



TERMS AND CONDITIONS OF TRAVEL HEALTH INSURANCE

General definitions

- 1) This insurance policy shall cover the reasonable and necessary emergent medical expenses in case:
 - Urgent and emergency medical assistance performed as a result of an unexpected and unpredictable acute condition which without medical treatment within 48 hours would lead to death or serious problem of the insured
 - repatriation expenses up to the maximum limit defined in the insurance policy schedule and according the chosen coverage area,
 - in case of a medical emergency incurred by the insured person outside the territory of Albania due to a sudden and unexpected illness or accident during the insurance coverage term.

This insurance is only valid for citizens who are in the territory of the Republic of Albania at the time of issuing the insurance policy.

The travel health policy insurance does not cover the expenses for property and non-property damages caused to the insured but only the hospital and pharmaceutical expenses according to the terms of the travel health insurance policy.

The Health Care Expenses shall include and be limited to the following services:

- Accommodation Expenses in a semi-private hospital room, for the use of the surgery ward, of the emergency room and of the medical ambulatory centre,
 - Fees due to physicians,
 - Health Care expenses within or outside the hospital, including: lab tests, ambulance services (to and from the hospital), prescribed medication, therapeutic medication, anesthesia (including anesthetics' administration), transfusions, artificial limbs or eyes (excluding repair or replacement of such organs), radiography,
 - Expenses for healthcare provided by a qualified assistant.
- 2) **Outpatient medical system:** an authorized medical or outpatient surgery unit, other than a hospital, clinic or consulting room.
 - 3) **Reasonable and accurate costs of health care:** are the fees and tariffs applied in this area, against the performance of services and medical devices necessary for the treatment of similar cases in type and importance, but without including the costs of procedures that do not would have been realized if he had not been insured. The company will not pay any amount of money beyond justified and accurate medical care costs.
 - 4) **Insured Amount** (limit of compensation): Amount approved above and quoted in the table of insured events. **The insured has the right to receive and claim compensation only for one of the types of coverage specified in the policy contract and within the coverage limit specified therein.**
 - 5) **Insured:** Any person who holds an insurance contract from the Insurer, not older than 65 years in the effective insurance certificate data including identification data. Insured under the age of 16, at the time of the injury, the indemnity in case of death will be limited to 1,000 Euros
 - 6) **Territorial Coverage:** The Insurance Certificate is valid worldwide except from Albania, the insured's residence and country of citizenship.
 - 7) **Accidents:** shall be defined as an unexpected and unforeseen event that happens regardless of the insured Intentions, is identifiable as per the place and the time of the event, has a direct violent and external impact on the Insured and that causes the death professional disability or bodily injury of the Insured
 - 8) **Emergency** shall be defined: a condition that can be affirmed in case of an accident or any sudden beginning or worsening of a severe illness resulting in a medical condition that presents an immediate threat to health and therefore requires urgent medical measures. Only medical treatment by a physician, general practitioner or specialist or hospitalization that commences within 24 hours of emergency causing event shall be covered as such.



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- 9) **Pre-existing condition:** Any disease, illness and/or bodily injury that either:
 - Has been diagnosed by a physician or has requested medical treatment, including prescription of drugs, prior to the effective date of the policy,
 - Exhibited symptoms prior to the effective date of the policy which would cause an ordinary prudent person to seek medical advice or treatment.
- 10) **Bodily injury:** Bodily, external and unintentional bodily injury that occurs unexpectedly and immediately and independently of other causes of physical defects or existing disability resulting from accidents that can cause the death or hospitalization of the insured.
- 11) **Disease:** Any sudden somatic or disease excluding any existing disease or symptom that results or is caused by a condition or deficiency for which it is diagnosed, and it has been recommended or required, any medical assistance that should have reasonably been given or obtained prior to the effective date of the policy and of the validity period of the insurance certificate.
- 12) **Communicable Disease** means any disease which can be transmitted by means of any substance or agent from any organism to another organism where the substance or agent includes, but is not limited to, a virus, bacterium, parasite or other organism or any variation thereof, whether deemed living or not, and the method of transmission, whether direct or indirect, includes but is not limited to, airborne transmission, bodily fluid transmission, transmission from or to any surface or object, solid, liquid or gas or between organisms, and the disease, substance or agent can cause or threaten bodily injury, illness, emotional distress, damage to human health, human welfare or property damage
- 13) **Insured Event:** An accident, bodily injury or illness based on the above limitations. The event notification must be made within 48 hours at the following email address: info@atlantik.com.al and / or 00355 42 230 506.

In all cases the deductible sum will be subject to the terms of the policy form.

GENERAL EXCLUSIONS (UNCOVERED RISKS)

This policy insurance shall not cover:

1. Expenses incurred in Albania;
2. Expenses incurred after 1 (one) month from the date of Insurance Policy termination; 1 month after the date of diagnosis or start of medical treatment; after 15 (fifteen) days from the date of the diagnosis date or commencement of medical treatment;
3. The medical or repatriation expenses incurred, that which are made without the approval of the Company;
4. Any expenses paid by any medical plan, insurance policy or by any government or private medical program;
5. Expenses In case of an internal disease that is not related to an accident , or of a disease that may be classified as pre-existing and its signs may have appeared before the issuance of the insurance policy; in case of Bodily Injury or illness caused or induced by any venereal disease or its complications, as well as cancer, pandemic, epidemic, or any communicable disease etc; Illness resulting from or caused by such conditions regularly known as AIDS or HIV and / or any related disease or condition, including derivative diseases or its various forms, irrespective of the way in which such conditions have been contracted or caused. It is the Insured who shall always have the responsibility of proving that the Bodily Injury or illness has not been caused by or has not resulted from AIDS or HIV infection
6. In case an insured person has reached the age of 65 before issuing the insurance policy
7. In case of bodily injury or illness caused:
 - a. by a civil war or a war with another state, or indicated by the insured.
 - b. cause by willing or deliberate exposure to danger (unless this is an attempt to save a human life), deliberate self-injury, suicide or suicide attempt, or as a consequence of refusing to observe medical advice; in case of car accidents and the Insured being the driver involved, if it is chargeable for such event,



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- c. Illness undergone while the Insured is under the influence of alcohol or as a consequence of alcohol, drug or narcotics use, unless these are professionally administered by a Physician or duly prescribed and taken according to a Physician’s instructions,
8. In case of Bodily Injury undergone during or as a result of its participation **in any kind** sporting activities as professional and amateur at all kind, or as a result of its participation in competitions or training involving a land, water or air motor vehicle, during or as a result of riding or driving a motor cycle or scooter with a cylinder capacity over 125 c.c.; participation in any risky sport such as parachute jumping, delta wing flying, para navigation, hang gliding, extreme skiing, outside-the-trail-skiing, bungee jumping, nautical skiing, rock climbing, diving of any kind, extreme rowing; speleology; travelling by plane but not as a passenger including slow descent, parachuting, winter sports
9. In case of Bodily Injury undergone while any deed provided by the Penal Code as a crime or minor offence is performed or as a result of such performance or any other offense punishable by the legislation of the covering area.
10. Medical expenses from pregnancy or upon/ after giving birth
11. Expenses made for the treatment of a bodily injury or illness caused during or as a result of its active participation in a violent labour conflict, social upheaval or civil commotions or public disturbance, or while serving in the army or while on duty as a guard or attending a training course with the army or the police, militia or any other paramilitary organisation, no matter if the Bodily Injury occurred while the Insured was on leave of absence or was not wearing the military uniform, or as the consequence of an accident occurred at the site of work, if the insured is engaged in an employment activity outside Albania during the term of this insurance.
12. Expenses incurred for mental depression, anxiety, mental, psychological or nervous conditions treatment, irrespective of its classification, in case of psychiatric or psychotic problems, depression of any kind, or mental alienation; any psychoanalytical or psychological therapy, any emotional disturbance,
13. Expenses incurred for every physical defect of any pathological fracture, or any kind of therapy, or therapies treating the consequences of a Bodily Injury or Illness and any stay in institutions providing long-term health care (homes, recovery centers and detoxication centers etc.), insertion, replacement and repair of any type of prosthesis, wheelchair; strict cosmetic tests, surgery or therapy, plastic surgery, etc.
14. Indemnity claims for expenses incurred by anyone who travels in adverse of his/her medical practitioner’s advice; or expenses not recommended by an approved physician.
15. Expenses incurred for ophthalmic treatment, glasses, and optical lenses, auditory, dental or prosthetic procedures, except those that are a direct consequence of the insured event. Elective cosmetic surgery or medical treatment related to such surgery; 11. Expenses incurred for normal pregnancy or child birth; For dental emergencies are paid no more than € 100 (after applying the % of participation);
16. This insurance excludes coverage for any loss, damage, liability, cost, or expense directly arising from the transmission or alleged transmission of:
 - a) Coronavirus disease (COVID-19);
 - b) Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2); or
 - c) Any mutation or variation of SARS-CoV-2;

The Insured or the Hospital has the obligation to contact the Company within 48 hours. In case that the Company is not contacted and there are no documents attesting the impossibility of its being contacted with the occurrence of an Insured Event, the Company shall pay the Health Care Expenses not exceeding € 500, out of which the Deductible Amount shall be deducted.

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