



ضمان

مجلس الضمان الصحي
Council of Health Insurance

Chapter Seven

Table (1): Health Benefits Schedule





The purpose of the benefit

Benefit:

Appendix or related clinical guidelines

Empowering beneficiaries (Hospital Admission)	Insurance coverage for the costs of all hospital admission expenses, including surgery, or one-day treatment/surgery, pregnancy, and childbirth	According to the standard of common and customary medical practices
Beneficiaries Protection (Early and exploratory examination)	<p>The insurance coverage for periodic examinations is listed below according to the instructions issued by the Saudi Centre for Disease Prevention and Control listed in the National Manual of Periodic Examinations includes the following:</p> <ol style="list-style-type: none"> 1. Mammogram to detect breast cancer 2. Pap smear to detect cervical cancer 3. Fecal immunochemical test (FIT) or colonoscopy as per the medical necessity and best clinical practice to detect colon cancer.(Fecal immunochemical test) or colonoscopy according to medical need and best medical practices 4. Behavioral or dietary consultations, or both, about healthy diet, and physical activity to prevent cardiovascular disease for adults with cardiovascular risk factors and have a Body Mass Index of more than 30 or those with two and more risk factors for heart disease 5. Diabetes screening by fasting blood sugar test or checking (HbA1C) test 6. Lipid profile test 7. Bone densitometry (DEXA) to Detect Osteoporosis 	National Guideline for Periodic Health Examination issued by the Public Health Authority
Beneficiaries Protection (Vaccination)	Insurance coverage for preventive measures such as vaccinations, including seasonal vaccinations, maternal and childcare, under the instructions issued by the Ministry of Health and the Public Health Authority and specified in the policy in Annex No. (1) attached to this policy	Preventive measures approved by the Ministry of Health and the Public Health Authority
Beneficiaries Protection (Adult Vaccination)	Insurance coverage includes medical vaccines for adults in accordance with instructions issued by the Ministry of Health, including (Tdap), (PCV13), (PPSV23), and influenza vaccine.	National Vaccination Schedule (for Children) issued by the Ministry of Health
Beneficiaries Protection (Adult Vaccination)	Insurance coverage includes medical vaccines for adults in accordance with instructions issued by the Ministry of Health, including (Tdap), (PCV13), (PPSV23), and influenza vaccine.	National Vaccination Schedule for Adults
Health promotion and protection (Sexually Transmitted Diseases (STDs))	Insurance coverage for the treatment of sexually transmitted diseases (whatever the way the infection occurs) Include cover for Nongonococcal urethritis, Trichomoniasis, HIV, Syphilis, Human Papillomavirus (genetic warts), Neisseria gonorrhoeae, Genetic herpes, Chancroid	According to the standard of common and customary medical practices
Health Promotion (Women and Children's Health)	Insurance coverage includes follow-up of pregnancy and childbirth and following high-risk and low-risk medical pathways, according to approved clinical guidelines and based on eligibility criteria based on the best international clinical evidence and guidelines of high-risk pregnancy and in accordance with the requirements of the policy	Mother Health Passport (Low-Risk Pregnancy)

The purpose of the benefit

Benefit:

Supplements or clinical evidence

The purpose of the benefit	Benefit:	Supplements or clinical evidence
Promoting women's health (Family Planning)	Insurance coverage for temporary contraception that includes Hormonal contraceptives therapy and intrauterine devices according to the approved guideline	Contraception Clinical Practice Guidelines
Health Promotion (Women's Health)	Insurance coverage for comprehensive health care costs for menopausal and Perimenopause, including alternative hormone therapy	According to the standard of common and customary medical practices
Health Promotion (Newborn Health)	Insurance coverage of the first phase of the Newborn Screening for Hearing-Loss and Critical Congenital Heart Defects (CCHD) Program.	According to the standard of common and customary medical practices
Health Promotion (Newborn Health)	Insurance coverage of the costs of the National Newborn Screening Program to eliminate disabilities includes the examinations set out in Annex No. ([3]) attached to this policy.	Schedule of the National Newborn Screening Program to eliminate disabilities
Health Promotion (Child Health)	Insurance coverage of the costs of the immunization program (RSV) for children by the respiratory virus immunization schedule approved by the Ministry of Health.	Schedule of Respiratory Syncytial Virus (RSV) Immunizations issued by the Ministry of Health
Health Promotion (Child Health)	Insurance coverage of formula milk for newborns (in need) until the age of 24 months under the regulations governing the benefit of infant milk contained in Annex No. ([5]) and according to best medical practices	Controls governing coverage of baby milk Annex No. 5 and according to the approved manual for diagnosing milk allergy and malabsorption
Health Promotion (Child Health)	Cost of circumcision cases (male)	According to the standard of common and customary medical practices
Improving mental health	Insurance coverage of the costs of detecting the diagnosis and treatment of psychological cases. For the following diseases: Depression, bipolar disorder, anxiety or stress, alcohol or drug use (not include hospitalization for rehabilitation), anger management, dealing with grief or loss, schizophrenia, post-traumatic stress disorder (PTSD) and eating disorders.	According to the standard of common and customary medical practices
Improving mental health	Insurance coverage of the costs of detecting diagnosis and treatment of autistic cases in accordance with the services provided to autistic patients contained in Annex No. ([4]) and with the benefit the limits set out in the policy table	Services provided to autistic patients
Improving mental health	Coverage of Alzheimer's cases treatment	According to the standard of common and customary medical practices

The purpose of the benefit	Benefit:	Supplements or clinical evidence
Empowering beneficiaries and reducing complications (Others)	Insurance coverage of the costs of treating Congenital Illness that may pose a current or future threat to life.	According to the standard of common and customary medical practices
Reducing disease complications (Other)	Insurance coverage of the costs of treating acquired valvular heart disease according to the benefit the limits specified in the policy schedule.	According to the standard of common and customary medical practices
Health promotion and protection (Dental)	All essential dental procedures and Root Canals and Emergencies	According to the standard of common and customary medical practices
Improving the ability and physical functions of beneficiaries (Rehabilitation)	Disability insurance coverage	According to the standard of common and customary medical practices
Improve ability and functionality For beneficiaries (Optical)	Optical insurance coverage for beneficiaries up to 14 years of age only	According to the standard of common and customary medical practices
Reducing complications chronic diseases — Improve the quality of life (Surgical Procedures)	<p>Insurance coverage for other procedures and surgeries in addition to sleeve gastrectomy surgery, if BMI exceeds 40 or 35 with complications, based on eligibility criteria based on the best evidence and international clinical guidelines and The Saudi Guide to Bariatric and Metabolic Surgery — according to the approved service package, the cost of covering surgery to treat obesity through one of the approved surgeries and bariatric surgery</p> <p>Laparoscopic Adjustable Gastric Banding (LAGB), Laparoscopic Sleeve Gastrectomy, Roux-En -Y Gas Bypass, Mini Gastric Bypass/One anastomosis Gastric bypass, Biliopancreatic Bypass (Bypass) PD) — Duodenal Switch, Single anastomosis duodeno-ileal bypass (SADI) Biliopancreatic Division (BPD) Scopinaro</p>	<p>Approved Bundle</p> <p>The Saudi Guide to Bariatric and Metabolic Surgery</p>
Improving health (Surgical Procedures)	Insurance coverage of the costs of conducting an operation to collect organs from the donor in line with the benefit the limits set out in the policy schedule.	According to the standard of common and customary medical practices
Reducing complications of dialysis (Surgical Procedures)	Kidney transplant insurance coverage according to the services package approved by the CHI and in accordance with the benefit the limits set out in the policy schedule.	Approved Bundle

The purpose of the benefit

Benefit:

Supplements or clinical evidence

The purpose of the benefit	Benefit:	Supplements or clinical evidence
Improve service quality and efficiency (chronic diseases)	Dialysis insurance coverage according to the package approved by the CHI	Approved Bundle
Facilitate access to the service For beneficiaries (home healthcare)	Provide home healthcare services for inpatients to enable them to complete their treatment at home according to best medical practices: <ul style="list-style-type: none"> • Wound care after surgery in medical case required • Provision of intravenous drugs after surgery and in medical cases required • Urinary catheterization care 	According to the standard of common and customary medical practices
Facilitate access to the service For beneficiaries (Telemedicine)	The insurance coverage of telemedicine services provided by a center licensed by the Ministry of Health and in accordance with the rules and regulations approved by the CHI.	According to the standard of common and customary medical practices
Enhance the quality and efficiency of service (medical devices)	Medical hearing aids cost insurance coverage	According to the standard of common and customary medical practices
Enable beneficiary and facilitate access to services (medical devices)	Medical devices are covered based on what is prescribed by the approved clinical evidence and guidelines and the concept of value-based health care Including glucose monitors, insulin pump and blood pressure monitor according to approved guidelines	Insulin Pump policy- Center of health technology assessment
Enable beneficiary and facilitate access to services (Drug)	Approval of deductible for all Drug services and is separate from medical visits to outpatient clinics and applied according to the Insurance Drug formulary (IDF), with the adoption of generic drugs as an alternative to innovative drugs according to the policy schedule. Medication Copayment must apply on October 2022, Mandatory Medication claim separation will be on 2023-based on the date specified by CHI later on according to the readiness assessment, earlier implementation can be applied based on agreement between both parties.	Insurance Drug Formulary (IDF)
Facilitate service access and enhance the quality of services (outpatient clinics)	Health care providers and Health insurance companies must implement the below process on 2023-based on the date specified by CHI later on according to the readiness assessment or at the earliest. <u>Deductible depending on the type of care provided:</u> <ol style="list-style-type: none"> 1. Visit primary care clinics (Family Medicine, GP, General Pediatrics, General International Medicine, General OB/GYN) regardless of the location of the clinic "Hospital or Health Center" <u>The primary care clinic shall be approved by the CHI:</u> 0-5% with a maximum of 25 Saudi riyals <ul style="list-style-type: none"> • The services provided within primary care include preventive services, treatment for organic or psychiatric diseases for all ages and categories, non-critical maternity care and child health services. 2. Visiting specialized clinics after obtaining a referral from primary care clinics or ER: 0-10% with a maximum of 75 Saudi riyals 3. Visit specialized clinics without obtaining a referral from primary care clinics: 0-50% with a maximum of 500 Saudi riyals, taking into account the following: <ul style="list-style-type: none"> • The subsequent visit to specialized clinics resulting from a diagnosed medical need for specialized treatment according to medical needs and approved medical practices is treated as a referral visit and 10% participation rate applies to a maximum of 75 Saudi riyals. 	According to the standard of common and customary medical practices
Promoting health (Comprehensive Integrated Program for Diabetics Care)	A personalized health care plan created based on the patient's health profile to provide comprehensive health care services in accordance with medical best practices adopted by a medical team consisting of several health specialties, including, but not the limited to, a nutritionist, a podiatrist, a social worker, a health coach, and health educators. It also includes visits to eye specialists, kidneys, foot, heart, psychiatry and surgery in case of need, to ensure that diabetics receive the most advanced medical care, patient education and appropriate prevention and treatment of complications.	These services are provided through specialized clinics that provide comprehensive care to diabetics in the absence of integrated primary care services.



ضمان

مجلس الضمان الصحي
Council of Health Insurance

Chapter Eight Table No. (2)

Basic Health Insurance Policy

Approved under Ministerial Resolution No. (... /.../.../ ...) Date.../../.14 AH

Essential health benefit policy schedule

Beneficiary name\ |.....
 Insurance company: PIN:
 Policy Number: Policy Holder Code:
 E-mail:

Policy Holder\ |.....
 Postal Code: E-mail:
 Fax Number: Phone Number:
 Commercial Registration No:

Health Insurance Type: Mandatory Health insurance:

Policy Duration\Health Insurance Duration:
 From: Day | Month | Year | To: Day | Month | Year

(Included)

Policy renewal Date: From: Day | Month | Year |
 Premium (subscription): Saudi Riyals

Qualified for insurance:

All employees who are actually on the job are considered eligible for insurance as of the policy inception date. As for the workers who join the work for the policyholder later, they are considered eligible for insurance from the date of their joining the work or from the date of their arrival in the Kingdom.

- Husband\ wife or wives.
- Children's from the date of birth.
- Male sons until maximum of 25 years old.
- Unmarried unemployed, daughters, widows and divorcees that deepened on the employee for support.
- Orphans who are fostered by foster families.

Schedule of Basic Health Insurance Policy

Benefit	Insurance coverage the limits
<p>Benefits and limits of the insurance under the Policy:</p> <p>The maximum benefit limit for each person for the year of the Policy, including the minimum limits mentioned herein.</p>	<p>Million Saudi Riyals* (Small and medium enterprises are supported through Insurance Daman program for expenses exceeding 500 thousand).</p>
<p>Emergency treatment services</p>	<p>The retained liabilities of the emergency medical treatment required by the medical condition of the beneficiary shall not be deducted following the occurrence of an event, accident or emergency health condition that calls for rapid medical intervention according to the following emergency medical care levels: (1- Resuscitation 2- Emergency 3- Urgent case, which leads to the loss of life, one or more organ or causes a temporary or permanent disability.)</p>
<p>Out-patient treatment costs:</p> <p>The beneficiary (Insured) shall pay the deductible amount (i.e. copayment) upon a visit to an out-patient doctor, which includes all the consultations and requirements of the doctor as well as the laboratory tests, x-rays, any treatment supplies requested by it, in addition to the follow-up visit, and the referral for the same illness and not for each procedure separately, except for drugs for which the coverage limit was canceled.</p> <p><small>Health care providers and Health insurance companies must implement the below process on 2023-based on the date specified by CHI later on according to the readiness assessment or at the earliest.</small></p>	<p>The copayment amount according to the type of care provided:</p> <ul style="list-style-type: none"> • Visiting primary care clinics (Family Medicine, GP, General Pediatrics, General Internal Medicine, General OB/ GYN) regardless of the place of the clinic "hospital or health center", provided that the primary care clinic shall be approved by Health Insurance Council: 0-5% with a maximum of 25 SAR . • A visit to specialized clinics after obtaining a referral from primary care clinics or ER: 0-10% with a maximum of 75 SAR. • A visit to specialized clinics without obtaining a referral from primary care clinics: 0-50% with a maximum of 500 SAR.

Expenses of medicines prescribed by outpatient clinics:

The deductible amount (copayment): The percentage paid by the beneficiary (the Insured) upon receiving the prescribed drugs when visiting an outpatient doctor, including all prescriptions for the same illness and not for each drug separately.

Medication Copayment must apply on October 2022, Mandatory Medication claim separation will be on 2023-based on the date specified by CHI later on according to the readiness assessment, earlier implementation can be applied based on agreement between both parties

Generic medicine, over-the-counter drug (OTC drug) and innovate treatment - with no generic alternative available: The deductible amount shall be 20% Maximum Copayment payment Cap: 30 SAR

Innovative treatment - with a generic alternative: 0-50% Maximum Copayment payment: Based on agreement between Employer and Insurance company.

Maximum doctor's consultation fees:

- General Practitioner/ specialist (First Registrar Doctor).

100 - 150 SAR

-Specialist (Second Registrar Doctor)/ Consultant.

200 - 300 SAR

- Specializations with scarcity and the like, such as cardiology, neurosurgery, vascular surgery and subspecialties according to the standards of the Saudi Commission for Health Specialties

400 SAR

(The beneficiary shall be inspected according to the sequence of procedures for providing the service, unless the service is not available at the service center). These prices are used to regulate the relationship between the service provider and the Insurance Company

Hospital admission expenses

Benefit:	Insurance coverage the limits
Deductible(Co-payment)	No
Daily accommodation and subsistence of patient include bed fees, nursing, visits, medical supervision and subsistence services, but it does not include the cost of medicines and medical supplies, as prescribed by the physician	Shared room with a maximum of 600 SAR/day
Accommodation limit for patient's escort	Shared room with a maximum of 150 SAR/day
Pregnancy & Delivery Cost	Up to a maximum of 15,000 Saudi riyals during the policy period Complication of pregnancy and delivery is covered by the maximum benefit of the limit under this policy
The cost of infant on the mother policy and for Maximum 30 days from the date of birth up to the addition date on their dependent policy.	maximum benefit of the limit under this policy
Birth and therapy of premature babies	maximum benefit of the limit under this policy
Dental treatment costs	essential and preventive dentistry:(dental consultations, medical examinations, fillings, cleaning, teeth extraction, periodontal treatment, cleaning scaling and polishing teeth with health implications) Covered up Covered up to 1200 SR without deduction Treatment of root canals and emergencies: Covered up to 800 Saudi riyals with 20% deduction. During the policy period
Cost of Spectacles	Up to a maximum of 400 Saudi riyals for those aged 14 years and less during the policy period
Functional vision corrective intervention that prevent vision loss	maximum benefit of the limit under this policy
Dialysis Costs	Up to a maximum of 180,000 Saudi riyals during the policy period

Kidney Transplant Costs	Up to a maximum of 250,000 Saudi riyals during the policy period
Psychiatric treatment costs	Up to a maximum of 50,000 Saudi riyals for psychological conditions during the policy period.
Transportation of a Deceased to His or Her Country	Up to a maximum of 10,000 Saudi riyals during the policy period
Hearing aids costs	Up to a maximum of 6,000 Saudi riyals during the policy period
Cost of acquired valvular heart disease	Up to a maximum of 150,000 Saudi riyals during the policy period
Cost of organ harvesting procedures (insured donor).	Up to a maximum of 50,000 Saudi riyals during the policy period
Alzheimer's costs	Up to a maximum of 15,000 Saudi riyals during the policy period
Costs of Autism cases	Up to a maximum of 50,000 Saudi riyals during the policy period
Schedule of the National Newborn Screening Program to eliminate disabilities	Up to a maximum of 100,000 Saudi riyals during the policy period
Costs of disability cases	Up to a maximum of 100,000 Saudi riyals during the policy period
Cost of covering the operation of obesity surgery	Up to a maximum of 15,000 Saudi riyals during the policy period With a copayment from 0-20% with a maximum out of pocket 1000 Saudi Riyals
Cost of circumcision cases (male)	Up to a maximum of 500 Saudi riyals during the policy period
Costs for contraception	Up to 1500 Saudi Riyals during the policy period
The costs of complications resulting from a benefit treatment covered in the policy	Maximum limit under this policy
Coverage Area	KSA



Subscription calculation

Registration Type	Subscription per person and every insurance year
Employee SAR
Husband/wife SAR
children SAR

The policyholder and the Insurance Company have read and agreed to the terms and conditions of this policy and its schedule.

Date: .../.../ 14 H

Corresponding to .../.../ ...20 G.

Policyholder Signature:

Insurance company Signature: