

BROCHURE FOR TRAVEL HEALTH INSURANCE FOR VISA PLATINUM CARD HOLDERS

Brochure for travel health insurance (THI) for Visa Platinum Debit cards holders is of informative character and its purpose is to inform Visa Platinum card holders on travel health insurance, which Intesa Sanpaolo Banka d.d. Bosna i Hercegovina arranged with Triglav osiguranje d.d. The following text contains excerpts from the Insurance Agreement and the Insurance Terms and Conditions with the aim to provide all the necessary information on insurance coverage types and manner of usage of the contracted insurance services.

Basic terms used in the document:

- **Insurer:** Triglav osiguranje d.d. Sarajevo
- **Policy Holder:** Intesa Sanpaolo Banka d.d. Bosna i Hercegovina;
- **Card holder:** Private individual - resident and non-resident;
- **INSURED:** Bank payment card holders (VISA Platinum Debit) and immediate family members of the card holder
;
- **Insurance Beneficiary:** A person receiving the insured sum, i.e. the insurance compensation;
- **THI Card:** The card provided to the Visa Platinum card holder that serves as a confirmation that the Insured has a contracted and active insurance coverage as per travel health insurance;
- **Insurance Policy:** A document on the concluded insurance agreement;
- **Premium:** An amount that the Policy Holder is obliged to pay to the Insurer based on the concluded insurance agreement;
- **Insured Sum:** The upper limit of the obligation of the Insurer based on the concluded insurance agreement;
- **Insured Event:** An event for which an insurance agreement is concluded. Once in effect, it creates an obligation of the Insurer to pay off the contracted compensation and ensure the performance of the contracted measures and services abroad;
- **Insurance compensation:** An amount of money that the Insurer is obliged to pay to the Insurance Beneficiary, in accordance with these conditions, upon occurrence of the contracted Insured event;
- **Assistance:** A set of activities of the Insurer with the aim of providing professional assistance to the Insured person when the contracted Insured event occurs during the stay abroad;
- **Assistance Company:** A company which, on the basis of the concluded contract with the Insurer, ensures performance of the contracted measures and services in the country and abroad based on the occurrence of Insured events covered by this insurance;
- **Repatriation:** Transport of the Insured person into the country after necessary medical treatment or transport of the remains to the country in the event of death of the insured person.

GENERAL PROVISIONS

Insurance Subject

Intesa Sanpaolo Banka d.d. Bosna i Hercegovina provides to the Visa Platinum card holders travel health insurance during their travel and stay abroad.

Travel health insurance is an overall protection in case of illness or accident. In addition to financial security within the contracted insurance sum covering the costs of emergency medical treatment and transport costs due to illness or accident, an assistance center, EUROP ASSISTENCE, provides you with 24-hour assistance or support.

The Insurer provides, within the travel health insurance, the insurance coverage for the Insured event, i.e. immediate medical assistance as a result of a sudden illness or an accident suffered by the Insured person during his/her stay abroad.

THI Card:

In addition to the Visa Platinum card, the Insured person is also given a THI Card that contains the number of the assistance center available 24/7, name and surname, policy number, and its period of validity. The card serves as a confirmation that the Insured person has also contracted and active insurance coverage as per travel health insurance. The Card is renewable and is being sent to the Insured Person upon renewal of the collective travel health insurance policy for Visa Platinum card holders.

Insured event:

An insured event is a sudden illness or a consequences of an accident, which requires medical treatment of the Insured person.

The Insured event begins with the onset of a medical treatment and ends when, upon medical decision, there is no longer any need for the medical treatment. If the medical treatment is to be extended to a disease or a consequence of an accident not related to the outstanding treatment, it will be considered that a new Insured event has occurred. The Insured person is entitled to reimbursement of expenses in case of required transportation back to his/her home country (repatriation), all for purpose of necessary medical treatment.

Insurance also covers events where a need for medical assistance occurred as the consequence of recreational sports (e.g. skiing and other sports). Recreational sports are included in the Insurance coverage up to and inclusive of the VII risk grade.

Insurance covers events occurring during travels worldwide, except those within the territory of Bosnia and Herzegovina. During the Insurance validity period, international travel insurance card may be used for one or several travels. Insurance coverage refers to both official (business) and private travels.

Insured person

Insured person is the client - Bank payment card holder (VISA Platinum Debit) and his/her immediate family members; Immediate family members are considered to be: spouse of the payment card holder or his/her cohabiting partner if living together with the payment card holder, his/her biological and adopted children who are legally supported by the payment card holder until they are 18 years of age. Maximum three children of the payment card holder may be covered by the insurance. Insurance covers persons from **6 months to 75 years** of age.

Policy

Insurance Policy is a document on the concluded insurance agreement. Collective travel health insurance policy is contracted for Visa Platinum card holders. Policy number is imprinted on THI Card that is being provided to Visa Platinum card holders.

Insurance Duration

A private individual obtaining the status of a Visa Platinum card holder, also acquires insurance rights within 24 hours after gaining the card holder status.

Any termination of the Visa Platinum card to which the insurance is tied shall automatically mean the expiry of the insurance. Once the Visa Platinum card holder loses the card holder status, the insurance expires on the 24th hour of the day he lost his status.

Insurance Coverage Duration

The Insurance coverage duration includes an unlimited number of business and private travels with a maximum duration of single trip of up to 15 days. The contracted coverage limit applies to each individual travel.

Insured Sum

Insured Risk: Travel health insurance with worldwide coverage. The contracted coverage limit is valid for each individual trip per one card holder and together for all family members. Travel health insurance, including the worldwide coverage. The insured sum / coverage limit applies to each individual travel.

Insured sum / coverage limit by card: BAM 30,000.00

Insurer Obligations

Travel health insurance covers justified medical expenses during foreign travel that result from a sudden illness and/or an accident and are necessary, from the medical standpoint or performed to save the life of the insured person.

Policy holder undertakes to inform each insured person, at his/her request, of the rights he/she is entitled to regarding the collective policy and under which conditions he acquires or loses those rights.

Medical treatment includes:

- Outpatient treatment;
- Prescription medicines and medical dressings/bandages;
- Medical supplies that are necessary part of a treatment for fractures or injuries (e.g. plaster casts, bandages, etc.);
- Patient treatment provided in an institution generally considered to be a medical institution in particular country where a person is under constant physician's guidance, with sufficient number of diagnostic and therapeutic medical devices and with scientifically accepted and clinically tested treatment methods. The hospital of choice would be a local hospital at the insured person's location or the nearest suitable hospital;
- Cost of transportation considered as an emergency transport to the nearest hospital or available physician;
- Cost of referral to specialised clinics if found medically justified and prescribed by a physician;
- Surgeries, including an actual surgery and related costs;
- Dental treatment, but only to relieve acute toothache up to a maximum cost of 51.00 EUR;
- Repatriation of human remains up to a maximum amount of 1.000,00 EUR.
-

Exclusion of Insurer Obligations

The Insurer is not obliged to pay the compensation in the following cases:

- Chronic illness and consequences of such illness that existed or where apparent at the time of insurance application and/or insurance start date.
osiguranja, čak i ako nisu bile liječene;
- Diseases treated in the last 6 months prior to the insurance start date, including their consequences;
- Travels for therapeutic purposes;
- Treatment and care not caused by emergency medical interventions or accidents;
- For costs that exceed reasonable limits. Reasonable and standard costs are those medical care costs not exceeding a general level of costs for similar stays at the locations where the costs were incurred, for the similar and comparable treatment.
- For injuries resulting from civil war, interstate war, riots, mass movements, acts of terrorism, sabotage, attacks and fights in which the Insured person participated or which he has verbally provoked;
- For any effect of radioactive origin;
- For all costs caused by epidemics, pollution or natural disasters that were known before travel itself;
- For the costs incurred for cancer treatment, if the medical assistance provided abroad includes unforeseen (unexpected) urgent life-saving measures;
- Injuries as result of an earthquake;
- For any incapacity caused by intentional self-injury and suicide or suicide attempt;
- For sexually transmitted diseases, HIV etc.;
- For costs of rehabilitation, physiotherapy, prosthetic costs (artificial limbs etc.);
- For any costs related to mental, psychiatric and psychosomatic illnesses;
- For the costs of artificial insemination or other treatment for sterility and the cost of contraception;
- Accidents that occurred during commission of a crime by the insured person, i.e. as a result of drunkenness (0.5 % when driving a motor vehicle or similar vehicle, and 1 % in other activities), addiction to drugs and medicines;

- Costs of sports risk, which include training or participation in competitions of sportsmen and sportswomen, if no insurance premium allowance is paid;
- To eliminate physical defects or anomalies (cosmetic treatment);
- For any costs related to vacationing or recovery in spas, treatment centers, recovery centers or similar institutions;
- For pregnancy, child birth or their consequences; In case of acute complications during pregnancy, the Insurer will compensate costs of the first medical intervention that is necessary in order to eliminate threats to a life of a mother and/or child, provided that mother is not yet 38 years old and that the 30th week of pregnancy has not yet been completed;
- For medical treatment of typical illnesses occurring during pregnancy and their consequences, including changes in chronic symptoms as a result of pregnancy;
- For regular checkups during pregnancy as well as pregnancy termination;
- For all accidents that occur during work abroad (work permit) if that has not been contracted and the insurance premium allowance has not been paid;
- For any costs that are not listed as reimbursable.

Procedure in case of accident or illness

In case of accident or illness during foreign travel, it is necessary to call the assistance center EUROP ASSISTANCE on the phone number written on the THI Card: **+3612367592**, which provides 24-hour assistance in English, German and French. In these cases, it is necessary to list your:

- Personal data,
- Policy number,
- Description of accident or illness,
- Location, fax and telephone number where you can be accessed.

If it is not possible to make such a call before going to the hospital, the insured person is to contact the information center of the assistance company of the Insurer as soon as possible, and no later than 5 (five) days since being admitted to a hospital or similar medical institution, i.e. immediately after a health condition allows him to do so, in case of a comatose or similar impaired consciousness conditions. When admitted as a patient, the Insured person is to present his/her THI Card to a compensation or a staff member.

Claim settlement

- If the **procedure is met**, reimbursable costs with the exception of costs for outpatient treatment and medicines, will be settled directly by the assistance company of the Insurer, on behalf of and for the account of the Insurer.
- If the **procedure is not met**, relevant reasoning is to be provided to the Insurer. After examining the facts and establishing that a compensation is to be paid, the Insurer will compensate the Insured person for the reimbursable costs. The same applies to the costs incurred for medicines and outpatient treatment.
- The insured person will release the doctors, contacted by the insurer's authorized agent, of their non-disclosure obligations regarding his/her case.

The Insurer shall only be obliged to pay the compensation if being presented with:

- Original invoices - Vouchers Invoices - vouchers must contain the name of the treated person, type of illness, details of the medical treatment, treatment dates;
- Prescriptions must clearly indicate prescription itself, price and pharmacy stamp;
- In case of a dental treatment, invoices - vouchers must provide details on treated tooth and applied treatment in the amount not to exceed EUR 52.00.

The Insurer may request that the invoices - vouchers written in a foreign language be accompanied with an appropriate translation. The Insured person will bear the costs of translation. The translation costs that had to be incurred by the Insurer are to be deducted against the Insured person's compensation. The Insurer has a right to pay the compensation to a holder or a sender of an evident proof under particular insurance policy. The compensation shall be effected in KM, at the exchange rate applicable on the payment date of any such amount. The Insurer undertakes to settle the claim and pay the compensation within 14 days of having received the complete documentation.

Procedure regarding damages

The insured persons will be obliged to communicate directly with the Insurer on the issues of reporting and settling damages.

The Insurer cannot guarantee which health institution will accept to bear, **directly**, treatment costs and which will not. In case of a damage under the Travel Health Insurance, the Insured person may present the card as a confirmation that he has a contracted and active Travel Health Insurance coverage.

All damages will be paid to the health institution that **accepts** the conditions of one of the largest subcontractor for THI, Europ Assistance (<https://schengen.europ-assistance.com/en>), and if the Insured person is to pay the treatment costs by himself, they will be reimbursed by the Insurer. The Procedure in case of damage is applied in accordance with the Terms and Conditions of Travel Health Insurance.

Insured person is the client - Bank payment card holder (VISA Platinum Debit) and his/her immediate family members; Immediate family members are considered to be: spouse of the payment card holder or his/her cohabiting partner if living together with the payment card holder, his/her biological and adopted children who are legally supported by the payment card holder until they are 18 years of age. Maximum three children of the payment card holder may be covered by the insurance. As far as the proof of the cohabiting partner or adopted children, the Insured person is obliged to prove by some means that the cohabiting partner is living in a common household with the main Insured person (e.g. CIPS or similar document).

IMPORTANT NOTE

If the Insured person did not use THI assistance and paid for the medical service himself/herself, we advise him/her to ask the doctors, dentists and other Health service providers, to write down on the receipt the first and last name of the Insured, illness / treatment description and individual service price and place the stamp and signature of the doctor on the receipt of the medical institution or pharmacy. The Insured person is obliged to collect any reports/findings and medical documentation. The Insured person will be promptly and readily reimbursed for relevant costs upon his/her return to the home country, but only after presentation of an original invoice, insurance policy (card) and relevant medical documentation. The Insured person is to fill in the relevant form for reporting the damage and attach the findings and medical documentation.

Obligation of the Insured person

- An insurance claim must be submitted to the Insurer within one month after the end of the treatment or transportation back home;
- At the request of the Insurer, the policy holder and the Insured person will submit all the necessary information of relevance for the assessment of the event, that is specific information on the place and time of the event occurrence, full description of the event, the name of the doctor who prescribing relevant treatment, etc. The actual start date of foreign travel is to be presented in the Insurer's request form.
- At the request of the Insurer, the policy holder and the Insured person will allow the Insurer to obtain all information from a third party (doctors, dentists, medical institutions of any kind, etc.);
- If the Insurer requests so, the Insured person is obliged to, at the cost of the Insurer, undergo a medical examination by the doctor, appointed by the Insurer;
- The Insurer will be released of any responsibility to pay compensation if any of the above listed obligations has been breached.

Insurance termination

Insurance is terminated once Visa Platinum Card holder loses the card holder status, i.e. on the end date of his/her foreign travel. Period of foreign travel will be deemed completed once the Insured person crosses Bosnia and Herzegovina border, i.e. border of the home country in case of a non-resident.

An expert Team of Triglav Insurance Company is available to you for more information on the rights contained in the collective policy for travel health insurance that is tied to the Visa Platinum card.

List of relevant telephone contacts and Triglav Insurance Company agencies is available at www.triglav.ba.

Your Intesa Sanpaolo Banka