

**GROUP POLICY  
"HEALTH CARD" INSURANCE  
POLICY No GP-001273**


This Insurance Policy issued by CNP Cyprialife Ltd (hereinafter called "the Company") witnesses that, as a result of the payment to the Company of the premium described in the relevant Schedule, the Company, subject to the terms, exclusions, definitions and conditions of the Insurance Policy, shall pay to the Beneficiary the benefit/s at the Company's Head Office in Nicosia.

It is understood and agreed that the Insurance Proposal signed by the Owner/Employer and any declarations signed by the Insured Persons, shall constitute the basis of this Policy as regards the benefits or individual benefits and/or annexes to which it corresponds and this Policy shall be in effect according to the terms, provisions and any endorsements thereto described or attached to it by the Company.

Signed in Nicosia for and on behalf of CNP Cyprialife Ltd on the date of issue referred to in the Policy Schedule.

  
Issuing Manager



  
General Manager

**STAMP PAID**

# IN-HOSPITAL TREATMENT "HEALTH CARD" INSURANCE

## ARTICLE 1

### Subject matter of Insurance

This Insurance Policy covers, subject to the terms below and the Policy Schedule, all the expenses incurred due to sickness or accident by the Insured and his Dependants (provided they are included in the insurance) for their Hospital treatment as inpatients.

## ARTICLE 2

**Definitions** **INSURANCE POLICY** means this contract and any Annex/es of insurance and Schedules or Endorsements attached thereto.

**COMPANY** means CNP Cyprialife Ltd.

**OWNER/EMPLOYER** means the Legal Person effecting the insurance.

**INSURED** means every person employed or member of an association or other professional body whose personal data appear in the official list of the permanent personnel of the Owner/Employer and for whom an application for insurance under this Policy has been received and accepted, provided always that a person shall cease to be considered as Insured when he ceases to be entitled to a benefit according to the Policy terms.

**POLICY SCHEDULE** is the Schedule attached to this Policy and which determines the benefits payable, subject to the special provisions of this Policy.

**EFFECTIVE DATE** means the effective date of this Insurance Policy which is referred to in the Policy Schedule.

**POLICY ANNIVERSARY** means every annual period which begins on the effective date of the Policy and is defined in the Policy Schedule. **PREMIUMS** means the premiums included in the Policy Schedule.

Premiums means the premiums included in the Policy Schedule. The Insurance premiums included in the Policy Schedule are guaranteed and will be valid for a period of one year from the date of commencement of the Insurance Policy with the right of the University of Cyprus to renew the contract on the same terms for another year.

The premiums are yearly and payable in advance as described in the Policy Schedule. An alternative way of payment may be determined upon a request in writing by the Owner/Employer and acceptance by the Company.

The Company shall not be bound to notify the Owner/Employer of the premium payment. It is agreed that dispatch of such notice shall not be construed as a waiver of this term on the part of the Company.

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**PREMIUM ADJUSTMENT.** Unless the Company otherwise directs, the sums due or refundable by reason of addition/withdrawal of members or increase/decrease of benefits shall be calculated and paid during the period of insurance.

**EMPLOYEE/MEMBER** means the member of the Group Insurance whilst actively employed in the service of the Owner/Employer against remuneration. This Term extends to cover the Retired Members of the University of Cyprus.

**RETIREEES** - The retired Members are insured for Life. An Insured Member can continue to be covered provided that he/she was insured prior his/her retirement under this Scheme.

Future employees, who will be hired by the Owner/Employer, will be accepted for insurance purposes according to the By-laws of the Company for the time being in force.

**BENEFICIARY** is the main Insured and in case of death of the main Insured, the Legal Heir/s of the Insured and in special cases the Owner/Employer, if designated as beneficiary by special Endorsement.

**DEPENDANTS** . Dependent Members of active Main Members and Dependants of the Retirees of the University of Cyprus (partner in marriage, civil partnership or when living together in a similar relationship) Members of any age can participate in the Insurance Policy

The cover for their unmarried children may be continued until their twenty fifth (25<sup>th</sup>) birthday provided they are doing their military service as recruits or are studying (presentation of a Certificate of Attendance to the Company) in a school of higher education. In the event of completion or termination of both their military service as well as their studying before or at their twenty fifth (25<sup>th</sup>) birthday, then the Owner/Employer is bound to notify the Company immediately. If the Owner/Employer does not notify the Company, then the insurance cover of the Dependant shall continue until the expiry of the insurance period whereupon he shall be removed from the Insured's list.

**ACCIDENT** means any incident (event) which is due to an external, sudden, visible, violent and accidental cause, absolutely independent of the will of the Insured which causes to him, as the sole cause and irrespective of any other, Bodily Injury.

**SICKNESS** means any health impairment occurring for the first time after the effective date of the insurance and which is due to pathological causes (sickness) arising from causes which did not exist at the time of conclusion of the insurance contract and which is not due to accident and results in diagnosis.

**MEDICAL PRACTITIONER** means the qualified person practising medicine under the licence of the Cyprus Medical Board or the corresponding Medical Board of the country in which he/she practises medicine. This person may definitely not be the Insured or members of his/her immediate family.

**MEDICINES** are only those prescribed by a medical practitioner and necessary for curing the specific sickness or accident. All herbal and homeopathic medicines and food supplements (vitamins, proteins, etc.) are covered.

Assistive devices, medical equipment and/or instruments which may be necessary for curing the specific sickness or accident are not covered.

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New treatments or methods using new technology which has not been previously applied in the area and not included in the current medical practitioner's price list are not covered.

**HOSPITAL** means any Medical Care Institution (including Clinics and Maternity Hospitals) which operates legally, provides full medical and hospital equipment and permanent staff of qualified medical practitioners and nurses. Rehabilitation and holistic therapy centres, centres for homeopathy, osteopathy, chiropractic treatment and kinesitherapy centres, Convalescent homes for drug addicts or alcoholics, homes for the elderly and generally rest-homes and physiotherapy centers are not considered to be Hospitals.

**PANEL HOSPITAL** means any Hospital (as this is defined in the preceding paragraph) with which the Company has come to an agreement under which the hospital is bound to provide medical services to any person, covered by this Policy, who has chosen the particular hospital for his/her hospitalization.

The Company has the right to determine and readjust at any time the list of Panel Clinics/Hospitals without any notice. It also reserves the right to completely exclude a Clinic/Hospital from the list or to create new lists of Clinics/Hospitals in the future. The Insured may be informed about the Panel Clinics/Hospitals by the Company.

**INTENSIVE CARE UNIT** is the special unit within the Hospital for patients whose health condition requires continuous monitoring and medical care by nurses. Recovery rooms, private monitoring rooms or monitoring units are not included.

**HOSPITALIZATION** means staying in a Hospital for treatment which is medically necessary to be provided within a Hospital where the patient stays for at least one (1) night. Hospitalization does not include the staying of an Insured in a Hospital for a period of time exceeding the time which is medically necessary or to be subjected to diagnostic tests without having diagnosed any disease.

**CHARGES FOR MEDICAL EXPENSES / ADMITTED EXPENSES** means the reasonable and usual charges for medical care which conform to the general price level and do not exceed the respective charges by others of the same level in the area where treatment took place for similar or comparable treatment or services to persons of the same sex and comparable age and for similar Sickness or Accident.

### ARTICLE 3

#### Hospitalization benefits

The Company acknowledges as maximum limit of expenses (including the daily hospital charges) for any hospitalization of a person covered by the Policy as an inpatient in a Hospital, the sum referred to in the Policy Schedule.

Two or more hospitalizations, regardless of the time gap between them and due to the same cause or complications thereof, shall be considered as one hospitalization.

The cover provided for by the Policy is according to the Policy Schedule and the compensation granted is equal to:

- (a) Ninety five percent (95%) of the admitted expenses incurred in Panel Hospitals in Cyprus.

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- (b) In case of hospitalization of a covered person in a non-Panel Hospital in Cyprus, the Policy covers **ninety five percent (95%)** of the total expenses admitted and incurred which would have been admitted and incurred in the most expensive Panel Hospital in Cyprus.
- (c) Ninety five per cent (95%) of the admitted expenses incurred in Hospitals abroad.
- (d) In case of hospitalization in USA and Canada the limit is shown on the Policy schedule

#### ARTICLE 4

##### **Payment of compensation in Case of hospitalization in a Panel Hospital**

In case of hospitalization of a covered person in a Panel Hospital in Cyprus as an inpatient due to accident or sickness which is covered by this Policy, the Company undertakes the obligation to pay directly to the Panel Hospital, in accordance with the terms and restrictions of this Insurance Policy, an amount equal to one hundred per cent (95%) of the expenses incurred and admitted by the Policy for the said person.

#### ARTICLE 5

##### **Compensation from another Source**

If the covered person receives compensation for the same event from another source (private or social insurance, Medical Fund, etc.), then the Company shall pay the difference between the amounts actually expended and the compensation received from another source.

In case the Company has already paid compensation to the covered person and this person received any amount for the same event from another source (private or social insurance, Medical Fund etc.), then the Company may require the difference from the covered person.

In no case however, may this difference exceed one hundred per cent (100%) of the expenses incurred and admitted, nor may the total amount received from the Company and from another source exceed the amounts actually expended by the covered person.

#### ARTICLE 6

##### **Daily Hospitalization**

The Insurance Policy covers the hospital charges (room and board) paid by or charged on the person covered for each day (overnight stay) of his hospitalization up to maximum three hundred and sixty five (365) days.

In case of hospitalization of a covered person in a Hospital as an inpatient due to accident or sickness abroad, the Insurance Policy covers the hospital charges (room and board) paid by or charged on the covered person for each day (overnight stay) of his hospitalization, up to maximum three hundred and sixty five (365) days and for an amount not exceeding the one referred to in the Policy Schedule.



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## ARTICLE 7

### Medical Visit in Hospital

Provided no surgery is involved, the Insurance Policy covers the Medical visits by external medical attendants during the stay of the covered person in the Hospital. Only ONE visit by the medical attendant shall be recognized for each day in the Hospital.

## ARTICLE 8

### Admitted medical care Expenses in Hospital

The Insurance Policy (provided hospitalization in a Hospital occurred) covers the medical care expenses and expenses for surgery which incurred and have been charged by the Hospital as well as medical practitioners fees, X-ray tests, bandages/splints, plaster bandages, laboratory tests, electrocardiograms, blood and blood plasma transfusions (excluding however the value of blood or blood plasma), medicines taken while in Hospital and on prescription of medical practitioners of the same Hospital and use of the operating theatre and the expenses incurring over and above the daily hospital charges for stay in an Intensive Care Unit.

The Insurance Policy also covers the **ambulance expenses within Cyprus** for the transportation of a patient in case of emergency or when, in the opinion of the medical attendant, no other transportation means is advisable.

## ARTICLE 9

### Surgery without Hospitalization

The Insurance Policy covers surgery performed exclusively in Cyprus and abroad and which does not require hospitalization in Hospital/Clinic or is performed in the outpatient department.

Two or more surgeries regardless of the time gap between them and which are due to the same cause or complications thereof shall be considered as one surgery.

## ARTICLE 10

### Diagnostic Tests Out of Hospital

The Insurance Policy covers expenses for diagnostic tests which are directly related to the main cause on the basis of which, within one month from these tests, the Insured undergoes hospitalization involving surgery in a Hospital in Cyprus as an inpatient. The cover provided based on the expenses incurred and admitted is as defined in Article 3.

## ARTICLE 11

### Hospitalization in Panel Hospital

In case of hospitalization of a covered person in a Panel Hospital as an inpatient in Cyprus, due to an accident or sickness, the Company, according to the terms and restrictions of the Policy and according to Article 3 and upon receiving the required original receipts, shall pay directly to the Hospital ninety five percent (95%) of the expenses incurred and admitted for account of the covered person settling in this manner its obligation to him under this Insurance Policy.

A necessary condition for the payment by the Company of any expenses incurred and admitted is that the covered person should express his wish in writing to the Panel Hospital, per case, immediately upon his admittance thereto, showing his certificate of cover by this Insurance Policy

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"Health Card" granted to him by the Company and also that the Policy premium should be fully paid.

If the Insurance Policy is in grace period, the premium should be fully paid before the Company is able to proceed to the above actions.

## ARTICLE 12

### Hospitalization outside Cyprus

In case of hospitalization of a covered person in a Hospital as an inpatient due to accident or sickness outside Cyprus, but, in the case of sickness, only provided that hospitalization started at least six (6) months after the date the Insured and his Dependants obtained cover, the Company covers the expenses incurred and admitted as they are defined in Articles 2, 3, 4, 5, 6, 7 and 8 of this Insurance Policy.

In case of hospitalization in a Panel Hospital, the Company undertakes the obligation to pay directly the Panel Hospital in accordance with the terms and restrictions of this Insurance Policy.

In case of hospitalization in a non-Panel Hospital, the covered person is bound to certify the supporting documents of his hospitalization as well as the original receipts at the nearest Cyprus Consular Office and to present them to the Head Office of the Company in Nicosia within four months (4) of his release. The Company shall pay the compensation at domicile.

The compensation is calculated according to the official selling rate of the Central Bank of Cyprus for the corresponding currency at the date of the settling receipt of the Hospital.

## ARTICLE 13

### Maternity Benefit

The main Insured or the wife of the Insured, provided she is covered by the Insurance Policy as a Dependant, is covered in case of childbirth (natural or by caesarian section) with a lump sum benefit as this is defined in the Policy Schedule.

It is clarified that the lump sum benefit shall only be payable in the case where the Insured submits settling receipts relating to childbirth and the total amount of which exceeds or is equal to the amount of the lump sum benefit.

In case the amount of the settling receipt is less than the lump sum benefit, then the corresponding amount of the receipt shall be payable.

A necessary condition for the cover is that childbirth (natural or by caesarian section) has occurred at least ten (10) months from the effective date of the insurance.

## ARTICLE 14

### Hospitalization in Public or Private Hospital using state or insurance carrier

If the Insured is hospitalized for treatment in a Public or Private Hospital using the state or insurance carrier for an incident covered by this Policy, then the Company shall pay the following benefits:

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1) Daily Hospital Allowance. The amount of the Daily Hospital Allowance referred to in the Detailed Benefit Schedule and paid during the whole period of hospitalization of the Insured with maximum limit thirty (30) days provided the Company shall not be required to pay any amount for the Insured's hospitalization.

2) Hospitalization Expenses. The Company shall pay hundred per cent (100%) of the difference between the hospitalization expenses incurred and the amount paid by the insurance carrier, with maximum amount paid as referred to in the Benefit Schedule of the Policy.

#### ARTICLE 15

##### Pre-existing Diseases

Pre-existing, chronic, reappearing or existing medical conditions or Maternity/pregnancy conditions of the Insured Members of the University of Cyprus and their Dependants, as well as the New Members and their Dependants which pre existed or existed at the effective date of the Policy or at the date the Insured's cover began, are covered.

#### ARTICLE 16

##### Obligations upon concluding the Insurance

Upon concluding the insurance, the Insured is bound to describe sincerely to the Company the condition of his health, his working conditions and generally to state all facts which are necessary for the Company in order to evaluate the risk to be undertaken. If the Insured makes a false statement or withholds any facts known to him, the Company shall be discharged from its obligations under the Insurance Policy provided the statement or the facts withheld are of such nature that the Company, had it known the truth, would not have accepted to enter into a contract of insurance or would not have accepted it under the same terms.

In case any change occurs in the health condition of the member to be insured after completing his application/statement and before being accepted to be insured by the Company, the applicant and/or Owner/Employer is bound to inform the Company immediately of such change. The terms and conditions of acceptance are described in the Policy terms.

#### ARTICLE 17

##### Obligations in case of medical care in Hospital

(a) If hospitalization takes place in a non-panel Hospital according to the abovementioned terms, the Insured is bound to deposit at the Head Office of the Company a written notification for his admission or the admission of any Dependant in Hospital within four (4) months, without fail, from his admission and before his release thereof, to pay all his hospitalization expenses to the Hospital and to submit to the Company the original reports for services provided and settling receipts.

(b) If hospitalization takes place in a Panel Hospital according to the abovementioned terms, the Insured is bound to make sure that the Panel Hospital sends to the Head Office of the Company in due time all the certificates and documents relating to his hospitalization.

(c) In case of a surgery not requiring hospitalization, the Insured shall also be obliged to settle the relevant expenses and to submit the original reports for services provided and the settling receipts at the latest within four (4) months from the date of surgery.

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(d) In case of medical care in any Hospital (Panel Hospital or not), the Company has the right to examine at its own expense and by using the services of a medical practitioner appointed by it, any covered person during his hospitalization.

e) The Insured is bound to give to the Company in writing all the information required by it relating to the bodily injury or the sickness which caused his admission to Hospital, within four (4) months from the date of his admission thereto. In addition, he must produce, at his own expense, all the supporting documents required in order to prove his entitlement and the burden of proof shall lie on him. If the Insured fails to comply in due time with his above mentioned obligations, this shall result to the loss of his entitlement to the respective benefit.

## ARTICLE 18

### Expiry of validity of Policy

The validity of the Insurance Policy shall expire:

- (a) Upon the expiry of validity or the cancellation of the Policy for any reason.
- (b) Upon rescission of the Policy by the Owner/Employer or the Company.
- (c) Upon the non-payment of the premiums within the fixed term.
- (d) Upon the Owner/Employer becoming bankrupt.

## ARTICLE 19

### Right to insure

**Dependants** The Insured employee or member covered by this insurance may request that only the Dependants of his family be included in the insurance policy, subject to the terms and conditions.

Where both, the husband and wife, who live in the same house, are insured as salaried, the children shall be entitled to be insured as dependants of one of the spouses only.

## ARTICLE 20

### Effective date of Insurance of Dependants

In order to include the dependants of the employee in the insurance, the employee is required to submit to the Company a relevant application for participation as well as a written statement including all the dependants entitled to insurance. The employee is bound to communicate immediately every change of situation of such Dependants.

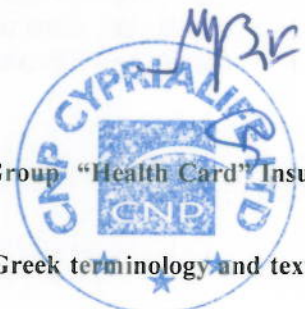
The insurance of the Dependants of the employee shall enter into force as follows:

Any employee having any dependants on the date he is insured under this Policy or acquiring one or more Dependants after the effective date of his insurance, shall be entitled to insure them as Dependants provided he completes the necessary Health Certificates.

The said Dependents shall be insured after being admitted for cover by the Company, subject hereto, as from the first day of the following month during which the Company shall consider the documentary evidence as satisfactory.

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## ARTICLE 21

### Expiry of Dependants Insurance

The insurance of the Dependants shall be automatically terminated if:

- (a) The insurance of the Insured is terminated subject to the terms of this Policy.
- (b) The Insured Dependant ceases to be entitled to insurance as Dependant.
- (c) This Insurance Policy is cancelled.
- (d) The premium, determined in the Policy for the cover of the Dependant under this insurance, is not paid on the due date.

## ARTICLE 22

### Expiry of Insurance of the Insured

The insurance of the Insured shall be automatically terminated if:

- (a) The insurance of the Insured is terminated subject to the terms of this Policy
- (b) The Insured, using unlawful means, has attempted to embezzle money from the Company (by way of compensation) or to withhold facts which would influence the Company's judgment.
- (c) This Insurance Policy is cancelled.
- (d) The premium, determined in the Policy for the cover of the Insured under this insurance, is not paid on the due date.
- (e) Upon the Insured attaining the sixty fifth (65<sup>th</sup>) year of his age. This also applies to his/her wife/husband provided she/he is included in the insurance. The Owner/Employer is bound to inform the Company accordingly.

The Company, however, shall, at its absolute discretion and under such terms as it shall determine, extend their cover under this Policy from year to year and it shall automatically expire on attaining their seventieth (70<sup>th</sup>) year of age.

## ARTICLE 23

### Payment of Premiums & Grace period

A grace period of **thirty days (30)** shall be granted for the payment of the second and subsequent premiums under this Insurance Policy. During the grace period the Policy remains in force. No grace period shall be granted at the expiry of the validity of the Policy.

If any premium is not be paid within the grace period, then the Policy shall not be valid and the Owner/Employer shall remain liable to the Company for the payment of all premiums due on the day of termination of its validity. If, however, during the grace period, the Owner/Employer shall notify the Company in writing that the Policy shall not continue, then the Policy shall terminate on the day the Company shall receive the written notice. In such case the Owner/Employer shall be liable to the Company for all unpaid premiums as well as for a pro rata premium for the days of the grace period for which the Policy was in force.

In case of cancellation of the Policy before the expiry of the normal period of the Policy, the Company may, at its absolute discretion, determine according to the current practice, additional premiums (pro rata) which must be paid by the Owner/Employer.

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## ARTICLE 24

### Data to be given to The Company

The name and date of birth of each Insured, together with the date he joined the insurance, the sex, the sum for which he is insured, the date of termination of his participation in the insurance as well as any other information which the Company may reasonably require from time to time shall be provided by the Owner/Employer and shall be recorded in the Company's books and such entry shall constitute part of the Policy. Upon effecting the insurance, the Company reserves the right to submit the Insured or his Dependants to a medical examination by a medical practitioner of its own choice and the expenses thereof shall be borne by him. In case of a claim for compensation, the Company reserves the same right but the expenses in such case shall be borne by the Company.

Before or during each renewal date of the Policy the Owner/Employer shall notify the Company in writing of all new members and any change regarding the benefits in respect of any Insured, coming into force as from such date. New members in the insurance shall not be accepted unless a prior written notice is given to the Company and the relevant risk has been accepted by it. Joining or withdrawing from the insurance shall be made based on the date of receiving the necessary documents from the Company but **not before the first (1<sup>st</sup>) day of the following month during which the Company shall consider that the documentary evidence is satisfactory**. The Company shall not be affected by any notice for any event relating to this Policy unless and until it receives express notice in writing of each such event at its Head Office and no alteration of the terms of this Policy shall be binding on the Company unless put in writing and signed by the General Manager of the Company or by a managing officer authorized for the purpose.

## ARTICLE 25

### Amendment of Policy

This Policy may be amended only on its anniversary without the consent of the Insured Members, upon the written request of the Owner/Employer for this purpose and the written agreement thereto of the Company. Any amendment or alteration of this Policy shall bind all the Insured Members of the insurance who are insured under this Policy either before or after the date on which such amendment or alteration is put into effect.

## ARTICLE 26

**Assignments** The benefits payable under this Policy are not assignable.

## ARTICLE 27

### Notice of Claim

The Insured is bound to notify the Company in writing before every scheduled admission of himself or any dependant in a Panel or non-panel Hospital.

Notice for any claim covered by this Policy shall be given by the Insured to the Company at its Head Office as soon as possible and in any event within seven (7) days from the day of the event for which the claim is submitted. The Insured shall give to the Company any necessary information so that the Company may ascertain whether the insurance sum is actually payable. All reports, certificates and information required by the Company shall be given thereto at the expense of the Insured at the latest within seven (7) days from the date the Company requested

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the same and shall be in the form prescribed by the Company. Before submitting all the necessary supporting documents for each case, the Company shall not be obliged to pay the insurance sum.

#### ARTICLE 28

##### Court Jurisdiction

Every dispute which may arise under this Policy between the Owner/Employer or anyone having a legal interest and the Company shall be subject to the jurisdiction of the Courts of Nicosia and Cyprus Law shall apply.

#### ARTICLE 29

##### Currency

This Policy is subject to the Laws of the Republic of Cyprus and all sums payable hereunder from or to the Company are in the currency of the Cyprus Republic.

#### ARTICLE 30

##### Excluded Risks

This Policy shall not cover risks, directly or indirectly, arising from or due to:

**(1) AIDS/HIV** - Treatment of any medical condition which arises in any way from HIV infection.

**(2) Cosmetic treatment**

- I. Cosmetic (aesthetic) surgery or treatment, whether or not for medical or psychological reasons, or any treatment which relates to or is needed because of previous cosmetic treatment whether or not it is needed for medical or psychological reasons. However, we will pay for reconstructive surgery if:
- II. It is carried out to restore function or appearance after an accident or following surgery for a medical condition, provided that the member has been continuously covered under a plan of ours since before the accident or surgery happened.
- III. It is done at a medically appropriate stage after the accident or surgery and we agree the cost of the treatment, in writing, before it is given.
- IV. The removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons.

**(3) Sex change** - Treatment related to sexual or gender reassignment or which arises from or is directly or indirectly made necessary by a sex change.

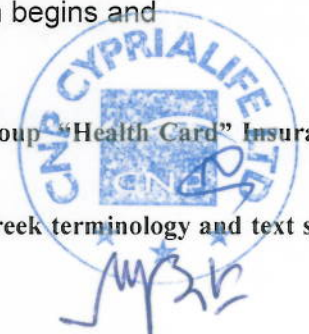
**(4) Impotence** - Treatment of impotence or sexual dysfunction or any consequences of them.

**(5) Rehabilitation** - In-patient rehabilitation except when:

- I. it is an integral part of treatment and
- II. it is carried out by a medical practitioner specializing in rehabilitation and
- III. it is carried out in a recognized rehabilitation hospital or unit and
- IV. the costs have been agreed by us, in writing, before the rehabilitation begins and

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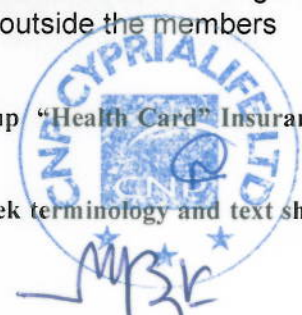


We will not pay for in-patient rehabilitation for more than 60 days except in cases such as severe central nervous system damage caused by external trauma.

- (6) **Self inflicted** - Treatment which arises from or is directly or indirectly caused by a deliberately self-inflicted injury and/or condition, an attempt at suicide, or affray.
- (7) **Excess/deductible** - Any claim or part of a claim in respect of which you have to pay an excess/deductible. In this case we will only pay the balance of the claim after we have deducted the excess/deductible amount. Any excess/deductible that applies will be shown in your benefits table.
- (8) **Pregnancy, childbirth and infertility**
- i. Any treatment for your pregnancy or childbirth unless it is:
    1. Ectopic pregnancy (pregnancy where the embryo or foetus grows outside the womb)
    2. Hydatidiform mole (abnormal cell growth in the womb)
    3. Retained placenta (afterbirth retained in the womb)
    4. Post-partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)
    5. Miscarriage requiring immediate surgical treatment
  - ii. Investigations into and complications arising from the treatment of your infertility, contraception, assisted reproduction, sterilization (or its reversal) or of any treatment for them (except treatment for complications of your 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 as the start of these investigations and were unaware of your infertility or inability to conceive before your insurance under this policy began.
- (9) **Dangerous sports** - Treatment of injuries sustained from playing professional sport or from base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, mountaineering with or without ropes, scuba diving with respiratory equipment, bungee jumping, canyoning, hangliding, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste.
- (10) **Unreasonable charges** - Charges which are unreasonable or excessive. of the benefits table. '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.
- (11) **H.R.T.** - Hormone replacement therapy except when it is medically indicated following related surgery by a qualified medical practitioner ( rather than for the relief of physiological symptoms) when we will pay for the consultations and for the cost of the implants or patches (but not tablets).  
We will only pay benefits for a maximum of two years from the date of first consultation.
- (12) **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 members area of a cover is limited as shown on your benefits table.

Note: This text, in the English language, corresponds to the greatest possible extent to the Group "Health Card" Insurance Annex, in the Greek language.

In the event that a different interpretation exists and/or is given to the above two texts, the Greek terminology and text shall prevail.



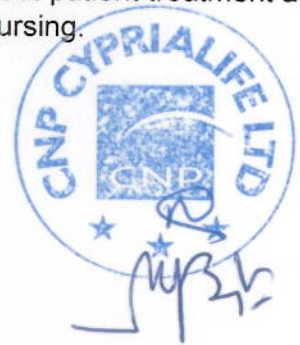
- (13) **Health spas/hydros** - Any charges from healthy hydros, spas, nature cure clinics or any similar place, even if it is registered as a hospital.
- (14) **Medical reports** - We will not pay for medical reports or for the completion of claim or application forms or any part of them.
- (15) **Developmental delay** - 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 members lifetime.
- (16) **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.
- (17) **Short/long- sightedness and causes** - Any treatment to correct problems of vision such as but not limited to long/short sightedness and astigmatism.
- (18) **Dentistry**
- i. Orthodontics, periodontics, endodontics, preventative dentistry and general dental care including fillings no matter who gives the treatment unless you are covered under the Table of Benefits.
  - ii. Any dental procedure except as indicated by your benefits table. A number of surgical procedures for dental purposes are covered under the Table of Benefits.
- (19) **Donor organs** - The costs of collecting donor organs for transplant or any administration costs involved.
- (20) **Experimental or unproven treatment** - There is no cover for any treatment or procedure that is experimental or that has not been established as being effective. We may cover treatment that is not licensed but has been shown to be effective through an appropriate clinical trial and assessment, with the results published in authoritative medical journals. If you intend to claim for unproven or experimental treatment, you must contact us before the treatment begins. We will only cover unproven or experimental treatment if we are able to agree reasonable fees with your medical practitioner and hospital before you start the treatment.
- (21) **War and like risks, nuclear, biological or chemical contamination**
- 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.
- (22) **Sexually transmitted diseases** - Treatment of sexually transmitted diseases, such as but not limited to, chlamydia, genital herpes, HPV, syphilis, gonorrhea or any consequences thereof.

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- (23) **Appliances** - The costs of providing or fitting any external prothesis or appliance such as, but not limited to, spectacles, contact lenses, hearing aids, dentures unless mentioned in the Table of Benefits.
- (24) **Travelling abroad** - If the member leaves their principal country of residence for more than 180 days in a year. We will not pay benefits and reserve the right to cancel members policy unless the member is a student abroad and holds a student ID and is under the age of 25, or is a member of the University of Cyprus staff or is on sabbatical leave.
- (25) **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.
- (26) **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
- (27) **Time limit for claims** - Any treatment if we have not received a properly completed claim form, original numbered invoices and test results (where required) within 90 days of the treatment being given.
- (28) **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.



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