

PRIVATE HEALTH INSURANCE FOR THE EMPLOYEES AND FAMILY MEMBERS OF

Adobe

July 2026

Groupama

Adobe

MARSH

REGINA MARIA
REȚEAUA PRIVATĂ DE SĂNĂTATE



CONTENTS

Introduction	3
Insurance Plans	4
How to Access the Medical Services Covered by your Insurance	6
What are the Regina Maria services and how do you use them?	12
How does a family member benefit from health insurance?	15
Medical services not covered by insurance	16
Contact data	19
Frequently asked questions	20

Groupama



INTRODUCTION

MORE FOR THE HEALTH OF ADOBE ROMANIA EMPLOYEES AND THEIR FAMILY MEMBERS

Adobe Romania is constantly striving to improve the working and living conditions of its employees. Adobe Romania offers a health insurance plan with Groupama for all the employees. This plan offers significant benefits:

- All employees are covered under the same benefits plan. Additionally, they can choose the dental package, which provides access to a list of services at MG Dental clinics.
- New employees hired on the 1st of the month will be covered starting on their hire date, and those hired on the 16th of the month will be covered starting on the first day of the month following their hire date.
- Spouses and children can be included in the insurance plan, with the premium paid by Adobe. The coverage plan is the same as that of the employee, with the exception of coverage for eyeglasses.
- The services included in the insurance package are available both within the Regina Maria Network and outside of it.
- Rehabilitation services are available with a referral from a rehabilitation physician.
- The insured amount for hospitalization is 15,000 RON per year per insured person (in Romania or abroad).
- The maternity allowance is available up to 10,000 RON per event, both within the Regina Maria Network and outside of it.
- Employees are covered for prescription eyeglasses or a pair of prescription contact lenses. Coverage is available up to 500 RON per employee per year.

To learn more about the medical services offered by Health Insurance and how to access them, we invite you to read this guide.

Groupama

INSURANCE PLANS

EMPLOYEE AND ADULT DEPENDENT PACKAGE

1. Outpatient services		Priority Package: consultations, tests, and examinations, as listed in the appendix
		Territorial cover: in Romania, within the Regina Maria Network, and outside the Network - as specified in the Priority Annex
2. Dentalcare services		Adobe Dental Package
		Geographic Coverage: in Romania, within the MG Dental Network According to the Dental Services Annex, this plan is available to employees and their dependents who have enrolled in this plan
3. Inpatient Services		Premium Package
		Territorial cover: in Romania (within the Regina Maria Network and outside the Network) and abroad
		Up to 15,000 RON per insurance year
Surgical Procedures and Hospitalization* *without surgery, including inpatient or outpatient stays during which only diagnostic procedures are performed	within the Regina Maria Network, with direct billing	Up to the sublimit for inpatient services, including outpatient care
	outside the Regina Maria Network, at a private hospital, with reimbursement of costs	
	in a public hospital	Daily allowance: 400 RON/day for the first 7 days, then 200 RON/day, up to a maximum of 25 days per insurance year, up to the sublimit for inpatient services
4. Childbirth** **unlimited number of births per year per insured group Coverage applies only to women insured under the plan		Up to 10,000 RON per event
		Territorial cover in Romania, within the Regina Maria Network, and outside the Network
5. Medical expenses for family planning		Up to 12.750 RON
		Territorial cover: in Romania
Artificial Insemination		Up to the sublimit of 10,200 RON per insurance year
Adoption		Up to the sublimit of 2,550 RON per insurance year
6. Medical expenses for prescription glasses * **		Up to 500 RON

***For the employees, the insurer will pay the expenses incurred by the employee during the term of this additional insurance, for the purchase of a pair of corrective eyeglass lenses and the cost of the eyeglass frames, or for a pair of prescription contact lenses, for a single insured event per insurance year, upon the initial diagnosis of an eye condition requiring optical correction or when a change in prescription is necessary, based on a valid medical referral from an ophthalmologist and receipts/tax invoices/bills issued in the employee's name, up to the sublimit explicitly specified for this supplemental coverage. The cost of the procedure and other related services or products are not covered.

.



CHILDREN DEPENDENTS PACKAGE

1. Outpatient Services		Priority Junior Package: consultations, tests, and diagnostic procedures as listed in the appendix
		Territorial cover: in Romania, within the Regina Maria Network, and outside the Network—as specified in the Priority Junior Annex
2. Dental Services		Adobe Dental Package
		Territorial cover: in Romania, within the MG Dental Network According to the Dental Services Schedule, this package is available to dependents enrolled in this plan
3. Inpatient Services		Premium Package
		Territorial cover: in Romania (within the Regina Maria Network and outside the Network) and abroad.
		a) Up to 15,000 RON per insurance year, for children starting at 30 days of age b) Up to 10,500 RON per insurance year, for children between 10 and 30 days of age
Surgical Procedures and Hospitalization* *without surgery, including outpatient or inpatient stays during which only diagnostic procedures are performed	in the Regina Maria Network, with direct settlement	Up to the sublimit for inpatient services, including outpatient care
	outside the Regina Maria Network, at a private hospital, with reimbursement of costs	
	in a public hospital	Daily allowance: 400 RON/day for the first 7 days, then 200 RON/day, up to a maximum of 25 days per insurance year, up to the sublimit for inpatient services

Groupama

HOW TO ACCESS MEDICAL SERVICES COVERED BY THE INSURANCE

For medical services in the Regina Maria private healthcare network

- Call the Call Center at 021 9767 to schedule an appointment.
- Bring your ID to the clinic of your choice at the scheduled date and time to address your health issue.
- Groupama Insurance covers the costs of the services included in the package through direct billing.

For medical services received outside the Regina Maria private healthcare network.

- You can call the Groupama call center to get more information and let them know you plan to visit.
- You will contact the clinic of your choice directly and present your ID at the scheduled time and date to address your health issue.
- Reimbursement of costs will be processed after the documents are submitted.

For outpatient medical services, including emergency room visits, provided outside the network, the lower of 90% of the service cost or 1,000 RON per medical service will be reimbursed. The reimbursement period, starting from the date the last document is submitted, is 15 business days.

This procedure also applies to insurance-covered services provided within the Regina Maria network by doctors on a full-payment basis, or at locations not covered by the network (e.g., Kinetic), and paid for by the insured employee or dependent, with 100% reimbursement of the amount paid, up to a limit of 1,000 RON per service.

Costs will be reimbursed after the event is reported online. This service is available at www.groupama.ro in the Claims/Online Claim Notification section or by clicking the button :

NOTIFY ONLINE

You can file a claim anytime, from anywhere—even from your cell phone—in just 3 steps:
GDPR consent, so that the information provided can be processed for the purpose of handling the claim.
After entering your PNC (CNP), select the type of damage and the date of the incident.
Information about the incident—location of the incident (country and city) • details about the insured person (first name/last name/CNP/phone number/email/bank account) • description of the incident and the doctor's diagnosis (to be filled out exactly as stated in the medical records) • upload required documents
The claim notification form will be generated. After completing the notification, you will receive, at the email address provided in the form, a message confirming the registration of the claim and the unique reference number.

☎ For additional assistance regarding your claim, please contact Groupama at 021 9767 or Marsh Broker at adobe@marsh.com.

Remember!

In the event of a life-threatening medical emergency (Levels 1 and 2), you must call 112, the national emergency dispatch service. For other medical emergencies (levels 3 and 4), you must call the Regina Maria emergency hotline: 021.9942. For more details, please review the Emergency Guide.



ADOBE private health insurance is designed to work optimally through the extensive network of Groupama and Regina Maria clinics, so that you can benefit from direct reimbursement for the medical services you receive.
However, if you wish to access medical services provided by a doctor or clinic outside the Groupama and Regina Maria networks, or at out-of-network facilities within the Regina Maria network, you will need to pay the cost of the service upfront and then request reimbursement from the insurer.
Services received within the network are covered at 100%, in accordance with the coverage package. For reimbursement of services with a copayment within the Regina Maria network, the reimbursement rate is also 100%, but capped at 1,000 RON per service. For out-of-network services, the reimbursement rate is 90%, up to a maximum of 1,000 RON per service.

Please note! Services accessed outside the network will be covered based on medical documentation demonstrating the medical necessity!

Recommendation: before accessing medical services outside the Groupama and Regina Maria networks, please verify that the service you need is covered, either through the Internal Benefits Portal or by contacting the Marsh Call Center (phone: 031 631 32 18, email: adobe@marsh.com).

How can you schedule an appointment to access medical services through direct billing within the Regina Maria network?

Choose one of the options below:
Call: 021 9767 Groupama Call Center, available Monday through Sunday from 8:00 a.m. to 8:00 p.m.
Use the **Regina Maria app.**
Regina Maria Healthline 021 9942 – available 24/7 for minor emergencies and medical advice 021 9767

HOW CAN YOU GET REIMBURSEMENT FOR MEDICAL SERVICES RECEIVED THROUGH THE GROUPAMA–REGINA MARIA AND PARTNERS NETWORK

At Regina Maria Clinics

Schedule an appointment and confirm your coverage by calling the Groupama Call Center at 021 9767* or through the “My Regina Maria Account” mobile app

Within the partner network

Schedule your appointment directly with the partner clinic, mentioning that you are insured with Groupama – Regina Maria

Show up for your appointment and receive medical services (with ID)

Groupama makes the payment directly to the clinic or hospital

* You can call the call center at **021 9767** to check whether the clinic you're interested in is a partner clinic and whether the service you wish to receive is covered under direct billing.

For **adoption and artificial insemination**, please call **Alo Groupama: 0374 110 110**

HOW CAN YOU CLAIM REIMBURSEMENT FOR MEDICAL SERVICES RECEIVED OUTSIDE THE GROUPAMA NETWORK?

Schedule an appointment at a clinic or hospital outside the Regina Maria network

Access the services you need by paying for the services you have received

Submit your complete reimbursement application on the Groupama online platform at avizari-online.groupama.ro

Groupama will reimburse you for the costs to the account you provided within 15 business days of the date you submitted the last requested document

DOCUMENTS REQUIRED FOR THE REIMBURSEMENT CLAIM FILE

Outpatient medical services (without hospitalization)

› **Copy** of the policyholder's, applicant's, or payment recipient's **ID card/passport for residents**
› **Receipt or payment document** showing payment for the medical service.

Payment documents must include the correct and complete description of the medical services, as well as their prices.
* Note: Tax receipts or invoices that do not include the correct descriptions of the medical services and the itemized costs for each medical service performed and paid for will not be accepted as valid payment documents; to avoid any confusion, payment documents listing service packages (such as: consultation + ultrasound, package ...) are not considered to be valid.

* Note: A POS receipt is not a valid payment document.

For medical consultations/examinations: a valid medical report or medical letter (initialed, dated, signed, and issued in the policyholder's name)

For other medical services:

- **Medical referral** for the medical service (initialed, dated, signed, and issued in the insured person's name)
- **Valid medical documents** certifying that the services were performed: test results, lab reports, treatment records, etc. (initialed, dated, signed, and issued in the insured person's name)

For the medical referral to be valid, it must contain the following information:

- the medical facility that issued the referral;
- the first and last name of the policyholder/dependent;
- the diagnosis (confirmed or presumptive);
- The test(s) recommended by the physician (which must demonstrate the medical necessity of these tests);
- the stamp and signature of the physician issuing the referral;
- the date of issuance.

In order for the recommended services to be covered:

1. The referral must be legible and include the patient's name, diagnosis, date, the physician's initials, and signature; the referral must be obtained prior to the provision of medical services.
2. It must be issued by a physician whose medical specialty falls within the category of clinical specialties; for clarity: referrals issued by physicians with paraclinical specialties (such as laboratory medicine, radiology—medical imaging) are not considered valid, as they are meant for the attending physician and not to the patient. As an exception, referrals for breast ultrasound and mammography issued by physicians specializing in radiology—medical imaging who also hold additional certification in breast imaging are considered valid, provided that this additional certification is indicated on the patient's referral form.
3. The referral must comply with the referring physician's scope of professional competence: in accordance with the physician's specialty, **they must possess the professional competence to medically manage** the condition certified by the referral diagnosis (for example: for CT, MRI, and allergy, immunology, and hormone tests, referrals from primary care specialties—General Medicine, Family Medicine, and Internal Medicine—are not accepted).
4. For medical rehabilitation services: a referral from a physician specializing in medical rehabilitation is considered valid. For clarity: referrals issued by physicians in any other specialty or by physical therapists are not considered valid.

For the medical report (medical letter) issued after the visit to be valid it must contain the following information:

- the medical facility that issued the medical report;
- the first and last name of the policyholder/dependent;
- details of the consultation: reasons for the visit/symptoms, personal medical history, history of the illness, physical examination, diagnosis, and the test(s) recommended by the examining physician;
- the stamp and signature of the physician issuing the medical report;
- the date of issuance.

The responsibility for obtaining and providing accurate and complete documentation rests entirely with the policyholder, regardless of where the medical services were provided.

* While reviewing the submitted documents, Groupama may request additional documents to verify the legality of the payment or to determine the appropriate amount of the insurance benefit.

Hospitalization and Surgical Procedures

- **Copy of the policyholder's, applicant's, or payment recipient's ID card or passport for residents**
- **Hospital discharge summary,** indicating the period of hospitalization (initialed, dated, signed, and issued in the policyholder's name)
- **Invoice** detailing the amounts for each medical service provided
- **Tax receipt/payment document** evidencing payment for the medical service

Documents/bills/receipts for hospitalization or surgical procedures performed outside the healthcare network must include:
the name of the person treated;
the diagnosis;
details regarding the medical treatment administered or the medical service provided, along with the date on which they were performed;
a detailed breakdown of the cost for each procedure, medical service, treatment, or surgical intervention;
the duration of hospitalization.

The insurance benefit will be paid in RON to a bank account held by the policyholder/beneficiary, as specified in the Insured Event Notification Form, opened at a bank located in Romania. If the documentation submitted to the insurer is incomplete and the policyholder/dependent has not provided the information requested by the insurer via phone or email, the insurer will contact the policyholder/dependent in order to get additional documents.

REIMBURSEMENT FOR VISION AID DEVICES

- **Copy of the policyholder's,** applicant's, or payment beneficiary's ID card/passport for residents
- **Medical referral/Medical prescription/Prescription** stating the established diagnosis (initialed, dated, signed, and issued in the policyholder's name)
- **Receipt/payment document/invoice** showing payment for the medications
  *** While verifying the submitted documents, Groupama may request additional documents to determine the legality of the payment or to determine the appropriate level of insurance benefits**.

WHAT ARE THE REGINA MARIA SERVICES AND HOW ARE THEY USED?

MY ACCOUNT APP

What can you do when using the mobile app? What are the benefits?

Link your child's account to access their medical history and appointments at any time.

Online appointments. Quickly schedule an appointment with a doctor at our clinics, directly from your phone or computer, online or through the app, without having to call the Call Center.

Virtual Clinic: consultations in over 20 specialties with more than 500 doctors nationwide

Medical Record. You have access to your complete medical record anytime, anywhere. Specifically, this includes all consultations and tests performed, as well as diagnoses and prescriptions received.

Self-Check-In. Reduce your wait time at Regina Maria clinics by quickly finding the exam room where your appointment is scheduled—no need to check in at the front desk.

Bills and Payments. Direct access to your bills and the option to pay online.

Chat. Your digital guide (Maria), which you can use to schedule or cancel an appointment and find the information you need.

* You can access the "My Account" portal in two ways:
the website www.reginamaria.ro and
the Regina Maria app, available on Android and iOS.



REGINA MARIA VIRTUAL CLINIC

The telemedicine service helps you connect with a specialist to receive medical care via videoconference or phone call. In addition, it's a valuable resource for unexpected medical situations that may arise in your life.

Benefits:

Talk to a doctor from anywhere: no matter where you are, using a computer or a mobile phone with an Internet connection, you can connect via video call to speak with a doctor.

You can avoid traveling to the clinic by requesting a remote medical consultation from the comfort of your own home.

Access to numerous medical specialties: you have a team of professional doctors and a wide range of specialties at your disposal.

Time dedicated exclusively to you

How Do You Access the Telemedicine Service?

- Install the "My Account" app
- Activate "My Account" (username and password)
- Schedule an appointment directly from the app at the Virtual Clinic, selecting the option to include it in your insurance coverage
- At the time of your appointment, log in directly from the "My Account" app to connect with the doctor you scheduled with



MEDICAL HEALTHLINE

What is the Regina Maria Medical HealthLine?

- 24/7 support for subscribers. Even on holidays. Because your health can’t take a break.
- Dedicated teams of doctors for adults and children.
- Ease of access. Single number: 021 9942. Callable from any network.
- Medical advice and support when you have questions or are facing a complex medical situation.

How does the HealthLine work?

Call the HealthLine hotline: 021 9942.
Select the team you need—adults or pediatrics. Your call will be answered by a general practitioner or pediatrician who will ask for your identification information and details about your medical condition. They will guide you and provide the recommendations you need.
The policyholder receives instructions for at-home treatment, which can be obtained without a prescription.
The policyholder receives recommendations for a specialist consultation on an outpatient basis or at the Regina Maria Virtual Clinic.
The policyholder is referred to the Regina Maria Emergency Rooms or to the emergency room of a public hospital in certain complex situations (suspected stroke, heart attack, diabetic coma, multiple traumas, etc.).



HOW CAN A FAMILY MEMBER BENEFIT FROM HEALTH INSURANCE *?

To add dependents to your insurance coverage, you must: visit the My Adobe Benefits website to add dependents or make other changes; maintain your insurance coverage for at least 12 months.

** Family members who may be included in the insurance plan are: children up to 23 years of age who are dependents of their parents (have no income), are unmarried, and live at the same address as the Adobe Romania employee and/or the employee's spouse or partner (who must be at least 16 and no more than 64 years of age).*

IMPORTANT! For more details, please contact the Call Center at 021 9767.

Groupama

MEDICAL SERVICES NOT COVERED BY INSURANCE

INSURANCE EXCLUSIONS: the situations expressly provided for in the insurance terms and conditions in which the Insurer is exempt from the obligation to pay the insurance indemnity/benefit, even though the insured risk has occurred.

1.GENERAL EXCLUSIONS

The Insurer is not liable to pay the policyholder any insurance benefit if the insured risk has occurred as a result of:

a) directly or indirectly, in whole or in part:

-a state of war, whether declared or not, acts of war, invasion, civil war, revolution, rebellion, strike, insurrection, conspiracy, acts of terrorism or sabotage, violent events such as coups d'état, martial law, a state of emergency, quarantine, the use of nuclear energy in times of peace or war, exceptional circumstances;

- atomic explosions, radiation resulting from nuclear fusion or fission, or radioactive contamination, radioactive contamination resulting from radiation caused by the artificial acceleration of atomic particles, or a nuclear accident;
- an environmental disaster;
- suicide, attempted suicide, or self-harm by the policyholder and the resulting consequences, regardless of the policyholder's mental state;
- the policyholder's intentional commission or attempted commission of acts provided for and punishable under criminal law, or gross recklessness or negligence;

b) direct actions by the policyholder while intoxicated or with a blood alcohol concentration exceeding 0.8 per mille or a breath alcohol concentration exceeding 0.4 per mille;

c) excessive consumption of medications, drugs, or alcohol; intentional inhalation of substances harmful to the body or improper administration of substances used for therapeutic purposes;

d) intentional acts committed by the policyholder through another person;

e) surgical procedures or treatments not covered by this insurance policy, such as cosmetic surgery, except for those necessary due to a bodily injury covered by this contract;

f) artificial insemination, voluntary termination of pregnancy, and complications arising therefrom;

g) expenses for the purchase, fitting, or replacement of artificial prostheses for various parts of the body or their corrective and auxiliary devices, eyeglasses, or contact lenses, other than those covered by this insurance contract;

h) a national epidemic or pandemic, as confirmed by the competent authorities;

i) AIDS, AIDS-related conditions, sexually transmitted diseases, or if the policyholder tests positive for HIV, HIV itself, or their consequences; any infection, illness, loss, or expense related to HIV and/or any HIV-related disease, including AIDS and/or any derivative mutations or variations of the foregoing, caused in any manner;

j) experimental medicine, alternative medicine, homeopathy, etc.;

k) sex reassignment;

l) genetic mapping studies or other methods of genetic diagnosis and treatment;

m) requests by the policyholder, unless their health condition requires: a transplant, organ donation, or related follow-up treatments;

n) any rest or recovery programs in sanatoriums, health or rest centers, convalescent homes, or other similar institutions; alcohol rehabilitation or detoxification programs; or geriatric care;

o) hospitalization beyond the discharge date recommended by the specialist physician or beyond the number of days covered by this insurance;
p) risks caused or intentionally brought about by the policyholder;
q) any treatment for any mental or nervous condition, regardless of its classification, psychological condition, mental depression, or mental disorder; rest or rehabilitation treatment resulting from the effects of alcohol, drug, or similar substance abuse;
r) the policyholder's use of medications or treatments that were not prescribed by a recognized medical authority;
s) any infection occurring during hospitalization as a result of failure to comply with medical standards;
t) any treatment in a long-term care facility (nursing homes, convalescent centers, detoxification centers, health centers, etc.), outpatient clinics, or rehabilitation centers;
u) poisoning or inhalation of toxic gases;
v) medical malpractice;
w) any other medical service not included in the “List of Medical Services” or within the Coverage Limit.

The insurer is not liable to pay the insurance benefit if, at the time the insured risk occurs, the policyholder:

a) is enlisted in the military or is on a mission;
b) is engaging in sports or activities considered dangerous, such as: mountaineering, racing with land, water, or air vehicles, skydiving, gliding, acrobatics, or stunt work (this list is illustrative and not exhaustive), if these have not been accepted by the Insurer following a risk assessment;
c) flies as a passenger, pilot of an aircraft, or crew member, other than those belonging to an authorized passenger air transport company operating flights on regular routes with a published schedule.

The insurer is not liable to pay the insurance benefit in any of the following cases :

a) regardless of the policyholder’s medical condition, for insurance services other than those explicitly detailed in the “List of Coverages” and the “List of Medical Services”;
b) the Insurer will not pay for any medical service if such service has not been approved and/or recognized by the Insurer;
c) for medical services necessary to provide health care or to correct the harmful consequences of a medical service performed improperly or in a manner not in accordance with medical standards;
d) for expenses incurred by the policyholder for medical services or treatments provided by a person who is not a licensed physician or who is not treated at a medical facility, as defined in this Contract;
e) for medications needed by the policyholder for treatment;
f) a medical service performed outside the borders of Romania, with the exception of hospitalization and surgical procedures outside the Network covered by this insurance contract.

2. EXCLUSIONS REGARDING INPATIENT CARE INSURANCE – HOSPITALIZATION AND SURGICAL PROCEDURES

For this additional clause, the exclusions specified in the General Insurance Conditions apply, as well as the following specific exclusions, if the insured risk is caused directly or indirectly, in whole or in part, by:

a) poisoning or intoxication resulting from the oral ingestion of solid or liquid substances;
b) dental conditions, unless they are the direct result of an accident;

a) dental conditions, unless they are the direct result of an accident;
b) plastic and reconstructive surgery, unless it was expressly recommended by a medical specialist to remedy the consequences of an accident that occurred during the validity period of this supplementary clause;
c) cosmetic surgery, implantology;
d) infertility, sterility, artificial insemination, childbirth;
e) termination of pregnancy, except in cases where a physician has recommended it based on a medical necessity;
f) routine medical checkups, exploratory examinations, or diagnostic tests; treatment involving acupuncture, bioenergy, or unconventional methods; medical care provided by homeopaths, naturopaths, or practitioners of alternative medicine; rehabilitative treatment and physical therapy (e.g., massage, hydrotherapy, kinesiotherapy, balneoclimatic treatments, etc.);medical services necessary for health care or to correct the harmful consequences of a medical service performed improperly or in a manner not in accordance with medical standards;
g) sexually transmitted diseases;
h) a national epidemic or pandemic, as confirmed by the competent authorities;
i) childbirth;
j) an attempt by the policyholder to commit suicide or self-harm, regardless of their mental state;
i) procedures that do not involve the use of an invasive technique, such as the removal of superficial foreign bodies from the skin, conjunctiva, cornea, intranasal areas, etc., provided they are not performed as part of an inpatient procedure, with the exception of services covered by Annex 6;
j) superficial conditions of the skin and subcutaneous tissue (incisions, excisions, suturing), provided they are not performed as part of an inpatient procedure, with the exception of services covered by Annex 6;
k) any invasive procedures, including diagnostic or preoperative techniques, other than those covered by Annex 6;
l) inpatient services for premature infants, continued hospitalization after birth, and hospitalization without medical necessity.

3. EXCLUSIONS REGARDING THE ADDITIONAL CHILDBIRTH COVERAGE

The exclusions specified in the General Insurance Conditions apply to this additional clause, as well as the following specific exclusions:

a) infertility, sterility, artificial insemination;
b) termination of pregnancy, unless medically recommended;
c) childbirth that did not take place in a hospital.

CONTACT DATA

Insurer: **GROUPAMA**	**Call Center: 021 9767 (free of charge, M-F, 08.00-20.00)**	• Appointments within our network • Information about clinics in our network
Insurance broker: **MARSH**	**Info Line: 031 631 32 18** **(Monday-Friday: 09:00-18:00)** **Email: adobe@marsh.com**	• Insurance Information on How to Access Care: Within-the-Network and Out-of-Network • Out-of-Network Reimbursement Procedure • Suggestions and Complaints Regarding the Insurer

What should you do if you have trouble accessing services or want to file a complaint?

Step 1: For any inquiries, issues, or complaints (regarding clinics, the Call Center, etc.), you should first contact the insurer at 021 9767. Your request will be received, reviewed, and resolved with the assistance of a supervisor.

Step 2: If the solution offered by the insurer does not meet your expectations, you can escalate the matter to the broker Marsh (Marsh Call Center: 031 631 32 18 or by sending an email to: adobe@marsh.com, who will take over the case, discuss it with the insurer on your behalf, and keep you informed until the issue is solved.



FREQUENTLY ASKED QUESTIONS

1. How do I find out if a requested medical service is covered by my private health insurance?
In the policyholder's guide, you'll find information about the medical services covered by your insurance. Outpatient services are detailed in the Priority appendix, and dental services in the Dental appendix.

2. Does my private health insurance also cover consultations for medical conditions that arose before the policy began?
Yes, private health insurance covers pre-existing conditions, but it does not cover costs you incurred before the policy began.

3. If I have a condition that requires monitoring at specific intervals, is this monitoring covered?
Yes, monitoring of pre-existing conditions and chronic illnesses is covered for employed policyholders and adult dependents. To undergo this monitoring, a medical referral is required, specifying the diagnosis and the frequency at which the monitoring should take place.

4. If I want a second opinion within the Regina Maria Network, how do I proceed?
If you want a second medical opinion within the Regina Maria Network, you can schedule an appointment using the "My Regina Maria Account" app or by calling the Groupama Call Center at 021 9767.

5. Can I get a second opinion outside the Regina Maria Network?

Yes, you can get a second opinion outside the Regina Maria Network, but you must follow the reimbursement procedure when accessing medical services outside the Regina Maria Network.

6. How can I get access to doctors on a fee-for-service basis?

You can schedule an appointment through the call center or the app. You'll pay the cost of the services upfront, and then, with the necessary documents, you'll file a claim for 100% reimbursement of the costs, up to 1,000 RON per service.

7. What should I do if I have a medical emergency?

If you're facing a non-life-threatening medical emergency, you can contact Healthline Regina Maria 24/7. This service is provided by doctors with separate lines for adults and children. After speaking with the doctor, they'll guide you through the next steps to resolve the medical issue (recommendations, referral to the emergency room, etc.).

8. How long do I have to wait to get a confirmed appointment through the Call Center?

The Groupama Call Center will immediately provide you with the next available appointment time slot, based on your request, during the call. The exception is for certain specialized procedures (such as services requiring a short hospital stay, digestive endoscopies, MRI scans under sedation, etc.). To schedule these services, you'll be contacted by a dedicated department that will provide the necessary support: they'll inform you of the medical documents you need, provide details about the examination, patient preparation, etc. With the Regina Maria app, appointments at Regina Maria's own clinics are just a click away. To schedule appointments at clinics in the Regina Maria partner network, contact the partner clinic of your choice directly by phone. In all of the above scenarios, no additional confirmation is required for the appointment. If you need an appointment more quickly, you can pay for the medical service and receive a 100% refund, up to 1,000 RON per service.

9. What are the steps required to access an out-of-network service—do I need preauthorization?

If you want to use a medical service outside the network, you can go directly to your preferred provider and then follow the reimbursement procedure. Preauthorization is not required.

10. How do I access hospitalization and surgical services?

For surgeries and hospitalizations, we recommend that you call the Call Center for preauthorization.