A. Minimum Network: It refers to the network of service providers that covers all Kingdom's regions and cities and its geographical scope, provided that it shall include all levels of health service.

B. Preferred Providers Network (PPN): A group of health service providers approved by the Council and identified by the Health Insurance Company to provide the service to the Insured. This is done directly by debiting the Insurance Company's account, provided that this network shall ensure the following levels of health services:
- Level One (Primary health care).

- Level Two (Public Hospitals).

- Level Three (Specialized or Reference Health Care).

Other complementary health services centers (such as: One-day surgery centers, pharmacies, Physical Therapy Centers, optical stores)

C. The Insurance Company shall provide the minimum network according to the Law of the Council of Health Insurance, taking into account that, when designing the minimum network, that government health facilities are include within the network for Saudi Beneficiaries for policies in accordance to article 11.

D. The Insurance Company shall provide the following specialized centers within the network: accident centers, heart and stroke centers, advanced centers for the treatment of tumors, advanced centers for the treatment of neurosurgery and chest, centers of critical care units for newborns and premature infants, in addition to the centers for high-risk pregnancy.

E. Diversity of Medical Network: The Policyholder may request the Insurance Company to expand the medical network for the minimum network approved

by the Council, provided that the expansion shall commensurate with the distribution of Beneficiaries

F. Quality of Medical Network: The Insurance Company shall provide the relevant specialties that mainly serve the Beneficiary in the design of the minimum network, provided that the Council shall, in the future, determine the specialties that must be available in the minimum network.

G. Telemedicine: The Insurance Company shall provide, within the minimum network, a Telemedicine service according to the classification of service providers approved by the Council to provide this service.

H. The Insurance Company may, in the event of non-approval to continue treatment in emergency cases, transfer the Insured, after the stabilization of health condition, to a service provider within the PPN of the Insured.

I. The Insurance Company may not, in the event of a transfer to another service provider, obligate the Insured to a specific service provider, as the Insured has the right to choose from its PPN.

J. The Insurance Company shall pay the claims directly to the non-contracted service provider for the period spent by the Insured to receive emergency treatment, based on the prices agreed upon with another health service provider of the same level and classification on the network.

K. The service provider shall provide health care services to those covered by any valid health insurance policies before the expiry or cancellation of the contract until the end of the insurance year as long as it is within the Preferred health care provider network for the Insured

a. the Company bearing the responsibility to update the eligibility of the Beneficiary according to the start and end of the policies, which entails providing the service and claims accordingly.

L. Following the issuance of the Policy to the Employer, the Insurance Company may not delete or replace a health service provider from the medical network specified for it during the validity period of the Policy unless:

i. The Company observed a fundamental breach in the provision of the service from the health service provider, such as fraud or upon termination of the contract by the health service provider,

ii. or suspension/cancellation of its approval by the Council

a. The company shall provide a substitute the deleted provider at the same level in coordination with the Policyholder, taking into account the specified warning period as well as the terms of cancellation stipulated in the contract concluded between them.

b. If a service provider was deleted from the minimum network, it shall continue to receive valid documents previously approved until its expiration date.

c. The Insurance Company shall notify the Council upon the replacement of a service provider from an insurance category to another.

M. The Company shall provide an adequate network of health service providers in terms of numbers and types of health care providers to ensure access to all health care services provided to beneficiaries without delay.

N. The insurance company is obligated to provide the Council of Health Insurance with an annual report on the minimum network, which includes a list of covered service providers, the speed of subscribers' access to services, the geographical availability of service providers to beneficiaries, the number of providers of categories of service providers for each subscriber

O. The Insurance Company shall provide a service provider network that meets the following access requirements, provided that it shall be determined based on the geographical scope and which shall be related to the national address of the Insured. The below conditions are indicative on determining the service provider network, and the Council shall later set the necessary condition:

1. For urban areas, a service provider network available to all Beneficiaries registered in the Policy within forty-eight (48) km or thirty (30) minutes from each person's place of residence or work, according to the availability of service providers approved by the Council in the region.

2. For areas other than urban areas (remote areas), the service provider network shall provide the services of primary health care doctors, hospital services and pharmacy within thirty (30) minutes or forty-eight (48) km from the place of residence or work of each registrant, according to the availability of service providers approved by the Council in the region. Provided that the services of other specialties shall be provided to all Beneficiaries registered in the policy within fifty (50 minutes) or eighty (80) km from the place of residence or work of each registrant, according to the availability of service providers approved by the Council in the region.