount at the start of each year and tell **you** how much it is. You can pay it in the way **you** have agreed with **us**. **We** can change the amount of **your** premium during a year to reflect any change in insurance premium tax or other taxes, but **we** will tell **you** of the change. As **your policy** runs for a year **you** must pay **your** premium for the whole year no matter how it is paid. If **your** premium payments are not up to date **your policy** will end.
6.4	Notifying us of a change of address	You must write and tell **us** if **you** change **your** address. You are acting on behalf of any **member** covered by **your policy** so **we** will send all correspondence about the **policy** to **your** address.
6.5	Complaints procedure	If there is a dispute between **you** and **us**, **we** have a complaints procedure set out on page 35 of this handbook which **you** must follow so that **we** can resolve it.
6.6	Courtesy	Our staff are highly trained to treat all of our customers with consideration and courtesy. **We** request that **you** similarly treat **us** with the same consideration. Any threats, verbal or otherwise made to our staff will be taken extremely seriously. Any such action on the part of a **member** may result in the immediate cancellation of **your** policy. **We** reserve the right to record all telephone calls and interactions between our staff and members be they face-to-face or written. Such recordings will primarily be used for quality and training purposes but may also be used as evidence of unwarranted abuse. **We** reserve the right to act on such evidence. Such action may include immediate termination of a **policy** and/or referral to the authorities.

7. General

7.1	Changing the terms of policy	**We** can change all or any part of the policy, including the **benefits** table or these terms, but only for the reasons shown in **your** handbook and the changes will only apply to **you** when **you** renew. **We** will give **you** reasonable notice of the changes and will send details of them to the address **we** have for **you** in our records. The changes will take effect from when **you** renew even if, for any reason, **you** don't receive details of them. Notwithstanding this, in the event of a chronic condition being diagnosed and not listed as those detailed and covered in benefit 10 on page 16 becoming apparent during the year or any breach in accordance with clause 7.2, **we** reserve the right to apply terms to **your policy** with immediate effect. Currency of the policy The insurance contract is concluded in Euro only, with the insurance limits and the insurance premium being set in Euro, but the payments can be: ◦ Insurance premiums - in Euro or their equivalent in BGN based on the official exchange rate EUR/BGN as established by the Bulgarian National Bank. ◦ Insurance indemnities - in BGN based on the official exchange rate EUR/BGN as established by the Bulgarian National Bank.
7.2	Our options if you break the terms of your policy	What happens if **you** break the terms of **your** policy If **you** break any terms of **your policy** that **we** reasonably consider to be fundamental, **we** may do one or more of the following: ◦ refuse to pay any claims; ◦ recover from **you** any loss caused by the break; ◦ refuse to renew **your** policy; ◦ impose different terms to **your** cover; ◦ end **your policy** and all cover immediately. If **you** (or anyone acting on **your** behalf) claim knowing that the claim is false or fraudulent, **we** can refuse to pay that claim and may declare **your policy** void, as if it never existed. If **we** have already paid the claim, **we** can recover what **we** have paid from you. If **we** pay a claim and the claim is later found to be wholly or partly false or fraudulent, **we** will recover what **we** have paid from you.
7.3	Bulgarian jurisdiction	This **policy** is deemed to be a Bulgarian contract and will be governed by and in accordance with the laws of Bulgaria.
7.4	'Cooling-off' period	Please note as **we** have made **you** a clear offer of insurance which **you** have accepted, no 'cooling-off' period applies to **your** policy.
7.5	Written confirmation	The terms of **your policy** cannot be changed nor claims authorisation given by verbal communication between **you** and **us**. Any changes, approvals or other statements relating to **your policy** must be confirmed in writing by **us**. **We** are not bound by any verbal commitment not confirmed by **us** in writing.
7.6	Waiver of terms	If **we** do not at any time apply or enforce any of the terms of this **policy** this will not prevent **us** from doing so at a later date.
7.7	International economic sanctions	**We** will not do business with any individual or organisation that appears on an economic sanctions list or is subject to similar restrictions from any other law or regulation. This includes sanction lists, laws and regulations of the Government of Bulgaria, European Union, United Kingdom, United States of America, or under a United Nations resolution. If **you** or a family **member** are directly or indirectly subject to economic sanctions, including sanctions against the country where **you** normally live, **we** reserve the right to do any of the following: ◦ immediately end cover (even if **you** have permission from a relevant authority to continue cover or pay premiums) ◦ stop paying claims on **your policy** (even if **you** have permission from a relevant authority to continue cover or pay premiums) ◦ cancel **your policy** or remove a family **member** immediately without notice. **We** will tell **you** if **we** do any of these. If **you** know that **you** or a family **member** are on a sanctions list, or subject to similar restrictions, **you** must let **us** know within seven days of finding this out.

YOUR CUSTOMER CHARTER

As a valued customer of **Bulgaria** Insurance, **you** have important rights and entitlements. You are entitled to expect:

Courtesy.
Your requirements will always be dealt with promptly, considerately and courteously. No customer query is too trivial or too much trouble to sort out.

Helpful advice and guidance.
Our staff will help you, if **you** have any doubts, to understand the terms of **your** contract and any other factors which affect **your** cover. They will help **you** to make proper use of **your** cover should **you** need to make a claim.

Confidential handling of your personal details and affairs.
Any medical details **we** require will usually be requested via **your**self and will be kept confidential. **We** will adhere, at all times, to our obligations under the Data Protection Act and the General Data Protections Regulation (referred to as GDPR). More information can be found in the Policy for exercising the rights of data subjects on our website (www.bulgariainsurance.bg). **Your policy** is underwritten by **Bulgaria Insurance** and re-insured by AXA PPP healthcare Limited. Elements of **your** plan are administered by AXA - Global Healthcare. **We** also have a legal obligation to do things such as report suspected crime to law enforcement agencies. **We** also do some processing because it helps **us** run our business, such as research, finding out more about you, statistical analysis for example to help **us** decide on premiums. The AXA - Global Healthcare privacy **policy** can be found at https://www.axaglobalhealthcare.com/globalassets/shared/documents/agh-eu-privacy-policy.pdf.

Advance notification of change in cover.
Essential changes to the terms of the cover (including benefits, premiums and **your** membership agreement) will be notified to you, in writing, in advance of the date from which the changes take effect, usually **your** annual renewal.

Professional and efficient service.
All requests for assistance and any claims **you** submit will be considered impartially (without any bias or preference) in accordance with the **benefits** and membership agreement of **your plan**.

IF YOUR ARE NOT SATISFIED WITH BULGARIA INSURANCE

Complaints Procedure

Our Complaints Procedure is as follows:
The policyholder or member must follow this process, step by step, to ensure that any concerns are dealt with as swiftly as possible and to protect the member's rights. Any member wishing to make a complaint must notify the policyholder, which may be your employer or sponsor, before contacting us. We are obliged to discuss any complaint with the policyholder.

With the best will in the world, concerns about some aspects of our service can occasionally arise. Our staff has wide authority to deal with and settle issues immediately where possible. **We** will do everything **we** can to help.

Your first point of contact should always be our Health Insurance Department.

If **you** find it necessary to pursue the matter further, please proceed with a formal written complaint to:

Complaints Management Officer
Bulgaria Insurance
Health Insurance Department
83A Bulgaria Blvd., 1404 Sofia, Bulgaria Tel: +359 (0) 700 13 555

who will investigate the matter independently.

Having received a reply from the Complaints Management Officer, if **you** are still not happy with the way in which a complaint has been handled, **you** may then write to:

Board of Directors
Bulgaria Insurance
83A Bulgaria Blvd., 1404 Sofia, Bulgaria

If **you** are still dissatisfied after pursuing all the stages of the complaints procedure, **you** may request arbitration. In this case **we** will refer **your** complaint to an independent arbitrator or to an arbitrator upon which **we** jointly agree, but who will not be a **member** of Bulgaria Insurance or AXA PPP healthcare Limited or their associated companies, and whose decision will be binding on both parties. Arbitration will take place in Bulgaria.

The same right of referring a complaint to arbitration can be exercised by **us** at any stage of the complaints procedure. The relevant decision will be made by the Global Head of Partnerships – AXA Global Healthcare (UK) Limited.

Important note: None of the above affects your rights to refer your complaint to an authorized ombudsman in Bulgaria, or to take further legal action.

Please remember to quote **your** membership number on all correspondence.

Insured by

Bulgaria Insurance AD
83A Bulgaria Blvd.,
1404 Sofia, Bulgaria.
Tel: +359 (0) 700 13 555
www.bulgariainsurance.bg
Authorised by the
Financial Supervision Commission
License № 432-03/14.06.2013

Re-insured by

AXA PPP healthcare Limited.
Registered office: 20 Gracechurch Street,
London, EC3V 0BG, United Kingdom.
Registered in England No. 3148119.
Authorised by the
Prudential Regulation Authority
and regulated by the
Financial Conduct Authority
and the Prudential Regulation Authority.

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