

A photograph of a man and a woman in business attire shaking hands in a brightly lit office hallway. The woman is on the left, wearing a light beige blazer over a light blue shirt. The man is on the right, wearing a light blue suit jacket over a striped shirt and a dark tie. He is holding a white coffee cup. The background is a bright, modern office space with a white brick wall and a large window.

**Brandwatch Medical Insurance  
Benefit Guide 2024**

# WELCOME TO YOUR MEDICAL INSURANCE

A new period: 1.12.2024- 30.11.2025

The new insurer: **BULSTRAD LIFE VIG**

The new broker: **MARINS**

Available to all Brandwatch employees in Bulgaria

On the next pages you can find a quick overview of your Medical insurance:

- What are you covered for - **Medical insurance essentials**
- Benefits summary in **plan components**
- Exclusions
- My medical insurance & Covid-19
- How to use your benefit - **rules and tips**
- How to make a claim
- My family enrolment
- **MARINS'** contacts - **do not hesitate to call, we work for you**

**Keep safe and stay healthy!**





## What am I covered for?

- **Outpatient care** - consultations with medical specialists and diagnostic tests, including highly-specialized on a subscription basis in the insurer's network of medical service providers or costs reimbursement for such performed outside the network, pregnancy care & physiotherapy
- **Prescription medicines & vision care** - costs reimbursement of prescribed medicines, and corrective lenses (corrective contact lenses)
- **Inpatient care** - hospital treatment, fees for an elective surgery/treatment team, internal corrective and surgical devices, a single-bedded hospital room, childbirth
- **Dental care** - dental check, routine dental treatment, dental hygiene, dental surgery, dental crowns & bridges

### Benefits available in Bulgaria only







**Consultations** (examinations) by medical specialists, including those of academic rank, no need of a General Practitioner's referral, no restriction of the medical specialities

**Diagnostic tests:** laboratory & machine tests, including highly-specialized tests, which must be ordered by the relevant speciality physician, neither by your GP nor at your discretion

**Highly-specialized tests** such as MRI & CT are limited **up to one** per year, **up to two times** per year are limited- EMG, EEG, ECG Holter monitoring, Cardiovascular, Mammography and some others, **all of them must be authorized in advance** by the insurer's call centre or at e-mail: [md@bulstradlife.bg](mailto:md@bulstradlife.bg)

Pre-existing and chronic conditions are covered

**Pregnancy care** - consultations and tests, including package service – annual sublimit of BGN 400, costs reimbursement basis only, with some restrictions: Ultrasonic diagnostic-5, Health tones-4, 1 early and 1 late biochemical screening and fetal morphology and 1 fetal echocardiography by pediatric cardiology specialist

**Physiotherapy** - annual sublimit of BGN 400

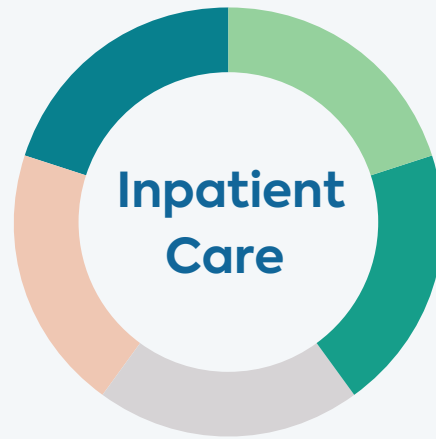
**Outpatient** (ambulatory) medical manipulations – change of dressing, stitching a wound, injections etc.

**Urgent medical care** – out of standard working hours for conditions that are not life-threatening to qualify for Emergency but cannot wait

**Preventive medical checks and tests** that are not related to specific symptoms **are not included in the plan**, with pregnancy care exception



**Combined annual limit of BGN 2,000 in the insurer's network and outside it**



**Treatment in all hospital wards,** including open surgeries at all levels, highly specialized, such as neurosurgery and cardiac, and minimally invasive surgery

**Medical devices** - internal corrective surgical devices with a sublimit of BGN 2,000, such as artificial joints, heart stents, internal prostheses for broken bones, consumables for minimally invasive surgery

**Single-bedded room** - up to BGN 85 per day and within the minimum required hospital stay

**Physiotherapy and rehabilitation** - sublimit of BGN 400

**Fees for elective surgery/treatment team/physician-** up to legally defined limits, BGN 500 for a physician & BGN 900 for a team

**Childbirth with sublimit of 900** - Elective surgery/ treatment team fee, single-bedded room - up to BGN 85 per day, anesthetics

**This plan is supplementary** to the inpatient treatment granted by the National Health Insurance Fund and **not an alternative**

In case of hospitalization without a referral to NHIF for a hospital stay, **you will not be reimbursed for the core services**, sponsored by the National Health Insurance Fund

Pre-existing and chronic conditions are covered

**Combined annual limit of BGN 20,000 in the insurer's network and outside it**



## Prescription Medicines & Corrective Lenses

Prescription medicines registered by the Executive Medicine Agency

Homoeopathic medicines registered by the Executive Medicine Agency

Corrective lenses and corrective contact lenses - sublimit of BGN 100

Vitamins & mineral salts prescribed for a medical treatment and not as preventive care

Contrast agents used for imaging tests

Auxiliary goods - orthoses, splints, crutches, canes, catheters, collector bags, urinator, hearing aid, wheelchair

## Annual limit of BGN 400

Medicines, inc. homoeopathic, corrective lenses, contrast agents and auxiliary devices

For chronic prescription medicines which are partially sponsored by the National Health Insurance Fund, **only the difference is covered**

Food additives **are not** covered

Goods registered as **medical products are not covered**, such as eye drops, syrups etc, they are generally intended for relief and not for treatment

Glasses frame, protective only lenses & lens liquid **are not covered**



**Cost reimbursement basis and subscription**

## Dental Care

Dental checks, including dental status registration

Sector and panoramic X-ray - 8 pcs. sector and 1 piece panoramic X-ray

Cavity prevention - filling of deep fissures with sealants - up to 3 treatments for one insurance year

Cavity filling and pulpitis treatment - preparation of the cavity, pad and filling with plastic material - up to 3 treatments for one insurance year

## Annual limit of BGN 450

The first dental claim must be with a full dental status document

Restoration of broken dentures and cementation of fallen crowns and bridges - once for an insurance year

Preparation, manufacturing and installation of a single metal-ceramic crown or double-span bridge- once each of them

Tartar cleaning - 1 per year, polishing after that is also covered

Anesthesia - up to 8 times in one insurance year

## Mind the limitations

emergency dental care due to food or drink  
normal tooth wear  
teeth brushing or any other oral hygiene procedure  
use of precious metals

orthodontic treatment  
implants and implant procedures  
removable dentures  
splints  
3D diagnostics  
dental physiotherapy  
treatment of periodontitis



## Cost reimbursement basis and subscription





## Exclusions

This insurance **does not** cover

- alcoholism, abuse/dependence on drugs
- suicide or attempted suicide
- deliberate actions or fraud high-risk activities
- military actions & terrorism
- (AIDS) or the AIDS-related
- complex cosmetic procedures or plastic surgery
- loss of hair & acne
- experimental medical treatment
- all types of vaccinations
- transplantation, hemodialysis and blood transfusion
- contraception, sterility, fertilization, vasectomy
- venereal diseases, sexually transmitted diseases
- taking, storage, or implantation of stem cells
- sleep apnea and other sleep disorders
- mental, psychological, or neurasthenic disorders
- voluntary termination of pregnancy
- expenses for genetic and prenatal tests
- food allergies
- sclerotherapy and laser ablation of deep veins
- consumer & administration fees Emergency care

A detailed list of exclusions with their explanation can be found  
in [Bulstrad Standard Terms & Conditions](#)

A person wearing a white protective suit, a white face mask, and clear safety goggles is peering over a white vertical barrier. They are wearing blue nitrile gloves. The person's eyes are visible through the mask and goggles. The background is a plain, light-colored wall.

## My medical insurance & Covid-19

The insurance covers  
prescribed medicines and  
consultations (examinations)  
for Covid-19; checkups and  
follow-up examinations after  
Covid-19

PCR tests, antigen tests and  
antibody tests **are not**  
covered

Covid-19 vaccines are  
provided free of charge by  
the State and **are not** subject  
to this insurance

Stay healthy!



## How to use my benefit?

Rules

Helpful Tips

Claim procedure





## Subscription service

Use the benefits this way any time you have this option

You do not need to pay  
You know the services you need are covered  
You spend a lower amount of your annual limit

[Bulstrad Life has a large network](#) of medical service providers.

You have a digital health card to identify yourself at the medical service provider

Please note that at Tokuda MC you may need to co-pay for some of the medical services

### Call Bulstrad Life Call centre

0700 14 144, to:

- authorization of highly specialized tests
- appointment of consultation, machine or lab tests
- appointment of hospitalization
- confirmation of cover before the medical service provider
- advice on appropriate medical specialist or facility

When enrolled in the insurance you will receive an **welcome message** at your company e-mail, containing **your health insurance number**

v s

## Cost reimbursement

Use for benefits available only this way

When you need a doctor or a laboratory outside the insurer's network

Cost reimbursement for:

- Prescription medicines, contrast agents, auxiliary devices
- Corrective lenses, corrective contact lenses
- Pregnancy care
- Gynaecologist, physiotherapy, CT scan and MRI at Tokuda MC
- Dental care
- Any covered services obtained outside the insurer's network

**B-Assist** [app & on-line platform](#)

Register at **B-Assist** with:

- an e-mail & password
- via Google or Facebook

To:

- generate virtual health card
- request information
- request authorization of highly-specialized tests
- make an appointment
- upload a claim

## Insurance Rules

You are not allowed to share your health insurance card with other people to use services on subscription; in case of a breach, you may face a penalty

Diagnostic tests must be:

- ordered by a specialist in the relevant medical area and not by your GP or at your discretion
- written in the outpatient sheet and in the referral for medical tests too
- related to a medical condition and not for prevention only (except for Pregnancy Care)

Some tests must be authorized by the insurer before you make the appointment:

- Electromyography (EMG)
- Electroencephalography (EEG)
- Osteodensitometry
- ECG Holter monitoring
- Echocardiography
- Cardiovascular exercise test
- Continuous 24-hour recording of arterial pressure
- Teteriography
- Skin lesions removal/excision
- Mammography
- Hysterosalpingography
- Intravenous cholangiography
- Venous pyrography
- Endoscopic, radioisotope, angiographic tests
- Computed tomography (scanner)
- Magnetic resonance imaging (MRI)
- 

To get authorization, use the call centre **0700 14 144** or e-mail to: [md@bulstradlife.bg](mailto:md@bulstradlife.bg). Make sure you have your outpatient medical sheet and referral for the test before giving a call







## More Rules

### Medicines must be:

- prescribed by a physician, including your GP
- purchased in 14 days period
- prescribed as a treatment and not for prevention only
- written in the outpatient exam sheet and in the medical prescription

### Long-term medicines must be in addition:

- purchased every month, and not all at once
- with a prescription for multiple uses
- with intake period written in the outpatient sheet
- prescribed during the insurance period and not earlier, unless your insurance is a renewal
- in case they are partially covered by the NHIF you are entitled to the difference only

### Corrective eye lenses must be:

- intended for vision correction and not for sun or screen protection, night vision, safety and other purposes prescribed by a doctor and not by an optician prescribed in the insurance period and not earlier written in the outpatient exam sheet and in the prescription purchased within 3 months, and within the insurance period, unless your insurance is a renewal purchased once in the insured period contact lenses with a short shelf life
- may be purchased more than once



## Some More Rules

### Dental treatment must:

- start with a full dental status record by your dentist (once, not needed for each visit)
- each treatment must be recorded on the dental sheet
- X-ray before treatment is needed for pulpitis, surgery and periodontitis treatment

### Physiotherapy must be:

- ordered by a physician specialist in the area relevant to the medical condition (neurologist etc.)
- written in the outpatient exam sheet and in the referral to a specialist in physical medicine and rehabilitation
- specified by a physician specialist in physical medicine and rehabilitation
- written in the outpatient exam sheet by the specialist in physical medicine and rehabilitation
- written in the document evidencing the performance of each procedure

The core medical service in case of treatment in hospital, surgeries and childbirth are covered by the National Health Insurance Fund. You need a referral to the NHIF. Your medical insurance is a supplement to the NHIF.

### The additional services covered by your insurance are:

- fee for elective surgery/ childbirth/ treatment medical team: you need to sign the election declaration
- single-bedded room
- medical devices - internal corrective devices put in the human body and surgery consumables; must be recorded in the epicrisis or their stickers to be presented
- voluntary anesthesia for childbirth, recorded in the epicrisis

## Helpful tips - I

Marins' recommendations for getting the best value of your Medical insurance

Use on subscription any time you have this option Keep the cost reimbursement for doctors you cannot find in the network. For prices higher than the market average, you will be partially reimbursed

Be ready to show your virtual card when you visit a medical facility in the network

Check your medical documents, you will need them for further services and claims reimbursement

Check your financial documents, each service paid must be described as a separate position


Make sure the tests you need are ordered by a specialist in the medical area relevant to your condition

If specialized tests are ordered by a doctor of a different specialty and the relation to your condition is not clear it is very likely these tests to be rejected by the insurer



## Helpful tips - II

Marins' recommendations for getting the best value of your Medical insurance



If you are about to go to a hospital for treatment, surgery or childbirth - explore the options and try to choose a hospital that works with the National Health Insurance Fund:

- get a referral under the National Health Insurance Fund - from your GP or the relevant medical specialist, and present it to the medical facility
- ask how much and what you will pay extra for
- request an invoice with a breakdown of each service, not just a total amount for "surgery", "birth" or "treatment"

The core services during a hospital stay are included in the so-called "clinical paths" and sponsored by the National Health Insurance Fund. Therefore, it is important the hospital to accept a referral under the NHIF, and respectively you to provide & present it accordingly.



## Helpful tips - III

**Marins'** recommendations for getting the best value of your Medical insurance

**The additional services covered by the inpatient medical insurance plan** during a hospital stay, are:

- fees for elective Surgery/Treatment/Childbirth team or physician
- implants for surgery and consumables in endoscopic surgery
- epidural anaesthesia upon request during childbirth
- single-bedded room

**Contact Bulstrad Life for confirmation** when you have chosen a hospital in the network

**Be careful with hospitals** that do not accept NHIF referrals

If you receive an invoice without a **breakdown** of the services, please note that:

- the insurer may require additional documents &
- reject the claim partially or in full



# Claim

How can I file a reimbursement claim?

## Preparation

Make sure you have **the proper medical documents** for the services rendered

Make sure you have **the financial documents**

Each claim must be evidenced by:

- **a cash receipt and an invoice**
- in your name but not of your employer
- breakdown of costs of each service and/or product, not a total amount only

Claim form: [BGN](#) & [ENG](#)

## Submission

**Online:**

- upload the claim [via the B-Assist app or web portal](#)
- [B-Assist Instructions ENG](#)
- [B-Assist Instructions BGN](#)

Make sure you keep the original documents, Bulstrad Life may ask you to produce them after online submission

**Or send it on paper**

directly to the insurer Bulstrad Life VIG

**Claims on paper** must contain original cash receipts and invoices and must be signed. Medical documents may be copies if you need the originals





## List of documents to file a claim

File a claim	Exam Sheet	Prescription Referral	Invoice & Cash receipt	Sticker	Epicrisis	Tests Results
Prescription Medicines						
Corrective lenses						
Consultation Examination						
Diagnostic tests						
Inpatient/Childbirth						
Surgery Consumables						
Dental care						

## Reimbursement

Your claim must be paid in 15 days upon submitting the full set of documents

If Bulstrad Life require additional documents or the original documents after online submission, these 15 days will run after they are provided

## Average Market Prices

The costs of medical services paid by you will be reimbursed by Bulstrad Life up to the following average market prices:

Primary consultation/exam: **BGN 72**

Secondary consultation/exam: **BGN 40**

Consultation + ultrasound test: **BGN 95**

Consultation with habilitated doctor: **BGN 110**

Computed Tomography (CT): **BGN 150**

Magnetic Resonance Imaging (MRI): **BGN 340**

Mammography both mammary glands: **BGN 65**

Ultrasound diagnostic test: **BGN 52**



## Family Members Enrolment



2024



## Can I enrol my family?

The same Benefit as yours, available for spouses, life partners sharing home with you and parents up to 70 years and your children/if students up to 25 years

### Outpatient Care:

consultations and diagnostic tests up to BGN 2,000, inc.:

- Physiotherapy up to BGN 400 and
- Pregnancy Care up to BGN 400

### Prescription Medicines: up to BGN 400, including:

- Corrective Lenses up to BGN 100

### Dental Care: up to BGN 450

### Inpatient Care for the services not covered by the National Health Insurance Fund:

- elective surgery/treatment/childbirth team up to BGN 900
- surgery devices & consumables up to BGN 2,000
- single-bedded room up to BGN 85 per day
- childbirth up to BGN 900

All limits apply per person for the policy period of 1 year

### Monthly premium – BGN 66.50 including 2% tax

The premium is payable via payroll in monthly instalments from your salary



# How to enrol my family?

## Documents to submit: For renewal w/o interruption

In case you enrol your family member, **w/o interruption** for the new period, from 1st December 2024, the required documents are as followed:

\*Please send it not later than 20th November 2024, otherwise cover will be interrupted

## For new enrolments:

1. Complete and sign the Application form: [ENG & BGN](#)
2. Provide health status declaration by each family member: [ENG & BGN](#)
3. Provide Bulstrad Privacy Declaration: [BGN & ENG](#)
4. For children please write **both parent's and child's name & then sign**
  - 4.1. Marins Consent Declaration: [ENG & BGN](#) - must be signed by the adult family member
  - 4.2. Marins Consent Child Declaration: [ENG & BGN](#) - must be signed by you (the employee) for your children
5. Send to [employee\\_benefits@marins.bg](mailto:employee_benefits@marins.bg)

**Please protect your documents with a password!**



# How to enrol my family?

## Terms to follow:

- If you wish to add your family from policy inception (01.12.2024), please send the required set of documents not later than 20th November 2024, cover for 12 months
- If you send the enrolment set in the period 21.11.-20.12.2024, cover will be valid from 1st January, cover for 11 months
- If you send the enrolment set in the period 21-20.01.2025, cover will be valid from 1st February, cover for 10 months
- The insurance is terminated as soon as the employee leaves the company

## For newcomers:

- up to 1 month from the date of your Employment
- up to 1 month for a newborn

## Warranties to mind:

- People with serious medical conditions may be rejected or covered at an increased premium
- In case of premium increase under the expired insurance, the same remains under the renewal period too
- Personal data of your family members will be processed by
- Brandwatch, Marins and Bulstrad for the purpose of enrolling them in the medical insurance contract  
Let them know and share with them the Privacy Policies of those
- companies



# WE ARE MARINS, YOUR BROKER

Call us if you need

- claims preparation assistance
- claims negotiation assistance
- consultancy on the benefits and how to use them
- you cannot reach Bulstrad's Call Centre
- you face difficulties with a medical service provider in the network

or just to share your experience with the benefit

**You can find us at:**

**Live Chat:** [www.marins.bg](http://www.marins.bg)

**E:** [employee\\_benefits@marins.bg](mailto:employee_benefits@marins.bg)

**Kalina Raeva**

**M:** +359 88 549 0059

**kalina.raeva@marins.bg**

**Galina Kostova**

**D:** +359 52 818 262

**M:** +359 88 4093 668

**galina.kostova@marins.bg**

