

Mechanism for use of health services

**Valid in accordance with the packages agreed and purchased by the
Insuring party/ Insured
/Appendix No. 2 to the insurance agreement /**

“Prevention” Package

➤ Following execution of the insurance agreement, the coordinators mentioned in the Health insurance contract, shall detail the preferred dates, the members’ list, the medical institutions where the preventive examinations shall be conducted. The coordinator under the insurance contract on behalf of the Insurer shall provide a contact person at the relevant medical institution.

➤ Preventive examinations mean medical examinations of healthy persons intended to detect diseases in their early stage, when they have not yet evoked visible deviations in the patient’s condition. The purpose of the preventive examinations is to detect, and not to treat an already known disease.

➤ The types of medical examinations and tests are defined in advance in the size /basic, enhanced and extra/ of the purchased Prevention package, and shall be conducted once during the insured year.

➤ At the date agreed in advance, the insured persons mentioned in the list shall appear at the medical institution, and they must bring the personal health book with them.

➤ The insured person receives a “Preventive Examination Book” by the coordinator at the medical institution.

➤ In the prevailing case, the „Preventive Examination Book” is an indigo form in triplicates – one for the insured party, one for the Insurer and one for the Occupational Health Service /in case of prior written request by the Insuring party /. When it is not an indigo form, a copy thereof shall remain in the custody of the Insurer, and the insured receives, ex officio, a copy thereof.

➤ The manner of conducting the examinations and the order of passing through the separate rooms shall be agreed together with the coordinator at the relevant medical institution.

➤ Based on the remaining examinations and tests, the internist issues a conclusion on the health status of the persons and the need for additional examinations and/or tests.

➤ Preventive examinations are conducted in accordance with Regulation No. 3 and may be used for the purposes of the Occupational Health services.

➤ The insurer shall organize additional /back-up/ dates for preventive examinations for the individuals who failed to pass the examinations on the main dates due

to objective reasons. The number of additional /back-up/ dates shall be determined by the Insurer and shall depend on the number of insured persons and the Insurance cover.

➤ The Insuring party shall notify and organize the insured parties for the conduct of preventive examinations in accordance with the final schedule presented by the Insurer.

➤ If the insured fail to appear at the preventive examination on the main and back-up dates determined in the schedule, the obligation of the Insurer to organize and conduct the reventive examinations shall be deemed completed.

➤ On the date of the preventive examination shall be used only the services agreed in the "Prevention" Package. The conduct of other examinations and tests shall be done on the basis of a schedule under the „Outpatient Medical Care" Package.

Packages **„Outpatient Medical Care"** **„Hospital Medical Care"**

➤ The „outpatient Medical Care" Package is used in case of a health problem and excludes any preventive and general routine examinations.

➤ Following execution of the insurance ontract, the insured receives a personal health card, a list of the medical institutions – provides of medical services with their addresses, registry desk telephone numbers/ name of the coordinator and his/her contact telephone number.

➤ An updated list of the medical institutions – medical service providers shall be published on the Insurer's webpage: www.thi.bg

➤ In order to use of medical services the insured shall contact the coordinator at the chosen medical institution who shall:

✓ Appoint a date and hour for conducting an examination or test, and facilitate the conduct thereof.

✓ If necessary, coordination support shall be provided by the Insurer's employees specified in the insurance contract.

➤ The medical service shall be provided upon mandatory presentation by the person of a personal health card and ID card before the employees of the medical institution..

➤ Payment of costs for provided medical services shall be done ex officio by the Insurer to the medical insitution.

➤ When using medical services based on subscription and if the insurance limit is exhausted, the Insured shall repay the cost thereof to the Insurer.

➤ Medical services not included in the package cover or related to diseases being an insurance exception pursuant to the General terms and conditions, shall be borne by the insured.

➤ At Tokuda Hospital Sofia, the insured may use the medical services on 24/7 basis, in accordance with the purchased package.

➤ *The personal health card is personal and may not be extended to other persons.*

➤ *The insured must:*

- ✓ Comply with the order and manner of using the health services specified in the enclosed General Terms and Conditions;
- ✓ Provide access and information to the Insurer related to his/her health condition;
- ✓ Not create conditions for unlawful use and misuse with the health services included in the insurance contract.

„Costs Refunding“ Package

Covers:

- „Refunding costs for examination and treatment“**
- “Refunding costs for purchased medical products”**
- “Refunding costs for purchased medical products and dioptric glass”**
- “Refunding costs for purchased medical products, dioptric glass, and aides”**
- „Refunding costs for dental treatment“**
- „Refunding costs in case of pregnancy “**
- „Refunding costs for consumables and implants “**
- „Refunding costs for medical transportation”**

General conditions:

- The refund of costs is made in the cases, when:
 - ✓ The relevant package/ packages is/are part of the covers of the Insurance contract;
 - ✓ The insured person has paid for his/her account any health services and goods covered by the insurance contract;
 - ✓ The medical services are provided by a medical care provider with which the Insurer has not signed a contract;
 - ✓ The medical services are provided by a medical care provider, with which the Insurer has signed a contract, but such service are not subject to the contract between the Insurer and the medical care provider.
- The refund may refer to the entire cost or to a portion thereof.
- Partial refund applies when:
 - ✓ The limit for the health service is not sufficient to cover the entire cost and is refunded a portion of the cost up to the limit;
 - ✓ A portion of the cost incurred is subject to refund by the NHIF, or other insurer. Example: this is the part of the prescription covered by the mandatory health insurance, or some of the tests made, paid by the mandatory health insurance, as well as other health services under such insurance.
 - ✓ The costs incurred includes health services and goods beyond those agreed. If a cost is covered by the mandatory insurance and the insured person has exercised such rights, the Insurer shall not pay for such cost. If the cost is covered by another insurance with another insurer, the insured party shall

provide a financial document with the amount recorded therein paid by the other Insurer.

Required documents:

- In order to have the costs refunded, the insured shall submit to the Company an **Application for payment of amounts** as per form to the Insurer. The application form may be downloaded from the Insurer's website - www.thi.bg, page "documents".
- The following medical and cost supporting documents shall be enclosed to the Application:

1. Medical documents - certified copies thereof shall be enclosed

➤ For „Refunding costs for examination and treatment“:

- ✓ Ambulatory sheet;
- ✓ Test results;
- ✓ Other medical documents depending on the provided medical service /physiotherapy card, directions, counterfoils, etc./;
- ✓ Hospital treatment – epicrisis and a declaration for choice of team.

➤ For refunding costs for:

- ✓ Purchased medical products – ambulatory sheet and prescription for prescribed home treatment with assigned quantity and dosage of medications, and the period for conducting the treatment therewith. In case of prescription book for patients with chronic diseases, a copy of such book shall also be enclosed;
- ✓ Purchased dioptric glasses or lenses – ambulatory sheet from a physician at a medical institution for outpatient care, a prescription, packages of the dioptric glasses/ lenses, warranty.
- ✓ Purchased aides – ambulatory sheet and prescription.
- ✓ Purchased consumables - ambulatory sheet /epicrisis, original stickers from their packages.

➤ For „Refunding costs for dental care“:

- ✓ Ambulatory sheet with recorded teeth status and treatment held per dates.

➤ For „Refunding costs for medical transportation“:

- ✓ Medical document / ambulatory sheet, counterfoil, epicrisis, etc./, evidencing the need for medical transportation.

2. Cost supporting documents:

- ✓ **Invoice** with a description of the services used as per their type and price. The invoice shall be issued on the name of the Insured.

If it is impossible to provide a detailed invoice, a detailed account/ specification shall be provided by the medical institution for the services used as per their type and price.

- ✓ **A cash receipt** related to the invoice;

- The above documents shall be presented in person or sent to the address of the Insurer: 53A, Nikola Vaptsarov blvd., floor 2, 1407 Sofia, Tokuda Health Insurance EAD.

- In view of registering the claim within the established 15 /fifteen/ day period, it is also allowed for the insured person to send electronically the scanned documents – Application for payment of amounts, medical /ambulatory sheet, epicrisis, prescription, etc./ and financial documentation. It is done in the following order:
 - ✓ The scanned application together with the medical and financial /invoice and cash receipt/ documents shall be sent to the following email: coordinator@thi.bg.
 - ✓ The received documents shall be recorded in a registry and the client shall be informed thereof by communication sent to the email specified by the client.
 - ✓ In this case the documents the review of the documents shall start after receipt of an original of the Application and an invoice with cash receipt.

- The amount approved for payment shall be paid by wire transfer.
- The amount paid is deducted from the limit of the relevant package.
- In case of full or partial refusal the insured person shall be informed in writing with the relevant reasoning thereof, sent to the contact address of the Insuring party or by email.

Terms:

- ✓ Submission of Application for payment of amounts – 15 days as of provision of health services or purchase of health products. After such term, amounts may be paid only as exception, in case of reasons beyond the control of the insured person /continuation of treatment in hospital setting, immobility, etc./, for which written evidences shall be presented.
- ✓ Purchase of medical products for home treatment – within 7 days as of prescribing thereof.
- ✓ Purchase of medical products in quantities required for treatment for a period longer than 30 days – only the portion of the costs corresponding to the quantity required

for a 30-day treatment shall be subject to refunding. For the purchase of quantities, required for the next 30 days a copy of the initial ambulatory sheet and a prescription, as well as invoice with cash receipt with current date shall be presented.

- ✓ Purchase of dioptric glasses – 30-days as of prescribing thereof.
- ✓ Payment of amounts on the basis of submitted Application - 15 days.