Insurance Members' Booklet

Benefits

a. All costs relating to medical consultation, diagnosis, treatment and medicines as shown in the policy schedule.
b. All costs relating to of hospitalization including surgeries, same day surgeries or treatment as well as obstetrics and delivery.
c. Treatment of dental and gum diseases.
d. Preventive measures such as vaccinations including seasonal vaccinations and maternity and child care in accordance with instructions issued by the Ministry Of Health.
e. Acute 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.

Limitations and Exclusions

A - This Policy shall not cover the claims arising out of:

1. Injury, which is self – inflected by the person.
2. Ailments which arise out of abuse of certain medicine, the use of hallucinatory substance, sedatives or the use of alcohol, drugs and the like.
3. Cosmetic surgery or treatment unless required for an accidental bodily Injury not excluded under this sections.
4. Comprehensive tests, vaccine, drugs of preventive measures not required by a medical treatment provided for in this policy (save for preventive measures specified by the Ministry of Health – such as inoculations, maternity and child care.)
5. Treatment received by the insured without charges.
6. Convalescence and general physical health programs and treatment at social care centers.
7. Any ailment or injury arising as a direct result of insured's occupation.
8. Treatment of sexual diseases or sexually transmitted diseases which are medically recognized.
9. Expenses of treatment of post diagnosis of HIV or any HIV related diseases, including AIDS and its related diseases or similar forms.
10. All cost related to tooth Implementation of fixing artificial teeth of fixed or movable dentures or orthodontic treatment, except those caused by violent external factors.
11. Eyesight or hearing tests and audiovisual aids, unless recommended by licensed physician.
12. Transport expenses of the insured person using means other than local ambulance vehicles that are licensed or owned by the Saudi Red Crescent Society.
13. Hair loss, baldness or wigs and / or toupee.
14. Psychological treatment, mental or nervous disorders, except of acute cases.
15. Allergy tests of whatever nature, other than those related to medicine, diagnosis or medication.
16. Birth inducement, sterility and infertility, sexual dysfunction or in-vitro fertilization or any means of artificial fertilization.
17. Anybody weakness of congenital deformity which is not life threatening unless it must be treated according to medical decision from CCHI accredited provider.
18. Any additional costs or expenses incurred by the insured's companion during his overnight stay or one person accompanying the insured, such as the mother accompanying her child below 12 years of age or as required by medical necessity at the sole discretion of the treating Physician.
19. Treatment of acne, of any obesity or overweight treatment.
20. Organ transplant, bone marrow transplant or the transplant of any Substitute artificial limbs replacing anybody limb.
21. Personal hazards as mentioned in the policy schedule.
22. Medicines and treatment means of the alternative medicine.
23. Artificial limbs and artificial limbs support and aids unless it is medically indicated according to medical decision from a CCHI accredited Provider.
24. Menopause and its related natural changes.

B- This policy shall not cover health benefits and Repatriation of the remains to the home country in case the claims arising directly out of:

1. Hostilities (whether the war is declared or not and civil war.
2. Ionic radiation or radioactive pollution by any nuclear fuel or any nuclear waste arising out of Combustion of any nuclear fuel.

3. Radioactive, toxic or explosive properties or any other hazardous properties of any nuclear material of any of their nuclear properties.
4. The insured's participation or work in the armed forces, Police or their operations.
5. Riots, strikes, terrorism, or any similar acts.
6. Chemical, biological or bacterial accidents or reactions if caused by work related injuries or professional hazards.

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) Verification of the Beneficiary's 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.

(3) 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.

(4) Basis of Direct Billing of the Company by the Assigned Healthcare Providers' Network

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. 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. 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. In case the policyholder default 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. The Company has the right to delete or replace any or all the 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.

(5) 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.

(6) Reimbursement Basis

In case of emergency, a beneficiary may obtain urgent medical treatment in centers other than those assigned by the Company on reimbursement basis. In such case, the Company shall compensate the policyholder, in accordance with the policy's terms, conditions, limitations and exclusions, 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 days from incurring such costs.

(7) Approvals

The Company's reply to approval requests from service providers to provide health service to beneficiaries shall be within a period not exceeding sixty minutes from the time of receipt of such request.

(8) Compliance with Policy Provisions

As a condition preceding 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.

(9) Settlement of Disputes

Any disagreement or dispute arising out of or relating to this policy shall be settled by the Council and committees formed pursuant to a decision by its chairman for review of violations of the provisions of the Law in accordance with Article (14) of the Cooperative Health Insurance Law.

Medical Provider visit

a. Must make sure that the medical provider is assigned to your network.
b. Must provide insurance card and proof of residence in force for receptionist to yourmedical care provider.
c. if you have a co-insurance, according to what is shown in the insurance card must be paid in cash and a receive the payment receipt .

Customer Service

Third Party Administrator

"Total Care Saudi" is the appointed Third Party Administrator (TPA) for claims management of the Cooperative Health Insurance Policies that will be issued by **BurujCooperative insurance Company**.

Medical Approvals

The (TPA) reply for any approval requests from service providers to provide health service to beneficiaries shall be with in a period not exceeding sixty minutes from the received time of such request.

For Assistance

For any Help and assistance you are kindly requested to call the customers service, (TPA) telephone number.

920014001

If you are not satisfied with the service offered or you have any other complaint are kindly requested to call
Buruj **Customers service Unit:**
Telephone Number: 0112938383 Extensions 1196
Fax Number:0112937460
E-mail:**medserv@burujinsurance.com**

We(policyholder and the insurance company) declared that we've read thebenefits and conditions of this policy along with table and agreed.