

**Table of Benefits**

Benefit Class:	VVIP
Type of Cover:	In/Out-Patient
Providers Network:	Network Gold
Maximum Benefit Limit *PPPY:	SR. 250000
Out Patient medical expenses: -Deductible/Co-insurance per visit	Nil Nil
Max. Limit of Out Patient Doctors/Consulting Fees at *PPN rates in KSA	Full Cover
In-Patient medical expenses: -Deductible/Co-insurance	None
Max. Room & Board Limit at PPN:	Normal Suite
Normal Delivery benefits max. limit *PSPY:	SR. 15000
Complication of Delivery/Pregnancy and all Pre/post natal care benefit PSPY:	Covered
Premature born babies:	Covered
Circumcision for new born Male babies:	Covered
Ear Piercing for Female new born babies:	Covered
Vaccination of children as per *MOH specification:	Covered
Intensive Care Unit (ICU):	Covered
Pre-existing and Chronic medical conditions	Covered
Physiotherapy Treatment:	Covered
Companion Expenses of Children less than 12 years:	Covered
Local Road Ambulance:	Covered
Life Threatening congenital illness:	Covered
Organ Transplant benefit (in KSA only):	Covered
Kidney dialysis treatment:	SR. 100000
Acute cases of psychiatric treatment or nervous or mental disorder:	SR. 15000
Treatment of illness due to allergy:	Covered
Dental Benefit: Maximum limit PPPY:	SR. 2000 For Teeth extraction, Amalgam/composite fillings, Root Canal treatment and Gum treatment only.
Dental Cleaning Once PPPY:	Covered
Optical Benefit: Maximum limit PPPY:(including lenses & *Frame)	SR. 500 For normal lenses (excluding contact lenses) and frame when prescribed by the attending physician as medically necessary).
Optical sub limit for frames:	SR 500
Hearing tests and Optical examinations benefit:	Covered
Hearing Aids Benefit:	Covered
Repatriation of mortal Remains to home country:	SR. 10000
Claims Administration: At PPN At Non PPN	Direct Billing basis. Reimbursement basis subject to similar Net PPN cost in KSA.
Approval Required -All Out/Patient	Yes (exceeding SR. 1000)
Approval Required -All In/Patient	Yes

\*PPPY: Per Person Per Policy Year  
\*PSPY: Per Spouse Per Policy Year

\*PPN: Proffered Providers Network  
\* MOH: Ministry of Health



### Limitations and Exclusions

This policy shall not cover claims arising from:

1. Intentional self-inflicted injury.
2. Sicknesses resulting from abuse of some medicines, stimulants or tranquilizers, or from use of alcohol, narcotics and the like.
3. Cosmetic treatment or surgery unless necessitated by a bodily injury not excluded in this section.
4. General checkups, 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 child care.).
5. Pregnancy and delivery treatment of a woman identified in her contract as unmarried.
6. Treatment received by a beneficiary free of charge.
7. Rest cures, general health cures and treatment in social welfare institutions.
8. Any illness or injury resulting directly from the beneficiary's profession.
9. Medically recognized venereal or sexually transmitted diseases.
10. Costs of treatment following diagnosis of HIV or any disease related to HIV, including AIDS and its derivatives, alternatives or other forms.
11. All costs related to tooth implant, dentures, fixed or movable bridges or orthodontic treatment, unless resulting from violent external means.
12. Vision or hearing correction tests and visual or hearing aids, unless requested by a licensed physician.
13. The beneficiary's transportation expenses within and between cities in the Kingdom by other than ambulances of the Saudi Red Crescent or licensed ambulances.
14. Hair loss, baldness or artificial hair.
15. Psychological, mental or nervous disorders, unless of an acute nature as specified in the policy schedule.
16. Allergy tests of any nature, unless relating to medicines, diagnosis or treatment.
17. 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.
18. Any congenital weakness or deformity unless it is life threatening, except for cases requiring treatment in accordance with a medical report issued by the health facility approved by the Council.
19. 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.
20. Treatment of acne or any treatment relating to obesity or overweight.
21. Organ or marrow transplant, or implant of artificial organs to replace any organ of the body.
22. Personal risks set forth in Section - 1 (Definitions) of this Policy.
23. Alternative medicine procedures and medications.
24. 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.
25. Natural changes related to menopause, including menstrual disorders.

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

1. War, invasion, acts of foreign enemy, acts of aggression (whether or not war is declared) or civil war.
2. Ionizing radiations, pollution from radioactive activity of any nuclear fuel or waist resulting from the combustion of nuclear fuel.
3. Radioactive, toxic, explosive or other hazardous properties of any nuclear plant or any of its nuclear components.
4. Beneficiary's service or participation in armed forces or police activities.
5. Riots, strike, terrorism or the like.