

Visitor Policy

Approved in Session No. 99, Dated 21/7/1436 AH

Visitor Policy

Subject	Page Number
Section One: Definitions	3-7
Section Two: Recoverable Expenses/ Benefits	8
Section Three: Limitations and Exclusions	9-11
Section Four: General Conditions	12-15
Visitor Policy Schedule	16-18

Section one: Definitions

The following terms, wherever mentioned in the policy, its annexes or endorsement shall have the meaning assigned thereto:

- (1) **Law:** The cooperative health insurance law in force in the Kingdom of Saudi Arabia.
- (2) **Insurance:** Proof of insurance coverage under this policy along with its schedules, appendixes or attachments.
- (3) **Period of Insurance:** Duration stated in the policy schedule where insurance is valid.
- (4) **Duration of Policy (Coverage Duration):** Number of days where the policy is in force commencing from the date of his entrance into the Kingdom.
- (5) **Inception Date:** Date stated in the policy schedule on which insurance coverage starts.
- (6) **Benefit:** Expenses needed for providing health care included in the insurance coverage within the limits specified in the policy schedule.
- (7) **Insurance Coverage:** Basic health benefits available for the beneficiary as specified in the policy.
- (8) **Coverage Limits:** The maximum limit of a company's responsibility as specified in the policy schedule intended for any insured person.
- (9) **Country of Origin:** The permanent and main country of residence of the insured.
- (10) **Insurance parties:** Policyholders, health insurance companies, Third Party Administrators (TPAs) and health care providers.
- (11) **Insurance Company:** a Cooperative Insurance Company licensed by SAMA to operate in the Kingdom of Saudi Arabia and qualified by CCHI to provide cooperative health insurance.
- (12) **Policyholder:** The natural or legal person or entity for whom the policy is issued.
- (13) **The insured (the Beneficiary):** The applicant for an entry visa to the Kingdom with intention to pass, visit the Kingdom or extend his/her visit; the person for whom the coverage is approved under this policy.
- (14) **Health care provider:** Health Facilities (governmental/non-governmental) licensed to provide health care in the Kingdom in accordance with relevant laws and rules and accredited by CCHI,

such as hospitals, pharmacy, laboratory, physical therapy Center or a radiation therapy center.

- (15) Preferred Provider Network (PPN):** a group of health care providers accredited by the Council of Cooperative Health Insurance and designated by the health insurance company to health care provide to the insured. Directly and bill the insurance company whenever a beneficiary presents his valid insurance card, provided that said network includes the following levels of health care:
- First Level (Primary Healthcare).
 - Second Level (General hospitals).
 - Third Level (Specialized or referral hospitals).
- (16) Licensed Physician:** A medical practitioner who has received an appropriate scientific qualification, officially licensed to practice medicine by the Saudi Commission for Health Specialties and accepted by the Policyholder and the Company to provide treatment for which compensation might be claimed under this policy.
- (17) Illness:** A sickness or disease suffered by the beneficiary and which necessitates medical treatment by a licensed physician before and during the period of policy.
- (18) Traffic Accident:** An unintended and undesirable collision by a vehicle, electrical or mechanical, whether it is a car or a bus, public or private, with another vehicle, in a movement state or not, or with an immobile body such as a construction, barrier, post, tree or the like; or with a pedestrian on any road or street, which could result in minor or severe injuries; and which might lead to physical disability, death or to partial or total damages to properties.
- (19) External Violent Means:** Any means in which causes an accident or injury to the insured member.
- (20) Personal Risk (moral hazard):** Any action, or practice undertaken by a person that is considered to be risky or likely to expose to a disease or to an accident, or likely to lead to a complication of a disease or a previous injury.
- (21) Emergency Case:** The urgent medical treatment necessitated by the medical condition of the insured as a result of an accident or urgent health condition requiring prompt medical intervention.
- (22) Hospitalization:** Admitting a beneficiary as an in-patient staying at least overnight in hospital on the basis of a referral from a licensed Physician.

- (23) **Allergy:** The sensitivity of a particular person has to some kinds of food, medication, weather, pollen or any elements related to plant, insects, animals, minerals, chemicals or other materials causing such a person to develop bodily reactions from direct or indirect contact with such elements resulting in conditions like asthma, indigestion, itching, hay fever, eczema, headache.
- (24) **Congenital Deformity:** The functional, chemical or bodily defect usually existing before birth whether hereditary or resulting from environmental factors in accordance with medical practice.
- (25) **Pregnancy and Delivery:** Any pregnancy and/or delivery including normal and cesarean deliveries and abortion (taking into consideration cases stated in the exclusion section under this policy).
- (26) **Emergency Medical Evacuation:** To transfer the patient to the nearest medical center inside or outside the Kingdom where medical treatment needed by the patient is available.
- (27) **Psychological Cases:** Intellectual, mood, cognitive or memory or total or partial mental disorder.
- (28) **Disability Cases:** An inclusive term that covers different cases of organic impairment/defect, activity limitedness and obstacles that impede participation.
- (29) **Rehabilitation (physiotherapy):** A complementary part of comprehensive health care 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. The policy covers diagnostic and treatment procedures and test pertaining to rehabilitation cases during the validity of the policy.
- (30) **Premium (subscription):** The amount payable by the Policyholder to the insurance company in consideration of the insurance coverage by the policy during the period of insurance.
- (31) **Basis for Direct Debit or on Company Billing Provided:** Non-payment facilities provided for the insured by health care provider appointed by the company, where all of the expenses are directly billed on the company's account.
- (32) **Basis for Reimbursements:** The method used to compensate a policyholder for recoverable expenses paid and claimed by the insured.
- (33) **Recoverable Expenses:** The actual expenses incurred for services, supplies and equipment which are not excluded in section three of this policy, provided they are prescribed by a licensed physician as a result of an illness suffered by the insured, and should consider expenses are necessary, reasonable and customary in the relevant time and place.

- (34) Claim:** A request submitted to the insurance company or its representative by a health care provider, the insured or the policyholder, for the purpose of the reimbursement of the costs of health care services covered by the policy, and accompanied supporting document ie. medical documents / report and invoice.
- (35) Claim Supporting Documents:** All documents proving the insured age, nationality and identity; time validity of the insurance coverage; details of the event from which the claim is arising; and proofs of the payment of expenses. They also include other documents, such as the police report, bills, receipts, medical prescriptions, physician's report, referral and recommendations and any other documents required by the company.
- (36) Reimbursement of Expenses of Traffic Accidents:** A medical claim arising from a traffic accident for the coverage of an individual injured because of this accident, whether he/she is the one crashing or crashed into. If the claim expenses are compensable for the injured individual, i.e. covered under any other plan, program or insurance or the like, the insurance company first reported to shall accept the liability to cover the injured individual and monitor his/her medical treatment and the liability to reimburse these expenses; and shall act on behalf of the insured in claiming against others to pay their ratio of the claim.
- (37) Reasonable and Customary Medical Expenses:**
- A - The medical expenses agreed upon between the insurance company and the health care provider that are compatible with the level of fees charged by the majority of licensed physicians or hospitals in KSA and widely recognized in the market.
 - B - The medical expenses that do not differ significantly from what the licensed physicians considers acceptable for being usual and customary for any similar illness, and for which claims for compensation for the costs of its treatment are recoverable under this policy.
- (38) Corpse Repatriation To Home Country expenses:** All the arrangements and the transportation expenses of the body of deceased insured to his home country.
- (39) Fraud:** Intentional misleading activity by any of the insurance parties, which may lead to gain advantages, money, or uncovered benefits or benefits that exceed the limits allowed for an individual or entity.
- (40) Abuse:** Practices by any party involved in the insurance relationship that might lead to gaining access to benefits or privileges that they are not entitled to have under the insurance policy, but with no

intention of fraud or misrepresentation or deceit or distorting facts for the purpose of getting the benefit.

- (41) **Misleading:** Behaviors by individuals or entities that do not fall under the definition of fraud.
- (42) **Endorsement:** A document issued by the company, upon written request from the policyholder, on the company's official forms date and signed by an authorized employee to establish the validity of any amendment to the policy in a manner that does not affect the basic coverage.
- (43) **Policy Appendix:** An appendix has been attached to this policy containing all the guidelines and procedures related to policy implementation.

Section Two: Recoverable Expenses / Benefits

For the purpose of this policy, recoverable expenses shall mean the actual expenses incurred for services, supplies and equipment which are not excluded in section three of this policy, provided they are prescribed by a licensed physician as a result of an illness suffered by the insured, and should consider expenses are necessary, reasonable and customary in the relevant time and place.

Accordingly, the recoverable expenses are subject to emergency cases and shall include:

(1) Health benefits:

- (a) All expenses of medical examination, diagnosis, treatment and medicines as shown in the policy schedule.
- (b) All expenses of hospitalization.
- (c) Cases of pregnancy and delivery.
- (d) Treatment of dental and gum diseases, with the limitation in the case of tooth treatment to emergencies, including filling, root canal treatment, abscess extracting, in addition to customary follow-up medical procedures and antibiotics and painkillers.
- (e) Cases of premature babies, which shall be covered subject to the maximum of the mother's benefit.
- (f) Cases of urgent renal dialysis.
- (g) Urgent medical evacuation, inside and outside the Kingdom.
- (h) Injuries due to traffic accidents.

(2) The costs of repatriating the corpse of an insured individual to his/her home country.

Section Three – Limitation and Exception

(A) This policy shall not cover claims arising from:

- (1) Medical treatment and examinations which could be postponed until the insured returns home, including rehabilitation according to the evaluation of the treating licensed physician.
- (2) Illness resulting from abuse of some medicines, stimulants, or tranquilizers, or from the use of alcohol, drugs, or similar substances.
- (3) Cosmetic treatment or surgery unless necessitated by an accidental bodily injury not excluded in this section.
- (4) General examinations, vaccines, drugs, or preventive measures that are not required for a medical treatment covered under this policy.
- (5) Treatment received by the insured free of charge.
- (6) Recreation, convalescence, cosmetic, general physical health programs, and treatment in social care institutions.
- (7) Any illness or injury resulting directly from the insured profession, and injuries caused by participating in official competitions.
- (8) Treatment of medically recognized venereal or sexually transmitted diseases.
- (9) Costs of treatment following diagnosis of HIV or any disease related to HIV including AIDS and its derivatives, alternatives, or other forms.
- (10) All costs relating to tooth implant, artificial teeth, fixed or mobile bridges, or orthodontic.
- (11) Costs of vision or hearing tests, vision correction products or surgery, or visual or hearing aids.
- (12) The expenses of the insured's transportation within and between cities of the kingdom by other licensed (ambulance) means of transportation.
- (13) Hair loss, baldness, or artificial hair.
- (14) Psychological treatment, mental, or nervous disorders.
- (15) Allergy testing of any nature unless relating to the prescription of drugs.

- (16) Equipment, methods, drugs, procedures, or hormone treatment for the purpose of birth control, contraception, fertility, infertility, impotence, secondary sterility, in-vitro fertilization or any other method of artificial insemination.
- (17) Congenital weakness or deformity unless it is life threatening to the insured.
- (18) Any costs or additional expenses incurred by the insured companion during hospitalization except 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 treating physician.
- (19) Treatment of acne (adolescence pimples) or any treatment relating to obesity or overweight, except covered drugs.
- (20) Organ or marrow transplant or implant of artificial organs to replace any organ of the body in whole or in part.
- (21) Personal risk mentioned in the Definition Section of this policy.
- (22) Artificial and prosthetic limbs.
- (23) Natural changes of menopause for the insured female, including menstrual disorders.
- (24) Except in emergencies, this policy does not cover any expenses for treating stable chronic or pre existing diseases.
- (25) Expenses for any disease or injury or bodily weakness or physical disability and related consequences, whose symptoms occur or appear before inception date of insurance coverage.
- (26) Herbal or natural medications or any alternative medicine procedure and medications.
- (27) Insured resistance of medical evacuation or going home.
- (28) Transportation and treatment which is not arranged beforehand with the company.
- (29) Illegal abortion operations (according to the Laws of the Kingdom of Saudi Arabia), or pregnancy and delivery that was not mentioned in the insurance declaration form.
- (30) Intending to commit suicide or self-inflicted injury, or active participation in any activity or dangerous athletic competitions.
- (31) Resistance or refusal by the insured, or non-compliance to medical instructions provided by the company physician and the treating physician.

- (32) Any unnecessary medication or a medication which was not necessary related directly to the emergency covered by the policy.
- (33) The company will not medically evacuate or repatriate the insured to home country in the following cases:
 - (a) If the insured is not medically diagnosed to be evacuated.
 - (b) Pregnancy that proves to be of more than six months.
 - (c) If the insured is suffering from mental or neurological disorder, unless he is hospitalized.
 - (d) Corpse repatriation expenses to other than his home country.
 - (e) If the insured suffers minor wounds, or minor injuries such as twists, or minor fractures, or a simple disease which can be treated by a physician in the kingdom of Saudi Arabia, and which does not prevent the insured from continuing his journey or going back home.

(B) This policy shall not cover any health benefits and transportation back home of the corpse in case the claim is directly resulting from:

- (1) War, invasion, and act of (foreign) aggression, whether war is declared or not.
- (2) Ionizing radiations, pollution from radioactive activity of any nuclear fuel, or nuclear waste resulting from the combustion of a nuclear fuel.
- (3) The radioactive, toxic, explosive, or any other hazardous elements of any nuclear plant or any of its nuclear components.
- (4) The insured's service or participation in armed forces or police operations.
- (5) Riots, strikes, terrorism, or similar acts.
- (6) Epidemics, and Chemical, biological or bacteriological incidents or interactions, if these incidents or interactions result from work injury or occupational hazards.

Section Four – General Conditions

(1) Proof of validity (Coverage Validity):

This policy represents the basic level of insurance coverage granted to the insured and will be valid from date of entry to the Kingdom.

(2) Eligibility:

All applicants for a visa to the Kingdom of Saudi Arabia for the purpose of a visit - or extending the visit – or for the purpose of a transit as well as their companion, in accordance to the Council of Ministries decree No.(180) dated 2/5/1435 AH.

(3) Premium payment (Subscription):

The applicant is responsible for the payment of the insurance premium agreed upon with the company when applying for a visit visa or an extension of the visit.

(4) Termination of Beneficiaries insurance coverage:

- (a) When the period of policy has expired as specified in the policy schedule.
- (b) Upon exhausting of the maximum benefits limits stated by the policy.
- (c) Recoverable expenses continue to be in force with regard to any continuing disease that leads to extended hospitalization at the end of the coverage, until consuming the maximum benefit.

(5) Verification of insured's Health Condition:

- (a) The company is entitled, and should be allowed to, via an authorized medical entity, examine the insured for whom the recoverable expenses claim was filed on the company account, for two times as a maximum, while the insured is in the kingdom.
- (b) The insured must cooperate and allow for the necessary measures at the expense of the company, that the company requires within reasonable limits for the sake of enforcing any rights or claims or legal compensations from other parties, for which the insured is held accountable. The insured may not abandon financial rights, except with the explicit or implicit company approval.

(6) Non duplication of benefits:

In case of a claim for recoverable expenses due under this policy for an insured who is also covered for the same expenses under another plan or scheme or other insurance or the like, the company shall be liable for the coverage of such expenses and shall subrogate that insured in his claim against third parties for payment of their proportionate share of such claim.

(7) Basis of direct billing of the Company by the preferred provider network (PPN)

(A) The insured is entitled to receive healthcare from the PPN agreed upon with the company without being required to pay the cost of such services.

(B) The health care providers assigned by the company shall send all medical expenses incurred under this policy, during a period not exceeding 30 days. The company evaluates and addresses such expenses, and notifies the insured when expenses reach the maximum benefit limit.

C . The company has the right to delete or replace any of/or all the health care providers assigned for the purposes of this policy, during its validity period, provided that it coordinates with the insured and appoints an equivalent substitute for the health care providers of the same level.

(8) Reimbursement basis

The insurance company under the terms, conditions, limitations and exclusions of the policy compensates the insured within a period not exceeding 30 working days from the date of submission of the claim according to the prevailing prices. The insured should submit the claim to the company during a period not exceeding (60) days from the date of incurring such expenses, taking into account the following:

- a) Compensation will be paid after the company agrees to the fact that expenses are covered by the policy after the completion of the insurance claim form and submit it to the company; attached with

the original detailed invoices as well as any other relevant documents such as medical information documents, airline tickets and travel documents.

- b) Compensation will not, under any circumstances, exceed the maximum coverage limit .
- c) The amount of compensation shall be restricted to the usual and familiar expenses which are accepted in Saudi Arabia.
- d) The company must be informed immediately in case of death, hospital admission, sudden homecoming, medical evacuation, or personal-caregiving, and such notification should include medical information about the illness and the injury.
- e) Notification should be made by phone or e-mail to the emergency service in the company that operates 24 hours.
- f) The policyholder and the insured person should cooperate with the company and immediately notify it of any request of compensation or the right to take action against any other party.
- g) Moreover, the policyholder should inform the company and take the regular procedures in the case of a request of compensation from another party in order to protect the interests of the company.

(9) Cancellation:

The insured has no right to cancel the policy when it comes into force, except in the case of non-entry into Saudi Arabia, and accordingly the company is liable to refund the premium.

(10) Approvals:

The company shall response to approval requests from service to provide health care to beneficiaries within a period not exceeding 60 minutes.

(11) Gender:

For the purposes of this policy, words using the masculine gender are deemed to include the feminine gender as well.

(12) Notifications:

- a) All notices or correspondence between the insurance parties shall be formal.

- b) The insurance company must inform the insured of the expiration date of the insurance policy.
- c) The insured is obliged to notify the insurance company when their contact information is changed.

(13) Obligation not to visit for the purpose of treatment:

The insured and the other beneficiaries listed in the insured schedule of this policy are obliged not to use this policy to cover any known illness or any previously diagnosed illness, and not to visit Saudi Arabia in order to obtain this treatment within the coverage of this policy.

(14) compliance with policy conditions:

As a precondition to any liability of the company, the beneficiary should strictly comply with and execute all requirements, conditions, obligations and commitments stated in this policy.

(15) penalties:

Any disagreement or dispute arising out of or relating to this policy shall be settled in accordance with article (14) of the law.

(16) Approval of the policy:

This policy will be electronically sanctioned through the entities authorized to do so.

Visitor Policy Schedule
Approved in session No. (99) dated 21/7/1436

Visitor Policy Schedule

Name of Insurance Company:
Code:
Policy No. :
Policyholder's Code:

Policyholder:
Postal Address:
Tel. No. in the Country of Residence:
Fax. No. in the Country of Residence:
Tel. No. in the Country of Destination:
Fax No. in the Country of Destination:
Type of Insurance : Mandatory Insurance on Visitors to the Kingdom of Saudi Arabia
Policy Period / Insurance Period : From: day month year
To : day month year (Both days included)

This policy is issued for a one-time and in case of its expiry a new Policy must be issued which is not stipulated to be for a period of a full year).
Contribution amount: SR

Eligible Persons:
All applicants for a visa to Saudi Arabia for the purpose of visit, visit extension, or for the purpose of transit.

Continued – Policy Visitor Schedule

Benefits and limitation of cover under the policy:	
The maximum benefit of the policy term for any insured including the lowest limits contained in this policy	100,000 Saudi Riyals
Medical examination and treatment of emergency cases	Up to maximum limit
Hospitalization expenses:	
Deductible (co-payment)	None
Hospitalization	Up to maximum limit
Limit of daily room and board for the patient including bed cost and nursing care, medical visits, and medical supervision and subsistence services. This does not include the cost of medications and medical supplies that are given according to the prescription of the doctor.	(Shared room, a maximum of 600 SR per day)
Limit of daily room and board for a patient companion.	(Shared room, a maximum of 150 SR per day)
Expenses of emergency pregnancy and delivery.	A maximum of 5000 SAR during the policy period
Travel costs of one close family member caregiver.	A maximum of 5000 SAR during the policy period
Emergency dental treatment	A maximum of 500 SAR during the policy period
Treatment of premature born babies	Up to the maximum benefit of this policy
Injuries resulting from traffic accidents	Up to the maximum benefit of this policy
Emergency Renal Dialysis costs	Up to the maximum benefit of this policy
Medical evacuation inside and outside the Kingdom	Up to the maximum benefit of this policy
Corpse repatriation to home country expenses	A maximum of 10,000 SAR during the policy period
Geographic Scope of coverage	The Kingdom of Saudi Arabia
Calculating of the premium (subscription):