IRADSTRAKH
ИРАДСТРАХ

APPROVED
by order of the General Director
of Iradstrakh № 22 of 28 March 2016

J. Sartbaeva

RULES OF VOLUNTARY MEDICAL INSURANCE

Ikтıyarduu medicinalık kamsyzdandyruu eerezhesi · Правила добровольного медицинского страхования

1. General provisions

1.1. Under these Rules Iradstrakh (the Insurer) pays for medical services given to the insured person by the medical institutions named in the policy, within the programme and the sum insured.

1.2. Policyholders may be citizens insuring themselves or members of their families, and organisations insuring their employees (from 10 persons, corporate contract).

1.3. Medical care provided free under the state guarantee is not paid under the policy.

2. Programmes

Programme	Services	Sum insured	Individual	Corporate
Poliklinika	outpatient care	25,000	1,450	1,100
Poliklinika-Plus	outpatient care, paid ward up to 21 days, ambulance	60,000	2,900	2,300
Bala (children 1–15)	children: outpatient, paediatric ward	20,000	980	820
Dental (add-on)	emergency dental, two fillings, one X-ray	3,000	420	360

Premium for one year, som. Persons over 65: individual premium x 1.5.

3. Exclusions

- treatment outside the Zone; IVF; cosmetic and plastic surgery; prosthetics and implants;
- chronic diseases known at the conclusion of the contract, during the first six months;
- tuberculosis, mental illness, HIV infection and other diseases treated under the state guarantee;
- injuries and illness caused by alcohol, narcotic or toxic intoxication;
- medicines bought by the insured outside the medical institution.

4. Procedure

4.1. The insured person presents the policy card and the identity card at the registration of the paid department. The institution bills the Insurer monthly.

4.2. For emergency admission the institution informs the Insurer's dispatcher (+996-39-2-21-73-40) within 24 hours.

4.3. Where the insured has paid for services within the programme, the Insurer refunds the cost on the bills and the medical extract submitted within 30 days, within 15 working days after receipt.

4.4. The contract may be terminated by the policyholder at any time; the unused premium is returned less payments made and 20% for the Insurer's expenses.

Medical institutions accepting the policy (2026): Talas Regional Hospital, paid services department (21 Hospital Boulevard); Talas city polyclinics Nos. 1–4, paid services rooms; Eskulap Medical Centres (two centres); City Hospital No. 1, paid department; Eskulap Medical Centres: centre, Navbahor, Dastgoh; District hospital, paid ward; Eskulap Medical Centre.