



## Key Objectives of Health Insurance Policy

The following Health Insurance policy is developed to target seven key objectives based on the vision of the Council to be an international leader in promoting preventive therapy and enhancing the quality and efficiency of health care services for health insurance beneficiaries.

### Health Promotion

Women Health - Child Health - Teeth -  
Family planning - Psychological Health

### Improvement of Beneficiaries' functions and capacities

Vision - Rehabilitation - Surgical procedures

### Beneficiaries Empowerment

Hospitalization - outpatient clinics visits -  
emergency treatment



### Protection of Beneficiaries

Early and exploratory examination -  
vaccines - coverage of Sexually  
Transmitted Diseases.

### Reduction of Disease Complications


Congenital Malformations - Acquired  
valvular heart disease  
Kidney dialysis - comprehensive diabetes  
program

### Facilitating Beneficiaries Access to Services for the

Home Care - Telemedicine- Insurance Drug  
Formulary (IDF)

### Enhancement of the Quality and Efficiency of the Service

Medical equipment - Chronic diseases



# ضمان

مجلس الضمان الصحي  
Council of Health Insurance

## Chapter One Definitions

The terms and expressions mentioned herein shall have the meanings ascribed thereto, and expressions that are not defined herein shall have the same meanings ascribed thereto in the Law or the Implementing Regulations:

1. **Kingdom:** Kingdom of Saudi Arabia
2. **Council:** The Council of Cooperative Health Insurance and its General Secretariat.
3. **Law:** The Cooperative Health Insurance Law applied in the Kingdom.
4. **Executive regulations:** Executive bylaw Regulation.
5. **Policy:** This basic health insurance policy, including its schedule, appendices, and annexes.
6. **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.
7. **Health insurance term:** The period indicated in the policy schedule for which health insurance remains valid.
8. **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.
9. **Start date:** The date indicated in the policy schedule at which insurance coverage begins.
10. **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.
11. **Benefit:** Cost of providing healthcare services included in the insurance coverage within the limits indicated in the policy schedule
12. **Insurance coverage:** Basic health benefits available to the beneficiary as specified in the policy
13. **Coverage limits:** The maximum liability of the insurance company as specified in the policy schedule for any insured person before applying the deductible.
14. **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.

15. **Insurance company:** A cooperative insurance company licensed by SAMA to operate in the Kingdom and accredited by the CHI to provide cooperative health insurance.
16. **Policy Holder:** A natural or corporate person in whose name the policy is issued
17. **Beneficiary or insured:** A natural person (or persons) to whom coverage is provided under the policy.
18. **Employer:** A natural or corporate person employing one or more employees
19. **Employee:** Every natural person working for and under the management and supervision of an employer in return for a wage, even if the employee is not under his immediate supervision
20. **Dependent(s):** Husband or wife, sons up to the age of twenty-five and unmarried daughters in addition to orphans fostered by foster families, receiving compulsory health insurance.
21. **Service 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 centers, clinics, pharmacies, laboratories, physiotherapy, or radiotherapy centers.
22. **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:
  - Level 1 (primary health care).
  - Level 2 (public hospitals).
  - Level 3 (specialized or reference hospitals).
  - Other complementary health service provider centers (such as One-day surgery centers, pharmacies, physiotherapy centers, eyeglasses shops, Telemedicine, Home health care).
23. **A hospital:** A health facility approved by the CHI, accepted by the policyholder and the insurance company, and licensed to work as a hospital under the regulations to provide health services for which compensation may be claimed under this policy.
24. **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.
25. **Primary care:** Health services provided by medical teams under the supervision of qualified practitioners so that these services are comprehensive, continuous, coordinated and based on Value-Based Healthcare. Primary care ranges from counseling and prevention to treatment of organic and psychological diseases for all ages and categories of beneficiaries, maternity care and child health services, rehabilitation, palliative care, urgent care services, chronic disease care, population health and others as needed to serve beneficiaries registered with primary care providers and under approved medical best practices.
  26. **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.
  27. **Accident:** The sudden and unexpected, unforeseen, occurrence physical event during the health insurance period.
  28. **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.
  29. **Vehicle:** Every means of transport on wheels or track, and are driven or carried by automatic or animal force, including any mechanical or electric vehicle, whether it is a car or bus, private or public.
  30. **Employment "occupational" injury:** Any accident suffered by the beneficiary during performance or because of his work. or on his way from his dwelling to his workplace and back, or on his way from his workplace to the place where he usually takes his meal or gives his prayer and back. or a the disease established to be caused by work. The occupational disease duly determined in accordance with the occupational diseases schedule, taking into account the date of the first medical diagnosis of the disease is regarded as the date on which the injury is sustained.
  31. **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.

32. **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.
33. **Outpatient treatment:** The beneficiary visits outpatient clinics for diagnosis or medical treatment.
34. **Day care surgery or treatment:** A patient admitted during the course of a day with the intention of receiving care who does not require the use of a hospital bed overnight and who returns home as scheduled. It should be noted that their coding and pricing is in accordance with the hospital's procedure for admission
35. **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
36. **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.
37. **Telemedicine:** Using electronic information and communication technology means to provide diagnostic, screening, and medical inspection services to the patient, including, for example, telemedicine and health using smartphones (Health Mobile). Other forms telemedicine includes (teleconsultation, tele-expert consultation, remote assistance, other medical opinions)
38. **Alternative medicine (complementary):** A variety of healthcare systems, practices and products that are not part or extension of modern medical practice. Complementary medicine is used in conjunction with modern medicine, while alternative medicine is not used with modern medicine at the same time. Examples include but are not the



- limited to herbal treatment, cupping, Chinese medicine, hypnosis, osteopathy, chiropractic, acupuncture.
39. **Health:** A state of complete physical, mental and social health, not just lack of illness or disability.
  40. **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.
  41. **Congenital Defect:** Functional, chemical or structural dysfunction that is usually present before birth, whether through heredity or as a result of environmental factors according to medical custom.
  42. **Pregnancy and childbirth:** Any pregnancy or birth, including natural, cesarean and abortion.
  43. **Preterm Baby:** a baby born before the 37th week of pregnancy (three weeks before the birthdate)
  44. **Psychological cases:** A disorder of thinking, mood, perception, memory or mental abilities, some or all of them.
  45. **Disability cases:** Disability means having a total or partial impairment permanently or for a long period of life in one of the physical, sensory, mental, communicative, educational or psychological abilities, and causes that the disabled person cannot meet the requirements of normal life and rely on others to meet them. Or the need for a special tool that requires training or special qualification for its proper use.
  46. **Vision correction interventions:** Interventions to improve vision and have no effect to prevent vision loss such as LASIK , lenses and eyeglasses
  47. **Functional vision correction interventions:** Interventions to improve vision that are important for vision preservation "avoiding vision loss". For example strabismus and Amblyopia procedures for children less than 14 years and keratoconus, cataract, glaucoma for all age groups.
  48. **Human organ:** Any part of the human body (dead or alive), its tissues or any of its components, which can be used by transplanting them into another human body, except for blood.

49. **Transplant of Human Organs:** A medical operation through which the human organ is removed, or part of it, from the donor's body and implanted in the patient's body, by any medical and approved means.
50. **Rehabilitation:** An essential part of comprehensive health care and its applications to return a person suffering from an occasional or persistent weakness, failure, or defect to the best level of performance in their family and social life in line with the definition of health and the application of best approved medical practices.
51. **Essential Dental Procedures:** Any of the following medical procedures that include 1. Preventative services (dental consultations, annual examination of teeth and assessment of their problems, cleaning each beneficiary once a year (including fluoride), 2. Treating procedures include (fillings, periodontal treatment, teeth extract).
52. **Reconstructive surgery:** Reconstructive plastic surgery is performed to correct defects, abnormalities or injuries caused by an accident, infection, tumor or disease.
53. **Innovative "Brand" Name:** Preparations that contain a new active substance and are offered under a brand name on the market by the innovative company.
54. **Generic medication or treatment:** is a product equivalent to the innovative product in pharmaceutical form, concentration, method of administration, quality, effectiveness, and therapeutic claim.
55. **Premium (subscription):** Amount paid by the policyholder to the insurance company for the insurance coverage provided by the policy during the insurance term.
56. **Deductible (Co-payment):** Amount, if any, payable by the beneficiary upon receiving outpatient treatment as specified in the policy schedule, excluding emergencies and inpatient treatment.
57. **The basis of the direct entry or in company's account:** Facilities of non-payment appointed by the company and available for the insured. All expenses incurred at the facilities are directly debited from the company's account.
58. **Allowance compensation basis:** The method used to compensate the policyholder for the reimbursable expenses incurred by the insured and submitted a claim for them, after applying the deductible.
59. **Reimbursable Expenses:** Expenses paid in return for services, materials and equipment not excluded under Chapter 3 of this policy that is prescribed by a licensed physician due to the illness of the insured, provided such expenses are



- necessary, reasonable, and normal in the relevant time and place based on best approved medical practices.
60. **Claim:** A request, accompanied by supporting financial and medical documents, submitted to the insurance company or representative thereof by the service provider, the insured or the policyholder for indemnification of expenses of healthcare services covered by the policy.
  61. **Supporting documents for a claim:** All documents proving the insured's age, weight and height, nationality, identity, the validity of insurance coverage, the circumstances of the occurrence of the event resulting from that claim and proof of reimbursement of costs. It also includes other documents such as a police report, invoices, receipts, prescriptions, doctor's report, referral and recommendations, and any other relevant documents the insurance company may request.
  62. **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.
  63. **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.
  64. **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.
  65. **Age calculation:** Process by which age is calculated according to the calendar year starting at the beginning of January and ending at the end of December.
  66. **Personal data protection system:** The Personal Data Protection Regulations issued by Royal Decree No. (M/19) dated 9/2/1443 H (16/9/2021)