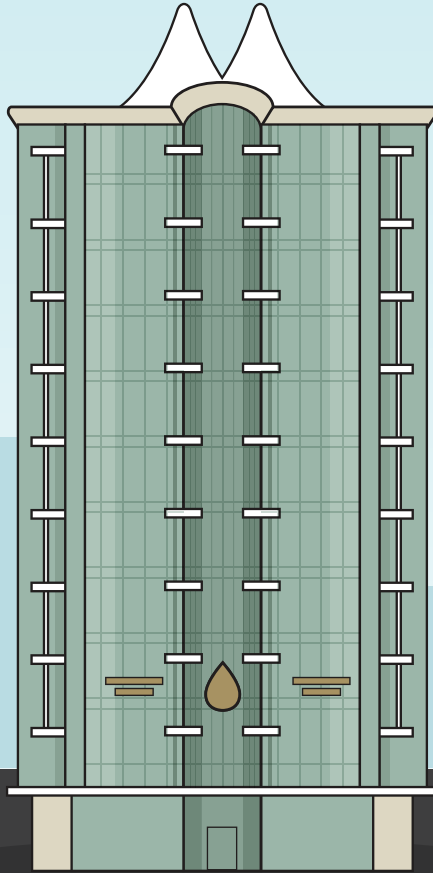




مجلس الضمان الصحي التعاوني
Council of Cooperative Health Insurance



Cooperative Health Insurance Policy

As Approved by Ministerial Decision No. R/1/18/3 dated 12/05/1439 H

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Section 1
Definitions

The following terms, wherever mentioned in the policy, its annexes or endorsements shall have the meanings assigned thereto:

- 1. Insurance:** Proof insurance coverage under the policy with its schedule, annex or endorsements.
- 2. Insurance Term:** The period stated in the policy schedule during which the insurance is valid.
- 3. Grace Period:** The number of days during which the policy remains valid in case of non-payment of the total contribution shown in the schedule.
- 4. Inception Date:** The date stated the policy schedule on which insurance coverage commences.
- 5. Effective Date:** The date chosen by the policyholder and approved by the Company to commence coverage of an insured individual under the policy or to add or remove an insured person from the policy.
- 6. Benefit:** The costs of providing health services included in the insurance coverage within the limits specified in the policy schedule.
- 7. Insurance Coverage:** The basic health benefits available to the beneficiary as specified in the policy.
- 8. Coverage Limits:** the maximum amount of the Company's liability as specified in the policy schedule with respect to any insured person before applying the deductible.
- 9. Insurance Parties:** Policyholders, health Insurance Companies, TPAs & health service providers.
- 10. Insurance Company:** A cooperative insurance company licensed by SAMA to operate in the Kingdom and accredited by the Council to provide cooperative health insurance.
- 11. Policyholder:** The natural or corporate person in whose name the policy is issued.
- 12. The Insured (Beneficiary):** the natural person (or persons) covered by the policy.
- 13. Worker:** Every natural person employed, managed or supervised by an employer in return for consideration even if not directly supervised by the

employer.

- 14. Dependent:** Husband, Wife, sons up to the age of twenty five and non-married daughters.
- 15. Service Provider:** The government/non-government medical facility approved and licensed under applicable law to provide medical services in the Kingdom, such as hospital, diagnostic center, clinic, pharmacy, laboratory, physiotherapy or radiotherapy center.
- 16. Preferred Provider Network (PPN):** A group of medical providers accredited by the council of Cooperative Health Insurance and designated by the insurance company to provide healthcare to the insured and bill the company directly whenever a beneficiary presents a valid medical card, provided that said network includes the following levels of healthcare services.
 1. First Level Primary Health Care
 2. Second Level General Hospital
 3. Third Level Specialized or referral hospital
 4. Other supplementary healthcare centers offering other complementary services such as (same day surgery, pharmacies, physical rehabilitation, and opticians stores).
- 17. Hospital:** A healthcare facility approved by the Council, acceptable to the policyholder and the Company, and licensed under applicable law to operate as a hospital and to provide treatment for which compensation may be claimed under this policy. The term "hospital" as used in this policy shall not include hotels, pensions, guest houses, rest houses, sanatoriums, convalescence homes, quarantine, retirement or nursing homes, mental asylums or any place usually used to shelter and treat drug or alcohol addicts.
- 18. Licensed Physician:** A medical practitioner holding an appropriate qualification licensed to practice medicine by the Saudi commission for health specialties and accepted by the policyholder and the Company to provide treatment for which compensation may be claimed under the policy.
- 19. Illness:** A sickness or disease suffered by the insured, which necessitates

medical treatment by a licensed physician before and during the period of insurance term.

- 20. Accident:** A sudden or unforeseen event occurring in the course of life during the insurance term .
- 21. Traffic Accident:** Unintentional collision of a private or public mechanical or electric vehicle, whether a car or bus, with another vehicle, whether stationary or moving, or with a fixed object such as a building, barrier, post, tree or the like or with a pedestrian, on any road or street, leading to bodily injuries ranging from minor to serious injuries and may lead to physical disability, death or partial or total loss of property.
- 22. Violent External Means:** Any means resulting in accident or injury to the insured.
- 23. Personal Risks:** Any activities known to involve high risk of exposing a person to an illness or an accident, or is expected to aggravate a prior illness or injury.
- 24. Emergency :** The urgent medical treatment necessitated by the medical condition of the insured as a result of an accident or an urgent health condition requiring prompt medical intervention .
- 25. Outpatient Treatment:** Visit(s) by the insured to outpatient clinics for diagnosis or treatment.
- 26. Same-Day surgery or Treatment:** Surgery or treatment requiring preparation for admission to a hospital or treatment center without necessitating an overnight stay.
- 27. Hospitalization:** Registering a beneficiary as an in-patient staying overnight in a hospital following a referral from a licensed physician.
- 28. Allergy:** The sensitivity a particular person has to certain kinds of food, weather or pollen, or acquires from plants, insects, animals, minerals, elements or other materials causing such person to develop bodily reactions from direct or indirect contact with such materials resulting in conditions like asthma, indigestion, itching, hay fever, eczema or headache.
- 29. Congenital Deformity:** The functional, chemical or bodily defect usually

existing before birth whether hereditary or due to environmental factors as commonly known in the medical community.

30. Pregnancy and Delivery: Any pregnancy and/or delivery, including natural delivery, caesarean section and abortion.

31. Acute Psychological Disorders: Mental or psychological disorders, such as mood disorder, cognitive disorder, memory disorder or any other mental disorder, wholly or partially. Such disorder is deemed acute if it causes malfunction in any two of the following functions:

1. Sound Judgment (Sound reasoning in terms of decision making).
2. Human behavior.
3. Sense of reality.
4. Coping with ordinary life responsibilities.

The Cooperative Healthcare Insurance Policy shall cover diagnosis and treatment of the above disorders during a period extending from one day to less than three months.

32. Disability Cases: A term covering all forms of organ malfunction/dysfunction, limited activity and restricted participation.

33. Rehabilitation(physiotherapy): A complementary part of comprehensive healthcare service and its applications for rehabilitating a person suffering from constant weakness to the highest level of performance in family and social life which, in turn, would enhance the healthcare system as measured by cost-benefit analysis. The policy covers diagnostic and treatment procedures and tests pertaining to rehabilitation cases during the validity of the policy.

34. Premium (subscription): The amount payable by the policyholder to the insurance company in return for the insurance coverage provided by the policy during the insurance term.

35. Deductible (copayment): The part paid by the insured upon receiving treatment services in outpatient clinics as provided for, if any, in the policy schedule, excluding emergencies and hospitalization cases.

36. Basis of direct billing or Company billing: The nonpayment facility granted

to the insured at one or more service providers designated by the company whereby all costs are directly billed to the company.

- 37. Basic of Compensation:** The procedure followed to compensate the policyholder for recoverable expenses paid and claimed by the insured after applying the deductible.
- 38. Recoverable Expenses:** Actual expenses incurred for services, supplies and equipment not excluded under section three of the policy, attached to this Regulation, provided they are prescribed by a licensed physician as a result of an illness suffered by the insured. Said expenses shall be necessary, reasonable and customary in the relevant time and place.
- 39. Claim:** A request submitted to the insurance company or its representative including service provider or insure or policyholder for recovering the amount of medical services costs covered in the policy and supported with other medical and financial documents.
- 40. Claim supporting documents :** Documents proving the insured's age, nationality and identity, as well as the validity of the insurance coverage, circumstances of the event giving rise to a claim and payment of relevant costs, in addition to other documents such as police reports, invoices, receipts, prescriptions, physician reports, referrals and recommendations and any other documents that may be required by the company.
- 41. Reimbursement of Expenses related to traffic accidents:** A medical claim resulting from a traffic accident to cover a person injured in said accident, whether such person was the cause of the accident or otherwise. If such claimed expenses are recoverable by the injured person (i.e. they are covered under any other insurance plan, scheme or the like), the insurance company that is first notified shall be liable to cover the injured person, provide him with medical treatment and reimburse such expenses, and shall subrogate the insured, injured person, in recourse to third parties to pay their proportionate share of said claim.
- 42. Reasonable and Customary Medical Expenses:**
1. The medical expenses compatible with level of fees charged by the

majority of licensed physicians or hospitals in the Kingdom provided such fees are for the treatment of a similar condition by physicians and hospitals of similar qualifications and standing to those, which provided the treatment.

2. The medical treatment that does not differ significantly from what a licensed physician considers acceptable as being usual and customary for any particular disease for which compensation for the costs of its treatment is recoverable under this policy.

43. Cost of corpse repatriation to home country : Costs of preparation and repatriation of a corpse to the home country set forth in the employment contract.

44. Fraud : Intentional deceit by an insurance party leading to obtaining benefits, funds or privileges which are excluded or exceed the limits for a person or entity.

45. Abuse: Practice by an insurance party that may lead to obtaining benefits or privileges they are not entitled to, but without the intent to deceit, fraud, misrepresentation or distortion of facts in order to obtain such benefits.

46. Misleading: practices by persons or entities that does not fall within the definition of fraud.

47. Endorsement : Any document issued by the company, upon a written request from the policy holder, on the company official form dated and signed by an authorized employee to establish the validity of any amendment to the policy in the manner that does not affect the basic coverage.

48. Policy Annex: An annex is attached to the policy containing instruction and procedure relevant to the application of the policy.

Section 2
**Recoverable Expenses /
Benefits**

For purposes of the policy, recoverable expenses shall mean actual expenses incurred for services, supplies and equipment, which are not excluded under section three of the policy, provided they are prescribed by a licensed physician as a result of an illness suffered by the insured. Said expenses shall be necessary, reasonable and customary in the relevant time and place.

Recoverable expenses shall include:

1. Health benefits:

- a. Expenses of medical examination, diagnosis, treatment and medicine as shown in the policy schedule.
- b. Expenses of hospitalization, including surgeries, same-day surgeries or treatment and pregnancy and delivery.
- c. Treatment of dental and gum diseases and include dental cleaning once during the term of the policy within the limits specified in the policy schedule.
- d. Preventive measures, such as vaccinations including seasonal vaccinations and maternity and childcare, in accordance with instructions issued by the Ministry of Health, as provided for in Annexes 1 and 2 attached to the policy.
- e. Acute & Non acute (chronic) psychological disorders within the limits specified in the policy schedule.
- f. Cases of contagious diseases requiring isolation in hospitals as specified by the Ministry of Health.
- g. Alzheimer cases within the limits specified in the policy schedule.
- h. Acquired valvular heart disease within the limits specified in the policy schedule.
- i. National Newborn Screening Program (NBS) to prevent disabilities, including tests set forth in Annex 3 attached to the policy.
- j. Autism cases according to the services provided to autism patients mentioned in annex number (4) within the limits specified in the policy schedule.

- k. Coverage of the early screening program for hearing disable and the program of critical congenital heart disease for all newborn.
 - l. Costs of organ harvesting procedures within the limits specified in the policy schedule
 - m. Disability cases within the limits specified in the policy schedule.
 - n. Costs of psoriasis treatment.
 - o. The cost of infant formula for infants in need of medical care up to the age of 24 months, in accordance with the procedures governing the benefit of infant formula clarified in the Annex (5).
 - p. The costs of coverage of the RSV vaccination program for children according to the approved MOH vaccination schedule of the RSV clarified in the annex (6)
 - q. The cost of covering the operation of obesity surgery through the operation of gastric Sleeve only in the event of BMI more than (45) within the limits specified in the policy schedule.
2. Costs of preparation and repatriation of the corpse of an insured individual to the home country specified in the employment contract.

Section 3
**Limitations and
Exclusions**

1. This policy shall not cover claims arising from:

- a. Intentional self-inflicted injury.
- b. Illness resulting from abuse of some medicines, stimulants or tranquilizers or from substance abuse.
- c. Cosmetic treatment or surgery unless necessitated by a bodily injury not excluded in this section.
- d. General examinations, inoculations, drugs or preventive measures not required for medical treatment covered under this policy (excluding preventive measures determined by the Ministry of Health, such as vaccination, maternity and childcare).
- e. Treatment received by a beneficiary free of charge.
- f. Recreational therapy, general physical health programs and treatment in social welfare institutions.
- g. Any illness or injury resulting directly from the insured's profession.
- h. Medically recognized venereal or sexually transmitted diseases.
- i. Costs of treatment following diagnosis of HIV or any disease related to HIV, including AIDS and its derivatives, alternatives or other forms.
- j. Costs related to tooth implant, dentures, fixed or movable bridges or orthodontic treatment, unless resulting from an accident.
- k. Vision or hearing correction tests and visual or hearing aids.
- l. The expenses of the insured transportation within and between cities in the Kingdom by other than licensed mean of transportation.
- m. Hair loss, baldness or artificial hair.
- n. Allergy tests of any nature, unless relating to medicines prescribed medicine.
- o. Equipment, means, drugs and procedures, or hormone treatment aimed at regulating reproduction, contraception, fertility, infertility, impotence, secondary sterility, in-vitro fertilization or any other method of artificial fertilization.
- p. Any congenital weakness or deformity unless it is life threatening.
- q. Any costs or additional expenses incurred by the beneficiary's companion during a hospital stay, except for hospital room and board

- charges for one companion such as a mother accompanying her child aged up to twelve years or whenever medically necessary as assessed by the attending physician.
- r. Treatment of acne or any treatment relating to obesity or overweight, excluding covered medicine.
 - s. Any Treatment of obesity or overweight except the expenses of the operation of gastric Sleeve if body mass index (BMI) exceeds the 45 .
 - t. Organ or Bone marrow transplant, or implant of artificial organs to replace any organ of the body.
 - u. Personal risks set forth in Section 1- (Definitions) of this Policy.
 - v. Alternative medicine procedures and medications.
 - w. Artificial and ancillary limbs except those required by the beneficiary as per a medical decision issued by the health care facility approved by the Council.
 - x. Natural changes related to menopause, including menstrual disorders.

2. This policy shall not cover medical benefits or corpse repatriation to home country in claims resulting directly from:

- a. War, invasion, acts of foreign enemy, acts of aggression (whether or not war is declared) or civil war.
- b. Ionizing radiations, pollution from radioactive activity of any nuclear fuel or waist resulting from the combustion of nuclear fuel.
- c. Radioactive, toxic, explosive or other hazardous properties of any nuclear plant or any of its nuclear components.
- d. The insured service or participation in armed forces or police operations.
- e. Riots, strike, terrorism or the like.
- f. Chemical, biological, or bacteriological incidents or reactions resulting from work injury or occupational hazards.

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Section 4
General Conditions

1. **Proof of Validity:** This policy represents the basic level of insurance cover granted to beneficiaries and shall not be valid unless confirmed by a schedule duly signed by an employee officially authorized by the Company. Likewise, any addition to this policy shall not be valid unless confirmed an endorsement duly signed by an employee officially authorized by the Company.
2. **Records and Reports:** The policyholder must maintain a record of all of its employees and their dependents covered under this policy comprising for each person his full name, sex, age, nationality, classification and other basic information that might affect the administration of this insurance and the determination of its premium rates. The Company shall be given access to such records to verify the accuracy of the information provided by the policyholder. The Company shall when requested, provide the policyholder with any information concerning the beneficiaries .
3. **Eligibility:**
 - a. **For workers :** any person satisfying the definition of "worker" shall be qualified for insurance in accordance with the policy schedule.
 - b. **For dependents:** any person satisfying the definition of "dependent" shall be eligible for insurance in accordance with the policy schedule. If a person defined as "dependent" is also eligible for insurance as a worker, benefits enjoyed by said person as a dependent shall be discontinued according to the policy.
If both the wife and husband are permanently living together and are insured as workers, their children shall only be eligible for insurance as dependents of the husband.
4. **4. Payment of premiums(subscriptions):**
 - a. The policyholder shall pay the insurance premium due on each insured person as agreed upon with the company upon commencement of the insurance coverage.
 - b. In the event of non-payment of any portion of a premium, the policy shall not be valid for a period longer than that covered by the portion

paid, and the Company shall notify the Council accordingly.

5. Effective Date of Coverage:

- a. **For workers :** Coverage shall become effective for an active employee from the inception date shown in the policy schedule .for any person joining work at a later date , the effective date of coverage shall be the date said person join the policy.
- b. **For dependents:** Insurance cover shall become effective for dependents from the date the worker supporting them becomes insured or from the date they become dependents.

6. Addition and Deletion of insured person and Relating Premiums:

- a. The policyholder must immediately and formally notify the Company for all the employees or dependents to be covered by insurance upon commitment of validity of the policy. Said policyholder may add a beneficiary on proportional basis upon proof of said employee's employment, or request the deletion of beneficiary in the event said employee transfer work to another employer.
- b. In case the addition does not falling under the paragraph article 6(a) above new beneficiaries shall be added as of the issuance date of the policy date and their coverage shall be deemed effective as of the date of addition .

7. Termination of Beneficiaries' Insurance Cover:

- a. **a) For workers :** coverage of any worker under the policy shall automatically terminated in the following cases:
 1. If the policy period ends as defined in the policy schedule.
 2. Upon exhaustion of the maximum limit of benefits provided for in the policy.
- b. **b) For dependents:** coverage under this policy shall be automatically terminated in the following cases:
 1. 1. The dependent no longer qualifies as "dependent" as defined in Section – 1, Definitions, Paragraph 14 of this Policy.
 2. 2. If the policy period ends as specified in the schedule.
 3. 3. Upon exhaustion of the maximum limit of benefits provided for

in the policy.

- c. Payment of recoverable expenses in respect of any illness in progress that requires to continued hospitalization on the date of termination of coverage shall continue for a period necessary for treatment for such illness provided that such period shall not exceeds 365 days from the date of onset of said illness and within the maximum amount of coverage provided for under the policy schedule.
- d. In case the policy is terminated for any reason, the policyholder must immediately return to the Company all health insurance cards issued, relating to direct billing of the company by assigned healthcare providers' network. This also applies to the termination of any beneficiary's cover. The policyholder shall be liable to reimburse the Company for all medical costs and expenses resulting from his failure to comply with this condition.

8. Verification of the insured's Health Condition:

- a. The Company has the right and should be given the opportunity, to have the beneficiary for whom a claim was submitted for recoverable expenses examined by a qualified medical facility at the expense of the Company for up to two times within sixty days following submission of the claim.
- b. The policyholder or the beneficiary shall cooperate with the Company and allow all necessary measures that may reasonably be required by and paid for by the Company for the purpose of preserving its rights, recoveries or legal compensations from third parties. He may not assign such rights except with the Company's explicit or implicit consent.

9. Non-Duplication of Benefits: In case of a claim for recoverable expenses due under this policy for a beneficiary also covered for the same expenses under another insurance, plan, program or the like, the Company shall then be responsible to pay such costs and become subrogated in the rights of the beneficiary to claim from others their proportionate share of such claim.

10. Basis of Direct Billing of the Company by the Assigned Healthcare

Providers' Network:

- a. The company shall issue for each beneficiary a medical insurance card allowing him to receive healthcare at the assigned healthcare providers' network without being asked to pay the costs of such services except for the deductible mentioned in the policy schedule.
- b. The assigned service providers shall send to the Company on a monthly basis all invoices relating to medical expenses incurred in accordance with this policy. The Company will audit and process such expenses and advise the policyholder whenever expenses reach the maximum limit of benefit.
- c. In case such limit is exceeded, the Company shall have the right to claim the surplus costs from the policyholder within a period not exceeding (60) days from the date of his notification thereof.
- d. In case the policyholder defaults in paying such costs to the Company within the specified period, the Company shall have the right to raise the issue to the Cooperative Health Insurance Council to take the necessary measures.
- e. The Company has the right to delete or replace any or the entire healthcare providers assigned for purposes of this policy, during its validity, provided it is coordinated with the policyholder, and replacements of the same level are appointed.

11. Coinsurance / Deductible: Without prejudice to the facility of direct billing of the Company, a compulsory and binding condition that the beneficiary pay the coinsurance / deductible, if any, at the healthcare center, and any attempt by the beneficiary withhold payment shall be considered breach of the terms and conditions of this policy whose validity shall be suspended in respect of such beneficiary until the deductible is paid.

12. Reimbursement Basis: In cases of emergency, the insured may obtain urgent medical treatment in centers other than the PPN agreed upon with the company on reimbursement basis. In such case, the company shall, in accordance with the policy's terms, conditions, limitations and exclusions,

compensate the policyholder within a period not exceeding 15 business days for recoverable costs and expenses on the basis of prevailing prices, provided that it provides the company with the supporting documents it requires within 30 business days as of the date of incurring such expenses

13. Cancellation: The policyholder may cancel this policy at any time by serving a written notice to the Company at least 30 days prior to the date required for cancellation. In such case, the policyholder and the insurance company shall undertake with the following :

- a. The Insurance company shall notify (pursuant to a notice) CCHI and network of providers as soon as it receives the relevant notice from the policy holder (employer / insured) regarding cancellation the of the policy.
- b. The employer shall purchase another insurance policy from a qualified company or include the beneficiaries in another insurance coverage scheme approved by the Council. The new coverage shall commence as of the day following the date of cancellation of the previous policy, in case of transfer of employment
- c. The employer shall provide the insurance company with proof of the beneficiaries' departure from the kingdom if one or more workers are to be deleted from the policy.

In such case, the Company shall be liable to reimburse to the policyholder, within 60 working days from the cancellation date, for the remaining part of the premium for each insured person whose claims did not exceed %75 of the annual premium. The refundable amount shall be calculated on proportional basis :

(Refund = annual premium ÷ 365.25 days X number of the remaining days)

In case the policyholder defaults in paying the company the expense that have exceeding the maximum limit of benefit within the period specified in Article (10) of the General Conditions of the policy and due as a result of the arrangement for direct billing of the Company , the

Company shall have the right to withhold refund of premiums, if any, and use such amounts to compensate for the expenses paid to the service providers which should have been paid to the Company by the policyholder.

- 14. Approvals:** The Company's shall respond to the approval requests from service providers to provide health service to beneficiaries within a period not exceeding sixty minutes.
- 15. Gender:** For the purposes of the policy, words denoting the masculine gender shall be deemed to include the feminine gender.
- 16. Notices:**
- a. All notice or other correspondence to the Company between all parties should be formal.
 - b. The Company shall notify the policyholder of the date of renewal or expiry of the policy 30 business days prior to said dates.
 - c. The insured (policyholder) shall notify the insurance company of any changes to contact details thereof or those of his affiliates.
- 17. Compliance with Policy Provisions:** As a precondition to any liability of the company, the policyholder and beneficiaries should strictly comply with and execute all requirements, conditions, obligations and commitments stated in this policy.
- 18. Penalties:** Any disagreement or dispute arising out of or relating to the policy shall be settled in accordance with Article (14) of the Cooperative Health Insurance Law.

The policyholder and the insurance company have read and agreed to the provisions of this policy and its schedule.

Insurance Company Signature

Insurance Company Stamp

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Date:/...../14....H Corresponding to:/...../20...

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Date:/...../14....H Corresponding to:/...../20...

CCHI Schedule of Benefit (SOB)
As Approved by Ministerial Decision No. R/3/18/1
dated 1439/05/12 H

CCHI Schedule of Benefit (SOB)

Insured Name/ Insurer:

Code:

Policy Number:

Policyholder Number:

Policyholder Name

Address

Telephone Number Fax Number

C.R Number

Type of Insurance: CCHI compulsory

Policy Term/ Insurance Term

From Day: Month: Year: **To** Day: Month: Year:

Date of Policy renew Day: Month: Year:

Annual contribution Saudi Riyals

Eligibility:

All workers who they are on the job are consider eligible to insurance coverage from the commence of the policy. For those worker who join the policyholder after the commence of the policy they are eligible to insurance coverage from the day of joining the policyholder or from the date they arrived to Saudi Arabia.

Husband/ Wife/ Wives

Infant: Minimum: Date of born

Children - Maximum: 25 years

This coverage includes insured's daughter unmarried, widow, or divorced unemployed and they depend on the Insured.

CCHI Schedule of Benefit (SOB)

Policy Benefits and limits

Maximum payable benefit for each insured including sublimit.

500,000 SR

Outpatient Treatment expenses:

Deductible (copayment): The part paid by the insured upon receiving treatment services in outpatient clinics including physician consultations, examination, lab, medication, and any health services, and in addition, the follow up and referral for the same symptoms, and not for each procedure.

Deductible (copayment): (%20-0) maximum 75 within minimum unified network.

Deductible (copayment): (%20-0) maximum 300 for hospital out of the minimum unified network.

Deductible (copayment): (%20-0) maximum 100 for other health care providers out of the minimum unified network.

Maximum Physician's Fees:

- General Practitioner
 - Specialist (Registrar Physicians)
 - Specialist (Senior Registrar Physicians)
 - Consultant
- Rare medical specialties and the like, such as cardiology, brain and neurological surgery, vascular surgery, and other subspecialties as per standards of the Saudi Commission for Health Specialties.

- 50 SR.

- 200 SR.

- 100 SR.

- 300 SR.

- 500 SR.

(The beneficiary shall be examined as per sequence of service provision procedures except when the service is unavailable in the Service Provider Center).

These fees are to guide (not impose) the relation between HCP and Insurer.

CCHI Schedule of Benefit (SOB)

Hospitalization Expenses

Benefit	Covering limitation
Coinsurance/Deduction	None
Limit of daily room and board for the patient which include charges for bed, nursing, medical visits and supervision, catering services, excluding cost of drugs and medical supplies prescribed by the physician.	Shared Room, Maximum of SR 600/Day
Limit of daily room and board for a hospital sitter	Shared Room, Maximum of SR 150 / Day.
Pregnancy/Delivery Cost	Maximum of SR 15,000 during the term of the policy. Pregnancy complication included in the policy maximum limit.
The cost of infant on the mother policy and for maximum 90 days from the date of birth up to the addition date on their dependent policy.	Policy Maximum limit
Delivery of Premature Babies	Policy Maximum limit
Cost of Dental Treatment	Maximum of SR 2000 during the term of the policy
Cost of Spectacles	Maximum of SR400 during the term of the policy.
Cost of Renal dialysis	Maximum of SR 100,000 during the term of the policy.
Cost of Acute & non Acute Psychological Disorders	Maximum of SR 15,000 during the term of the policy.
Corpse Repatriation to Home Country	Maximum of SR 10,000 during the term of the policy
Cost of Hearing Aids	Maximum of SR 6,000 during the term of the policy.
Cost of Acquired valvular heart disease	Maximum of SR 150,000 during the term of the policy.
Cost of organ harvesting procedures (donor)	Maximum of SR 50,000 during the term of the policy.
Cost of Alzheimer cases	Maximum of SR 15,000 during the term of the policy.

CCHI Schedule of Benefit (SOB)

Hospitalization Expenses

Benefit	Covering limitation
Cost of Autism cases	Maximum of SR 50,000 during the term of the policy.
Cost of the early screening program for hearing disable and the program of critical congenital heart disease for all newborn	Maximum of SR 100,000 during the term of the policy.
Cost of Disability cases	Maximum of SR 100,000 during the term of the policy.
Cost of covering the operation of obesity surgery through the operation of gastric Sleeve only in the event of BMI more than (45) within the limits specified in the policy schedule.	Maximum of SR 20,000 during the term of the policy.
Cost of Circumcision	Maximum of SR 500 during the term of the policy.
Cost of Earing	Maximum of SR 300 during the term of the policy.
Scope of Coverage	Kingdom of Saudi Arabia

Calculation of Premium

Registration Type	Insured Annual Premium
Employee SR
Spouse SR
Children SR

The Policyholder and the Insurance Company have read and agreed to this Policy and its Schedule.

Date: / / 14....H

Corresponding to. / / 20.....

Policyholder Signature

Insurance Company Signature

This appendix is an integral part of this document and contains instructions and procedures related to the implementation of this document and includes all documents referred to in some of the articles of this document, as follows:

Appendix No. (1): Preventive Controls Approved by the Ministry of Health

Appendix No.(2): Basic Vaccination Schedule Issued by the Ministry of Health

Appendix No. (3): The National Program Early detection Schedule for Newborn babies to Prevent Disabilities

Appendix No.(4): Services Provided for Autistic Patients

Appendix No. (5): Regulations Of Dispensing Milk To Babies Who Are Medically In Need Of It

Appendix No.(6): Approved Protect Against Respiratory Syncytial Virus (RSV) Schedule , Issued by the Ministry of Health