



Dear Customer,

We are happy to inform that starting from May 1 of this year “EFES” insurance company will continue to provide health insurance services employees of 'Adob Development Arm' LLC and their family members.

You can find health insurance coverage, claim submission procedure and the list of partner medical center in this brochure.

Refer to us and we will care for your health!

Please get acquainted with below described health insurance terms and conditions.

Please call EFES 24/7 Call Center in case of questions or for getting further information:



(010) 700 800, (374 77) 59 21 24



healthclaims@efes.am



online following [this](#) link

WHAT IS COVERED?

This Program covers also all pre-existing illnesses, injuries, and medical conditions prior to the entry into force of the Insurance Contract.

1. AMBULANCE

- 1.1. Full range services of ambulance;
- 1.2. Emergency medical transportations on the territory of the RA with specialized vehicles and professional medical personnel (exclusively by land vehicles);
24/7 medical consultations with doctor-experts of insurance company.

2. OUT-PATIENT TREATMENT

- 2.1. Consultations of doctor-experts;
- 2.2. Laboratory diagnostics;
- 2.3. Instrumental diagnostics ;
- 2.4. Medical interventions in outpatient facilities;
- 2.5. Out-patient treatment for urgent therapeutic or surgical diseases, which does not require surgical treatment;
- 2.6. Planned or urgent surgical interventions in out-patient conditions;
- 2.7. Out-patient treatment for traumas (fractures, dislocations, soft tissue bruises, wounds or their combinations);
- 2.8. Out-patient treatment for burns, frostbites and electrical injuries;
- 2.9. Out-patient treatment for infectious diseases;
- 2.10. Out-patient treatment of acute poisonings;
- 2.11. Compensation for the cost of medications prescribed in outpatient facilities;
- 2.12. Medical supplies: syringes, intravenous drip systems, bandages, cotton (prescribed in outpatient facilities);
- 2.13. Required standard vaccinations and vaccinations proposed by the Chief Sanitary Inspector of the RA in case of epidemic, if vaccinations are not carried out within State sponsored programs;
- 2.14. Examination and treatment of genital fungal lesions – candidas, when candidas is not accompanied by other sexually transmitted disease,
- 2.15. Neoplasms of derma, mucous tunic, birthmarks, polypus, papilloma, buttercups, etc.;
- 2.16. Dermatomycoses, mycoses of nail, soft tissue,
- 2.17. Paramedical supplies: corsets, immobilization appliances, plastic mesh of hernia, elastic socks, children's inhalation aerochambers, etc. (prescribed in inpatient and/or outpatient facilities) up to AMD 100,000,
- 2.18. Insurance Policy covers MRI or Computer tomography examinations for the diagnostics of excluded diseases and conditions overall 2 cases for all insured persons during the Contract period,
- 2.19. Home visit services (from the outpatient medical center mentioned by the Insurer);
- 2.20. Organizing home-based examinations and other laboratory instrumental investigations when an insured person is unable to seek medical care due to health problems.
- 2.21. Reimbursement of outpatient medical expenses up to AMD 100,000 per case incurred at doctor's prescription, which are based on positive Covid-19 PCR test result or pneumonia specific to Covid-19, diagnosed according to CT scan. Medical expenses are limited to medication, examinations, PCR test. Doctor's prescription for PCR test is not obligatory, if the test result is positive.



3. IN-PATIENT TREATMENT

- 3.1. In-patient treatment for urgent therapeutic or surgical diseases which does not require surgical treatment;
- 3.2. Surgical treatment;
- 3.3. During in-patient treatment laboratory and instrumental diagnostics implemented by doctor's prescription and written justification;
- 3.4. In-patient treatment for infectious diseases;
- 3.5. In-patient treatment for traumas (fractures, dislocations, soft tissue bruises, wounds or their combination);
- 3.6. In-patient treatment for burns, frostbites and electrical injuries;
- 3.7. In-patient treatment for acute poisonings;
- 3.8. Intensive therapy and reanimation requiring urgent treatment conditions (not included in state order programs);¹
- 3.9. Metal constructions used in trauma surgery;
- 3.10. Compensation for the cost of prescribed medications for in-patient treatment;
- 3.11. Medical supplies: syringes, intravenous drip systems, bandages, cotton (prescribed in inpatient facilities).
- 3.12. In cases mentioned in clauses 3.10 and 3.11, the cost of medications and/or medical supplies, prescribed, however not provided by the medical institution and not included in the cost of treatment, should be reimbursed.
- 3.13. In-patient treatment of diseases and situations covered by State sponsored programs for children up to 18 years old;
- 3.14. Surgical treatment of nasal septum deformations, nasal passages, nodal cavities up to AMD 200,000 (the price includes expenses for all pre-surgical laboratory and instrumental examinations).



The limits of indemnity for the same insurance accident mentioned in clause 3.13 of the Contract is applicable only within the scope of the Contract in force as of the date of the accident and the provisions of the new Contract cannot be applied to previous insurance accidents in which the provisions of the invalid contract have already been applied.

- 3.15. Compensation for hospital accommodation up to AMD 20,000 daily.
- 3.16. Pre-operative examinations before surgery for diseases, which are covered within the framework of the contract (for example HIV/AIDS, hepatitis).

4. VERTEBROLOGY

- 4.1. Drug treatment of exacerbations of degenerative dystrophic disorders with neurological symptoms;
- 4.2. Physiotherapy methods following drug treatment of dystrophic spinal degenerative disorders: shock wave therapy, therapeutic massage, kinesitherapy, electrophoresis, phonophoresis, amplipulse therapy, UHF therapy, ultraviolet irradiation therapy – 2 courses during the Policy period, each course 10 sessions;

¹ For this contract, the term “state order” means services that are included in the Government of the Republic of Armenia 04.03.2004, decision No. 318-N “On Free and Privileged Medical Assistance and Service Guaranteed by the State” and amendments/additions thereto.

4.3. Diagnostics of degenerative dystrophic deteriorations of spine, including MRI, if any of the following indications exist:

- neurological deficiency (paresis of nerve, neurological signs of spinal cord deterioration), which is described by a neurologist or a neurosurgeon and is reflected with clear neurological deficit. The described case can also be confirmed by a neuromyographic examination.
- back pain and inflammatory symptoms, in the case of absence of internal organs deteriorations
- non-mechanical pain (is not changed during a day out of positions or movements, particularly in case of night pains)
- mechanical/non-mechanical pain, which continues for 4-6 weeks (particularly after medicinal and rehabilitation treatments)
- postsurgical (surgery of spine, spinal cord) persistent pain or neurological deficit.

In all cases, Insurer can organize a double neurologist's consultation on the neurological status assigned by a doctor who prescribed MRI examination at the expense of the Insurer and the specialist mentioned by the latter.

4.4. Surgical treatment of spinal hernia.

5. PHYSIOTHERAPY

- 5.1. Shock wave therapy, therapeutic massage, kinesitherapy, electrophoresis, phonophoresis, amplipulse therapy, UHF therapy, ultraviolet irradiation therapy – 2 courses during the Policy period, each course 10 sessions;
- 5.2. Post-traumatic physiotherapeutic and rehabilitation treatment;
- 5.3. Physiotherapy mentioned in the above clauses 5.1 and 5.2 is not applicable to vertebrology cases, which are regulated by the clause 4 of this Program.

6. OPHTHALMOLOGY AND OPTICS

- 6.1. Surgical treatment of ophthalmic diseases, including 50% compensation for surgical correction of visual acuity;
- 6.2. Non-surgical treatment of therapeutic or surgical eye diseases;
- 6.3. Reimbursement of acquisition costs of optical glasses and/or optical contact lenses up to AMD 30, 000 during the Contract period.

7. DENTISTRY

- 7.1. Dental coverage operates in accordance with the Dental service limits specified in 7.3
- 7.2. The following dental services are covered under this Contract:
 - Therapeutic treatment of any 4 teeth;
 - Surgical treatment of any teeth (no limitation on the quantity of teeth);
 - Removal of dental plaque;
 - Dental orthopedics within the limit stated in the table below.
- 7.3. Limits of indemnity are stated in the table below:



Services	Limits of Indemnity
✓ Consultation	AMD 5,000
✓ Any type of diagnostics, if the case is reimbursable	Covered
Therapy and Endodontics	
✓ Tooth's crown reconstruction and Endodontics	AMD 20,000 per tooth
Treatment and prevention of periodontitis	
✓ removal of dental plaque, polishing (including Air-Flow) (no more than 2 times annually)	AMD 20,000
✓ paradontal treatment (gum disease)	AMD 22,600
Surgery	
✓ tooth simple extraction ✓ tooth complex extraction ✓ wisdom tooth extraction ✓ retained tooth extraction ✓ apexectomy ✓ abscess drainage	Covered
Dental orthopedics (the limit does not include the cost of therapeutic or surgical treatment of the same teeth preceding orthopedic prosthesis. Dental orthopedics are covered also in the frames of implantology (the costs of implants are not covered).	AMD 80,000

8. PREGNANCY AND CHILD-DELIVERY

- 8.1. Coverage for normal and pathological pregnancy expenses which are out of scope of state order (in-patient and/or out-patient cases) up to AMD 100,000;
- 8.2. Coverage for child delivery expenses which are out of scope of state order. The costs for child delivery are covered up to AMD 130,000 (in case of child delivery through cesarean section up to AMD 200,000);
- 8.3. Expenses in respect of pre-existing pregnancy and childbirth are covered.
- 8.4. The limits of indemnity for the same insurance accident mentioned in clauses 8.1 and 8.2 of the Contract are applicable only within the scope of the Contract in force as of the date of the accident and the provisions of the new Contract cannot be applied to previous insurance accidents in which the provisions of the invalid contract have already been applied.
- 8.5. In the case of pregnancy and childbirth, compensation of the value for the hospital accommodation shall be compensated within the limits set out in points 8.1 and 8.2; the value of the hospital accommodation specified in 3.14 is not applicable in this case.

9. ONCOLOGY

- 9.1. Surgical treatment of cancerous diseases;
- 9.2. Non-surgical treatment of cancerous diseases - chemotherapy, radiation therapy up to **AMD 750,000 during the Contract period**;
- 9.3. Within the limit specified in the clause 9.2 treatment costs outside Republic of Armenia are also covered, in case the Insured person wants to receive treatment abroad.



10. CARDIO-SURGERY

- 10.1. Cardio-surgery (open heart surgery);
- 10.2. Cardio-surgery (percutaneous coronary intervention);
- 10.3. Angioplasty with medicinal cylinder;
- 10.4. Aortic prosthetic reconstruction (cover exclusively urgent surgery for aortic aneurysm exfoliations);
- 10.5. Aortic replacements (for chronic planned cases aortic aneurysm);
- 10.6. Plastic and prosthetics of heart valves;
- 10.7. The cases listed in the Coverage 10. "Cardiology" and its sub-points are covered, only if they are not included in the "Life Stent Program" of the Ministry of Health of RA.

11. NEURO-SURGERY

- 11.1. Neuro-surgery (open heart surgery);
- 11.2. Neuro-surgery (percutaneous coronary intervention).

12. CHRONIC DISEASES

- 12.1. Acute conditions of chronic diseases
- 12.2. Treatment of acute conditions of chronic diseases;
- 12.3. Surgical treatment of chronic diseases, which leads to full recovery of disease or condition (planned surgery);
- 12.4. Compensation for the cost of dynamic control and conservative treatment (consultations, examinations and medicine) of chronic diseases not mentioned in the "General Exceptions" clause of this Program up to AMD 100,000 during Contract (including diabetes mellitus and oncological diseases).

13. ANNUAL HEALTH CHECK-UP

- 13.1. Routine annual health check-up is provided once in a Policy period with the following scope:

Specialist consultations

- ✓ General practitioner (pediatrist)
- ✓ Ophthalmologist (including visus test)
- ✓ Dentist
- ✓ Gynecologist/urologist

Laboratory examination

- ✓ General blood test with leukoformula
- ✓ Urine general test
- ✓ Glucose analysis
- ✓ Lipid profile (total cholesterol, high density lipoproteins, low density lipoproteins, triglycerides)
- ✓ PAP for women
- ✓ PSA for men
- ✓ Vitamin D test

Instrumental examination

- ✓ Electrocardiogram
- ✓ Ultrasound of abdominal organs and small pelvis
- ✓ Ultrasound of breast, thyroid gland
- ✓ Mammography above the age of 40 years old



- 13.2. Annual preventive health check-ups can be conducted at any of the following medical facilities:
- “Vardanants” MC
 - “Medline” MC
 - “Elite-Med” MC
 - “Shengavit” MC

14. TRADITIONAL (ALTERNATIVE) MEDICINE

- 14.1. Traditional (alternative) medicine, when scientific medicine may not be applied for any reason, this Policy covers reasonable and customary charges for the following medical services:
- ✓ acupuncture;
 - ✓ aromatherapy.

15. TREATMENT ABROAD

- 15.1. Insured person’s treatment outside Republic of Armenia will be reimbursed in case the disease is diagnosed in Armenia and the treatment of disease is available in Armenia, but an Insured person wants to receive a treatment outside Armenia. The reimbursement is made at reasonable prices applicable for the treatment of diseases in Republic of Armenia. This clause is applicable exclusively to inpatient treatment.

16. MENTAL HEALTH

- 16.1. Disorders of the nervous system without objective symptoms, nervous disorders, borderline states, neurosis, compulsive thoughts, etc; including consultations with a psychologist, psychotherapist, and psychiatrist, prescribed examinations and medications are covered up to AMD 200,000 per person.

WHAT IS NOT COVERED?

17. GENERAL EXCEPTIONS

- 17.1. Unless otherwise provided by the Contract or the Rules (as well as the Appendices or Programs to the Rules), the following illnesses, incidents, types of medical care, research, conditions and other services, and any costs thereof (including any costs are not subject to compensation laboratory and / or instrumental research, medical advice and medication), irrespective of whether they are separately covered by insurance coverage;
 - 17.1.1. sexually transmitted diseases (syphilis, gonorrhoea, chlamydiosis, bacterial vaginosis (gardnerellosis), trichomoniasis, mycoplasmosis, ureoplasmosis, genital fungal lesions (candidiasis), cytomegalovirus, anal, genital herpes, herpes zoster etc.);
 - 17.1.2. keratoconus;
 - 17.1.3. osteopenia, osteoporosis, hypercholesterolemia;
 - 17.1.4. congenital anomaly, developmental defects (excluding surgical treatment of nasal septum deformations, nasal passages, nodal cavities provided in the coverage), genetic, hereditary, chromosomal diseases;
 - 17.1.5. spinal, intervertebral disks degenerative deteriorations, hernias, osteochondrosis, spine distortion, scoliosis, kiphosis, etc., except for cases covered under the Contract;
 - 17.1.6. Diseases or conditions requiring extracorporeal blood purification, including renal failure;
 - 17.1.7. sterility (primary, secondary) treatment, treatment of sexually dysfunctions, contraception, artificial ovum fertilization, abortion, excluding involuntary emergency abortion by doctor's prescription diagnosis, treatment of hormonal dysfunctions (dysmenorrhea, other hormonal disfunctions), reproductive disbalances,
 - 17.1.8. Lung emphysema, pneumosclerosis, multiple bronchiectasis,
 - 17.1.9. HIV/AIDS, Hepatitis B, C, D, E, F and its consequences, liver non-virus cirrhosis;
 - 17.1.10. epilepsy, infant cerebral paralysis, sleep and/or movement disorders or any of its treatment modalities;
 - 17.1.11. Physiotherapeutic procedures, not covered under this contract, non-scientific (alternative) diagnostic, treatment methods: homeopathy, phytotherapy, aromatherapy, hydrotherapy, mud cure, acupuncture, bio resonance diagnostics, diagnostics with Foll method, iridology, magneto therapy, energymedicine, scenar therapy, manual therapy (except for the methods listed in insurance plan); traditional systems of health improvement, experimental, exploratory treatment, telemedicine related services, extra corporal treatment;
 - 17.1.12. cases, situations in which the documents required by the Rules for obtaining compensation were not present and/or were incomplete;
 - 17.1.13. cosmetic surgery, including plastic, reconstructive surgery. Except where such treatment, surgery is required as a result of an injury during the Policy period;
 - 17.1.14. Medical, paramedical equipments, obtaining, placement, replacement of cardiac rhythm stimulating, regulating equipments, cardio rhythm disorder revealing, regulating operations (electrophysiological examinations, electroablation, etc.), cardioverter-defibrillators. Hearing, visus aids. Implants, as well as other corrective medical devices, appliances, including adjustment, obtaining, installation costs. Prosthetics (except cases covered by the Policy), endoprothetics, all types of prosthetics, preparation to them, except for the cases, when this treatment is necessary as a result of injury occurring during the Policy period. Exceptions of this point are cases covered by the Coverage
 - 17.1.15. vaccinations not specified in the Plan;

- 17.1.16. any expenses incurred due to failure, refusal to follow doctor's prescription, as well as any cost based on Insured person initiative without doctor's prescription;
- 17.1.17. weight correction, speech defects correction;
- 17.1.18. preventive, sanitary arrangements, immunoprophylaxis, training apparatus, solarium, water treatments, etc.;
- 17.1.19. therapeutic food, nutrition, biological additives (vitamins, etc.), care supplies, mineral waters, drugs not licensed by Drug Inspection of MOH of RA, care products, medical cosmetics;
- 17.1.20. bercurulosis, poliomyelitis;
- 17.1.21. allergodiagnosics, scratch test;
- 17.1.22. treatment, situations covered by State sponsored programs (the exception applies only for in-patient cases and not apply for children up to 18 years old);
- 17.1.23. psoriasis, excema;
- 17.1.24. claims are rejected by the Insurer, if Insured person does not take double check up examination within 10 calendar days after treatment;
- 17.1.25. systemic autoimmune diseases, systemic diseases of connective tissue (Systemic Lupus erythematosus, rheumatic arthritis, arthroses, dermatomyositis, systemic vasculitis including modulated periarteritis, hemorrhagic vasculitis);
- 17.1.26. Within the dental coverage, aesthetic restoration of intact teeth anatomical features, dental bleaching and other cosmetics procedures, orthodontic services, teeth implantation;
- 17.1.27. medical, other services, not mentioned in the Contract;
- 17.1.28. The treatment (including medicinal treatment), means of treatment, diagnosis, which are not recognized as necessary for a certain disease, injury or health condition by registries of international medical associations or RA. Insurer has the right to make inquiries to specialists having appropriate qualifications (chief specialists of Ministry of Health, is necessary) for the necessity of provided service, medicinal treatment, done, prescribed examinations, take their conclusions as basis
- 17.1.29. expenses raised from the use of alcohol, drugs, toxic substances and other psychotropic agents, including Route traffic accidents.
- 17.2. all exceptions listed in point 17 are general and applicable to all Programs, unless otherwise provided in the Program or Contract.
- 17.3. in addition to the foregoing exemptions, additional exemptions or refusals of reimbursement may be specified for each Program as set forth in the relevant Appendices to the Rules or the Contract.
- 17.4. All diseases/conditions that are not specifically excluded under the exclusions are subject to reimbursement.

WHAT TO DO IN CASE OF AN ACCIDENT

In case you have any concerns or complaints, feel free to reach out to your Medical team. Our specialists are here to assist you with selecting the appropriate medical center, scheduling appointments, and addressing any organizational matters.

Furthermore, when you visit one of our partner medical centers, you can rest assured that there will be no out-of-pocket payments required.

More than 200 partner medical centers in Yerevan and in the region of the RA, according to the list at the [link](#).

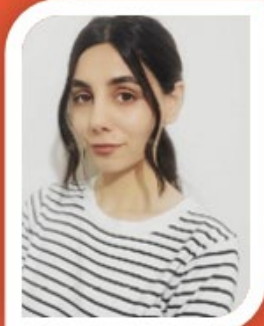
In case of contacting a medical institution according to the specified option, you refrain from document management and the need for payment. Instead, it is implemented by “Efes” CSJC

Please call **077 59 21 24** or **(010) 700 800 EFES 24/7 Call Center**.

Senior Doctor:
Ani Hovhannisyan



Doctor:
Zhenya Askanazyan



Doctor:
Geghecik Paronya



UNLOCK THE BENEFITS OF CONTACTING YOUR DOCTOR & EXPERIANCE:



Effective Resolution to Your Medical Concerns



Access to Professional Medical Advice
via Online Channels



Organizations of Prescribed Medication
Delivery within a Maximum of 4 Hours



Guidance in Choosing Specialized
Specialists, Medical Centers, and
Making Arrangements



Assistance with Filing and Collecting
Essential Documents



Development of a Personalized
Treatment Plan

Option 1

In case you have any concerns or complaints, feel free to reach out to your Medical team. Our specialists are here to assist you with selecting the appropriate medical center, scheduling appointments, and addressing any organizational matters.

Furthermore, when you visit one of our partner medical centers, you can rest assured that there will be no out-of-pocket payments required.



You can also go through all these steps with your doctors during non-insured events

You can reach out to your medical team instantly by texting your question via:



+374 41 90 02 73

The team will respond within the minutes.

Option 2

If you not followed the recommendations mentioned in Option 1 and have paid the expenses yourself, or if your preferred medical center is not listed among our partnerers, please follow these steps:

Gather all relevant documents related to your visit.

- Make sure you have a medical statement that includes your complaints, diagnosis, and is property seaied and signed.
- Keep payment receipt or invoices as proof of payment.
- If any testes were conducted, include the corresponding results.



Having these documents readily available is essential for the reimbursement process.



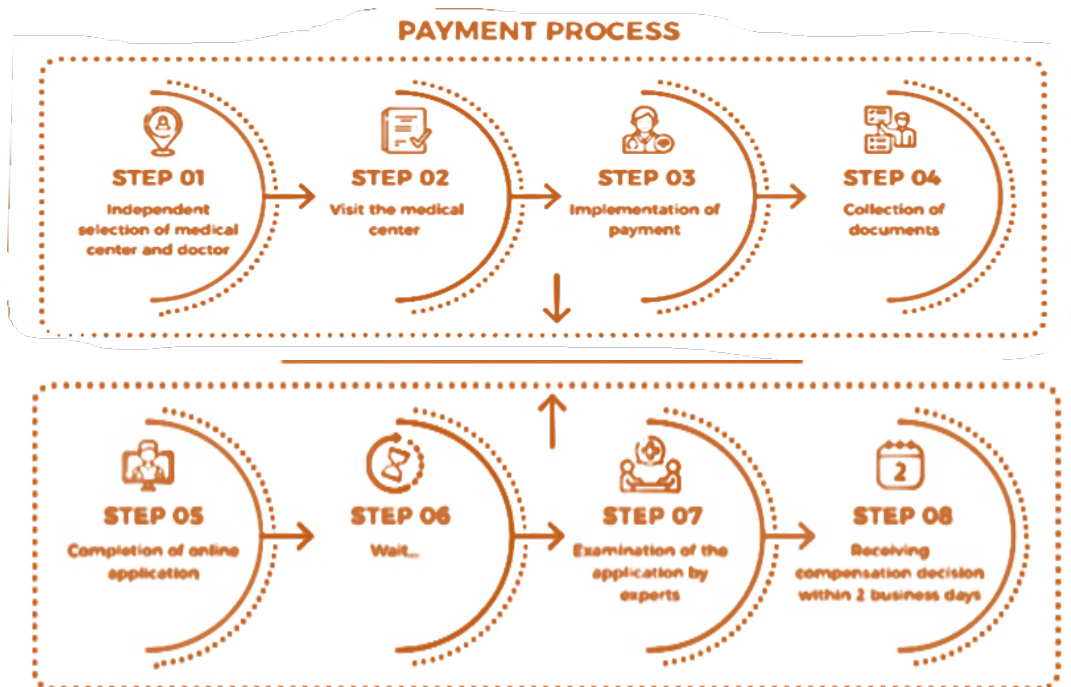
OPTION 02

You may also send your claim documents to:

healthclaims@efes.am

Or online following [Link](#)

The decision on compensation will be determined within a maximum of 2 working days.



REASONABILITY

Reasonable and customary charges applied to the medical expenses stipulated under this contract provided that the treatment is recognized by the local medical authorities as essential to the treatment of the disease, injury or medical condition.

Within the scope of the Policy Reasonable price for treatment of any disease is considered to be and is subject to compensation:

the price of the method of treatment defined in agreement signed between Insurer and the Basic medical center, in case of receiving treatment in this certain Basic medical center,

the price of the method of treatment defined in agreement signed between Insurer and any of Basic medical center (with Insured person's choice), in case of receiving method of treatment with the initiative of Insured person in other medical center not included in the list of Basic medical centers,

the price defined by medical center maximum specialized in the method of disease treatment, taking into account the provision of discounts for Insurer (if available) as well, if the method of disease treatment is not possible in the certain Basic medical centers.

In any case, insurance compensation paid within the scope of the Policy cannot exceed actual expenses (paid amounts).

Within the scope of the Policy while determining the Reasonable price of any method of treatment Insurer has the right to consider the methods of treatment the same (identical), if they are carried out for the same diagnose and have the same result. The sub-types, modifications, qualifications of treating specialists, academic degree, working experience, as well as the use of additional equipments, substances, lights or rays while treating or treatment with other non-significant differences are not considered as other method of treatment.

In each case, if the treatment expenses of Insured person, prices of provided medical aid and services (including medicine, medical supplies, etc.) exceed the Reasonable price, Insured person should pay the exceeding sum to Reasonable price on his/her expenses to medical center for receiving the treatment, services or medicine/medical supplies.

The above mentioned points are exceptionally applied for in-patient treatment cases.

THE LIST OF BASIC MEDICAL CENTERS

- ✓ “Erebuni” Medical center
- ✓ “Heratsi” hospital complex №1 (Yerevan State Medical University)
- ✓ "Muratsan" hospital complex clinic (Yerevan State Medical University)
- ✓ Mary Nupar ophthalmological clinic (Yerevan State Medical University)
- ✓ Center of modern surgery
- ✓ Haematology center after professor R.Yeolyan CJSC
- ✓ Nork Republican infectious clinical hospital
- ✓ Ophthalmological Center after S.V.Malayan Eye Clinic CJSC
- ✓ Kanaker-Zeytun MC
- ✓ National Oncological Center named after V.A.Fanarjyan CJSC
- ✓ "Elite-Med" MC
- ✓ Research center of maternal and child health protection
- ✓ Avangard Med Co. Ltd (in connection with surgical treatment of internasal septum)
- ✓ Nork Marash medical center
- ✓ Arabkir Joint Medical Center & Institute of Child and Adolescent Health
- ✓ Research center of radiation medicine and burns
- ✓ "Armenia" Republican medical center
- ✓ “Shengavit” Medical center CJSC
- ✓ Beglaryan medical center
- ✓ Medline medical center
- ✓ "Surb Astvatsamayr" MC

TRAVEL INSURANCE

Within health insurance contract, all insured persons are provided with a **20% discount** for the travel insurance contract.

To get your travel insurance policy please follow [this](#) link.

You will be requested to fill in the promo code in the page “Price calculation”.

Your promo code is **CM002839**. It is valid until **30.04.2026**.



EFES INSURANCE MOBILE APP

We are pleased to inform you that EFES Insurance has launched **EFES Insurance** mobile application to offer more accessible and innovative services to its customers. To download the mobile app, search for EFES Insurance in the **iOS App Store or Play Store (Google Play)**.



Download on the
App Store



Get it on
Google Play

To register please have with you:

- The original of your passport or ID card (copy, scan versions are not accepted),
- Your personal mobile phone,
- Your personal email address.

The registration process will take only 2-5 minutes.

How to download the application?  **YouTube**

Features of the app:

- View all your insurance contracts.
- View all your insurance claims (only for claims registered after 01/09/2024).
- Track the status of your insurance claims across all types.
- Submit medical insurance claims.
- Connect directly with Your doctor.
- Calculate in a simplified manner travel insurance and EFES Oncocare product rates, and issue contracts with Your personal information automatically pre-filled.
- Take advantage of a range of other tools.

Should You have any questions, do not hesitate to contact our 24/7 hotline at **+374 10 700 800**.