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DOMESTIC WORKER

Insurance Policy

ضمان
مجلس الضمان الصحي
Council of Health Insurance

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Section one

Definition

Term	Definition
Kingdom	Kingdom of Saudi Arabia
Council	The Council of Cooperative Health Insurance and its General Secretariat
Law	The Cooperative Health Insurance Law applied in the Kingdom.
Executive regulations	Executive bylaw Regulation
Policy	This domestic worker policy, including its schedule, appendices, and annexes
Home	The place where the family resides permanently or temporarily
Employer	A person who recruited a domestic worker himself, or through a licensed recruitment office, or contracted with him - directly or indirectly - to perform a domestic service
Domestic service	Direct or indirect personal service performed by a domestic worker for the benefit of the employer or any member of his family in return for a wage.
Domestic worker	Any natural person performing direct or indirect domestic service for the benefit of the employer or any member of his family, and who is under the supervision of the employer or anyone acting on his behalf, such as housemaids, servants, private drivers, gardeners, house guards, and the like
Health insurance	Health insurance is established by the Law and its implementing regulation under this policy, with its schedule, appendices, or annexes and it is practiced by cooperative insurance companies licensed to operate in the Kingdom under the Insurance Companies Control Law.
Health insurance term	The period indicated in the policy schedule for which health insurance remains valid.
Effective period	The number of days during which the policy will be effective if the full subscription indicated in the policy schedule is not paid

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Term	Definition
Start date	The date indicated in the policy schedule at which insurance coverage begins.
Effective date	The date on which a person becomes eligible for coverage under this policy or to add or delete an insured person in the policy
Benefit	Cost of providing healthcare services included in the insurance coverage within the limits indicated in the policy schedule
Insurance coverage	Basic health benefits available to the beneficiary as specified in the policy
Coverage limits	The maximum liability of the insurance company as specified in the policy schedule for any insured person before applying the deductible
Home country	The place where the permanent resident for the insured
Insurance parties	Insurance Company, brokerage firm, service providers, revenue cycle Management Company, third-party administrators (TPAs), policyholder, beneficiary and anyone considered a party to the insurance parties under the Executive Regulations.
Insurance company	The insurance company authorized to operate in the Kingdom by the Insurance Authority
Policy Holder	A natural or corporate person in whose name the policy is issued
Beneficiary or insured	A natural person (or persons) to whom coverage is provided under the policy.
Health care provider	Healthcare facilities (governmental/non-governmental) licensed to provide healthcare services in the Kingdom under relevant laws and rules approved by the Council, such as hospitals, general, and specialized medical complexes, diagnostic centres, clinics, pharmacies, laboratories, physiotherapy, or radiotherapy centres.
Preferred Provider Network (PPN)	A group of healthcare service providers approved by the CHI and specified by the insurance company to provide healthcare services to the insured. These services are directly credited to the insurance company's account. This network includes the following levels of health services: A. Level 1 (Primary health care) B. Level 2 (Public hospital) C. Level 3 (Specialized or reference hospital) D. Other complementary health service provider centers (such as One day surgery centers, pharmacies, physiotherapy centers, eyeglasses shops, Telemedicine, Home health care)

Term	Definition
Licensed doctor	Practicing the medical profession with the appropriate scientific qualification according to the classification of the Saudi Commission for Health Specialties (SCFHS) and is licensed to practice the medical profession by the Ministry of Health.
Disease	Illness or conditions that affects the insured person and necessarily requires medical treatment from a licensed doctor before and during the period of health insurance.
Accident	The sudden and unexpected, unforeseen, occurrence physical event during the health insurance period.
Traffic accident	Any accident that results in serious or light damage or partial or total material loss to property inadvertently due to the use of the vehicle while in motion.
Violent External Means	Any means resulting in accident or injury to the insured
Personal risks	Any act or practice performed by a person is recognized as a risky activity if it carries a risk of illness or accident or is expected to cause complications of a previous illness or injury that are a result of actions not associated with the work of the insured or regular daily practices such as: dangerous sports (judo, boxing, karate, wrestling, combat sports), motor, boat and motorcycles racing, paragliding, parachuting.
Emergency	Urgent medical treatment required by the medical condition of the insured as a result of an accident or a case requiring prompt medical attention, depending on the following levels of urgent medical care (1. Resuscitation, 2. Emergency, 3. Urgent condition that may be resulting in death, loss of one or more organs, or the occurrence of an accidental or permanent disability situation) as described by the Private Health Institutions Law and Regulations approved by the Ministry of Health, which determines how to dispatch emergency cases.
Inpatient (hospital admission)	Registration of the insured person as a patient for admission in the hospital until at least the next morning, including a Patient admitted with this intention who leaves hospital for any reason without staying overnight
Long-term care	A variety of services that include medical and non-medical care provided to people who are unable to perform activities essential to daily living for people suffering from a chronic illness or disability, or cannot care for themselves for long periods. long-term care focuses on individual and coordinated services that promote independence, improve patients' quality of life, and meet patients' needs over a long period.

Term	Definition
Allergies	In particular, the individual is sensitive to certain types of food, medicine, weather, pollen or any other triggers from plants, insects, animals, minerals, elements or other substances. The individual experiences physical reactions caused by direct or indirect contact with those substances that cause conditions such as asthma, dyspepsia, friction, hay fever, eczema, and headache.
Emergency Medical Evacuation	Transfer the patient to the nearest medical centre inside and outside the Kingdom, where the health service needed by the patient is available
Psychological Disorders	Mental or psychological disorders, such as mood disorder, cognitive disorder, memory disorder, or any other mental disorder wholly or partially
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.
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
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.
Basic of Compensation	The procedure followed to compensate the policyholder for recoverable expenses paid and claimed by the insured.
Recoverable Expenses	Actual expenses incurred for services, supplies, and equipment not excluded under Section 3 of the policy, attached to these Regulations, provided they are prescribed by a licensed physician because of an illness suffered by the insured. The expenses shall be necessary, reasonable, and customary in the relevant time and place.
Claim	A request submitted to the insurance company, or its representative including service provider or insured or policyholder for recovering the amount of medical services costs covered in the policy and supported with other medical and financial documents.
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 proof payment of 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.

Term	Definition
Fraud	when any of the Insurance Parties performs or refrains from performing an act aimed at gaining an unfair or unlawful advantage for the benefit of the fraudster or other parties, or an act that involves fraud or deception that results from obtaining benefits or money, or providing benefits excluded or exceeding the permissible the limits to an individual or entity, and the like, according to the Law and Regulations.
Abuse	Practices by any insurance party which may lead to obtaining benefits or privileges they are not eligible to receive; without the intent to defraud, deceive, misrepresent, or distort facts to obtain such benefits and privileges and what comes under it under the Implementing Regulations, for example but not limited to - exaggerating diagnostic tests and medications.
Negligence	Providing insurance/medical procedures without exercising the duly recognized reasonable amount of medical or insurance precautions that result in material or moral harm to one of the insurance parties, and which would not have occurred but for how the negligent person who acted.
Misleading	Practices by persons or entities that does not fall within the definition of fraud.
Reasonable and Customary Medical Expenses	e. The medical expenses compatible with the level of fees charged by the majority of licensed physicians or hospitals in the Kingdom and recognized in the market. f. The medical treatment that does not differ significantly from what a licensed physician considers acceptable as being usual and customary for any disease for which compensation for the costs of its treatment is recoverable under this policy.
Cost of Corpse Repatriation to Home Country	Costs of preparation and repatriation of the corpse of the insured to his home country.

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Section Two

Recoverable Expenses /Benefits

For purposes for this policy, recoverable expenses shall mean actual expenses incurred for services, supplies and equipment, which are not excluded under section three of the policy.

1. Health benefits:

- Cases of premature infants, these cases shall be covered as part of the mother's coverage and shall be subject to the mother's maximum benefit.
- All hospitalization expenses.
- Emergency dialysis cases.
- All expenses of medical examination, diagnosis, treatment, and medicine as per policy schedule of benefits
- Pregnancies and delivery.
- Emergency medical evacuation.
- (g) Injuries caused by traffic accidents.

2. In non-emergency cases, all cases are covered according to the number of visits specified in the schedule of benefits and the coverage limits.

3. Costs of preparation and repatriation of the corpse of an insured individual to the home country

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Section 3

Limitations and Exclusions

A. This policy shall not cover claims resulting from

1. Illness resulting from abuse and misuse of some medicines, such as: stimulants, or tranquilizers or from alcohol, substance abuse or any equivalent.
2. Cosmetic surgery or treatment unless necessitated by a bodily injury not excluded in this section
3. General examinations, inoculations, drugs, or preventive measures not required for medical treatment covered under this policy
4. Treatment received by a beneficiary free of charge
5. Recreational therapy, convalescence, cosmetics, general physical health programs and treatment in social welfare institutions
6. Any illness or injury resulting directly from the insured's profession, and injuries because of participation in official competitions
7. Medically recognized venereal or sexually transmitted diseases.
8. Costs of treatment following diagnosis of HIV, or any disease related to HIV, including AIDS and its derivatives, alternatives, or other forms.
9. Costs related to tooth implant, dentures, fixed or movable bridges or orthodontic treatment.
10. Costs of eyeglasses, hearing aids, examinations and procedures to treat or correct vision or hearing, and visual or auditory aids.
11. The expenses of the insured transportation within and between cities in the Kingdom by unlicensed transportation
12. Hair loss, baldness, or artificial hair
13. Treatment of psychological, mental, or neurological disorders
14. Allergy tests of any nature, unless related to prescribed medicine
15. Equipment, , 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.
16. Any congenital weakness or deformity unless it is life threatening.

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17. Any costs or additional expenses incurred by the beneficiary's companion during hospitalization, or a hospital stay, except for hospital room and board charges for one companion such as a mother companying her child aged up to twelve years or whenever medically necessary as assessed by the attending physician
18. Treatment of acne or any treatment relating to obesity or overweight, excluding covered medicine
19. Organ or Bone marrow transplant, or implant of artificial organs to replace any organ of the body in whole or in part
20. Artificial and ancillary limps
21. Natural changes related to menopause, including menstrual disorders
22. Treatment by herbs, natural medicines, and any other alternative methods of medicine
23. Illegal abortions (according to KSA laws), or pregnancies, delivery or legal (undisclosed) abortions in the insurance application
24. Intentionally committing suicide, physical or psychological self-injury.
25. The insured resistance, refusal or non-compliance with the medical directives provided by the company's physician and attending physician
26. The company will not perform medical evacuation or repatriation of the Insured in the following cases:
    a. If the Insured is medically unauthorized.
    b. If the Insured suffers from mental or neurological disorders unless he stays in the hospital.
    c. Repatriation of the corpse of an insured to a country other than his home country.
    d. If the Insured suffers from minor wounds, minor injuries such as sprains, minor fractures, or moderate illness that can be treated by physicians in the country of arrival and does not prevent the participant from continuing his journey or returning to home country.

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B. This policy shall not cover medical benefits or corpse repatriation to home country in claims that resulting from

1. War, invasion, acts of foreign enemy, whether war is declared.
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. The insured service or participation in armed forces or police operations.
5. Riots, strike, terrorism or the like.
6. Epidemics, accidents or chemical, biological, or bacteriological reactions, if such accidents or reactions result from work injuries or occupational hazards

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Section 4

General Conditions

1. This document is implemented based on Council of Ministers Resolution No. (724) dated 10/26/1444 AH and any amendments thereto.
2. Proof of Validity (Coverage) This policy represents the basic level of insurance cover granted to beneficiaries
3. Payment of premiums (subscriptions) The applicant shall pay the insurance premium agreed upon with the company.
4. Commitment to submit a medical declaration form
5. It shall be a policy for each employer that includes all domestic workers under his sponsorship
6. **First:** Termination of Beneficiaries' Insurance Cover:

- If the policy period ends as defined in the policy schedule.
- Upon exhaustion of the maximum limit of benefits provided for in the policy.
- When the insured leaves the Kingdom permanently.
- If the document is canceled in cases where this is permitted.

7. **Second:** 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 until the maximum benefit has been exhausted.
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 during the period of the Insured's presence in the Kingdom.
   b. The beneficiary shall cooperate with the Company and allow all necessary measures that may 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 an Insured 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 Insured 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 Insured shall receive healthcare at the assigned healthcare providers' network without being asked to pay the costs of such services.

b. The assigned service providers shall send to the Company all invoices relating to medical expenses incurred in accordance with this policy, within a period not exceeding 30 days. The Company will audit and process such expenses and advise the Insured whenever expenses reach the maximum limit of benefit.

c. 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 Insured, and replacements of the same level are appointed.

11. Basic of Compensation

The insurance company, pursuant to the policy's terms, conditions, limitations, and exceptions, shall compensate the insured within a period not exceeding (30) business days from the date of submitting the claim according to the prevailing prices. The insured shall submit the claim to the company within a period not exceeding (60) days from the date of incurring such expenses, considering the following:

a. The compensation will be paid after the company approve that the expenses are covered by insurance after completing and submitting the insurance application form to the company, along with the detailed original bills, in addition to any other related documents such as medical information documents, airline tickets, and travel documents.

b. The compensation amount shall not, under any circumstances, exceed the maximum coverage limit.

c. The compensation amounts shall be limited to the usual, customary, and acceptable expenses in the Kingdom.

d. The company shall be notified immediately in the event of death, hospitalization, emergency repatriation, medical evacuation, or escort. Such notification shall include medical information related to illness or injury.

e. Notification shall be made by phone or e-mail to the company's 24-hour emergency service.

f. The policyholder and any insured shall cooperate with the company and notify it immediately of any request for compensation or the right to act against any other party.

g. Furthermore, the policyholder shall inform the company and take the acceptable measures in the event of submitting a request for compensation from a third party to protect the interests of the company.

12. Cancellation:

The Policyholder may cancel this Policy at any time under a written notice sent to the Company within a minimum of 30 business days prior to the date required for cancellation, taking into account the rules governing forming and managing insurance risk pools. In such case, the Policyholder and the Insurance Company shall comply with the following:

a. The Insurance Company shall inform (under an official notice) the Council and the Preferred Provider Network once it receives a notice from the Policyholder – employer or the Insured – with regard to the Cancellation of the Policy.

b. In the event of transferring the employment contract, the Employer shall execute another insurance policy with a qualified company, or the Employer shall include the insured individuals in a health coverage under another insurance coverage program approved by the Council. The new insurance coverage shall start as of the day following the cancellation of the previous policy.

c. The employer may remove one or more employees from the Policy, after the Insurance Company receives proof that the Insured has left the Kingdom or transferred to a new employer.
d. In the event of the cancellation of a Policy or removal/ deletion of an Insured, the Company shall ensure updating the data of the developed policy issuance system, according to the codes of cancellation or deletion.
e. In such case, the Company shall be liable to provide the Policyholder, within 60 business days from the cancellation date, with the remaining part of the premium for each insured individual 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 the number of the remaining days)
f. If the Policyholder refrains from paying the Company the expense exceeding the maximum limit of benefit within the period specified in Article (11) (Basis of Direct Debiting on the Company Account for the Service Provider Network) of the General Conditions of the Policy and due as a result of the arrangement for direct billing of the Company, the Company has the right to withhold refund of premiums, if any, and use such amounts to compensate for the expenses paid to the service

13. Approvals

The request for approvals shall be answered by the insurance company to the service providers to provide the health service to the beneficiaries within a period not exceeding (60) minutes from the time of the approval request.

14. Gender Wording

For the purposes of this policy, words used in masculine are also considered to be feminine.

15. Notification

a. All notifications or correspondence between insurance parties shall be in an official capacity.
b. The insurance company shall notify the insured of the expiry date of the insurance policy.
c. The insured shall notify the insurance company when any of his contact details change.

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Aappendix

Policy Schedule	
Benefits and Limits of Coverage Under the Policy	SAR 100.000 During the duration of the policy
Hospital admission	Covered Without co-payment
Ambulance transportation	Only covered for emergency cases, up to a maximum of 1,000 SAR
Outpatient Clinic	• **Emergency cases:** The number of visits is not specified. • **Non-emergency cases:** Covered for 4 visits (copayment) • **Primary care centers:** 5% (maximum 25 SAR) • **Specialized clinics:** » 0 -10% (maximum 75 SAR after obtaining a referral from a primary care clinics or ER) » 0-50% (maximum of 500 SAR without obtaining a referral from a primary care clinic)
Vaccinations and examinations	Covered
Deductible Rate (Copayment) and coverage	
1. Consultation	• General Practitioner/ specialist (First Registrar Doctor): **100- 150 SAR** • Specialist (Second Registrar Doctor)/ Consultant: **200 - 300 SAR** • rare specialty: **400 SAR**
2. Dental treatment coverage	**Not covered except for emergency cases**
3. Cost of Spectacles	Not covered
4. Laboratory testing and X- ray	• Laboratory testing : **15 % with a maximum of 200 SAR** • X- ray and other services: **30 % without a maximum**
5. Drug	Comply with Insurance drug formulary
Repatriation of the Corpse of the Insured to His Home Country	**A maximum of SAR 100.000 during the policy term** * Responsibility for paying costs in the event of duplication in the two policies “Insurance of domestic worker contracts” and “Health Insurance Policy” is regulated in coordination between the Saudi Central Bank and the Council of health insurance.

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