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GROUP HEALTHCARE INSURANCE POLICY

Scan QR code for Policy General Conditions

Policy Holder	:TRA CONTRACTUAL	**Policy Nº**	: HO-HG-0093054
Policy Holder Code	:267583	**Endorsement**	: -
Address	:BEIRUT, LEBANON.	**Currency**	: FUSD
Phone(s)	:	**Effective Date**	: 12 April 2026 (at noon)
Insured	:AS PER ACCEPTED CENSUS LIST ATTACHED	**Expiry Date**	: 12 April 2027 (at noon)
		Account	: 40051

Total Premium : FUSD 44,251.00

Being the amount of Forty Four Thousand Two Hundred Fifty One

This Policy is issued for the insurance period mentioned above and conforming to the particular and General Conditions stated herein.

The attachments to the said policy which constitute an integral part of it are:

1- Policy particular conditions
2- Accepted Census List
3- General conditions of the policy.

Contract Amount: $44,251

Endorsement 1 ⟸ Adjustment to account for NSSF. ($2,405)

Endorsement 2 ⟸ Removing New employees (full year). ($13,040)

Endorsement 3 { Add New employees (pro rata) $11,607
Add. Mrs. Samara $1,320

We hereby declare, acknowledge, understand, and approve that this Policy Particular & General Conditions are deemed to be approved by us in case we don't inform LIA Assurex s.a.l , in writing, for any objection or reclamation within 15 days of the issuance of the Policy 41,733 $

30/6/2026

Issued in Beirut on June 15, 2026

The Insured

Chairwoman & CEO
TRA - Lebanon

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Annex to Medical Group Policy

Policy Particular conditions forming an integral part of the attached General conditions:

- Network: All Hospitals
- **In-Patient Annual Financial Limitation per insured: Unlimited**
- Underwriting for New Adherents
- Waiting period for New members on pre-existing cases: 10 months. However, continuity will be granted to members who have been insured continuously for the previous 12 months.
- Internal Prosthesis following sickness covered up to US$ 20,000 per insured per year (including TAVI covered up to US$ 30,000 per insured per year)
- Internal Prosthesis following post-traumatic accident covered
- Maternity expenses are covered for all adherents without waiting period.
- Incubator covered up to 120 days for the new born baby of a covered delivery irrespective of the period of stay of the mother.
- Congenital Anomalies for baby LIA Assurex covered at 50% with a limit of US$ 5,000 per Insured per year.
- Morgue and Burial expenses are covered up to US$ 2,000.
- Organ Transplantation covered up to a limit of US$ 20,000 per insured per year including bone marrow excluding organ and donor expenses with twelve months waiting period.
- Breast Reconstructive surgery following a covered cancer case as per customary cost up to US$ 10,000 per insured per year within a maximum period of 6 months as from excision surgery.
- Infertility treatment is covered up to US$ 5,000 per insured per year.
- Sexually Transmitted diseases covered up to US$ 10,000 per insured per year (AIDS and H.I.V remain not covered)

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- Parkinson treatment is covered up to US$ 5,000 per insured per year (surgery remains excluded).

- Participation in Hazardous or dangerous sports as an amateur is covered. (Participation under any form of race or competition remains excluded from coverage)

- Polysomnography and sleep apnea are covered when medically necessary

- Parental Accommodation: One extra bed for one parent accompanying a confined child aged below 18 years
- Work related accidents: Covered for administrative Insured member.
- Epidemic/Pandemic diseases are covered subject to the general terms and conditions of the benefit. (Personal protective equipment used in COVID cases is not covered)

- Special Fund for excluded cases covered up to US$ 10,000 per year for the entire group

- **Out-Patient Annual Financial Limitation and Deductible per insured: Unlimited with 0% Deductible**

- Physiotherapy sessions are covered in full within LIAX Network. Reimbursement up to 80% according to the lebanese preferential tariff

- Diagnostic Tests: [MRI, Electrocardiogram (ECG), CT-Scan, Radiology, Stress Test, Laboratory Tests, Electroencephalogram (EEG)].

- Maternity Outpatient: Morphological Ultrasound, Amniocentesis, Double, Triple, and Quadruple Test.

- Treatments: (Physiotherapy, Laser therapy and Kinesitherapy), which do not require In-Hospital confinement.

- Holter Monitoring test.

- Sexually transmitted diseases tests (including HIV) are covered up to US$ 250 per insured per year.

- One single Osteodensitometry test per Insured Member per Contractual Period if aged more than 56 years, or on prior approval if medical necessity.

- Coroscan, if requested following a positive stress test and subject to the prior approval of the Company's Medical Attendant Officer,

- Petscan, if requested and subject to the prior approval of the Company's Medical Attendant Officer limited to covered cancer cases only.

Infertility tests (e.g. spermogram, hysterosalpingography, spermoculture, testicular pelvic echodoppler) are covered if not dignosed nor treated up to USD 3,000.-per person per year.

Pre-Marital tests are mandatory tests are only covered on reimbursement basis in addition to syphilis when required.

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Table of Premiums for the current year in US Dollars:

	Co-NIL			Co-NSSF			
Age Brackets	A	B	SK	A	B	SK	AMB 100%
00-17	448.00	356.00	304.00	358.00	285.00	243.00	185.00
18-35	859.00	668.00	574.00	687.00	534.00	459.00	521.00
36-45	1,203.00	1,000.00	810.00	962.00	800.00	648.00	521.00
46-55	1,818.00	1,524.00	1,280.00	1,454.00	1,219.00	1,024.00	521.00
56-60	2,859.00	2,267.00	1,860.00	2,287.00	1,814.00	1,488.00	521.00
61-65	3,320.00	2,654.00	2,179.00	2,656.00	2,123.00	1,743.00	521.00
66-70	4,103.00	3,276.00	2,732.00	3,282.00	2,621.00	2,186.00	1,017.00

All other terms and benefits in the attached "General Conditions" remain unaltered.

Scan the QR code above to access the policy General Conditions, which are an integral part of this policy.

30/6/2026

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LIA Assurex S.A.L. | Fully Paid Capital LBP 89,285,750,000
Insurance Companies Register No. 158 dated 18/06/1975
& subject to the provisions of the Insurance Regulation law
CRB 34092 | FN 4747

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Y
S **GROUP HEALTHCARE INSURANCE ENDORSEMENT**

Policy Holder	:TRA CONTRACTUAL	**Policy №**	: HO-HG-0093054
		Endorsement	: 1
Policy Holder Code	:267583	**Currency**	: FUSD
Address	:BEIRUT, LEBANON.	**Effective Date**	: 12 April 2026 (at noon)
Phone(s)	:	**Expiry Date**	: 12 April 2027 (at noon)
Insured	:AS PER ACCEPTED CENSUS LIST ATTACHED	**Account**	: 40051

Total Premium : FUSD -2,405.00

Being the amount of Two Thousand Four Hundred Five

A M E N D M E N T (AS AT 12/04/2026)

At the Policyholder's request, the Company agrees to change the coverage of the person(s) as per the Accepted Census List hereattached from CO-NIL to CO-NSSF.

Consequently, the Company charges the Policyholder the premium mentioned above.

Accepted Census List hereattached, indicate the Insured(s), the Limitations and/or Exclusions to the Policy (if any) and applicable Plan(s) per Insured.

All other terms and conditions of above Policy remain unchanged.

The General Conditions attached form an integral part of the insurance Policy.

We hereby declare, acknowledge, understand, and approve that this Policy Particular & General Conditions are deemed to be approved by us in case we don't inform LIA Assurex s.a.l , in writing, for any objection or reclamation within 15 days of the issuance of the Policy

30/6/2026

Issued in Beirut on June 24, 2026

The Insured

Chairwoman & CEO
TRA - Lebanon
Dr. Jenny Gemayel

LIA Assurex S.A.L.

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C
B **GROUP HEALTHCARE INSURANCE ENDORSEMENT**

Policy Holder	: TRA CONTRACTUAL
Policy Holder Code	: 267583
Address	: BEIRUT, LEBANON.
Phone(s)	:
Insured	: AS PER ACCEPTED CENSUS LIST ATTACHED

Policy №	: HO-HG-0093054	
Endorsement	: 2	
Currency	: FUSD	
Effective Date	: 12 April 2026	(at noon)
Expiry Date	: 12 April 2027	(at noon)
Account	: 40051	

Total Premium : FUSD -13,040.00

Being the amount of Thirteen Thousand Forty

Upon the request of the Policyholder, and by the present endorsement, it is hereby agreed and understood that the following persons per Census list attached are deemed excluded from this policy as from the above-mentioned date.

In consequence, the Company reimburses the Policyholder the relevant premium computed above.

All other terms and conditions of the policy remain unchanged.

The General Conditions attached form an integral part of the insurance Policy.

We hereby declare, acknowledge, understand, and approve that this Policy Particular & General Conditions are deemed to be approved by us in case we don't inform LIA Assurex s.a.l , in writing, for any objection or reclamation within 15 days of the issuance of the Policy

The Insured

30/6/2026

Chairwoman & CEO
TRA - Lebanon

Dr. Jenny Gemayel

Issued in Beirut on June 24, 2026

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C
B **GROUP HEALTHCARE INSURANCE ENDORSEMENT**

Policy Holder	: TRA CONTRACTUAL	**Policy №**	: HO-HG-0093054
Policy Holder Code	: 267583	**Endorsement**	: 3
Address	: BEIRUT, LEBANON.	**Currency**	: FUSD
Phone(s)	:	**Effective Date**	: 22 May 2026 (at noon)
Insured	: AS PER ACCEPTED CENSUS LIST ATTACHED	**Expiry Date**	: 12 April 2027 (at noon)
		Account	: 40051

Total Premium : FUSD 12,927.00

Being the amount of Twelve Thousand Nine Hundred Twenty Seven

Upon the request of the Policyholder, and by the present endorsement, it is hereby agreed and understood to include in this Policy the persons listed in the attached Census list as from the above-mentioned date.

In consequence, the Company collects the relevant premium computed above.

All other terms and conditions of the policy remain unchanged.

The General Conditions attached form an integral part of the insurance Policy.

We hereby declare, acknowledge, understand, and approve that this Policy Particular & General Conditions are deemed to be approved by us in case we don't inform LIA Assurex s.a.l , in writing, for any objection or reclamation within 15 days of the issuance of the Policy

Issued in Beirut on June 24, 2026

The Insured

30/6/2026

Chairwoman & CEO
TRA - Lebanon
Dr. Jenny Gemayel

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