General Conditions of the Health Insurance for the Students that Study Abroad

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• The General Conditions of the Insurance Contract, Annexes, Insurance Policy, written declarations and applications forms, for the purpose of this contract, shall be considered as "Insurance Contract".
• The Insurance Company Sigma Vienna Insurance Group s.c. shall be considered as the "Insurer".
• The individual who attends continually full time studies abroad, whose health shall be covered by this insurance contract, shall be considered as the "Insured".
• The physical or juridical person, who is entitled to benefit from the insurance policy based on the free will of the Inured, specified at the policy shall be considered as the "Beneficiary". In case the beneficiary has not been specified at the policy, then the beneficiary shall be appointed according to the law in force for the heritage.
• The amount of money paid by the insured in a single payment for the insurance within agreed specified deadlines shall be considered the "Insurance premium".
• The period in which the policy is in force and specified at the insurance policy, shall be considered the "Insurance period".
• The maximum amount that the Insurer shall pay to the Insured during the Insurance period for any treatment or care covered by the insurance contract shall be considered as "the maximum limit of cover".

Article 1 - Special Definitions

Hospital institution: Any medical institution, which has the due license for medical treatments or surgical interventions, where the patients are continuously under the medical supervision. Medical centers that provide services for persons who need prolonged and continuous recovering services, relaxation or rehabilitation centers, and institutions for old people or disabled (mentally or physically) persons are not considered as hospital institution.
Sickness or disease: Unintentional deterioration of any health condition and any abnormality which occurs to the function of the organs of the insured body, independently by the insured's will and is not a consequence of an accident, due to pathological changes and it can be diagnosed by a doctor.
Accident: Any body injury caused solely by violent, accidental, sudden, external and visible events, independently by the insured will.
Hospitalization: Is considered the treatment that must be received in a hospital institution and the insured must be hospitalized for more than 24 hours. It is not considered a treatment, the hospitalization of the insured for periods longer than necessary, or if no pathological condition was diagnosed.
Doctor: Any licensed practitioner, who has the due diploma in medicine according to national or international standards.
Preexisting Conditions Any sickness, disease or injury, which was diagnosed by a doctor or which required a medical treatment including drugs prescription, or diseases or sickness which gave symptoms or was in process of diagnosis before the health insurance went into effect.
Chronic Condition: A sickness or injury, which has at least one of the following characteristics:
• If it persists for an undefined period and no known cure is prescribed.
• When it recurs or there are chances to recur.
• It is persistent
• A rehabilitation is required or you should be trained to live with this condition.
• Prolonged supervision, medical controls, examinations or tests are required.

Medical Emergency: Acute deterioration of the health condition due to the accident or a critical circumstance, that poses an immediate risk to a person's life or health, such as loss of conscience, hard breathing, poisoning, serious hemorrhage, chest pain related to heart diseases, etc.

Medical Evacuation: The service of a licensed road ambulance from the place where the insurance event occurred, to receiving medical facilities, or emergent transfers between hospitals, if the required medical treatment cannot be provided by the present hospital, and it is advised by the responsible doctor.

Day Surgery: Shall be considered a surgery in a medical center that does not require a stay for more than 24 hours.

Medical Treatment: Any scientifically accepted treatment, applied with approved protocols, with the aim to improve or preserve the health of the insured, according to the medical advice and acknowledged as medical treatment by the authorities.
Diagnostic Tests: Necessary microbiological and biochemical tests, necessary examinations to diagnose and follow up of medical treatments performed by the insured, such as X-Rays, Ct Scan, MRI, Pet Scan, etc.

Article 2 – The right to be insured

The persons eligible to be insured with this contract, are from 15 – 35 years of age, which meets the underwriting criteria and attend full time studies abroad.
The persons who seek persistent medical care, or their living formally requires the third parties care, or have alcohol or drugs addiction, cannot be insured under the conditions of this contract.

Article 3 – Territorial limit of coverage

The insurance contract covers the insurance events occurred only abroad while the Insured attends full time studies.

Article 4 - EFFECTIVENESS OF THE INSURANCE CONTRACT

The insurance policy shall become effective with full rights at 24.00 of the beginning date specified at the policy, provided that: the insurance premium has been paid to the Insurer; the application of the insured has been accepted by the insurer; the insurance policy has been paid by both parties;
If the beginning of the policy insurance is provided for a later date, the insurance cannot be effective before 24.00 of the specified date;
The insurance policy ends on the date specified at the policy, and at the moment the insured enters the Albanian territory.

Article 5 – Coverage from third parties

1. In cases when the insured applies for an indemnity which is covered even by another insurance policy, the Insurer shall be liable only for the part of the indemnity calculated in pro rata bases.
2. If the insured applies for reimbursement of payments which are covered by projects or programs financed by the government, the Insurer shall not be liable for the coverage.
3. The policyholder and the Insured must give notice to the Insurer and shall do whatever necessary for the indemnification and to protect the interest of the Insurer; in any case, the insurer shall have full rights for refund.

Article 6 – Payable benefits

Maximal limit of cover that the Insurer shall pay to the Insured according to this contract is Euro 30.000. This amount includes all kind of expenses specified at 6.1, 6.2 and indemnity according to 6.3.

6.1 Emergency Medical costs

The insurance contract shall cover the emergency medical cost and the immediate aid, within the limit specified at Article 6 above. Emergency medical cost, covered by this contract shall be considered the insurance event occurred out the territory of Albania, as a result of the accident or immediate disease, which did not exist before the beginning of this contract and requires at least one night of hospitalization.

Emergency medical cost shall be considered:

1. The immediate transportation of the Insured from the place where the insurance event occurred, to the nearest emergency unit or hospital.
2. The transport of the Insured to another medical center, if the condition of the insured requires a more specialized treatment and if this is recommended by the doctor and approved by the Insurer.
3.Accommodation expenses for the days of hospitalization, including nursing and other hospital services, but not including personal and non-medical expenses.
4. Diagnostic cost, medical treatment, anesthesia, and surgical intervention for urgent diseases that did not exist before the beginning of the policy.
5. Cost for test and lab test, X ray treatments, Scan T, etc.
6. Cost for medicines when they are necessary and recommended by the responsible doctor.
7. Cost of travel and accommodation for a parent, which may not be covered by the policy, when this is considered necessary by the doctor, to accompany the insured which was heavily injured during the insurance period. This is limited up to the cost of airplane travel and accommodation cost 15 euros / day for a maximum of 7 days.

6.2 Repatriation Expenses

The insurer shall cover the repatriation expenses, within the maximum limit of cover, provided at article 6, above.
Repatriation Expenses shall be considered:
1. Reasonable and necessary cost for the repatriation of the Insured, as a result of an urgent disease or physical injury due to an accident during the insurance period. The insurer shall pay for the rent of a vehicle or air ambulance, for the return of the Insured in Albania, if this is clinically necessary, recommended by the doctor and approved by the Insurer.
2. Funeral expenses abroad and/or cost of transport of the corps or ashes of the insured person to the home country, if he dies during the insurance period.

6.3 Indemnity for Personal Accidents

The Insurer shall provide compensation in the event of injuries, disability or death caused solely by violent, accidental, external and visible events of the Insured, at the amount of Euro 10.000, for the following:
1. Compensation for the loss of life due to an accident.
2. Compensation for the total permanent disability, caused by the accident, and for the purpose of this policy shall be considered only the:
• Total and irrevocable loss of the sight in both eyes;
• Total loss due to the physical injury or the loss of function of two or more limbs;
• Total loss of the sight in one eye and loss of a limb, together.

Definitions

1. Limb loss is the loss from the physical injury of a hand under or above the wrist, of a foot under or above the knee.
2. Loss of the sight means total and irrevocable loss of the sight.

Article 7 –Exclusions

The Insurer shall pay no benefit:
1.Preexisting disease, that existed before the beginning of the insurance period, and the Insured knew about it or received any treatment.
2.For expenses, services or treatments, which were not recommended, approved and considered necessary by a doctor, or non-medical expenses.
3.Routine treatments at home.
4.Facultative esthetic and cosmetic surgery, despite the cases when it is necessary because of an accident.
5.Ordinary dental treatment, despite the cases when it is necessary due to an accident.
6.Routine eye visits, lent prescription or eye examination visits.
7.Routine ear visits and hear aid, medical examinations and visits.
8.Costs for medication of mental or nervous system, and costs for abortion, pregnancy and childbirth.
9.Venereal diseases or AIDS, and all the diseases caused and/or related to HIV virus.
10.Cost that has been covered by a medical plan, insurance policy or a private medical plan.
11.Repatriation costs not approved by the Insurer.
12.Payments that exceed the reasonable and ordinary levels for the received services.
13.The request for indemnity from a person that travels with the purpose to benefit from the insurance policy.
14. Influence of the medicines or poisons of any kind, and the use of narcotic substances.
15. Suicide, violent or criminal acts or the self-exposure of the insured in special risks (despite when trying to save human lives).
16. War and related perils.
17. Participation in alpine climbing, flying in aircrafts (except when as passenger), including parachuting, air diving, winter sports, horse racing, car racing, motorcycle racing, water skiing, professional or amateur races.